



CALIFORNIA June 2010

## E-News for Child Care Health Consultants

CHILDCARE  
HEALTH  
PROGRAM

California Childcare Health Program (CCHP)  
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Do you have a question that you would like to ask other CCHCs working in the field? Or do you

have a comment to share with the group? To post your comments or questions on the CCHP-CCHC listserv [click here](#).

*The CCHP-CCHC eNews is a monthly newsletter that provides timely information about resources, reports, and research that inform the work of Child Care Health Consultants (CCHCs) working to improve the health and safety of children in early childhood education settings in California. Past issues are available at [www.ucsfchildcarehealth.org/html/healthline/enews.htm](http://www.ucsfchildcarehealth.org/html/healthline/enews.htm).*

## Greetings

Here at CCHP we are following the state budget negotiations with regard to health care, as well as child care, that will have huge implications for children in the state, especially those who are low income. Governor Schwarzenegger is proposing the wholesale elimination of some programs, such as the state's welfare-to work program and state funding for child care assistance, as well as cuts in others such as MediCal and Healthy Families that represent overall a 6.3% reduction in health and human services in the state. The California Child Care Resource and Referral Network has information on how you can help to save child care funding on their website here [www.rrnetwork.org/welcome/campaign-to-save-child-care-1.html](http://www.rrnetwork.org/welcome/campaign-to-save-child-care-1.html). At the same time, a recent report finds that in 2009, nearly 1 in 4 Californians under age 65 had no health insurance as unemployment grew from 5.7% two years ago to 12.3% in December, 2009. The good news is that the recent federal health care reform bill passed in Congress represents the biggest expansion of health coverage in 45 years. The bill is complicated and many are confused about what the bill will provide. Here is a summary of what the passage of the health care reform bill will mean for children in California.

## Provisions Taking Effect in 2010

- **Kids with health problems.** Insurers will be prohibited from excluding children with pre-existing health conditions from coverage. This provision will apply to all new plans, both those provided by employers and individual plans. This provision will be very important for children with chronic health conditions who make up 10% of all children. Adults will not receive this benefit until 2014.
- **Children's health insurance program.** Kids' eligibility for the popular CHIP (Children's Health Insurance Program), which helps lower-income families, must be maintained

under the bill. States, even those facing budget shortfalls, will not be able to cut children from the program until 2019.

- **Wellness program.** Under bill language, "qualified health plans" will have to provide immunizations and other preventive health services for infants, children, and adolescents with no co-pays or deductibles.
- **New consumer protections.** Insurance companies will no longer be able to place lifetime caps on policies, or drop a patient if s/he gets sick.
- **Home visiting programs.** The bill also provides funding for evidence-based home visiting programs for families with infants and young children and for intervention programs for mothers with depression.

**Beginning in 2014**, individuals and families will be required to have health insurance. Those who are low income but do not qualify for Medicaid will qualify for government credits to help them purchase insurance. Families with incomes at or below 133% of poverty level will be eligible for Medicaid. We encourage you to follow developments in the state and advocate for children. In addition to the state budget negotiations, there are a number of health bills currently in the California State Legislature that are intended to implement and improve certain provisions in the federal health reform law and prepare the state for other provisions contained in the law. The Health Access website is a good source of up-to-date information, [www.health-access.org](http://www.health-access.org). (For a good summary of the proposed state budget cuts see <http://health-access.org/files/preserving/CA%20Budget%20Seeks%20to%20Limit%20Access%2005-19-10.pdf>.)

## **Announcements**

### **Pertussis Cases on the Rise, Immunization Urged for Adults as Well as Children**

Almost twice as many pertussis cases have been reported in California in the first quarter of 2010 compared with the same time period last year. Two infants have died.

The California Department of Public Health calls for efforts to ensure that all age groups are appropriately vaccinated against this disease to protect the most vulnerable, particularly very young infants. For more information, see <http://cdph.ca.gov/Pages/NR10-027.aspx>.

