

# 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)



## Reducing Exposure to Pesticides: Integrated Pest Management

**D**espite the convenience and availability of pesticides, using pesticides in a child care setting may pose a risk to the healthy development of children in your care. Since as little as 1 percent of pesticides applied indoors actually reach their targeted pests, the useless accumulation of pesticides may occur (AAP, 2003). Many strategies can be used to control pest populations before resorting to chemicals. This practice is called Integrated Pest Management (IPM). IPM is a low-cost, common-sense approach to pest control that promotes a healthier child care environment.



### Why are pesticides more harmful to young children?

The behaviors of young children make them more vulnerable to pesticide exposure. These behaviors include crawling, mouthing toys and playing on the floor. In addition, since children have a higher metabolic rate than adults, the effects of pesticide exposure are greater. Pound for pound, children eat, drink and breathe more than adults. Combined with the fact that their brains, immune systems and organs are immature and still developing, children can suffer both short-term and long-term health problems from pesticide exposure.

Strategies to control pests in the child care setting without using pesticides include:

- Consult an IPM professional to develop ideas to control pests in your setting.
- Promote habits and sanitation that make your environment less hospitable to pests. For example,

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### health + safety tips

**Young Children and Transition.** Fall is a season of adjustments for children—to new classrooms, new teachers and new classmates. This transition may also be stressful for caregivers and parents. To help children adjust to change, try the following:

- Establish predictable routines.
- Move in an unhurried pace. Allow plenty of time for child-centered activities.
- Greet each child in a warm and welcoming way.
- Prepare children for the events of the day by talking or reading books.
- Plan for fewer outside activities, errands and distractions.
- Build supportive relationships to help children be successful in coping with change.
- Allow children to bring transitional objects from home.

California Child Care  
**Healthline**



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

*Child Care Health Connections* is a bimonthly newsletter published by the California Childcare Health Program (CCHP), a community-based program of the University of California, San Francisco School of Nursing, Department of Family Health Care Nursing. The goals of the newsletter are to promote and support a healthy and safe environment for all children in child care reflecting the state's diversity; to recreate linkages and promote collaboration among health and safety and child care professionals; and to be guided by the most up-to-date knowledge of the best practices and concepts of health, wellness and safety. Information provided in *Child Care Health Connections* is intended to supplement, not replace, medical advice.

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## ask the nurse

# Health Information and Confidentiality

**Q** As a new director, I'm confused about how much information from the Physician's Report form I can share with my staff considering the confidentiality issues. I feel that the staff needs to know certain information to care for children with health conditions. And, often the information I receive on the medical form is not sufficient to provide appropriate guidance to the staff. What information can I share and ask for?

**A** Health information needed to provide care for children with health conditions can be shared with the staff responsible for the direct care of children. This might include the teachers, aides, kitchen staff, or school bus drivers. Conditions such as food allergies, asthma, and seizure disorders may require a fast, informed response from caregivers and you must receive information from the parent and/or health care provider in writing. Other conditions you may see on a health form might be anemia, language delay, or visual impairments. These conditions require a management plan and may require individualized plans, or referral to early intervention services. This information should also be shared with the staff as they need it to promote the health and development of the child.

Health information reported on the Physician's Report form is often inadequate to provide safe and healthy care to children with health conditions. You are entitled to the information you need. Call the Healthline at (800) 333-3212 or visit the CCHP Web site at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org) for forms that can assist you in

obtaining that information, including forms such as *Information Exchange on Children with Special Needs*, *Consent for Exchange of Information*, *Medication Administration Log*, *Seizure Control Plan* and more. Parents are the best resource to provide the information and the enrollment interview is the best time to discuss the management of health conditions. Having these forms on file to distribute to the parent at the time of enrollment can facilitate communication with the health care provider and to the staff.

As a director, you have an obligation to protect health information by instructing all staff members that this information should not be the topic of casual conversations within or outside of the child care program. By having systems in place, such as confidential files for the records of children (and staff) and methods of communication, you can protect confidentiality. For more information on the topic, call the Healthline or download the handout *Guidelines for Maintaining Confidentiality in Child Care Settings* from the CCHP Web site.



by Judy Calder, RN, MS

# California's Newborn Screening Program Is Expanded

**A**ll infants born in the state of California are screened at birth for rare metabolic diseases. The blood sample for testing is usually drawn while the infant is still in the birth hospital, before going home. The California Genetic Disease Branch has recently announced that this routine testing is being expanded, so that more conditions can be detected and treated.

