

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)



How to Reduce the Risk of Expulsion from Child Care Programs

Children expelled from preschool programs are often the children who benefit the most from a rich preschool environment. A recent policy statement written by Walter Gilliam looked at research done at Yale on pre K expulsion.

High student/teacher ratios, long days with extended hours, teacher depression and on-the-job stress were all associated with higher rates of expulsion. On the other hand, teachers who had an ongoing relationship with a classroom-based mental health consultant had about half as many expulsions as those without this support. Mental health consultants improved the teachers' ability to handle current problems and equipped teachers to manage future classroom behavior problems.

Seven recommendations to decrease the risk of expulsion:

1. Don't expel a child for challenging behaviors; rather, determine what supports are necessary in the current program or transition the child to a program that can better support his or her needs.
2. Preschool programs should have access to mental health consultation to help teachers address challenging behavior.
3. Limit class size to no more than 10 preschoolers per teacher, preferably fewer. (California Community Care Licensing, Title 22 mandates no more than 12 preschool children per teacher; Title 5 regulations for state subsidized preschool are stricter with 8 preschool children per teacher.)



How to Reduce the Risk of Expulsion, continued on page 3

vol. 21 no. 2

March +
April 2008

inside

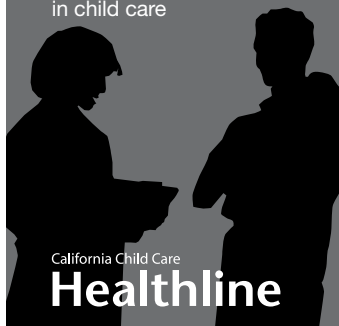
- 2 Different Types of Flu
- 3 Tummy Time for Infants
- 4 Carbohydrates and Young Children
- 5 Banning Chemicals Called Phthalates in Childhood Products
- 6 Temperament and Regularity
- 8 Smoke-Free Cars Protect Children with Asthma
- 10 Missing Child: Emergency Response Procedures for Child Care

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

health + safety tips

Toy Safety

- Frequently inspect and clean toys. Repair them as needed.
- Provide a variety of toys for each age group.
- Have enough toys (including duplicates of popular items) for all children to have something and to prevent fighting.
- Use toys that are easily washed and sanitized. Stuffed animals should be machine washable.
- Set toys aside for sanitizing after a child has placed them in his or her mouth.
- Use riding toys that are the right size for the children using them.
- Keep objects smaller than 1 3/4 inches diameter, and toys with small parts away from children who put objects in their mouths.



California Child Care
Healthline



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.

Newsletter articles may be reprinted without permission if credit is given and a copy of the issue in which the reprint appears is forwarded to the California Childcare Health Program at the address below.

Subscriptions, Renewals, Inquiries

Contact CCHP at (800) 333-3212 or cchp@ucsfchildcarehealth.org.

CCHP Program Office

1950 Addison St., Suite 107
Berkeley, CA 94704
T (510) 204-0930
F (510) 204-0931

California Child Care Healthline

(800) 333-3212
healthline@ucsfchildcarehealth.org

www.ucsfchildcarehealth.org

Newsletter Editors

A. Rahman Zamani, MD, MPH
Judy Calder, RN, MS
Bobbie Rose, RN
Victoria Leonard, RN, FNP, PHD

Different Types of Flu

Q **What is the difference between flu, avian flu, pandemic flu and SARS?**

A Flu, also called influenza, is a respiratory illness caused by a virus resulting in symptoms more serious than the common cold. The symptoms include fever, chills, headache, dry cough, and tiredness. Later symptoms include sore throat, runny nose, wet cough, and pinkeye. Seasonal flu generally occurs from late December through March, is more common in young children, and can develop into bronchitis, or pneumonia requiring hospitalization. The virus that causes the flu often changes, and new flu vaccines are developed each year as the virus changes. So the best prevention strategy is to get the flu vaccination every year beginning in November. Unfortunately, the vaccine is not given to babies under 6 months so it's very important to protect them by making sure that adult caregivers and preschool-aged siblings get their flu shots.

