

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)



Health and Safety Training for Child Care Providers

It's crucial that child care programs follow the most up-to-date health and safety practices—but sometimes staying on top of the best practices can be a challenge. That's why the California Childcare Health Program is training child care providers to be Child Care Health Advocates. These staff members receive specialized training to become health and safety specialists for their programs. By ensuring that programs follow best practices, Child Care Health Advocates help reduce infectious disease and injuries among children. Programs with Child Care Health Advocates are in a better position to serve children and families. The training is also an excellent professional development opportunity for staff members.

The curriculum for the program was adapted from the National Training Institute's curriculum and has been modified to meet the specific needs of California child care providers. The curriculum also includes training on why health is a critical component for school readiness. Topics covered in the trainings include:

- Nutrition and obesity prevention
- Children with disabilities and special needs
- Behavioral health
- School readiness and health



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on health and safety
in childcare



California Child Care
Healthline

health + safety tips

Caregivers of small children may find their job rewarding and fun, but that doesn't mean it isn't stressful at times. It's very important to take steps to reduce stress. *Caring for Our Children* standards (1.049 and 3.058) recommend workplace interventions in the form of written personnel policies for break times away from the children. In addition to breaks, child care programs should also implement the following policies to reduce stress:

- Written job descriptions and policies to insure clarity about responsibilities.
- Regular staff meetings so staff can share feelings and concerns.
- Involvement of staff in decisions.
- Regularly scheduled breaks.
- A staff lounge separate from the child care area.



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.

Major support for this publication is provided by the California Department of Education/Child Development Division, Healthy Child Care California and First 5 California (formerly the California Children and Families Commission).

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Avoid Wading Pools for Safe Water Play Time

Q

With the warm weather coming I would like to bring out the wading pool for the children in my family child care program, but I've heard they are not healthy to use. Why?

A

Water play is a great way for children to have fun, play outdoors and stay cool in warm weather—but wading pools aren't the best way for children to play in the water.

Instead of using wading pools in your child care program, instead use sprinklers, hoses or small water tables. According to *Caring for Our Children*—the national standards for health and safety in child care programs—wading pools should not be used because they promote the transmission of infectious disease. In fact, the Centers for Disease Control and Prevention (CDC) has launched a campaign to educate the public about preventing recreational water illnesses (RWIs).

RWIs are diseases that are spread by swallowing, breathing or having contact with contaminated water from swimming and wading pools, spas, lakes, rivers or oceans. These illnesses can cause a wide variety of symptoms, including skin, ear, respiratory, eye and wound infections. The most commonly reported RWI is diarrhea. Diarrheal diseases can be caused by germs such as Crypto, short for *Cryptosporidium*, *Giardia*, *Shigella*, and *E.Coli 0157:H7*. If swimmers or waders are ill with diarrhea, the germs they carry can contaminate the water if they have “an accident” in the pool. If other children swallow the water that has been contaminated with feces, they may get ill. Children, pregnant women and people with compromised immune systems can suffer more severe illness if infected.

The CDC has developed six “Pleas” that promote healthy swimming, whether you swim in a home pool or if you take children to public pools or lakes:

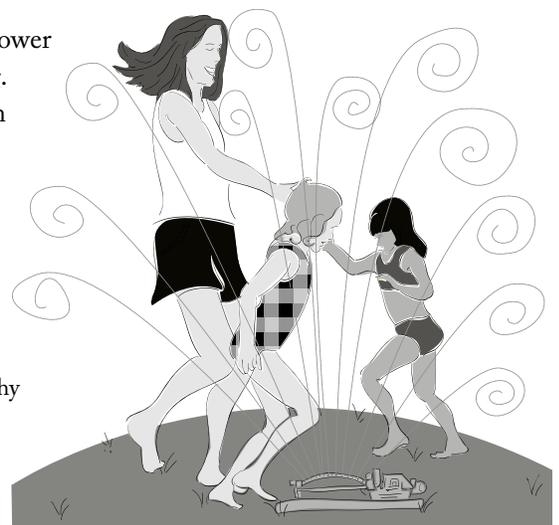
- Please don't swim when you have diarrhea.
- Please don't swallow the water.
- Please practice good hygiene—shower and wash hands before swimming.
- Please take children for bathroom breaks often.
- Please change diapers in the bathroom, not at poolside.
- Please wash children's bottoms thoroughly before entering water.

