

# 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 (UCSF) School of Nursing (UCSF)



## What is a Child Care Health Consultant and Why are They Important in ECE Settings?

**A** Child Care Health Consultant (CCHC) is a licensed health professional with a background in pediatrics who is trained to work with ECE programs, including child care centers, family child care homes, and Head Start programs, to address the health and safety needs of young children in child care. The CCHC is an emerging role in ECE settings. The National Training Institute for Child Care Health Consultants was established in 1999 to “train the trainers” in child care health consultation. The California Training Institute of the California Childcare Health Program (CCHP) in the past ten years has trained a large number of CCHCs in California. Most CCHCs are nurses; some are public health nurses or nurse practitioners. Physicians may also be CCHCs.

### What do CCHCs do?

CCHCs provide guidance and technical assistance to child care programs and families of young children in order to develop and improve health and safety practices and policies in ECE settings. Both the national health and safety standards in Caring For Our Children and NAEYC’s accreditation criteria identify child care health consultation as an important component of a high quality ECE program. In its “emerging practice” criterion, NAEYC recommends health consultant visits at least two times a year (four times a year where infants and toddlers/twos are in care) and as needed. The national health and safety standards recommend even more frequent visits.

### The CCHC

- Develops and/or updates health and safety policies and procedures for ECE facilities;
- Helps to coordinate the care of children with special health care needs;
- Assures compliance with national quality standards for health and safety in ECE and child care licensing regulations;
- Educates providers and parents about health and safety issues;
- Reviews the health records of children and/or child care providers;
- Provides advice to ECE programs about illnesses commonly seen in ECE settings and exclusion criteria for those illnesses.

What is a CCHC continued on page 3

vol. 23 no. 1  
January +  
February 2010

### inside

- 2 Vaccination Fears
- 3 Take a Child’s Temperature
- 4 Active Commuting and Your Health
- 5 Spider Bites
- 6 Children with Hemophilia in Child Care Settings
- 7 20 Healthy New Year’s Resolutions for Children
- 8 Health and Safety Resources

### California Child Care Healthline



Call **800.333.3212**  
for free consultations  
on health and safety  
in child care

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)



*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.

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

Newsletter articles may be reprinted without permission if credit is given and a copy of the issue in which the reprint appears is forwarded to the California Childcare Health Program at the address below.

#### **Subscriptions, Renewals, Inquiries**

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

#### **CCHP Program Office**

1950 Addison St., Suite 107  
Berkeley, CA 94704  
T (510) 204-0930  
F (510) 204-0931

#### **California Child Care Healthline**

(800) 333-3212  
[healthline@ucsfchildcarehealth.org](mailto:healthline@ucsfchildcarehealth.org)

[www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

#### **Newsletter Editors**

A. Rahman Zamani, MD, MPH  
Bobbie Rose, RN  
Judy Calder, RN, MS  
Tahereh Garakani, MA Ed  
Victoria Leonard, RN, FNP, PHD

## **How to Speak to Vaccine Fears**



**Many of the staff in my child care program are reluctant to get the flu shots, especially the "Swine flu" shot. Is there reason for concern that they'll get the disease from the vaccine?**



Many people who say they get sick shortly after a vaccination may have gotten sick from a cold virus or seasonal flu that would normally occur without an H1N1 vaccination. But because the illness occurs so close to the time of vaccination it's blamed on the vaccination. People may also get the flu during the 2-3 week period it takes for the immune response to fully develop after vaccination. Pregnant women are strongly advised to get flu shots because they are at high risk for complications from the H1N1 flu. But they may fear getting it because of concern about the pregnancy. However, studies now show that vaccinated pregnant women have babies born with higher birth weights and there is evidence that their babies have some short-term immunity to the flu. There are also 2,400 miscarriages a day according to a Centers for Disease Control and Prevention (CDC) spokesman, but if that miscarriage occurs to someone who has had the flu shot, the vaccination will be blamed.

