

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)



Deciding When to Exclude Children from Care Due to Illness

A recent study done in Maryland, published in the November, 2006 issue of *Pediatrics*, indicates that many parents, child care providers and physicians are unfamiliar with national guidelines on excluding children from child care based on illness (*Caring for Our Children (CFOC): National Health and Safety Performance Standards Guidelines for Out-of-Home Child Care Programs*, Second Edition*). Many children are excluded from child care when they shouldn't be, forcing parents to take time away from work unnecessarily. According to the study, for every child appropriately excluded from child care, there are at least six children that child care providers exclude who do not meet criteria for exclusion. It is important for all ECE providers to be familiar with the National Health and Safety Performance Standards Guidelines and to develop clear policies for exclusion based on these standards and on California state licensing requirements.

Guidelines for temporary exclusion from care are designed to prevent the spread of disease and ensure that children receive the care and attention they need. The guidelines define three conditions for exclusion:

- The child does not feel well enough to participate in program activities.
- The child requires more care than the caregiver can comfortably give without compromising the care of the other children in the group.
- The child has an illness that is on the CFOC list* of 28 diagnosed symptoms or conditions for which temporary exclusion is recommended. (See Standard 3.065 in *Caring for Our Children: Inclusion/Exclusion/Dismissal of Children* for a list of these specific diseases.)

The standards also designate seven symptoms that do not warrant exclusion. For instance, it is *not* necessary to exclude children with a fever in the absence of any other signs or symptoms of illness.

For more information on excluding children from care due to illness, please see the CCHP Health and Safety Notes "Excluding Children Due to Illness" and "Exposure to Communicable Disease"

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



Happy New Year!
Our best wishes for a
**happy, safe and healthy
new year for you and
all the children in your care.**



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Eczema Relief

Q

I'm caring for a 5-month-old who has a dry irritated rash that seems to be getting worse. The parent says it's eczema and not much can be done. Is that true?

A

Eczema is a common skin problem in infants and children whose cause remains elusive. Perhaps that's why the parent said nothing could be done to make it go away. There are, however, some things to do to control the inflammation and itching which are the two characteristics of this condition.

Managing eczema involves a partnership with the parent, health and child care providers and I strongly urge you to develop a management plan that everyone agrees with. You can begin by using the *Information Exchange on Children with Health Concerns* form from our website: www.ucsfchildcarehealth.org.

Eczema, also known as atopic dermatitis, is common in families who have allergies, although the problem is not necessarily caused by an allergy. Only about 10% of eczema may be caused by food allergies and rarely does the elimination of contact or airborne substances bring lasting relief. Recommendations for relief include:

1. Avoid dry skin through the frequent use of moisturizers recommended by the doctor. During the dry winter months use a humidifier and avoid overheating indoor environments.
2. Avoid skin irritants such as wool and synthetic materials and use cotton clothes and bedding washed in a mild, dye-free detergent and rinsed well.
3. Avoid allergic triggers if the child has an identified allergy.
4. Use medication prescribed by the doctor to control itching and inflammation. These may include antihistamines, generally used at night, topical cortisone creams and recommended moisturizers. Never use medications prescribed for someone else. Be clear with the parent about the timing and use of these medications and make sure you have the consent forms signed. Keep a child's fingernails trimmed and clean to prevent damage to the skin and infection. Sometimes the use of a wet or cool dressing can help the itching.
5. Time may bring the best relief as many babies outgrow eczema by age 2.

References

www.keepkidshealthy.com/welcome/treatmentguides/eczema.html

www.aad.org



by Judy Calder, RN, MS



Conversations in Child Care

One of the measures of excellence in child care is the quality of the conversations that occur between providers and children. Conversations are important for the social and emotional development of young children. They also play an important role in promoting the development of oral language, which is essential for literacy. Oral language includes skills like talking and taking part in conversations (expressive language), and listening to others and understanding stories (receptive language). Literacy (reading and writing), often thought of as a school-aged learning task, actually starts in infancy and grows out of oral language. In one study, 35% of children entered school without the resources they needed to succeed at reading and writing. Caregivers and parents play a huge role in developing in children the skills and knowledge needed for literacy, through conversations.

