

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)



Using Online Health Information

The Internet offers convenient and abundant information on topics of health, safety, nutrition, education, play...and just about everything else! With a few keystrokes, any topic can be explored and a variety of opinions can be sampled. It's no wonder that child care professionals and parents are increasingly turning to the Internet for answers to their questions about the health and safety of young children.

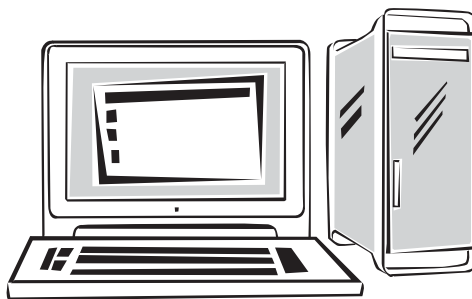
However, it is important to browse the Internet with a critical eye. Remember that many Web sites exist to advertise and sell products. Other sites offer a forum where individuals promote personal beliefs, despite a lack of solid evidence. Additionally, some sites are traps, set to gather personal information that may be used later in a fraudulent way.

Apply these criteria when evaluating online health information and resources:

Is the information current? The best Web sites are updated and maintained regularly. Look for the release date in any articles.

Does the author cite solid research? Best practices are always based on sound evidence. If a Web site offers recommendations regarding the care of young children, the study methods and data supporting the advice should be clearly described.

Is the Web site selling something? Many corporations release articles supporting the use of their products or services, but these articles are often just another type of advertising. Be wary of articles written by people with a financial stake in the success of a product.



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



California Child Care

Healthline

health + safety tips

Each year in California, tragedy strikes when a young child is left unattended in a car. It is against state law to leave a child 6 years of age or younger unattended in a motor vehicle if conditions present a significant risk, the engine is running, or the key is in the ignition. Among the dangers posed to children left in cars:

- The temperature inside a car can reach a deadly level within minutes
- A child may inadvertently put the vehicle into gear and set it into motion
- A power window or sunroof may trap the child, causing injury or death
- A stranger may abduct the child, intentionally or in a car theft
- A running engine may cause carbon monoxide poisoning
- A child might attempt to leave the vehicle alone, to look for their parent

For additional information on children and car safety, visit www.kidsandcars.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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New Car Seat Law

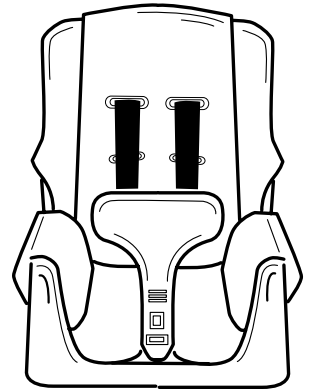
Q

There are so many changes to the car seat laws that I can't keep them all straight. What is the latest?

A

Early care and education programs provide an important parent education service by informing parents in their programs about ways to protect children from harm and injury, including child passenger safety. Here's a summary of the recently updated child passenger safety law, which became effective on January 1, 2005.

- **Infants** should ride in rear-facing seats in the back seat from birth until at least 1 year old and at least 20 pounds.
- **Toddlers** should ride in forward-facing seats in the back seat from age 1 and 20 pounds to about age 4 and 40 pounds.
- **Pre-school children** should ride in booster seats in the back seat if over 40 pounds until at least age 6 or 60 pounds.
- **Older children** over age 6 and over 60 pounds must use safety belts and should ride in rear seats until at least age 12.



All children age 12 and under must be properly restrained as described above in the rear seat of the car, unless the vehicle has no rear seats; rear seats are side-facing jump seats; the child restraint system cannot be properly installed in the rear seat; other children under 12 occupy all rear seats; or for a medical reason where there are written instructions from a pediatrician. Children may NOT ride in the front seat with an active passenger airbag if they are under 1 year of age, weigh less than 20 pounds, or are riding in a rear-facing child passenger restraint system.

California has a network of child passenger safety providers and coordinators who can help link you to the services you need. These providers can advise on what kinds of child restraint systems are recommended, how to locate car seat programs for low-income families, insurance carriers that pay for car seats, when and where to find car seat inspection sites and events, and violator programs. Please call the Healthline at (800) 333-3212 for more information on locating car passenger safety coordinators in your community.

