



## California Childcare Health Program (CCHP)

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*E-News for*

# Child Care Health Consultants

December 2008

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## Greetings

We send you holiday greetings from the UCSF California Childcare Health Program. In our work here at CCHP on the Healthline we are reminded daily of how hard you work to keep our children safe and healthy, often under difficult conditions. We applaud you for what you do.

We get many calls, especially at this time of year, on how to prevent the spread of infectious diseases. We have developed a new Health & Safety Note, *Sanitize Safely and Effectively: Bleach and Alternatives in Child Care Programs*, that summarizes current knowledge and best practices. We welcome your feedback on the form and content. We also have many new publications that have been translated into Spanish. As always, we welcome your suggestions of new topics you would like to see us write about in our publications. Please email us at [CCHP-CCHC@ucsfchildcarehealth.org](mailto:CCHP-CCHC@ucsfchildcarehealth.org) with your comments and suggestions.

## Announcements

### **Pesticide Use and Pest Management practices Survey**

The California Childcare Health Program, the California Department of Pesticide Regulation and the University of California at Berkeley Center for Children's Environmental Health Research are working together to help make indoor environments healthier and safer for children. As part of our work to improve indoor environments in ECE, we are doing a survey of ECE programs. Two thousand child care centers will be randomly selected to complete a short survey about pesticide use and pest management practices in the facility. If you receive a survey in the mail, please take a few minutes to complete this important survey. If you don't receive a survey in the mail, you can still 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 will have a chance to enter a drawing for a \$100 gift certificate to Michael's Craft Store for your child care facility. The survey is available online on the Integrated Pest Management website: [www.childcareipm.info](http://www.childcareipm.info)

### **New CCHP Materials**

The November/December 2008 and January/February 2009 issues of the *Child Care Health Connections* newsletter are now available online at [www.ucsfchildcarehealth.org/html/pandr/newslettermain.htm](http://www.ucsfchildcarehealth.org/html/pandr/newslettermain.htm)

The following new CCHP health and safety materials are also now available online:

### ***Health & Safety Note:***

1. [Sanitize Safely and Effectively: Bleach and Alternatives in Child Care Programs](#)

### ***Spanish Fact Sheets for Families:***

1. Banning Chemicals called Phthalates in Childhood Products ([Prohibición de químicos llamados Ftalatos en productos para niños](#))
2. Head Lice: New Treatment Recommendations ([Piojos de la cabeza: Recomendaciones de nuevos tratamientos](#))
3. Infant Feeding and Soy Formula ([La alimentación de los bebés y la fórmula a base de soya](#))
4. Iron Deficiency in Early Childhood ([Carencia de hierro en la niñez temprana](#))
5. Oral Health can Affect General Health ([La salud bucal puede afectar la salud general](#))
6. Risks Associated with Bisphenol A in Baby Bottles ([Riesgo relacionado con bisfenol A en biberones](#))
7. Safety and Effectiveness of Cough and Cold Medicine in Children ([Seguridad y eficacia de los medicamentos para niños para la tos y el resfriado](#))
8. Vaccine Safety ([Vacunas Seguras](#))

### **Influence the Future of Early Childhood Inclusion; Provide Feedback on DRAFT National Position Statement**

The Division of Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) are developing a joint position statement on early childhood inclusion. Help ensure that the final statement is useful, relevant, and of high quality by reviewing the draft and completing an online survey by December 15.

[Read the draft position statement here.](#)  
[Participate in Field Review \(survey\)](#)

Once finalized, the statement will help shape the future of early childhood inclusion by creating high expectations for infants and young children with disabilities, and shaping policies and practices that support high quality inclusion.

### **Toys Containing Banned Plastics Still on Market, Restrictions on Phthalates Don't Take Effect Until '09**

The Wall Street Journal reports that toys containing phthalates may be flooding the market before they are banned in early 2009. The Consumer Product Safety Improvement Act of 2008 bans phthalates from children's products, and violators of the toy safety standards will face stiffer penalties, but the law doesn't go into effect until February, 2009. The law also requires that products must be tested for safety before they are sold. Research indicates that

phthalates may cause reproductive health problems.

