

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)



Go Green and Become an Eco-Healthy Child Care Program!

Research increasingly shows that the first years of a child's life are critical to shaping their future health and development. As a child care provider, small changes you make can have a big impact on the children in your care. By reducing toxins, such as chemicals in certain cleaning products and weed killers, you help prevent illnesses like asthma, certain learning disabilities, and even some forms of cancer. For these reasons providing an environmentally healthy, low toxic, setting is particularly important in the places children spend the majority of their time.

There is help for child care providers

For those who want to make environmentally healthy choices, the Eco-Healthy Child Care (EHCC) is a free, voluntary endorsement program available to child care providers throughout the nation. Center-based, family child care, licensed or non-licensed providers are welcome to participate. The goal of the program is to educate and empower child care providers to reduce toxic substances in their child care facilities and to encourage parents to choose 'eco-healthy' products and practices.

The EHCC program helps child care settings be healthy, safe and green, by providing training and resources to child care providers as they make simple choices that benefit the health and well-being of all children in their care.

How to apply

Child care providers apply to become endorsed by filling out a 25-item checklist, available in both English and Spanish. The checklist addresses issues like phthalates in toys, formaldehyde in furniture, pesticides used on lawns or inside buildings, mold, mildew, poor indoor air quality, lead-based paint and mercury-containing thermometers. Facilities that comply with 20 of the 25 items, including two mandatory items, receive a certificate and poster announcing their Eco-Healthy endorsement.

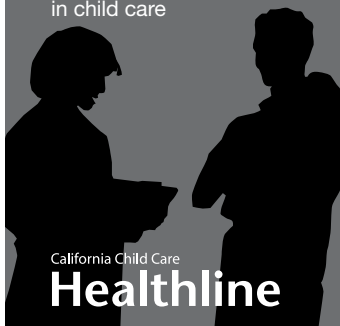
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Call **800.333.3212**
for free consultations
on health and safety
in child care



health + safety tips

Improving Indoor Air Quality at Your Workplace

Many factors contribute to decreased air quality in the workplace. Formaldehyde, volatile organic compounds (VOCs) and ozone all contribute to degraded air quality. Poor indoor air quality can result in flu like symptoms including headaches, sore throats, itchy eyes, or in limited scenarios, chronic illnesses such as cancer. Sources of air pollution in offices include off gassing from furniture, carpets, cleaning products, and photocopy equipment.

To improve air at work, when possible:

- Open windows to allow for natural ventilation
- Choose non-toxic pest control methods, especially indoors
- Choose furniture made from solid wood and ground coverings made from natural fibers
- Make sure high moisture areas are well ventilated to avoid mold and mildew
- Choose mild, non-toxic or biodegradable cleaning products
- Avoid wall-to-wall synthetic carpet
- Avoid air fresheners
- When remodeling choose low- to no-VOC paint

Source: Oregon Environmental Council at www.oeonline.org



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

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How to Dispose of Medication

Q A child in my program has left, leaving behind 3 medications he was taking while he was enrolled. I cannot locate his parents and would like to know the best way to dispose of the meds given the concerns about flushing them down the toilet.

A Traditional advice for the disposal of medication has been "flushing down the toilet or pouring down the sink," however that advice has changed recently because of concerns about the environmental impact of these medications on the aquatic ecosystem. Trace levels of drug residues have been found in surface waters such as rivers and lakes and in some community drinking water supplies. Guidelines on proper disposal recommended by the Office of National Drug Control Policy are:

- Follow any specific disposal instructions on the drug label or patient information sheet. Do not flush prescription drugs down the toilet unless specifically instructed.
- Contact your local recycling program or local pharmacy to see if there is a "take-back" program related to medication. More and more pharmacies, including hospital pharmacies, are providing this service
- If no instructions are given and no recycling program is available,, throw the drugs in the household trash, but first:
 - › Take them out of their original containers and mix them with undesirable substance such as coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
 - › Put them in a sealable plastic bag and crush any solid form of the medication.

