



California Childcare Health Program (CCHP)

E-News for

Child Care Health Consultants

June 2007

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Greetings

Here at CCHP we are finishing up our July/August *Child Care Health Connections* newsletter and we have completed the following two new *Fact Sheets for Families* that are now available from our Web site:

1. [Commonly Used Toxic Cleaning Products](#)
2. [Quenching Thirst: Healthy Drinks Choices for Young Children](#)

We hope you find them useful. We are always happy to have feedback on our publications. If you have thoughts on existing publications or are interested in seeing new publications on particular topics, please email Vickie Leonard at vleonard@ucsfchildcarehealth.org. We also welcome inquiries from our list members who would like to hear from their CCHC colleagues about how they are handling a particular problem or concern. If you would like to post a question or other information to the list, email CCHP-CCHC@listserv.ucsf.edu. We look forward to hearing from you!

If you know of ECE providers or programs who would like to receive flyers that describe the California Childcare Health Program and magnets with our toll-free Healthline phone number, please let us know. We would be happy to send them out.

We could use your help with another issue. The Healthy Child Care Consultant Network Support Center (NSC) has developed state CCHC profiles that can be found on their website at <http://hccnsc.edc.org/>. The Center is in the process of updating their profiles and is asking whether California uses/receives funding for CCHC activities from additional sources such as foundations and Medicaid administration? In order to answer their question we would appreciate it if you could email Vickie Leonard at CCHP, vleonard@ucsfchildcarehealth.org and tell her how your consultation activities are funded. We will compile the information and make it available to all of you in the next enews. Thanks for your help!

Have a healthy and safe summer!

Announcements

FDA Advises Consumers to Avoid Toothpaste from China Containing Harmful Chemical.

The U.S. Food and Drug Administration (FDA) has warned consumers to avoid using tubes of toothpaste labeled as made in China, and issued an [import alert](#) to prevent toothpaste containing the poisonous chemical diethylene glycol (DEG) from entering the United States. DEG is used in antifreeze and as a solvent. Consumers should examine toothpaste products for labeling that says the product is made in China. Out of an abundance of caution, FDA suggests that consumers throw away toothpaste with that labeling. FDA is concerned that these products may contain "diethylene glycol," also known as "diglycol" or "diglycol stearate." For more information, visit the FDA website:

<http://www.fda.gov/bbs/topics/NEWS/2007/NEW01646.html>

Resources

[High-quality child care for poor children found to offset the risk of later depression](#)

Young adults from low-income families who were in full-time early educational child care from infancy to age 5 report fewer symptoms of depression than their peers who were not in this type of care. The early educational intervention also appears to have protected the children to some extent against the negative effects of their home environments. These findings highlight the value of investing in high quality early childhood experiences for low-income children. Those are the conclusions of a new study conducted by researchers at the University of North Carolina at Chapel Hill and the University of Washington at Seattle . The study is published in the May/June 2007 issue of the journal *Child Development*. Research has shown a relationship between poverty in early childhood and an increased risk for mental health problems in adulthood. A number of early intervention programs have been found to enhance the cognitive development and academic outcomes of children living in poverty, but less is known about the long-term effects of these programs on children's mental health.

Play in the Early Years

Here is a link to a great eight page brief, with pictures, from Bay Area Early Childhood Funders, that explains how play is key for early learning and school success. Excellent resource for providers and families. Click here to access the brief: [Play in the Early Years](#).

Health Literacy

The American Academy of Pediatrics, Community Pediatrics group recently conducted a very informative web-based seminar on health literacy called Putting Health Literacy into Practice: A Pediatric Approach. The webinar can be viewed online here:

http://www.aap.org/compeds/resources/teleconf_healthliteracy.html.

Note: You will need [Windows Media Player](#) to view the web presentation.

The new issue of NSC Focus, the Healthy Child Care Consultant Network Support Center's e-newsletter is now available at

<http://hccnsc.edc.org/resources/newsletter.asp> This issue focuses on building awareness of the benefits of CCHCs.

In the Spotlight: Wendy Grove and Melissa Courts tell us about innovative strategies they have used in Ohio to promote the visibility and acceptance of CCHCs in their state.

Frequently Asked Questions (FAQs) address the challenges of and provide guidance on CCHC advocacy and outreach efforts.

