

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 (UCSF) School of Nursing



Talking with Concerned Parents About Immunizations

Many child care providers have discussions with parents about whether to immunize their young children against infectious diseases. It is important for providers to be able to offer balanced information on the risks and benefits of immunizations, particularly when parents claim a personal belief exemption (PBE) on the California School Immunization Record. These records are reviewed and filed by providers when a child enters child care. Media reports about vaccine risks, many on the internet, have frightened parents, making them reluctant to immunize their young children against preventable infectious diseases. Parents today were born after these diseases were common and many children died or were harmed by them. Therefore, they are not as fearful of these infectious diseases as they are of the vaccines that prevent them. Here are some talking points about immunization risks and benefits:

- The one study that showed a link between the MMR vaccine and autism was shown to be false and not based on real facts. Unfortunately, parents often cite this study as evidence that they should not vaccinate their children. None of the subsequent scientific studies has found a link between the MMR vaccine and autism. In January 2010, the General Medical Council in Britain charged the physician who conducted the first study with four counts of dishonesty and 12 counts involving the abuse of developmentally-challenged children. In February, 2010, the British medical journal, *The Lancet*, which published the original 1998 study, retracted it, saying that elements of the manuscript had been falsified.
- Many people incorrectly assume that their decision not to vaccinate their child is a personal, risk-free choice, but it is not. The choice not to immunize is a choice to risk the disease that the immunization prevents. Studies have shown that unimmunized children are more likely to get vaccine-preventable diseases if there is an outbreak than those who have been immunized.
- Immunizing your children is a way of contributing to the common good because it contributes to 'herd immunity.' Herd immunity occurs when enough people in a community are immunized that the disease is not likely to spread when one person gets the disease. As a result, certain members of society will be protected from the disease even if they cannot get a vaccine or if the vaccine does not work for them.

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Sept +
Oct 2010

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California Child Care Healthline



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in child care

health + safety tips

Immunization Key to Controlling Whooping Cough

To protect against the current epidemic levels of pertussis (whooping cough), health experts at the California Department of Public Health (CDPH) are reiterating the importance of vaccination. Since immunity from pertussis vaccine or disease wears off and most adults are susceptible to pertussis, all family members and caregivers of infants are encouraged to get the booster vaccine.

CDPH now recommends an adolescent-adult pertussis booster vaccine (Tdap) in addition to the typical series of childhood pertussis immunizations for the following:

- Anyone 7 years and older who is not fully immunized, including those who are more than 64 years old
- Women of childbearing age, before, during, or immediately after pregnancy
- Other people who have contact with pregnant women or infants

Source: California Department of Public Health (CDPH)



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.

Six issues of *Child Care Health Connections* are published each year in odd-numbered months at the subscription rate of \$25/year.

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Results of Safety Studies on the H1N1 Vaccination



I'm doing a staff orientation that includes recommended immunizations for staff and children. Should I recommend the H1N1 flu vaccination to staff? People still worry about whether it's safe.



According to large studies reviewed this June, the pandemic 2009 H1N1 vaccine is both effective and safe. It is recommended by the World Health Organization and Food and Drug Administration that the H1N1 vaccine be one of the three vaccines included in the 2010-2011 seasonal flu vaccination starting this fall. So a recommendation for staff to get their routine annual flu shot should be sufficient to protect staff and the children they care for from exposure to H1N1 flu, as well as seasonal flu. The viruses used in making seasonal flu vaccines are chosen each year based on information collected over the previous year about which influenza viruses are spreading and which vaccinations would offer the best protection against circulating viruses. When a critical portion of a community, such as a child care program, is immunized against a contagious disease, most members of the community are protected against that disease because there is little opportunity for an outbreak. Even those who are not eligible for certain vaccines, such as infants, get some protection because the spread of contagious disease is contained. This is known as "community immunity," or "herd immunity."