### **Recent Recalls Affecting Young Children**

Recalls have been announced for Children's and Infants' Tylenol, Motrin, Zyrtec, and Benadryl; Graco Harmony High Chair; baby slings and Evenflo Top-of-the Stairs Plus Wood Gates. After multiple recalls, a new ban is expected on drop-side cribs. Recall information is also available on CCHP's website [www.ucsfchildcarehealth.org/html/healthline/health\\_safety\\_alerts.htm](http://www.ucsfchildcarehealth.org/html/healthline/health_safety_alerts.htm)

- **Infant/children OTC liquid medications.** McNeil

Consumer Healthcare, in consultation with the U.S. Food and Drug Administration (FDA), is voluntarily recalling all lots that have not yet expired of certain over-the-counter (OTC) Children's and Infants' liquid products manufactured in the United States. Parents and caregivers should not administer these products to their children. Some of the products included in the recall may contain a higher concentration of active ingredient than is specified; others may contain inactive ingredients that may not meet internal testing requirements; and others may contain tiny particles. While the potential for serious medical events is remote, the company advises consumers who have purchased these recalled products to discontinue use. Consumers can contact the company at 1-888-222-6036 and also at [www.mcneilproductrecall.com](http://www.mcneilproductrecall.com).

- **Baby slings.** In March, the CPSC warned parents and caregivers of the dangers of infant slings <http://cpsc.gov/cpscpub/prerel/prhtml10/10165.html>. The agency reports at least 14 deaths have occurred in slings over the past two decades. Slings can pose two different types of suffocation hazards to babies. In the first few months of life, babies cannot control their heads because of weak neck muscles. The sling's fabric can press against an infant's nose and mouth, blocking the baby's breathing and rapidly suffocating a baby within a minute or two. Additionally, where a sling keeps the infant in a curled position bending the chin toward the chest, the airways can be restricted, limiting the oxygen supply. The baby will not be able to cry for help and can slowly suffocate. After the warning, about the potentially lethal suffocation and fall risks of using baby slings, Infantino recalled more than 1 million Wendy Bellissimo and SlingRider models linked to the deaths of at least three babies. Consumers should stop using these carriers immediately and contact Infantino at (888) 808-3111 to return them and receive a free replacement product. See <http://cpsc.gov/CPSCPUB/PREREL/prhtml07/07137.html> for more information.
- **High chairs.** The Graco Harmony High Chair was recalled due to 464 reports of screws loosening/falling out and/or plastic brackets cracking causing the high chair to tip over unexpectedly, causing injuries. To order a free repair kit, contact Graco toll-free at (877) 842-3206 or visit the firm's Web site at [www.gracobaby.com](http://www.gracobaby.com).
- **Baby gates.** Evenflo has received 142 reports of slats breaking and/or detaching from models 10502 and 10512 Top-of-Stair Plus Wood Gates, allowing children access to stairs. The model number can be found on the bottom rail. Contact Evenflo at (800) 356-2229 to obtain a free newer model 10503 or 10513 Top-of-Stair™ Plus Wood replacement gate.
- **Drop-side cribs to be banned.** The Consumer Product Safety Commission has announced the results of its investigation of drop-side cribs and has concluded that they

are *not as safe as regular cribs*. More than 7 million drop-side cribs have been recalled in the past five years. Since 2000, drop-side cribs were the cause of at least 32 infant and toddler deaths, and the suspected cause in another 14 deaths. The infants suffocated or were strangled in the cribs. The chairman of The Consumer Product Safety Commission, which regulates cribs, has pledged to ban the manufacture and sale of these cribs by the end of the year with a new standard that would make fixed-side cribs mandatory. But it could be several months into 2011 before the new standard becomes effective, and many of the cribs are still in use. If a child care provider is using a drop-side crib, make sure they are used and assembled properly. There should not be more than a one or two finger width space between the mattress and the side of the crib. Do not use any crib with missing, broken, or loose parts. Make sure to tighten hardware from time to time to keep the crib sturdy and do not repair cribs with broken mechanisms; infants have died in cribs that were repaired.