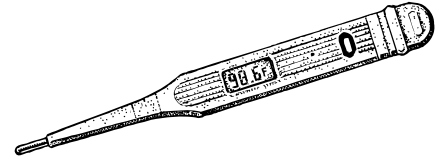
Uncertainty about whether to get the flu vaccination, especially the H1N1 (Swine Flu), seems to be linked to confusion about risk. A poll of the public taken in September by Consumer Reports reported that about 34 % of Americans said they definitely planned to get the swine flu vaccine, while 21 percent said they would not. Forty-three percent said they would wait and see how things go. Well, it looks like we have some evidence that the risks for H1N1 vaccination are no worse than for the seasonal flu vaccination, which has a very good safety record. The World Health organization reported in November that data collected from 16 countries showed that at least 5 million doses have been administered. There has been about 1 possible adverse event for every 10,000 doses. Most of these events are minor, such as muscle soreness and redness at the injection site and some allergic reactions.

The health risks from getting the flu are much higher and more serious than any reaction from the vaccination, especially for high-risk groups. The CDC ([www.cdc.gov/vaccine-safety](http://www.cdc.gov/vaccine-safety) or [www.cdc.gov/h1n1flu/vaccination/general.htm](http://www.cdc.gov/h1n1flu/vaccination/general.htm)) has compiled information on how many problems normally occur and how high risk groups are affected by the flu. I would advise your staff to seek reliable sources about their concerns such as their health care provider or health department.

by Judy Calder, RN



# Take a Child's Temperature



**T**his flu season many children have become ill with flu-like symptoms. An important symptom of the flu is a fever (higher than normal body temperature). The only way to accurately know whether a child has a fever, or how high the fever is, is to take the child's temperature using a thermometer. Using proper technique and the right kind of thermometer will give you the most accurate result.

## What thermometer is best?

Older, glass thermometers that contain mercury are a danger to health and the environment and should not be used. These thermometers should be disposed of carefully at a hazardous waste facility. Contact the Department of Toxic Substances Control at (800) 728-6942 for directions on how to dispose of them.

The best thermometers to use in ECE settings are digital electronic thermometers which give an electronic readout of the child's temperature. A digital thermometer can be used to take a rectal (in the bottom), oral (in the mouth), or axillary (under the arm) temperature. Electronic pacifier thermometers are also easy to use and accurate for children under 4 who cannot hold a thermometer in their mouth. Ear thermometers may not be accurate if the child has a lot of wax in his ear.

## How to take a temperature

**For infants under 4 months**, it is safest to take temperatures in the armpit in ECE settings (rectal temperatures are more accurate but the procedure can be hazardous and should only be done by a parent). To take a temperature in the armpit:

- Make sure the armpit is dry. Put the tip of the thermometer in an armpit, covered by skin.
- Close the armpit by holding the elbow against the chest for at least a minute or until you hear the thermometer beep.

If the armpit (axillary) temperature is above 99° F (37.2° C) in an infant under 4 months, the infant should be seen by a health care provider.

**For older infants and toddlers**, the armpit technique or a pacifier thermometer can be used (follow manufacturer's instructions).

**For children 4 and older**, take a temperature by mouth:

- Clean the thermometer with lukewarm soapy water or rubbing alcohol. Rinse with cool water.
- Use a probe cover if available.
- Turn the thermometer on.
- Place the tip under the child's tongue toward the back of the mouth.

- Hold thermometer in place for about 1 minute, until you hear the "beep." Check the digital reading.
- For a correct reading, wait at least 15 minutes after the child has had a hot or cold drink before putting the thermometer in his mouth.

## What is the definition of a fever?

A child can be assumed to have a fever if they have a

- Pacifier or Oral temperature of 101° F (38.3° C) or higher
- Axillary (armpit) temperature of 100° F (37.8° C) or higher
- Rectal temperature of 102 F° (38.9° C) or higher

Remember, fevers are rarely harmful to children and help the body to fight infection. Treating the fever with medication such as acetaminophen or ibuprofen should only be done when recommended by the child's health care provider and with written permission from the parent, including medication name and dosage.

## Resources

Aronson, S., & Shope, T. (Eds.). (2009). *Managing Infectious Diseases in Child Care and Schools, A Quick Reference Guide* (2nd ed.). Elk Grove, IL: American Academy of Pediatrics.