Additional safeguards include:

- › Scratch out all identifying information on the container label to protect the identity and personal health information of the individual.
- › Do not pass on the medication to others
- › Consult the pharmacist for additional advice.

For more information go to the following websites:

- Food and Drug Administration FDA www.fda.gov/consumer
- SMARxT Disposal Campaign www.smarxtdisposal.net for flyers and posters in English and Spanish

by Judy Calder, RN, MS



Integrated Pest Management: Ants

Ants are one of the most common insects found in child care; the most common in California is the Argentine ant.

Ant characteristics and habits

Ants are usually found where they can find food and water to take back to their nests. Most ants commonly found in California are not a serious threat to human health or property, and they may help with control of other pests like fleas, caterpillars, and termites.

Managing ants in the child care setting

Spraying pesticides is not effective against ants. More importantly, pesticide residues can build up in the dust on floors where children may breathe or swallow these residues. Ant control should focus on good sanitation and building maintenance rather than routine spraying with pesticides. Ant management requires continuous effort. Do not try to completely eliminate ants from an outdoor area.

There are several steps to ant control

Keep ants out of indoor settings:

- When you spot large numbers of ants in a trail, try to follow the ants to where they are entering the building. Caulk cracks around foundations that provide entry from outside (pay special attention to where wires and pipes enter the building, as these are favorite entry points for ants).
- Keep plants and mulch away from the foundation of buildings; they provide nesting sites for ants.

Remove food sources for ants:

- Store attractive food items such as sugar, syrup, honey, and pet food in closed containers that have been washed to remove spills from outer surfaces.
- Remove garbage from buildings at the end of each day; change liners when they get dirty.

- Repair leaky sinks and water fountains.

Get rid of ants that have made their way into indoor settings:

- One or two wandering ants are scouts searching for new food or nesting sites and should be killed to prevent them from establishing a trail into the building.
- Sponging ants with soapy water removes the ants' scent trail and is effective in temporarily removing foraging ants in a building, especially if thorough cleaning and sealing of entry points is done.
- Baits are a key tool for managing ants and are the only type of insecticide recommended in most situations.
- Baits contain a slow acting poison mixed with a substance that attracts worker ants looking for food. Workers carry the bait back to the nest and transfer it mouth-to-mouth to other ants in order to kill the entire colony, which takes time, so be patient! Continue to clean up trails while waiting for baits to work.
- Use baits outdoors or in self-contained bait stations. Place where children do not have access to them such as under a cabinet.

If you are unsuccessful in getting rid of indoor ants, work with a pest management professional to identify the ant species and create a management plan.



Resources:

UC Davis Ants Management Guidelines

www.ipm.ucdavis.edu/PMG/PESTNOTES/pn7411.html

Department of Pesticide Regulation "Ant Bait and Wait" poster

www.cdpr.ca.gov/docs/pestmgt/pubs/ant_color_eng.pdf

Department of Pesticide Regulation Ant Fact Sheet:

www.cdpr.ca.gov/docs/pestmgt/pubs/ants_color.pdf



by Vickie Leonard, RN, PhD



Simple, No Cost, Steps to a Healthy Weight

Many times child care providers do not have the time or resources to join a gym or pay for weight loss program fees. Yet there are measures you can take to lose weight, or maintain a healthy weight, that do not cost any money and will not take too much time out of your busy day. Try one or all of these nurturing steps to stay at a healthy weight or shed a few pounds

Walk More

Not only is walking great exercise, walkers have been shown to live longer and be healthier and more active as they get older. Walking an hour a day is associated with cutting your risk of heart disease, breast cancer, colon cancer, diabetes and stroke. Walking is low impact, and is not complicated. You can walk alone, with a friend or family member or join a walking club.

Keep a Food Journal

A recent study conducted by Kaiser Permanente showed that those who kept a food diary and recorded everything they ate lost twice as much weight as those who dieted without keeping records. Writing down everything you eat will increase your awareness of what you are actually eating. Many mothers of young children who keep a journal are surprised to learn how many extra calories they are eating by finishing what is left on their children's plates.