References

Healthy Swimming at www.cdc.gov/healthy-swimming/rwi_prevention_week.htm.

Caring for Our Children, 2002, Standard 5.213.

by Judy Calder, RN, MS



Preventing Sudden Infant Death Syndrome in Child Care

Child care professionals' greatest fear must be the death of an infant in their care. It is a tragic truth that every year babies die in California from Sudden Infant Death Syndrome (SIDS). About 20 percent of these deaths occur while an infant is being cared for by someone other than a parent. Many of these deaths are related to unaccustomed tummy sleeping, which is placing an infant to sleep on their stomach when they are routinely placed to sleep on their back at home.

What is SIDS?

SIDS is the sudden, unexplained death of an infant under 1 year of age that remains unexplained after a thorough investigation. The death occurs quickly and is associated with sleep. SIDS is not preventable, but the risk can be reduced. Child care providers are encouraged to have a safe infant sleep policy based on the recommendations of the American Academy of Pediatrics and First Candle/SIDS Alliance. This policy would include the expectation that unless the child has a note from a physician specifying otherwise, infants should be placed on their backs for sleep. Infants should be on a firm, tight-fitting mattress in a safe crib. All pillows, quilts, comforters, stuffed toys and other soft products should be removed from the crib.



What can child care providers do?

- Create and use a safe sleep policy. For outlines of what should be included in the safe sleep policy, visit <http://nrc.uchsc.edu/SPINOFF/SIDS/SIDS.htm>.
- Practice SIDS reduction in your program by using the *Caring for Our Children* standards.
- Talk with a Child Care Health Consultant about health and safety in child care and your program's efforts to prevent SIDS.
- Talk with families about sleep positioning.
- Don't smoke around babies, especially in the room where they sleep.
- Be able to respond to an infant medical emergency.
- Be aware of bereavement/grief resources.

For more information on SIDS, including the infant sleep policy, visit www.healthychildcare.org. For resources regarding SIDS in child care, visit www.firstcandle.org or call the Healthline at (800) 333-3212.

Reference

American Academy of Pediatrics, First Candle/SIDS Alliance. 2003. *Reducing the Risk of SIDS in Child Care: Training for Child Care Providers*. Elk Grove Village, IL: American Academy of Pediatrics.

by Kim Walker, CPNP

New NAEYC Accreditation Criteria Require Health Consultation

Since 1986, the National Association for the Education of Young Children (NAEYC) has offered accreditation to early care and education (ECE) programs. NAEYC accreditation bestows special recognition to high-quality programs, allowing families and professionals to locate programs which are truly state-of-the-art.

In April 2005, NAEYC released an update to the performance criteria used to evaluate programs during accreditation. The updated criteria under the topic of health promotion require that accredited programs have a written agreement with and regular visits by a health consultant who is a licensed pediatric health professional. The consulting health professional assists program staff in developing practices and policies for health promotion and illness prevention in the ECE setting.

For additional details on the accreditation process, the new criteria, and the requirement for health consultation, visit the Accreditation page of the NAEYC Web site at www.naeyc.org/accreditation.

Choking Can Be Prevented

Young children in their first three years of life are at greater risk of choking. Once young children begin to eat table food, educators and caregivers need to be aware of the dangers and risks of choking. Choking can occur if food gets caught in the throat and blocks the airway. This prevents air from getting to the lungs, and oxygen from getting to the rest of the body. If the brain goes without oxygen for more than four minutes, brain damage or death may occur. Most children who choke are under age 5 years, and two-thirds of choking victims are younger than age 1 (AAP, 2001).

Why are young children at risk for choking?