How to have better conversations with young children

Look for opportunities to engage children in conversation: greeting children in the morning, changing a diaper, helping a child put on a coat. Too often, parents and caregivers view talking to children as getting or giving information, but it is important to think of conversations as much bigger and more important than that. Conversations in which caregivers talk *with* rather than *to* children offer the opportunity for adults to show a child that they care and are interested in what the child thinks about things, and to shape a child's moral development.

Conversations are also an important way to enlarge a child's vocabulary. Children between the ages of 2 and 6 learn an

average of six to 10 new words a day. An important difference between children who start kindergarten prepared and those who don't is the number of words in their vocabularies. Poor children may have 2,000 words while middle-class children who have attended preschool, and are frequently read and talked to by adults, may have 5,000-word vocabularies. Preschoolers with large vocabularies become better readers and writers than those with more limited vocabularies, so the differences that children start school with typically get worse as they get older. Therefore, it is very important to talk with, and read to, children in the early years so they can build their vocabularies and start school on an equal footing with their peers.

Ways to encourage conversations in child care

- Ask open-ended questions:
 - Ask questions that require the child to answer with several words, not just yes or no; for instance, "If you were a train engineer, what would you do all day?" or "If you were (a character in a story being read) what would you feel?"
 - Try to begin questions with "wh" words: *who*, *what*, *where*, *when*, and *why* (and *how*).
- Encourage children to explain their answers. This encourages them to use more words.
- Get down at the child's level and look him in the eyes when you talk to him.

Resources

Bardige, B. & Segal, M. (September, 2004) Conversations in Child Care. *Zero to Three*.

by Vickie Leonard, RN, FNP, PHD

BOX OF FUN

Jump the River!

- Arrange jump ropes, hoops or tapelines in a large indoor or outdoor space
- Explain to the children that they are taking a walk in the woods and may need to cross a stream or river. Ask children to walk throughout the space and when they come to a river (rope, hoop, or tape line on floor) they need to jump over the river without getting their feet wet.
- To assist children in learning the fundamentals of jumping, teachers should initially ask children to takeoff on two feet and to swing their arms forward when they jump.

- When landing, children should land on two feet spreading their feet about shoulder width apart so they have a wide base of support when they land. After landing children should proceed to, and jump over, the next river.
- Give children plenty of time to move throughout the space and jump over all the rivers.
- For safety reasons, suggest that children not get closer than two giant steps from each other, especially when they are swinging their arms to take off and when landing.

Adapted from and used by permission of PE Central "the premier web site for physical education teachers." For more ideas, visit the website at www.pecentral.org.

Adult Relationships: Creating a Nurturing Workplace

The benefits of healthy relationships between ECE professionals

A workplace that is built around mutual respect where staff members feel understood and appreciated creates a pleasant atmosphere where teachers can enjoy their work. If staff members are happy, children will receive better care. Children will also learn about cooperative, caring relationships from the adults in their lives. Centers will benefit from less staff turnover and parents will feel more at ease leaving their children in a safe and predictable environment. Adults who genuinely get along and feel respected create successful teams and, in turn, create excellent child care programs.

The challenges of working with other adults in ECE

Space, supplies, and duties in child care programs are usually shared and resources are often limited. If a mess is left in an area when a teacher arrives, she may become angry at having to do the work of another. Teachers may also come from different cultural and educational backgrounds or may not approach problems in the same manner. One teacher may have a higher tolerance for a crying child, while a coworker needs to soothe a distressed child right away. Caring for children can be emotionally draining and requires great patience.

Ten tips for healthy staff relationships in ECE

1. Make staff relationships a priority. Understand the importance of creating a caring environment where adults feel valued and children learn from positive role models.
2. Identify common goals. Goals can be as broad as providing quality care or as specific as planning a field trip. Work

toward your goals and celebrate your accomplishments.