Use Smaller Plates

Over the last few decades, serving sizes have increased to the point that it is now hard for people to know what a normal por-

tion looks like. Research shows that people respond to larger portions by eating more. Since most people tend to eat what is on their plate, serving food on smaller plates will make regular over-eating less likely. For appropriate serving sizes, see the United States Department of Agriculture (USDA) MyPyramid web site at www.mypyramid.gov

Drink water

Sweetened drinks such as sodas, juices, some sports drinks, and sweetened coffee drinks can contribute to obesity by adding excess empty calories to the diet. Liquid calories are not as satisfying as solid calories, so the appetite does not adjust for the extra calories. Studies have shown that as the amount of sweetened drinks in the diet goes up, so does weight gain. Stick to water when you are thirsty. You are also modeling good habits for the children in your care when you drink water.

Get a good night's sleep

People who get less than seven hours of sleep a night are more likely to be obese. Even one hour of sleep can make a difference. So treat yourself right and don't skimp on sleep. With a good night's sleep, you will get the added benefits of feeling more alert and being more patient with the children in your care.

Resources and References:

Keeping portions Under Control, Kidshealth.

http://kidshealth.org/parent/nutrition_fit/nutrition/portions.html

For a sample walking program:

<http://win.niddk.nih.gov/publications/walking.htm>

by Bobbie Rose RN

BOX OF FUN

Play Housekeeping Station

Set up a housekeeping station with child size cleaning tools and equipment such as brooms, push brooms, whisk brooms, rakes, mops, dustpans, dust cloths, buckets and brushes. You can purchase these items from an early education supply company or put them on a "wish list" for your community.

Dramatic play with cleaning tools can be an indoor or outdoor activity that makes cleaning fun. Through role-play children develop self-esteem and competency while learning important daily living skills. This activity will help children learn to pitch-in to take care of their environment and develop responsibility.

Children of all ages and abilities can learn the health and safety principles of cleaning such as:

- prevention of slips and falls by sweeping sand and wiping up spills
- preventing the spread of germs
- reducing asthma triggers such as dust
- cleaning up crumbs, standing water and garden debris to prevent pest infestation

Risks Associated with Bisphenol A in Baby Bottles

Products marketed for children are not always safe especially for young children in their critical stage of development. Bisphenol A (BPA) is one of the toxic chemicals found in some products including many popular brands of baby bottles.

What is Bisphenol A?

Bisphenol A (BPA) was developed in 1891 as a synthetic estrogen hormone and came into general use in the 1950s when scientists realized it could be used in making reusable plastic and food and beverage cans.

Today, the industrial chemical BPA is most commonly used in products such as baby bottles, reusable water bottles, sippy cups, dental sealants, compact disks, digital video discs, eyeglasses, plastic utensils, certain microwaveable plastic containers and epoxy resins (coatings that line food containers). These products may have the triangle recycle symbol with “7” inside the arrows or the letters “PC”. More than 6 billion pounds of BPA are produced each year.

What are the possible health effects?

Scientists have linked very low doses of BPA exposure to cancers, impaired immune functions, early puberty, obesity, diabetes, hyperactivity and other problems. Recent animal studies have shown that even exposure to low-dose BPA can have negative health impacts.

Concerns about the use of BPA in consumer products grabbed more attention this year when several governments issued reports questioning its safety and some retailers pulled products made with it off their shelves. There is a disagreement between public health advocates and the plastics industry regarding toxicity of BPA. The plastics industry says there is little concern with human exposure levels.

In April 2008 the National Toxicology Program of the National Institutes of Health raised concerns that exposure to BPA during pregnancy and childhood could affect human development. Pregnant women, infants and young children are most vulnerable to the harmful effects of BPA. The FDA is looking

into concerns about the safety of BPA. A bill has been introduced in the US Congress to prohibit the use of BPA in all food and drink containers. The US Senate is also considering expanding the proposed ban to include toys and other children’s products.