Learning to chew and swallow takes time. Eating table food is a new behavior for infants and toddlers. They need to develop the skill and muscle coordination to chew and swallow table foods without choking. Children under age 5 years often have trouble managing unfamiliar, irregular and hard foods. When infants and young children are learning to chew, they may attempt to swallow foods whole.

Foods that are choking hazards

Children should not be given these foods before age 4 years:

- Hot dogs and sausages cut in rounds
- Dried food, nuts and seeds
- Whole grapes, olives or raisins
- Chunks of meat or cheese
- Hard, gooey or sticky candy
- Popcorn
- Peanut butter (unless it is spread very thinly)
- Raw, hard vegetables
- Chewing gum

Steps to prevent choking

- Grate or cook vegetables.
- Chop round or firm foods completely into pieces no larger than one-half inch.
- Remove seeds and pits from soft fruit such as peaches and cherries.
- Insist that children eat at the table or at least while sitting down.



- Never allow children to run or walk with food in their mouths.
- Teach children to chew their food well.
- Never rush a child who is eating.
- Always watch children closely when they are eating.
- Don't allow older children to give food to infants and toddlers.
- Objects smaller than 1¼ inch in diameter should not be accessible to children who put things in their mouths.

Choking emergencies

- Keep current with CPR/first aid requirements.
- Provide first aid for a choking victim, if needed.
- Call 911 for a choking victim who can't speak or cry, or who has stopped breathing.

References and Resources

California Childcare Health Program. 2001. *Health & Safety in the Child Care Setting: Prevention of Injuries*.

American Academy of Pediatrics. 2001. *Choking: Common Dangers for Children*. www.aap.org.

American Academy of Pediatrics. 2001. *Choking Prevention*. www.aap.org.

Women, Infants and Children Supplemental Nutrition Program. 2005. *Preventing Your Child from Choking on Food*. www.wicworks.ca.gov.

by Bobbie Rose RN



How Much Sugar Is Healthy for Your Child?

Sugars and starches are carbohydrates, a source of energy for the body that provides 50 to 60 percent of calories consumed by the average American. But, are some carbohydrates healthier than others? Can too much sugar in children's diets lead to health problems?

Types of dietary carbohydrates

There are two groups of carbohydrates (often called carbs). **Simple carbohydrates** are found in sugars such as fructose (fruit sugar), lactose (milk sugar), sucrose (table sugar), and glucose. **Complex carbohydrates** such as starch and fiber (non-digestible carbohydrates) are found in whole grains and vegetables.

Carbohydrates are absorbed in the small intestine, converted to glucose in the liver, and used for energy. Excess calories from eating too many carbohydrates or from consuming more calories than needed may be stored as body fat.

Can carbohydrates be good or bad?

Some carbohydrates are healthier than others. Sugar can be naturally present in foods such as fruits and milk. It also can be added to the food at the table or during processing and preparation in the form of ingredients such as high fructose corn syrup, which can be found in sweetened beverages and baked products.

Bad carbohydrates

Food groups that contain more than 5 percent added sugars (such as regular soft drinks, candy, cakes, cookies, pies, fruit punch, ice cream, sweetened yogurt and milk, cinnamon toast) are major sources of added sugar. Added sugar provides only empty calories—no minerals or vitamins.

Good carbohydrates

The good carbohydrates are those that not only provide a steady supply of energy, but also other nutrients the body needs. Whole-grain cereals, brown rice, whole-grain breads, fruits and vegetables are good sources of carbohydrates, fibers and other nutrients.

Problems caused by sugar

- Sugar contributes to dental caries. Bacteria break down carbohydrates in the mouth, forming acids which then dissolve the nearby tooth enamel.

- Excess use of processed carbohydrates (refined sugars found in foods and beverages like candy and soda, and refined grains like white rice and white flour, found in many pastas and breads) are major source of surplus calories, contributing to the dramatic rise of obesity. Consumption of sugar-sweetened drinks is also associated with the rising problem of obesity in children.
- Foods that contain a lot of simple sugars cause the blood sugar level to rise more quickly than others. Scientists have been studying whether eating foods that cause big jumps in blood sugar may be related to chronic health problems like diabetes and heart disease.

