

# 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)



## Preparing Young Children for Disasters

**C**aring for children when they are not with their parents is a huge responsibility. This is especially true in the event of a disaster. Consider the types of disasters your community might face. In California nearly every kind of disaster can occur. Depending upon where you live, you will need to prepare for those possibilities.

Young children may not understand the seriousness of a disaster, but talking to them about disasters in terms they can understand will help keep them safe. Imagine how a young child might react during a disaster. He or she may whimper, cry, scream, run away, want to be held, regress, refuse to cooperate, be immobile with fear or withdraw. Now imagine how that child might react if they have practiced how to respond. Teaching young children what to do in a disaster will help protect them from harm. Here are some things that can be taught:

**Evacuation** Use a special “emergency” rhyme or song, play a “line-up” game or have a special whistle or bell to gather children together for evacuation. Use simple, matter-of-fact words and a calm but serious tone when practicing with children.

**Duck, Cover and Hold** Talk about what happens in an earthquake. Demonstrate how to duck under a sturdy object such as a table, cover your head and neck with your arms and hold there until the shaking stops. Show children the safest places to be in each room in case of an earthquake. Use images or characters to help children understand, for example, give the command: “lizards crawl under your rocks” or “turtles go into your homes.”

**Move away from windows** Teach children to keep away from windows since they could get hurt from shattering glass.

**Crawl along the floor** Children can learn to crawl along the floor to avoid smoke inhalation in case of fire.

**Stop, Drop and Roll** Teach children this response to burning clothing.

### Resources and References:

Head Start Disaster Preparedness Workbook, <http://www.cphd.ucla.edu/headstart.aspx>

American Academy of Pediatrics, Children and Disasters [www.aap.org/disasters/child-care.cfm](http://www.aap.org/disasters/child-care.cfm)

NACRRRA, Children and Disasters, <http://www.naccrra.org/disaster/>

Emergency/Disaster Preparedness for the Child Care Center, CCHP, [http://www.ucsfchildcarehealth.org/pdfs/healthandsafety/EmergencyEN061406\\_adr.pdf](http://www.ucsfchildcarehealth.org/pdfs/healthandsafety/EmergencyEN061406_adr.pdf)

by Bobbie Rose RN

vol. 22 no. 1  
January +  
February 2009

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California Child Care  
**Healthline**  
[www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)



Happy New Year!  
Our best wishes for a  
happy, safe and healthy  
new year for you and  
all the children in  
your care.

*Child Care Health Connections* is published six times per year, providing up-to-date health and safety information for the child care community. PDF versions of past issues may be downloaded from our website at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

Due to cost increases, effective January 2009, *Child Care Health Connections* will be reduced in size from 12 to 8 pages. Contact us at (510) 204-0930 with any questions or concerns.

*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. Funding for the articles on safe pest management is provided by the California Department of Pesticide Regulation (DPR).

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

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#### Subscriptions, Renewals, Inquiries

Contact CCHP at (800) 333-3212 or [cchp@ucsfchildcarehealth.org](mailto:cchp@ucsfchildcarehealth.org).

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## Emergency Preparedness Plan



**I'm updating our emergency preparedness plan and it seems there are too many things to think of for just two drills a year as licensing requires. Any suggestions?**



While child care regulations require two emergency drills per year, monthly planning and drills may spread out the workload and improve preparedness. Below is a sample schedule. The list can be customized to fit your program, specific disaster threats in your community and at your site. Local emergency planners, fire and police departments can be called upon to help determine and solve specific threats. (The children will love seeing a fireman at your site!)