Avian flu (bird flu) is a highly contagious disease caused by viruses that are spread among birds. There are a small number of cases in which people have been infected through direct contact with sick birds. Today, a new severe form of "bird flu" is being spread in different parts of the world. There have been no cases reported in the United States. There is no human immunity to this disease and no vaccine available. Public health professionals are watching the outbreaks carefully to make sure the virus is not changing to one that can be spread easily from human to human.

Pandemic flu is a severe human flu that causes a disease outbreak across the world. Pandemic flu is spread easily from person to person and people have little immunity to the new virus. No pandemic flu currently exists among humans, but public health experts warn that another flu pandemic is very possible and we should be prepared, especially in child care settings.

SARS (severe acute respiratory syndrome) is caused by a specific virus called the coronavirus (SARS-CoV) and caused a worldwide outbreak in 2003. Its symptoms are very similar to flu. It can be difficult to differentiate from the symptoms of flu and a health professional should be consulted for diagnosis and treatment. Generally, the public will be informed when an outbreak is occurring and what precautions to take.

In all cases of respiratory infections, prevention focuses on good practices such as covering your cough or sneeze (cough into your sleeve), handwashing and environmental cleaning and sanitizing. Exclude children and staff with symptoms of flu and seek the advice of health care professionals when ill. Healthline has additional handouts or advice to help you prevent or respond to respiratory illnesses.

Resources

Influenza and You—What You Need to Know
http://ucsfchildcarehealth.org/pdfs/healthandsafety/influenzaen081903_adr.pdf

Preparing for Pandemic Flu in Child Care Programs
http://ucsfchildcarehealth.org/pdfs/healthandsafety/PandemicFlu_EN_090607.pdf

by Judy Calder, RN, MS

Tummy Time for Infants

Now that we know that infants less than a year old should be put to sleep on their backs to reduce the risk of sudden infant death syndrome (SIDS), many infants are not getting enough “tummy time.” Tummy time is important because it helps infants develop the head, neck and shoulder muscles they will need to learn important motor skills; for instance, how to push up, roll over, sit up, crawl, and pull to a stand. Tummy time also helps infants’ heads to develop normally. Infants who spend most of their time on their backs when asleep and in infant seats when awake are at risk for developing flat spots on the backs of their heads and for delayed motor development. The way to prevent these problems is to make sure infants spend plenty of time on their tummies. Some infants get fussy when they are put on their tummies because they are not used to it, and it is hard work for an infant to hold his head up.

To make tummy time more interesting for infants, try these ideas:

- Lay the infant over your leg while you are sitting on the floor
- Make a bolster by rolling up a towel. Place the bolster under the infant’s chest and armpits with her arms over the bolster. You can move the infant gently back and forth on the bolster.
- Older infants can be placed lengthwise on the bolster (with an arm and a leg on either side of the bolster) and rolled gently from side to side.
- Buy an exercise ball* that is 60 centimeters in diameter. Lay the infant over the ball on his tummy and move him gently back and forth and from side to side by rolling the ball carefully, and move him up and down by pushing down gently on his back.
- Put the infant on her tummy on a blanket on the floor. Make the floor interesting by choosing a blanket with an interesting pattern or texture, or a special tummy time mat. Lie down on the floor with the infant. She will enjoy exploring you as well as toys on the floor.
- Encourage an older child to get down on the floor and entertain the infant; they’ll enjoy being the “big kid.”
- Infants always need to be supervised during tummy time.



Remember, a happy infant develops best. If an infant starts to fuss, try to make tummy time more interesting through gentle movement or a change of toys. Rhythm and movement together work wonders for infants’ development so turn on some music for tummy time. At first, you may have to try tummy time for several short periods during the day until the infant gets used to being on his tummy.

*Make sure that the infant doesn’t pull out the ball’s air-plug, as the plug could be a choking hazard.

Resources

Coulter-O’Berry C & Lima, D. *Tummy Time Tools: Activities to Help You Position, Carry, Hold and Play with Your Baby*. Available online at: <http://www.orthomeric.com/pdf/tummytimetools.pdf>

National Institute of Child Health and Human Development, *Tummy Time* http://www.nichd.nih.gov/health/topics/tummy_time.cfm

by By Vickie Leonard, RN, FNP and Alanna Freeman, OTR

Carbohydrates and Young Children

The foods that we eat can be described as proteins, fats and carbohydrates. All of these are necessary for nourishing the body. Carbohydrates provide the body with the energy needed for physical activity and organ function. They are considered the best energy source since they are most easily broken down into a form that our bodies can use for fuel. Carbohydrates are found in a variety of foods—fruits, vegetables, dairy and grains. The best sources of carbohydrates will also deliver vitamins and minerals and fiber needed for a healthy diet.

