

# 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)



## Teaching Young Children Habits for Personal Safety

**H**ow much do young children understand about their personal safety? It is difficult for young children to understand the concepts of risk and vulnerability, or that an adult may harm them or do something inappropriate. However, it is possible to help children establish trusting relationships, learn good communication skills and practice safe habits.

### How to promote personal safety for young children

- Teach assertiveness and provide an environment where it's okay to say "no." Practice situations when a child might say "no." Show children how to respect when others say "no" and how to refuse to join a game, activity or situation that may not be safe.
- Allow children to express themselves, even if it's uncomfortable. Discuss touching with children. Explain that it is usually friendly, like a hug from a friend or a pat on the back from a teacher, but there are also kinds of touch that are hurtful, like kicking or hitting, and that some touching, even though it may not hurt, can be unwelcome.
- Teach children that their body belongs to them. Young children need clear messages with familiar examples in simple words. Use correct words when describing body parts.
- Encourage young children to come to a trusted adult whenever they feel unsafe. Establish rules about not keeping secrets from parents and teachers.
- Young children should always be supervised. Make sure children know not to wander away alone, and to always ask a caregiver or parent before talking to someone they don't know.
- Teach children safety information like knowing their full name, parent's full name, and telephone number. Older preschoolers can learn to use a phone and dial 9-1-1. Talk about traffic safety and jobs of professionals who help people stay safe like police officers, fire fighters and health professionals.

**Teaching Young Children Habits for Personal Safety** continued on page 3

vol. 23 no. 2  
March +  
April 2010

### inside

**2**  
Caring for Children  
Who Have Been  
Abused

**3**  
Consequences of  
Child Abuse

**4**  
Milk

**5**  
Coining

**6**  
What is Childhood  
Paraxial of Speech?

**7**  
Indicators of the Three  
Types of Child Abuse

**8**  
Health and Safety  
Resources

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

### health + safety tips

#### Steps to Reporting Suspected Child Abuse

If you have a reasonable suspicion of abuse or neglect, you must report it. It is your legal responsibility.

1. Report suspicion of child abuse or neglect to Child Protective Services and the police.
2. Telephone immediately or as soon as possible.
3. Write a report within 36 hours (your duty to report is not complete until the written report is submitted).
4. The report will be assessed to see if immediate action is needed.
5. The action taken will result in one or more of the following:
  - Case officially opened.
  - Regular in-home supervision is conducted.
  - Criminal charges are filed for prosecution.
  - Services offered, but family refuses.
  - Child is taken into protective custody.
  - Case dismissed as unfounded or inconclusive.

Source: California Childcare Health Program: Child Abuse Prevention, Identification and Reporting.  
For more information visit [www.ucsfchildcarehealth.org/pdfs/Curricula/CCHA/12\\_CCHA\\_ChildAbuse\\_0406\\_FNL.pdf](http://www.ucsfchildcarehealth.org/pdfs/Curricula/CCHA/12_CCHA_ChildAbuse_0406_FNL.pdf)





*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

## **Caring for Children Who Have Been Abused**



**I just talked to a parent whose child is under Child Protective Services and finding child care is part of her CPS plan. I've never worked with a child who was abused or neglected. What should I know as the director?**



The first thing you should know is that your child care program could be critical for the healthy development of the child and parent. And the first step is building trusting relationships with both of them. A parent who is struggling needs firm and supportive guidance related to how your program functions and how to communicate on a daily basis. It's also useful to know what agencies or therapists the parent is working with and be willing to listen to their problems. A good interview with the parent about the child's needs will also provide you with information on how the parent views the child. Offer support and child development information when needed. Encourage the parent to participate in your program's activities and welcome observational visits.