What are the sources and ways of human exposure?

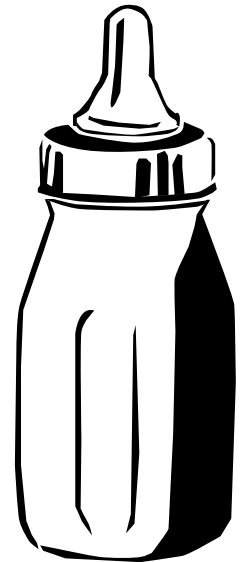
While air, dust and water are possible sources of exposure to BPA, the main source of exposure for most people is ingestion of food. BPA has been found to leach from bottles and can liners into milk, formula, foods and beverages.

Tips for reducing exposure to BPA

- Avoid reusable polycarbonate plastic water and baby bottles. When purchasing baby bottles, consider purchasing bottles that are made without BPA. Using glass is a good alternative.
- Avoid heating foods in plastic containers. Use glass or ceramic dishes.
- Do not put plastic containers in the dishwasher. Harsh alkaline detergents increase the leaching of BPA.
- Reduce the use of canned foods and canned drinks.
- Ask your dentist for BPA-free sealants and composite fillings.

References and Resources

Rachel Gibson (2007), Toxic Baby Bottles. Environment California Research and Policy Center. www.environmentalcalifornia.org
Environmental Working Group at www.ewg.org
NTP Brief on Bisphenol A (April 14, 2008). Online at http://cerhr.niehs.nih.gov/chemicals/bisphenol/BPADraftBriefVF_04_14_08.pdf
The Oregon Environmental Council at www.oeconline.org



by Rahman Zamani, MD, MPH

Keep Me Home If...



I'm vomiting
Two or more times in 24 hours.

I have a rash or head lice
Body rash, with a fever or itching,

I have diarrhea
3 or more watery stools in 24 hours.

I have an eye infection
Thick mucus or pus draining from the eye.

I have a sore throat
With fever or swollen glands.

I'm just not feeling very good
Unusually tired, pale, lack of appetite, confused or cranky.

I have a fever
AND sore throat or rash, vomiting, diarrhea, earache, or just not feeling good.

When Your Child is Sick:

1. Have plans for back up child care.
2. Tell your caregiver what is wrong with your child, even if your child stays home.

Déjame en Casa si ...



Dos o más veces en 24 horas.

Salpullido por todo el cuerpo con fiebre o piojos de la cabeza.

3 or más excrementos bien aguados en 24 horas.

Moco espeso o pus que sale del ojo.

Con fiebre o glándulas hinchadas.

Si estoy ansado(a), pálido(a), con poco apetito, confundido(a) y malhumorado(a)

Y dolor de garganta o salpullido, diarrea, dolor de oído o no sintiéndose bien.

Cuando su niño(a) está enfermo:

1. Tenga planes de cuidado para su niño(a).
2. Avise a su proveedor(a) que la pasa a su niño(a), aunque su niño(a) se quede en casa.



Seattle-King County
Department of Public Health



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Emergency/Disaster Preparedness Plans Inclusive of Children with Disabilities

Every child care program, regardless of type of operation (public, private, center based, family child care or license exempt), must have an emergency preparedness plan for their program. According to the Americans with Disabilities Act, the Emergency/Disaster Preparedness for Children with Disabilities (EDPCD) plan must include children with disabilities. This requirement is also applicable to children at risk or children who need health and related services not usually required by most children. The EDPCD plan is considered appropriate and comprehensive if the needs of all children with chronic physical, developmental, emotional and behavioral conditions are included. If you already have an Emergency Preparedness plan, be sure to incorporate additional considerations for children with disabilities and special needs.