CCHP Health and Safety Note, Fever: *What you need to Know* (2003), available online at [www.ucsfchildcarehealth.org/pdfs/healthandsafety/feveren081803\\_adr.pdf](http://www.ucsfchildcarehealth.org/pdfs/healthandsafety/feveren081803_adr.pdf)

Schmitt, B. (2008) Fever - How to Take the Temperature, available online at [www.lpch.org/healthLibrary/ParentCareTopics/fever\\_howtotaketemp.html](http://www.lpch.org/healthLibrary/ParentCareTopics/fever_howtotaketemp.html)

by Vickie Leonard, RN, FNP, PhD

---

**What is a CCHC** continued from page 1

## Where can you find a CCHC?

CCHP maintains a database of CCHCs working in the state. Contact CCHP on the Healthline at (800) 333-3212 for help in locating a CCHC in your area.

## Reference

Alkon A, Bernzweig, J, To, K, Wolff, M, Mackie, JF. 2009. Child care health consultation improves health and safety policies and practices. *Academic Pediatrics*. 9(5):366-369.

by Vickie Leonard, RN, FNP, PhD



# Active Commuting and Your Health



## What is active commuting?

Active Commuting is any “self-propelled” kind of transportation to get to and from work. Examples of active commuting are walking, jogging, biking, skating or skateboarding.

## Health benefits of active commuting

A recent study published in the Archives of Internal Medicine suggests that adults who walk or bike to work are more physically fit than those who get to work by other means. Researchers found improved fitness in both men and women and found that men who actively commuted to work were less likely to be obese and had lower triglyceride levels, blood pressure, insulin levels and cardiovascular disease risk. Physical activity also improves energy, self-esteem, and emotional health. Think of active commuting as a way to maintain or improve your health with the added benefits of saving money and the planet!

## Save money with active commuting

Owning and operating a car is expensive. In addition to the cost of buying a car, drivers need to pay for maintenance, insurance, parking and gasoline. Reducing the miles driven or eliminating the need for a car saves money. Public transit use is also linked with higher levels of physical activity and lower rates of obesity. If you live too far to walk or bike, use public transportation or try combining active commuting with public transportation.

## Environmental benefits of active commuting

Bicycling and walking do not contribute to traffic congestion or air pollution. Fewer cars on the road will reduce the overall consumption of fuel and carbon emissions. These efforts are a step toward solving our environmental problems and can improve pedestrian safety by calming traffic.

## How your program can be friendly to active commuters

- Provide safe storage areas for bicycles and skates.
- Organize workplace active-transportation events like “no-car” days, “walk to work” or “walk to school” days.
- Participate in local efforts to provide traffic safety measures, safe routes to school and work, sidewalks, bike lanes and pedestrian safety programs in your community.
- Encourage staff to walk or bike to work.

## Resources and References

Active Commuting and Cardiovascular Disease Risk, *Archives of Internal Medicine*, 7/13/09; Gordon-Larsen et al., <http://archinte.ama-assn.org/cgi/content/abstract/169/13/1216>

*The Walk and Roll Guide*, designed to help encourage and assist a shift to more active modes of transportation to promote healthier and more environmentally responsible commuting. [www.resourceconservation.mb.ca/gci/walknroll/wnroll.html](http://www.resourceconservation.mb.ca/gci/walknroll/wnroll.html)

by Bobbie Rose RN

## BOX OF FUN

### Portable Toys and Equipment that Promote Physical Activity

A recent study showed that children play harder and longer and spend less time in sedentary activities when their child care centers provide portable play equipment. Portable equipment is simple and low-cost, can be used both inside and outside and is easy to rotate. Consider buying several of the more popular items so that children spend less time waiting.

The following offer opportunities for active play:

- balls
- hoola hoops
- jump ropes
- riding toys
- streamers
- bean bags
- cones
- scarves

Children are also more active when staff has had physical education training. So offer your staff a workshop on physical activity, provide a variety of portable toys and watch the children in your program grow strong and fit!

## Spider Bites

**S**piders coexist with humans, rarely transmit communicable diseases, and play a role in the ecosystem as they consume mosquitoes and flies which are responsible for spreading human diseases. However, occasionally spider bites can cause allergic reactions and bites by the black widow and brown recluse spiders can be very dangerous. You can prevent spider bites by taking simple measures.