Flu refers to illnesses caused by a number of different influenza viruses. Flu can cause a range of symptoms and effects, from mild to lethal. Most healthy people recover from the flu without problems, but certain people are at high risk for serious complications. Babies under 6 months who are too young to get vaccinated, children under 2 years of age, pregnant women, people with certain medical conditions and the elderly are at risk for complications. Flu symptoms may include fever, coughing, sore throat, runny or stuffy nose, headaches, body aches, chills and fatigue. In H1N1 flu infection, vomiting and diarrhea may also occur. Annual outbreaks of the seasonal flu usually occur during the late fall through early spring. Approximately 5 to 20 percent of the population gets the seasonal flu and approximately 36,000 flu-related deaths are reported.

You are wise to include the recommendation for flu vaccinations in your orientation and your recommendation should be continued throughout the flu season.

Reference

www.flu.gov

by Judy Calder, RN,



Implications of Not Immunizing Children

California state law requires that children be up to date with vaccinations for pertussis, measles, and other infectious diseases before they can attend child care and school. The California School Immunization Record (Blue Card) provides a record of each child's immunization status.

Waivers

Immunization requirements can be waived if parents sign the California School Immunization Record and claim a personal belief exemption (PBE) saying they have a philosophic or religious opposition to vaccination. By signing the personal beliefs affidavit on the back of the Blue Card, parents understand that in the case of an outbreak of any one of the diseases, the child may be temporarily excluded from attending school or child care. The choice to not vaccinate is increasing among parents in California. The overall rate of vaccination refusal in the state is about 2%, but in about 175 California schools the PBE rates are 20% or more. In some schools, it is above 70%. While the decision to vaccinate might seem like an individual choice that affects only one's own children, there are actually consequences for the rest of the community and the public health as well.

What happens when parents choose not to vaccinate?

When vaccination rates decline, not only are individual children at increased risk for disease, herd immunity is also disrupted. Herd immunity occurs when enough people are immune to a disease, through vaccination or through having had the disease, to protect those in the community who are not immune because

- they are not old enough to receive the vaccine

- they have chosen not to receive the vaccine, or
- their immune system is not functioning well.

For example, in 2008, a 7-year-old boy whose parents chose not to vaccinate him against measles was unknowingly infected with measles while travelling in Switzerland. He returned home to San Diego and caused the exposure of 839 people to measles. Eleven children, also unvaccinated, developed measles, including one infant who was too young to be vaccinated who was hospitalized. The outbreak was worsened by clusters of intentionally unvaccinated children (the boy's school had a PBE rate of 30%) but more serious spread was prevented because San Diego overall has vaccination rates against measles of greater than 90%. In other words, herd immunity protected more unvaccinated children from coming down with measles. The cost of this episode to the public health system was greater than \$10,000 per case and many parents of unimmunized children were forced to miss work because their children were temporarily excluded. If PBE rates continue to increase, outbreaks of these serious infectious diseases will increase and more children will suffer unnecessarily from diseases like measles and pertussis. Worldwide, 20 million cases of measles occur each year. The risks of importing it into our country are great. The choice not to immunize affects more than just one child. It affects all of us.

References

Sugerman, D. E., Barskey, A. E., Delea, M. G., Ortega-Sanchez, I. R., Bi, D., Ralston, K. J., et al. Measles,(2008), Outbreak in a highly vaccinated population,: role of the intentionally undervaccinated. Pediatrics,AAP

by Vickie Leonard, RN, FNP, PhD

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When sufficient numbers of people in a community are not immunized, herd immunity does not work. This affects the common good. Recent outbreaks of measles in California, Arizona, Wisconsin and New York are the result of a lack of herd immunity.

- Unimmunized children are excluded from child care during an outbreak to protect them from the disease. Parents lose time from work, and often income.
- There are strategies for minimizing the pain of immunizations which often upsets parents (see Resources, below).

Resources

Immunization Action Coalition, Need help responding to vaccine-hesitant parents? :www.immunize.org/catg.d/p2070.pdf

CDC, What Would Happen If We Stopped Vaccinations? Available online at: www.cdc.gov/vaccines/vac-gen/whatifstop.htm

Children's Hospital of Philadelphia, Vaccines and Society, online at: www.chop.edu/service/parents-possessing-accessing-communicating-knowledge-about-vaccines/vaccines-society.html

UCL Institute of Child Health, Helping your baby cope with painful medical procedures, available online at: www.ich.ucl.ac.uk/website/ich/academicunits/pric/Custom%20Menu_01/Pain_leaflet_2_Babies.pdf

by Vickie Leonard, RN, FNP, PhD



Shingles

What is it?

