NORTH CAROLINA
CHILD CARE HEALTH AND SAFETY BULLETIN
NORTH CAROLINA CHILD CARE HEALTH AND SAFETY RESOURCE CENTER

WINTER 2012 VOLUME 14, ISSUE 1

The ***NC Child Care Health and Safety Bulletin*** is developed, translated, printed, mailed, and posted on www.healthychildcarenc.org by the NC Child Care Health and Safety Resource Center, which promotes safe and healthy environments for children in early care and education settings. Project Director: Dr. Jonathan Kotch, MD, MPH, FAAP.

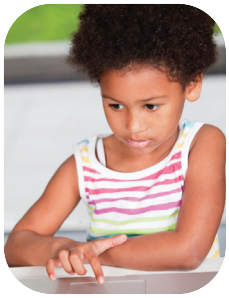
Funding for the Resource Center comes from the Child Care and Development Block Grant of the Office of Child Care, Administration for Children and Families, USDHHS through a contract with the Division of Child Development and Early Education, NCDHHS and the Department of Maternal and Child Health, UNC Gillings School of Global Public Health, and from Maternal and Child Block Grant, and Early Childhood Comprehensive Systems Grant, Health Resources and Services Administration, USDHHS through a contract between the Division of Public Health, NCDHHS and the Department of Maternal and Child Health, UNC Gillings School of Global Public Health.

In This Issue

Young Children and Technology

Ever watch a three year old locate a program on a parent's cell phone, complete an interactive game, or turn on the DVD? Children exposed to technology often find it very easy to use. Young children are growing up with technology tools accessible to them at home and at early care and education programs. Just as they need to be able to read, write, and do math to succeed in school, and later in work, children will also need to know how to use computers and other technology tools.

Early educators have the responsibility of deciding whether or not they want to use technology to enhance their curriculum. As always, they must take every aspect of a child's healthy development into consideration. In addition, they should be aware of the health risk that can be associated with technology tools. For example, how does staring at a screen affect the developing eyes? Will the tools expose the children to lead paint or toxins from the batteries? Will small parts be a choking hazard? Is the content frightening for young children?



Too much screen time has been closely associated with the rise in obesity. In the past, screen time referred primarily to watching TV or movies. Today it also encompasses all games with screens, cell phones, and other devices. NC Child Care Rules .0510, .0511, .1718, and .2508 were passed to help early care and education programs stay within the recommended limits of screen time for young children. As a reminder, the rules state that children 2 years of age and younger shall not have any screen time. Each child over 2 years of age shall have less than 2 1/2 hours of screen time during one week. These rules ensure that young children have plenty of time to play, explore, and be physically active.

Some early educators may be less comfortable with the rapidly changing world of technology, and reluctant to add it to the

classroom. Some may decide that the children they serve will have enough exposure to technology elsewhere, and will not include it in their curriculum. Others may find technological advances exciting and be eager to provide children with opportunities to use a variety of technology tools.

Early educators may want to consider the opportunities children have to experience technology outside the early care and education program. Children who may not have other opportunities to gain experience with technology, may benefit from exposure through their early care and education program. When caring for children with developmental delays, providers can find adaptive equipment to help children use the mouse, keyboard and touch screens to promote their learning.

Many early educators succeed in integrating technology into the classroom. They evaluate software and tools that are available and decide whether they are appropriate based on the skill level, language, and culture of the children. They determine how the use of these tools can enhance children's learning and healthy development. Once they are skillful in using computers and other devices, early educators can intentionally include technology in the curriculum and environment.

References for pages 1-3:

Donogue, C. *Technology in Early Childhood Education*. Child Care Information Exchange, November/December 2003. Retrieved on December 3, 2012 from www.ccie.com/library/5015417.pdf

National Association for the Education of Young Children(NAEYC). *Technology in Early Childhood Programs Serving Children from Birth through Age 8 (draft)*. Retrieved on December 3, 2012 from www.naeyc.org/files/naeyc/file/positions/Draft%20Technology%20in%20Early%20Childhood%20Programs%204-29-2011.pdf

TECHNOLOGY in

Technology plays a part in an early childhood program in a variety of ways. Much of the administration of a center or family child care home can be done on a computer. In addition to face-to-face communication with staff and parents, announcements and basic program information can be posted on a website or sent to staff and parents through email. Cell phones are used on field trips and even when heading outdoors. Digital cameras make taking photos and videos of the children a snap. Some facilities use electronic security and sign-in and sign-out systems. The new Subsidized Early Education for Kids (*SEEK*) swipe card is a statewide system being used by the Division of Child Development and Early Education (DCDEE) to track attendance and payment. Many classrooms have computers with programming for young children. And the possibilities for technology in early care and education will continue to expand.

