

NORTH CAROLINA CHILD CARE HEALTH AND SAFETY BULLETIN

NORTH CAROLINA CHILD CARE HEALTH AND SAFETY RESOURCE CENTER

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The NC Child Care Health and Safety Resource Center promotes safe and healthy environments for children in child care settings. Project Director: Dr. Jonathan Kotch, MD, MPH, FAAP.

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Good Sleep, Good Health

Melanie, the lead teacher in a toddler room, felt frazzled and exhausted. Between work, caring for her twins, and taking a night class at a community college, she was struggling to get everything done. It was a rare night that she and her children got eight hours of sleep.

Ahhh.....sleep! There is nothing like a full night's sleep. It gives the body a chance to recover from disease, fight illness, and maintain a healthy weight. During deep sleep, the body releases hormones that promote growth and development. Children and adults who are well-rested have fewer injuries and can better manage stress.

A good night's sleep supports brain development and a person's ability to function. It improves learning, memory, and problem-solving skills. When rested, people are better able to pay attention, concentrate, and remember what they learn.

Children who do not get enough sleep may be inattentive, impulsive, and easily distracted. Overtired children are often fussy and "wired." When adults are overtired they react more slowly and their judgement is impaired. They are more likely to have vehicle and work-related accidents. Over time, lack of sleep puts a person at risk for diseases such as high blood pressure, diabetes, obesity, depression, and cancer.

How much sleep a person needs varies. The National Sleep Foundation recommends a range of hours for specific age groups. For example an infant four to eleven months of age should sleep twelve to fifteen hours per day. A three to five year old needs ten to thirteen hours and adults twenty-five to sixty four years of age need seven to nine hours of sleep. Go to sleepfoundation.org for more information.

Early educators can establish a sleep environment that is safe and encourages



sleep. NC Child Care Rules and the Sanitation of Child Care Center Rules state how to reduce the risk of sudden infant death syndrome (SIDS) and the spread of illness. The rules address cribs, mats, bedding, scheduling, and supervision of sleeping children.

Naptime in early care and education settings should meet the individual needs of each child. Most children will sleep from thirty minutes to three hours. The children who just rest at naptime may like to read books or engage in other quiet activities.

A quiet space, low lights, and predictable routines help children learn to calm themselves, relax and fall asleep. This ability to fall asleep is a habit that will serve children well throughout their lives. Early educators can find indicators and strategies for helping children develop healthy sleep habits in *The North Carolina Foundations for Early Learning and Development*. Go to http://ncchildcare.dhhs.state.nc.us/providers/pv_foundations.asp to access *Foundations*.

After learning how sleep affects her family's health and well-being, Melanie put the twins to bed an hour earlier. This allowed her to get to bed an hour earlier as well. She noticed that with more sleep the children were less cranky. Her ability to cope improved and she was more focused at home, work, and school.

People of all ages need sleep. It helps their minds and bodies function well. Adults who get a good night's sleep wake rested, alert, and refreshed. They are able to be productive and care for children well. Children who get a full night's sleep are often in good spirits and are better able to learn and focus during the day.

Young children need even more sleep than adults or school-age children. The recommended amount of sleep varies for children of different ages. According to updated guidelines from the *National Sleep Foundation*, children ages zero-five years of age need the following amounts of sleep:

Age	Sleep Range (hours/day)
Newborns (0–3 months)	14–17 hours
Infants (4–11 months)	12–15 hours
Toddlers (1–2 years)	11–14 hours
Preschoolers (3–5 years)	10–13 hours

Scheduling Naps in Early Care and Education Settings

Early educators should set aside time each day for children to sleep and rest as needed. Infants and young toddlers need more sleep than most preschoolers. They may have irregular sleep patterns and take more than one nap in a day. For **children less than 16 months old**, early educators should schedule naps based on children's individual sleep needs.