Newborn screening detects very rare diseases which cannot be seen, but are very serious. Undetected, such conditions can cause physical problems, and in some cases, mental retardation or death. Early diagnosis and treatment of affected children can mean the difference between lifelong disabilities and healthy development.

## Why are more conditions being added to routine screening?

There has been a national effort over the past several years to create a uniform newborn screening system throughout the United States. There have also been technological advances in diagnosis and treatment. With the expanded screening for additional rare disorders, the California Genetic Disease Branch predicts that up to 150 newborns in California with one of these disorders will be identified and referred for special help.

The expansion has been recommended by the American College of Medical Genetics and is funded by the Health Resources and Services Administration. The March of Dimes and other professional and parent groups have also supported this effort. Senate Bill 142 authorized California to implement the expanded screening effective August 1, 2005.

## How are babies tested?

Infants are screened for metabolic

disorders using a single blood sample. There is no additional charge for the expanded screening and it requires no additional blood from the baby. The sample is labeled and sent to a laboratory for assessment.

## What if a newborn has a positive test?

For any newborn with a positive result, the regional Newborn Screening Center will telephone the child's primary care provider and provide information about the possible disorder and assist with the immediate referral to a California Children's Services approved Special Care Center. Then the newborn will receive a thorough diagnostic evaluation. All newborns are eligible for a diagnostic evaluation regardless of the family's ability to pay.

## How can caregivers support a child with a metabolic disorder diagnosed at birth?

When a disorder is confirmed, newborns should receive ongoing specialty care. Follow-up and adherence to the treatment plan is essential. Ask the parents about plans for follow-up care, including dietary restrictions, medications, and any symptoms that might indicate a problem. If needed, develop a Special Care Plan to document care and train staff. Gather information and be supportive of the family. Contact the CCHP Healthline for additional information at (800) 333-3212.

## Resources and References

California Newborn Screening Program. (2005). *Newborn Screening News*, Summer 2005.

March of Dimes, Southern California Chapter. (2005). *Newborn Screening Tests*. [www.marchofdimes.com/southerncalifornia/5081\\_13358.asp](http://www.marchofdimes.com/southerncalifornia/5081_13358.asp).

Save Babies Through Screening Foundation. (2005). *A Parent's Guide to Newborn Screening*. [www.savebabies.org](http://www.savebabies.org).

by Bobbie Rose, RN



## screening

Early diagnosis and treatment of affected children can mean the difference between lifelong disabilities and healthy development.



## Creating a Healthy Work Environment: Indoor Air Quality

**W**hen we think of air pollution, it is important to consider the air that is inside of buildings. Indoor air contaminants may have adverse effects on the health and comfort of young children and the staff who care for them. The Environmental Protection Agency has declared the air two to five times more polluted indoors than out, and placed it among the top five environmental risks to public health. For the well-being of your community, consider the quality of the air inside your facility.

### Potential health problems for individuals exposed to indoor air pollutants

Short-term effects include headache, nausea, dizziness, infection, and irritation of eyes, nose, throat and respiratory tract. Chronic and long-term effects include asthma, allergies, lung disease, cancer and neurological damage.

### Common sources of indoor air pollution in child care settings

- biological contaminants such as mold, dust mites, pet dander and cat saliva, pollen, cockroaches, bacteria and viruses
- products of combustion from gas stoves, woodstoves and kerosene heaters
- solvents, cleaning agents and air fresheners
- cosmetics and personal care products
- pesticides
- dust from lead paint
- off-gassing of chemicals found in furnishings and consumer products such as carpeting, upholstery and wood finishes
- art supplies
- tobacco smoke and second-hand smoke

### Steps to improved air quality in child care settings

- Remove the source of the pollutant, such as pet debris, carpets, and molded or rotted items.
- Control moisture in the environment. Moist vapor, standing water and water-damaged materials are a breeding ground for mold, mildew, insects and bacteria.
- Provide ventilation by opening windows and using fans. For safety, fans must be inaccessible to children and windows must not be opened more than four inches. When windows cannot



be opened, rooms should be ventilated by a ventilation system that circulates outdoor air.

- Vacuum and damp mop for dust and dust mites.
- Maintain and inspect fireplaces, furnaces and gas heaters.
- Use proper dilutions for cleaning products and use products that have fewer fumes such as baking soda and vinegar.
- Avoid products in aerosol sprays.
- Don't use air fresheners since they do not improve air quality and use artificial chemicals to provide scent.
- Use art supplies such as glues and paints outside or in areas that are well ventilated. Materials that create toxic fumes or gases should not be used. Read the labels on art and craft materials, since they are required to identify hazardous ingredients.
- Don't store open, unused paints and craft materials.
- Use Integrated Pest Management techniques rather than spraying pesticides.
- Establish a no-smoking policy.

