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E-News for Child Care Health Consultants

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.

Greetings

School is starting soon so it is a good time to provide information for parents about immunizing their children. Increasing numbers of parents are refusing to immunize their children, or delaying immunizations. A recent study in *Pediatrics* (Freed, 2010) reported that in a nationally representative sample of 2521 parents of children under 17, most parents agreed that vaccines protect their child(ren) from diseases; however, more than half of the respondents expressed concerns regarding serious adverse effects; 25% felt that vaccines caused autism in healthy children and, overall, 11.5% of the parents had refused at least one recommended vaccine. California is particularly lenient about allowing parents to opt out of vaccinating their children. In order to opt out, parents simply sign the California School Immunization Record and claim a personal belief exemption (PBE) saying they have a philosophic or religious opposition to vaccination. This is causing a resurgence of vaccine-preventable disease outbreaks. The current epidemic of pertussis in California, which has killed five infants too young to be immunized so far this year, is only the most recent example. It is important for ECE professionals to be able to talk to parents about the reasons to immunize their children. Perhaps we need to emphasize more that immunizing our children is a contribution to the public health of our communities. Immunizations protect not just our own children but also those infants too young to be immunized and persons, for example cancer patients, who are immune-suppressed or those for whom vaccines don't confer full immunity. Our upcoming September-October newsletter will have immunization as its theme. Children's Hospital of Philadelphia has a wonderful Vaccine Education Center online at www.chop.edu/service/vaccine-education-center/home.html. In particular, there is a two part video available on their website that addresses parents' questions about vaccines. It is a great resource for explaining to parents the importance of vaccinating their children. The second, *Vaccines: Separating Fact from Fear*, specifically addresses parents' fears about vaccines. It can be viewed at www.chop.edu/video/vaccine-separating-fact-from-fear/home.html. We encourage you to take up immunization education as a goal for the new school year!

Announcements

Whooping Cough Hits Epidemic Levels in California

Public health officials are encouraging all adults who care for infants to get a Tdap booster, as well as assuring that all children are up-to-date on their pertussis immunizations.

The Department of Pesticide Regulation Releases New Study on Pests and Pesticide Use in California Child Care Centers

A new survey of California's child care centers finds that 90 percent of the

surveyed child care centers reported a pest problem, and nearly half of them used potentially harmful pesticides such as foggers and sprays. Further, more than half of the surveyed centers are ignoring, or are unaware of, state regulations in the Healthy Schools Act that require them to notify parents that they are using potentially dangerous pesticides. The study was conducted by researchers at the Center for Children's Health Research at the UC Berkeley School of Public Health.

While it's not against state law for child care centers to use foggers and sprays, they must report to the state and to parents if they are using them, and how frequently. Yet 24 percent of the 637 centers that responded to the survey did not notify parents, and 35 percent did not post warning signs. The California Department of Pesticide Regulation warns that the use of pesticide foggers and sprays could expose staff and children to harmful chemicals. Pesticides are usually neurotoxins that can have both long and short-term health effects, especially on children. The Healthy Schools Act encourages child care centers to adopt integrated pest management practices for dealing with pests, a commonsense approach that uses least harmful methods for dealing with pests. Most surveyed centers said they had never heard of IPM. The survey report is available online at http://apps.cdpr.ca.gov/schoolipm/childcare/pest_mgt_childcare.pdf.

Further Crib Recalls Announced

The Consumer Product Safety Commission has announced the recall of more than 2 million cribs by Evenflo, Delta, and five other manufacturers. The recall increases to about 9 million the number of cribs recalled in the last five years. The CPSC is getting ready to issue a ruling widely expected to end the sale of drop-side cribs. Major retailers, such as Walmart and Toys 'R' Us, no longer carry these products for safety reasons. Hardware on these cribs is of poor quality and if it breaks or loosens, it creates a dangerous gap between the crib and the mattress, allowing a child to fall out of the crib or to become trapped between the mattress and the crib, possibly leading to suffocation.

Drop sides are not the only problem with cribs. Some of the cribs in the recent recall are stationary-side cribs that can be assembled upside down, creating a potentially deadly entrapment danger. Other problems with the cribs include wooden slats that break and mattress supports that break or come loose. Cribs included in this recent recall include:

- About 750,000 Jenny Lind cribs made by Evenflo
- About 747,000 Delta cribs made by Delta Enterprise
- About 306,000 Bonavita, Babi Italia, and ISSI cribs made by LaJobi Inc.
- About 156,000 Million Dollar Baby cribs made by Bexco Enterprises
- About 130,000 Jardine cribs made by Jardine Enterprise Ltd.
- About 50,000 Simmons cribs made by Simmons Juvenile Products
- 40,000 to 50,000 drop-side cribs and an unknown number of stationary-side Child Craft brand cribs made by Child Craft Industries Inc. (now out of business; the recall does not extend to cribs made by Foundations Worldwide Inc., which purchased the "Child Craft" name)

For complete information on these products, including the model numbers and specific model names, see the [CSPC](#) web site.