It's important that the child be assigned a primary caregiver who is available physically and emotionally and skilled at forming trusting relationships with young children who may have some challenging behaviors, such as withdrawal or aggression. A consistent caregiver can also provide routines and predictability that are especially important for a child whose life may have been chaotic. It may take time for a child to respond to new routines. Patience coupled with very clear expectations and structure will help children assert themselves in more meaningful ways. Provide opportunities for emotional expression that does not harm themselves, others or property. Play is the natural vehicle for this and quality early childhood programs have great indoor and outdoor activities. Expressive play and corrective action allow the child to construct new behaviors in positive ways. Children who are angry can pound on play dough or take their anger out on a stuffed animal. A dramatic play area offers the opportunity for a child to act out events of life either alone or with others and construct more positive responses. Expressive art such as painting or drawing and story telling provide opportunities for dialogue about feelings, difficulties and positive feedback.

Daily communication with the parent emphasizing the good things that occurred during the day and limiting "bad news" will help a parent feel positive towards the child and develop trust in the program and caregivers. Lastly, know when to seek help from an early childhood behavioral specialist who will work with you and the parent when the hurdles seem too high.

by Judy Calder, RN



# The Behavioral, Emotional & Health Consequences of Child Abuse

**N**early a million children a year are victims of child abuse or neglect in the United States. In 2007, 1,760 children died from abuse or neglect and three quarters of them were under the age of four.

## There are four kinds of child abuse.

- Neglect
- Physical abuse
- Sexual abuse
- Emotional abuse

While deaths and injuries are obvious outcomes of child abuse, there are also other serious long term effects, especially if a child is not evaluated and treated by a mental health professional at the time that the abuse occurs. These emotional, behavioral and health effects can last a lifetime and can even be passed from one generation to the next. While we can separate these effects conceptually, in reality they are difficult to separate and many abused children grow up to experience them all.

## Health effects of child abuse

The long-term impact of child abuse and neglect on physical health is just beginning to be explored. Abuse can cause important regions of the brain to fail to form or grow properly, resulting in impaired development with long-term consequences for cognitive, language, and academic abilities. These changes in the brain also make victims of abuse more likely to develop chronic pain in adulthood from such conditions as irritable bowel syndrome, chronic fatigue syndrome and arthritis. They are also more likely to suffer from allergies, asthma, bronchitis, cancer, high blood pressure, migraine headaches, neurological problems, and ulcers. Victims of childhood abuse may be at greater risk for some of these poor health outcomes because they are more likely to engage in problematic health behaviors such as smoking and consuming alcohol. Adults who were abused also respond differently to stress.

## Behavioral effects

Children who experience abuse and neglect are more likely to experience aggression, substance abuse, criminal behavior, delinquency, teen pregnancy, low academic achievement, sexual risk-taking, smoking, and abusive behavior toward their own children.

## Emotional effects

Children who experience abuse and neglect are more likely to experience low self-esteem, depression, relationship difficulties, and borderline personality disorders.

## The role of ECE providers in preventing child abuse and its outcomes:

ECE can be an important strategy for preventing child abuse and supporting and strengthening families if it is recognized and built into laws and policies that govern ECE licensing, training, professional development, and reimbursement. ECE programs provide opportunities for trained caregivers to interact daily with families and provide not only support for parents, but also information about early learning and development and children's emotional needs. These interactions occur in a setting that does not stigmatize parents the way social welfare services might.

Quality early care and education programs can help to prevent child abuse and neglect by

- building supportive relationships with families
- observing children carefully
- responding to early warning signs of abuse and neglect
- promoting children's social and emotional development
- educating parents about the normal range of behaviors in infants and children
- providing anticipatory guidance
- recognizing parental stress
- providing resources when behaviors become unmanageable for parents
- referring parents who you feel are experiencing spousal abuse, depression or drug abuse, all risk factors for child abuse

## References and Resources

Christian, S. and Poope, J. 2007 Protecting the Youngest: The Role of ECE in preventing and responding to child abuse. National Conference of State Legislatures [www.ncsl.org/print/cyf/protectingyoung.pdf](http://www.ncsl.org/print/cyf/protectingyoung.pdf)

Child abuse and adult medical outcomes, *Psychosomatic Medicine* 71:805-812 (2009).

by Vickie Leonard, RN, FNP, PhD

---

## Teaching Personal Safety

 continued from page 1

- Share information about personal safety with parents and other caregivers so that children are getting the same messages at home and at school. Child-directed programs are just one part of keeping children safe. Caring adults whether at home, in the community or at child care need to work together. Preschool children cannot be counted on to remember, or act on safety information; adults must keep them safe.