## Resources

### **Website Supports Childcare Providers in Implementing Inclusive Practices for Children with Disabilities**

The newly updated and expanded Map to Inclusive Child Care website is geared toward providing resources to support childcare providers in implementing inclusive practices for children with disabilities from birth to 21 years of age in their programs. However, the site provides comprehensive resources useful to all families and professionals involved with children with disabilities. Visit the web site at [www.cainclusivechildcare.org](http://www.cainclusivechildcare.org).

### **New Resources on How Stress, Poverty and Early Experiences Affect Brain Development.**

New fact sheets written by **Harvard's National Scientific Council on the Developing Child** and an online slideshow describe how stress, poverty and early experiences affect the developing brain.

- **The Long Reach of Early Childhood Poverty: Pathways and Impacts** This fact sheet, in FAQ format, describes what exactly it is about poverty that causes problems, why serious adversity early in life can weaken the architecture of the developing brain, what innovative solutions can help, and more.
- **The Impact of Early Adversity on Children's Development** This fact sheet outlines basic concepts from the research on stress, which show that major adversity can weaken developing brain architecture and permanently set the body's stress response system on high alert. Science also shows that providing stable, responsive environments for children in the earliest years of life can prevent or reverse these conditions, with lifelong

consequences for learning, behavior, and health  
<http://developingchild.harvard.edu/initiatives/council/>

- **New online slideshow explains how epigenetic modification can shape development.** A new interactive feature on the Center's Web site describes and explains in simple terms how early experiences get into the body and change how genes are expressed, with lifelong consequences on developing organs, including the brain. Using an easy-to-follow slideshow format, this feature illustrates key scientific concepts from the Council's latest Working Paper, titled "*Early Experiences Can Alter Gene Expression and Affect Long-Term Development*," including how research has shown that environmental factors and early experiences have the power to chemically mark genes and control their functions.

[http://developingchild.harvard.edu/library/multimedia/interactive\\_features/gene-expression/](http://developingchild.harvard.edu/library/multimedia/interactive_features/gene-expression/)

### **Extending Home Visiting to Family, Friend and Neighbor Caregivers and Family Child Care Providers**

As part of its [Charting Progress for Babies in Child Care](#) project, the Center for Law and Social Policy (CLASP) recently has issued a report and presented a webinar that examine how home visiting programs are serving children in family, friend, and neighbor care and family child care. Home visiting programs have been shown to improve outcomes for young children. The federal health care reform bill included \$1.5 billion over five years for *home visiting programs* that provides services such as parent education, health screenings for children and other critical supports for vulnerable families. The policy report presents findings from CLASP's interviews with major national models of home visiting and other stakeholders. The webinar, *Extending Home Visiting to Family, Friend, and Neighbor Caregivers and Family Child Care Providers*, presented findings from CLASP's interview project with national home visiting models and other stakeholders. Information provided in the webinar included detailed considerations for implementing home visiting with family, friend, and neighbor (FFN) caregivers and family child care (FCC) providers, such as matters of curricula, staffing, and service referral. The webinar also reviewed opportunities that result from serving FFN and FCC, concluding with recommendations for states. A transcript and audio recording of the webinar, as well as slides from the presentation and additional resources, are available at:

[www.clasp.org/issues/pages?type=child\\_care\\_and\\_early\\_education&id=0020](http://www.clasp.org/issues/pages?type=child_care_and_early_education&id=0020). The report is available at: [www.clasp.org/admin/site/publications/files/](http://www.clasp.org/admin/site/publications/files/).