### Resources and References

Centers for Disease Control, NIOSH. (2004). *Indoor Environmental Quality*. [www.cdc.gov](http://www.cdc.gov).

United States Environmental Protection Agency. (2000). *Indoor Air Quality: Tools for Schools*. [www.epa.gov/iaq](http://www.epa.gov/iaq).

American Lung Association. (1999). *Indoor Air Pollution Fact Sheet*. [www.lungusa.org](http://www.lungusa.org).

American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care. (2002). *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, Second Edition.

by Bobbie Rose, RN



## Toothbrushing is Important Even for Young Children

**G**ood oral hygiene is important and recommended for children of all ages and from the time their first teeth erupt. Brushing teeth removes plaque, keeps the mouth clean and healthy, and improves a child's breath and sense of taste. In addition, using toothpaste with fluoride helps fight caries (cavities) while strengthening the tooth. Recent research also shows that regular brushing may help protect your heart from bacterial infection.

### What is dental plaque?

Dental plaque is a clear, thin and sticky film composed of bacteria, food debris and salivary components. Plaque accumulates on teeth and is linked with both dental caries and gum disease. Mechanical removal of plaque by brushing is the most effective method of cleaning teeth and preventing gum disease.

### Start cleaning teeth early

**Infants.** Wipe their gums and teeth with a clean moist cloth after meals and again before bed.

**Toddlers and Preschoolers.** Start teaching them to use a toothbrush when they are about 2 years old. Young children want to hold the toothbrush and participate in toothbrushing. Since they do not have enough good fine motor control, they need your help.

**School-Age Children.** Supervise and help them until age of 8—the age most children acquire fine motor skills such as the ability to tie their shoelaces or completely dress themselves.

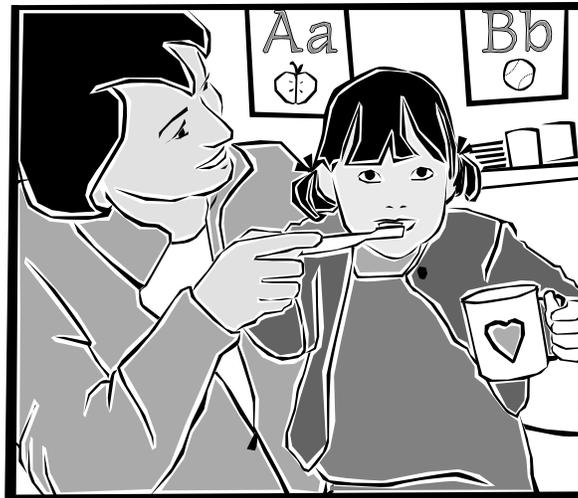
### Brushing technique

Instruction and supervision are important to establish effective toothbrushing habits in children. Children, like adults, should brush their teeth at least twice a day, preferably after breakfast and before bed at night.

Start by brushing their teeth for them. Place them in your lap

with both of you facing the same direction, so that you can see their mouth and they feel secure. Cup their chin in your hand with their head resting against your body, and clean their teeth as you would your own. Try to clean all tooth surfaces—brush at the gum line and then behind the teeth.

Supervise children as they get older. Teach and encourage them to brush their own teeth, but keep in mind that you will need to help them for a few years. Due to their limited fine motor skills, children should scrub their teeth using small circular motions. Teach children to brush lightly (to avoid hurting their gums) and spit out the toothpaste.



### Use the right toothbrush and toothpaste

The toothbrush should be soft and child size. For infants, use a brush that is easy for the parent to hold and small enough to fit in the infant's mouth. For young children, use an appropriate-size toothbrush with a wide handle. For children with special needs and disabilities, a variety

of special handles are available to make grasping easier.

Every child should have his or her own toothbrush. Use a tiny smear (pea-size amount) of fluoride toothpaste. Children usually like the taste and may eat the toothpaste, but swallowing too much fluoride can lead to the development of white spots on the teeth (dental fluorosis). Teach children to spit toothpaste out.

### When to replace toothbrushes

Replace toothbrushes every three months or more frequently if they show signs of wear, become contaminated through contact with another brush or child, or after a child has an infection. Toothbrushes should be rinsed after each use and air dried. If multiple brushes are stored in the same holder, do not allow them to touch each other.