All child care centers must post copies of the current Child Passenger Safety Law as a condition of licensure. The new 2005 poster can be obtained from Community Care Licensing or downloaded from *Safely on the Move* at www.safelyonthemove.sdsu.edu. For more information on child passenger safety, visit the California Department of Health Services Web site at www.dhs.ca.gov/epic/cps.

by Judy Calder, RN, MS



Soy Formula Myths and Facts

The American Academy of Pediatrics and the World Health Organization both advocate breast milk as the best form of infant nutrition. However, for parents who cannot or choose not to breast feed, there are many formula options available, including milk-based and soy-based formula. Soy-based infant formula has been used in the United States since 1909 and now accounts for 25 percent of the formula market (AAP, 1998).

Why do families choose soy-based formula?

Parents choose soy-based formula because they feel that it is the best choice for their infant. However, some reasons commonly given for choosing soy are not based on sound evidence. Here is a summary of some of the myths and facts that underlie many families' choice to use soy-based formula.

Myth Soy formula reduces the incidence of colic.

Fact Studies comparing the occurrence of colic symptoms among infants fed soy formula to infants fed milk-based formula found no significant benefit from soy.

Myth Infants fed soy formula are less likely to develop food allergies later in childhood.

Fact In a recent study, children who were fed soy formula showed no significant benefit in rates of food allergies when compared to children who had been fed milk-based formula (Osborn, 2004).

Myth Infants soy formulas are more expensive than milk-based formulas.

Fact Soy formulas and milk-based formula are about the same price.

Myth Only infants who are lactose intolerant are fed soy formula.

Fact Lactose intolerance is a good reason to switch to soy formula, but it may not be the only one. Sometimes infants may have adverse reactions to the protein in milk-based formula.

Myth Soy formula is not as nutritionally adequate as milk-based.

Fact Soy-based formulas are safe alternatives, and provide nutrition for normal growth and development in full-term infants. But it is important to remember, when choosing an infant formula, to seek input from the baby's medical provider.



References

American Academy of Pediatrics, Committee on Nutrition (1998). *Soy protein-based formulas: recommendations for use in infant feeding*. Retrieved January 5, 2005 at <http://aappolicy.aappublications.org/cgi/content/full/pediatrics%3b101/1/148>.
Osborn D.A., Sinn J. (2004). *Soy formula for prevention of allergy and food intolerance in infants (Cochrane review)*. Retrieved January 5, 2005 at www.cochrane.org/cochrane/revabstr/AB003741.htm.

by Patricia Chang, CCHP Student Intern

BOX OF FUN

Cloud Dough

- 8 parts flour
- 1 part baby oil

Mix ingredients well by hand. This mixture is soft yet holds its shape like wet sand. Put it in tubs or a water table and allow children to shape it with their hands.

Sidewalk Chalk

- 1 cup plaster of paris
- 1/2 cup cool water
- 2-3 teaspoons dry Tempera Paint

Combine plaster of paris, water and tempera paint in a mixing bowl. Pour mixture into candy molds and let dry completely. Pop chalk out of molds, and you are ready to draw!

Infant Feeding Issues in Child Care

When child care providers are bottle-feeding infants during the child care day, they often wonder how much intake is enough. Whether feeding breast milk or formula, providers ask if they should measure adequate nutrition by ounces taken and how often. In many cases this focus on how much and how often causes undue concern, even leading some providers to unnecessarily rush to feed cereal to an infant not yet ready for solids because of concerns for nutrition. Since children develop at their own rates and grow quickly in their first year, they will need several changes in the types and textures of food they are able to eat, but these changes should occur at the child's pace.

Asking the right questions

As children grow and develop, child care providers must learn to be good detectives and ask the right people the appropriate questions when it comes to investigating concerns about the health and well-being of the children in their care. For feeding issues there are several good questions to ask. First, how is the baby feeding at home before and after child care and during the night? Next, does the baby have diapers wet with urine during the day? This indicates adequate hydration. Third, is the baby growing? Appropriate growth is determined by the primary care provider at well-child check-ups which the parent or guardian can report on. Providers can also request feedback from the physician's office on growth concerns.

Healthy weight for life starts in infancy

It is important to keep in mind the growing concern about

obesity in children. A healthy feeding relationship influences children's eating from the beginning. This includes paying attention to the baby's hunger and fullness cues, allowing the baby to eat as much or as little as wanted, feeding the baby on demand, and paying attention to the baby during feeding. (Satter, 2000).