Early educators can help children develop good sleep habits. One of the first steps is helping them learn to recognize sleepiness: "Ethan, you are rubbing your eyes. You are sleepy. Let's get ready for your nap." The signs of sleepiness include:

- rubbing eyes
- showing disinterest in play
- clinging to an adult
- sucking a thumb
- putting his or her head down
- getting clumsy
- slowing the pace of activity
- becoming very easily frustrated
- becoming fussy for no apparent reason



By 16 months of age, children are often ready to switch to one long nap in the afternoon. When early educators add this time to the daily schedule, children begin to recognize the naptime routine.

Some older preschoolers, **between the ages of 4–5**, give up napping altogether. Early educators can offer these children a time of rest and quiet play.

Healthy Napping Environment

Regardless of age, all children need a safe, comfortable place to sleep in child care. Sleeping areas should be quiet and free of clutter. Early educators can set up the nap area with soft, cozy lighting that adjusts gradually.



Each child should have his or her own crib, cot, or mat for sleeping, labelled with the child's name. To prevent strangulation, early educators should place infant cribs away from any ropes or cords. Cribs must meet current *Consumer Product Safety Commission* (CPSC) standards. Cribs, cots or mats should be spaced at least 18 inches, and preferably 36 inches, apart to prevent the spread of communicable diseases. Place children to sleep based on their relationships with each other. For example, separate children who like to chat. Children who tend to wake others up can rest in a location that is easy to supervise.

Allow children to take their time when falling asleep and waking up. Those who wake early can play quietly while waiting for others to wake up. Some children may be a little grumpy when they first waken. Playing with playdough or at the sensory table may help children transition after naptime.

Supervision



NC Child Care Rules .0714 (h and i) and .1718 (a)(4)(B) and (a)(5) require early educators to supervise sleeping children. The rules also require that children's faces are not covered by bedding or other objects while they sleep. In early care and education centers, at least one early educator must be in each room or be visually supervising all the children while the other staff are available to respond quickly. In family child care homes children can sleep or nap in a separate room on the same floor if the door is open and the supervising staff is nearby. Family child care home providers must be able to hear children and respond quickly.



Safe Sleep for Infants



NC Child Care Rules .0606 and .1724 require that each child care facility establish and follow a safe sleep policy for infants. Safe sleep policies help reduce the risk of sudden infant death syndrome

(SIDS), strangulation, choking, and other hazards during sleep. Early educators must put infants to sleep on their backs in a separate sleep place from other children or adults. The temperature in the room where infants sleep should be 75°F or lower to prevent overheating.



Centers and family child care homes must specify in their *Safe Sleep Policy* what objects they allow in cribs. The *American Academy of Pediatrics* recommends that

infants not sleep with blankets, which can be hazardous. Loose bedding and extra items in the crib are also risk factors. Best practice is to keep blankets, loose bedding and other objects out of cribs. Sleep sacks and sufficient layers of clothing are safe alternatives to blankets.



Developing Healthy Sleep Habits

Families and early educators can work together to make sure children get the sleep they need. For example, if a child has not slept well during the night, her parents can let early educators know their daughter may need an extra nap that day. If early educators notice that a child is often tired, they can talk with the family about the child's need for more sleep.

Sleep routines help children develop healthy sleep habits. Sleep routines might include dimming the lights, reading a story and listening to soft jazz, lullabies, or quiet classical music. Toddlers and preschoolers might like to cuddle a favorite stuffed animal. Children who sleep in safe, predictable, and pleasant environments begin to look forward to going to sleep. Healthy sleep habits can last a lifetime.

When Children Do Not Nap

Sometimes children, especially older preschoolers, will not need to sleep at naptime. Early educators should respect a child's decision not to nap. Non-nappers need time for rest and quiet play. Options for quiet play include reading books, doing puzzles, coloring, or having one-on-one time with an early educator. Children should always have the option of sleep if and when they need it.

Sleepytime Activities for Young Children

- Add pillows, blankets and a pair of old pajamas to the dramatic play area. Encourage children to act out bedtime routines.
- Place doll beds and dolls in the book area. Children can read bedtime stories to their "little ones."
- Read *The Napping House* by Audrey Wood. Add doll blankets, dolls and stuffed animals to the block center. Can the children build the bed for their own "napping house?"
- Have preschoolers bring in their favorite bedtime story or music to share with friends before or during naptime.