<b>SEPTEMBER</b>	Fire Drill-simple evacuation-prepare children and staff, inform parents of emergency plans, obtain parent and staff contacts, and out of state contacts, share yours with parents
<b>OCTOBER</b>	Earthquake-drop, cover, hold, review plans (LIC form 9148), staff assignments, survey site for hazards and fix
<b>NOVEMBER</b>	Shelter in Place- (for chemical/hazardous spill), identify working radio (batteries, crank, solar) and write emergency radio stations on radio, check procedures listed in the B1 section of the white pages of the phonebook.
<b>DECEMBER</b>	Fire-Blocked Exit-practice evacuation using another route from each room, the facility and from the premises
<b>JANUARY</b>	Earthquake-Evacuation to relocation site
<b>FEBRUARY</b>	Lock Down-update signs, signals, and communication for various emergencies, practice locking doors, drawing window shades, identify safe place in room.
<b>MARCH</b>	Fire-Smokey-have children and staff crawl out of building, charge fire extinguisher, check fire alarm batteries. Have children practice Stop, Drop and Roll
<b>APRIL</b>	Earthquake-Update parent and staff emergency contacts
<b>MAY</b>	Medical emergencies-review contents of first aid kits, and plans for children and staff with special needs. Review and renew first aid training
<b>JUNE</b>	Fire-Community-evacuation, learn about exposure to smoke from community fires
<b>JULY</b>	Earthquake-review and update supplies
<b>AUGUST</b>	Preparation-have staff review and update sketch of facility LIC form 999, update LIC forms 610

Essential planning tools are available from Community Care Licensing ([www.cclcd.ca.gov](http://www.cclcd.ca.gov)), including the mandated forms mentioned above as well as two great self assessment guides, Disaster Planning and How to Make Your Child Care Center a Safer Place for Children (links below). Healthline, 800-333-3212, also has appropriate handouts and can refer you to additional resources.

[www.cclcd.ca.gov/res/pdf/DisasterGuideforHomesCenters.pdf](http://www.cclcd.ca.gov/res/pdf/DisasterGuideforHomesCenters.pdf)

[www.cclcd.ca.gov/res/pdf/HowtoMakeChildCareCenterSafe.pdf](http://www.cclcd.ca.gov/res/pdf/HowtoMakeChildCareCenterSafe.pdf)

by Judy Calder, RN, MS

## Postpartum Depression

**P**ostpartum depression (PPD) is the most common medical problem in new mothers. It occurs in 10% to 20% of new mothers, and in 25% of young and socioeconomically disadvantaged mothers. It occurs in women from diverse cultures and in new fathers as well. Anxiety is a prominent feature of PPD. Unfortunately, fewer than half of cases of PPD are recognized and treated.

### What is PPD?

Many women get the “baby blues” after the birth of a baby; they may cry more easily, have trouble sleeping, feel irritable, sad, or anxious. These symptoms typically last for only a few days/weeks after birth. But for some women, the symptoms get worse and don’t go away. They may be unable to enjoy their infants, have fatigue, appetite problems, suicidal thoughts, thoughts of harming their infant, feelings of inadequacy as a parent, or difficulty concentrating.

### Why is PPD important?

Research shows that interactions between depressed new mothers and fathers and their babies may be impaired and the child’s development may be negatively affected. Infants as young as 3 months are very good at detecting their mother’s mood and changing their own behavior in response to it. For example, infants of depressed mothers vocalize less and make fewer positive facial expressions than infants of mothers who are not depressed.

Researchers have found that:

- Children whose mothers were depressed are at least twice as likely to develop long-term behavioral problems and have poorer cognitive performance at 4 years
- Depressed parents are less likely to engage in healthy feeding and sleep practices with their infants
- Depressed mothers are more likely to discontinue breastfeeding
- Toddlers of depressed mothers are more insecurely attached to their mothers.

### What can be done for mothers that you suspect may have PPD?

It is important to identify a potentially depressed mother and refer her for evaluation, diagnosis and treatment. Both psychotherapy and antidepressant medications are effective

treatments and treatment benefits both the mother and her children. For example, when depressed mothers receive medication for PPD, their children are less likely to be diagnosed with mental health problems themselves.

A screening tool, the EPDS-3, has been shown to be effective for identifying PPD. It includes three questions:

- I have blamed myself unnecessarily when things went wrong;
- I have felt scared or panicky for no very good reason;
- I have been anxious or worried for no good reason.

Women who report that they agree with these three statements some or most of the time should be referred. Every California county has a mental health crisis intervention number (see resources below); many of these numbers have someone available 24 hours a day.

ECE professionals can improve the lives of the children in their care by screening mothers for PPD and offering them referral information, offering information about mental health resources, providing educational materials about PPD (see resources below) and its effects on children and families, and tracking how depressed mothers and children are doing.