Therefore, if we consider the history of daily intake at home, weight gain and growth over time, hydration, and whether the baby appears active and engaged for his/her age, it may be normal for a baby to take two ounces every so often as a feeding. We should trust that the baby, unless ill, will demonstrate hunger. Caregivers should never force a baby to eat, or take more, because this upsets the development of hunger and fullness cues.



Resources

Levine, J. A. and Bine, L. (2001). *Helping Your Child Lose Weight the Healthy Way: A Family Approach to Weight Control*.

California Women Infants and Children Supplemental Nutrition Program at www.wicworks.ca.gov.

American Academy of Pediatrics at www.aap.org.

Kids Health at www.kidshealth.org.

Healthline at (800) 333-3212.

by Kim Walker, CPNP

BOX OF FUN

Clean Mud

- 2 rolls of toilet paper
- 1/4 cup liquid handwashing soap or baby shampoo
- 2 quarts of warm water

Unroll the rolls of toilet paper. Mix the soap or baby shampoo with the warm water in a plastic ice-cream bucket. Add toilet paper and allow paper to absorb the soap mixture. Mix with hands. Children can play with the "mud" in a shallow dish pan, or you can make lots of mud and put it in your water table. Add cups, salad tongs, spoons, etc. to make play more fun.



New Dietary Guidelines

The federal government's sixth edition of Dietary Guidelines, released on January 12, 2005, replaced the Food Guide Pyramid. The new dietary guidelines encourage most Americans to eat fewer calories, be more physically active and make wiser food choices.

Use of the dietary guidelines

Recommendations in the Dietary Guidelines are targeted to the general public over 2 years of age. The science-based guidelines are the backbone of all federal policies concerning nutrition and the primary source of dietary health information for policy-makers, nutritionists, nutrition educators and health care providers. Information in the guidelines is useful for the development of educational materials and will help the public in reducing their risk of obesity and chronic disease.

Healthy diet and physical activity are very important

Overweight and obesity among adults and children in the United States have significantly increased over the last two decades. People of all ages may reduce their risk of chronic disease by adopting a nutritious diet and engaging in regular physical activity. Poor diet and physical inactivity lead to obesity, a high risk factor for premature death, cardiovascular disease, type 2 diabetes, hypertension, stroke, osteoporosis, gall bladder disease, respiratory dysfunction, gout, arthritis and certain types of cancers.

Summary of Major Dietary Guidelines

Adequate nutrients within calorie needs.

Meeting nutrient recommendations must go hand in hand with keeping calories under control.

- Consume a variety of nutrient-dense foods and beverages from the basic food groups. Limit the intake of saturated and trans fats, cholesterol, added sugars, salt and alcohol.
- Adopt a balanced eating pattern to meet recommended intakes within energy needs.

Appropriate Body Weight. Eating fewer calories while increasing physical activity are the keys to controlling body weight.

- To maintain body weight in a healthy range, balance calories from foods and beverages with calories spent.
- To prevent gradual weight gain over time, make small decreases in food and beverage calories and increase physical activity.
- Those who need to lose weight should aim for a slow, steady weight loss by decreasing calorie intake while maintaining an adequate nutrient intake and increasing physical activity.
- Overweight children should reduce the rate of body weight gain while allowing growth and development. Consult a healthcare provider before placing a child on a weight-reduction diet.

Physical Activity. Regular physical activity and physical fitness contribute to one's health, sense of well-being and maintenance of a healthy body weight.

- Engage in regular physical activity. Reduce sedentary activities.
- Children and adolescents should engage in at least 60 minutes of physical activity on most (preferably all) days of the week.

Food groups to encourage. Increased intake of fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products can have important health benefits for most Americans.

- Consume a sufficient amount of fruits and vegetables while staying within energy needs.
- Choose a variety of fruits and vegetables each day. In particular, select from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables, and other vegetables) several times a week.
- Children and adolescents should consume whole-grain products often; at least half the grains should be whole grains.

Children 2 to 8 years should consume two cups per day of fat-free or low-fat milk or equivalent milk products. Children 9 years of age and older should consume 3 cups per day of fat-free or low-fat milk or equivalent milk products.

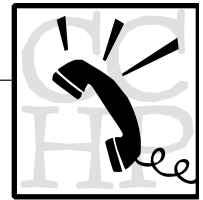


For more information and consumer-friendly brochures see the *Dietary Guidelines for Americans 2005* at www.healthierus.gov/dietary-guidelines.

by A. Rahman Zamani, MD,



The Value of Play



What is play and why is it important?