Tips from the National Center for Children with Special Needs:

- Store enough medical supplies and medication for three days to two weeks.
- Store regular and special foods for children who have special needs.
- Store different size batteries for your portable radio, flashlights, and assistive technologies.
- Learn about emergency plans at schools close to your child care setting. Become familiar with their plans, shelter, emergency phone numbers, and contact information.
- Store all supplies in waterproof and pest proof containers. Place them in places that you can easily reach at the time of an emergency.
- Create and practice an escape plan for your child care setting, including clear exit paths for children using mobility devices or with vision impairment.

Actions you can take

- Have a special health care plan for children with disabilities and special health conditions. You may use the “Special Health Care Plan” available online from California Childcare Health Program’s (CCHP) Web site at <http://ucsfchildcarehealth.org/pdfs/forms/SpecialHealthCare.pdf>
- Create or review your program’s existing emergency preparedness plan. If you need help, require a sample Emer-

gency/Disaster plan, or have questions, contact the California Child Care Healthline at (800) 333-3212.

- Think about emergency, where there is no water, food, electricity, heat, air conditioning, refrigeration, transportation, telephone or internet access; very limited health care access. Think about emergencies specific to your area (e.g., earthquakes, floods, or brush fires).
- Address the need of children with disabilities and special health care needs. Keep the Emergency Care Plan document for each child up-to-date.
- Inform all parents about your emergency and disaster preparation. Meet with individual parents and gather all information related to their child’s special needs.
- Have parents sign a consent form giving permission for you to speak to the child’s physician. A sample of a consent form from CCHP is available at www.ucsfchildcarehealth.org/pdfs/forms/InfoExchange.pdf.
- Make sure all staff are trained and have First Aid and CPR certification.
- Update your emergency supplies kit. Add supplies and medications for each child with special needs in addition to the supplies for all children.

Resource and References:

Caring for Our Children Standards on Emergency Preparedness <http://nrc.uchsc.edu/SPINOFF/EMERGENCY/Emergency.pdf>

The American National Red Cross at www.prepare.org/disabilities/disabilities.htm

California Childcare Health Program. Emergency/ Disaster Preparedness for the Child Care Setting at www.ucsfchildcarehealth.org/pdfs/healthandsafety/EmergencyEN061406_adr.pdf

The Center for Children with Special Needs at www.cshcn.org/resources/EmergencyPreparedness.cfm#plan

Child Care Resources for Disasters and Emergencies (National Child Care Information Center) <http://nccic.org/emergency/>

American Academy of Pediatrics (AAP): <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;104/4/e53.pdf>

UCLA Center for Public Health and Disaster Preparedness: Head Start Disaster Preparedness Workbook www.cphd.ucla.edu/headstartwb.html

by Tahereh Garakani, MA Ed



Integrated Pest Management: Yellowjackets

Yellowjackets are wasps. Most are yellow and black. They usually make their nests in holes in the ground, but they may also use empty spaces in the walls and ceilings of buildings. Yellowjackets are important for our environment because they eat large numbers of pest insects.

Yellowjacket nests are started in the spring by the queen. By late summer, yellowjacket colonies are large and require large amounts of sugar to feed the colony. They start scavenging for food:

- At picnics and barbecues.
- Around garbage cans.
- Where ripe or overripe fruit is present.

When scavenging for food, yellowjackets can be aggressive and will sting if swatted; they can sting more than once. They will also defend their nest if it is disturbed. If a nest is disturbed, leave the area as quickly as possible to avoid being stung.

What should you do if you are stung by a yellowjacket?

Yellowjacket stings can cause reactions that range from short-term pain, to swelling and tenderness with some itching, to life-threatening allergic responses that require emergency care. If you are stung:

- Apply ice to reduce pain and swelling.
- Apply a baking soda-water paste to reduce itchiness.
- If you show signs of an allergic reaction such as difficulty breathing or dizziness, call 911

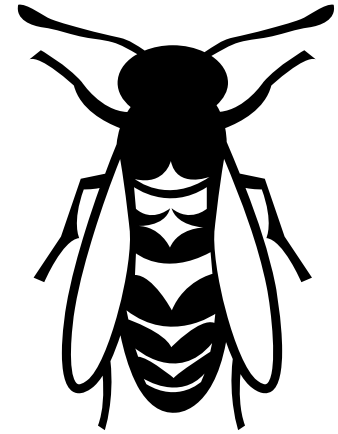
Reducing problems with yellowjackets in child care

There are things you can do to lessen problems with yellowjackets in child care:

Sanitation

Keep food sources away from yellowjackets. Once food is discovered, they will continue to hunt around that location long after the food has been removed.