### Resources:

California County Mental Health Departments contact information:  
[www.dmh.ca.gov/docs/cmhda.pdf](http://www.dmh.ca.gov/docs/cmhda.pdf)

Depression during or after pregnancy: A Resource for Women, Their Families, and Friends  
<ftp://ftp.hrsa.gov/mchb/pregnancyandbeyond/depression.pdf>

Postpartum Support International, PSI Postpartum Depression Helpline: 1.800.944.4PPD  
<http://postpartum.net/>

Support for Postpartum Families flyer:  
<http://postpartum.net/wp-content/uploads/2008/06/psi-sp-en-family-brochure4.pdf>

Postpartum Depression Awareness Poster  
<http://postpartum.net/wp-content/uploads/2008/04/psi-awareness-poster.pdf>

by Vickie Leonard, RN, FNP, PhD



## Diabetes

**D**iabetes is a serious disease that causes high blood sugar and affects about 24 million Americans or about 8% of the population. The rate of new cases has increased by about 90 percent in the last decade. This increase is said to be a linked to obesity and sedentary lifestyles. Over time, high blood sugar can lead to heart disease, stroke, high blood pressure, blindness, kidney disease, nervous system damage, amputations and dental disease.

### Types of diabetes

- *Type 1* diabetes means that the body does not make insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. People with this form of diabetes need insulin every day. Young children with diabetes usually have type 1. At this time, there is no known prevention for type 1 diabetes.
- *Type 2* diabetes means the body does not make or use insulin well. It is the most common form of the disease--90 percent to 95 percent of new cases are type 2 rather than type 1. Many people with type 2 diabetes can control their blood sugar by eating healthy meals, following an exercise program, losing excess weight, and taking oral medication. Some people with type 2 diabetes may also need insulin to control their blood glucose. In the last decade, as the rate of type 2 diabetes has increased, the disease has begun to affect more children and adolescents. It is possible to take steps to prevent type 2 diabetes.
- Another type of diabetes can occur when a woman is pregnant. That is called *gestational diabetes*. It can cause complications in the pregnancy and raises a woman's risk and the child's risk of getting diabetes later.

### Risk factors for diabetes

You are at greater risk for diabetes if you have:

- A parent, brother or sister with type 2 diabetes
- A family background that is Alaska Native, American Indian, African American, Hispanic/Latino, Asian American, or Pacific Islander.

- A history of gestational diabetes
- High blood pressure
- High cholesterol
- Low activity level (exercise fewer than three times a week)
- History of cardiovascular disease
- Obesity

The more of these risk factor you have, the greater your risk for diabetes.

### Steps to lower your risk for type 2 diabetes

Research shows that people at risk for type 2 diabetes can prevent or delay getting the disease by

1. Making moderate diet changes like avoiding easily digested carbohydrates from white bread, white rice, potatoes, pastries, chips, sugared sodas, and other highly processed foods and eating more fiber such as whole grain breads and high-fiber breakfast cereals (without sugar.) Replace trans fats and saturated fats with healthy fats such as olive oil, canola oil, fish, seeds and nuts.
2. Modestly increasing physical activity such as walking 20-30 minutes a day five days a week.
3. Losing weight; even a small amount of weight will help lower your risk.

### Some people have type 2 diabetes and don't know it

Symptoms include: increased thirst, increased hunger, tiredness, increased urination, especially at night, weight loss, blurred vision or sores that do not heal. See your doctor if you have any of these symptoms, you are 45 or older, overweight or have one or more of the risk factors.

### Resources and References:

National Diabetes Education Program, [www.ndep.nih.gov/](http://www.ndep.nih.gov/)  
 Harvard School of Public Health, Nutrition Source, [www.hsph.harvard.edu/nutritionsource/](http://www.hsph.harvard.edu/nutritionsource/)  
 Centers for Disease Control and Prevention, [www.cdc.gov/diabetes/index.htm](http://www.cdc.gov/diabetes/index.htm)

by Bobbie Rose RN

## BOX OF FUN

### Fun ideas to build skills and knowledge for disaster preparedness:

- Plan a field trip to the fire station or have your local fire fighters visit your program.
- Provide for dress up and dramatic play with costumes for fire fighters, first responders and emergency workers.
- Develop a science theme with books and activities about earthquakes, tornados, floods, blizzards etc.
- Play games like follow-the-leader so that children can learn to move together in an orderly way.
- Play "turtle" and have children pretend to be turtles by crouching down, covering their heads and holding still.
- Play "lizards under rocks" and have children pretend to be lizards seeking shelter under a sturdy table.