3. Clarify duties and schedules. Share the workload and responsibilities. Establish policies for how the work gets done. Make sure everyone is clear on policies and their role in the organization.
4. Communicate. Share the joys and challenges of your day. If something is bothering you, let your coworkers know how you feel. Listen to your coworkers when they have something to share.
5. Be flexible and responsive. Unexpected things happen every day in child care programs. Be ready to offer help to another teacher who is having a conflict or difficulty. And don't be afraid to ask for help.
6. Be predictable and trustworthy. Follow through when you say you will do something.
7. Extend courtesies such as leaving common spaces clean and putting supplies away. Share resources.
8. Be sensitive to cultural differences and the perspectives of others. Show understanding rather than disapproval. Appreciate each other's strengths.
9. Be playful. Creative problem solving and exploration create a dynamic team. Remember to keep your sense of humor.
10. Nurture each other. Early care professionals need support, encouragement and recognition every day!

Resources and References

Amy C. Baker and Lynn A. Manfredi/Petitt, *Relationships, the Heart of Quality Care*, 2004, NAEYC.

Kadija Johnston and Charles Brinamen, *Mental Health Consultation in Child Care*, 2006, Zero to Three Press.

by Bobbie Rose, RN

We've moved!

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Ten Tips for Parents on Creating a Nurturing Family Environment

1. **Start early.** Development starts at conception. The brain grows the fastest and lays down the architecture the child will need for learning, and for happiness, in the first three years of life.

2. **Be positive, playful, warm and nurturing.** Emotions are contagious. What you are feeling and expressing to your child activates circuits in his brain that make him feel the same things that you are feeling. It is the emotional equivalent of a cold (Goleman, 2006). If you are feeling angry, disgusted, frustrated, your child will “catch” those feelings. If you feel those feelings all the time, your child’s brain will “wear a path” for those negative feelings in his brain and the circuits, or pathways, in the brain for those feelings will be quick to activate.

3. **Spend lots of time playing with your child.** She needs a secure bond to you. Attachment takes time.

4. **Pay attention to your child’s moral development.** Even simple games teach small children important lessons about what kind of people we want them to be. Taking turns, sharing toys and listening to others are skills that prepare children to get along with others, the most important skill your child will need for kindergarten. Meeting your child’s emotional needs does not mean catering to her every whim. Have clear moral expectations from the beginning, model what you expect of your children and enforce your rules clearly but kindly.

5. **Hug, touch, pat, cuddle and kiss your infant or toddler.** Touch and physical experiences also program your child’s

brain in important ways both physical and emotional. Children who are not touched and held do not develop well emotionally and physically.



6. **Talk to your child.** “Talk” back when your infant coos and babbles. Wait for her to respond to you; that is, listen to her. Have a “conversation,” even if your baby doesn’t have words yet.

7. **Use play, art and music to entertain your child instead of TV.** These activities result in positive changes in the brain that are important for later problem-solving and learning.

8. **Protect your child from stress, violence and trauma.** A young child’s brain is very sensitive to stress and trauma. Prolonged exposure of a child to trauma and violence will cause permanent changes in her brain.

9. **Have family rituals!** Read and sing to your child every day, starting at birth. Have a regular bedtime and bedtime ritual. Have family meal times with the TV turned off, and talk about what everyone did during the day and how they felt. Have a “special time” with your child after work.

10. **Never use food to comfort or entertain your child,** or they will learn to use food that way. Food is for nutrition, not for comfort.

References and Resources

Goleman, D. (2006) *Social Intelligence: The New Science of Human Relationships*, Bantam.

Zero to Three, *Brain Wonders: Helping Babies and Toddlers Develop*. Available at: www.zerotothree.org/brainwonders/

by Vickie Leonard, RN, FNP, PHD



MRSA and Antibiotic Resistance



What is antibiotic resistance?

Antibiotics are drugs that fight infections caused by bacteria. Over the past few decades, some bacteria that antibiotics control have developed resistance to these drugs. This resistance occurs when the bacteria change in some way that makes it impossible for these drugs to cure an infection. When this happens, the bacteria survive and continue to multiply causing more harm. Because of resistant bacteria, some infections that used to be easy to treat are now difficult to treat. Antibiotic resistance is an increasing public health problem.

Can antibiotic resistance by prevented?