## Resources and References

Committee for Children, [www.cfchildren.org/](http://www.cfchildren.org/)

Talking About Touching: A Personal Safety Curriculum PreK-K Kit [www.cfchildren.org/programs/tat/overview/](http://www.cfchildren.org/programs/tat/overview/)

Tutty, L., *Child Abuse & Neglect*, Vol. 18, No. 2, pp. 179-192, 1994. *Developmental Issues in Young Children's Learning of Sexual Abuse Prevention Concepts*

by Bobbie Rose RN

## Milk

**M**ilk is a good source of many nutrients and part of a balanced diet for children. It supplies protein, calcium, vitamins A and D and fluids that are needed for healthy growth and development.

### Breast is best

The American Academy of Pediatrics (AAP) recommends that infants be fed breast milk. If an infant is not breast fed, infant formula is recommended during the first 12 months. Cow milk isn't recommended until age one because the infant is not mature enough to process it.

### 1-2 year olds

At one year a child can begin drinking cow milk and should switch from a bottle to a cup. Whole milk is recommended for toddlers until age 2 to support neurological development.

### Preschool age children

By the time children are 2, they get more nutrition from table food and can switch to skim or low-fat milk. As obesity rates have risen among young children, the recommendation from AAP is to lower the fat content in milk to reduce the risk of overweight and obesity.

### Can children drink too much milk?

Yes. Drinking too much milk can cause problems like iron deficiency anemia and decreased appetite for other nutritious foods. Milk intake should not exceed 24 ounces per day.

### Lactose intolerance

Some people cannot digest milk because they lack the enzyme (lactase) to digest the sugar (lactose). These people suffer with

gas and stomach pain when they drink milk. Lactose intolerance is most common among African-Americans, Native Americans and Asian-Americans. Children who are lactose intolerant will need to get calcium, vitamin A and vitamin D from other food sources or supplements.



### Alternatives to cow milk

Soy milk can substitute for cow's milk when people are lactose intolerant. Be sure to choose vitamin fortified soy milk. Pasteurized goat milk can be served to children instead of cow milk and will provide similar nutrition.

### Raw milk

"Raw milk" is not pasteurized and some parents think it is more healthful for their children. However, raw milk may contain many disease-causing pathogens. Illnesses caused by these bacteria can be very serious for infants and young children. Child Care Licensing Regulations state that only pasteurized milk can be offered in child care programs in California.

### Resources and References

American Academy of Pediatrics (AAP), 2005, Pediatric Nutrition Handbook, Fifth Edition. [www.aap.org/bookstore](http://www.aap.org/bookstore)

US Food and Drug Association (FDA), Milk Safety, [www.fda.gov/Food/FoodSafety/Product-SpecificInformation/MilkSafety/default.htm](http://www.fda.gov/Food/FoodSafety/Product-SpecificInformation/MilkSafety/default.htm)

Child Care Licensing Regulations [www.dss.cahwnet.gov/ord/entres/getinfo/pdf/cc5.pdf](http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/cc5.pdf)

by Bobbie Rose RN

## BOX OF FUN

### Beanbag Basketball

Beanbags can be purchased or can be made easily and inexpensively with some fabric and rice. Even the youngest children can learn to throw and catch a beanbag and have fun while building fundamental skills to participate in sports.

- Place a medium sized box or laundry basket in the center of the room.
- Give each child a beanbag.
- Have the children form a circle around the basket.
- Next, ask the children to toss their beanbags into the box.
- As skill improves, increase the difficulty by having the children take a step backward or a step forward over a line.





## Coining: What You Need to Know

**T**he Asian population in the United States, and particularly in California, is growing. Many Chinese and South Asian families use alternative and traditional treatment methods such as coining, cupping, pinching, acupuncture, massage, herbal, and dietary therapies to treat childhood illnesses. Coining is one of these healing practices that may cause injuries or physical harm and your child care provider may mistake it for abuse and assume that the child is in danger.