Recently, low carbohydrate diets have become popular for weight loss. It has been found that a diet with too many carbohydrates together with a sedentary lifestyle can lead to overweight and obesity. But a low carbohydrate diet will not provide for the high-energy needs of active young children.

How much and what kinds of carbohydrates should children eat?

The USDA recommends a diet that is 45–65% carbohydrate for healthy children. However, it is important to choose the right kinds of carbohydrates. Some sources of carbohydrates are broken down into sugar (glucose) for the body to use as energy very quickly. Foods that are broken down quickly can cause rapid spikes in blood sugar. It is easier for the body to regulate slow changes in blood sugar while rapid changes can contribute to something called *insulin resistance*. Over time, *insulin resistance* can lead to diabetes. Carbohydrates that take longer to break down are a gentler way for the body to convert food to energy.

Sources of carbohydrates in a child's diet:

Grains

Breads, crackers, and cereals are made from grains. Grains can

be healthy or not depending upon how much they are refined or processed. Many breads and cereals are fortified with vitamins and minerals. Grains that are highly processed like white bread, cakes, most crackers, many sweetened cereals and snack foods are broken down into sugars quickly and are often stripped of nutrients. It is better to feed children whole grains like oats, whole grain crackers and bread, brown rice and barley since they take longer for the body to convert to energy. In addition, eating whole grains can prevent heart disease and some kinds of cancer.

Fruits and Vegetables

Naturally sweet fruit is a good choice for children. You may need to offer a new food ten times before a child will eat it. Make sure the fruits and vegetables that you serve are not a choking hazard by chopping or shredding them.

Dairy

Low fat dairy such as milk and yogurt are nutrient rich sources of carbohydrate.

Refined Sugars and Sweet Treats

Avoid feeding children easily digested cookies, pastries, candy, sugary sodas and fruit drinks, and other highly processed foods. These foods are low in nutrients and are rapidly broken down into energy. In addition, they can contribute to tooth decay. Limit these foods to special occasions.

Resources

Carbohydrates, Sugar and Your Child, by Mary Gavin MD, December 2007, Kidshealth at www.kidshealth.org/parent/nutrition_fit/nutrition/sugar.html

Carbohydrates, Harvard School of Public Health, 2007 <http://www.hsph.harvard.edu/nutritionsource/carbohydrates.html>

by Bobbie Rose RN

**BOX
OF
FUN**

TV-Turnoff Week: April 21-27, 2008

Join millions of children, parents, teachers, health advocates, and other community members by celebrating TV-Turnoff Week. People all over the world have participated in TV-Turnoff Week since it began in 1995.

Here are some ideas for what to do instead of watching TV:

Read a book, play a board game, go to the park, play sports, do a craft, have relay races, garden, cook, tell jokes, play musical instruments, sing, do puzzles, play catch, walk the dog, bake cookies, share them with a neighbor, arrange flowers for your table, visit a friend, enjoy a family meal, organize a pot luck, tell stories, write a letter, finger paint, go to the library, look at old family photos, go to the farmer's market, make paper airplanes, star gaze, string beads, have a costume party or make a fort.

Add your own ideas to this list and have fun! For more information: Center for Screentime Awareness at www.screentime.org



Banning Chemicals called Phthalates in Childhood Products

Existing California laws prohibit production and distribution of products containing certain chemicals that are harmful to health. Beginning January 1, 2009, a new law in California bans chemicals called phthalates in toys and child care products used by children under age three.

What are phthalates?

Phthalates (pronounced “tha-lates”) are a class of widely used oily chemical compounds used in plastic to improve flexibility and durability. They are also used in cosmetics and personal care products to bind fragrance to the products. With the universal use of phthalates over the last several decades and worldwide annual production of more than a billion pounds, phthalates are common in the environment. For example, they are found in indoor air and dust. Studies show that nearly everyone carries some level of phthalates in their body.

