

# 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)



## Supportive Referrals for Developmental Issues

**C**hild care program staff are in a unique position as family educators and advisers on children's health, safety and development. Whenever a child in care has persistent developmental or behavioral problems, caregivers can have a primary role in encouraging the child's family to obtain help without delay.

### What situations may require referrals?

Caregivers may be the first to notice developmental or behavioral concerns. Additionally, due to their training and/or years of experience, program staff may be better able than a child's parents to detect that a child is not meeting developmental milestones. A caregiver may notice before the parents that a child is experiencing unusual or persistent difficulty in any of these areas:

- Expressive language skills (speaking, communicating);
- Gross motor tasks (walking, running, climbing);
- Fine motor skills (grasping, turning pages, manipulating toys);
- Vision and hearing (distinguishing colors, seeing up-close or long-distance, listening and/or understanding sounds and words);
- Attention and focus (sitting still, completing tasks).



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California Child Care

## Healthline



Call **800.333.3212**  
for free consultations  
on health and safety  
in childcare

### health + safety tips

Children who have a dental home are more likely to receive appropriate preventive and routine care. The concept of the "dental home" is derived from the American Academy of Pediatrics' concept of the "medical home." This concept states that the care of infants and children ideally should be accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective. The child's first visit establishes the dental home. This provides the opportunity to implement preventive health practices and reduces the child's risk for preventable oral disease.

If the child does not have a dental home, help parents obtain a source of care by providing a referral to a dentist who has experience in treating infants and young children with special health care needs, or a referral to local agencies to determine the child's eligibility for public assistance programs.

Source: The National Maternal and Child Oral Health Resource Center at [www.mchoralhealth.org](http://www.mchoralhealth.org).



*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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## Responding to Domestic Violence

# Q

**A 3-year-old in my center told me his daddy hits his mommy and last night she was crying after they had a big fight. I want to talk to her, but don't know what to say or if it's my place.**

# A

It's sometimes hard to know where a family's private information becomes your concern, but domestic violence is clearly an area where parent support is indicated, not only for the safety of the mother but because domestic violence can have a lifelong impact on children. Children who live with violence face numerous developmental risks such as behavioral, social and emotional problems, cognitive and attitudinal problems, and long-term problems that persist into adulthood such as depression and the use of violence in adult relationships. Child abuse occurs more frequently in households where domestic violence occurs. Some studies show that 50 percent of men who frequently assaulted their partners also abused their children.

Schedule a private time, perhaps with the center director, to talk to the parent and explain what her child told you. The parent may or may not want to discuss what's really happening but you should share your concerns for her and for her child. Parents often don't understand how violence in the household affects children. Ask whether she feels safe in the house or if her child is being abused. Remind her that you are a mandated child abuse reporter, but more importantly you are there to offer help. You can help her locate resources such as domestic violence hotline numbers, counseling referrals and education materials. Domestic violence experts can discuss ways victims can protect themselves if they live with abusing partners. Continue to offer your support and information over time. Often it takes a while to make the changes that will end domestic violence.

You can also help the child by providing safe, responsive caregiving with predictable routines, and many opportunities for emotional expression. Continue to observe the child for signs of stress that would need your special attention or signs of abuse that would have to be reported.

#### **Resources**

A complete list of family violence programs by county is available at [www.dhs.ca.gov/epic/fvrefer](http://www.dhs.ca.gov/epic/fvrefer). Information on your local domestic violence hotline can also be obtained from directory assistance. Call the Healthline at (800) 333-3212 for more information.



by Judy Calder, RN, MS



# How to Support a Breastfeeding Mother

**C**hild care providers play an important role in a new mother's choice and ability to continue breastfeeding her infant after returning to work or school. Child care professionals can assist the families of infants by providing accurate and current information and education, as well as practical support, for continued breastfeeding.

## The importance of breastfeeding

Research shows that breastmilk is the best choice for infant feeding. The American Academy of Pediatrics recommends breastfeeding exclusively for the first six months and to continue breastmilk through the first year as complementary foods are added. This recommendation is based on research that demonstrates breastfed babies have fewer illnesses, including respiratory and gastrointestinal illness, and fewer ear infections. They also have a reduced risk of allergies, and a lower incidence of sudden infant death syndrome.