Dangers of Open Windows for Young Children

Opening windows to enjoy the warmer temperatures may seem harmless, but windows have proven to be sources of injury and death for young children. Falls increase dramatically in the spring and summer months. The U.S. Consumer Product Safety Commission (CPSC) data indicate that, on average, about eight deaths occur yearly to children five years or younger while an estimated 3,300 children five and younger are treated each year in U.S. hospital emergency departments. To help prevent injuries and tragedies, CPSC recommends the following safety tips:

- Install window guards to prevent children from falling out of windows. (For windows on the 6th floor and below, install window guards that adults and older children can open easily in case of fire.)
- Install window stops so that windows open no more than four inches.
- Never depend on screens to keep children from falling out of windows.
- Whenever possible, open windows from the top — not the bottom.
- Keep furniture away from windows, to discourage children from climbing near windows.
- Some jurisdictions require landlords to install guards. Check your local regulations.

For more information, see CPSC's web site
www.cpsc.gov/cpsc/pub/prerel/prhtml10/10294.html.

Resources

AAP's New Website for Parents

HealthyChildren.org provides support, resources and information on child health to enable parents to better care for their children. Recent features include educational videos on using "asthma gadgets" available at www.healthychildren.org/English/health-issues/conditions/allergies-asthma/Pages/default.aspx.

New AAP Web Page on Pandemic Flu

The focus of this page is to offer training information and ideas for the child care community. "Preparing Child Care Programs for Pandemic Influenza" is available at www.aap.org/disasters/pandemic-flu-cc.cfm. In addition, the AAP Children and Disasters Web site is a comprehensive source of information on AAP and other resources related to pediatric emergency preparedness. See www.aap.org/disasters/index.cfm.

More Concerns About Bisphenol A (BPA)

The Environmental Protection Agency announced 3/29 that it is intensifying its look at how BPA affects the nation's wildlife and water supply and will add the compound to its list of "chemicals of concern." Earlier this year, the U.S. Food and Drug Administration, which regulates the chemical's effects in food contact items, reversed its position on BPA. That agency declared it had some concern about the chemical's effects on the brain, behavior and prostates of fetuses, infants and young children. The National Institutes of Health announced in October 2009 that it would spend \$30 million in federal stimulus money to study the chemical's effects. Some six billion pounds of BPA are produced each year, and more than one million pounds of BPA are released into the environment each year, according to the EPA. Trace amounts of the chemical have been found in 93% of Americans tested. Hundreds of studies have found that the chemical, which acts like a hormone, can damage cells in lab animals in extremely low doses.
www.jsonline.com/watchdog/watchdogreports/89485472.html

More Concerns About the Health Effects of Triclosan, an Antibacterial Ingredient

Federal regulators are concerned about the potential for antibiotic resistance and endocrine disruption from human exposure to triclosan, an antibacterial ingredient found in numerous consumer products including soaps, hand sanitizers, body washes, cutting boards, and toys. The FDA says existing data raise valid concerns about the effects of repetitive daily human exposure to triclosan. See the full article in Chemical & Engineering News <http://pubs.acs.org/cen/news/88/i16/8816news1.html>.

FDA Cautions About Dosing Errors by Parents/Caregivers Giving Vitamin D

Some liquid Vitamin D supplement products are sold with droppers that could allow parents to accidentally give harmful amounts of Vitamin D to their infant. The American Academy of Pediatrics has recommended a dose of 400 International Units (IU) of Vitamin D Supplement per day to breast-

fed and partially breast-fed infants (AAP Pediatric Nutrition Handbook, 6th edition, p.466). The easiest way to insure that an infant will not get more than the recommended dose is to use a product supplied with a dropper that will give no more than 400 IU per dose. If a caregiver cannot clearly determine the dose of Vitamin D that should be given to an infant or has any other questions, FDA recommends consulting with a healthcare provider before giving any of these products to an infant. Excessive amounts of Vitamin D can be harmful to infants.

www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm215523.htm

New Resource for Finding Health Insurance

Based on the new health care reform law, a new online website has been launched, www.HealthCare.gov, for consumers to find insurance options in their state. Available to help millions who need insurance find it, and as a resource for those who want to shop around for new options or find out their new benefits under the new law. This site provides info on new insurance pools for people with serious medical conditions who had previously been unable to get insurance.