Casey, N. and Trotman, M. Fears of Reproductive Defects. *The Wall Street Journal*, OCTOBER 23, 2008. Available online at

<http://online.wsj.com/article/SB122472242723860917.html>

### **California Working Families Policy Summit - 2009**

Tuesday, January 13, 2009, 8:30 a.m. - 4:30 p.m. Sacramento Convention Center.

Registration Materials will be available December 8, 2008 at [www.ccrwf.org](http://www.ccrwf.org). There is no cost to attend the Summit, but you must register. *Hosted by California Center for Research on Women and Families. The 6th Working Families Policy Summit will feature the state's leading advocates presenting their legislative agendas for the upcoming year. Issues include health care, economic security, child care, preschool, after-school care, workplace issues and more!*

## **Resources**

### **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. Content was developed with lay and professional health educators nationwide, California consumers and the Office of the California Attorney General. Funding is provided by the Public Health Trust, a program of the Public Health Institute, through a defendant's settlement of a complaint brought by the State of California. The education materials are available free for download.

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

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

Contact Iana Simeonov, Director, Program Development, California Poison Control System UCSF School of Pharmacy with any questions. office 415.502.8603; mobile 415.341.5035; fax 415.502.8620

### **Updated AAP handout on the flu**

The American Academy of Pediatrics handout *Preventing the Flu in 2008-2009: Strategies and Resources for Child Care Providers and Out-of-Home Caregivers of Children* has been updated and is now available on the homepage of the AAP Healthy Child Care web site: [www.healthychildcare.org/](http://www.healthychildcare.org/). The handout is meant to be disseminated to child care providers to educate them on the importance of the flu vaccine.

### **AAP resources on the health effects of wildfires on children:**

[Health Risks of Wildfires for Children – Acute Phase](#)

[Environmental Hazards for Children in the Aftermath of Wildfires](#)

### **The December 2008 edition of the Immunization Branch's IMMUNIZATION UPDATE is now online:**

<http://cdph.ca.gov/programs/immunize/Pages/ImmunizationUpdate.aspx>

### **Immunization news from the Immunization Action Coalition**

[Issue Number 760, October 27, 2008](#)

This issue includes: CDC announces that the Hib vaccine shortage will continue until mid-2009, Say "Boo!" to the Flu Program offers FREE influenza prevention materials to promote vaccination

### **Hearing screening in ECE settings**

Approximately 1 of out every 300 children in the U.S. is born with a significant hearing loss. Between birth and school age the incidence of permanent sensorineural hearing loss triples from 1 in every 300, to 3 in every 300. Hearing screening programs in Head Start and other ECE settings can help identify those children who develop hearing problems after birth. But these programs often employ outdated, subjective methods for screening children from 0 to 3. This article describes how hand-held otoacoustic emission (OAE) technology can be used to reliably screen the hearing of all infants and toddlers in early childhood settings. OAE is an optimal tool for screening infants, toddlers, and other children because it does not require a behavioral response and is painless, portable, and reliable. In addition, nonaudiologists who are skilled at working with children can learn to use the technology effectively.

Eiserman, W. D., Shisler, L., & Foust, T. (2008, Nov. 4). Hearing screening in early childcare settings. *The ASHA Leader*, 13(15), 34-37. Available online at <http://asha.org/about/publications/leader-online/archives/2008/081104/081104d.htm>

An instructional guide on hearing screening by the National Center for Hearing Assessment and Management, *Early Identification of Hearing Loss: Conducting periodic otoacoustic emissions (OAE) hearing screening with infants and toddlers in early childhood settings*, is available online at <http://infanthearing.org/earlychildhood/docs/Instructional%20Guide.pdf>

### **MyPyramid for Preschoolers.**

The USDA Center for Nutrition Policy and Promotion releases MyPyramid for Preschoolers. A new section of **MyPyramid.gov** provides information based on advice from leading experts in nutrition for preschoolers, written in parent-friendly terms. Topics covered include:

1. MyPyramid food intake patterns for preschool-aged children (ages 2 to 5).
2. Growth patterns of preschoolers—normal rates of growth, issues of over- and underweight, and what to do if concerned.
3. Setting reasonable expectations for food-related behavior at each age (2 through 5) and behavioral eating issues.
4. Food safety concerns for preschoolers.
5. Sample meal patterns, meals and snacks
6. Kitchen activities for preschoolers

The MyPyramid for Preschoolers can be found at <http://mypyramid.gov/preschoolers/index.html>

## **Reports**

### **American Academy of Pediatrics Updates Guidelines for Vitamin D Intake**

The American Academy of Pediatrics (AAP) has issued updated guidelines for vitamin D intake in infants, children, and teens to prevent rickets and vitamin D deficiency, conditions that are particularly prevalent in exclusively breast-fed infants and in those with chronic diseases. The new recommendations were published in the November 5 print issue of *Pediatrics*. The new recommendations call for a daily intake of 400 IU per day of vitamin D for all infants, children, and adolescents beginning in the first few days of life. The recommendations reflect the concern over increasing reports of rickets in infants, toddlers and even adolescents. New data suggest that vitamin D also has a potential role in protecting immunity and in reducing the risk for certain chronic diseases including diabetes and cancer. This new evidence may eventually change the definition of vitamin D sufficiency or deficiency. Children most susceptible to vitamin D insufficiency include breast-fed infants, those with low sunlight exposure, those with dark skin pigmentation (that

takes 5 to 10 times longer to generate vitamin D3), and those with chronic diseases such as cystic fibrosis and fat malabsorption. Mothers who are vitamin D deficient may expose their fetuses and infants to higher risk for vitamin D deficiency after birth and during breastfeeding, and their vitamin D status should be monitored. Specific recommendations to ensure that healthy infants, children, and adolescents meet the new required vitamin D intake of at least 400 IU per day can be accessed here:

[www.aap.org/new/VitaminDreport.pdf](http://www.aap.org/new/VitaminDreport.pdf)

Wagner, C. L., & Greer, F. R. (2008). Prevention of rickets and vitamin d deficiency in infants, children, and adolescents. *Pediatrics*, 122(5), 1142-1152.

### **American Dietetic Association (ADA) Position Statement on nutrition for children**

In the June 2008 issue of the *Journal of the American Dietetic Association* ([www.adajournal.org](http://www.adajournal.org)) the ADA published a position statement for nutrition guidance for healthy children for parents and caregivers. The position statement, "Nutrition Guidance for Healthy Children Ages 2 to 11 Years," co-authored by Dr. Theresa Nicklas at the Children's Nutrition Research Center, provides guidelines for parents and caregivers as well as specific recommendations for food and nutrition professionals. Eating patterns of children are changing with more food eaten outside the home; larger portion sizes; changes in beverage choice, meal patterns, meal frequency; and school meal participation. According to the position paper, US children are eating too much fat, and not eating enough foods rich in calcium, fiber, vitamin E, folate, iron, magnesium, and potassium.

Nicklas, T. A., & Hayes, D. (2008). Position of the American Dietetic Association: nutrition guidance for healthy children ages 2 to 11 years. *J Am Diet Assoc*, 108(6), 1038-1044, 1046-1037.

### **The U.S. Preventive Services Task Force (USPSTF) recommends primary care interventions to promote breast-feeding**

U. S. Preventive Services Task Force (USPSTF) Recommendation Statement: Primary Care Interventions to Promote Breastfeeding, October, 2008.

The Task Force evaluated more than 25 studies of breast-feeding interventions conducted worldwide and concluded that multi-faceted, coordinated interventions throughout pregnancy, birth and infancy are effective in increasing breast-feeding initiation, duration and exclusivity. This study underscores the importance of supporting breastfeeding new mothers in ECE settings. Without support from many sources, many women give up on breastfeeding. In 2005, 73% of new mothers initiated breastfeeding, nearly reaching the U.S. Healthy People 2010 goal of 75%. Thirty-nine percent breastfed their children for at least 6 months and 20% did so for 12 months. Fourteen percent of infants were exclusively breastfed for their first 6 months, as recommended by the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the U.S. Surgeon General. Not breastfeeding is associated with health risks for mothers and children. For infants, not being breastfed is associated with increased numbers of ear infections, lower respiratory tract infections, and gastrointestinal infections. Children who were not breastfed were more likely to have asthma, type 2 diabetes, and obesity. For women, not breastfeeding is associated with higher rates of both breast and ovarian cancer. Evidence indicates that coordinated interventions throughout pregnancy, birth, and infancy can increase breastfeeding initiation, duration, and exclusivity.