### What is Coining?

Coining, or cao gio (pronounced gow yaw), is a common Southeast Asian alternative treatment for minor illnesses such as cold, flu, headache, fever, pain, cough, or low energy. Cao gio literally translates to “catch the wind.” It is believed that too much “wind” in the blood is the cause of many illnesses, and coining will bring the blood to the surface by which a “bad wind” can be released.

The practice of coining involves rubbing heated oil on the skin, most commonly the chest, back, or shoulders, and then strongly rubbing a coin over the area in a linear fashion until a red mark is seen – a doorway for the wind to get out. This practice is very similar to “gua sha,” a Chinese alternative medicine, which often uses rounded stones or other tools.

### Are there any complications?

Minor burns are the most common complication of coining. However, more serious complications, including severe burns, bruises, bleeding in the brain, camphor intoxication, and renal contusion (kidney injury), are also reported in the medical literature. In addition, several parents who use coining for treatment of their children have been accused of child abuse.

### Why is alternative and traditional medicine used?

The treatment of illnesses often relates to beliefs about their causes. The use of coining and other procedures and home remedies also refers to the traditional beliefs, practices, and materials people use to maintain health and cope with disease.

Several factors including economic status, limited access to health care, duration of stay in the United States and effects of acculturation, and proven efficacy play a direct role in the

usage of folk remedies. Folk remedies are less expensive than conventional medicine, consisting of items found within the home.



### Tips to keep in mind

- The decision to use traditional and alternative treatment is important. As an informed parent you need to consider the safety and effectiveness of the treatment, the expertise and qualifications of the practitioner, and the particular illness before selecting any such method of treatment.
- Understanding the safety, effectiveness, indications for use and proper dosage of alternative remedies is also important for avoiding possible interactions or harmful delays in getting conventional treatment.
- Some practices may be confused with signs of child abuse and your child care, and health care providers may need to know about traditional healing rituals of your ethnic group.

### Resources and References

CCHP Fact Sheets for Families: Alternative Medicine at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

National Center for Complementary and Alternative Medicine at [www.nccam.nih.gov](http://www.nccam.nih.gov)

EthnoMed, Harborview Medical Center's ethnic medicine website containing medical and cultural information about immigrant and refugee groups at <http://ethnomed.org>

Creighton University Medical Center at <http://altmed.creighton.edu/>

by A. Rahman Zamani, MD, MPH



# Childhood Apraxia of Speech (CAS)

**I**magine you have something to say but the words and sounds do not come out of your mouth in a sequential and organized manner and many sounds are left out all together. What is even more upsetting about this problem is that when you try harder, it becomes worse and you make more errors. This is how children with apraxia feel on a daily basis.

Typically, the process of speech begins with an intention to speak; next an idea develops in the left side of the brain, which is the dominant hemisphere and contains specialized language areas. The brain organizes a frame of thought, a sequence of words, and sounds, and then orders the muscles of articulators to move appropriately with a coordinated motor movement of the soft palate, lips, tongue and jaw to form speech

## **What is childhood apraxia of speech (CAS)?**

In general terms apraxia means “failure to make complex movements.” Childhood apraxia of speech (CAS) is also referred to as verbal apraxia or dyspraxia. These terms are used to describe a speech disorder that originates in the brain and causes a child to have difficulty controlling and coordinating the movements of the jaw, lips, palate, and tongue.

A child with developmental apraxia of speech has trouble producing sounds, syllables, and words, and putting them in the right order. Generally, there is nothing wrong with the muscles of the face, tongue, lips, and jaw. The problem is thought to arise from difficulty accessing the “motor plan” from the brain for saying a sound or word. This means that children with CAS may know what they want to say, but they just can’t say it. He can think of the words and he may have said those same words many times in the past, but it is not under his control to say them when he wants—no matter how hard he tries. A child with CAS may also suffer from chewing and swallowing difficulties; exhibit poor language skills, including poor vocabulary and grammar; and have difficulty organizing spoken information clearly.