New Developmental Screening Resources from Healthychildcare.Org

This issue of the HealthyChildcare newsletter includes information about developmental screening in early childhood settings. Topics include:

- Why It's Important and Common Terms
- Tools, Implementation, and Effectiveness
- Partnering With Parents

Available at www.healthychildcare.org/pdf/E-NewsJune10.pdf.

Handwashing Resources

The Healthy Schools Campaign is offering free handwashing resources to support your work promoting handwashing. The materials include posters, fliers, lesson plans and more to help educate children about proper handwashing. www.rcpsynergy.com/main_display_course_chapter.jsp?Course=1&chapter=5

Licensed Child Care is Only Available for 27% of California's Children With Working Parents

Find this and other facts in the California Child Care Resource and Referral Network's new fact sheet about child care issues in California. This one page document was developed with the assistance of Child Action.

http://my.rrnetwork.org/site/DocServer/ChildCareIssuesCA3_5_10_final.pdf?docID=201

New, Free Online Course on Infant Nutrition

The California Department of Education, Nutrition Services Division (NSD) and the Technology and Learning Program at California State University Chico (CSU-Chico), have announced the 2010 online course on infant nutrition targeted to agencies participating in the U.S. Department of Agriculture (USDA) Child Nutrition Programs. Click here for more information The online course, Infant Nutrition in the USDA Child Nutrition Programs, will be available at no cost from Wednesday, June 2, 2010, through Friday, September 24, 2010, to child care centers and day care home sponsors enrolled in USDA's Child Nutrition Programs. This course is not mandatory. Rather, it is available to those who are interested in a better understanding of how to provide for the nutrition needs of infants enrolled USDA's Child Nutrition Programs. The online course is consists of eight modules. It is self-paced and requires from four to six hours to complete. Participants can complete sections of the course over several days or complete the entire course in one session at any time of the day or night. Each participant will need their own e-mail address and access to a computer connected to the Internet with speakers. Technical assistance will be available Monday through

Thursday to participants taking this online course via phone and e-mail. CSU-Chico will provide computer-related technical assistance and the NSD will provide technical assistance on CACFP nutrition policy issues. A certificate of completion that includes four learning hours will be issued via e-mail to each participant who registers for and completes the online course; however, no college credit is currently available. Certificates will be e-mailed within one week of completion.

If you are interested in taking this online course between June 2, 2010, and September 24, 2010, you must complete and submit the enrollment form. You will receive a verification of enrollment and instructions to access the online course site within 10 working days of submitting the enrollment form. No enrollments will be accepted after September 1, 2010. Access the enrollment form at:

[https://spreadsheets.google.com/viewform?](https://spreadsheets.google.com/viewform?formkey=dFp4REd4ajdmM2tuanh0NE9PeXhxSmc6MQ)

[formkey=dFp4REd4ajdmM2tuanh0NE9PeXhxSmc6MQ](https://spreadsheets.google.com/viewform?formkey=dFp4REd4ajdmM2tuanh0NE9PeXhxSmc6MQ) (Outside Source). If you have questions about this online course, please contact: Kelley Knapp at 916-445-6774 or toll free at 800-952-5609 or by e-mail at kknapp@cde.ca.gov.

California Children Have Poor Dental Health

Laurie Udesky

New York Times, 5/21/2010

In 2007, the last year that data for many reports was available, more than 500,000 California children between the ages of 5 and 17 missed at least one day of school in a year because of dental problems, costing school districts \$29.7 million dollars in lost revenue. California children's dental health was ranked third from the bottom in the National Survey of Children's Health, above only Arizona and Texas. In the Bay Area, children and teenagers up to the age of 17 made nearly 1,980 visits to emergency rooms for preventable dental conditions in 2007. The cost of these visits averaged \$172, but if a problem required hospitalization it cost an average of \$5,000.

Today, experts interviewed said the dental care crisis had reached an even more alarming level. "We can only go up from here," said Dr. Jared I. Fine, the dental health administrator at Alameda County Public Health Department. "We have an epidemic of dental disease in children that's absurdly pervasive."

