



California Childcare Health Program (CCHP)

E-News for

Child Care Health Consultants

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Greetings

The ECE world is in turmoil as budget cuts make life difficult for state and federally subsidized programs, and job losses make the lives of all child care providers families they serve, more uncertain. At the same time, there is hope that as President Obama takes office there will be a renewed focus on the needs of children and for quality ECE programs. We hope that in these tumultuous times you are all able to continue your work making ECE programs safer and healthier!

Announcements

CDC Warns of Salmonella Outbreak Caused by Contaminated Peanut Butter

The CDC is collaborating with public health officials in many states and the United States Food and Drug Administration (FDA) to investigate a multistate outbreak infections due to *Salmonella* serotype Typhimurium. Investigations suggest consumption of peanut butter is a likely source of this outbreak.

Based on available information, CDC and FDA recommendations include:

- Do not eat products that have been recalled and throw them away in a manner that prevents others from eating them
- Postpone eating other peanut butter containing products (such as cookies, crackers, cereal, candy and ice cream) until information becomes available about whether that product is safe
- For the latest information about recalled products, go to <http://www.fda.gov/oc/opacom/hottopics/salmonellatyp.html>.

New Health & Safety Materials From the California Childcare Health Program

The following Spanish forms are now available on the California Childcare Health Program Web site at www.ucsfchildcarehealth.org/html/pandr/formsmain.htm

1. Injury Report Form "Formulario de informe de lesiones" (PDF: 38KB; 1p)
2. Insect Repellent Consent "Permiso de padres o tutores para aplicar repelente de insectos al niño" (PDF: 89.9KB; 1p)
3. Seizure Care Plan "Plan de asistencia al niño en caso de padecer un ataque" (PDF: 79.7KB; 2pp)
4. Seizure Activity "Registro de Actividades en Caso de Ataques" (PDF: 19.9KB; 1p)
5. Special Health Care Plan "Plan de asistencia especial de salud" (PDF: 70.7KB; 3pp)
6. Sun-Smart Policy "Permiso de los Padres o Tutores Para Aplicar Protector Solar al Niño" (PDF: 37KB; 1p)

Resources

February is Children's Dental Health Month

The CDC has a resource on pediatric oral health, *Brush Up on Healthy Teeth: Simple Steps for Kids' Smiles*, which is available as a handout and a poster. There is information for parents on oral health. To receive hard copies send a request to brushup@cdc.gov. They are available online at www.cdc.gov/oralhealth/publications/factsheets/brushup

Food and Nutrition Services (part of the USDA) Releases New Nutrition Messages for Low-income Moms and Children

FNS has released a set of 16 core nutrition messages and supporting content (such as tips and recipes) in a new publication entitled, *Maximizing the Message: Helping Moms and Kids Make Healthier Food Choices*. In addition to conveying the messages and supporting content, this new resource provides:

- background information
- an overview of the developmental approach
- lessons learned from 30 focus groups with low-income mothers and children
- implementation approaches and evaluation guidance

Maximizing the Message: Helping Moms and Kids Make Healthier Food Choices, is available on the FNS website at: www.fns.usda.gov/FNS/corenutritionmessages/Maximizing.htm

From the National Academies Press: Early Childhood Assessment: Why, What, and How 2008

This book offers guidance on evaluating children in preschool programs, urges caution in implementing high-stakes assessments. Programs to increase the school-age children are now being asked to prove their worth, but excellent care and education of young children does not necessarily translate to performance in defined areas.

While a well-planned and effective assessment program can inform teaching and program improvement, it can be inappropriate and harmful to base high-stakes decisions on those that determine program funding or children's eligibility for services solely or primarily on assessments of young children. Children from minority cultures, English language learners, and children with special needs also present assessment challenges.

Early Childhood Assessment identifies important outcomes for children from birth to age 5, and how best to assess them in preschool, child care, and other early care programs. The book explores a variety of techniques and instruments for developmental assessment and points to the risks and the dangers of appropriating evaluation tools that are commonly used for older children.