## Ways you can support breastfeeding

- Let mothers know you support breastfeeding in your child care setting. If possible, make a comfortable place for mothers to feed their infants at drop-off and pick-up times.

- Provide resources regarding breastfeeding when there are questions beyond the scope of your role as a support to the family.
- Learn how to store breastmilk. Breastmilk is not classified as a body fluid and does not require gloves or a separate refrigerator. All bottles brought from home should be labeled, using a permanent marker, with the child's name and the date the milk was expressed. The National Health and Safety Standards for child care recommend that human milk can be at room temperature for one hour, and that leftovers not used within the hour should be discarded. Breastmilk can be kept in the refrigerator for 24 hours. It can be stored in a freezer that has a separate door from the refrigerator for three months.
- Learn how to handle breastmilk. Always wash hands before feedings. Thaw frozen breastmilk in warm water, never in a microwave. Swirl milk to mix, never shake it. Always feed the right bottle to the right baby.

## Resources and References

California Women Infants and Children (WIC) Program. [www.wicworks.ca.gov](http://www.wicworks.ca.gov).

La Leche League (800) 525-3243, or online at [www.lalecheleague.org](http://www.lalecheleague.org).

California Child Care Healthline (800) 333-3212 or online at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

by Kim Walker, CPNP

**Supportive Referrals**, continued from page 1

## Steps to Supportive Referrals

When a child's development is of concern, proceed in a careful, considerate way. The steps below may help to clarify the child's needs so that family, staff, and any needed therapists or experts can work together toward the best outcome.

- Document observations in a log. When behavior seems unusual, record what you observe. Use a narrative style or a standardized assessment tool (such as Ages and Stages, or Desired Results). Note date and time of any observations.
- Consult a mentor or supervisor. Share observations and ask your mentor to observe the child with you. Ask whether your mentor has encountered a similar situation and what helped.
- Diplomatically address the problem with the parents. Meet in a private area, away from children and other families. Start by mentioning positive qualities of the child. Share observations,

but don't diagnose. Ask questions and gather more information. Help the family to clarify their child's needs and reassure them that there is help.

- Always refer to the child's primary medical provider. A family's trusted pediatrician or other primary care provider (PCP) should be informed of any developmental question. Advise the family to seek the PCP's opinion of the child's issues. The PCP is the best resource for obtaining additional assessments, diagnoses and therapeutic interventions.

## Resources

California Childcare Health Program (2003). Hearing evaluations in young children. Online at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

California Childcare Health Program (2001). How to get a child tested: Guidelines for special education assessment. Online at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

by Eileen Walsh, RN, MPH



# Caring for the Pregnant Caregiver

**P**regnant women working in early care and education settings have increased exposure to diseases that are common in childhood. Some childhood diseases may cause problems for the growing fetus. Pregnant child care providers should be aware of diseases that are of particular concern, avoid risk of disease, and discuss their risks with their health care provider.

## Childhood diseases that are of concern during pregnancy

- **Cytomegalovirus (CMV)** is a common infection that can be passed from mother to baby during pregnancy. It is often seen in young children, yet they usually have no symptoms. In rare cases, exposure to CMV can cause birth defects. CMV is spread from person to person by direct contact with body fluids such as blood, urine or saliva.
- **Chickenpox (Varicella)** is preventable by vaccine, but it is still seen in children. Being infected with chickenpox early in pregnancy can cause birth defects, and when the mother is infected around the time of delivery, the baby could be born with the infection.
- **Fifth disease (Slapped Cheek)** is a common, mild childhood illness. Most unborn babies are not harmed if their mother gets the infection. However, some fetuses experience a dangerous form of anemia that can lead to death.
- **Rubella (German Measles)** is a childhood illness that can cause serious birth defects. With the widespread use of the rubella vaccine,

major outbreaks of the disease no longer occur in the United States. Yet small outbreaks do occur.

## What can be done to avoid risk?

Female child care workers who are pregnant or expect to become pregnant can be tested for antibodies to these diseases. Women who have had the disease or vaccination have little risk of becoming infected. To decrease the spread of disease:

- Wash your hands often.
- Carefully throw away diapers and tissues.
- Avoid kissing children on the lips.
- Don't share drinking glasses or utensils.
- Sanitize surfaces and contaminated items.
- Immunize according to current recommendations.