### Resources

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

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

by A. Rahman Zamani, MD, MPH



# Supporting Breastfeeding Families



Human breastmilk is the best food for infants and contains ingredients that formula could never duplicate. Scientists and nutritionists describe it as a “living biological fluid” with over 80 identified ingredients that include antiviral, antiparasitic, antibacterial, and many other protective factors, most of which cannot be replicated by formula companies. The American Academy of Pediatrics (AAP) strongly recommends that breastfeeding be the preferred feeding for all infants, including premature newborns. The World Health Organization recommends human milk as the exclusive nutrient source for feeding full term infants during the first six months after birth. And, regardless of when complementary foods are introduced, breastfeeding should be continued at least through the first 12 months.

However, many new mothers return to work before their baby is 6 months old. Returning to work means making choices regarding child care for their infant. For mothers who breastfeed there is an additional concern that returning to work or school means weaning before mother and baby are ready. Many women continue to successfully breastfeed, and provide breastmilk for bottle-feeding in child care. The success of this choice depends on the mother and child care provider communicating well and supporting one another. Together, parents and child care providers can make breastfeeding a healthy priority.

## What are the benefits of breastmilk?

**For Infants.** Breastfeeding facilitates optimal infant growth and development and offers lifelong health advantages. Breastfed infants have less colic and fewer illnesses the first year of life. They have a reduced risk for allergies and lower incidence of gastrointestinal and respiratory diseases and ear infections. They have a lower incidence of obesity by

age 4 years. Breastfed infants have been shown to have higher IQ in later life, and lower rates of diabetes, obesity and other serious health problems.

**For mothers.** According to the La Leche League, breastfeeding is as healthy for mothers as it is for infants. There is a decreased incidence of breast cancer among women who nurse. Breastfeeding causes an increase in the maternal hormones prolactin and oxytocin, which act to enhance the let-down of milk and to inhibit post-partum bleeding. Mothers who breastfeed report less depression following childbirth. Breastfeeding burns calories, helping a mother get back to her pre-pregnancy weight more quickly. It also delays the return of a menstrual period (although breastfeeding alone is not a reliable method to prevent additional pregnancies). Breastfeeding appears to help build bone strength, protecting against fractures in older age. And importantly, breastfeeding helps mother and baby to bond.

**For child care providers.** Child care providers benefit, too. Breastfed infants are sick less often which means they are contagious less often. They have less colic, less spitting up, and their diapers don't smell as strong. Parents will feel good about their choice of child care when they feel supported in their choice to breastfeed.

## Support for breastfeeding mothers

The child care provider plays an essential role in supporting and facilitating the breastfeeding relationship by understanding the parent's plan for infant feeding. This may include allowing space for mothers to feed their babies, if necessary, at drop off and pick up, timing infant feedings, when possible, to a mother's schedule for pick up, and providing safe storage and handling of breastmilk.

The feeding care plan for an infant should respect

the parent's wishes. Some infants will have breastmilk only, while others may receive supplemental formula. When infants are fed according to parents' instructions, parents will feel supported and confident in the care their child receives.

## Support for child care providers

Parents can support their child care provider by making sure their breastfed baby is ready to feed from a bottle. Parents should introduce their baby to the bottle well before the first day of child care. Getting an infant used to a bottle may take several tries and some persistence on the part of the parents.

## Develop feeding policies

Develop your policies around breastfeeding in consultation with your Child Care Health Consultant. Support each family's choice in a non-judgmental manner.

- Allow flexibility in programs and schedules so that infants' needs are met.
- Provide opportunities for communication and education of parents and staff.
- Offer staff professional development opportunities on breastfeeding and nutrition.
- Promote your setting as breastfeeding friendly.

## Handling and storing human milk

Mothers should pump and store milk in unbreakable bottles in the freezer. The bottle should be labeled with a label that won't rub off and include the baby's name, date milk collected, and date of use for child care. The amount of milk in each bottle should equal the amount the baby usually takes at one feeding. Leftover milk should be disposed of if left out for more than one hour at room temperature. A few bottles can be frozen with one to two ounces for times when the baby may want extra nourishment.

Important points for handling and storing:

- Always wash your hands before preparing any bottle for feeding.
- Double check that each bottle is clearly labeled with child's name, date, time of collection, and that the milk is in an unbreakable, ready to feed bottle.
- Bottles of breastmilk should be refrigerated im-

mediately on arrival to program (at 40 degrees or below).