Shingles is a disease that affects the nerves and skin. It is caused by the varicella zoster virus, the same virus that causes chicken pox. In a person who has had chickenpox, the virus can stay dormant in the body for many years and later cause shingles.

What are the symptoms?

The early symptoms are pain, itching and tingling on one side of the face or body, followed by a rash that usually forms blisters. Some people also experience fever, headache, chills, and upset stomach. The blisters scab over in about a week and clear up within 2-4 weeks. For many people, the pain continues long after the rash has cleared and can be severe.

Who gets it and how?

Anyone who has had chicken pox can get shingles. Although it is possible for young people to get the disease, it usually occurs in people over the age of 50. As people get older, the risk of getting the disease increases. Health problems that affect immunity also increase the risk of getting shingles. In the United States there are about 1 million cases of shingles each year.

When should people with this illness stay home?

A person who has never had chickenpox (or chickenpox vaccine) could get chickenpox from someone with shingles through contact with the virus in the blisters. Once the rash has developed crusts, the virus cannot spread. Exclusion from child care

settings is recommended if the rash has not formed crusts or cannot be covered. Children and staff should also stay home if they are feeling too ill to participate.

Early treatment can be helpful

Antiviral medication can be given to lessen the severity of the disease, but treatment must begin soon after symptoms appear. If you have symptoms of shingles, call your health care provider to discuss treatment options as soon as possible.

Can it be prevented?

The disease is vaccine preventable and immunization is recommended for people who are 60 years and older. Unfortunately, only a small number of people who would benefit from shingles vaccination get it.

Vaccination isn't just for children

Be sure to talk to your health care provider about vaccinations, including shingles, flu and whooping cough.

References and Resources

Aronson, S. and Shope, T. (Eds.) (2009) *Managing Infectious Diseases in Child Care and Schools*, American Academy of Pediatrics.

Centers for Disease Control and Prevention (2009) *Shingles Disease-Questions and Answers* www.cdc.gov/vaccines/vpd-vac/shingles/dis-faqs.htm

by Bobbie Rose, RN



Social and Emotional Benefits of Dramatic Play

Dramatic play helps children make sense of everyday events and allows them to express their feelings. Through dramatic play children learn to plan and solve problems. They learn to be flexible and to see another point of view when taking on the role of a different character. A safe environment for dramatic play allows children to try out positive social skills like cooperation, sharing and turn-taking.

How to promote dramatic play in your program:

- Provide developmentally appropriate costumes and props or puppets for themes like grocery store, post office, theater, restaurant or hospital. Rotate themes to keep interest.
- Organize a dramatic play area so that props and costumes are easy for children to reach and use.
- Allow for freedom of expression. Let children direct the play.
- Inspire dramatic play with books and stories.
- Store items in plastic boxes with tight fitting lids when not in rotation. Costumes, hats, hoods and other dress up items may need to be cleaned and stored if you have cases of head lice in your program.



Fetal Alcohol Spectrum Disorders (FASD)

Alcohol used during pregnancy can lead to a wide range of harmful results for a developing fetus. These results or conditions are known as fetal alcohol spectrum disorders (FASD), and can affect how a person looks, acts, learns, and grows. FASD is the leading known preventable cause of mental retardation and birth defects, and a leading known cause of learning disabilities. Due to a lack of accurate routine prenatal and pediatric screening, many children with FASDs remain undetected. FASD is one hundred percent preventable.

What is FASD?

The term FASD refers to a range or group of conditions that include fetal alcohol syndrome, alcohol-related neurodevelopmental disorder or problems related to the development of the nervous system, and alcohol-related birth defects.

Although FASD can cause lifelong serious disabilities, including combination of physical, behavioral and learning problems, the term FASD itself is not intended for use as a clinical diagnosis.

How alcohol exposure causes FASD?