## Dietary Fat and Healthy Choices

**T**here is a well established link between poor diet and various diseases, and one of the major contributors is over use of fat and oil. In addition to causing weight gain and obesity, eating too much fat or too much of the wrong type of fat may contribute to other serious health problems, including heart disease.

### Overweight children are at higher risk

Overweight children are at risk for type 2 diabetes, high cholesterol and high blood pressure— problems more commonly seen in adults. New studies also suggest that children who are overweight or have high cholesterol show early warning signs of heart disease.

### Not all fats are created equal

Fat has many important functions and is necessary for growth and development of young children. Dietary fat is needed for brain development and production of hormones. It is necessary for the absorption of the fat-soluble vitamins such as vitamins A, D, E and K, and is also the major storage form of energy in the body.

While fat is an essential part of our healthy diet, too much fat can cause health problems. Since some fats are more harmful than others, in addition to watching your total fat, you must also pay attention to the type of fat you are eating.

### Three major types of fats

There are three main types of fats found in food and oils.

1. **Unsaturated fats**, found in plant foods and fish, are seen as neutral or even beneficial. The best of them are:
  - A. **monounsaturated**, found in avocados and olive, peanut, sesame oil, most nuts and canola oils
  - B. **polyunsaturated**, found in most vegetable oils such as corn oil, cottonseed oil, sunflower, etc
  - C. **omega-3 fatty acids**, found in oily fish such as albacore tuna and salmon
2. **Saturated fats**, in which carbon atoms are fully hydrogenated, are found in meat and other animal products, such as butter, lard, cheese, and milk (also in palm and coconut oils). Eating too much saturated fat can raise blood cholesterol levels and increase the risk of heart disease.



3. **Trans fats**, come from adding hydrogen to vegetable oil, a process transforming them into a more solid state. They are found in stick margarine and commonly used in cakes, cookies and commercial snack and fried foods. Trans fat consumption has been linked to an increased risk of heart disease and needs to be avoided.

### Should your children eat only low- fat, low-cholesterol foods?

Since fat is an essential nutrient and fatty foods are not the lone culprit behind the obesity epidemic, it should not be severely restricted.

According to the American Academy of Pediatrics, if your child is younger than 2 years and overweight or has a family history of high cholesterol or heart disease, reduced fat dietary choices may be appropriate. Always check with your child's health care provider or registered dietitian before restricting fat in your child's diet.

For children between the ages of 2 and 5, provide foods with less saturated fat, trans fat and total fat. By age 5 their food choices, like yours, should include heart-healthy food like low-fat dairy products, skinless chicken, fish, lean red meats, whole grains, fruits and vegetables.

### References and Resources

Cholesterol: Should you worry about your child's levels? Fact Sheets for Families, online at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

Overweight and Obesity. Fact Sheets for Families, online at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

American Academy of Pediatrics (AAP) at [www.aap.org](http://www.aap.org)

by A. Rahman Zamani, MD, MPH



## Communication with Parents About Their Child's Developmental Delays

All parents are concerned about establishing a clear understanding and maintaining good communication with their child care providers/caregivers to facilitate the care of their child. When communication is frequently around difficulties in caring for the child, parents may become concerned that caregivers blame them for their child's problems. In addition, parents may be concerned that information shared with the caregiver might be used to discriminate against their child and family.

### Be Supportive

Parents rely on support from others around them (i.e. child care providers/teachers, health care providers, friends, and relatives.) They sometimes endure difficult communication about their child's delays, misbehavior and special needs. These discussions can cause anxiety and defensiveness. Alternatively, as a caregiver or teacher, you can lessen their nervousness by imparting your knowledge about early intervention. Sharing your opinion about all children is required and you are obligated to inform parents about their children's skills based on developmental milestones.