DIRECTORS AND OWNERS of early care and education programs can use technology effectively to improve the quality of their program. Documentation and general program administration may be streamlined with the use of software designed for child care businesses. Facilities with their own website can use the website to post information for families and staff, such as schedule changes, newsletters, and menus. When technology is used in the classrooms, directors will want to offer their early educators professional development opportunities that will give them the knowledge and skill to use software and technology tools appropriately with the children. Technology tools will eventually need repair, upgrading, or replacement. Programs may use resources such as *Facebook*, *Twitter*, or other social media to promote their program or to enhance communication with families. Social media can be a good way to build a sense of community among families in the program. Consider developing a social media policy that addresses the issue of privacy for family and staff.

EXPLORING TECHNOLOGY OPTIONS

- The health and well-being of the children is a fundamental criterion when thinking about using technology. Rule out tools and software that have potentially hazardous components or parts. Stay abreast of current research that identifies health or safety risks associated with technology.
- Identify tools and software that are developmentally appropriate. Look for technology that works well with the other activities and materials already being used in the classroom/family child care home. See if it can be easily integrated into the daily schedule. Access to technology should not replace or interfere with time for children to communicate, interact, and engage in other activities with other children and adults.
- Consider the developmental, cultural, and linguistic needs of the children. When the children come from diverse backgrounds and skill levels, technology choices can strengthen the curriculum and provide unique opportunities for the children. Do the stories reflect the cultural backgrounds of children in the program? Look for tools that help children be creative, explore, solve problems, and think. Does the tool ask the children to listen and look for specific items? Will the children have opportunities to work together or take turns?

USING TECHNOLOGY

- Children generally follow a typical pattern of skill development as they use technology tools and materials. They must explore the items before they can master the use of the tools and software. Once skillful they can focus on the activity. Infants and toddlers will want to touch, taste, bang, and shake tools as their way of finding out what they are. Many tools will be inappropriate for this age group, including devices with screens. Children under 2 years of age should not have any screen time in early care and education settings in North Carolina. Toy representations of digital items such as computers, cameras, and cell phones are appropriate for toddler pretend play. Interactive media is one source of exploration and mastery for two to five year olds. Preschoolers can learn to use keyboards, computer mice, and touch pads to control a computer. Adults play a role in exploring the media with the children and adding human interaction into the play.
- Like blocks, manipulatives, and other materials, technology can be used to help children learn. For example, children can explore nature outdoors, through books, and on television or computer screens. Digital cameras make it possible for early educators and children to document and revisit their learning experiences, whether they are sprouting beans, building houses, or sharing a meal with family members who are visiting the classroom.

- Children with special needs may need assistive technology tools that can range from toys with simple switches to more complicated tools that help children communicate. Technology can be used to support their independence as well as their inclusion in the activities. Assistive technology is one way to help children with special needs reach their intellectual and social potential.

Early Childhood Programs

- Since children learn and develop through play, provide opportunities with technology that are playful. Allow children to be in charge. Usually children quickly learn to control the tools and direct the play. Children may already be familiar with technology, or may not have had exposure to tools like computers, smart phones, tablets, video game and mobile devices. Early educators can guide children's experiences and help them to develop a healthy approach to technology.

ADDING TECHNOLOGY IN THE PROGRAM

- When integrating technology into the curriculum, focus on how the activity will enhance the child's learning. Consider how to use a computer, digital camera, and specific software to support the development of skills, thinking, and creativity. For example, toddlers can put a CD into a toy CD player to help sleepy dolly take a nap. Preschools can draw their picture of the worm they saw in their garden and write their description using touch pad computers or tools on the keyboard.

- Early educators can use technology in an intentional way and focus on its benefits to children. Their knowledge of what is developmentally appropriate guides their decisions to use technology to provide learning experiences that cannot be provided in other ways.
- Technology offers early educators ways to document children's growth in all areas of development. Photos/videos of children engaged in play can show the children's skills. This information can be shared with families and be used to plan activities that support further development.
- The computer and the internet can be useful communication tools for families and early educators. Email, text messaging, and cell phones provide opportunities to reach parents quickly if necessary. E-newsletters sent to families provide classroom and facilities news and remind families that forms such as updated immunizations records should be submitted. Early educators knowledgeable about technology can provide families with information and ideas about how they can use technology in the home appropriately. This is one way families can extend their children's learning at home.