Myths and facts about sugar

Myth: Sugar is addictive.

Fact: Cutting back on sugar does not cause withdrawal symptoms, although it can cause a strong craving for sweets.

Myth: Sugar causes hyperactivity.

Fact: Actually, eating a large amount of carbohydrates may make you feel sleepy.

Tips to remember

- Maintaining a nutritious diet and a healthy weight is very important. Carbohydrates are good for health, if the right kind and right amount are used.
- Sugars should be used in moderation by most healthy people and sparingly by people with low calorie needs.
- Choose fiber-rich fruits, vegetables and whole grains often.
- Choose and prepare foods and beverages with little added sugars or caloric sweeteners.
- Reduce the incidence of dental caries by practicing good oral hygiene and consuming sugar- and starch-containing foods and beverages less frequently.
- Don't reward children with sweets.

References and Resources

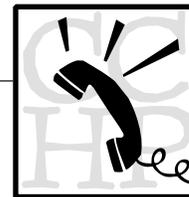
Dietary Guidelines for Americans (2005) at www.healthierus.gov/dietaryguidelines.

United State Department of Agriculture at www.mypyramid.org.

by A. Rahman Zamani, MD, MPH



Oral Health for Children with Disabilities and Special Needs



Children with disabilities and special needs are at greater risk for health problems, require extra help and rely on others to achieve and maintain good health. Oral health is no exception. A clean mouth is one of their most important health needs for life and will be influenced by your ability to provide necessary support.

Who are children with special needs?

Children with special needs are those who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

Why are they at higher risk?

Common oral problems, such as tooth decay or gum disease, affect all children. But children with disabilities and other 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 causes oral health problems in children with disabilities?

Some contributing factors to poor oral health in children with disabilities and other special needs are:

- **Oral Conditions.** Some genetic disorders in young children can cause defects in tooth enamel, missing teeth and teeth that do not align

properly. Children with Down's syndrome often suffer from gum disease.

- **Physical limitations.** Children who cannot chew or move their tongues properly do not benefit from the natural cleaning action of the tongue, cheek, and lip muscles.
- **Difficulty brushing and flossing.** Children with poor motor coordination such as spinal cord injuries, muscular dystrophy, or cerebral palsy may not be able to clean their own teeth or use the usual brushing and flossing methods.
- **Reduced saliva flow.** Children who need help drinking may drink less fluid than other children, and may not have enough saliva in their mouth to help wash away food particles.
- **Medications.** Children using sweetened medications for a long time can get tooth decay. Some anti-seizure medications may cause swelling or bleeding in the gums.
- **Restricted diets.** Children who have difficulty chewing and swallowing may often eat pureed food which may stick to their teeth.

Which children may require special oral health care?

Children may need special oral health care if they have any of the following conditions: Down's syndrome, epileptic or seizure disorders, cleft lip or cleft palate, other structural anomalies of the head, face, and/or mouth, cerebral palsy, learning or developmental disabilities, vision or hearing impairments, or HIV infection.

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.

Which oral health problems are common?

- Tooth eruption depends on genetic factors, growth of the jaw, muscular action and medications. It may be delayed, accelerated or inconsistent. Some children may not get their first primary tooth until they are 2 years old.
- Dental caries are common in children with developmental disabilities. In addition to problems with diet and oral hygiene, prolonged bottle feeding and the adverse side effects of certain medications contribute to dental caries.
- Periodontal disease occurs more often and at a younger age in children with developmental disabilities. Overgrowth of gums caused by medications used to treat seizures, high blood pressure and weak immune systems also increase the risk for periodontal disease.
- Malocclusion (a poor fit between the upper and lower teeth and crowding of teeth) occurs in many children with developmental disabilities. It may be associated with muscular abnormalities, delayed tooth eruption, or underdevelopment of the jaw. Teeth that do not align properly can make chewing and speaking difficult and increase the risk of periodontal disease, dental caries, and oral trauma.
- Damaging oral habits can be a problem for children with disabilities and special needs. Some of the most common of these habits are grinding or clenching, food pouching, mouth breathing, tongue thrusting, picking at the gums or biting the lips.
- Tooth anomalies affect many children with disabilities. They may present with variations in the number, size and shape of teeth.
- Trauma and injury to the face and mouth from falls or accidents occur more frequently in children who have mental retardation, seizures, cerebral palsy, abnormal protective reflexes or lack of muscular coordination.