## **What causes apraxia?**

There are two main types of speech apraxia—acquired apraxia of speech and developmental apraxia of speech. While acquired apraxia of speech can affect a person at any age, and is caused by damage to the parts of the brain that are involved in speaking, the developmental apraxia of speech occurs in children and is present from birth.

The exact causes of developmental apraxia are unknown. In general, scientists believe it is a neurologically based speech-motor disorder. Although many children with developmental apraxia have no brain abnormalities, others may have been born with brain damage or suffered brain damage through an illness or accident to the parts of the brain that control language functions.

## **How CAS is diagnosed and treated?**

The child must see a primary health care provider who refers them for an evaluation by a speech and language pathologist. The speech-language pathologist will diagnose the child’s CAS through evaluation. Then she/he will develop a special plan called an Individual Family Services Plan (IFSP) for children from birth to 3 years of age or an Individual Education Plan (IEP) for children 3 years and older. The pathologist will most likely focus on improving skills in planning, programming, storing, and retrieving motor patterns related to speech production.

## **Recommendations for child care providers:**

Communication between child care providers and families with speech-language pathologists is important. Because practicing the same activities from the IFSP/IEP at home and in child care settings is the most effective method to ensure optimal progress in therapy. Children with CAS need a supportive environment that helps them feel successful with communication. It is important to be patient with these children and use more assistive technologies such as computers or pictorial communication devices. It is also recommended to practice sign language with children with CAS.

## **References & Resources**

American Speech-Language-Hearing Association at [www.asha.org](http://www.asha.org)  
Apraxia Kids at [www.apraxia-kids.org/site/c.chKMI0PIIsE/b.839037/k.BE48/Family\\_Start\\_Guide/apps/nl/newsletter.asp](http://www.apraxia-kids.org/site/c.chKMI0PIIsE/b.839037/k.BE48/Family_Start_Guide/apps/nl/newsletter.asp).

by Tahereh Garakani, MA Ed

# Indicators of the Three Types of Child Abuse\*

## Physical Signs

### Neglect and Emotional Abuse

The child:

- Is underweight or small for age
- Is always hungry
- Is not kept clean
- Is inappropriately dressed for weather
- Has not received needed medical care

### Physical Abuse

The child:

- Has unexplained bruises or welts in unusual places
- Has several bruises or welts in different stages of healing, in unusual shapes, or in clusters
- Has unexplained burns
- Has unexplained broken bones or dislocations
- Has unexplained bites or explanation for injury differs from that of a parent or caretaker

### Sexual Abuse

The child:

- Has difficulty walking or sitting
- Is wearing torn, stained or bloody underwear
- Has pain, swelling or itching of genitals
- Has bruises, cuts or bleeding on genitals or anal area
- Feels pain when urinating or defecating
- Has a discharge from the vagina or penis, or a sexually transmitted disease

## Behavioral Signs

### Neglect and Emotional Abuse

The child:

- Begs for or steals food
- Frequently arrives at child care early and leaves later than expected
- Has frequent, unexplained absences
- Is overtired or listless

### Physical Abuse

The child:

- Tells you he has been hurt by parents or others
- Becomes frightened when other children cry
- Says the parents or caretakers deserve to be punished
- Is afraid of certain people

### Sexual Abuse

The child:

- Acts withdrawn, over-involved in fantasy, or much younger than age
- Displays sophisticated or bizarre sexual knowledge or behavior
- Exhibits excessive or unusual touching of genitals
- Tells you that he/she has a secret he/she is not allowed to tell anyone
- Tries to hurt him/herself

\* Many of these indicators also occur with children who have not been abused. Look for clusters of indicators, and do not reach the conclusion that a child has been abused too quickly. Remember, you must report your reasonable suspicion of abuse.



## California Childcare Health Program's Resources on Child Abuse Prevention

Health and Safety Notes: Child Abuse Prevention at [www.ucsfchildcarehealth.org/pdfs/healthandsafety/childab081803\\_adr.pdf](http://www.ucsfchildcarehealth.org/pdfs/healthandsafety/childab081803_adr.pdf).