From earliest infancy, play is the primary way children learn. Through play, children eagerly use all the “tools” they have at their disposal—their bodies, their relationships with their family and peers, and the world around them. Play, more than any other activity, fuels healthy development of young children. It is through play that much of children’s early learning is achieved.

Children play because it is fun. Play takes many forms, but the heart of play is pleasure. And with pleasure comes the powerful drive to repeat such activities. With repetition comes mastery. And mastery brings a sense of accomplishment and confidence.

Types and stages of play

Children engage in different types of play depending upon circumstances and particular needs. Types of play include:

- **Solitary**—children playing alone and independently, following their own interests without reference to others.
- **Onlooker**—children who watch other children playing, ask questions and make suggestions, but do not enter into the play.
- **Parallel**—children playing the same activity or with similar materials beside each other, but not talking or interacting with one another.
- **Associative**—children playing with each other, sharing similar materials and activities in an unorganized way.
- **Cooperative**—children working together and interacting, to play or create something in an organized and purposeful way.

There are also stages of complexity of play. The first stage of play is simple sensory exploration and ma-

nipulation of the play material, such as scribbling with crayons, pouring water and sand, or ringing a bell. As children begin to transform and invent objects and rules, they are engaged in symbolic play. For instance, a child may cross two blocks to make the letter “T” or offer playdough “tortillas” to another child. As children become more proficient with language, they begin to substitute words for actions and materials. They play cooperatively and become interested in formal games with peers.

How does play help children grow?

Children’s cognitive skills are enhanced. Through play children learn about concepts, how to group and classify objects, how to make sense of things and events, and how to solve problems. Play often involves trial and error, and problem-solving tasks. Play requires a child to make choices, direct activities, and make plans to reach a goal.

Children develop motor skills. Through play, children develop control and coordination of muscles that are needed to walk, kick, eat or write. Gross motor skills can be enhanced when a toddler pushes a toy grocery cart or an older child plays hopscotch. Fine motor and manipulation skills are developed when preschoolers use their fingers to string cheerios for a necklace or toddlers scribble with a crayon on paper. When throwing and catching a ball, children are practicing hand-eye coordination and their ability to grasp. When children kick a ball across the room, they are practicing coordination and developing large muscle control, tone and flexibility.

Children enhance language skills. Talking, singing, rhyming, and word play help them to master the rules and sounds of language while they have fun.

Children gain social and emotional skills. Play develops imagination and creativity and gives children

practice in social skills such as waiting, negotiating, taking turns, cooperation, compromise, sharing and expressing emotions. As children learn about themselves and the world, they acquire self-confidence, self-reliance and self-expression.

Tips for encouraging play

- Allow children plenty of time and opportunities for both free and directed play. Avoid offering play as a reward.
- Respect that children have their own unique and individual styles and approaches to learning and playing.
- Allow children plenty of room for safe exploration and play with limited restrictions. Arrange definite play spaces both inside and outside.
- Provide a variety of interesting and safe materials and activities ranging from simple to complex: toys, art and writing supplies, books, musical instruments, dress-up clothes, puzzles, games. Play materials do not have to be elaborate or expensive, but they need to be developmentally appropriate (interesting and challenging but not too difficult).
- Avoid overstimulating children, particularly infants. Infants will signal when they have had enough stimulation by crying or looking away.
- Give children clear limits through what you say, how you arrange the room and what materials you make available to them.
- Provide space for children to play quietly and privately away from noisier activities. The area should include a rug or carpet, soft pillows, child-sized upholstered furniture, etc.
- Rotate toys and materials regularly to keep children interested.
- Observe children and listen quietly as they play. Notice their likes, dislikes and interests. Pay attention to toys and materials that encourage use of the imagination. Scaled-down adult objects are often good toys for children.
- Encourage children to talk about what they are doing and how they feel. Introduce new words to expand their vocabulary. Document and take dictation of what they say.
- Get down on the children's level and join in their play occasionally. Respond to their play

with encouragement as a way to help them take pride in their play and motivate them to play more. Never make fun of children's play.

- Share with parents/families what you notice about their child's play.
- Encourage parents to dress children in washable clothes and sturdy shoes.