Alcohol can easily cross the placenta during pregnancy and enter the growing fetus through the umbilical cord. Depending on the amount and time of consumption, alcohol seriously affects developing tissues and organs, particularly the brain.

What are the signs and symptoms?

FASDs can affect each person in different ways and may range from mild to severe. Physical problems may include a small head size, abnormal facial features such as a smooth ridge between the nose and upper lip, dental abnormalities, bone defects, shorter-than-average height, low body weight, and heart, kidney, liver, vision and hearing problems.

Behavior and learning problems may include hyperactivity, difficulty in paying attention, poor memory, difficulty in school (especially with math), learning disabilities, speech and language delays, low IQ, and poor reasoning and judgment skills.

Prevention of FASD

Since alcohol use among women of childbearing age is a leading and preventable cause of FASD, the Centers for Disease Control and Prevention (CDC) urges pregnant women not to drink alcohol any time during pregnancy or if they are planning to become pregnant.

Remember, no amount of alcohol consumption can be considered safe during pregnancy and alcohol can damage a fetus at any stage of pregnancy, even before a woman knows that she is pregnant.

Early intervention for infants and young children with FASD

The damage caused by prenatal alcohol exposure lasts for a lifetime and the health effects cannot be reversed or cured. However, research shows that early intervention and treatment can improve the affected child's development. The appropriate combination of interventions and support include medication, behavior and education therapy and parent training.

What can you do if you think your child has FASD?

To help your child reach his or her full potential, it is very important to get help as early as possible. Talk to your child's health care provider about your concerns. You may ask to see a specialist such as a developmental pediatrician, child psychologist, or clinical geneticist.

Special school services can help with learning problems. Contact your local early intervention agency (for children younger than 3 years of age) or local public school (for children 3 years of age or older). For more information on screening and assessment process, please read "How to Get a Child Tested: Guidelines for Special Education Assessment" available online at www.ucsfchildcarehealth.org/pdfs/healthandsafety/SpecialEdAssesEN012606_adr.pdf.

Routines and consistency at home may help with behavior problems.

References and Resources

American Academy of Pediatrics, Fetal alcohol spectrum disorders: A call to action at www.medicalhomeinfo.org/downloads/pdfs/fasdfactsheet.pdf

Centers for Disease Control and Prevention (CDC), Fetal Alcohol Spectrum Disorders at www.cdc.gov/ncbddd/fasd/

National Organization on Fetal Alcohol Syndrome (NOFAS) at www.nofas.org

Substance Abuse and Mental Health Services Administration, FASD Center for Excellence: www.fasdcenter.samhsa.gov

by A. Rahman Zamani, MD, MPH



Caring for Children with HIV/AIDS in Child Care Settings

Acquired Immune Deficiency Syndrome (AIDS) is an infection caused by a virus called HIV (human immunodeficiency virus). Over time, it damages the body's immune system and other organs and can lead to severe life-threatening illness.

What are the Symptoms?

Early symptoms of HIV infection in children include failure to grow and gain weight, chronic diarrhea without any specific cause, enlarged liver and spleen, swollen lymph glands, chronic thrush and candida (yeast) skin infections, pneumonia, and other bacterial, viral, fungal and parasitic infections that healthy children do not usually contract. However, many children can be infected with HIV for many years before developing any symptoms.

How children get HIV infection?

HIV is not easily transmitted. In order for HIV virus to spread to another person, the blood and other body fluids must enter the blood stream of an uninfected person through a break in the skin or through the mucous membranes. Women can pass HIV to their infants during pregnancy, while the infant is being delivered, or through breast-feeding. Mother-to-child transmission is the most common way children become infected with HIV and accounts for almost all of the AIDS cases in children in the United States. Fortunately, pregnant women can be tested for HIV and given drugs to stop transmission to the child. This treatment has dramatically reduced the number of children born with HIV in the United States. Infants born to women with HIV/AIDS should be formula fed, thereby reducing the risk of transmission through human milk. It is unlikely that HIV/AIDS would be spread by feeding the breast milk of a woman with HIV to another woman's infant without repeated and prolonged exposures. However, in child care settings, precautions must be taken to make sure breast fed infants are not given the milk from another mother.