Appropriate antibiotic use is the best way to prevent bacteria from becoming resistant. When antibiotics are used too often, or not used correctly, the usefulness of these drugs is reduced. While antibiotics should be used to treat *bacterial* infections, they are not effective against *viral* infections like the common cold, most sore throats, or the flu. Don't expect antibiotics to cure every illness. Antibiotics should be taken exactly as directed by the primary care provider and only by the person for whom they are prescribed.

Staph: a common cause of bacterial infection.

Staphylococcus aureus (staph) are bacteria that are commonly found in noses and on the skin of healthy people without causing infection. When healthy people have germs living on their skin, in their noses or in their intestines (gut) that are not causing illness, it is called "colonization." People who are colonized are carriers of the bacteria or germs that can cause an infection in themselves or others. These bacteria can occasionally get through the skin barrier and cause a skin or soft tissue infection. Although most of these infections are mild, such

as impetigo, staph can cause more serious illness including blood, bone, or lung infections.

What is MRSA?

Methicillin Resistant Staph Aureus (MRSA) is a type of staph bacteria that is resistant to many of the antibiotics commonly used to treat bacterial infections. This means that the usual treatment with common antibiotics will not work against infections caused by MRSA. MRSA bacteria are not known to cause more frequent or more severe infections than other staph strains, however infections caused by MRSA are more difficult to treat since there are fewer antibiotic choices. MRSA is a small percentage of all staph aureus. While 25% to 30% of the general population is found to have staph living on their skin, only 1% is colonized with MRSA. (CDC, 2005)

Who gets MRSA infections?

MRSA has long been a serious problem in hospitals and health care facilities (such as nursing homes and dialysis centers) where it infects the wounds of patients weakened by disease or injury. This is called hospital-acquired MRSA. If the infection appears in someone who has not been hospitalized within the last year, it is considered to be community acquired. Community-acquired MRSA infections tend to occur in otherwise healthy people and involve less serious skin and soft tissue infections. Cases of community-acquired MRSA can spread in a variety of close contact environments including child care centers, athletic facilities and military establishments.

What do MRSA infections look like?

Symptoms of MRSA infections vary depending on the part of the body that is infected. Skin infections are the most common site of staph infections and often result in local redness and warmth of the infected area with or without pus. The infections may look like boils, pimples, spider or insect bites or infected

wounds. Individuals with MRSA infections often complain of a sore that started as a spider bite. Most infections are mild, but MRSA bacteria can get into the bloodstream or lungs and cause severe illness.

How is MRSA spread?

MRSA is usually spread by direct contact with the hands, skin, drainage from a wound, or secretions from the nose of a person who is infected or colonized. MRSA is transmitted most often by skin-to-skin contact, but it may also be spread through contaminated objects or surfaces. Individuals who have draining infections are shedding more bacteria and are more infectious than persons who are colonized only.

How do you limit the spread?

- Hand washing is the most effective method of preventing the spread of staph.
- Cover infected wounds with clean bandages.
- Sanitize surfaces and items that may be soiled with body fluids or secretions.
- Don't share personal items such as towels and bedding.
- Keep cuts and scrapes clean and covered until healed.
- Teach children that they should not touch other people's wounds or bandages.
- Wear non-porous gloves when cleaning children's wounds or changing bandages and wash your hands before and after using gloves.

Can you catch it again?

Yes, it is possible to have a staph or MRSA skin infection come back after it is cured.

What is the treatment for MRSA?

Most MRSA infections are treatable with antibiotics. Antibiotics should be taken as directed making sure to take all of the doses, even if the infection is getting better, unless your doctor tells you to stop taking it. Do not share antibiotics with other people or save unfinished antibiotics to use at another time.

Does a caregiver need to report MRSA?

- Report an *outbreak* of MRSA infection to your local Public Health Department. An outbreak is more than one case.
- Notify the parents or guardians of children in your program. MRSA can be a problem for immune suppressed individuals.

What is the role of the family of a child who has MRSA?