Are special skills needed to provide appropriate oral care?

Child care providers who care for children with spe-

cial needs are also responsible to take care of their mouth. Providers need to develop a special care plan and may need to seek professional guidance or obtain appropriate training in order to care for children with disabilities and special needs. The skills needed to promote oral health are just slightly different from those required to meet the oral care needs of other young children in child care.

Tips to remember

- Adults can spread the germs that cause cavities. Do not put anything in a child's mouth if it has been in your mouth.
- Remember that children, particularly those with disabilities and special needs, require adult help to brush their teeth thoroughly.
- If the child has a problem grasping the toothbrush, make the toothbrush easier to hold by building up the handle with tape. There are also specially shaped brushes.
- Good nutrition, which is good for the body, is also good for the mouth. Soda, sweet drinks, candy and other sweets or foods containing sugar can cause cavities.
- Using fluoride reduces cavities, so brush teeth using a pea-sized dab of fluoridated toothpaste.
- Regular dental visits are important.
- Prevent baby bottle tooth decay—don't leave a child sleeping with a bottle that contains anything but water.

For additional tips and resources on the oral health needs of young children, Call the Healthline at (800) 333-3212.

References and Resources

National Institute for Dental and Craniofacial Research at www.nidcr.nih.gov.

American Academy of Pediatrics (AAP) www.aap.org.

About Smiles at www.aboutsmiles.org/speciald.htm.

First 5 California at www.first5oralhealth.org.

By A. Rahman Zamani, MPH (4/18/05)

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Caring for Children with ADHD

Do these scenarios sound familiar? They describe behaviors common to all young children at times. But when such behaviors persist, occurring frequently and in a variety of settings, they may indicate Attention Deficit-Hyperactivity Disorder (ADHD).

- A child sits and daydreams, unaware of a story being read to the class...
- A child impulsively blurts out an answer before his teacher has finished asking the question...
- A child wiggles, squirms and fidgets during circle time, distracting the other children and the teacher...

What is ADHD?

ADHD is a disability which makes it difficult to attend, listen and/or learn. It is a chronic condition, persisting throughout an affected person's life. A diagnosis of ADHD is based on observation of a child and on parent interviews about the child's behavior at home, in school, and in social situations. ADHD is usually not diagnosed before age 5 years (AAP, 2001).

What causes ADHD?

Research shows that the most likely causes of ADHD are biological (NIMH, 2005). ADHD is not caused by poor parenting or diet. Among suspected causes are genetics (25% of children with ADHD have close relatives with ADHD), and exposure to harmful substances either in the prenatal period or in early childhood.

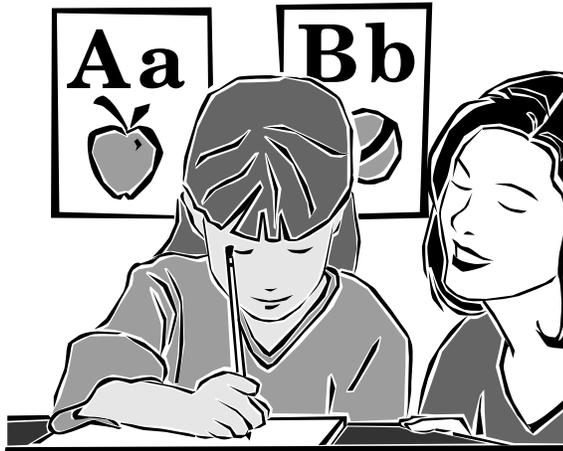
How do we help children with ADHD?