### Provide Information

As a child care provider you are responsible to educate and orient your parents to child development, operation, laws, policies, and of licensing procedures. They should be informed of your day-to-day operation in addition to health and safety, screening, observation, consents, confidentiality policy, emergency preparedness, updated information on community resources, and the benefits of early intervention for children with special need.

### Prepare for communication with parents

Prior to your meeting with parents about any child's developmental delays or special needs, carefully prepare yourself with the following:

- Observe the child in many settings and on many days, and document exactly what you see and hear that concerns you
- Be sure the child has been under your care enough time to feel comfortable with you and the environment (at least 30-45 days)
- Gather information from the child's Health History, Physical Examination, Dental Examination

- Screen all children using a valid and standardized developmental Screening Tool (e.g., Ages and Stages)
- Arrange for a private room in which to meet
- Have a copy of a parent consent form
- Invite the parent for a discussion/meeting
- Take into account cultural and language concerns
- Get community resources and referral options; make sure to have an agency's contact information
- Make an agenda for the meeting

A child care setting that is operating a developmentally appropriate program has happy children and, naturally, will have happy parents. Parents and knowledgeable caregivers/teachers together will develop respectful and trusting conditions so they can communicate easily.

### Initiate your communication

- Assure confidentiality on the discussions
- Share the items in your agenda
- Begin with talking about child development and the skills their child possesses, then discuss the areas that you and the parent need to work together on to help improve the child's development.
- Talk about early intervention and how it helps to better the child's skills
- Share the community resources that fit the needs of the child (The Regional Center or the School District)
- Ensure the parent of your willingness to assist and guide
- Be honest and factual.

Please remember that you are there to help the family take the next steps, and learn how to advocate for their child. Follow-up with parents and encourage them to have a voice for their child.

For more information contact CCHP 800-333-3212.

### Resources and References

The Hilton /Early Head Start Training Program, Sonoma State University, Training binder

by Tahereh Garakani, MA Ed



# Integrated Pest Management of Rodents in ECE settings

**R**odents are common pests in the United States. The most common rodent pests are the roof rat, the Norway rat, and the house mouse. Rodents can cause damage by gnawing, urination, defecation and nesting activities. They can also spread diseases and cause fires by damaging electrical equipment. To protect the health of children and staff in ECE settings, we need strong integrated pest management programs (IPM) to manage rats and mice.

## Why are rats and mice a problem?

Usually it's because humans are providing them with the food, water and shelter that they need. Rats often live in packs, so if you see one, there may be many. Rats can reproduce every 2-4 months. If not properly managed, a rat infestation will rapidly increase.

Rats and mice are most active at night. The first sign of rodents is often strange noises in the evening coming from the attic, inside walls or in ceilings. If you observe rodents in your environment during the day, you likely have a serious infestation.

## Managing rodent infestations:

Many people use poisons to get rid of rodents, but poisons will not solve a rodent problem unless a comprehensive IPM plan is put into place. If rodents are killed but habitat and food are still available, other rodents will likely move in to replace the dead ones. IPM strategies to control rodents include:

- **Careful inspection of the environment for signs of rodents:** rodent droppings around animal food dishes or other sources of food, burrows in the ground, evidence of nests under firewood. It is important to know whether you have roof rats or Norway rats in order to place traps or baits in the most effective locations (see CCHP's Health & Safety Note, Integrated Pest Management for Rodents).
- **Rodent-proofing:** prevent rodents from getting into buildings through holes in walls, around pipe entries, through sewer outlets, and under doors. This is the simplest approach to rodent control. Mice can fit through a hole as small as ¼-inch. Rats fit through a ½-inch hole.
  - Use metal flashing, hardware cloth and copper wool to seal floor drains, vents, holes, and gaps around pipes
- **Garbage management:** Garbage is the main source of food for rats in most areas.

- Store food waste in sealed plastic bags; place bags in rodent-proof containers.
- Clean garbage cans and dumpsters frequently to prevent the build-up of food waste.
- Keep dumpsters on a hard impermeable surface as far away as possible from the building.
- **Trapping is an important component of rodent control.** The snap trap is considered to be the most humane method of trapping rodents.
  - Place traps with the baited end perpendicular to walls so rodents will be caught approaching from either direction.
  - Rats are trap-shy and will avoid traps. To improve their effectiveness, put the traps out with bait, but do not set them for several days until the rats are used to them.