- Use breastmilk on the day it is brought into the program.
- Thaw a bottle of frozen breastmilk under cool water and swirl to mix. *Never microwave or shake breastmilk.*
- Do not refreeze breastmilk that was previously frozen.
- Use breastmilk only for the infant for whom it was intended. In cases where an infant is given another infant's breastmilk refer to *Caring for Our Children* or call the California Child Care Healthline at (800) 333-3212.

## References and Resources

American Academy of Pediatrics. [www.aap.org](http://www.aap.org).

World Health Organization. [www.who.int/child-adolescent-health/NUTRITION/infant.htm](http://www.who.int/child-adolescent-health/NUTRITION/infant.htm).

La Leche League. [www.lalecheleague.org](http://www.lalecheleague.org).

*Caring For Our Children: National Health and Safety Standards*. <http://nrc.uchsc.edu/CFOC/index.html>.

*Feeding Infants: A Guide for Use in the Child Nutrition Programs*, United States Department of Agriculture Food and Nutrition Service. [www.nal.usda.gov/fnic/pubs/bibs/edu/98-child.htm](http://www.nal.usda.gov/fnic/pubs/bibs/edu/98-child.htm)

California State Department of Health WIC program. [www.wicworks.ca.gov](http://www.wicworks.ca.gov).

*Health & Safety Note: Infant Feeding in Child Care*. (2005). California Childcare Health Program. [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

*Fact Sheet for Families: Childhood Obesity*. (2004). California Childcare Health Program. [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

*Fact Sheet for Families: Overweight and Obesity*. (2005). California Childcare Health Program. [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

by Kim Walker, RN, PNP (05/05)

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## Caring for a Child with Cystic Fibrosis

**C**ystic fibrosis (CF) is an inherited chronic disease. In persons with CF, many glands in the body produce abnormal secretions, interfering with important functions. The lungs and pancreas are two vital organs that are often seriously affected. CF is incurable, but most children with CF will live to adulthood. There are currently about 30,000 children and adults in the United States with CF (CFF, 2005).

### Who is at risk for CF?

CF is a genetic condition present from birth in those who inherit the responsible gene from both parents. When a child has CF, this means that both parents are carriers of the CF gene. CF can be detected during prenatal care or at birth, but not all babies are routinely tested for it.

### Special concerns for children with CF

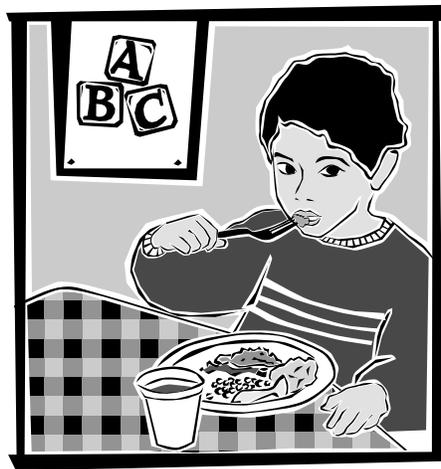
Children with CF need careful monitoring and medical treatments to reduce complications. Serious complications experienced by children with CF are usually respiratory (related to lungs and breathing) and metabolic (related to digestion and absorption of food).

### Respiratory complications

In CF, the lungs produce abnormally thick mucus which blocks the breathing passages. Children with CF are vulnerable to infections including bronchitis and pneumonia. They frequently need medications and treatments to open their breathing passages and loosen the thick secretions. They also need antibiotics when respiratory infections occur.

### Nutritional considerations

In CF, the pancreas often does not function properly. This makes it difficult for children with CF to digest and absorb nutrients. These children often need to take medication with meals to aid in digestion, and they need more calories than typical children.



### Fluid and salt problems

In CF, the sweat glands secrete perspiration that has an excessively high concentration of salt. Children with CF need to drink fluids frequently, especially in hot weather or during vigorous play.

### Medication administration

Children with CF are usually prescribed several different medications. When a child with CF is enrolled in child care, it is very important that program staff receive thorough training in managing the child's medication schedule. This training should include which medications are needed, how much, and at what time(s). Know the purpose of each medication, and how each should be administered and stored.

Communicate daily with the child's parents about the child's response to medications given in child care or at home. Document medication administration thoroughly, including signed parental consent, instructions from the prescriber, and a log of medications given (when they were given, and by whom). Store medications out of children's reach, marked with the child's name, and in compliance with package directions. Know side effects of medications and monitor for their occurrence.