### **From the Society for Research in Child Development: Social Policy Report Brief The Family Dinner Table: Implications for Children's Health and Wellbeing**

"The average family meal lasts barely 20 minutes, but few other settings in family life have such potential to influence children's behavior and development. Sharing a meal regularly,

research suggests, can boost children's health and wellbeing, reducing the likelihood that they'll become obese or use drugs, and increase the chances that they'll do well in school.”

Please click here to view the SPR Brief [http://srcd.org/index.php?option=com\\_content&task=view&id=229&Itemid=381](http://srcd.org/index.php?option=com_content&task=view&id=229&Itemid=381)

**Scientific Peer-Review of the Draft Assessment of Bisphenol A for Use in Food Contact Applications.** By the FDA Science Board Subcommittee on Food Contact Applications of Bisphenol A. (U.S. Food and Drug Administration, Washington, DC) October 31, 2008. 17 p.

[“The controversy over the plastic chemical bisphenol A is heating back up, with a panel of scientists criticizing an FDA draft report on bisphenol A safety. Bisphenol A, also called BPA, is a chemical found in polycarbonate plastic - including some water bottles and baby bottles - and in the lining of canned goods. Some research, mostly done on animals, suggests possible health risks from bisphenol A exposure, especially early in life. But an FDA draft report says bisphenol A is safe at typical exposure levels from food and drink. Now, an independent subcommittee has reviewed the FDA draft report, at the FDA's request, and has posted these criticisms: - Some studies were excluded without enough explanation. - Uncertainty in bisphenol A research wasn't mentioned enough. - The FDA's margins of safety for bisphenol A are ‘inadequate.’ - More attention should have been paid to infants' exposure to bisphenol A.” WebMD Health News (October 29, 2008.)]  
Full text at: <http://fda.gov/ohrms/dockets/ac/08/briefing/2008-4386b1-05.pdf>

### **Infants in child care gain more weight**

This study of a nationally representative sample of 8,150 infants reports that child care factors were associated with earlier introduction of solids and more weight gain during the first year of life. The authors suggest that the findings point to the need for more research in order to understand what factors in child care are associated with these outcomes.  
[Kim J. Peterson KE.](#) (2008) Association of infant child care with infant feeding practices and weight gain among US infants. *Archives of Pediatric and Adolescent Medicine*, 162(7):627-33.

### **Physical Activity May Help Offset Genetic Risk for Obesity**

A study published in September found that individuals who have a genetic mutation that is associated with high body mass index and obesity may be able to reduce their risk for obesity through increasing their physical activity. Up to 30% of some European populations carry the gene variants. Study participants were all members of an Old Order Amish community in Pennsylvania. The main outcomes of the study were the interaction between the gene variants and the presence of obesity and how physical activity modified this relationship. Findings: the studied gene variants were associated with increased BMI, but these gene variants only increased the risk for obesity in individuals in the lower half of the distribution of physical activity. The authors write, "These findings emphasize the important role of physical activity in public health efforts to combat obesity, particularly in genetically susceptible individuals."

Rampersaud, E., Mitchell, B. D., Pollin, T. I., Fu, M., Shen, H., O'Connell, J. R., et al. (2008). Physical Activity and the Association of Common FTO Gene Variants With Body Mass Index and Obesity. *Archives of Internal Medicine*, 168(16), 1791-1797.

**Protecting the Youngest: The Role of Early Care and Education in Preventing and Responding to Child Maltreatment.** By Steve Christian and Julie Poppe. (National Conference of State Legislatures, Denver Colorado) 2007. 10 p.