### Only a few spiders are dangerous to humans

There are more than 30,000 species of spiders, most of them poisonous, but only a few species (approximately 200) are dangerous to humans. This is because most spider bites do not fully penetrate human skin due to their short fangs and fragile mouthparts. In the United States, most spiders are harmless with the exception of the black widow and the brown recluse spiders. Both of them prefer warm climates and dark places and usually live in dry, messy, undisturbed areas, such as closets, under sinks, behind furniture and woodpiles.

- **The black widow spider** is known for the red hourglass marking on its belly and is about one-half inch long and has long legs. They are shy by nature and bite only when trapped, sat on, or accidentally touched.
- **The brown recluse spider** is about half to one inch long and all brown except for a dark mark in the shape of a violin on its head. These spiders will often move slowly and then make a sudden fast move for a couple of inches, then return to the previous sluggish pace. They are easily trapped against one's skin by clothing and bed sheets. There are no brown recluse spiders in California.



### Signs and symptoms of spider bites

Spiders rarely bite people unless threatened, and most bites are harmless causing a reaction similar to that of a bee sting, including redness, itching, pain and minor swelling at the site. Some people have more severe reactions to bites and infants and children may be more affected than adults. Serious injuries from

spider bites can include severe wounds caused by brown spiders and body wide poisoning caused by widow spiders.

A bite by a black widow spider sometimes feels like a little pinprick. Hours later, the venom (poison) can cause painful cramps starting in the muscles around the bite and then spread. Other symptoms can include weakness, nausea, vomiting, sweating, and headache.

Bites by recluse spider are mostly minor with little or no necrosis – the premature death of cells and living tissue. However, a small number of bites produce severe necrosis of the skin, and sometimes affect the whole body with damage to organs and occasional deaths.

Many people falsely assume that they were bitten by a spider when they really have another disorder such as a skin infection, bites by other insects or exposure to chemical or physical agents.

### What should you do if you are bitten by a spider?

Wash the bite area well with soap and water. Apply an ice pack or a wet compress to the area. If needed, use over-the-counter pain medicine. Seek medical treatment for small children and adults with severe symptoms. If you suspect a bite by a black widow or brown recluse spider, apply ice to the bite site and take your child to the emergency room.

### Tips for Preventing Spider Bites

- Be careful in areas where spiders like to spend time.
- Do not let your children play around rock piles or wood piles.
- Wear gloves when you are working outside in the yard in big piles of logs or leaves.
- Shake out your shoes before putting them on, if kept in a mudroom or garage.
- Shake out blankets and clothing that have been stored in the attic or the basement, or if they have been in a closet for long time.
- Look carefully behind furniture before reaching around for cleaning.

by A. Rahman Zamani, MD, MPH



# Children with Hemophilia in Child Care Settings

**I**t is normal for children to get small cuts, scraped knees and elbows. Caregivers worry that these everyday events will be life-threatening for a child with hemophilia. However, with proper preparation and education of ECE staff, children with hemophilia can participate in most ECE activities. Children with hemophilia don't bleed *faster* than other children, but they do bleed longer. Acting promptly to identify and treat bleeding episodes will prevent most serious problems for children with hemophilia.

## What is hemophilia?

Hemophilia is a rare bleeding disorder where blood does not clot as it should. It is not contagious and a child with hemophilia shouldn't be excluded from child care. However, a child with hemophilia is a child with special needs, and requires a special health care plan.

## Who gets it and how?

Hemophilia usually is an inherited disease. This means that the illness is passed to a child on an affected gene. It may also be caused by a new mutation. It affects boys from all races and ethnic groups; it is rare for girls to have this disorder. There are two main types of hemophilia – Hemophilia A and Hemophilia B.

## What are the signs and symptoms?

Bleeding may occur outside of the body (external bleeding) such as from the nose, eyes, and mouth, or inside of the body (internal bleeding). Internal bleeding in the joints is common and these bleeds must be treated early to prevent long term problems. The signs and symptoms vary depending on the severity and type of the child's hemophilia but typically include pain, swelling and bruising. The most serious injury for children with hemophilia is a head injury. A blow to the head can lead to bleeding in the brain and can be life threatening. Any head injury needs to be evaluated by the child's health care provider. Many very young children with hemophilia wear helmets to protect their heads.