## What should be done in case of exposure?

- If you are pregnant and are exposed to one of these diseases, contact your health care provider immediately.
- Post an exposure notice to inform other child care staff and parents who may be pregnant.

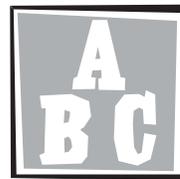
## References and Resources

Managing Infectious Diseases in Child Care and Schools, 2005, American Academy of Pediatrics.

March of Dimes, 2005, Pregnancy and Newborn Health Education Center, Complications at [www.marchofdimes.com/pnhec](http://www.marchofdimes.com/pnhec).

Caring for our Children: National Health and Safety Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition.

by Bobbie Rose, RN



## caregivers

**Pregnant child care providers should be aware of childhood diseases that are of particular concern, avoid risk of disease, and discuss their risks with their health care provider.**



## Importance of Good Oral Health in Pregnant Women

**A**s a woman you have special needs at different points of your life. Your oral health is no exception, and can be affected by hormonal changes during puberty, menstruation, pregnancy and menopause. While good oral health, which includes care of the teeth, gums and mouth, is important in any stage of your life, it is very important during pregnancy.

### What are some common dental problems during pregnancy?

Pregnant women are at higher risk for developing tooth decay. They are also particularly vulnerable to gum disease (gingivitis) and a chronic bacterial disease that affects the gums, attachment fibers and bone supporting the teeth (periodontal disease or periodontitis). These risks increase in women who smoke, experience nutritional deficiencies, or have less frequent visits to the dentist. Gingivitis is often caused by inadequate oral hygiene and is reversible with professional treatment and good oral care. Untreated gingivitis can advance to periodontitis.

### How does pregnancy affect teeth and gums?

- Pregnant women and those who take some oral contraceptives experience high levels of the hormone progesterone. Elevated levels of this hormone increase gum sensitivity to the bacteria found in plaque and may cause gingivitis (red, puffy or tender gums that easily bleed when brushing).
- Increased need and desire for food and snacking, especially on sticky foods that stay on teeth longer, may cause tooth decay.
- Morning sickness (nausea and vomiting) during pregnancy can also increase the incidence of dental health problems. Frequent vomiting can leave stomach acids in the mouth. If this acid is not cleared away quickly, it can damage the surfaces of teeth and cause tooth decay.
- Pregnant women sometimes get very busy and may run out of time and energy to care for themselves and their dental health.
- In addition, pregnant women may not experience symptoms until they reach advanced disease stages.

### gingivitis

**Emerging evidence and new research have shown a relationship between pre-term, low birth weight babies and gingivitis.**

### Could gum disease affect your baby's health?

Anything that damages a mother's health can also affect her baby. Emerging evidence and new research have shown a relationship between pre-term, low birth weight babies and gingivitis. The excessive bacteria which cause gingivitis can enter the bloodstream through the gums and travel to the uterus, triggering the production of chemicals called "prostaglandins," which are suspected to induce premature labor.

### Are x-rays safe?

If you are pregnant, you can postpone dental x-rays until after your baby is born. If your dentist recommends dental x-rays, the dental office will provide a leaded apron to shield you and your baby from the low dose of radiation used.

### Ways of keeping your teeth healthy

**Practice good dental hygiene.** To help prevent tooth decay and gum disease, keep your mouth clean, brush your teeth thoroughly and remove plaque. Be sure to clean between your teeth daily with floss or interdental cleaners.

**Visit the dentist regularly.** Regular dental cleanings and check-ups before, during and after your pregnancy are important. Let your dentist know that you are pregnant.

**Eat healthy, nutritious food.** Your baby's teeth begin to develop between the third and sixth month of pregnancy. Eating a balanced diet (based on new dietary guidelines) is not only necessary for your health, but what you eat during pregnancy also affects the development of your unborn child—including teeth. Avoid foods that are sticky or contain a lot of sugar. These foods can cause tooth decay.