There is no cure for ADHD, but with appropriate treatment and positive support, a child with ADHD can be successfully included in child care and school. Below are some practical tips for caregivers who work with affected children.

- Communicate frequently with the family about the child's progress.

- Know the child's strengths, preferences, and any triggers of behavioral outbursts.
- With input from the family and medical provider, set positive, realistic goals for behavior, socialization and learning.
- Provide positive guidance during classroom activities and play. Positive guidance is a way of prompting children by describing desired behaviors in positive terms. For example, instead of saying "Don't kick the ball in the classroom," say "We kick the ball when we are outside."

- Praise frequently for accomplishments—help the child maintain positive self-esteem.
- Provide direction in small steps—children with ADHD have difficulty remembering lengthy verbal instructions.
- When a child in care has been prescribed medication to control the symptoms of ADHD, learn about the medication's desired effects as well as side effects. Monitor the child frequently and communicate with the family when you have concerns.
- If a child with ADHD is enrolled in Special Education at the local school district, ask the parents for a copy of the child's Individualized Education Plan (IEP). Be aware of



ADHD

The most likely causes of ADHD are biological. ADHD is not caused by poor parenting or diet.

the IEP goals and work toward meeting them during child care hours.

References and Resources

American Academy of Pediatrics (2001). *ADHD—Making the Diagnosis*. Online at www.medem.com/medlb/medlib_entry.cfm.

National Institutes of Mental Health (2003). *Attention Deficit Hyperactivity Disorder*. Online at www.nimh.nih.gov.

California Childcare Health Program (2004). *Parents with ADHD*. Online at www.ucsfchildcarehealth.org/pdfs/factsheets/ParentsADHDen060805.pdf.

by Eileen Walsh, RN, MPH

Act Early to Identify Autism

The Centers for Disease Control and Prevention recently launched an effort to increase early identification of children with autism. The project is called the Act Early Initiative, and it targets parents and professionals who work with children ages 0-5.

What is Autism?

Autism is a developmental delay which impairs a person's ability to communicate and socialize. Some persons are severely affected; they have little or no language and may also have odd-seeming physical mannerisms or tics. Others are more mildly affected, with near age-appropriate verbal skills. All persons with autism have some degree of weakness in recognizing social cues and responding appropriately. Because of this variation in severity, autism is considered a "spectrum" disorder. The term autistic spectrum disorders (ASD) covers those who are mildly affected, severely affected, or anywhere in between.

How Do We Identify Children with Autism or an ASD?

Starting in infancy, children rapidly

develop increasingly complex abilities in language, play, problem-solving and motor skills. This happens in predictable steps, with most children of a given age showing similar skills. The Act Early Initiative seeks to raise public awareness of the milestones of typical development in early childhood. When parents and caregivers know these milestones, they can assess whether children are developing typically, or are at risk for developmental delay, including an ASD.

A child in care with delayed language and social skills, who has weaknesses in other areas, and whose delays are persistent, should be referred for additional help. Caregivers play a critical role in recognizing delays and encouraging families to have at-risk children assessed—by the child's regular medical provider, and also by specialists in child development, if needed.

What Are the Advantages of Early Identification?

The advantages of early identification of ASD are immediate and lifelong. These children benefit from speech/language, occupational, and behavioral therapy.



autism

A developmental delay which impairs a person's ability to communicate and socialize.

They are often eligible for state-funded programs providing therapeutic services, or for Special Education services at local schools. Early identification improves the odds that these children will reach their highest possible potential, in childhood and later in life.

For more information on the Act Early Initiative or on screening for developmental delay, visit www.cdc.gov/ncbddd/autism/actearly/default.htm or call the Healthline at (800) 333-3212.

by Eileen Walsh, RN, MPH

Health and Safety Training, continued from page 1

- Oral health
- Prevention and management of illness

You can become a Child Care Health Advocate by participating in CCHP's California Training Institute for Early Care and Education Professionals. Trainings are being conducted throughout California during 2005.