EVALUATING THE USE OF TECHNOLOGY

- In this age when technology is ever expanding, technology and media literacy are becoming a must for early educators and families. Early educators who know about tools and software and are able to use them well will be better able to pick out materials and tools that support children's learning. As they interact with the children, they can guide children to experiment with the tools.
- Once the technology is accessible to the children, early educators can observe how the children use the tools and if the tools are, in fact, enhancing the children's learning.

Looking for more INFORMATION?

Check out NAEYC's Technology and Young Children Interest Forum, **www.techandyoungchildren.org**. It offers four resource pages.

- Technology with Children
- Technology Tools for Educators
- Technology at Home
- Research

Children's TECHNOLOGY REVIEW offers a *Children's Interactive Media Rating Instrument* that explains how they rate children's interactive media. The criteria may be helpful questions to consider when reviewing technology to use with young children. It can be found at **http://childrenstech.com/evaluation-instrument.**

Winter Safety Tips

It is rarely too cold to play outdoors in North Carolina. This makes it easier to comply with the NC Child Care Regulations that require at least one hour of outdoor play daily.

Many people believe children get sick from playing outside in cold weather, but it may keep them healthier. Because germs are less concentrated outdoors, it is more difficult to spread common airborne illnesses like cold and flu viruses. Prevent winter colds and flu with frequent hand washing, not by staying indoors.

Consider these guidelines for healthy, active, outdoor play:

- Have children wear several thin layers. On cold days, make sure their hands, feet and heads are well covered.
- For children with asthma, cold air can sometimes trigger asthma attacks. A scarf around the nose and mouth can help warm the air before it enters the lungs. If an asthma attack occurs, follow the child's health care plan.

- Play outside during the warmest time of day and only if the temperature, including wind chill, is above 20ºF.
- Stay out for 20-30 minutes 3-4 times a day when it is very cold outside. Infants and children who are not mobile lose body heat more quickly. They may need to go indoors after 10-20 minutes. Even a short period outdoors provides fresh air and a change of scenery.
- Keep children moving to warm their bodies.
- The sun can be harmful even in winter. Sunscreen and sunglasses are recommended.

Winter is a perfect time to bundle up and go outdoors to learn and play.

References:

American Academy of Pediatrics. *Winter Tips*. Retrieved Dec. 12, 2011 from www.aap.org/advocacy/releases/decwintertips.cfm

Clean Air Council. *Winter Time Asthma and Allergy Tips*. Retrieved Dec. 12, 2011 from www.cleanair.org/program/environmental_health/asthma_outreach/winter_time_asthma_allergy_tips

February is

American Heart Month

National Children's Dental Health Month

Sweet Potato Month

March is

National Nutrition Month®

National Sleep Awareness Week®

18–24: National Poison Prevention Week

2: Read Across America Day

11: Daylight Saving Time Begins

21: Kick Butts Day
Campaign for Tobacco Free Kids

April is

National Autism Awareness Month

National Child Abuse Prevention Month

Stress Awareness Month

Women's Eye Health and Safety Month

7-13: National Public Health Week

22-28: Week of the Young Child

7: World Health Day

10: Siblings Day

22: Earth Day

Bulletin Board

Early Learning Challenge Grant Awarded to NC

On December 16, 2011, Governor Perdue announced that North Carolina was one of 9 states to win the **Race to the Top/Early Learning Challenge Grant**. North Carolina was awarded $70 million over a four year period from the U.S. Department of Education and the U.S. Department of Health and Human Services to strengthen and support early childhood education. The goals of this grant include:

- Improving early learning programs in underserved areas.
- Expanding screening programs to ensure early intervention for children with health and developmental problems.
- Improving how children's progress is evaluated.
- Providing incentives and resources for the state's early childhood workforce.
- Helping early childhood educators engage family members in a child's early development.

April 22-28 is the 40th annual Week of the Young Child™

Week of the Young Child™ — Early Years Are Learning Years®

The Week of the Young Child is an annual celebration sponsored by the National Association for the Education of Young Children (NAEYC). Dedicate this week to focus public attention on the needs of young children and their families. Use it as a time to recognize the early childhood programs and educators that serve and educate young children.

Early care and education programs can celebrate with special meals, arts and crafts projects, small presents for the children or caregivers, theme and costume days, etc. This year's theme is *Early Years Are Learning Years*©. Visit www.naeyc.org/woyc/faq for more information and ideas.