### References and Sources

American Dental Association at [www.ada.org](http://www.ada.org).  
American Academy of Periodontology at [www.perio.org](http://www.perio.org).

by A. Rahman Zamani, MD, MPH



# Unimmunized Children in the Child Care Setting

Immunizations (vaccines) protect us, and those around us, from potentially dangerous infectious diseases. Vaccines are rigorously tested for safety before being used routinely. Because of vaccines, devastating diseases like *Haemophilus influenzae* type B meningitis, *pneumococcal meningitis*, *polio* and *pertussis* are now uncommon in young children who have been vaccinated. Outbreaks of vaccine-preventable diseases still occur in areas where groups of parents are choosing not to immunize their children, such as the pertussis outbreak that occurred in Davis, California, in 2002 and the measles outbreak that occurred in Seattle, Washington, in 2001. Some children are not immunized for medical reasons such as allergies, or because of the parents' religious or personal beliefs. Unimmunized children and staff run the risk of getting seriously ill or even dying from vaccine-preventable diseases.

## Immunization Requirements for Child Care in California

Children are required by the California School Immunization Law to be appropriately immunized against diseases prior to attending licensed child care and school settings. Immunization requirements apply equally to both child care centers and licensed family child care programs. Parents must present their child's immunization record to the child care provider before enrollment. Providers are required to assess children's immunization status and transfer each child's immunization record to a California School Immunization Record or "blue card," which is available free of charge from the Immunization Coordinator at your local health department. Providers are also required to follow up with children who are incomplete until they have completed all required immunizations.

## Can a Child be Exempted from Immunization Requirements?

There are two situations where California law allows a child to be exempted from the immunization requirements.

### Medical Exemptions

A medical exemption is granted when a child should not get some or all shots for temporary or permanent medical reasons.

If a child has a temporary medical condition which rules out one or more immunizations, or their physician wishes to delay an immunization, a child can be temporarily exempted from the requirement. To receive a Temporary Medical Exemption, the parent must provide a statement from a physician (preferably on letterhead), stating which immunizations the child cannot have at this time, why, and when the immunization(s) will be given. The letter of exemption must be attached to the immunization "blue card" and the follow-up date should be noted. *It is the child care provider's responsibility to follow up before the exemption expires.* The child must either receive the immunization(s) needed or another Temporary Medical Exemption when the current one expires.

If a child has a medical condition that permanently rules out one or more immunizations, the child can be exempted from the immunization requirement. To grant a Permanent Medical Exemption, the parent must provide a statement from a physician stating that there is a medical condition which permanently rules out immunization(s), and which immunization(s) the child cannot receive. The letter of exemption must be attached to the immunization "blue card."

### Religious and Personal Beliefs Exemptions

If immunization is against a family's religious or personal beliefs, they are asked to sign the Personal Beliefs Affidavit on the back of the "blue card." By signing the affidavit, parents acknowledge that if there is an outbreak of any disease their child is not protected against, the child may be temporarily excluded from attending child care. However, *the Personal Beliefs Exemption is to be granted to parents only for reasons of personal belief, and not as a matter of convenience because a parent can't find the immunization record, or does not "have time" to take the child to get immunized.*

NOTE: Under California law, child care providers cannot legally exclude those whom they know are unimmunized or under-immunized for *medical* or *religious/personal* reasons that are properly documented. If the parent provides documentation for medical exemption and/or signs the Personal Beliefs Affidavit on the back of the “blue card” then they are protected by law and may not be excluded from child care.

## What is the Risk?

An outbreak of vaccine-preventable diseases can have serious consequences. Vaccine-preventable diseases remain a threat, can be difficult to treat, and sometimes can be deadly. Immunizations have proven very effective in *significantly* lowering the risk of getting sick or dying from a vaccine-preventable disease. A child who is not immunized is at greater risk of catching a vaccine-preventable disease AND infecting others. The greatest risk is to infants who have not yet received all of their immunizations, the elderly, persons who cannot be immunized for medical reasons or have immune system problems, and the small percentage of children whose immunizations failed to provide resistance.

## What Can Child Care Providers Do?

Providers need to protect children, families, staff and themselves from serious illness, as well as protecting themselves from potential liability.