- Keep foods and drinks, including pet food, covered or inside.
- Keep garbage in tightly sealed garbage cans (use trash bags in all containers).



Trapping

Baited traps can be effective. Trapping needs to be started in the spring and continued into summer and fall, especially if the yellowjacket population was large the previous year. There are two kinds of traps:

- **Lure traps** are available for purchase and easiest to use. They work best as queen traps in late winter/spring. Each queen trapped at this time represents one less nest of 500 to 5,000 yellowjackets in the summer and fall.
- **Water traps** can be made from a 5-gallon bucket, string, and protein. See CCHP's Health and Safety Note for instructions on how to make a water trap. Place water traps away from outdoor play areas where children do not have access to them, as they present a risk for drowning.

Removing the nest

If the yellowjacket population cannot be controlled through sanitation and trapping, it may be necessary to remove the nest. Call for professional help with removal of a nest. In some areas, the local Mosquito and Vector Control District may be available to remove nests. To determine if this service is available in your area, call the California Mosquito and Vector Control Association at (916) 440-0826.

Resources:

UC Davis IPM Guidelines on Yellowjackets and Other Social Wasps
www.ipm.ucdavis.edu/PMG/PESTNOTES/pn7450.html

by Vickie Leonard, RN, PhD

Reptile-associated Salmonellosis: It's Tough Being Green

The bacteria *Salmonella* causes up to 1.4 million infections (salmonellosis) each year in the United States. Common symptoms are diarrhea, abdominal cramps, fever, and malaise, and illness is generally mild or moderate. However, in some cases, serious complications, including hospitalization and death, occur.

Sources of Salmonella in child care

While foodborne transmission accounts for the majority of cases, exposure to *Salmonella* in reptiles is linked to 74,000 infections in the United States each year. *Salmonella* is present in up to 90% of reptiles, and is shed in their feces. Reptiles may shed more *Salmonella* when stressed.

Turtles, mostly red-eared sliders, are the most commonly reported reptile associated with *Salmonella* cases. Baby turtles are often inexpensive and may mistakenly be viewed by child care providers, preschool teachers, and parents as harmless pets. Turtles are common in early childhood education settings, where young children may have direct or even indirect contact with them.

Salmonella infection may result in especially severe disease in very young children, so children under five should have no contact with turtles and other *Salmonella*-carrying reptiles. The bacteria can survive on unwashed, dry surfaces for weeks. People may also transmit the bacteria to children on their hands, clothing, or other contaminated objects and surfaces.

In 1975, federal and state laws made sales of baby turtles (with shells measuring less than four inches) illegal, to reduce the number

sold as pets for children. Recently, the FDA has re-issued a warning about the risk of salmonellosis from these pets.

Reptile Safety Tips:

- Always wash hands thoroughly with soap and water after handling reptiles, their cages, and equipment.
- Learn more about the risk of acquiring *Salmonella* infection from pet reptiles, and share what you learn with ECE teachers, administrators, parents, and caregivers.
- Reptiles are inappropriate pets for households with children under age five and for immune compromised individuals. If you already have a turtle or other reptile, find a new home for it; if you do not have one, don't introduce it to the ECE environment. Find other examples of living things to teach about nature and science.