### **Effects of Nature on Children's Health**

The National Environmental Education Foundation's (NEEF) Children and Nature Initiative ([www.neefusa.org/health/children\\_nature.htm](http://www.neefusa.org/health/children_nature.htm)) addresses two important issues—preventing serious health conditions like obesity and diabetes and reconnecting children to nature. A

growing body of research indicates that unstructured outdoor activities may improve children's health by increasing physical activity, reducing stress, and serving as a support mechanism for attention disorders. For more information, please see the Children's Health and Nature Fact Sheet

<http://www.neefusa.org/assets/files/NIFactSheet.pdf> which highlights key studies from the literature review NEEF conducted. [www.neefusa.org/health/children\\_nature.htm](http://www.neefusa.org/health/children_nature.htm)

### **New Inclusion Materials**

The Education Law Center recently released two new policy briefs, with support from the Pew Charitable Trusts:

- *Including Children with Disabilities in State Pre-K Programs* (February 2010)  
[www.edlawcenter.org/ELCPublic/Publications/PDF/PreKPolicyBrief\\_InclusionChildrenWithDisabilities.pdf](http://www.edlawcenter.org/ELCPublic/Publications/PDF/PreKPolicyBrief_InclusionChildrenWithDisabilities.pdf). Provides an overview of the Individuals with Disabilities Education Act (IDEA) and recommends policies to help ensure that preschool-aged children with disabilities receive an appropriate public education in the least restrictive environment.
- *Access to Pre-K Education Under the McKinney-Vento Homeless Assistance Act* (February 2010)  
[www.edlawcenter.org/ELCPublic/Publications/PDF/PreKPolicyBrief\\_AccessToEducation.pdf](http://www.edlawcenter.org/ELCPublic/Publications/PDF/PreKPolicyBrief_AccessToEducation.pdf). Provides an overview of the McKinney-Vento Homeless Assistance Act and discusses policies that can help to increase the number of homeless children in pre-k programs.

### **New Online Video Series on Preventing Injuries to Children With Special Needs**

Safe Kids and the [MetLife Foundation](http://www.metlifefoundation.org) have partnered to bring you a series of safety videos highlighting how to help prevent injuries to children with physical, developmental or cognitive disabilities. The series profiles [three families](#), all of whom have a child with a different special need. The focus of the videos includes [fire and burn prevention](#), drowning, choking and falls prevention. It will help viewers learn safety guidelines and step-by-step instructions geared towards making safety improvements in the home. [www.safekids.org/safety-basics/special-needs/](http://www.safekids.org/safety-basics/special-needs/)

### **American Academy of Pediatrics Offers Sound Advice on Autism**

Audio interviews with developmental pediatricians, neurologist, autism researchers, parents and other advocates answer common questions about autism spectrum disorders. Parents can listen first-hand as experts answer questions about autism spectrum disorders such as:

- What causes autism? How common is it?
- What are the early signs of autism?
- How can families learn about early intervention services in their area?

- What are the most effective therapies for autism?
- What guidance would you offer parents who want to explore complementary and alternative therapies?

Listen to Sound Advice on Autism at  
[www.aap.org/audio/autism/](http://www.aap.org/audio/autism/).

### **New Fetal Alcohol Spectrum Disorders (FASDs) Fact Sheet Available**

This new FASDs fact sheet, available from the AAP, contains information about types of FASDs, diagnosis and treatments, Web resources, and information on FASD Regional Training Centers. The fact sheet encourages pediatricians and others to consider FASDs when evaluating children with developmental problems, behavioral concerns or school failure.

[www.medicalhomeinfo.org/downloads/pdfs/fasdfactsheet.pdf](http://www.medicalhomeinfo.org/downloads/pdfs/fasdfactsheet.pdf)

### **Promoting the Health and Safety of Infants and Toddlers in Child Care**

As part of its Charting Progress for Babies in Child Care project, CLASP recommends that states promote the health and safety of infants and toddlers in child care. New resources on this recommendation are now available. Users can access a wide range of information, including research to "make the case" for promoting infant/toddler health and safety; a research bibliography; policy ideas for states; state examples; and online resources. [www.clasp.org/babiesinchildcare/recommendations?id=0008](http://www.clasp.org/babiesinchildcare/recommendations?id=0008)