Dr. Fine said that the medical and dental community has known for decades that dental disease needs to be tackled in early childhood, but programs to do so are "in their infancy," and poorly financed. Six to eight young children a day — typically from disadvantaged families — are put under general anesthesia or sedation at the Pediatric Dentistry Residency Program at University of California at San Francisco for surgeries, including multiple extractions, and root canals on baby teeth. In mid-May, Dr. Huong Lu, a pediatric dentist in Oakland, looked into the mouths of the same 80 kindergartners and first-graders she had screened in October only to find, "none had been treated." All still had excessive cavities and abscesses. See complete article at www.nytimes.com/2010/05/23/us/23sf dental.html?pagewanted=1&sq=dental%20california&st=cse&scp=1.

New RSV Video for Parents

Children's Hospital St. Louis is sharing a new, web-based, two-minute informational video about respiratory syncytial virus (RSV) with consumers. In addition to identifying the signs and symptoms of RSV, the video offers prevention tips and other useful information. Premature infants are at increased risk for developing severe and potentially life-threatening complications of RSV, a major cause of respiratory illness in young children. View the video and learn more about RSV on the hospital's ["What is RSV"](#) page.

Reports

New Robert Wood Johnson Report on Health Care Reform's Effects on Children

How will the Patient Protection and Affordable Care Act of 2010 Affect Children? By G. Kennedy and J. Pelletier. Available online at www.rwjf.org/files/research/65648children.pdf.

New Report Summarizes Recent Research on Autism Spectrum Disorders

This 'Social Policy Report' summarizes selected recent studies on diagnosis, prevalence, and intervention, and discusses strategies for designing social policies to help improve the outcomes and independence of children and adults with ASDs. The full report is summarized in a two-page brief. Autism Spectrum Disorders Diagnosis, Prevalence, and Services for Children and Families. By C. Lord, & S. Bishop, Social Policy Report, Vol. 24, No. 2 2010. Full report available at www.srcd.org/index.php?option=com_docman&task=doc_download&gid=930&Itemid=99999999. Social Policy Report Brief: Autism Spectrum Disorders: Protecting the Lives of Children and Their Families: 2 p. www.srcd.org/index.php?option=com_content&task=view&id=229&Itemid=551

Report Identifies Approaches that Work to Support Social-Emotional Wellbeing in Infants and Toddlers

This new report from the National Center for Children in Poverty presents promising approaches for supporting the social-emotional wellbeing of infants and toddlers through the Part C Program of IDEA. The strategies discussed in this brief were identified through case studies carried out in four communities: Boston, Massachusetts; Los Angeles County, California; Dona Ana County, New Mexico; and Southeast Kansas. These case studies were part of a larger project designed to show different policy options that states use to support strategies that target social-emotional development as part of a comprehensive approach to early intervention services.

Promoting the Social-emotional Wellbeing of Infants and Toddlers in Early Intervention Programs: Promising Strategies in Four Communities. By Taniesha A. Woods and others. June 2010. Available at: http://nccp.org/publications/pdf/text_946.pdf.

Research

Modifiable and Non-modifiable Risks in SIDS Deaths

This study sought to identify the percentage of SIDS cases, after the national Back to Sleep campaign was initiated, that were associated with risk factors. The authors found that, among modifiable risk factors, 70% of infants who died of SIDS were put down to sleep in the non-supine position; 60% were exposed to tobacco smoke by at least one parent; 39% had been bedsharing; and 32% had scene risks. Non-modifiable risks were generally less common: 44% for upper respiratory infection and 27% for gestational age < 37 weeks. The investigators concluded that SIDS was rare in the absence of risk factors; most cases exhibited multiple risks; and many infants had both modifiable and nonmodifiable risks. They conclude that there is still a strong need to educate parents about modifiable risk factors for SIDS and address compensatory strategies for nonmodifiable risks.

Ostfeld, B.M., et al., *Concurrent risks in sudden infant death syndrome*. Pediatrics. **125**(3): p. 447-53.

Children With Regular Bedtimes Have Better Language, Reading and Math Skills in Preschool

Children who have a consistent bedtime and bedtime routines who get adequate sleep score higher on a range of developmental assessments, according to a research abstract presented June 7, 2010, in San Antonio,