How are they used?

Phthalates are used as plastic softeners to help mold and smooth toys and other plastic products. Chewable teething rings, pacifiers, squeezable rubber duckies and soft plastic books are examples of such products used by young children. Phthalates are also frequently used in personal care products, like perfumes, hairsprays, lotions and shampoos, paint pigments, caulk, adhesives, nail polish, and lubricants.

What are the health problems?

Animal studies link phthalates to birth defects, hormonal disruptions and cancer. Some of the harmful health effects of phthalates include early puberty in girls, premature delivery, male infertility and genital defects.

Children are mainly at risk

Phthalates put the health and safety of growing children at risk. In the critical stages of their development children are particularly vulnerable to chemicals in their environment. Their immature bodies cannot protect them from phthalates and other toxic chemicals. Phthalates can cross the placenta in a pregnant

woman and therefore prenatal exposure is possible. Infants can be exposed from breastfeeding and phthalates can also get into the body when children mouth, suck, or chew on phthalate-containing toys or other objects. A recent study in *Pediatrics* found that infants, especially those younger than 8 months, exposed to baby lotion, powder, and shampoo had increased levels of phthalates in their urine.

Steps to limit the exposure

- **Be careful with plastic in the kitchen.** Some plastics that are used in food storage and cooking have the potential to leak phthalates into food. Whenever possible, use plastic alternatives such as glass, ceramic (lead-free) and stainless steel. Use glass or ceramic to microwave food and beverages. Wrap foods in butcher paper, waxed paper or paper towels.
- **Avoid plastic toys and products.** Be aware that plastic products such as squeeze toys, rattles, teething rings, pacifiers, sippy cups, and baby bottles may contain phthalates. Use toys and books made with natural wood, paper, cloth, or metal.
- **Look for products that state “no phthalates” or “no bisphenol A (BPA):** Avoid using plastics that are not identified on the packaging.
- **Avoid using baby lotion, powders and shampoos that haven't been tested** (see Environmental Working Group's Guide to Children's Personal Care Products, below)

References and Resources

- American Academy of Pediatrics. (2003). Pediatric exposure and potential toxicity of phthalate plasticizers. *Pediatrics*, 111: 1467-1474.
- American Academy of Pediatrics, (2007) Policy Statement: *Pediatrics*, 119:1031
- Sathyanarayana, S., C. J. Karr, et al. (2008). Baby care products: Possible sources of infant phthalate exposure. *Pediatrics* 121: e260-8.
- Environment California online at www.environmentcalifornia.org
- Environmental Working Group's *Safety Guide to Children's Personal Care Products*, http://www.cosmeticsdatabase.com/special/parentsguide/EWG_parentsguide.pdf

by A. Rahman Zamani, MD, MPH



Temperament and Regularity

It can certainly be difficult to manage children with widely different temperaments. *Regularity* is one of the traits which define temperament. Children who are *regular* and predictable in their daily routines like to eat, sleep and have bowel movements (BMs) at about the same time almost every day. If children are extremely regular, then you can practically set your watch by when they do things every day.

If a child is *irregular*, then it is hard to predict when he or she will want to eat, nap or have a BM. The child's biological schedule may be different every day. Maintaining a consistent routine between child care and home (even on the weekends) may help this child to regulate, but do not expect that the child will be as predictable as the more regular child.

Working with a particular child's temperament

Regular and irregular temperaments each bring their own challenges, especially if an irregular child is matched with a child care provider or parent who is regular, or vice versa. It can be frustrating for a regular child care provider or parent to try and predict the needs of an irregular child around such routines as mealtime, naps and elimination.

It's easy to plan outings, snack times and diapering needs for regular children because their habits are predictable. However, very regular children can be dramatically thrown off their schedules for a short period of time by changes such as daylight savings time. They may feel a little disoriented, almost as if they have jet lag.

While irregular children are more difficult to predict, they are also less likely to be upset by changes in routine. Irregular children are more likely to adapt to variable routines without much of a problem. However, if a child is consistently refusing to eat at lunchtime, sleeps without a pattern of consistency, and has three BMs today and none tomorrow, this child may have a *very irregular* temperament. Ask the parent about the child's routines at home and if there are ways that consistency can be promoted in the child care setting. Parents may not be aware that their child's body can't be as routine-oriented as the other children, or even their own siblings, and they may see the irregularity of the child's response as deliberate or manipulative.