- Establish an immunization tracking system to remind parents to bring in their child’s immunization record, in order to update the “blue card.” It’s the child care providers’ responsibility to track immunization of the children in their care who are 2, 4, 6, 15, and 18 months and at age 4 years old until immunizations are finished. For a downloadable PDF version of *California Immunization Requirements for Child Care*, visit [www.dhs.cahwnet.gov/ps/dcdc/izgroup/pdf/IMM230-0503.pdf](http://www.dhs.cahwnet.gov/ps/dcdc/izgroup/pdf/IMM230-0503.pdf). To help set up an immunization tracking system, acquire a copy of the *California Immunization Handbook for School and Child Care*, 7<sup>th</sup> Ed., by contacting your health department’s Immunization Program or online at: [www.dhs.cahwnet.gov/ps/dcdc/izgroup/handbook.htm](http://www.dhs.cahwnet.gov/ps/dcdc/izgroup/handbook.htm).
- Provide information for parents on the importance and benefits of immunization, available at [www.cdc.gov/nip](http://www.cdc.gov/nip) and [www.aap.org](http://www.aap.org).

- Include a policy in your Parent’s Handbook stating that there are or may be unimmunized and/or under-immunized children in the program. Explain what will be done in case of an outbreak of a vaccine-preventable disease in your program. The National Health and Safety Standards recommends that if a vaccine-preventable disease outbreak occurs “*unimmunized children shall be excluded for the duration of possible exposure or until the age-appropriate immunizations have been completed (whichever comes first)*”.<sup>1</sup> This is to ensure the “protection of unimmunized and under-immunized (e.g., infants) individuals in the child care setting.”
- Maintain a confidential list of children with medical exemptions or personal belief affidavits so that these children can be quickly identified and excluded if an outbreak occurs.
- Remember that all medical information, including a child’s immunization status, is personal and *confidential*.

The information given here is not to be taken as legal advice. It’s a good idea to consult with legal counsel before excluding a child based on immunization status. The Child Care Law Center ([www.childcarelaw.org](http://www.childcarelaw.org) or 415-394-7144) is an excellent, free resource. For more information call the Healthline at (800) 333-3212.

### Online Resources

*California School Immunization Record (“blue card”)*: [www.dhs.cahwnet.gov/publications/forms/pdf/pm286b.pdf](http://www.dhs.cahwnet.gov/publications/forms/pdf/pm286b.pdf).

“Notice of Immunizations Needed” sample form to show parents/guardians what immunizations are required for their children, available in English and Spanish at: [www.immunization-sd.org/docs/iz10.pdf](http://www.immunization-sd.org/docs/iz10.pdf).

*Immunization names/abbreviations*: [www.immunization-sd.org/docs/iz78.pdf](http://www.immunization-sd.org/docs/iz78.pdf).

*Parents Guide to Childhood Immunization (English and Spanish)*. National Immunization Program at (800) 232-2522 or [www.cdc.gov/nip/publications/Parents-Guide/default.htm#order](http://www.cdc.gov/nip/publications/Parents-Guide/default.htm#order).

*Recommended Childhood Immunization Schedule*. [www.cdc.gov/nip/recs/child-schedule.pdf](http://www.cdc.gov/nip/recs/child-schedule.pdf).

### References

*Legal Update. Unimmunized Children in Child Care Settings. (Summer 2003-Corrected December 2003)*. Child Care Law Center, 221 Pine St., 3<sup>rd</sup> Floor, San Francisco, CA 94104. Online at [www.childcarelaw.org/Publications/Summer2003-corrected.pdf](http://www.childcarelaw.org/Publications/Summer2003-corrected.pdf).

<sup>1</sup>*Caring for Our Children: Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, 2<sup>nd</sup> Ed. (2002).

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# Understanding Color Vision Deficiency

**C**olor vision deficiency, known as color blindness, means that a person cannot distinguish between some colors. In the most common type, a person can't detect a difference between red and green. True color blindness, where no color is perceived and a person sees only shades of gray, is extremely rare.

## Who is at risk?

Color vision deficiency is most common in males. About 8 percent of males have the condition, whereas less than 1 percent of females do. Color vision deficiency is a genetically inherited condition, meaning it is a trait that runs in families. Color vision deficiency is present from birth in an affected person. It is incurable, but its effects on development and learning can be minimized by awareness and simple accommodations.

## How is it diagnosed?

Children with the most common form of this condition can't tell the difference between shades of green and shades of red. They may confuse green and red crayons, and may color pictures of everyday things,

like leaves, flowers or apples, using incorrect colors. These children may be unable to correctly point out colors in a picture.