[“Evidence indicates that high-quality early childhood education programs that feature

significant parent involvement have the potential to be an effective child abuse prevention strategy. This report from the National Conference of State Legislatures (NCSL) presents an overview of effective programs across the country and discusses the role that State policymakers can play in supporting the development of these programs.

The report cites research showing that early childhood programs can do much to prevent child maltreatment by promoting five key protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and children's healthy social and emotional development.” Early Education in the News (October 20, 2008.)]

Full text at: <http://ncsl.org/print/cyf/protectingyoung.pdf>

**Keeping Children Safe: A Policy Agenda for Child Care in Emergencies.** By the National Association of Child Care Resource and Referral Agencies. (NACCRRA, Arlington, Virginia) 2008. 36 p.

[“‘Nearly 12 million children under the age of 5 are in child care each week,’ said Linda Smith, Executive Director of NACCRRA. ‘Many of the nation’s 2.3 million child care workers are untrained for disasters and few states require child care programs to even plan for disasters other than fire. To have a comprehensive and viable disaster preparedness and recovery plan in place for child care providers will ensure that child care is no longer an after-thought in the time of crisis.’ 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. ‘Children are particularly vulnerable during a time of crisis,’ said Smith. ‘Many are immobile and unable to communicate the most basic information to rescuers. It is paramount that states take heed and develop and enact comprehensive emergency plans to safeguard the well-being of all children and their families.’” NACCRRA Press Release (July 8, 2008.)]

Full text at: [www.naccrra.org/disaster/docs/Disaster\\_Report.pdf](http://www.naccrra.org/disaster/docs/Disaster_Report.pdf)

Children and Disasters - Disaster Planning Materials: [www.naccrra.org/disaster/](http://www.naccrra.org/disaster/)

**California County Scorecard of Children’s Well-Being: Creating Healthier Communities for Our Future.** By Jessica Dalesandro Mindnich and others. (Children Now, Oakland, California) October 2008. 28 p.

[“‘Within the next 20 years, the 10.1 million children growing up in California’s communities will become adults who shape our economic viability, social fabric and civic life. Yet, while the quality of our collective future is determined by the well-being of these children, California’s current patchwork system of supports for them remains inadequate, failing to address all their basic needs.... Enabling all California children to be healthy, safe and ready to learn will require multifaceted solutions and ongoing community- and state-level engagement. The ‘2008 California County Scorecard,’ an online application accompanying this report... supports this long-term effort by highlighting and tracking data that provide a holistic picture of children’s status and unmet needs. It presents information by county in recognition of the richly diverse and unique places that characterize our state.... To provide a comprehensive view of children’s status and needs, this report measures California’s 58 counties on 26 indicators of children’s well-being. These indicators represent a mix of environmental influences and children’s outcomes from birth through adolescence, using survey and administrative data sources.’”]

Full text at:

[http://publications.childrennow.org/assets/pdf/policy/scorecard08/scorecard08\\_overview.pdf](http://publications.childrennow.org/assets/pdf/policy/scorecard08/scorecard08_overview.pdf)

2008 California County Scorecard: (Interactive webpage.)

[http://publications.childrennow.org/publications/invest/scorecard08/scorecard08\\_home.htm](http://publications.childrennow.org/publications/invest/scorecard08/scorecard08_home.htm)

**2008 County Profiles of Hunger, Nutrition, and Health in California.** By California Food Policy Advocates. (The Advocates, Oakland, California) 2008. Interactive map.

[“This interactive map presents information on food insecurity, food and nutrition programs (food stamps, school meal programs, WIC-or Women, Infants and Children food assistance programs) as well as some health indicators (low birth weight babies, overweight, obese adults and diabetic adults) across 58 counties in California. Numbers of those eligible for food and nutrition programs are given, as well as numbers and percentages of people eligible however not participating in the programs. A ranking of counties is given with these indicators, showing how each county compares to each other as well as to the state.” United Way of Greater Los Angeles E-Newsletter (September 15, 2008.)]