Working with parents

You may hear from parents whose children respond regularly at child care due to the consistency of the child care environment, but are irregular at home. This is a great opportunity to share your knowledge of temperament with them so that you can work together to meet this child's needs. Be sensitive when sharing information with parents who are frustrated by their child's irregularity, as it may seem to reflect on their parenting abilities.

by Susan Jensen, RN, MSN, PNP (rev. 03/03)

Personalidades y Regularidad

Cuidar a niños con personalidades completamente diferentes puede ser verdaderamente difícil. *La regularidad* es una de las características que define la personalidad. Los niños con una rutina diaria *regular* y predecible, suelen comer, dormir y evacuar los intestinos aproximadamente a la misma hora del día. Si los niños son extremadamente regulares, prácticamente se puede predecir su horario.

Es más difícil predecir cuando un niño *irregular* querrá comer, dormir o evacuar los intestinos. El horario biológico del niño puede ser diferente cada día. Se le puede ayudar a regularse manteniendo una rutina consistente entre el centro de cuidados infantiles y el hogar (incluso durante los fines de semana), pero no se puede esperar que el niño sea tan predecible como el niño más regular.

Cómo cuidar a niños regulares e irregulares

Tanto las personalidades regulares como las irregulares tienen sus propios problemas, pero se hacen especialmente difíciles cuando el niño irregular tiene un padre o proveedor de cuidados infantiles regular o viceversa. Es muy frustrante para los proveedores de cuidados infantiles o los padres regulares intentar predecir las necesidades de un niño irregular en lo que se refiere a comidas, siestas o evacuaciones intestinales.

Con los niños regulares es fácil planear las salidas, un calendario de comidas y los cambios de pañales porque sus costumbres son predecibles. Sin embargo, los niños muy regulares también se pueden descontrolar seriamente, aunque sólo sea

durante poco tiempo, con cambios como puede ser el cambio al horario de verano. Su desorientación muestra los mismos síntomas que cuando se cruzan varios husos horarios (jet lag).

Aunque menos predecibles, los niños irregulares no se trastornan tanto por un cambio de rutina y se adaptan bien a los cambios. Un niño tiene una personalidad *muy irregular* si consistentemente se niega a comer durante la hora del almuerzo, si nunca sigue el mismo horario para dormir o si evacua los intestinos tres veces hoy y ninguna al día siguiente. Pregunte a los padres cuáles son las rutinas del niño en el hogar y si hay alguna forma de fomentar más consistencia cuando esté en el centro de cuidados infantiles. Algunos padres no se dan cuenta de que el cuerpo de su hijo no está tan regulado como el de otros niños o el de sus hermanos y piensan que la irregularidad no es más que una señal de manipulación o rebeldía.

Trabajando con los padres

Algunas veces los niños que son irregulares en el hogar, son regulares en el centro debido a la consistencia del horario. Esta es una buena oportunidad para que los proveedores de cuidados infantiles compartan su conocimiento con los padres y para que trabajen juntos con el fin de poder satisfacer las necesidades del niño. Cuando comparta información con padres que estén frustrados por la irregularidad del niño, hágalo con delicadeza para que no sientan que sus cualidades paternas y maternas son deficientes.

por Susan Jensen, RN, MSN, PNP (rev. 03/03)



Smoke-Free Cars Protect Children with Asthma

California's new "Smoke Free-Cars with Minors" law took effect on January 1, 2008. California now has the most comprehensive smoke-free car law in the nation. The law states that drivers may not smoke in a car, either moving or not moving, in which a child under the age of 18 is present. A driver smoking with a minor in the car may be fined up to \$100. It is a secondary offence, which means that an officer may not pull over a vehicle only to check if a person is smoking with a minor present.

The legislature passed the law because of studies that show toxic secondhand smoke is unhealthy for young children. Secondhand smoke levels from smoking in a car can be 10 times greater than the level that the Environmental Protection Agency (EPA) considers hazardous according to a recent study from Stanford University.