## Resources

CCHP Health & Safety Note, *Integrated Pest Management for Rodents*  
UC Davis IPM for Rats: [www.ipm.ucdavis.edu/PMG/PESTNOTES/pn74106.html](http://www.ipm.ucdavis.edu/PMG/PESTNOTES/pn74106.html)

by Vickie Leonard, RN, PhD

## Integrated Pest Management Grant and Survey

California Childcare Health Program has a new grant funded by the California Department of Pesticide Regulation to develop a curriculum and handouts for child care providers on integrated pest management (IPM). Our colleague, Dr. Bradman, at the University of California, Berkeley Center for Children's Environmental Health Research is conducting the first phase of this project by asking 2,000 randomly selected child care providers to complete a short survey about pesticide use and pest management practices in their facility. If you receive a survey in the mail, please complete it. If you don't receive a survey, you can go to the web site below and complete the questions. Your answers will help us learn about the kinds of pest problems faced by California child care facilities and the things we can do to help you keep these problems from harming our children. At the end of the survey, you can enter a drawing for a \$100 gift certificate. To complete the survey go to [www.childcareipm.info](http://www.childcareipm.info).



## health + safety resources

**MyPyramid for Preschoolers:** Use MyPyramid to help your preschooler eat well, be active, and be healthy. You can find information on creating a customized meal plan for the 2-5 year old child, as well as find resources on picky eaters, physical activity, food safety and healthy eating habits. [www.mypyramid.gov/preschoolers/index.html](http://www.mypyramid.gov/preschoolers/index.html)

**Lead in Mexican candy:** The California Poison Control System has launched English and Spanish websites to inform consumers about lead in Mexican candy. The sites contain current information on candy products tested for lead in California as well as education materials and resources for retailers.

English: [www.leadinmexicancandy.com](http://www.leadinmexicancandy.com);  
Spanish: [www.plomoendulcesmexicanos.com](http://www.plomoendulcesmexicanos.com)

**The American Academy of Pediatrics** *handout Preventing the Flu in 2008-2009: Strategies and Resources for Child Care Providers and Out-of-Home Caregivers* has been updated and is now available on the homepage of the Section Web site: [www.healthychildcare.org/](http://www.healthychildcare.org/).

**New Study Debunks Popular Belief That Kids Hate Veggies:** According to conventional wisdom, getting kids to eat their fruits and veggies is an uphill battle. But a new study released today by First 5 California shows that California preschoolers like a variety of fruits and vegetables as well as healthy drinks like milk. To help parents and caregivers of young children prepare healthy snacks and meals, First 5 California is releasing a free mini-cookbook filled with affordable and quick recipes developed by nutritionist and popular TV personality, Chef LaLa. Yummy for Your Tummy also features important nutritional information, tips on healthy portion sizes for kids, and instructions for reading nutrition labels. The bilingual recipe booklet is available free to all California families by calling 1-800-KIDS-025 or visiting [www.first5california.com](http://www.first5california.com).

**Keeping Children Safe: A Policy Agenda for Child Care in Emergencies:** The *Keeping Children Safe Report* is the beginning of a campaign to raise awareness, change policy, and ensure that the child care and emergency management communities can work together to protect the

nation's children during a time of crisis. The Report explains and details many complicated child care and disaster terms and regulations. Additionally, it outlines current child care and disaster policies, local, state, and federal policy recommendations, and next steps on how to move this initiative forward. Online at: [www.naccrra.org/disaster/docs/Disaster\\_Report.pdf](http://www.naccrra.org/disaster/docs/Disaster_Report.pdf)

**American Academy of Pediatrics (AAP) Literacy Kit:** This updated Literacy Toolkit is an interactive web-based resource designed to help health professionals encourage all parents to read with their children. The site is meant to introduce a wide variety of strategies and tools to support the mission of promoting child development and future school success. There are evidence based tips for parents available in a variety of languages for parents of all reading levels, posters, book lists for a variety of ages and topics, and links to many helpful resources. Many of these resources can easily be adapted for use by early childhood professionals. Visit the toolkit at [www.aap.org/literacy](http://www.aap.org/literacy).

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CHANGE SERVICE REQUESTED