## Treatment

There is no cure for hemophilia, however clotting factor injections can help manage bleeding successfully. Clotting factor is usually given at home by parents. Many children receive

regular infusions of clotting factor to help prevent bleeding. This is called prophylaxis. While it doesn't prevent all bleeding, it greatly reduces the frequency and severity of bleeding and prevents long term complications.

## What can child care providers do?

- Conduct regular safety checks to eliminate hazardous items on the playground and in your child care environment on a daily basis.
- Provide the child with kneepads, elbow pads, and a helmet when riding bicycles or tricycles.
- Use the safety belts and straps on the changing table, car seat, and stroller to protect the child from falls.
- Talk with parents about how bleeding most commonly occurs in their child

## Managing bleeding

- For routine cuts and scrapes, follow your usual first aid plan.
- For more serious bleeding episodes, follow instructions from the Special Health Care Plan.

## Call Emergency (9-1-1)

- if the child with hemophilia loses consciousness after a head injury or has a seizure for the first time
- if the child is vomiting blood or has blood in his stool

## References & Resources

National Hemophilia Foundation [www.hemophilia.org/home.htm](http://www.hemophilia.org/home.htm)

CCHP Special Health Care Plan [www.ucsfchildcarehealth.org/pdfs/forms/SpecialHealthCare.pdf](http://www.ucsfchildcarehealth.org/pdfs/forms/SpecialHealthCare.pdf)

The National Hemophilia Foundation, (2000) *The Child with a Bleeding Disorder: Guidelines for Finding Childcare*, available from the National Hemophilia Foundation.

by Tahereh Garakani, MA Ed

# 20 Healthy New Year's Resolutions for Children

## Preschoolers

- I will clean up my toys.
- I will brush my teeth twice a day, and wash my hands after going to the bathroom and before eating.
- I won't tease dogs – even friendly ones. I will avoid being bitten by keeping my fingers and face away from their mouths.

## Kids, 5- to 12-years-old

- I will drink milk and water, and limit soda and fruit drinks.
- I will apply sunscreen before I go outdoors. I will try to stay in the shade whenever possible and wear a hat and sunglasses, especially when I'm playing sports.
- I will try to find a sport (like basketball or soccer) or an activity (like playing tag, jumping rope, dancing or riding my bike) that I like and do it at least three times a week!
- I will always wear a helmet when bicycling.
- I will wear my seat belt every time I get in a car. I'll sit in the back seat and use a booster seat until I am tall enough to use a lap/shoulder seat belt.
- I'll be nice to other kids. I'll be friendly to kids who need friends – like someone who is shy, or is new to my school.
- I'll never give out personal information such as my name, home address, school name or telephone number on the Internet. Also, I'll never send a picture of myself to someone I chat with on the computer without my parent's permission.

## Kids, 13-years-old and up

- I will eat at least one fruit and one vegetable every day, and I will limit the amount of soda I drink.
- I will take care of my body through physical activity and nutrition.
- I will choose non-violent television shows and video games, and I will spend only one to two hours each day – at the most – on these activities.
- I will help out in my community – through volunteering, working with community groups or by joining a group that helps people in need.
- I will wipe negative “self talk” (i.e. “I can't do it” or “I'm so dumb”) out of my vocabulary.
- When I feel angry or stressed out, I will take a break and find constructive ways to deal with the stress, such as exercising, reading, writing in a journal or discussing my problem with a parent or friend.
- When faced with a difficult decision, I will talk with an adult about my choices.
- I will be careful about whom I choose to date, and always treat the other person with respect and without coercion or violence.
- I will resist peer pressure to try drugs and alcohol.
- When I notice my friends are struggling or engaging in risky behaviors, I will talk with a trusted adult and attempt to find a way that I can help them.

Source: *The American Academy of Pediatrics (AAP)*. 12/08

## child care health connections

### To order *Child Care Health Connections* Newsletter

(6 issues per year) mail this form and your \$25 check (payable to UC Regents) to: California Childcare Health Program / 1950 Addison St, Suite 107 / Berkeley, CA 94704-1182. Fax purchase orders to 510-204-0931.