Children's Books on Naps and Sleeping

Good Night, Gorilla by Peggy Rathmann

Naptime by Elizabeth Verdick

Nap-a-Roo by Kristy Kurjan

The Sleep Book by Dr. Seuss



Resources for Early Educators

KidsHealth for Kids

What Sleep Is and Why All Kids Need It

http://kidshealth.org/kid/stay_healthy/body/not_tired.html

Sleep is important! Visit www.sleepforkids.org for information, as well as games and puzzles for school-age children.

References for pages 1-3:

Division of Sleep Medicine at Harvard Medical School and WGBH Educational Foundation. Healthy Sleep. Retrieved August 24, 2015 from <http://healthysleep.med.harvard.edu/healthy/matters/consequences/sleep-and-disease-risk>

National Sleep Foundation. How Much Sleep Do You Need? Retrieved September 10, 2015 from <https://sleepfoundation.org/excessivesleepiness/how-sleep-works/how-much-sleep-do-we-really-need>

December 6-12, 2015 is National Influenza Vaccination Week



“Flu season” is here and might last until May! Influenza or “the flu” is a virus that infects the nose, throat and lungs.

People can have mild to severe, and in a few cases, life-threatening, symptoms.

Symptoms of the flu may include fever, chills, sore throat, runny nose, aches, headaches, fatigue, vomiting and diarrhea. Children under the age of five and adults ages sixty five and older are at higher risk for complications from the flu. People can spread the virus at any time before, during or after showing symptoms.

Flu vaccines protect against the spread of influenza. The Centers for Disease Control and Prevention (CDC) recommend that nearly everyone over six months of age get a flu vaccine each year. Infants less than six months of age are too young to get a flu shot. Several different types of vaccines are available. Families and individuals can talk to health care providers about which vaccine is right for them and where to get the vaccine.

The flu vaccine can cause side effects, including flu-like symptoms. The side effects are mild and short lasting compared to actual flu symptoms. The vaccine does not give anyone the flu.

Though infants under six months of age do not get a flu shot, they can get the virus. Early educators, parents and families can help protect infants from the flu by getting flu shots for themselves.

For more information on flu vaccines, visit www.cdc.gov/flu/protect/keyfacts.htm.



October is

Apple Month 

Children’s Health Month

SIDS Awareness Month

November is

American Diabetes Month

National Epilepsy Awareness Month

9-13: National Young Reader’s Week



19: Great American Smokeout

December is

Safe Toys and Gifts Month

Tomato and Winter Squash Month  

1: World AIDS Day

6-12: National Hand Washing Awareness Week

January is

International Creativity Month

National Birth Defects Prevention Month

National Soup Month 

17-23: Healthy Weight Week

Bulletin Board

Replace Smoke Detector Batteries!

During November take the time to check and replace the batteries in smoke detectors and carbon monoxide detectors.



November 13th is World Kindness Day

To celebrate, let each preschooler pick an extra act of kindness to do during the day. For example, children can help their friends clean up art supplies or help the teacher rearrange books. Early educators can encourage kindness every day by noticing and describing kind actions: “Emma, you shared the toy with Marcus. That was kind!”



2015 Annual License Fees Due December 15th!

In early November, child care centers and homes will receive an invoice for their annual license fee. The invoice comes from the Division of Child Development and Early Education (DCDEE) and the Department of Health and Human Services (DHHS) Controller’s Office. Capacity determines the fee. Review the capacity noted on your current license. Use the chart here to assist with determining the fee. For more information call 1-800-859-0829.

Rates for 2015 Annual License Fee	
Licensed Capacity	Fee
<i>Child Care Centers</i>	
12 or fewer children	\$52.00
13-50 children	\$187.00
51-100 children	\$375.00
101 or more children	\$600.00
<i>Family Child Care Homes</i>	
	\$52.00



Golden Slumbers

*Golden slumbers fill your eyes;
Smiles awake you when you rise.
Sleep, pretty darling, do not cry;
And I will sing you a lullaby* 🎵
- Thomas Dekker



Families can establish sleep rituals that help children get enough rest and develop healthy sleep habits. All family members need sleep to rest the body and promote overall health. When people are well-rested they are better able to learn and cope with daily stresses.