HIV infection cannot be transmitted through urine, stool, vomit, saliva, mucus or sweat. There is no evidence of casual transmission by sitting near, living in the same household with, or playing with an individual with AIDS or evidence of infection with the HIV virus.

Can biting cause the spread of HIV infection?

The possibility of spreading the HIV infection through a baby's bite is very slim. Three unlikely factors would have to be present:

1. The bite would have to be so severe that the skin would be punctured enough for blood to flow

2. The biter would have to have an open and bloody sore or injury in the mouth, and
3. One of the two children would have to be infected with the HIV virus.

What can you do as a child care provider?

All children, regardless of their abilities or conditions, are entitled to a nurturing environment, to be happy and thrive at their own pace; children with HIV are no different. In fact, the Americans with Disabilities Act of 1990 prohibits discrimination against all children with disabilities, including children with HIV. The medical community has established that the HIV virus cannot be transmitted through casual contact, such as sharing eating utensils, hugging, kissing, or diapering.

Recommendations for child care providers:

- Provide training for all personnel to ensure accurate information about HIV/AIDS and the practice of standard precautions.
- Protect all children and staff at the facility by strictly following special procedures for cleaning and handling blood and body fluids containing blood.
- Protect the right to privacy of all children by maintaining confidential records and by giving medical information only to persons with an absolute need to know and with the consent of the parent or guardian.
- As standard procedure, immediately notify parents of all children if there is any case of viral infection (i.e. chicken pox, TB, fifth disease, diarrheal disease, or measles).
- Distribute your policy and rules of confidentiality to all parents.
- Encourage prenatal care for all pregnant women.
- Develop a system for safe handling of breast milk

References & Resources

California Childcare Health Program, (2009) HIV AIDS www.ucsfchildcarehealth.org/pdfs/illnesses/HIV_0509.pdf

Americans with Disabilities Act – legal questions www.usdoj.gov/crt/ada/adahom1.htm

Child Care Law Center, (2005) Caring for Children with HIV or AIDS www.childcarelaw.org/docs/caringforchildrenwithhivoraids.pdf

Centers for Disease Control. (2007), HIV/AIDS, Pregnancy and Childbirth, www.cdc.gov/hiv/topics/perinatal/

American Academy of Pediatrics, AAP Policy. (2007) Human Milk, Breastfeeding, and Transmission of Human Immunodeficiency Virus Type 1 in the United States, <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;112/5/1196>

Tahereh Garakani, MA Ed

Whooping Cough (Pertussis)

What Is It?

Whooping cough is a serious respiratory infection caused by bacteria that is highly contagious. It gets its name from the whooping sound the child makes when trying to draw breath after a coughing spell. It can be prevented by immunization. It is treated with antibiotics.

What Are the Symptoms?

Symptoms generally include those of a cold, such as runny nose and a cough that gradually worsens. Violent coughing spells frequently end with vomiting. The coughing can lead to severe episodes or fits of coughing in which children gasp (or whoop) for breaths of air. Night time coughing can also disturb sleep. It is a very serious disease for infants, as they may develop other complications that require hospitalization such as pneumonia, ear infections and swelling of the brain. The initial symptoms of pertussis in small infants are often deceptively mild for a few days and then suddenly get worse and cause severe respiratory distress.

Who Gets It and How?

Whooping cough is very contagious and dangerous for infants. It is spread from person to person through the air or by direct contact with respiratory secretions. A person who is not immune to whooping cough becomes infected by breathing air or touching surfaces that have been contaminated with the respiratory discharges of an infected person who has coughed. Adults and partially immunized children get milder symptoms of the disease and can transmit it to children. Infants most often catch pertussis from an older family member or caregiver.