Resources in this issue can support your awareness-building efforts:

- [Building Awareness about the Benefits of CCHCs](#): PowerPoint slides and an audio file of NSC's March 27, 2007 Webinar
- [Self Assessment for CCHC Systems Builders: Building Awareness](#): The second in our Self Assessment series provides a detailed checklist to guide planning for your awareness-building efforts.
- [Making the Case for Your CCHC Initiative](#): A sample annotated outline for approaching funders or other supporters about your CCHC initiative.
- [Developing Advocacy Plans](#): A form you can use to develop your plan. Available in Word and PDF

New IDEA. Part C regulations ready for comment:

From Margaret Dunkle, of the Early Identification and Intervention Collaborative for Los Angeles County, comes this announcement about new regulations being proposed for early start programs that are funded by the federal Individuals with Disabilities Education Act (IDEA), Part C. If you have substantive experience with special needs children, you are encouraged to look at the regulations and offer comments. Comments should be submitted through the Federal eRulemaking Portal. Go to <http://www.regulations.gov/> and select "Department of Education" from the agency drop-down menu, then click "Submit." In the Docket ID column, select ED-2007-OSERS-131 to add or view public comments and to view supporting and related materials available electronically. Margaret also does a nice job of describing the state and federal responsibilities for implementing the IDEA law. Margaret has also written two very informative information sheets on early intervention programs, [Questions & Answers About the California Early Start Program](#), and [Read-It-in-the-Original: Understanding the California Early Start Program for Children 0-36 Months Old](#).

Margaret's Announcement:

Draft Regulations for IDEA, Part C ("Early Start," "Early Intervention")

Draft regulations for Part C of the federal Individuals with Disabilities Education Act (IDEA, Part C) have been issued and **comments to improve or change these regs are due by July 23, 2007. Note: These draft regs from the Federal Register are 77 pages long.** They are available [here](#).

In California, we know Part C of IDEA as the "Early Start" program, which provides services to children age 0-36 months who have developmental delays, disabilities or other problems, or are at high risk for a developmental disability. Congress created this program in 1986 through an amendment to the federal special education law (IDEA, Individuals with Disabilities Education Act). Every state has a similar program, which goes by various names: *Early Intervention, Early Childhood Special Education, Early IDEA, Part C of the Individuals with Disabilities Education Improvement Act (IDEA), Part H, and Infants and Toddlers Special Ed.*

In 2004, 28,800 California children participated in the Early Start program. That comes to 1.8% of California infants and toddlers (0-36 months). The national average was 2.3%. Only 15 states had lower participation rates than California.

These percentages contrast with research—both nationally and in Los Angeles County—showing that more than 10% of children

age 0-5 have special health care needs and more than 15% of children age 6-11 have special health care needs.

These programs are run by Regional Centers, which are private non-profit organizations that contract to provide and coordinate Early Start (Part C IDEA) services.

Under a different law (the Lanterman Act, a state law), Regional Centers also provide services to people **of all ages** with four specific disabilities (mental retardation, cerebral palsy, epilepsy and autism) or a condition requiring the same support a person with mental retardation needs.

Eligibility, services and funding sources are very different for infants and toddlers getting help through the federally-driven IDEA Part C/Early Start program and for people of all ages getting help from the state-driven Lanterman Act.

The vast majority of infants and toddlers (ages 0-36 months) who qualify for services under the IDEA Part C/Early Start program do **not** qualify for services under the Lanterman Act.

Early Start Coordinators in the seven Regional Centers in Los Angeles County are:

East Los Angeles Regional Center

Carmen Vasquez, (626) 299-4709, cvasquez@elarc.org
Noriko Ikoma, (626) 299-4814, nikoma@elarc.org

Harbor Regional Center

Audrey Clurfeld, (310) 543-0616, audreyc@hddf.com
Barbara Guzman, (310) 543-0626, barbarag@hddf.com
Susan Laird, (310) 792-4759, susanl@hddf.com

Lanterman Regional Center

Debrah Murphy, (213) 383-1300x619, debrah.murphy@lanterman.org
Rose Chacana, (213) 383-1300x620, rose.chacana@lanterman.org

North Los Angeles Regional Center

Susana Gil, (818)756-6106, susanag@nlacrc.org
Kim Web, (661) 951-1236, kimmiew@nlacrc.org
Pat Garcia, (818) 756-6104, patg@nlacrc.org
Cristina Preuss, (818) 756-6279, cristina@nlacrc.org

San Gabriel/Pomona Regional Center

Letha Sellars, (909) 868-7518, lsellars@sgprc.org
Christine Nicholson, (909) 868-7643, cnicholson@sgprc.org
Alba Dunn, (909) 868-7635, adunn@sgprc.org
Margarita Salazar, (909) 868-7650, msalazar@sgprc.org

South Central Regional Center

Tollea Marshall, (213) 744-8897, tolleam@sclarc.org
Leonor Vazquez, (213) 744-8830, leonorv@sclarc.org
Denise Dickerson, (213) 744-8829, denised@sclarc.org

Westside Regional Center

Cal Enriquez, (310) 258-4090, calman@westsiderc.org

Also at the local level, school districts (sometimes called *Local Education Agencies* or *LEAs*) run the Early Start (Part C IDEA)

program for infants and toddlers who have *low-incidence disabilities*—that is, disabilities that occur in less than 1% of school-age children. Low-incidence disabilities include severely impaired hearing or vision, and severe orthopedic impairments.