When a child shows these signs, staff should speak with the parents, who in turn should notify the child's medical provider. An eye doctor (ophthalmologist) diagnoses the extent of color vision deficiency through some simple tests.

## Supporting children with color vision deficiency

Families and educators can learn to support development while sparing the child confusion and frustration. Children with color vision deficiency rely on shapes and locations of objects for visual cues, rather than on color. When working with these children, describe the environment in ways that refer to more than colors of objects. Supportive ways to work with these children include:

- **Color choices.** An affected child may choose colors for artwork which seem incorrect. Remember that these colors do not seem "wrong" to the child. Respond in a positive way to the child's efforts.



- **Traffic lights.** A child with color vision deficiency cannot tell the red light from the green one. Teach that the red light is on top, yellow in the middle and green at the bottom.
- **Reading maps.** Maps use colors to distinguish borders, mountains, bodies of water, and more. Weather maps use color to show climate and air quality. Persons with color vision deficiency may need additional assistance in learning to use these tools.

## Resources

Kids Health: [www.kidshealth.org](http://www.kidshealth.org).  
American Academy of Ophthalmology: [www.aao.org](http://www.aao.org).

by Eileen Walsh, RN, MPH

## BOX OF FUN

### Clapping Words

No special materials are needed for this word game that develops language skills in young children. It is especially helpful for children who speak English as a second language.

The leader begins by saying a word and clapping the syllables at the same time. Children repeat the word accompanied by the appropriate number of claps. Start

with simple words and move to longer and unfamiliar words. Let children suggest words to use. Try different themes for this game—seasonal words, months of the year, colors, objects in the room, children's names.

Adapted from: Follow Me Too, a Handbook of Movement Activities for Three to Five Year Olds, 1993, by Marianne Torbert and Lynne B. Schneider.



# Promoting Oral Health for Children with Disabilities

**C**hildren with disabilities and special needs are at greater risk for oral health problems and require extra help to achieve and maintain good oral health.

## Why are they at higher risk?

Common oral problems, such as tooth decay or gum disease, affect all children. But children with disabilities and special needs have more oral health problems than the general population. For example, children with disabilities may have impaired cognitive abilities, behavioral problems, impaired mobility, neuromuscular problems (drooling, gagging and swallowing problems), uncontrolled body movements, gastroesophageal reflux, or seizures. These complications can be barriers to adequate oral care and put them at higher risk for developing oral health problems.

## What are the causes of oral health problems in children with disabilities?

Some of the contributing factors to poor oral health in children with disabilities and other special needs include genetic disorders (defects in tooth enamel, missing teeth and teeth that do not align properly), physical limitations, difficulty in brushing and flossing, reduced saliva flow, sweetened medications, restricted diets, extended eating time, and prolonged use of bottles. In addition, these children may not receive adequate oral care at home due to family exhaustion, caregiver burnout, or a lack of knowledge. Children with disabilities, like all children, need daily oral care including use of fluoride toothpaste.

## When should oral health problems be suspected?

A child with special needs may exhibit any of the following signs when there is an oral health problem: grinding teeth, food refusal or a preference for softer foods, changes in behavior such as touching in or around the mouth, teeth, jaws and cheeks, foul smelling breath, or discolored teeth.



## What are the common oral conditions?

- Dental carries is common in children with disabilities and special needs.
- Periodontal disease occurs more often and at a younger age.
- Malocclusion, a poor fit between the upper and lower teeth, and crowding of teeth.
- Damaging oral habits such as compulsive grinding or clenching of the teeth especially at night, food pouching, mouth breathing, tongue thrusting, picking at the gums or biting the lips, pica, eating objects and substances such as gravel, sand, cigarette butts, or pens can be a problem for children with special needs.
- Oral malformations and tooth anomalies may present with enamel defects, high lip lines with dry gums, and variations in the number, size, and shape of teeth.
- Tooth eruption may be delayed. Eruption times are different for each child, and some children may not get their first primary tooth until they are 2 years old. Delays are often characteristic of certain disabilities such as Down syndrome.
- Trauma and injury to the mouth from falls or accidents occur in children with seizure disorders or cerebral palsy.

For additional information or getting a copy of the Health and Safety Note on Oral Health for Children with Disabilities and Special Needs, please call the Healthline at (800) 333-3212 or visit our Web site at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

## References & Resources

National Institute for Dental and Craniofacial Research at <http://www.nidcr.nih.gov>.