### **Hunger Doesn't Take a Vacation: Inform Families About the Summer Food Service Program (SFSP)**

The SFSP is a *100 percent federally funded program* which provides free meals that meet federal nutrition guidelines to all children (0-18) at approved SFSP sites (which must be located in areas with significant concentrations of low-income children) and prevents hunger when schools are out. Child care programs can play an important role in reminding families about Summer Food sites in the neighborhood, and urging them to take advantage of these free meals, especially in these hard economic times. [Please download outreach materials](#), parent flyers and share with families, community organizations and businesses. The Center for Research on Women and Families has joined with organizational leaders from throughout California to form the **Summer Meal Program Coalition**, a new network devoted to increasing access and utilization of SFSP where it's needed most. [Participate in their free Summer Food webinars.](#)  
[www.ccrwf.org/wp-content/uploads/2009/06/sfsp-packet-ff.pdf](http://www.ccrwf.org/wp-content/uploads/2009/06/sfsp-packet-ff.pdf)

## **Reports**

### **New Resources From the Administration for Children and Families (ACF) to Support Quality in ECE**

The Administration for Children and Families (ACF) has adopted a high-priority goal to advance the quality of early and school-age care and education programs. The ACF is working to support States, communities, programs, teachers, and staff in moving

up the pathways to excellence. A key part of this effort in the coming years will be to work with States and other partners to expand the number of States with effective, well-implemented quality rating and improvement systems (QRIS). The ACF announces the release of the following new resources and tools to support QRIS development.

- The *Quality Rating and Improvement System Resource Guide* by the National Child Care Information and Technical Assistance Center (NCCIC), a service of the Child Care Bureau, is a Web-based tool for States and communities to explore QRIS issues and decision points during planning and implementation. Topics range from the initial design process to evaluation. Visit <http://nccic.acf.hhs.gov/qrisesresourceguide/index.html>.
- The **Cost Estimation Model (CEM)** is a Web-based tool to project QRIS costs. Users can generate reports that compare the costs of various implementation assumptions, and the options for launching a pilot, a phased-in approach, or a fully implemented QRIS. Developed by NCCIC, and based on a tool designed by Anne Mitchell of the Alliance for Early Childhood Finance, this resource is available initially to Child Care and Development Fund Administrators and ACF Regional Program Managers.
- The Office of Policy, Research and Evaluation's *Compendium of Quality Rating Systems and Evaluations* provides a comprehensive analytic assessment of QRIS elements and a comparison of QRIS characteristics for every State and locality implementing a QRIS across the country. Look for this report at [www.acf.hhs.gov/programs/opre/cc/childcare\\_quality/index.html#reports](http://www.acf.hhs.gov/programs/opre/cc/childcare_quality/index.html#reports).

## Research

### **Study Cites Risks to the Community of Intentionally Not Vaccinating Against Measles**

An intentionally unvaccinated 7-year-old boy who was unknowingly infected with measles returned from Switzerland to his home in Southern California, resulting in the exposure of 839 people, 11 additional cases (all in unvaccinated children), and the hospitalization of an infant too young to be vaccinated. This constituted the largest outbreak of measles in San Diego, California, since 1991. The study is a reminder to parents that opting not to vaccinate a child can put entire communities at risk, including infants who are too young to vaccinate.

Sugerman, D. E., Barskey, A. E., Delea, M. G., Ortega-Sanchez, I. R., Bi, D., Ralston, K. J., et al. Measles Outbreak in a Highly Vaccinated Population, San Diego, 2008: Role of the Intentionally Undervaccinated. *Pediatrics*, 125(4), 747-755.

### **Home Visiting Improves Outcomes**

Nurse visitation programs for at risk children show benefits, even 12 years later, both to the children who have less

substance abuse, less internalizing of problems such as anxiety and depression, and better school performance, as well as to their mothers, who also report less involvement with substance abuse and longer relationships with their partners. Olds DL, Kitzman HJ, Cole RE, et al. (2010) Enduring effects of prenatal and infancy home visiting by nurses on maternal life course and government spending: follow-up of a randomized trial among children at age 12 years. *Arch Pediatr Adolesc Med.*;164(5):419-424.