Fact Sheets for Families: Child Abuse and Neglect at [www.ucsfchildcarehealth.org/pdfs/factsheets/childabuse011804.pdf](http://www.ucsfchildcarehealth.org/pdfs/factsheets/childabuse011804.pdf).

A Curriculum for Child Care Health Advocates: Child Abuse Prevention, Identification and Reporting module for Child Care Health Advocates at [www.ucsfchildcarehealth.org/pdfs/Curricula/CCHA\\_12\\_CCHA\\_ChildAbuse\\_0406\\_FNL.pdf](http://www.ucsfchildcarehealth.org/pdfs/Curricula/CCHA_12_CCHA_ChildAbuse_0406_FNL.pdf).

Child Abuse Prevention, Identification and Reporting module for Child Care Health Consultants at [www.ucsfchildcarehealth.org/pdfs/Curricula/CCHC/11\\_CCHC\\_ChildAbuse\\_0406.pdf](http://www.ucsfchildcarehealth.org/pdfs/Curricula/CCHC/11_CCHC_ChildAbuse_0406.pdf).

Instructor's Guide: Child Abuse Prevention, Identification and Reporting at [www.ucsfchildcarehealth.org/pdfs/Curricula/Instructors\\_Guide/CCHA\\_IG\\_12\\_ChildAbuse\\_v2.pdf](http://www.ucsfchildcarehealth.org/pdfs/Curricula/Instructors_Guide/CCHA_IG_12_ChildAbuse_v2.pdf).

## The 2009 California Child Care Portfolio

The portfolio is a statewide and county-by-

county report documenting the demand and supply of child care. The 2009 report from the California Child Care Resource & Referral Network combines data on licensed child care facilities and parents' request for child care gathered by local child care resource and referral agencies to help us understand the need for quality child care in California. Online at [www.rnnetwork.org/our-research/2009-portfolio.html](http://www.rnnetwork.org/our-research/2009-portfolio.html)

**Managing Chronic Health Needs in Child Care and Schools: A Quick Reference Guide** All-new guide to help caregivers and teachers face the challenges of caring for children with chronic medical conditions and special health care needs. Our Judy Calder is one of the contributors. Available from the American Academy of Pediatrics' bookstore at [www.aap.org](http://www.aap.org).

**New Web site on Screening Young Children for Developmental Delays** Healthcare providers, educators, and parents can obtain information about developmental screening and early intervention resources for infants, toddlers and pre-school age children at a First 5's new user-friendly website, [www.first5cmh.org](http://www.first5cmh.org).

**Online Resource Brief on Immunizations** Immunizations: Resource Brief is a guide to Web sites and other resources on immunization-related topics for health professionals,

the media, policymakers, and the public. The brief, produced by the Maternal and Child Health (MCH) Library at Georgetown University, lists and describes federal agency, professional organization, and advocacy Web sites containing electronic publications that provide information on child, adolescent, and adult vaccinations and immunizations, including materials in non-English languages, policy statements, recommendations, and reports. The brief is available at [www.mchlibrary.info/guides/immunization.html](http://www.mchlibrary.info/guides/immunization.html).

**Start Safe: A fire and Burn Safety Education Program for Preschoolers and their Families** From the Home Safety Council, Start Safe provides resources for preschool teachers and administrators to work hand-in-hand with a local fire department. Online at [http://www.homesafetycouncil.org/AboutUs/Programs/pr\\_sswebinar\\_w001.asp](http://www.homesafetycouncil.org/AboutUs/Programs/pr_sswebinar_w001.asp).

**New report on health consequences of overuse of disinfectants** Disinfectant Overkill, a new report from Women's Voices from the Earth, outlines the health impacts associated with common antimicrobial chemicals and safer alternatives. Also available in English and Spanish at [www.womenandenvironment.org/campaignsand-programs/SafeCleaning/disinfectants/Disinfectant%20Overkill.pdf](http://www.womenandenvironment.org/campaignsand-programs/SafeCleaning/disinfectants/Disinfectant%20Overkill.pdf)

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

CHANGE SERVICE REQUESTED