Early Childhood Assessment informs and guides federal agencies, state governments, school systems, teachers, child care providers, parents, and others with an interest in ensuring that young children have the resources and opportunities to prepare them for success. Providing the tools they need to help children learn and to help invest wisely in services that offer significant value for young children, policy makers, and educators will especially find *Early Childhood Assessment* beneficial.

Bisphenol A in young children (< two years) following typical feeding schedules using a physiologically-based toxicokinetic model. Environmental Health Perspect. doi:10.1289/ehp.0800073.

Meta-Analysis of the Effects of Early Education Interventions on Cognitive and Social Development

The authors of this meta-analysis found that there are substantial positive cognitive benefits for children who attend preschool education programs prior to entering kindergarten. Positive results were also found for children's social skills and school progress. Designed to synthesize preschool outcomes from the broadest set of comparative studies to date, the conclusions of this meta-analysis by Gregory Camilli, Sadako Vargas, Sharon Ryan, and W. Steven Barnett are based on the results of 120 studies carried out over several decades. The article can be found at Teachers College Record at <http://nieer.org/docs/?DocID=245>.

Smoking in Pregnancy, Aggressive Children Linked

This study finds that pregnant women who smoke are at a higher risk of delivering physically aggressive children. The effects of heavy smoking during pregnancy (cigarettes/day) were greater when the mother also had a serious history of antisocial behavior. The researchers also found heavy smokers with annual incomes of less than \$40,000 had a 40-percent chance of having aggressive children, compared with 25-percent for mothers who were moderate or non-smokers. But when family income was greater than \$40,000, the gap between heavy smokers and moderate/non-smokers fell to 8 per cent. Sample sizes were small and the authors indicate that further research is needed to confirm the findings.

Huijbregts, S. C., Seguin, J. R., Zoccolillo, M., Boivin, M., & Tremblay, R. E. (2008). Maternal prenatal smoking, parental antisocial behavior, and early childhood aggression. *Dev Psychopathol*, 20(2), 437-453.

Antibacterial Personal Hygiene Products May Not Be Worth Potential Risks

Two active ingredients, triclocarban and triclosan, in personal hygiene products, including antibacterial bar and liquid soaps are no better than regular soap and do not reduce the spread of illness. Using human and animal cell lines, researchers found that triclocarban disrupts reproductive hormone activity and triclosan interferes with a signaling pathway that occurs in brain, heart and other cells. www.vpico.com/articlemanager/printerfriendly.aspx?article=221715

Pertussis is on the Increase in Infants

Approximately 2,700 infants aged younger than 1 year were hospitalized with pertussis in 2003. Of these hospitalizations, 86% occurred in infants aged 3 months or younger. Researchers emphasized that infants should receive their first dose of Tdap as soon as they reach the recommended age and should complete the series on time. An American Academy of Pediatrics Committee on Immunization Practices' recommendations for close contacts of infants and all adolescents and adults aged 65 years and younger to receive Tdap because adherence may help reduce the circulation of *Bordetella pertussis*.

Cortese, M. M., Baughman, A. L., Zhang, R., Srivastava, P. U., & Wallace, G. S. (2008). Pertussis Hospitalizations Among Infants in the United States, 1993 to 2003. *Pediatrics*, 121(3), 484-492.

Schools, Child Care, Not Providing Adequate Care for Food Allergic Children

A recent survey done by the University of Michigan Health System of 409 food allergic children or their guardians found that 42% had multiple allergic reactions at school or child care settings and 43% had symptoms consistent with the criteria for anaphylaxis established by the National Institute of Allergy and Infectious Diseases. Even when half of these children had allergy action plans, and epinephrine available, the plan was followed in only 25.2% of cases, and only 32% of the children received epinephrine. Study authors suggest that providing school personnel with action plans and medication may not be enough. School personnel need training to recognize symptom reactions and anaphylaxis, and to understand how accidental exposure to allergens may occur.