Children and Screen Time

Most children are exposed to TV, computer, video or cell phone screens at some point during their day. Without monitoring, this "screen time" can be dangerous and distracting. Here are some basic guidelines families can follow to help make screen time, if allowed, a positive force in children's lives.

Limit TV viewing time: The American Academy of Pediatrics (AAP) recommends that children under two years of age not watch **any** TV. It is tempting to use educational DVDs or children's programming designed for infants and toddlers. However, research shows that younger children can learn much more from hands-on experiences. During the first two years, children's brains develop by touching, smelling, listening, seeing, tasting and moving. By exploring their world, they build their abilities. They learn social skills by interacting with others.

The AAP recommends limiting TV viewing to 2 hours or less per day for children 2 years of age and older. Not watching TV at home is an option. Families should count screen time in child care in the child's total screen time for the day. Having one central place for TV and DVD viewing makes it easier to supervise the programs watched and the time children spend watching them.

Families should reserve mealtimes as a time to talk about their day, without the TV on. This helps families build strong bonds and helps children develop healthy habits.

Watch TV with children: Parental controls and ratings can be helpful, but nothing can replace adult companions. Adults can teach children to be informed viewers by talking to them about what they just saw, or what might happen next.

Creating a family viewing schedule helps improve the quality of screen time. Families can record children's programs during the day, and watch them together later. Fast-forwarding through commercials gives time to talk and make the experience more valuable.

Choose the right programs: Families who watch TV should carefully choose age appropriate programs for their children to watch. Studies show that preschool children benefit from educational TV designed for their age group. They are able to learn and apply the lessons the programs teach.

Adults can use the "V-Chip" to block inappropriate programs. All TV sets made after 2000 that are more than 13 inches wide have V-Chips. The V in V-Chip stands for violence. Children under 7 years of age cannot always tell the difference between fantasy and reality. They should not be exposed to violent acts or other risky behaviors. Such exposure can cause them to view the world as scary and dangerous. Children may eventually accept the negative behaviors they see on TV as normal, and begin to adopt some of them. Children who watch violent cartoons are sometimes less able to pay attention and show self-control.

Monitor computer use: If preschoolers spend time online or playing age appropriate games, supervise them closely. Bookmark children's sites to make it easier for older children to use the internet appropriately.

Offer alternatives to screen time: Families can offer other simple options for free time, such as books, Legos, playdough, crayons, and playing outdoors. Having children help with household chores is another positive choice. Sports, music, dancing and games are great social activities that also promote physical activity. Visit "Let's Move!" at **www.letsmove.gov** for ideas on active play and many other resources.

References:

KidsHealth.org. *How TV Affects your Child*. Retrieved Oct. 28 2011 from http://kidshealth.org/parent/positive/family/tv_affects_child.html

KidsHealth.org. *Healthy Habits for TV, Video Games, and the Internet*. Retrieved Oct. 28 2011 from http://kidshealth.org/parent/positive/family/tv_habits.html

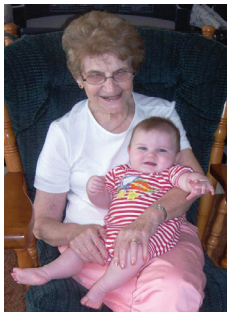
Kirkorian, H, Wartella, E, Anderson D. *Media and Young Children's Learning*. The Future of Children, Volume 18, Number 1, Spring 2008, pp. 39-61

Mowers, S. Mares, A Bendel, R. *Teachers Lounge: Monitoring Screen Time*. TYC: Teaching Young Children/Preschool. Volume 5 Number 1

NORTH CAROLINA CHILD CARE HEALTH & SAFETY RESOURCE CENTER • 1-800-367-2229

Consultant's Corner

An All Inclusive Child Care Program: Collaboration Improves Quality



Sandhills Children's Center began in 1970 as a day school for children with severe disabilities. Over the years, it has grown to be one of the largest preschool programs for children with disabilities in North Carolina. Sandhills Children's Center is a private non-profit five-star child care center. It serves children birth to five years of age who are typically developing and those who have mental delays, sensory impairments, and other disabilities. Even children who are medically fragile with multiple handicaps are enrolled.

Studies have found that children thrive in inclusive programs. Families with children who have special needs gain social support and develop a more positive and accepting attitude toward their own children. Their children develop social skills and self-esteem. The other children and families learn to accept and appreciate differences and disabilities.