This law will create a healthier breathing environment for children in California. The effects of breathing secondhand smoke are even greater for younger children since they breathe more air in relation to their body weight than older children and adults. The irritants and toxins in secondhand smoke can do more damage since young children's lungs are still developing. Children who breathe second hand smoke are more likely to develop asthma and if they already have asthma, they are more likely to experience more asthma attacks with more severe symptoms. In addition, respiratory infections like pneumonia and bronchitis are more common in infants and young children who are exposed to second hand smoke and the exposure increases the risk that a child will develop lung cancer in his lifetime. Another good reason for this law is that the risk of Sudden Infant Death Syndrome (SIDS) is higher in infants who are exposed to secondhand smoke.

California Child Care Licensing regulations state that smoking is prohibited on the grounds and in the buildings of any child care center, but many families may not be aware of the new "Smoke Free Cars with Minors" law. Make sure that parents and guardians of children in your program are aware of this new law by providing the information.

Any efforts that you can make to improve the quality of the air will improve the health of young children in your care, especially children who have asthma. Child care providers are in

a unique position to inform and educate. Posters and written materials are available through public health agencies. To help smokers quit, see the American Lung Association of California's resources at www.californialung.org.

Resources and References

CCHP, No Smoking Poster,
www.ucsfchildcarehealth.org/pdfs/posters/others/no_smoking_0207.pdf

CCHP, Fact Sheets for Families, Secondhand Smoke and Young Children
www.ucsfchildcarehealth.org/pdfs/factsheets/SecondhandSmoke_EN_090607.pdf

Smoke-Free Cars: New Law Takes Effect January 1, 2008, California Lung Association,

www.californialung.org/press/071224SmokeFreeCars.html



by Bobbie Rose RN

Immunization Update: Hib Vaccine Special Schedule for Child Care Entry

Due to a nationwide shortage of the vaccine that protects children from *Haemophilus influenzae* type b (commonly called “Hib”), the California Department of Public Health has issued a temporary change to the child care entry requirements for the Hib vaccine. Doctors will continue to give this vaccine, but one dose from the series will be dropped.

During 2008, children entering child care at ages 15 months to 4 years and six months can be admitted with one dose of Hib, received at any age, regardless of when the dose was administered. Children younger than 15 months still require up to 2 doses for entry, depending on their age.

For questions about Hib immunization requirements for child care entry, call the Healthline at (800) 333-3212, contact your local public health department or visit the California Department of Public Health Immunization website at www.dhs.ca.gov/ps/dcdc/izgroup/pdf/Table1-2HibChanges.pdf



Spanish Version of CD *Promoting Children's Oral Health*

This oral health curriculum is written for anyone working in the field of early care and education with an interest in promoting oral health and protecting Early Childhood Caries, including Child Care Health Consultants, Child Care Health Advocates, School Nurses, Public Health Nurses and others in training/leadership positions. This curriculum provides up-to-date information and strategies about oral health that are specific to infants and young children. It also provides effective and practical lesson plans for child care providers, parents and children. To get your copy for \$10 call (510) 204-0930.

How to Reduce the Risk of Expulsion, continued from page 1

- Teachers should work reasonable hours and take regular breaks.
- Supportive staff health policies and practices should focus on teacher job stress.
- Government funding should be available to track expulsion practices and provide programs to improve classroom behavior.
- Further research should be done to help children, families, preschools and teachers cope with behavioral problems. Programs and support are needed for prevention and early intervention.