- Seek medical attention if a child has a boil, red or inflamed skin, or has a sore that does not go away or that does not respond to antibiotics.
- Share information about the child's medical treatment with caregivers.
- Cover draining wounds with clean dressings.
- Place disposable waste that is soiled with infected drainage in a separate plastic bag and close the bag before putting it in the garbage.
- Wash sheets, towels and clothes when soiled with drainage in hot water and dry in a hot dryer.

Does a child with MRSA infection need to be excluded from child care?

Exclusion from child care will be determined by the child's primary care provider. These factors will be considered:

- Does the child with MRSA infection have draining wounds?
- Does the child with MRSA infection have draining wounds that cannot be covered or have dressings that cannot contain the drainage, and/or be kept dry and intact?
- Is the child with MRSA in a classroom with children who are immune suppressed?
- Does the child have special needs, i.e. a tracheostomy?

References and Resources:

Colorado Department of Public Health, 2003, Recommendations for Placement of Children with Methicillin Resistant Staphylococcus aureus (MRSA) in School and Child Care Settings at www.cdph.state.co.us/dc/epidemiology/CO_MRSA_schools5_03.pdf

Centers for Disease Control, 2005, CA-MRSA Information for the Public at www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_public.html

Centers for Disease Control, 2005, CA-MRSA Information for Clinicians at www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_clinicians.html

Navy Environmental Health Center, May 2005, Methicillin-Resistant Staphylococcus aureus (MRSA) Fact Sheet, at www-nehc.med.navy.mil/Downloads/prevmcd/CPG_MRSA_20050516_final.pdf

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What is Down syndrome?

Down syndrome (DS) is a genetic disorder caused by an extra chromosome that affects both physical and intellectual development. Children with DS have unusual facial features and poor muscle tone that affects both fine and gross motor skills. Half of children with DS have heart defects. The intelligence of persons with DS ranges from low normal to very retarded. Approximately 1 out of 1000 infants born in the US has DS. Although mothers of any age can have a child with DS, the risk increases significantly with the age of the mother. DS is not preventable and there is no cure, but early intervention services can help children with DS make important developmental gains. While children with DS share some characteristics, they are also as diverse as non-DS children in their learning styles, intelligence, personality, appearance, humor, compassion and attitudes.



For example, children with DS may take twice as long to sit, crawl, walk or say a first word. However, children who start early intervention programs earlier seem to have the best chance of success. Be patient.

- Keep messages simple and direct.
- Focus on improving the child's communication skills:
 - Learn some sign language: children with DS have relatively strong gestural skills and learn manual sign language readily.
 - Encourage the child to use her

words and discourage other children from speaking for the child when she is slow to answer.

- Give the child opportunities to interact with non-disabled children who are at a comparable level in language; try a “buddy system.”
- Encourage outdoor games which do not require a high degree of gross motor skill.
- Children with DS have a much stronger visual memory than auditory memory, so they learn better when visual cues such as pictures are used.
- Children with DS have been described as stubborn, but the world is often confusing to the child with DS and “stubborn” behavior is actually the child's way of coping with a situation he doesn't understand. When a child with DS refuses to do something, make an attempt to understand what the problem is.
- Provide an environment in which things are predictable and orderly.

For more information and referrals please call the Healthline at (800)-333-3212.

Strategies for working with children who have DS

All children with DS have some intellectual disability and learning occurs more slowly and requires lots of encouragement. Before age 3, a child with DS should have an Individual Family Services Plan (IFSP), and children over age 3, should have an Individual Education Plan (IEP). These plans are the road map for the child's early intervention and educational programs. Communicate with the child's parent about those services. Ask for a copy of the IFSP and pay special attention to the child's goal and objectives. Work with the parents who are often very well informed about their child's development. Also, work closely with the therapists who are providing intervention. Therapy will focus on fine and gross motor skills, social skills and communication skills, including speech.

Tips for working with children who have DS

- Educate yourself about DS.
- It takes children with DS longer to meet their milestones.