The researchers also compared treatment quality among children who attended facilities with nursing available vs. those where no nurse was on staff. The results were as follows:

- Received treatment at school, 47.2% vs. 34%.
- Had allergy action plan on file, 66.9% vs. 47.6%.
- Had allergy action plan followed, 62.2% vs. 39.2%.

Greenhawt MJ, McMorris MS, Furlong TJ. Self-reported allergic reactions to peanuts and tree nuts occurring at school and child care centers. #369. Presented at: Academy of Allergy, Asthma and Immunology Annual Meeting; March 14-18, 2008; Philadelphia. Reported in *Infectious Diseases in Children*, September 2008.

New GAO Report on Extent of Dental Disease in Children on Medicaid

Based on data from nationally representative data from the 1999 through 2004 NHANES surveys, this study finds one in three children in Medicaid had untreated tooth decay, one in nine had untreated decay in three or more teeth. Projected to 2005 enrollment levels, GAO estimates that 6.5 million children aged 2 through 18 in Medicaid have untreated tooth decay. Children in Medicaid remain at higher risk of dental disease compared to children with private health insurance; children in Medicaid were almost twice as likely to have untreated tooth decay. www.gao.gov/new.items/d081121.pdf

Accidental Child Poisonings Still a Major Problem

Despite advances in recent years, unintentional child poisonings remain an important public health concern. This study examined the rate of product-related poisonings in children < 5 years of age treated in US hospital emergency departments in 2004. Based on a national probability sample of US emergency rooms, the authors estimate 429.4 unintentional child poisoning cases per 100,000 children treated in US hospital emergency departments in 2004. Of these, 70% involved children 1 or 2 years of age. Other major product categories resulting in poisonings included cleaning products (11%), ointment preparations intended for external use (4.9%), and personal care products (4.7%). Approximately 54.7% of the poisonings involved products already subject to resistant packaging requirements under the Poison Prevention Packaging Act.

Franklin, R. L., & Rodgers, G. B. (2008). Unintentional child poisonings treated in United States hospital emergency departments: national estimates of incident case-based poisoning rates, and product involvement. *Pediatrics*, 122(6), 1244-1251.

Tom Keens, From the California SIDS Advisory Council, Comments on a Recent Study in Pediatrics

A study from the Center for Disease Control and Prevention (CDC), published in *Pediatrics* this month (February, 2009), shows that infant death rates from accidental suffocation and strangulation during sleep have increased four-fold from 1984 to 2004, with most of the increase occurring from 1996-2004 (14% increase in these deaths per same time, total sudden unexpected infant deaths fell 42% and SIDS deaths fell 62%). Of the infants who died from accidental suffocation or strangulation, the most common cause was believed to be overlaying in 34%, wedging or entrapment 14%, and suffocation by bedding in 14%. 51% of these infants were bedsharing at the time of death; 49% were not bedsharing, but the bedsharing status was unknown in 43%.

This study underscores the importance of the infant sleeping environment, and the fact that an unsafe sleeping environment can cause death. This study does not support bedsharing. However, 51% (perhaps even more) of those infants who died from accidental suffocation or strangulation were bedsharing at the time of death, and 3 deaths were believed to be due to overlaying. When you combine this information with the observation that adult beds are often unsafe (soft mattress, pillows, duvet covers), avoiding unsafe bedsharing is certainly an important message based on these study results. One of the dangers of bedsharing is the associated unsafe sleeping environment. Thus the simplest public health advice remains encouraging room sharing, but not bedsharing.

Shapiro-Mendoza, C. K., Kimball, M., Tomashek, K. M., Anderson, R. N., & Blanding, S. (2009). US infant mortality trends attributable to accidental suffocation and strangulation in bed from 1984 through 2004: are rates increasing? *Pediatrics*, 123(2), 533-539.