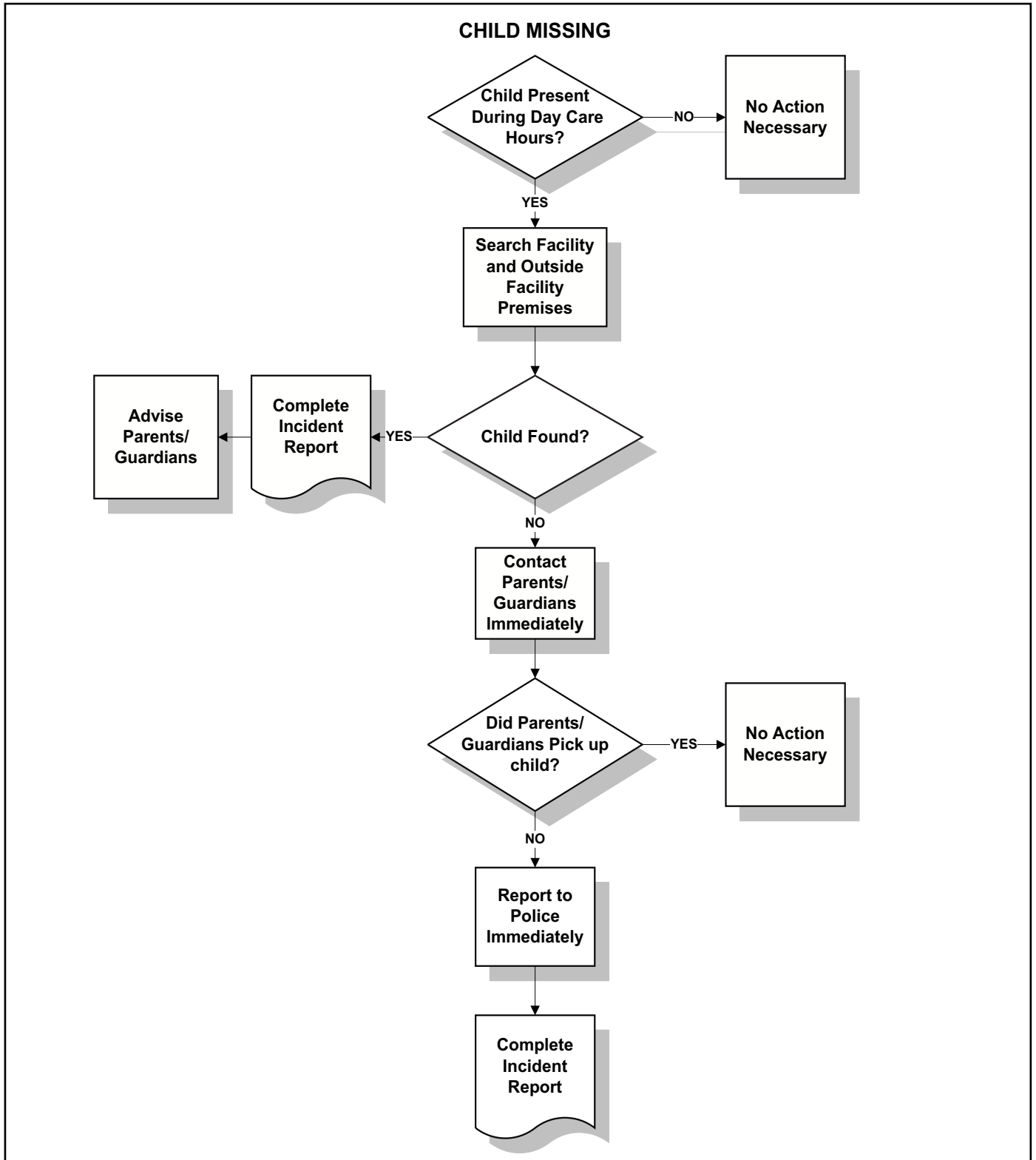
Resources and References

Walter S. Gilliam, PhD, *Implementing Policies to Reduce the Likelihood of Preschool Expulsion* (http://www.fcd-us.org/usr_doc/ExpulsionBriefImplementingPolicies.pdf). Jan.2008

For a list of Mental Health services by county contact the California Department of Mental Health at www.dmh.cahwnet.gov or call the Healthline at 1-800-333-3212.

by Bobbie Rose RN

Missing Child: Emergency Response Procedures for Child Care – Best Practices



CCHP Welcomes New Staff Member

The California Childcare Health Program would like to welcome our new Administrative Assistant, Tina Hawkinson. We are delighted to have her onboard! Tina went to school at Boston University and the University of California Santa Cruz where she studied art and psychology and graduated with a bachelor's degree

in psychology. Her background includes extensive work at the San Francisco Museum of Modern Art, and the study of the psychology of art therapy. She's held many professional positions and has created systems to help streamline and organize activities for various organizations so they could better carry out their missions. She enjoys spending time

with her family, swimming, travel, art, and ceramics. Tina is a native of the San Francisco East Bay and lives in Richmond with her husband and two year old son. If you need CCHP program information or have publications questions, Tina can be reached at 510-204-0930 or at thawkinson@ucsfchildcarehealth.org.