Resources and References

www.lapublichealth.org/acd/HealthEd.htm (Scroll to Handling Reptiles)

Multistate Outbreak of Human *Salmonella* Infections Associated with Exposure to Turtles-United States, 2007-2008,

www.cdc.gov/mmwr/preview/mmwrhtml/mm5703a3.htm

CCHP Illness Fact Sheet: *Salmonella* at www.ucsfchildcarehealth.org/html/pandr/illnesssheetsmain.htm

CCHP Health and Safety Note: Pets in the Child Care Setting at www.ucsfchildcarehealth.org/html/pandr/hsnotesmain.htm

by the Los Angeles County Department of Public Health Reptile associated *Salmonellosis* Working Group (Acute Communicable Disease Control and Veterinary Public Health Programs).

Vaccine Recommendations

Whooping cough vaccine recommended for child care providers

Whooping cough (also called Pertussis) is a serious infectious disease that is on the rise in the United States. It causes coughing spells that can affect breathing. It can be easily passed to babies, who have the greatest risk for severe complications, including death.

CDC (Centers for Disease Control) recommends that adults who have contact with infants younger than 12 months of age receive a Pertussis (Tdap) vaccine. Contact your health care provider or local public health department about getting this important immunization. For more information visit: www.cdc.gov/vaccines/vpd-vac/pertussis/default.htm

2008/09 recommendations for flu vaccine for children and child care providers

CDC recommends that healthy children aged 6 months up to their 19th birthday, their close contacts (people who live with them), and out-of-home caregivers (nannies, child care providers, etc.) should get a flu vaccine. Close contacts and caregivers of infants under 6 months should also get the vaccine. In addition, CDC recommends annual influenza vaccination for any child aged 6 months and older with chronic health problems. For updates and more information, visit: www.cdc.gov/flu

Once endorsed, each facility's contact information is listed on the EHCC website. Thousands of parents visit the website each year looking for endorsed Eco-Healthy Child Care. Parents are increasingly seeking child care facilities that provide a safe and healthy environment that goes beyond seat belts. Finally, the Eco-Healthy Child Care Program works to have endorsed eco-healthy providers covered by local media.

What are the benefits of becoming an endorsed EHCC facility?

- Endorsed providers are able to promote the extra health and safety steps they are taking to the families of the children they care for. This helps providers respond to increasing demand from parents looking for facilities that are providing a low-toxic environment.
- Eco-Healthy Child Care programs also receive free marketing through an online directory and media stories.
- Qualified facilities receive materials and educational resources

to promote their eco-healthy practices to parents and other community members. They also receive regular tips on how to continue improving the environmental health of their child care program.

- Most importantly, endorsed providers reduce the number of toxins in their child care facility, and, as a result, provide a healthier, safer and more environmentally friendly setting for children. In this way, they help prevent illnesses, diseases and disabilities linked to chemicals of concern.

Currently more than 270 facilities, serving over 8,873 children, have already qualified as Eco-Healthy. This project, created for Oregon child care providers, is going national, and looks forward to supporting child care providers throughout the country!

Visit EHCC's website at www.oeonline.org/kidshealth/ehcc or contact Hester Dooley at 503-222-1963, ext. 119 or hesterd@oeonline.org for more information.

by Hester Dooley
National Program Director, Eco-Healthy Childcare



health + safety calendar

September is the National Head Lice Prevention Month

The following resources are available from the CCHP website at www.ucsfchildcarehealth.org:

- Head Lice: Background and Treatment (Health and Safety Note)
- Head Lice: Strategies for Success (Health and Safety Note) f
- What Child Care Providers Should Know About Head Lice (Pediculosis)
- Head Lice: New Treatment Recommendations (Fact Sheet for Families)
- Head Lice: a Common Problem (Mini Poster)

September 19, 2008

Communication in Young Children: What we KNOW & What we can DO in Early Intervention.