At Sandhills Children's Center, teachers and health professionals work together to help each child become as self-sufficient as possible. They offer skilled early care and education, therapy, and medical support services. This collaboration of services and skilled early care and education seems to be the key to their success.

Gail Hicks, Director of Sandhills Children's Center, strongly believes in their mission to provide the highest quality of care to all of their children. Gail works closely with her staff and coordinates care with outside organizations such as Moore County Schools and Smart Start.

Halona Elliott, the child care health consultant (CCHC) for Moore County, consults regularly with Sandhills Children's Center. It is a special place to Halona because it is an all-inclusive program. "The children are so amazing, overcoming their developmental and physical challenges the way that they do. And the teachers are some of the most dedicated that you will find." Each classroom has one lead teacher with a four year degree and two teaching assistants. The extra help comes in handy when there is a child enrolled who needs more individual attention. For example, a child may have a tracheostomy, a surgical incision in the neck that leads directly to the trachea or breathing tube. It is not uncommon for some of the children to have challenging behaviors, to be visually or hearing impaired, or to have a combination of disabilities.

Halona offers many support services for the Sandhills Children's Center. Frequent trainings are needed when the children transition from one classroom to another. Forms and policies need to be revised, updated and managed. When a new child with a disability is enrolled, Halona helps train the early educators to meet the child's specific care needs. For example, this year Grant (the name has been changed) enrolled at the center. He had a tracheostomy tube to keep his airway open, a gastric feeding tube, a pacemaker for his heart, as well as a number of developmental delays. Halona used a special training doll "Nickie" to demonstrate how a tracheostomy tube and gastric feeding tube work. "Nickie" comes with both tubes. The training made the inclusion process smoother for Grant, the other children, and the adults who cared for him.

With improvements in medical knowledge and care, more children who are born prematurely survive. Some of these children will have long-term disabilities. A CCHC possesses the unique training to help meet the needs of this growing population. The CCHC works with early educators, therapists, and other health professionals to support high quality, inclusive care for children with and without disabilities. Sandhills Children's Center is an excellent example of a program that is strengthened by partnering with community resources such as Halona Elliott.

Sandhills Children's Center Values

- **C** Committed to Quality Services for Children
- **H** Highest Professional Standards
- **I** Integrity
- **L** Loving and Nurturing
- **D** Dedicated to the Family

References:

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care. *Caring For Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*; 2nd ed. American Academy of Pediatrics. 2002

Sandhills Children's Center. Retrieved December 12, 2011 from www.sandhillschildrenscenter.org

Let's Jump!

Five little monkeys jumping on the bed
One fell off and bumped his head
Mama called the doctor and the doctor said,
"No more monkeys jumping on the bed!"

Four little monkeys jumping on the bed,
Three little monkeys jumping on the bed, (and so on).

Wiggle, wiggle, jump and giggle. Children thrive on being active. Find opportunities for them to exercise to keep healthy and strong. Jumping activities are aerobic exercises that get the heart pumping, build muscle and bone strength, and help develop fundamental motor skills.

Jump! Jump! Jump!

Music Bounce Infants and toddlers can bounce up and down to music. This is the first movement in the process of learning to jump. With a group of toddlers sing this jumping song using a child's name. "Calla, Calla, jump up and down, jump up and down, Calla, Calla, jump up and down, now sit back down." Then go to another child. Lay socks or bean bags on the floor spaced a little apart. Play music and ask toddlers to jump over them. Count as they jump. Older children may like to try jumping backward and sideways to the music. Make an obstacle course of things around the classroom or outdoor learning environment to jump over in different directions.

Bubble Fun! Fill the classroom or outdoor learning environment with bubbles. Encourage the children to jump to try and pop floating bubbles. Help children that are not yet able to jump learn to bend and straighten their legs, either while standing or sitting. Non-walkers can use their upper body and arms to bounce and reach for the bubbles.

High Water/Low Water Have children take the ends of a long jump rope and hold it so the middle lies on the ground. Ask the children to form a line and take turns jumping over the rope. Raise the rope a little bit higher after each group of children has had a turn. What other ways are there to get over the rope without touching it? When the rope gets too high for the children to jump over safely, suggest they bend underneath it…limbo-style. Non-walkers could roll or scoot under the rope.

Jumping Jacks Show young children how to stand with their legs together, slightly bent, and arms by their sides. Get Ready! Get Set! Go! Encourage them to jump into the air and land legs wide apart and arms raised above their heads, forming a star shape. Then they jump again to bring their legs back together and arms back to their sides.