Resource and References

<http://nichcy.org/pubs/factshe/fs4txt.htm>

<http://nlm.nih.gov/medlineplus/downsyndrome.html>

http://kidshealth.org/kid/health_problems/birth_defect/down_syndrome.html

www.nichd.nih.gov/publications/pubs_details.cfm?from=8&pubs_id=24

by Tahereh Garakani, MA ED

Lead Poisoning Prevention

Lead poisoning is the most common environmental illness affecting young children. It can slow growth and harm a child's brain, making it hard for them to learn, pay attention and behave. Children between 6 months and 6 years of age are most at risk, because they explore their environments using their hands and mouths and they spend a lot of time on the floor where lead dust settles. While lead levels have declined over the last decade, 25% of children in the United States remain at risk of lead poisoning. The source of most lead poisoning in children now, is dust and chips from deteriorating lead paint on interior surfaces, but other sources include contaminated soil, imported Mexican candy and spices, handmade or imported pottery, dishes and old toys.

Most children with lead poisoning do not look or act sick. The only way to know is with a blood test. All children receiving services from a publicly supported program for low-income children should receive a blood-lead test at 12 and 24 months. Other children should be tested if they are found to be at risk because their caregiver answers "yes" or "do not know" to the risk assessment

question: "Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been recently renovated?"

Certain nutrients, such as calcium and iron, can help prevent the absorption of lead that is ingested, so a healthy diet is a good way to help prevent lead poisoning. So are frequent hand washing, and cleaning and washing surfaces with soap and water to remove dirt and lead dust.

Anemia and lead poisoning may occur together. Refer children with anemia, who have not had a lead test, to their health care provider.

What should you look for when doing an assessment of possible lead sources in your center?

- Was the property built before 1978?
 - Is the paint in good shape?
 - Have the paint tested if you see any damage.
 - Check often for cracked, damaged or peeling paint.
 - Look at the interior and exterior of the structure.
 - Check the windows, stairs, doorways, floors and porches.
- Has the property been renovated

recently?

- Have you checked to see if your pipes are made of lead?
 - Let your water run for a minute before use to get any potential lead out.
 - Use only cold water from the tap to cook with, drink, or to mix with infant formula.

If you're planning work which disturbs lead-painted surfaces, you need to make sure the job is done safely. The California Department of Health Services recommends that you hire a contractor who is certified to perform lead-related construction work. In some cases it may be required. Call (800) 597-LEAD in California, for information on finding State certified individuals and doing this work safely.

Resources

For lead poisoning prevention materials visit the CCHP web site, www.ucsfchildcarehealth.org and for the 2006 Child Care Lead Poisoning Prevention Curriculum, complete with power point slides, www.ucsfchildcarehealth.org/pdfs/Curricula/lead/Curriculum_2006.pdf.

For additional resources, call your local Childhood Lead Poisoning Prevention Program, local health department or the California Child Care Healthline at (800) 333-3212.

by Vickie Leonard, RN, FNP, PHD

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which are available on our website at <http://ucsfchildcarehealth.org/html/pandr/hsnotesmain.htm>. Or call the Healthline at (800) 333-3212.

*These guidelines are available from the National Resource Center for Health and Safety in Child Care: <http://nrc.uchsc.edu/SPINOFF/IE/ExcInc.htm>.

Resources

Copeland KA, Harris EN, Wang NY, Cheng TL. Compliance with American Academy of Pediatrics and American Public Health Association illness exclusion guidelines for child care centers in Maryland: Who Follows Them and When? *Pediatrics*. 2006 Nov;118(5):e1369-80. <http://pediatrics.aappublications.org/cgi/reprint/118/5/e1369>.

by Vickie Leonard, RN, FNP, PHD

Making Sleep Safer for Babies

Child care providers play an important role in protecting infants in their care from illness and injury—and that includes when the babies are sleeping. One of the most important ways child care providers can keep infants safe is to follow the back-to-sleep recommendations for crib and sleep safety, and to educate infants' parents to do the same.

Quick SIDS facts

- SIDS, Sudden Infant Death Syndrome, is also known as crib death. SIDS is the sudden, unexplained death of an infant younger than 1 year of age.
- SIDS is the leading cause of death in infants from 1 month to 1 year of age.
- Most SIDS deaths happen when babies are between 2 and 4 months of age.
- More SIDS deaths occur in colder months, possibly because caregivers unintentionally overheat their infants.