Safety first

It is important to follow basic safety guidelines to reduce the chance that children will be injured during play. This includes providing children with access to safe toys, materials and environments. The following documents from the California Childcare Health Program can assist you:

- Indoor and Outdoor Environments Safety Checklist
- Possible Choking and Suffocation Hazards Poster
- Safe Playground Habits Poster
- Toy Safety Checklist

Resources

ZERO TO THREE: National Center for Infants, Toddlers and Families has several documents on tips about play for families and caregivers to download or order, including *The Power of Play—Learning Through Play from Birth to Three*. Available online at www.zerotothree.org/play/more.html.

Playing for Keeps has compiled a recommended list of books about play, ranging from theory, suggested play activities, children's stories about play, early childhood educators and parenting resources, etc. Available online at: http://playingforkeeps.org/site/library_01.html.

Segal, M. (1998). *Your Child at Play: Birth to One Year*. 2nd ed. Your Child at Play Series [also available: *One to Two; Two to Three Years; Three to Five Years; Five to Eight Years.*] New York: Newmarket Press.

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Koralek, D. (2004). *Spotlight on Young Children and Play*. National Association for the Education of Young Children. Washington, D.C.

by *Mardi Lucich, MA (July 2004)*

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Partnering with Parents to Create a Special Care Plan

Children with complex health conditions (such as asthma, diabetes, etc.) need frequent monitoring for symptoms, and they often need treatments during child care hours. One of the most important tools for safely including these children is a special care plan. A special care plan contains the important information that caregivers need to know in order to understand the child's condition and to provide a safe, supportive place for the child to learn and grow.

How to Create a Special Care Plan

A good care plan is a team effort. The team is composed of the child's parents and the child care staff, with input from the child's medical provider when needed. The best way to create a care plan is to hold a team meeting, where parents and staff can discuss the child's condition, symptoms, routines, and treatments or medications. When information is needed from the child's medical provider, the parents can be the liaison between the team and the medical provider.

The essential components of a care plan are:

- description of the child's health condition/diagnosis
- list of behaviors or symptoms the child shows when there is a problem
- description of diagnostic devices used to assess or treat the child, and where this equipment will be stored at child care
- list of medications the child requires, instructions from the prescriber on their use, and written parental consent to administer them
- training plan for the staff who will be using diagnostic equipment or administering medications
- list of the staff who have been trained
- clear guidance for staff on all of the "what if..." situations that may emerge during child care hours
- schedule for communication between parents and child care staff, with input from the medical provider as needed
- clear description of any symptoms that might indicate a medical emergency



Updating the Care Plan

Successful inclusion requires regular communication between the family and the program staff, and occasional updates to the care plan. The care plan should be updated at follow-up meetings on a regular basis or whenever there is a change in the child's status.

For a sample care plan and other forms that may be useful in the inclusion process, contact the Healthline at (800) 333-3212 or visit the CCHP Web site at www.ucsfchildcarehealth.org.

by Eileen Walsh, RN, MPH

Online Health Information, continued from page 1

Is the organization trustworthy? Unbiased information is best obtained from independent agencies, such as regulatory (government) agencies, consumer protection agencies, nonprofit organizations, and academic institutions.

Has the information been reviewed by experts? The best publications are found in peer-reviewed journals. Peer review is a process in which research is critiqued by a panel of

experts prior to public release. Trust online health information only if it is based on peer-reviewed sources.

Let others do the research for you. Many Web sites offer a selection of FAQs (frequently asked questions). You may find that your question is popular, and a well-researched answer may already be available.

by Eileen Walsh, RN, MPH

Rainy Day Activities for Two- to Four-Year Olds

It's winter time, and rainy and cold outside. Although it's important to give young children a chance to play outside even during the winter, some days the weather is just too rainy for much outdoor play. But if you plan ahead, there will be things to do inside to occupy the time. Children from ages 2 to 4 years will make the most of indoors when given a few fun ingredients.

Games

- Use clean, empty yogurt containers with lids as stacking toys.
- Cover and decorate clean milk cartons and use them as blocks.
- Create a throwing game: take a large box, cut out a big smiley mouth, decorate by drawing on a face and have a few bean bags that your children can take turns throwing in the mouth.
- Build your own indoor sandbox by filling a large box with puffed wheat, oatmeal, or some other safe, nontoxic and non-chokeable material. Add some scoops, funnels and spoons and have fun.

Music time

- Try a version of musical chairs with stuffed animals, or cut out pictures of animals. Have a chair and animal for every child. As the music plays have them walk in a circle around the chairs. When the music stops each child has a stuffed animal to pick up. Now have them take turns acting out their animal.