American Academy of Pediatrics at [www.aap.org/healthtopics/specialneeds.cfm](http://www.aap.org/healthtopics/specialneeds.cfm).

About Smiles at [www.aboutsmiles.org](http://www.aboutsmiles.org).

First 5 California at [www.first5oralhealth.org](http://www.first5oralhealth.org).

by A. Rahman Zamani, MD, MPH

# Free Skin Cancer Prevention Education Module Available for Child Care Sites

**Y**our tax dollars have already paid for it. It addresses an important health issue. And this is a strategic time of year to introduce the topic. We're referring to a sun-protection education package designed for use in child care and preschool settings.

The California Department of Health Services, through its Skin Cancer Prevention Program (SCPP), seeks to distribute at no cost a sun-safety education module prepared for use with children 3 to 5 years of age. The module includes a curriculum, video, poster and a sun-safety policy template. This resource package includes the tools you need to teach and encourage young children to practice sun-protective behaviors.

Why all the concern? Skin cancer is epidemic in California and throughout the United States, and is by far the most common cancer in California. The chief cause of skin cancer is ultra-violet (UV) radiation found in sunlight. Unfortunately, children's skin is especially susceptible to UV rays.

Tanning and sunburns increase a child's risk of eventually getting skin cancer. Protecting young children from UV rays should receive priority, just as much as child care staff carefully work to safeguard youngsters from injuries due to contact with sharp scissors or broken glass.

Following are the ABCs of recommended actions to reduce UV exposure for both young children and adults:

- A** is for away. Stay under shade when outdoors.
- B** is for block. Use UV-protective sunglasses as appropriate. Apply broad-spectrum sunscreen (SPF 15 or greater) to exposed skin.
- C** is for cover up. Wear long clothing (weather permitting) and hats with wide brims and/or flaps on the sides and back.

**S** is for speaking out. Teach your children and their families about sun protection.

Because sunscreen can cause skin reactions in some children, written parental consent to apply sunscreen should be obtained.

### Resources

Skin Cancer Prevention Program. To learn more about preventing skin cancer, or how to order the free sun-safety education module, contact SCPP at (916) 449-5393, via e-mail at [amanthe@dhs.ca.gov](mailto:amanthe@dhs.ca.gov), or visit SCPP's Web page at [www.dhs.ca.gov/cpns/skin/index.htm](http://www.dhs.ca.gov/cpns/skin/index.htm).

For a sample sunscreen consent form, contact the Healthline at (800) 333-3212.

by Andrew Manthe, MPH, CHES



## BOX OF FUN

### Movement and Imagination

Physical activities go hand-in-hand with imagination and play, offering children a new way to experience their everyday surroundings. Here are some activities to enrich imagination and vocabulary and encourage children to be active.

**Pretend to be trees.** Ask: What's it like to be a tree? What can trees do and not do? Imagine the wind is blowing. What is happening to the trees? Stretch,

bend, balance and sway. Ask the children about the experience. Expand the game to include fruit-bearing trees and tree-dwelling animals and birds. What kinds of trees can we name? Who lives in trees?

**Hop Like a Frog:** Hop around the classroom or playground, experiencing the environment from a frog's point of view. Ask: What do frogs see down here? What do frogs say? How does it feel to be a frog?



## health + safety calendar

**may 7**

**Stan Little Conference for Early Childhood Educators**

*Indian Wells, California*  
(760) 320-2253

**may 11-13**

**California Mental Health Advocates for Children and Youth**

*Asilomar*  
CMHACY  
(707) 795-4261; [www.cmhacy.org](http://www.cmhacy.org)

**may 17**

**Spring Institute on the Governor's Budget May Revise**

*Sacramento*  
Child Development Policy Institute  
[spring2005@cdpi.net](mailto:spring2005@cdpi.net); [www.cdpi.net](http://www.cdpi.net)

**may 19-21**

**California Training Institute Session I Trainings for Health Professionals and Early Care and Education Professionals**

*Fresno*  
Health professionals will meet May 19-20; early care and education professionals will meet May 21.  
Contact Griselda Thomas, California Childcare Health Program, at (510) 281-7920 or visit [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