For many families, bedtime can be a challenge or a pleasure. Parents may not want to cut evening family time short. Young children may resist going to sleep. It may be hard for children to fall asleep when there is activity and noise in the home. Some families struggle with establishing or maintaining routines.

When families value sleep, have a quiet place for children to sleep, and follow bedtime routines, they help children develop healthy sleep habits. Children can use these habits wherever they are and throughout their lifetime.

Tips for creating healthy sleep habits



Bedtime routines

Many children sleep better when they eat dinner and go to bed at the same time every night. A bedtime routine might include activities like bath time, brushing teeth, stories, soft music, and a short cuddle. Over time, a consistent routine will be a cue that it is time to calm down and be ready for sleep. Enjoying this time together eases the transition to sleep.



Screen time

Children who have televisions in their bedroom do not sleep as much as children that do not. Light from electronic screens such as computer screens, tablets and cell phones disrupts sleep. Generally, children sleep best in quiet, dimly lit rooms that do not have TV or other electronic screens.



Diet

Having foods with caffeine near bedtime can make falling asleep more difficult for children and adults. Avoid serving chocolate, tea, coffee and sodas that contain caffeine at dinner or in the evening. Offer food and beverages without caffeine, such as an apple, a piece of toast, water, or warm milk.



Learning to sleep

In the first months of life, families will want to respond quickly to all infant needs for food and nurturing. Over time, infants can learn to self-soothe and to return to sleep by themselves. Toddlers and preschoolers will need continued support as they work on sleep skills. Families can talk with primary health care providers about how to help infants and young children learn to self-soothe in a caring and nurturing environment.



Support early educators' efforts to help children rest.

Many children nap in early care and education settings. Families and early educators can discuss the child's sleep habits. Discussions about length of naptimes and sleep patterns will help to create healthy sleep habits at home and in early care. Families and early educators can share techniques they each use to soothe the child and help the child to self-soothe.

Families can share information that might affect the child's sleep when dropping their child off. Early educators want to know about:

- Changes in child's sleep patterns or schedules
- Milestones such as teething or rolling over in a crib
- Stress or family changes such as a new baby, visitors at home, or divorce

Reference:

Early Childhood Learning and Knowledge Center. Early Head Start. *News You Can Use: The Culture of Sleep and Child Care*. Retrieved September 23, 2015 from <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/comp/nutrition-health-safety/TheCultureofSL.htm>



Welcome to the CCHC Corner!

In North Carolina, 243,329 children are in regulated early care and education settings. There are 6,886 child care centers and family child care homes across the state.

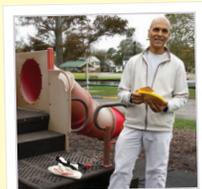


Read the CCHC Corner in upcoming issues of the *NC Child Care Health and Safety Bulletin*. Find out how child care health consultants (CCHCs) partner with early educators to provide healthy, safe environments for children.

For example early educators might be worried about how to care for children with asthma. They might have concerns about the safety of their outdoor learning environment.

CCHC Earl Jagessar has worked with early educators in Bertie, Gates, Camden, Currituck, and Pasquotank counties for the past eight years. He is a health educator who has experience as a social services caseworker in the foster care system and in Head Start. Earl states that the best part of his role as a CCHC is “the opportunity to interact with providers and children.”

In all five counties, early educators can turn to Earl for professional development. He offers training on a wide range of health and safety topics. Early educators can learn about car seat safety, handwashing, how diseases spread, nutrition, and more.



One of Earl’s passions is for early educators to do “anything to get kids active!” When there is an opportunity to gain knowledge about children and physical activity, Earl jumps at it. He has completed *Shape NC, Be Active Kids*, and the *Early Childhood Physical Activity Institute*. Earl’s goal as a CCHC is “to increase the physical activity piece, because when I do that every child has a smile on their face — and the teachers do, too!”