Create **Jumping Stations** with suggestions found at: **www.extension.iastate.edu/publications/PM1359B.pdf.**

Fun Facts about Jumping

- A cat can jump five times as high as it is tall!
- The only animals that cannot jump are elephants.
- *National Geographic Kids* broke the Guinness World Record for the most people doing jumping jacks in a 24-hour period! First Lady Michelle Obama kicked off the challenge at 3 PM on October 11th on the South Lawn. She led local children in an exercise that does everything experts say is needed to keep children healthy and fit. By October 12th at 3 PM, 300,265 jumpers all over the world had taken part – far surpassing the existing record of 20,425! For more information, visit: **www.kids.nationalgeographic.com/lets-jump.**

Official White House Photo by Chuck Kennedy

Children's Books

Anna Banana: 101 Jump Rope Rhymes
by Joanna Cole 1989

Cows Can't Jump
by Nick Fauchald 2008

Hop Jump
by Ellen Stoll Walsh 1996

Jump!
by Scott M. Fischer 2010

The Original Five Little Monkeys
by David Martin 2010

= Infant/Toddler

= Preschool – School-age

Reference:

Let's Move! Retrieved November 12, 2011 from **www.letsmove.gov**

UNC Printing Department
NC Child Care Health & Safety Resource Center
5601 Six Forks Road
Raleigh, NC 27609

Nonprofit Org
US Postage
PAID
Raleigh, NC
Permit No. 2483

Healthy
Child Care
North Carolina

POSTMASTER: Please deliver as soon as possible – time dated material enclosed

Ask the Resource Center

Q: *We are about to enroll a child with epilepsy and are a little nervous. What do we need to know?*

A: The thought of caring for a child with epilepsy, also called a seizure disorder, is often more frightening than the reality. Fortunately, when a child with epilepsy attends child care, both an individual health care plan and an action plan should be developed to provide you with the information you need to safely care for the child. The child's health care provider completes both plans. The individual health care plan includes information about seizures and a specific care plan for the child. The action plan contains instructions to follow when a seizure occurs.

Problems with electrical signals in the brain cause seizures. The person experiences brief changes in consciousness, movement, sensation, and behavior. Most seizures last 3-4 minutes and are rarely life threatening.

Generalized seizures involve the whole brain and body. Children shake in a rhythmic or jerking fashion, often fall to the ground, and are unresponsive. Sometimes children lose bladder or bowel control.

Partial seizures involve part of the brain. They can cause confusion, hallucinations, or strange movements. When children have seizures known as absence seizures they simply stop and stare. They are unresponsive and have no memory of the incident.

When a child has a seizure, try to keep calm and follow the instructions in the child's action plan. **Call 911**

- As directed in the action plan.
- If the seizure lasts longer than five minutes.
- If the child is unconscious, has difficulty breathing, or has an injury following the seizure.

After a seizure, children may be drowsy, confused, nauseous, or emotional for anywhere from minutes to hours. They may have trouble remembering or communicating. As the brain recovers, most children gradually feel more normal. Allow the child to sleep as needed.

Learning more about epilepsy will help you understand how to provide a caring environment for the child and the family. You can find helpful information at the Epilepsy Foundation's website: **www.epilepsyfoundation.org**. A child care health consultant (CCHC) and the family can provide information and training for the staff.

References:

Donaghue, E and Kraft, C; editors. Managing Chronic Health Needs in Child Care and Schools. American Academy of Pediatrics. 2010.

KidsHealth.org. Epilepsy. Retrived Nov 21, 2011 fom http://kidshealth.org/parent/medical/brain/epilepsy.html#

HEALTH BULLETIN

Editor: **Vol. 14 Issue 1**
Jacqueline Quirk

Contributors:
Jeannie Reardon, Angela Swanson

Special Thanks to:
Halona Elliott, RN, BSN, CCHC, First Health of the Carolinas

Print and Download:
You can print copies or download this publication from our website at: **www.healthychildcarenc.org**

Reprinting:
Articles may be reprinted without permission if credit is given to the bulletin and the material is not reproduced for commercial purposes. This publication is produced by the North Carolina Child Care Health and Safety Resource Center and distributed to licensed child care facilities, CCR&R agencies, DCDEE child care licensing consultants, and child care health consultants throughout North Carolina.

10,000 copies of this document were printed at a cost of $.46 per copy

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
HRSA
Health Resources & Services Administration
Maternal & Child Health Bureau

We'd like to hear from you!

Call us at **1-800-367-2229**, choose 1 then 2. Share your comments and request articles or information.