Texas, at SLEEP 2010, the 24th annual meeting of the Associated Professional Sleep Societies LLC. Results indicate that among sleep habits, having a regular bedtime was the most consistent predictor of positive developmental outcomes at 4 years of age. Scores for receptive and expressive language, phonological awareness, literacy and early math abilities were higher in children whose parents reported having rules about what time their child goes to bed. Having an earlier bedtime also was predictive of higher scores for most developmental measures. According to the American Academy of Sleep Medicine, preschool children should get a minimum of 11 hours of sleep each night. Getting less than this recommended amount of sleep, the study's authors found, was associated with lower scores on phonological awareness, literacy and early math skills. The data show that many children are not getting the recommended amount of sleep, which may have negative consequences for their development and school achievement. The study involved a nationally representative sample of approximately 8,000 children who completed a direct assessment at 4 years of age as part of the Early Childhood Longitudinal Study -- Birth Cohort. This analysis included information from parent phone interviews when their child was 9 months old and again when their child was 4 years old. Nighttime sleep duration was based on parent-reported usual bedtime and wake time. Developmental outcomes were assessed using a shortened set of items from standardized assessments. Results were controlled for potential confounders such as child and bedtime characteristics.

'This is by far the largest study of its kind to date. Previous studies have included up to 500 children in this age group,' Gaylor said. 'It's fortunate to have this rich dataset available for analysis.'

Last year a study in the August 2009 issue of Sleep Medicine also emphasized the importance of an early bedtime and consistent bedtime routine for children. It reported that children with a bedtime after 9 p.m. took longer to fall asleep and had a shorter total sleep time. Children without a consistent bedtime routine also were reported to obtain less sleep.

American Academy of Sleep Medicine (2010, June 9). Associations between nighttime sleep duration and developmental outcomes in a nationally representative sample of preschool-age children.
www.sri.com/news/releases/060710.html

Household Insecticides Appear In Umbilical Cord Blood

Common household pesticides reached detectable levels in the cord blood of the majority of babies born at an urban hospital, according to a new study. The pesticides found were both persistent and nonpersistent pesticides. Persistent pesticides include DDT and its metabolite DDE which were found in 90% and 100% of samples. The "non-persistent" pesticides [bendiocarb](#), propoxur, and [permethrin](#), are commonly used by consumers for lawns, backyards, and indoor pest control. These non-persistent pesticides are thought to disappear from the human body within a few days. The presence of the pesticides in cord blood suggest that the pregnant women had regular, chronic exposure, which may affect fetal development. Since nonpersistent insecticides have short half-lives and break down quickly, acute effects are a common concern. However, the authors state, repeated exposures to these chemicals over time may have long-term health effects including neurophysiological and neurobehavioral effects.

Neta, G., Goldman, L. R., Barr, D., Sjödin, A., Apelberg, B. J., Witter, F. R., et al. Distribution and Determinants of Pesticide Mixtures in Cord Serum Using Principal Component Analysis. *Environmental science & technology*, 44(14), 5641-5648.

Increased Risk of ADHD Associated With Early Exposure to Pesticides

This new study links exposure to the insecticide [chlorpyrifos](#) to early childhood developmental delays. Chlorpyrifos is a broad spectrum organophosphate insecticide that was banned for household use in 2001, but is still widely used in agriculture. Individuals who are exposed early in life to organophosphates or organochlorine compounds, widely used as pesticides or for industrial applications, are at greater risk of developing attention-deficit/hyperactivity disorder (ADHD), according to recent studies. Previous studies had linked ADHD with very high levels of childhood exposure to organophosphate pesticides, such as levels experienced by children living in farming communities that used these chemicals. But a recent study using data from the National Health and Nutrition Examination Survey (NHANES) found that even children who experience more typical levels of pesticide exposure, such as from eating pesticide-treated fruits and vegetables, have a higher risk of developing the disorder. Kuehn, B. M. Increased Risk of ADHD Associated With Early Exposure to Pesticides, PCBs. *JAMA*, 304(1), 27-28.

Stress Hormone Levels are Higher When Children are in Family Child Care Than at Home

This study examined the increase in salivary cortisol from midmorning to midafternoon in 151 children (3.0–4.5 years) in full-time family child care. Compared to cortisol levels at home, increases were noted in the majority of children (63%) in family child care, with 40% having levels high enough to be classified as a stress response. The rise was observed even in settings with only two or three children. Observations at child care suggest that intrusive, overcontrolling care was associated with the cortisol rise. The cortisol rise was associated with anxious, vigilant behavior in girls, while for boys the rise was associated with angry, aggressive behavior. Child behavior did not mediate or moderate relations between care quality and the cortisol rise, except for evidence that boys scoring low on angry, aggressive behavior were more sensitive to variations in warm, supportive care than boys scoring high on this behavior. Megan, R. G., Erin, K., Mark, J. V. R., & Deborah, A. P. The Rise in Cortisol in Family Day Care: Associations With Aspects of Care Quality, Child Behavior, and Child Sex. *Child Development*, 81(3), 851-869.

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