In Bertie County Earl works more closely with early care and education programs. Bertie County is one of the four counties in the Transformation Zone. These four counties receive broad support from the Race to the Top North Carolina Early Learning Challenge grant. They receive increased services to improve outcomes for children at home and in early education settings. The long term goal is for every child to enter kindergarten ready to succeed in school and in life.

They might want to increase children’s active play time. CCHCs work with early educators to meet these needs. CCHCs offer a range of services. They can

- ✓ Assess the health and safety needs and practices in child care facilities
- ✓ Partner with staff to develop improvement plans
- ✓ Develop strategies to include children with special needs
- ✓ Establish and review health policies and procedures
- ✓ Manage and prevent injuries and infectious diseases
- ✓ Connect staff and families with local resources
- ✓ Provide health education for staff members, families and children.

In Bertie County, Earl provides more in-depth services for early educators. He visits programs frequently to consult with them. Together he and the early educators identify specific areas they want to improve. They decide on ways to make those improvements. He shares information about resources for young children and their families. Additional resources offered to families in the Transformation Zone include:

- ◆ Early Literacy: *Reach Out & Read* and *Motheread* strategies
- ◆ Family Connects (Nurse Home Visiting Program for Parents of Newborns)
- ◆ Positive Parenting Program (Triple P)
- ◆ Healthy Social Behavior Specialist

Earl encourages the people he works with to then use the tools, resources, and skills they learn to continue to improve health and safety outcomes for their children.

Find a CCHC in Your Area



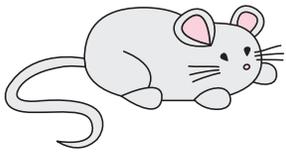
Call 800-367-2229 or access the NC CCHC Directory at www.healthychildcarenc.org/consultant_list.htm



Sharon Pratt Brown
Eastern Regional CCHC Coach
NC Child Care Health and Safety
Resource Center

Reference:
North Carolina Division of Child Development and Early Education. Child Care Statistical Report. *September 2015 Statistical Detail Report*. Retrieved October 20, 2015 from http://ncchildcare.nc.gov/general/Child_Care_Statistical_Report.asp.

Quiet as a Mouse!



Here's a quiet little mouse
 Living in a quiet little house (*hold thumb in fist*)
 When all was quiet as could be
 OUT! popped he! (*pop out thumb*)

Children learn vital emergency preparedness and response skills during daily routines and play. They line up to go indoors from the outdoor learning environment. They use that skill when lining up for a fire drill. Children must be quiet to hear directions during an emergency. They will be safer during lockdown when they are silent. *NC Foundations for Early Learning and Development* recommends strategies for helping children gain safety awareness. Strategy #8 for older toddlers and #5 for preschoolers says "Use play to reinforce safety messages and practice responding to dangerous situations." Reinforce being *quiet* — and LOUD by exploring opposites.

Wake Up!

Sing this Wake Up! song of quiet and loud. Everyone taps the ground gently while singing quietly. All pound the ground when it is time to wake up. Ask the children to think of other animals or people to name in the song. To learn the tune and sing along visit: <https://klmpeace.wordpress.com/rhymes-for-baby-and-toddler-storytimes/#64>

Dog is sleeping, don't wake it up. Dog is sleeping, don't wake it.
 Dog is sleeping, don't wake it up. Now we're very quiet. Shhhhh.
 WAKE UP dog, it's time to play! WAKE UP dog, it's time to play!
 WAKE UP dog, it's time to play! Now we're very LOUD!
 Cat is sleeping, don't wake it up.
 Pig is sleeping, don't wake it up.



Noisy and Quiet Animals

Extend the Wake Up! song using animal puppets, like a lion, a butterfly, an elephant, and a mouse. Have the animals appear one by one. Talk about whether the animal could be LOUD, quiet, or both? Like children!



Listen for the Sound

Which sounds are loud or quiet? Plan a science experiment so children can explore this question.