The next training for Child Care Health Advocates will be held in Pasadena on July 23rd. For more information on the CTI program, or for the schedule of upcoming trainings, go to www.ucsfchildcarehealth.org or call CCHP at (800) 839-1195.

by Cathy Miller, MPH



May Budget Revise for 2005

On May 17, 2005 the Child Development Policy Institute met to review the revised budget for the 2005-2006 fiscal year and to discuss its impact on the Early Care and Education Community.

Increase in Budget Revenues Mixed with Caution

The Department of Finance estimates that State General Fund revenues will increase by \$2.2 billion in the current year (2004-2005) and \$4.4 billion in the budget year (2005-2006). The General Fund has about \$3.9 billion more in one-time revenue over the 2004-05 and 2005-06 time periods. However, the Governor cautions against spending increased revenues on on-going programs and notes that approximately \$900 million is expected to be returned to taxpayers who are appealing their tax liabilities.

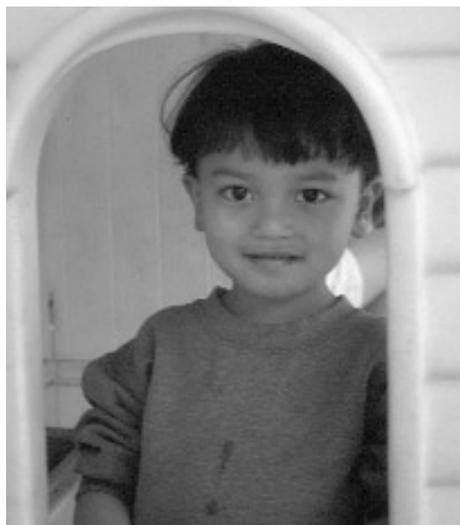
Education

The May revise provides K-12 schools with additional funds above the January budget and proposes to fully fund all enrollment growth, inflation and “cost shifts.” With regard to the primary funding disagreement between the Governor

and the Education Coalition, there is relatively no change from the January Budget proposal and it is likely that Education funding battles will continue.

Child Care and Development

The May Revision was relatively silent on Child Care and Development. However, there were some positives. The Administration extended the cost of living adjustment increase provided to K-12 to Child Development. There will also be an increase in allocations to reflect the slight increase in growth in child care.



CalWORKs

The Administration proposes to fully fund CalWORKs child care stages. Some adjustments have been made in the budget to reflect revised caseload estimates.

Community Care Licensing

The May Revise rescinds an Administration proposal to eliminate the current requirement to increase visits to licensed community care facilities if citations exceed the previous year’s total by 10 percent. Advocates have opposed this proposal, arguing that CCL is extremely understaffed.

by Bobbie Rose, RN

cchp briefs

CCHP is pleased to announce two new staff members on the Healthline project, funded by the California Department of Education, Child Development Division.

Bobbie Rose, RN, is our new Healthline Consultant. She is a Public Health Nurse with nine years experience as Health Chair for a school-based health program in Berkeley. Her experience also includes case management with the Visiting Nurse Association, health education in the preschool setting, and hospital-based acute care. She is a graduate of Marquette University College of Nursing.

Tahereh Garakani, MA, Ed, is our new Infant/Toddler and Inclusion Specialist. Tahereh has over 20 years of experience in child development, advocacy and training. She worked as a director of Head Start, director of child development programs, education coordinator, Parent Involvement Coordinator, mental health coordinator, and disability services coordinator. She is also a part-time college instructor, and teaches Early Child Development courses to early care and education professionals.





health + safety calendar

july 21-23

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

Pasadena

Health professionals will meet July 21-22; early care and education professionals will meet July 23. Contact Griselda Thomas, California Childcare Health Program, at (510) 281-7920 or visit www.ucsfchildcarehealth.org

july 16

Working Together, Making a Difference

Los Angeles

Crystal Stairs

(323) 421-1247 (English)