2008 County Profiles map:

[www.cfpa.net/2008%20County%20Profiles/2008CountyProfileMap.htm](http://www.cfpa.net/2008%20County%20Profiles/2008CountyProfileMap.htm)

**Trends in the Health of Young Children in California.** By David Grant and Samantha Kurosky. Health Policy Research Brief. (UCLA Center for Health Policy Research, Los Angeles, California) October 2008. 8 p.

[“This brief examines trends in key health indicators for children ages 0-5 in California between 2001 and 2005, based on data from the California Health Interview Survey (CHIS). Click here for more information Conducted every other year since 2001, CHIS is a statewide survey that provides information on health conditions, health behaviors, access to health care, and use of services among children, adolescents and adults in California. Examining CHIS data from multiple survey years provides valuable information on California’s progress toward better health and school readiness for young children.”]

Full text at: [http://healthpolicy.ucla.edu/pubs/files/Hlth\\_Children\\_PB\\_102008.pdf](http://healthpolicy.ucla.edu/pubs/files/Hlth_Children_PB_102008.pdf)

## Research

### **New First Five study finds preschool children know it’s important to eat fruits and vegetables**

A new study released by First 5 California shows that California preschoolers like a variety of fruits and vegetables as well as healthy drinks like milk.

For the study, interviews were conducted with more than 100 preschoolers in Sacramento, Fresno and Los Angeles counties. The researchers found these 4- and 5-year-olds not only know it's important to eat fruits and vegetables, they say they frequently prefer broccoli, carrots and apples. "The research shows that kids actually enjoy eating healthy foods, so it's simply a matter of offering them to kids more often," said Kris Perry, executive director of First 5 California.

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 for free to all California families by calling 1-800-

KIDS-025 or visiting [www.first5california.com](http://www.first5california.com). It's also coming soon to all Albertsons stores in California. To learn more about the preschool study and see a few of First 5 California's favorite on-camera moments, [click here](#)

### **Study shows many children don't have health insurance, even if their parents do**

More than 9 million children in the U. S. lack health insurance. If you include children that have gaps in coverage during the year, the number of uninsured children doubles. Many uninsured children have working parents. This study found that 3.3 % of children with an insured parent don't have health insurance. The problem of uninsured children with at least one insured parent is particularly prevalent in low-income and middle-income families. The study was based on data from the Medical Expenditure Panel Survey, which is nationally representative. Factors associated with children being uninsured were: being from low-income, middle-income and/or single-parent households, having parents with less than a high school education, Hispanic ethnicity, living in the south or west, and having a parent with private insurance coverage. Children with parents who had public health coverage were 36% less likely to be uninsured than children whose parents had private insurance. The authors point out that working parents may be able to afford coverage for themselves but not for their children; this problem may become more prevalent as health insurance costs rise. The authors write, "The question of whether the employer-based model is sustainable may need to be revisited. In this study, the private system did not do a good job of providing coverage for entire families."

DeVoe, J. E., Tillotson, C., & Wallace, L. S. (2008). Uninsured children and adolescents with insured parents. *JAMA*, 300(16), 1904-1913.

### **Plain-Language Pictogram Reduces Liquid Medication Dosing Errors in Children**

There is evidence that parents and caregivers make errors, both in dosing and in adherence to dosing schedules, when administering medications to children. Misdosing has been documented at rates of 50% or higher for pediatric caregivers. A recent study found that using plain language pictogram instruction sheets to teach caregivers about how and when to give medications was effective in reducing medication dosing errors and improving adherence to medication regimens by caregivers of children who received liquid medication. The population studied was multiethnic, low socioeconomic status caregivers whose children were treated at an urban pediatric emergency department. The study found that while dosing errors were reduced and adherence improved as a result of the intervention, knowledge of medication name or indication did not improve.

Yin, H. S., Dreyer, B. P., van Schaick, L., Foltin, G. L., Dinglas, C., & Mendelsohn, A. L. (2008). Randomized controlled trial of a pictogram-based intervention to reduce liquid medication dosing errors and improve adherence among caregivers of young children. *Arch Pediatr Adolesc Med*, 162(9), 814-822.