### More tips for caregivers

If a child in your care has CF...

- Hold regular "care team" meetings including the child's parents and all program staff who work with the child. Keep current on information about the child's dietary needs, respiratory status, medications and physical stamina.
- Create a care plan and train all staff who work with the child in implementing the plan. Update the plan regularly.
- Watch for signs of distress such as coughing or labored breathing.
- Offer medications and/or other treatments as indicated, and document all such interventions.
- Provide nutritious snacks and meals throughout the day.
- Offer the child and family acceptance, love and support.

### References and Resources

Cystic Fibrosis Foundation at [www.cff.org](http://www.cff.org).

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

KidsHealth at [www.kidshealth.org](http://www.kidshealth.org).

by Eileen Walsh, RN, MPH



# Implementing Daily Oral Care in ECE Programs

**D**aily oral care is one of the most important things we can do to prevent tooth decay in early childhood. By preventing tooth decay, we preserve children’s healthy smiles while sparing them the pain and trauma of dental work. Prevention also saves children’s families significant costs in money and time.

A daily program of oral hygiene in early care and education (ECE) programs ensures that the children in care receive these important benefits:

- removal of food particles from the gums and teeth;
- exposure to the tooth-strengthening properties of fluoride; and
- establishment of oral care as an important daily habit.

## What type of care is appropriate?

Children’s needs depend on their age and the presence of teeth. Both caregivers and parents need to know the level of oral care recommended for children as they grow.

**Infants:** Wipe gums gently after feeding, using a clean wet cloth or strip of gauze.

**Toddlers and preschoolers:** Brush teeth with a soft, child-sized toothbrush in the morning and at bedtime. Use a small drop of fluoridated toothpaste—a pea-sized dab is plenty. Wipe off excess toothpaste until the child is old enough to rinse independently. Children can start the brushing but need an adult’s help to do it thoroughly. Supervising adults should wash their hands after assisting each individual child.

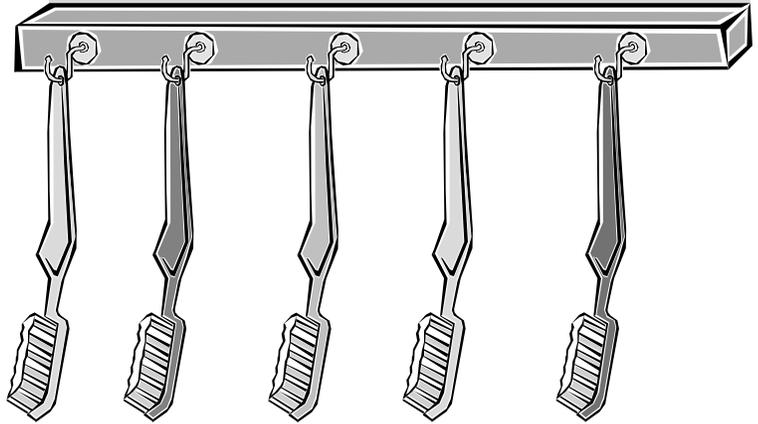
**School-age children:** Allow children to brush their own teeth (with supervision). The supervising adult may need to “finish the job” for some children, ensuring that all tooth surfaces are reached. Children need supervision and may need help with brushing until they are at least 8 years old!

## What equipment is needed?

To implement a daily toothbrushing program, each child will need a clean toothbrush labeled clearly with his name. For storage, use a rack where children’s toothbrushes can be suspended with space between so the brushes do not contact each other. Racks can be purchased or can be hand-made.

## toothbrush storage

Racks for toothbrushes can be purchased or hand-made. Make sure brushes do not touch each other.



## Make oral care a daily routine

Oral care can easily be incorporated into a program’s daily routine. To emphasize that oral care is an important daily habit, schedule toothbrushing at the same time each day. If children eat breakfast at the program, it makes sense to schedule toothbrushing right after. If the program does not serve breakfast, schedule toothbrushing after the morning snack.

## Steps to oral health for children

Primary teeth are precious, and toothbrushing is just one part of oral care. Additional tips for caregivers and families:

- Serve tooth-friendly snacks: cheese, yogurt, fruits and vegetables are better for children’s teeth than crackers, chips or sweetened cereals.
- Avoid soda, sweetened drinks, candy and cookies—these foods cause cavities.
- Dilute juices with water to make them less harmful to teeth.
- If children eat sticky, sweet foods, brush teeth or rinse with water afterwards.
- Educate families that children need regular check-ups with a dentist starting at age 1 or when the first tooth comes in.

by Eileen Walsh, RN, MPH

# Glucagon Administration in the Child Care Setting

**G**lucagon is a treatment that is sometimes prescribed for persons with diabetes. Glucagon is an emergency treatment given when the blood sugar is dangerously low. Not all persons with diabetes have a prescription for glucagon, but some do.