health + safety calendar

<p>March 1, 2008 8th Annual Early Care & Education Conference For Parents & Providers <i>Sheraton Grand Hotel, 1230 J Street, Sacramento, CA 95814</i> For additional information, please call Child Action, Inc. at (916) 369-0191</p>	<p>March 8 and April 12, 2008 Building an Outstanding Family Child Care Association. Spanish Interpretation provided. <i>Salinas, CA.</i> Calling Toll Free 800.808.0283 or 800.462.1315</p>	<p>April 3-5 CAEYC 2008 Annual Conference & Expo <i>Long Beach</i> http://caeyc.org</p>
<p>March 4-5 Special Education Early Childhood Administrators Project (SEECAP) Special Events 2008 <i>DoubleTree Hotel - Sacramento</i> kfinn@sdcoe.net</p>	<p>March 14-16 NCCA Annual Leadership Conference 2008 Building Quality Through Management, Commitment, and Leadership <i>Long Beach Convention and Entertainment Center</i> www.nccanet.org/ChildCareProviders/AnnualConference/tabid/111/Default.aspx</p>	
<p>March 7 WestEd, Center for Child and Family Studies will be conducting a series of Family Partnership Initiative Training-of-Trainer Institutes. Learn techniques to enhance family/staff partnerships. Contact Dee Roeder - droeder@wested.org or 858.530.1178</p>	<p>May 6 - May 8, 2008 2008 CWA Annual Conference <i>Town and Country Resort & Convention Center San Diego, CA 92108</i> Phone: 800/772-8527</p>	



New Policy Analysis, Research and Technical Assistance web site resource.

Center for Law and Social Policy (CLASP) is a national non-profit that works to improve the lives of low-income people. CLASP's mission is to improve the economic security, educational and workforce prospects, and family stability of low-income parents, children, and youth and to secure equal justice for all.

Latest publications are available at online at <http://childcareanddearlyed.clasp.org>

Alameda County Resource Guide

The "Alameda County Resource Pocket Guide" is published by Alameda County Public Health Department and is a valuable resource for Alameda County residents, clients and businesses. The Guide has a comprehensive list of social and public service/governmental agencies that include the agency's name and telephone number.

To view it online or to download go to www.acphd.org. The link to the Guide is www.acphd.org/AXBYCZ/Admin/Publications/ResourceGuide_2007-08_pocket.pdf

Racial-Ethnic Inequality in Child Well-Being

Since 1985, racial/ethnic differences among Black, Hispanic, and White children have been narrowing overall. This report is the first to analyze how child and youth well-being has changed among Black, Hispanic, and White children from 1985-2004. Using the FCD Child Well-Being Index (CWI) and its domains and indicators, the report presents a new and surprising picture of change.

Online from Foundation for Child Development at <http://www.fcd-us.org>

Annual Update on Federal Poverty Line

This notice provides an update of the HHS poverty guidelines to account for last calendar year's increase in prices as measured by the Consumer Price Index. This new poverty line should apply to Head Start eligibility.

More information at <http://a257.g.akamaitech.net/7/257/2422/01jan20081800/edocket.access.gpo.gov/2008/08-256.htm>

National Infant Immunization Week

April 19-26, 2008, National Infant Immunization week is an annual observance to highlight the importance of protecting infants from vaccine-preventable diseases and celebrate the achievements of immunization programs and their partners in promoting healthy communities.

More information at: www.cdc.gov/vaccines/events/niiw/default.htm

~~Parenting lessons don't~~

~~stop toddler tantrums~~

~~A new study shows that parent training programs fail to reduce behavioral problems in toddlers, suggesting that coaching on how to rear children may be a waste of time and money.~~

~~More information online at <http://www.physorg.com/news121070647.html>~~

~~Scans Show Culture Fundamentally Alters the Brain~~

~~This study provides the first neurological evidence that cultural differences extend to brain activity patterns.~~

~~For more information visit www.foxnews.com/story/0,2933,323928,00.html~~

University of California, San Francisco
Child Care Health Connections
1950 Addison Street, Suite 107
Berkeley, CA 94704-1182

CHANGE SERVICE REQUESTED