What else should I know about SIDS?

- *Babies sleep safer on their backs.* Babies who sleep on their backs are much less likely to die of SIDS than babies who sleep on their stomachs.
- *Sleep surface matters.* Babies sleep more safely on firm bedding, on safety-approved mattresses.
- *Even naps count.* For babies who are used to sleeping on their backs, being placed to sleep on their stomachs—even once—puts them at even higher risk for SIDS.
- *Sleeping on the side is still risky.* Babies should always be placed on their backs to sleep, since placing them on their sides still poses a risk for them rolling over onto their stomachs. Back is always the safest position for sleep.

- *Tummy time is important.* It helps babies to develop their neck and back strength, so they can eventually sit up and crawl. Babies should be placed on their tummies for a while each day, when they are awake and an adult is watching them.

Why is back-to-sleep important?

Since the back-to-sleep campaign was started in 1992—when the American Academy of Pediatrics officially recommended that infants be placed on their backs to sleep—the annual rate of SIDS has fallen more than 50%. Always placing infants on their backs to sleep is the single most important way to protect infants while they sleep.

What else can I do to protect infants in my care?

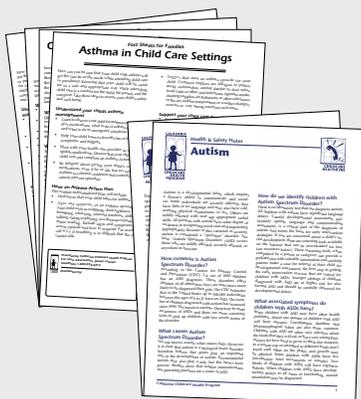
- Keep pillows, soft objects, stuffed animals, and loose blankets out of cribs where babies sleep.
- Make sure that infants' mouths and noses stay uncovered while they sleep. One way to do this is to place the baby to sleep with his or her feet at the foot of the crib, so he/she can't scoot down and get covered by blankets. You can also tuck blankets in at the level of the baby's chest, securely tucking the blanket edges under the crib's mattress on either side.
- Avoid overheating infants by keeping sleeping areas at a comfortable temperature, and not over-bundling them when they sleep.

For more information read the Health and Safety Note, *Protecting Infants in Your Care from SIDS*, available online at www.ucsfchildcarehealth.org/html/pandr/hsnotesmain.htm.

References

American Academy of Pediatrics: A Parent's Guide to Safe Sleep.

by Emily Skaff, RN



New CCHP publications—available online!

- New Fact Sheets for Families:**
- Asthma in Child Care Settings
 - Choosing Quality Child Care Matters
 - Healthy Eating and Activity for Your Child
 - Safe Transportation of Your Child with Disabilities
- New Health & Safety Notes:**
- Autism
 - Poison Oak

To access these Health & Safety Notes, Family Fact Sheets and our other publications, visit the California Childcare Health Program's Web site at www.ucsfchildcarehealth.org/html/pandr/pandrmain.htm.

The Importance of Play in Child Development

A new report from the American Academy of Pediatrics “The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds” says free and unstructured play is healthy and, in fact, essential for helping children reach important social, emotional and cognitive developmental milestones as well as helping them manage stress and become resilient.

The report, available at www.aap.org/pressroom/playFINAL.pdf, is written in defense of play and in response to forces threatening free play and unscheduled time such as changes in family structure, the increasingly competitive college admissions process and federal education policies that have led to reduced recess and physical education in many schools.

What does this mean to you?

This report reconfirms the benefits of unstructured play. It also offers guidelines on how to advocate for children by helping families, school systems and communities consider how best to ensure that play is protected as they seek the balance in children’s lives that leads to the best developmental outcomes. Some of these guidelines, although offered to pediatricians, can be adopted by early care and education professionals. Following are a few suggestions:

- Promote free play as a healthy and essential part of childhood.
- Discourage parents from the over-utilization of passive activities such as television and computer games.
- Emphasize the benefits of “true toys,” such as blocks and dolls, in which children use their imagination fully, over passive toys that require limited imagination.
- Help parents evaluate the claims made by marketers and advertisers about products or interventions designed to produce super-children.
- Educate yourself about appropriate resources in your community that foster play and healthy child development; have this information available to share with parents.