## Regulatory issues

Although the Community Care Licensing regulations for child care do not allow licensed caregivers to administer insulin, they do allow caregivers to perform blood sugar checks, if they have proper training and written consent from the child's parents or guardian. Licensed caregivers are also permitted to give glucagon under the exception process.

## What is the exception process?

The exception process is a series of steps to be taken by a licensee who will be providing special care beyond that typically provided to children, and beyond the level of care explicitly covered in regulations. When glucagon is prescribed for emergency use, the exception process allows a licensed caregiver to safely administer the drug.

## Required documentation

Whenever a child with diabetes attends a child care program, the parents and program staff must work together to ensure that staff understand the child's condition, symptoms and treatments. This sharing of information should be documented as a

care plan and kept on site. Documentation must include written parental consent for any medications/treatments that may occur in care.

If a child has a prescription for glucagon, the parent must provide written permission for its use. The child care staff who may administer glucagon must be trained by a competent person, as designated in writing by the prescribing physician. This designated person can be the child's parent or another expert in the child's condition and care. There must be at least one staff person who has been trained to administer glucagon available at all times.

Training should include:

- symptoms of low blood sugar requiring glucagon;
- how to administer glucagon properly;
- how to care for a child after glucagon administration;
- what to do if a child does not respond to glucagon.

Verification of training must be maintained in the program's files, and a copy of the care plan and evidence of appropriate training should be on file at Community Care Licensing.

## Reference and Resources

Community Care Licensing, *Child Care Policy Bulletin #04-10*.

American Diabetes Association at 800-DIABETES or [www.diabetes.org](http://www.diabetes.org).

*Thanks to Ruth McGregor at Community Care Licensing for reviewing this article.*

by Kim Walker, RN, PNP

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## Reducing Exposure to Pesticides, continued from page 1

restrict eating to certain areas and remove trash at the end of the day rather than letting it sit overnight.

- Make physical changes that create barriers to exclude pests from an area. For example: caulk cracks and around electrical outlets, and keep door and window screens in good repair.
- Monitor and identify the problem or pest before taking action. Be aware of pest populations and remove their sources of food, water and shelter.

As a last resort, the careful use of pesticides may be necessary.

In this case, always consult a licensed professional with experience in IPM.

## Resources and References

American Academy of Pediatrics, Committee on Environmental Health. (2003). *Pediatric Environmental Health*.

U.S. Environmental Protection Agency. (2005). *Integrated Pest Management in Schools*. [www.epa.gov/pesticides/ipm](http://www.epa.gov/pesticides/ipm).

Statewide IPM Program, University of California, Davis. (2005). [www.ipm.ucdavis.edu](http://www.ipm.ucdavis.edu).

by Bobbie Rose, RN



## health + safety calendar

### september-october

#### California Training Institute Trainings for Health Professionals and Early Care and Education Professionals

*Fresno, Tuolumne, San Luis Obispo and Irvine*

Join us for trainings of health professionals and early care and education professionals throughout September and October. Detailed information about dates, locations and training objectives is available upon request.

Contact Griselda Thomas, California Childcare Health Program, at (510) 281-7920 or visit [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

### september

#### National Head Lice Prevention Month

National Pediculosis Association, Inc.

(781) 499-6487

[npa@headlice.org](mailto:npa@headlice.org)

[www.headlice.org](http://www.headlice.org)

### september 16-21

#### 10th International Conference on Family Violence

*San Diego*

Family Violence and Sexual Assault Institute

(858) 623-2777 x403

[www.fvsai.org](http://www.fvsai.org)

### october

#### Child Health Month

Visit this helpful Web site to discover the rewards of healthy children, and get a calendar of tips on protecting children's health each month.