Have children gather a variety of objects they can drop into a large container. They might try

- leaves
- plastic lid
- large pompom
- metal can
- small block of wood (block)

Ask the children:

- Will the sound be loud or quiet when the object lands?
- What did you hear?
- Try dropping each object into water or onto sand. How is the sound different?

Extend the activity: Encourage the children to compare the different noises. Have two of each item and see if children can match the two that sound the same. What about ordering the objects from quietest to loudest?

Resources for Early Educators

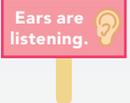


The **Training and Technical Assistance (T/TA) System** of the Office of Head Start provides resources on quality teaching and learning.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system>

Early educators can use their *Tips for Teachers* when planning. This resource will help prepare children to respond as directed when needed. Strategies include:

- State expected behaviors in advance.
- Post expectations.
- Provide demonstrations.
- Use role play.
- Lead discussions.



<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/docs/state-teacher-tips.pdf>

Tools for Teachers: Stating Behavioral Expectations provides visual reminders for children about classroom expectations. There are activity ideas for highlighting the differences between quiet, medium, and loud voice volumes.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/docs/state-teacher-tools.pdf>

Children's Books about Quiet and Loud

Little Tiger is Loud: A Book About Using Your Inside Voice by Susan Hood 2008



Listening Time by Elizabeth Verdick 2008



The Loud Book by Deborah Underwood 2011



The Quiet Book by Deborah Underwood 2010



Quiet Loud/Silencio Ruido by Leslie Patricelli 2003



Infant/Toddler Preschool–School-age

References:

North Carolina Child Care Health and Safety Resource Center. Emergency Preparedness and Response in Child Care. Trainer's Guide: Session Two, 2015.

Storytime Katie. *Loud and Quiet*. Retrieved August 24, 2015 from <http://storytimekatie.com/2011/10/05/loud-and-quiet/>



Healthy
Child Care
North Carolina

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

Ask the Resource Center

Q. My child care health consultant (CCHC) asked me if I have an “Exposure Control Plan.” What is that? Do I need one?



A. If you have employees, then yes, you do need an Exposure Control Plan. The Occupational Safety and Health Administration (OSHA) has laws that protect the health and safety of workers. In jobs such as child care, people risk exposure to germs carried in blood or other body fluids. These germs are *bloodborne pathogens*. Human immunodeficiency virus (HIV) and hepatitis B virus are two examples.

Though the risk is low, some early educators might be exposed to germs carried in blood. Employees might get blood in an open sore, in their eyes or other mucous membranes. Job duties may include giving first aid, CPR or injecting medication. These duties put employees at risk for exposure to blood or other bodily fluids.

OSHA’s Bloodborne Pathogens Standard 1910.1030 requires child care facilities to protect employees by following their written **Exposure Control Plan**. A plan should include:

- who may be at risk
- how the program will reduce this risk, and
- what the program will do if a situation occurs that puts an employee at risk.

The plan should also address offering employees the hepatitis B vaccine at no cost, within ten days of starting employment, or after exposure to blood. For Hepatitis B vaccine information, visit: www.osha.gov/OshDoc/data_BloodborneFacts/bbfact05.pdf.

This OSHA standard states that employees must receive training on bloodborne pathogens when they begin work. This training should cover:

- how HIV, hepatitis B and other bloodborne diseases are spread
- how to use standard precautions
- an orientation to your program’s Exposure Control Plan
- reporting procedures and any other program policies.



For help:

- Use the *OSHA Model Exposure Control Plan Adapted for Early Learning and/or School-Age Settings*. See pages 15–30 in *Bloodborne Pathogens: Keeping Safe While Touching Blood — Self Learning Module*. It is available at: www.ecels-healthychildcarepa.org/professional-development-training/self-learning-modules.
- Contact the health consultants at the NC Department of Labor (1-800-NCLABOR) or your local CCHC. To find a CCHC in your area, call 800-367-2229.

Reference:

Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs, 3rd edition. Retrieved August 20, 2015 from <http://cfoc.nrckids.org/StandardView/1.4.5.3>

HEALTH BULLETIN

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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.