(323) 421-1347 (Spanish)

august

National Immunization Awareness Month

(703) 836-6110 or npi@hnhb.org
www.partnersforimmunization.org

august 1-7

World Breastfeeding Week

Northern California Area Leader:
Amy Weststeyn at amweststeyn@msn.com
www.lalecheleague.org

august 8-9

16th Northern California Early Childhood Education Conference

Sacramento

Northern California ECE Conference
(916) 263-4073



health + safety resources

Indoor Air Pollution in California, from California Air Resources Board, reports on indoor air pollution in California, including health effects such as asthma, cancer and illness, sources of pollutants, existing regulations and industry practices, and ways to improve indoor air quality in schools, homes and workplaces.
www.arb.ca.gov/research/indoor/ab1173/ab1173.htm

Addressing Social-Emotional Development and Infant Mental Health, from the UCLA Center for Healthier Children, Families, and Communities, recommends that infant mental health be integrated into all child and family service systems (early care and education, health care, family support) to ensure at-risk children receive early intervention and comprehensive services. Includes policy recommendations.
www.healthychild.ucla.edu/Publications/NationalCenterPubs.asp

Yes We Can: Children's Asthma Program, from the Centers for Disease Control, profiles an asthma intervention program in San Francisco in which community health workers help families learn about asthma, reduce triggers in their homes, communicate with health providers, and advocate with landlords for needed repairs. Finds that, as a result of the program, participants experienced fewer symptom days, emergency department visits, and hospitalizations. Includes lessons learned.
www.cdc.gov/asthma/interventions/yes_we_can.htm

Influence of Community Factors on Health, from PolicyLink, is an annotated, searchable bibliography of articles, reports and books on how the environmental, social and economic conditions of a community affect the health of its residents.
www.policylink.org/CHB

Alliance for Early Childhood Finance offers issue briefs on early care and education topics, including funding for early childhood programs, assessment and quality rating systems, child care as economic development, collective management, and using research to increase investment in early care and education.
www.earlychildhoodfinance.org/briefs.htm

California's Child Care and Development System, from the California Budget Project, reviews child care funding and enrollment trends and discusses some of the child care proposals in the proposed state budget.
www.cbp.org/2005/0504bb_childcare.pdf

Safe Playgrounds Project, from the Center for Environmental Health, provides information about the dangers to children of playing on outdoor structures made of pressure-treated wood that contains arsenic. Includes frequently asked questions and other resources.
www.safe2play.org

School Readiness Indicators

In the last *Connections* newsletter, we described the background of the National School Readiness Indicators Initiative. This initiative was created in order to produce indicators that can help track results of school readiness programs on child outcomes. The 17 participating states were asked to develop lists of indicators and submit them to be compiled into one list for national use.

The California Children and Families Commission was given the task of creating California's list and came up with the following school readiness indicators: medical insurance; immunizations rate; low birth weight rate; preschool participation; hunger/food security; child poverty rate; low-income children; teen birth rate; mother's education; and reading/math assessment.

Using California's indicator list in addition to those which were submitted by the 16 other states, the National School Readiness Indicators Initiative developed the following list of indicators:

Ready Children: physical well-being and motor development; social and emotional development; approaches to learning; language development; and cognition and general knowledge.

Ready Families: mother's education level; births to teens; child abuse and neglect; and children in foster care.

Ready Communities: young children in poverty; supports for families with infants and toddlers; and lead poisoning.

Ready Services – Health: health insurance; low birthweight infants; access to prenatal care; and immunization.

Ready Services – Early Care and Education: children enrolled in an early education program; early education teacher credentials; accredited family child care homes; and access to child care subsidies.

Ready Schools: class size; fourth grade reading score.

References and Resources

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

California Children and Families Commission. (2003). *School Readiness Indicators—California Draft*. Available from www.gettingready.org/matriarch/OnePiecePage.asp_Q_PageID_E_100_A_PageName_E_California.

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