### **Visual Appeal Boosts Fruit Consumption**

In this study, children ate twice as much fruit when it was presented in a visually appealing way. Jansen, E., Mulkens, S., & Jansen, A. (2010) How to promote fruit consumption in children. Visual appeal versus restriction. *Appetite.*, epub ahead of print.

### **Breast-feeding Leads to Better Self-regulation of Food Intake**

CDC researchers found that babies who are breast-fed in early infancy can better self-regulate their milk intake in late infancy compared with babies who were bottle-fed, which could explain previous research linking breast-feeding to lower obesity rates. The study supports the importance of learning to recognize an infant's cues signaling fullness and to respect those cues.

Li, R., Fein, S. B., & Grummer-Strawn, L. M. Do Infants Fed From Bottles Lack Self-regulation of Milk Intake Compared With Directly Breastfed Infants? *Pediatrics*. Epub ahead of print.

### **Spanking Found to Increase Risk of Aggressiveness in Children**

This study finds that even minor forms of corporal punishment (CP), such as spanking, increase the risk for increased child aggressive behavior. Importantly, these findings cannot be attributed to possible confounding effects of other maternal parenting risk factors. This study adds to the growing body of literature suggesting that parental use of CP may lead to increased child aggression. This evidence base suggests that primary prevention of violence can start with efforts to prevent the use of CP against children.

Taylor, C. A., Manganello, J. A., Lee, S. J., & Rice, J. C. Mothers' Spanking of 3-Year-Old Children and Subsequent Risk of Children's Aggressive Behavior. *Pediatrics*, 125(5), e1057-1065.

### **Drug Errors More Common With Dosing Cups**

Most preventable adverse drug events in pediatric outpatients are attributable to errors in medication administration. Dosing devices are not "health literate" because of their high degree of variability and complexity. In this study, dosing errors by parents were significantly more frequent with cups compared with droppers, spoons, or syringes, with more than 99% of errors involving overdosing.

Yin, H. S., Mendelsohn, A. L., Wolf, M. S., Parker, R. M., Fierman, A., van Schaick, L., et al. Parents' Medication Administration

Errors: Role of Dosing Instruments and Health Literacy. *Arch Pediatr Adolesc Med*, 164(2), 181-186.

### **Environmental Exposures to Pollution Exacerbated by Stress**

This is the first toxicological study to examine how chronic stress modifies the effect of fine particle air pollution on respiratory function. Higher exposures to traffic-related air pollution were associated with a rapid, shallow breathing pattern only among chronically stressed rats. The findings suggest that changes in the immune and inflammatory responses of stressed rats may play a role in making them more susceptible to effects of air pollution. The results are consistent with human studies that report stronger health effects of air pollution among those who experience higher levels of social stressors, such as exposure to violence. This work may shed insight on existing health disparities since lower income populations often experience higher levels of environmental exposures and social stressors.

Clougherty, JE, CA Rossi, J Lawrence, MD Long, EA Diaz, R Lim, B McEwen, P Koutrakis and JJ Godleski. 2010. Chronic social stress and susceptibility to concentrated ambient fine particles in rats. *Environmental Health Perspectives*  
<http://dx.doi.org/10.1289/ehp.0901631>

### **Pesticide Exposure Linked to ADHD in Children**

Children exposed to higher levels of pesticide found on commercially grown fruit and vegetables in the United States were more likely to have ADHD in this study. Researchers in the United States and Canada studied data from 1,139 children aged between 8 and 15 and found that children with higher residue levels of pesticides known as organophosphates were roughly twice as likely to have ADHD. The study adds to the accumulating evidence linking higher levels of pesticide exposure to adverse developmental outcomes.

Bouchard, Maryse F., Bellinger, David C., Wright, Robert O., Weisskopf, Marc G. (2010) Attention-Deficit/Hyperactivity Disorder and Urinary Metabolites of Organophosphate Pesticides *Pediatrics*. 0: peds.2009-3058

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