### **Toddlers with autism focus on the mouths of others, rather than the eyes**

Looking at the eyes of others was significantly decreased in 2-year-old children with autism while looking at mouths was increased. The study also found that fixation on eyes by the children with autism correlated with their level of social disability; less fixation on eyes predicted greater social disability. The study authors point out that looking at the eyes of others is important for early social development and in social adaptation throughout life, so the study findings suggest that the social development of autistic children is already being derailed when they are toddlers. Eye-tracking technology may offer a method of earlier detection and provide an opportunity for very early treatment of autism with the goal of improving outcomes.

Jones, W., Carr, K., & Klin, A. (2008). Absence of Preferential Looking to the Eyes of Approaching Adults Predicts Level of Social Disability in 2-Year-Old Toddlers With Autism Spectrum Disorder. *Arch Gen Psychiatry*, 65(8), 946-954.

### **The behavioral and emotional consequences of child abuse**

Children who have suffered early abuse or neglect may later present with significant behavior problems including emotional instability, depression, and a tendency to be aggressive or violent with others. Troublesome behaviors may persist long after the abusive or neglectful environment has changed or the child has been in foster care placement. Neurobiological research has shown that early abuse results in an altered physiological response to stressful stimuli, a response that deleteriously affects the child's subsequent socialization. Pediatricians can assist caregivers by helping them recognize the abused or neglected child's altered responses, formulate more effective coping strategies, and mobilize available community resources.

Stirling, J., Jr., & Amaya-Jackson, L. (2008). Understanding the behavioral and emotional consequences of child abuse. *Pediatrics*, 122(3), 667-673.

### **Children's victimization by peers in preschool predicts later victimization in school**

This study aimed to document, at the population level, the developmental trajectories of peer victimization during preschool, their predictive validity with respect to early school-based peer victimization, and their early childhood family- and child-level predictors. The study found early continuity in peer victimization; children who were on the high/chronic and moderate/increasing trajectory of peer victimization according to their mothers' reports at young ages also had the highest levels of peer victimization at age 7.2, as reported by themselves and their teachers. Child aggression and hyperactivity in preschool were associated with later victimization. Children whose parents exhibited harsh parenting styles and had insufficient income were also more likely to be consistently victimized by their peers. Thus, the study finds that children who are victims, tend to be victimized by multiple sources. The authors write, "These results suggest that early preventive interventions should target both child- and parent-level risks and focus on alternatives to harsh and aggressive interactions."

Barker, E. D., Boivin, M., Brendgen, M., Fontaine, N., Arseneault, L., Vitaro, F., et al. (2008). Predictive validity and early predictors of peer-victimization trajectories in preschool. *Arch Gen Psychiatry*, 65(10), 1185-1192.

### **Using a Fan During Sleep Associated With Lower Risk Of SIDS**

Fan use was associated with a lower risk of sudden infant death syndrome (SIDS) in a recent study, particularly in warm rooms. The study authors hypothesized that inadequate room ventilation might facilitate the pooling of carbon dioxide around an infant's nose and mouth, increasing the likelihood of rebreathing. The movement of air in the room may potentially reduce the risk of SIDS. This study is the first to show an association between fan use and SIDS. Further studies will need to be done to confirm the relationship found in this study.

Kimberly Coleman-Phox, Roxana Odouli, De-Kun Li. Use of a Fan During Sleep and the Risk of Sudden Infant Death Syndrome. *Arch Pediatr Adolesc Med*, 2008; 162 (10): 963-968

### **Belief that autism is caused by vaccines persists**

A recent national survey commissioned by the Florida Institute of Technology reveals that a significant number of people still believe that autism is caused by vaccines. Of those

surveyed, 24% believed that it was safer not to have children vaccinated because vaccines caused autism and 19% were not sure. The results are concerning in light of recent outbreaks of vaccine-preventable diseases in the U.S. The survey includes responses from 1000 men and women, 21 years old or older, randomly selected from throughout the nation in August, 2008. More information available here: <http://fit.edu/newsroom/brief.html?id=2396>

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