- Try nursery rhymes with finger play.
- Give older toddlers a recorder with a microphone made especially for this age. They can record themselves singing, talking and listen back.

Stories

Have a story time with a new book. Make puppets afterwards with small paper bags and let them tell the story.

Active games

Set up an indoor obstacle course with a series of activities. Place a jump rope on the ground that children have to jump over. Set up empty paper towel tubes like bowling pins that they have to roll a ball and knock down. Next have them color a picture; encourage them to take their time. Place a line on the ground with tape and have them walk it.



Play house

Children enjoy creating spaces within spaces. Set up a pup tent or use sheets or blankets draped over furniture. Give them a small flashlight to shine in their huts. Create a pretend restaurant or grocery store. Use recycled, empty containers that have been saved after use as items for the store. Make placemats or menus. After all this fun pack a picnic and eat in the house. Maybe by now it is time for a nap!

Reference

The Toddlers Busy Book by Trish Kuffner, 2004.

by Kim Walker, CPNP

BOX OF FUN

Finger Paint

- 1/2 cup cornstarch
- 2 cups boiling water
- 1 cup cold water
- food coloring or poster paint
- 1 package unflavored gelatin

In saucepan, mix cornstarch with 3/4 cup cold water to a smooth paste. Soak gelatin in 1/4 cup cold water. Set aside. Pour boiling water slowly over cornstarch mixture, stirring. Cook overmedium heat, stirring constantly, until mixture boils and clears. Remove. Stir in gelatin. Cool and divide into separate small screw-top jars. Add color. Refrigerate to store. Paint is transparent, strong and durable with a high gloss finish. May be used on dry or wet paper.

Economic Impact of Child Care

How to pay for subsidized child care is at the forefront of political discussions when economic times are tough. Proponents of taxation to subsidize care for the 20 percent of children living in poverty are supported by recent long-term studies. These studies show immediate benefits to the families of children in child care programs and long-term benefits to both the children enrolled in these programs and society as a whole.

Families receiving subsidized child care see immediate and lasting rewards. Parents of children who receive subsidies (such as CalWORKs) have greater resources to attain higher education for better-paying jobs. With these opportunities come other benefits, such as improved health status and lower rates of criminal activity and drug abuse. Employers also benefit as parents with children in subsidized programs miss less work and have less job turnover.

Studies also show many long-term benefits for children in high quality child care. These children show higher rates of high school graduation and are more likely to go to college than their non-preschool counterparts. Higher literacy rates and education create more opportunities for them, leading to a decrease in drug abuse and criminal activity.



These children are poised to become productive members of society, raising more successful families themselves.

Not only do children and families enrolled in these programs benefit, but taxpayers as a whole will reap the rewards. These programs regularly generate a 3-to-1 cost-benefit ratio, paying for themselves and turning a profit after a few years. As recipients of high-quality care become more self-sufficient, there is less drain on welfare, special education, and the criminal justice system. Also, the more recipients earn, the higher their tax rate. The whole country benefits as a skilled work force increases competitiveness in the global market. As each new generation succeeds, greater numbers of children will be provided with opportunities to thrive, creating a positive feedback loop for us all.

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by Jeremy Elman

Recommended 2005 Immunization Schedule

The American Academy of Pediatrics (AAP) has issued the recommended 2005 childhood immunization schedule for the United States. Compared to the 2004 schedule, no major changes have been made in this year's schedule.

In May 2004, the AAP officially expanded its recommendations for annual influenza (flu) immunizations to include children ages 6 through 23 months, as well as close contacts including household members and caregivers of children under age 2 years of age and women pregnant during the flu season. Children 6 through 23 months of age and women pregnant during the flu season remain high-risk groups that should receive the flu vaccine.

The 2005 childhood and adolescent Immunization Schedule may be accessed at www.cispimmunize.org/IZSchedule.pdf. For additional information about vaccines, including precautions and contraindications for immunization and vaccine shortages, please visit the National Immunization Program Web site at www.cdc.gov/nip or call the Hotline at (800) 232-2522 (English) or (800) 232-0233 (Spanish).