[www.childrenshealth.gov](http://www.childrenshealth.gov)

### october 3-5

#### 19th Annual California Conference on Childhood Injury Control

*San Diego*

Center for Injury Prevention

(619) 594-3691

[www.cipp.org](http://www.cipp.org)

### october 17-18

#### Child Development Policy Institute Fall Forum

*Sacramento*

Child Development Policy Institute

[pmiller@cdpi.net](mailto:pmiller@cdpi.net)

[www.cdpi.net](http://www.cdpi.net)

### october 19-22

#### Supersize Prevention: Obesity, Diabetes and Other Critical Issues

*Burbank*

American School Health Association

(330) 678-1601 x127

[www.ashaweb.org](http://www.ashaweb.org)

### october 27-29

#### Learning Disabilities Association of California Fall Conference

*Concord*

(925) 827-2000

[ldaca2005@sbcglobal.net](mailto:ldaca2005@sbcglobal.net)

[www.ldaca.org](http://www.ldaca.org)



## health + safety resources

**California Department of Child Support Services** can help parents get the money and health care they need for their kids. Services are provided by the county and the staff are trained to locate a parent, determine paternity, obtain an order to receive child support, collect child support money, change the amount of support and give referrals to job training and services. (866) 249-0773; [www.childsup.ca.gov](http://www.childsup.ca.gov)

**Early Childhood Education for All: A Wise Investment**, from Legal Momentum, discusses the short- and long-term economic benefits of high-quality early childhood education, both as an industry and as an investment in healthy child development. [www.legalmomentum.org/fi](http://www.legalmomentum.org/fi)

**Who's Teaching Our Youngest Students?**, from the National Institute for Early Education Research, finds that 85 percent of teachers in state-funded preschool programs earn salaries at or below "low-income" levels and that 19 percent work a second job to make ends meet. <http://nieer.org/resources/files/NPSteachers.pdf>

**Children's Mental Health: An Overview and Key Considerations**, from the National Institute for Health Care Management, discusses mental health services for children and related issues. [www.nihcm.org/CMHReport-FINAL.pdf](http://www.nihcm.org/CMHReport-FINAL.pdf)

**Skin Cancer Prevention**, California Division of Chronic Disease and Injury Control, provides information and resources for schools, child care and parents about sun-safety education and policies. [www.dhs.ca.gov/ps/cdic/cpns/skin/skin\\_resources.htm](http://www.dhs.ca.gov/ps/cdic/cpns/skin/skin_resources.htm)

**SIDS Prevention Brochures**, from the American Academy of Pediatrics, provide information for child care providers and parents about reducing the risk of Sudden Infant Death Syndrome. [www.healthychildcare.org](http://www.healthychildcare.org)

**Effects of Welfare and Employment Policies on Young Children**, from MDRC, finds that, as long as low-income families receive work supports that boost their income, their children do better in school—particularly preschool-age children. [www.mdrc.org/sps/go.cgi?c=Nz5ZLUDVlrCI4DRKQOLX](http://www.mdrc.org/sps/go.cgi?c=Nz5ZLUDVlrCI4DRKQOLX)

# School Readiness Initiative and Health Insurance

**F**irst 5 California has developed the School Readiness Initiative (SRI), which includes five essential and coordinated elements required of every SRI in the state (the elements are outlined at [www.cffc.ca.gov/SchoolReady.htm](http://www.cffc.ca.gov/SchoolReady.htm)). These elements include: early care and education (ECE), parenting and family support services, health and social services, school readiness for children/school capacity, and lastly, program infrastructure, administration and evaluation.

One of the most important SRI health and social service activities is to assure that all children in ECE programs have access to preventive and acute health care. This requires that children have comprehensive health insurance. As an ECE provider, Child Care Health Advocate and/or Child Care Health Consultant, you know first-hand why health insurance is so important for the children and families in your programs. Access to health insurance allows children in your care to obtain immunizations and childhood screenings, see a health care provider to treat an illness, obtain recommended vision and dental screening and services, and receive special needs assessments and mental health services.



## What can you do to help with health plan enrollment?

- Review children's enrollment documents and health files to assess health insurance coverage.
- Educate families about health insurance options such as Healthy Families and Medi-Cal through newsletters, bulletin board notices, parent meetings and brochures.
- Keep a referral list of community organizations that can help families complete health insurance applications, including provision of translation services.
- Train ECE staff to assist families in applying for health insurance.

## Resources

California Childcare Health Program at (800) 333-1212 or [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org). CCHP's ongoing series of trainings for ECE and health care professionals includes training in educating families and providers on the importance of health care insurance coverage for children.

Healthy Families. For more information on health insurance applications and brochures, call the Healthy Families information line at (888) 747-1222 or visit [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov).

The 100% Campaign works to ensure that all of California's children receive health coverage. [www.100percentcampaign.org](http://www.100percentcampaign.org).

by Judy Calder, RN, MS and Mimi Wolff, MSW

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