The report notes that while play protects children’s emotional development, loss of free time in combination with a hurried lifestyle can be a source of stress, anxiety and may even contribute to depression for many children.

For additional information on play, visit our web site at www.ucsfchildcarehealth.org, or call the Child Care Healthline at (800) 333-3212 to request a copy of our Health and Safety Note, *The Value of Play*.

by A. Rahman Zamani, MD, MPH



health + safety calendar

January 29 & 30

California Head Start Association: 5th Annual Parent Conference

CHSA’s Parent Conference offers a wide number of unique keynotes, featured sessions, and workshops just for parents and the staff that work closely to support and enhance their environment.

Newport Beach, California

<http://caheadstart.org/conference.html>

January 12–13

Children in Trauma Conference

California State University, Chico Center for Regional and Continuing Education

Chico, California

Heather Quilici, hquilici@csuchico.edu, 530-898-6105, x5673

<http://rce.csuchico.edu/in-service/childrenintrauma2007.asp>

January 25 & 30

February 1–2

On the Capitol Doorstep 2007

Child Care and Development State Budget Policy Workshops
Sacramento, Oakland, San Diego and Los Angeles, California

<http://otcdkids.com/Budget.html>

January 30–February 2

California Head Start Association: 9th Annual Educational Conference and Expo

CHSA is proud to offer a wide number of unique conference elements that will ensure participants many opportunities to listen, learn and grow in their many program roles.

Newport Beach, California

<http://caheadstart.org/conference.html>



Recognize and Respond to Struggling Young Learners: The National Center for Learning Disabilities is launching a website full of free resources based on a new and innovative Recognition and Response system. The system is a research-based approach to helping teachers and parents respond to signs of learning difficulty in young children as early as ages 3 or 4, before they experience school failure. The website offers easy-to-read articles, checklists and fact sheets with action-oriented information. A wide variety of resources is also offered to help teachers with observing and recording behavior, progress monitoring, engaging parents as partners, and more. Visit www.recognitionandresponse.org.

Physical Activity and Nutrition Resources for Child Care Settings: A new web directory for providers entitled "Fit Source" is now available online. This directory links child care and after school providers to a wide variety of physical activity and nutrition resources. Housed within the website of the National Child Care Information Center (NCCIC), Fit Source offers links to activities, lesson plans, healthy recipes, information for parents, and many other downloadable tools that can be used to incorporate physical activity and nutrition into child care and after school programs. Resources are organized by age: infant/toddler, preschool and school-age. Check it out at <http://fitsource.nccic.acf.hhs.gov/fitsource/>.

NICHD Study of Early Child Care and Youth Development: The newly published 62-page booklet describes the findings among children up to age 4½ from the National Institute of Child

Health and Human Development Study of Early Child Care and Youth Development. Among the findings: family characteristics have more influence on child development than does experience in child care. One of their major findings: Children who were cared for exclusively by their mothers did not develop differently than those who were also cared for by others. Online at www.nichd.nih.gov/publications/pubs/upload/seccyd_051206.pdf.

Child Health 2005 Released: Child Health USA 2005 is a compilation of secondary data for more than 50 health and health care indicators. The 2005 report provides both graphical and textual summaries of data and addresses long-term trends where applicable. Data are presented for the target populations of Title V funding, including infants, children, adolescents, children with special health care needs, and women of childbearing age. The report addresses population characteristics, health status, and health services financing and utilization. The report is available at http://mchb.hrsa.gov/mchirc/chusa_05/index.htm.

New Oral Health Frequently Asked Questions: The National Head Start Oral Health Resource Center's Web site was recently updated to include four new questions addressing the following topics: (1) the role of dental hygienists in Head Start programs, (2) what Head Start staff should do if a child experiences an oral injury, (3) what should be included in an oral health first aid kit, and (4) how to prevent oral injury. Available at no charge from the Web site at www.mchoralhealth.org/HeadStart/FAQs/index.html.

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