Rancho Cucamonga, CA

Sponsored by the Infant Development Association of California, a dynamic day of learning about all aspects of young children's communication will cover brain development, the developmental stages of speech, language and hearing, what to do when concerns arise and strategies for effective interventions

Phone: (916) 453-8801 and FAX (916) 453-0627 www.idaofcal.org

October is the National Dental Hygiene Month

The following resources are available from the CCHP website at www.ucsfchildcarehealth.org:

- Oral Health for Children with Disabilities and Special Needs (Health and Safety Note)
- Oral Health can Affect General Health (Fact Sheet for Families)
- Oral Health and Pregnancy (Fact Sheet for Families)
- Promoting Children's Oral Health (Training Curricula)
- Toothbrush Care is Important (Fact Sheet for Families)
- Tooth Decay in Young Children (Fact Sheet for Families)
- Dental Caries (Fact Sheet for Families)
- Toothbrushing Is Important (Fact Sheet for Families)
- Oral Hygiene for Children (Mini Poster)

October 4, 2008

The Central Coast Early Care and Education Conference.

This conference by the ECE Conference committee of Santa Cruz County Child Care Planning Council and sponsored by CCAEYC, PACE, and First 5 Santa Cruz County. Registration forms and preliminary program will be available at www.childcareplanning.org/conference.html.

For more information, contact Michele Mosher, Conference Coordinator at michelemosher@sbcglobal.net



Stop Bullying Now! Campaign

The U.S. Department of Health and Human Services is happy to provide you with Stop Bullying Now! DVDs and Activities Guides free of charge. These materials serve as excellent resources at conferences and offer ideas on how to take a stand against bullying in your community. Contact Katie Reardon, Katie.Reardon@widmeyer.com, if you are interested in distributing DVDs and/or Activities Guides to your programs. The Take a Stand. Lend a Hand. Stop Bullying Now! Campaign Toolkit is available online in English and Spanish at <http://ask.hrsa.gov/detail.cfm?PubID=MCH00115>. Learn more about the Stop Bullying Now! Campaign at www.stopbullyingnow.hrsa.gov/

Best Practices for Prevention of Childhood Overweight

The Child Care Champions Best Practices guidebook and self-assessment were designed to help prevent childhood overweight and to promote intuitive eating. The Best Practices guidebook consists of: 1) Model healthy eating behaviors, 2) Integrate nutrition and physical activity into all curricula..., 3) Practice the "division of responsibility" in feeding, 4) Provide the best

start for infant feeding...5) Become partners in prevention..., 6) Use the environment to promote physical activity...7) Plan menus and meals with the child's nutritional needs in mind.... To download the PDF of the guidebook, go to www.livewellcolorado.com/assets/pdf/copan/Best_Practices_Book.pdf For hard copies, self-assessment links or other questions, call 303-692-2572.

New California Preschool Research

New research from the RAND Corporation provides the first comprehensive statewide look at the use and quality of early care and education for preschool-age children in California. Visit Preschool California's website at www.preschoolcalifornia.org/rand-study/ to view the full study, executive summary and research brief and access more resources for your education and outreach efforts.

State Indicators for Early Childhood

This seventh Project Thrive Short Take provides an overview of state-level indicators for early childhood systems, including a review of indicators currently in use and a set of recommended indicators. Online at www.nccp.org/publications/pdf/text_822.pdf

The Timing and Quality of Early Experiences Combine to Shape Brain Architecture

This new National Scientific Council's Working Paper looks at the early opportunities -- and hazards -- of the developmental stages in brain development referred to as sensitive periods. This report summarizes in clear language the most recent scientific advances in understanding the importance of sensitive periods and the implications of those findings for policy. Online at www.developingchild.net/pubs/wp/Timing_Quality_Early_Experiences.pdf

Train-the-trainer curriculum: Child Abuse and Neglect: Parent-Provider Partnerships in Child Care (PCAN)

Zero to Three has developed a train-the-trainer curriculum entitled "Preventing Child Abuse and Neglect: Parent-Provider Partnerships in Child Care (PCAN)". The PCAN training provides resources for preparing child care professionals to help prevent child maltreatment. The intent is to help child care providers build "protective factors" into their programs. To find more about the PCAN training, contact Linda Gillespie at lgillespie@zerotothree.org.

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CHANGE SERVICE REQUESTED