health + safety calendar

<p>march 5 – 6 CAEYC 2005 Annual Conference <i>Sacramento</i> California Association for the Education of Young Children (916) 486-7750 www.caeyc.org</p>	<p>march 7 – 9 All of Us Together... Moving to Inclusion <i>Sacramento</i> WestEd Center for Prevention and Early Intervention (916) 492-4002 www.wested.org/cs/cpei/print/docs/213</p>	<p>march 9 – 11 CCDAA Annual Conference California Child Development Administrators Association (714) 480-7546 www.ccdaa.org</p>
<p>april 3 – 9 Week of the Young Child Materials available from the National Association for the Education of Young Children (800) 424-2460 www.naeyc.org/woyc/default.asp</p>	<p>april 6 Child Abuse Prevention Event <i>Sacramento</i> California Department of Social Services (916) 651-9989; http://familyresourcecenters.net/pdf/flyers/eventatc.pdf</p>	<p>april 20 CAEYC Public Policy Symposium <i>Sacramento</i> California Association for the Education of Young Children (916) 486-7750; www.caeyc.org</p>
<p>april 22 – 24 CAFCC Conference <i>Sacramento</i> California Association for Family Child Care (925) 828-2100 www.cafcc.org</p>	<p>april 28 ENACT: Nutrition and Activity Day <i>Sacramento</i> Parents, health professionals, advocates, and educators concerned about nutrition and physical activity will meet with legislators to discuss policy solutions to the obesity epidemic. Contact Jessica Reich, California Food Policy Advocates, at (415) 777-4422 x129 or visit www.cfpa.net/ENACT2005</p>	



health + safety resources

National Early Childhood Transition Center offers resources on helping children with special needs with the transition between infant/toddler programs, preschool and school. Offers a searchable online database of transition research and an opportunity for parents to share their own stories.
www.ihdi.uky.edu/nectc

Help Your Child Gain Control Over Asthma, from the U.S. Environmental Protection Agency, is a guide for parents of children with asthma. Includes tips on managing asthma and simple steps for reducing asthma triggers.
www.epa.gov/asthma/pdfs/II_asthma_brochure.pdf

Adverse Effect of High Added Sugar Consumption in American Preschoolers, a study in the January 2005 issue of the *Journal of Pediatrics*, finds that 11 percent of toddlers and preschoolers get at least 25 percent of their daily calories from eating “added sugar” and that even children who eat much less sugar often do not get enough calcium, grains, vegetables, fruits and dairy. Summary available from EurekAlert!
www.eurekalert.org/pub_releases/2005-01/ps-asd011205.php

Protecting Children, Physically and Mentally. The Children's Bureau has released three new publications: (1) *The Role of Educators in Preventing and Responding to Child Abuse and Neglect*, (2) *Child Protection in Families Experiencing Domestic Violence*, and (3) *Supervising Child Protective Services Caseworkers*.
(800) FYI-3366; nccanch@caliber.com;
<http://nccanch.acf.hhs.gov/profess/tools/usermanual.cfm>

Funding Resources for Childhood Obesity Prevention Programs, from the Finance Project, provides information for after-school programs about federal funding sources for obesity prevention programs.
www.financeprojectinfo.org/publications/obesityprevention.pdf

Oral Health Toolbox, from Bright Futures, offers materials on oral health for health professionals and service providers. Resources include guides to oral health, curricula, screening tools, and research. Also compiles a list of links to sites with information on oral health for families and children.
www.mchoralhealth.org/Toolbox/index.html

What We Mean by School Readiness

It is now known that children who are healthy and emotionally, socially and cognitively ready for kindergarten are more likely to have a successful overall school experience. FIRST 5 California's School Readiness Initiative has employed a multi-faceted approach to help ensure that families, schools and communities support children in low-performing schools so they will begin kindergarten with the strongest possible foundation.

There are multiple factors that determine a child's ability to be successful in school. These include both the child's readiness for school and the school's readiness for the child. Children's readiness for school is indicated by their physical well-being and motor development, social and emotional maturity, positive feelings about learning, language development, cognition and general knowledge. A school's readiness for a child is indicated by the school's ability to provide smooth tran-

sitions between home and school and between early care and education programs and kindergarten, a student-centered environment focused on helping children learn, and a commitment

to the success of every child. Additionally, it is important that schools are flexible and willing to make changes in their programs to meet the needs of the children they serve. Finally, schools can play an important role in advocating for students and their families so that they have access to health care, community services and resources.

It is also accepted that when schools provide parents with access to training and support services, they become more able to be partners in their child's development and education. These community resources help to promote healthy functioning families, which in turn lower risks for school failure and increase children's social competence.

by Robert Frank, MEd and Mimi Wolff, MSW



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