Before vaccines and antibiotics were developed, whooping cough was a common cause of death in young children. Today, it is prevented by vaccines. Children in the United States are now immunized with the whooping cough vaccine at two, four, and six months, and between 12–18 months and 4–6 years of age. All children attending a child care program should be up to date on vaccinations. A booster dose of Tdap is now given to teenagers and adults, since persons who have been infected with pertussis lose their immunity after 4–20 years and those who are vaccinated

lose their immunity after 4–12 years. If children are exposed to whooping cough and it has been more than three years since their last dose of vaccine, they should receive a booster dose of vaccine. Adults caring for infants should also receive a booster dose of Tdap vaccine so they do not pass the illness to infants in their care who are too young to be vaccinated.

When Should People with this Illness Be Excluded?

Exclude the infected person from the program until that person has been on appropriate antibiotics for at least five days. Untreated adults should be excluded for four weeks after onset of coughing.

How Can I Limit the Spread of Whooping Cough?

- Require up-to-date immunization certificates for all children in your care.
- Licensing requires that child care providers report cases of whooping cough to their local public health department and to Community Care Licensing.
- Notify all parents/guardians of children whenever there is a case of whooping cough. Keep the identity of the infected child confidential. It is important that parents monitor their children for any symptoms, especially if the children are not completely immunized against whooping cough.
- Always practice precautions to reduce respiratory infections such as hand washing, coughing into elbow or sleeve or away from people, disinfecting the environment and good ventilation.
- Carefully monitor all children and staff for coughs. Anyone developing a persistent cough should be immediately referred to his or her health care provider.
- Encourage all staff who care for infants to get their booster vaccine against whooping cough.

Protect yourself. Child care providers and families, especially those with young infants, can reduce the spread of whooping cough by getting immunized. Talk to your health care provider or local public health department about getting the Tdap vaccine.



The New Standards on Preventing Childhood Obesity are Now Available

Preventing Childhood Obesity in Early Care and Education Programs, the new set of national standards describing evidence-based and expert consensus on best practices in nutrition, physical activity, and screen time for early care and education programs are now available at http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf. The standards are for all types of early care and education settings – centers and family child care homes. Additional Caring for Our Children and related health and safety resources are available at <http://nrckids.org>.

New Study on Pests and Pesticide Use in California Child Care Centers

A new survey of California's child care centers finds that 90 percent of the surveyed child care centers reported a pest problem, and nearly half of them used potentially harmful pesticides such as foggers and sprays. Further, more than half of the surveyed centers are ignoring, or are unaware of, state regulations in the Healthy Schools Act that require them to notify parents that they are using potentially dangerous pesticides. The survey report is available online at http://apps.cdpr.ca.gov/schoolipm/childcare/pest_mgt_childcare.pdf.

More Concerns About the Health Effects of Triclosan, an Antibacterial Ingredient

Federal regulators are concerned about the potential for antibiotic resistance and endocrine disruption from human exposure to triclosan, an antibacterial ingredient found in numerous consumer products including soaps, hand sanitizers, body washes, cutting boards, and toys. The FDA says existing data raise valid concerns about the effects of repetitive daily human exposure to triclosan. See the full article in Chemical & Engineering News <http://pubs.acs.org/cen/news/88/i16/8816news1.html>.

New Developmental Screening Resources

The June 2010 issue of the Healthy Childcare newsletter includes information about developmental screening in early childhood settings. Available online at www.healthychildcare.org/pdf/E-NewsJune10.pdf.

New Resource for Finding Health Insurance

Based on the new health care reform law, a new online website has been launched, www.HealthCare.gov, for consumers to find insurance options in their state. Available to help millions who need insurance find it, and as a resource for those who want to shop

around for new options or find out their new benefits under the new law. This site provides info on new insurance pools for people with serious medical conditions who had previously been unable to get insurance.

AAP's New Website for Parents

HealthyChildren.org provides support, resources and information on child health to enable parents to better care for their children. Recent features include educational videos on using "asthma gadgets". Available at www.healthychildren.org/English/health-issues/conditions/allergies-asthma/Pages/default.aspx.

California's Early Learning and Development System, 2010

The well-being of California's youngest children depends on increased access to more quality early learning opportunities and the development of a coordinated, comprehensive system of services that can assist young children and their families. An important first step is to map out existing programs and services that support young children, from birth to age five. This guide aims to serve that role. Online at www.childrennow.org/uploads/documents/early_learning_guide_2010.pdf

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