Price includes postage.

Name \_\_\_\_\_

Agency \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_



### Guide to Safer Children's Products

Thousands of children's toys have been recalled recently because of lead paint. But lead is not the only worry. Many other chemicals used in children's products also pose health risks. Two of these are bisphenol A and phthalates. Both chemicals disrupt hormones in the human body. This guide from Health Legacy helps guide the purchase of safer products for children. [www.healthobservatory.org/library.cfm?refID=103921](http://www.healthobservatory.org/library.cfm?refID=103921)

### California Leads the Nation in Number of Children Killed by Firearms

CDF recently released its annual *Protect Children, Not Guns* report in conjunction with the latest data from the U.S. Centers for Disease Control and Prevention, and the news is bad: After a decade of decline prior to 2005, the number of firearm deaths among children and teens increased for the second year in a row. CDF's report shows that every two hours and 45 minutes a child or teen is killed by a gun. That's almost nine children and teens each day and 61 every week.

California had more shooting deaths of children than any other state in the nation: 511 gun deaths of children in 2006, up from 474 in 2005. More children died from firearm deaths in California in 2006 than in New York, Texas and Arizona combined.

To view charts, read more key findings and learn how to take action on this important issue, visit Children's Defense Fund Web site

at [www.childrensdefense.org/child-research-data-publications/data/protect-children-not-guns-report-2009.html](http://www.childrensdefense.org/child-research-data-publications/data/protect-children-not-guns-report-2009.html)

**"Endocrine-disrupting chemicals** New publication from the Learning and Developmental Disabilities Initiative explains in a clear way what the endocrine system is and how chemicals can affect its function. The document is available online at [www.healthandenvironment.org/?module=uploads&func=download&fileid=773](http://www.healthandenvironment.org/?module=uploads&func=download&fileid=773)

### Schools Information Kit on PCBs

Between 1950 and 1978, caulk containing potentially harmful PCBs (polychlorinated biphenyls) was used in many buildings, including schools. Although PCBs were banned in the United States in 1978, contaminated caulk still exists in older buildings that have not had the caulk replaced. As caulking ages it can break down into dust containing small amounts of PCBs, which can fall to the ground and on windowsills, and get into a building's ventilation system. PCB bioaccumulation in children can damage immune, reproductive, nervous, and endocrine systems. The Environmental Protection Agency is recommending that schools test brittle, aging caulk and remove it if it contains PCBs. The EPA has developed a **Schools Information Kit** on PCBs, available online at [www.epa.gov/pcbsincaulk/caulkschoolkit.htm](http://www.epa.gov/pcbsincaulk/caulkschoolkit.htm)

### Information on safety alerts and product recalls

A new program will deliver critical, time-sensitive information on recalled and defective products to parents and educators across the country. Many of the products recently recalled were items commonly used in ECE settings, including cribs, strollers and pacifiers. The School Safety Alert program features a Web site that includes news and videos on the latest safety alerts and product recalls impacting children, including products used in ECE settings. To access the Web site, go to [www.consumerreports.org/schoolsafety](http://www.consumerreports.org/schoolsafety).

### The newly enhanced Flu Clinic Locator

The flu clinic locator is now powered by Google and covers both H1N1 as well as seasonal flu clinics. Simply enter the zip code to locate nearby clinics. [www.flucliniclocator.org](http://www.flucliniclocator.org).

### Impact of environmental toxicants on women's and children's health

Johns Hopkins Women's and Children's Health Policy Center has published a report entitled, *Environmental Toxicants and Maternal and Child Health: An Emerging Public Health Challenge*. Legislation and regulation of environmental hazards, impact on infant health, and surveillance efforts are also discussed. Authors highlight the need for MCH professionals to educate women and other health care providers about managing exposure to environmental toxicants. Online at [www.jhsph.edu/bin/q/r/Environ\\_Tox\\_MCH.pdf](http://www.jhsph.edu/bin/q/r/Environ_Tox_MCH.pdf).

---

California Childcare Health Program  
1950 Addison Street, Suite 107  
Berkeley, CA 94704-1182

CHANGE SERVICE REQUESTED