**june 20-22**

**Realities, Risks, Rewards: Sharing in the Care of Our Children and Families**

*Pasadena*  
Child Welfare League of America  
(202) 638-2952; [www.cwla.org](http://www.cwla.org)

**june 9-11**

**California Training Institute Session II Trainings for Health Professionals and Early Care and Education Professionals**

*Ontario*  
Health professionals will meet June 9-10; early care and education professionals will meet June 11.  
Contact Griselda Thomas, California Childcare Health Program, at (510) 281-7920 or visit [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org) [www.cfpa.net/ENACT2005](http://www.cfpa.net/ENACT2005)

**Need a free telephone consultation on health and safety in child care? Call the Healthline at (800) 333-3212.**



## health + safety resources

**Asthma Among California's Children and Adults**, from the UCLA Center for Health Policy Research, provides data about childhood and adult asthma rates in California by legislative district. Finds that children who live in the state's interior regions have higher asthma rates.

[www.calendow.org/reference/publications/pdf/disparities/AsthmaLegDistricts\\_PB\\_092204.pdf](http://www.calendow.org/reference/publications/pdf/disparities/AsthmaLegDistricts_PB_092204.pdf)

**Special Education: Children with Autism**, from the US General Accountability Office, finds that the number of children with autism has increased 500 percent in the past decade. Also provides information on available services, approaches, and per-pupil cost to educate children with autism in public schools.

[www.gao.gov/new.items/d05220.pdf](http://www.gao.gov/new.items/d05220.pdf)

**Asthma and Physical Activity in the Schools**, from the National Institutes of Health Information Center, discusses the causes of asthma, symptoms of an attack, how to control triggers, how to help students take medication, and how to modify activities when children are having problems with their asthma.

[www.nhlbi.nih.gov/health/public/lung/asthma/phy\\_asth.htm](http://www.nhlbi.nih.gov/health/public/lung/asthma/phy_asth.htm)

**Learning to Read and Write Begins at Birth**, from Child Care Aware, offers tips for parents and providers on building early reading and writing skills with young children. Includes a checklist for evaluating early literacy materials. In English and Spanish.

<http://childcareaware.org/en/tools/pubs>

**All Together Now: State Experiences in Using Community-Based Child Care**, from the Center on Law and Social Policy, discusses how states can provide pre-kindergarten in community-based child care settings and schools. Includes information on the 29 states that use this model.

[www.clasp.org/publications/all\\_together\\_now.pdf](http://www.clasp.org/publications/all_together_now.pdf)

**Child Care Quality**, a paper from the Fourth Quarter 2004 issue of Early Childhood Research Quarterly, reports on the quality of child care centers, preschools, and home-based care for children in low-income families in three states (including California). Finds that center providers have higher education levels and offer more structured learning activities than home-based providers.

[http://ccf.tc.columbia.edu/pdf/Kagan\\_Child%20care%20quality\\_ECRQ.pdf](http://ccf.tc.columbia.edu/pdf/Kagan_Child%20care%20quality_ECRQ.pdf)

# School Readiness Indicators

**C**hildren's development is rapid in the first few years of life and influences the course of both their social experiences and academic success. Gaps in performance can be observed as early as kindergarten and may be harder to close once children enter school. Legislators are increasingly requiring results-based accountability to fund programs for school readiness. To provide data, a set of indicators is needed that measures outcomes related to children's physical well-being, social and emotional development, cognitive development, language development and approaches to learning. The National School Readiness Indicators Initiative was created to meet this need. Seventeen states were involved in a three-year project to develop indicators for tracking results on a national level.

State teams began by using existing data within their own states. Support was provided through meetings, technical assistance networks and expert consultants.

According to the initiative guidelines, a good indicator must:



- Be measurable and capable of being tracked over time.
- Have an effect on children's school readiness, accounting for the influences of family, community, services and schools.
- Reflect an important outcome or access to beneficial services.
- Apply to all demographic groups and be developmentally appropriate.
- Be relevant to conditions that can be influenced by policy changes.

A core set of school readiness indicators were then developed using input from each state's individual indicator list. These indicators will be discussed in more detail in our next newsletter.

## Reference

Rhode Island KID COUNT. (2005). *Getting Ready: Findings from the National School Readiness Indicators Initiative*, a 17 state partnership. Providence, RI: Author.

by Jeremy Elman

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