The California state agency responsible for the Early Start (Part C IDEA) program is the Department of Developmental Services (DDS). The Governor chooses the lead agency: in most states, the Health, Human Services (Social Services), or Education Department is the lead agency.

Rick Ingraham is Manager of the California Early Start program (1600 9th Street, MS 3-12, Sacramento, CA 95814, (916) 654-2773 or (800) 515-2229, Fax (916) 654-3255, ringraha@dds.ca.gov, website: <http://www.dds.ca.gov/EarlyStart/ESHome.cfm>).

At the federal level, the U.S. Department of Education (Office of Special Education and Rehabilitative Services, Office of Special Education Programs) runs Part C of IDEA (which includes California's Early Start program). It is this office that put out the proposed regulations. You can view the regulations [here](#).

Attitudes Towards Spanking. By the Child Trends Databank. (Child Trends, Washington, DC) [2007.] 8 p.

"One of the most frequently used strategies to discipline a child, especially a younger child, is spanking. Research suggests that about 94 percent of parents of children ages three to four in the United States report having spanked their children in the previous year. At the same time, however, use of corporal punishment is often linked to negative outcomes for children (e.g., delinquency, antisocial behavior, and low self-esteem), and may be indicative of ineffective parenting. Research also finds that the number of problem behaviors observed in adolescence is related to the amount of spanking a child receives, with the relationship becoming stronger as children age. Positive child outcomes can be obtained when parents refrain from spanking and other physical punishment and alternatively discipline their children through firm, rational control and nurturing communication. Studies find that this type of disciplinary style can foster positive psychological outcomes such as high self-esteem and cooperation with others, as well as improved achievement in school." Full text at: http://www.childtrends.databank.org/pdf/51_PDF.pdf.

From Special Ed Connection:

Parents of children with disabilities will no longer have to hire attorneys to represent them in federal court if they hope to appeal an unfavorable administrative ruling.

Parents of children with disabilities will no longer have to hire attorneys to represent them in federal court if they hope to appeal an unfavorable administrative ruling. The Supreme Court ruled that the IDEA grants parents rights of their own—a determination that will allow them to pursue federal FAPE (Free and Appropriate Public Education) claims without a lawyer. The High Court did not base its decision on a particular provision of the IDEA, but rather on how the provisions intersect with each other. Writing for the court, Justice Anthony Kennedy acknowledged that the IDEA expressly instills parents with certain rights, most notably the right to pursue claims for procedural violations and the right to seek reimbursement and attorney's fees. However, the Justice observed that the procedural and reimbursement-related rights explicitly granted to parents under the statute "are intertwined with the substantive adequacy" of a child's education. For example, the Justice pointed out that 20 USC 1414(d)(3)(A)(ii) requires a child's IEP team to consider any concerns the parents might have about the child's education when formulating

an IEP. Section 1415(b)(6)(A) authorizes parents to seek a hearing on substantive issues such as child find, evaluation and educational placement. In addition, the Court noted, 20 USC 1415(m)(1)(B) provides for the transfer of the parents' rights at the age of majority, thereby presuming that parents have rights of their own under the statute. "These provisions confirm that the IDEA, through its text and structure, creates in parents an independent stake not only in the procedures and costs implicated by this process, but also in the substantive decisions to be made," Justice Kennedy wrote. "We conclude that the IDEA does not differentiate, through isolated references to various procedures and remedies, between the rights accorded to children and the rights accorded to parents." The Supreme Court further noted that limiting parents' rights under the IDEA to a particular set of non-substantive matters would lead to "incongruous results," as parents would need to prove the inadequacy of a child's IEP in order to assert a procedural defect or recover private school costs. Concluding that the parents of an autistic child had the right to challenge their son's IEP in federal court, the Supreme Court reversed the 6th Circuit's dismissal of the parents' FAPE action, reported at 44 IDELR 90, and remanded the case for further proceedings. Justices Scalia and Thomas concurred in a separate opinion."

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