

NORTH CAROLINA CHILD CARE HEALTH AND SAFETY BULLETIN

NORTH CAROLINA CHILD CARE HEALTH AND SAFETY RESOURCE CENTER

JUNE/JULY 2005

VOLUME 7, ISSUE 3

About The Resource Center

The NC Child Care Health and Safety Resource Center is a project of the Department of Maternal and Child Health, School of Public Health, The University of North Carolina at Chapel Hill. Funding for the Resource Center originates with the Maternal and Child Health Title V Block Grant of USDHHS's Health Resources and Services Administration/Maternal and Child Health Bureau, awarded to the University under a contract from the Division of Public Health, NCDHHS.

The development, translating, printing, web posting and mailing of the *Health and Safety Bulletin* are supported by funding from the Child Care and Development Fund Block Grant of the Child Care Bureau, Administration on Children and Families, USDHHS, through a contract between the Division of Child Development, NCDHHS, and the Department of Maternal and Child Health, School of Public Health, The University of North Carolina at Chapel Hill.

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A Watchful Eye - A Listening Ear

A child care provider's primary responsibility is to make sure the children they supervise are safe. They also want to make sure children get the attention they need for optimum development. Fortunately, the benefits of supervision have a positive influence on many aspects of a child's life. Appropriate supervision supports children's health and safety, their social and emotional growth, and their physical and cognitive development. It supports an environment where children can freely explore, develop trusting relationships with caregivers, and make friends.

For their safety, children must be under constant visual supervision. Appropriate child to adult ratios make it easier for caregivers to keep a watchful eye on each child while getting to know them as individuals. Caregivers will be able to see and respond quickly to problems. They can anticipate the kinds of behaviors that might lead to injury. For instance, a caregiver who knows a toddler is just beginning to climb can arrange the room to safely accommodate the child's developing skills. At the same time, caregivers know to keep a constant watch *and* a ready hand on the budding mountaineer.

Children need spaces where they can comfortably engage in various activities and still be visible to caregivers. When children are engaged, they are easier to supervise. A cozy corner provides a quiet place to read. Play structures can create private spaces for children to get away from the bustle of the classroom. These spaces should be arranged in a way that allows caregivers to easily see children from all parts of the room. When children are visible, caregivers are more relaxed and able to interact positively with the children. They can help a child struggling to build a tower and share the joy of a child's latest discovery.

Indoor and outdoor space arrangement also helps prevent injury. Children can move



quickly and impulsively. When their environment is too crowded, they can bump into equipment and each other. Arranging spaces for good traffic flow creates a feeling of openness. Children can move freely between areas as their interest shifts.

Caregivers find it easier to supervise and interact with children when they have an appropriate number of children in their group. Appropriate group size is based on children's ages and their development. Caregivers have more opportunities to develop trusting relationships with each child when the group size is small. This helps create an atmosphere of trust, respect and security. Children identify with their group and feel like they belong. They feel at home. When the setting is comfortable, children also find it easier to develop friendships with their peers. Healthy relationships are the foundation of a child's present and future happiness.

Appropriate supervision helps caregivers build a welcoming, secure environment, where relationships can flourish and where children can explore, learn and safely enjoy their day. It supports the whole child and is central to the child care program's success.

References:

- Greenman, Jim. *Prime Times*. St. Paul: Redleaf Press, 1996.
- Olds, Anita. *Child Care Design Guide*. New York: McGraw Press, 2001.
- Albrecht, Kay. *Dimensions of Infant & Toddler Programs and Curriculum*. Retrieved April 13, 2005 from: <http://www.earlychildhood.com/Articles/index.cfm?A=206&FuseAction=Article>
- Wilson, Ruth. *Group Size- A Key Indicator of Quality*. Retrieved April 13, 2005 from: http://www.earlychildhood.com/services/profdev/profdev_ce_document.asp?document_id=103124&ceu_id=122

Watch Me!

Caregivers supervise young children by closely watching, guarding and overseeing their activities. Supervision is basic to preventing harm. Caregivers must be able to see and hear the children in their care at all times. They must be ready to rescue a child in an emergency, redirect a child to use equipment safely or ask a child to use her words instead of hitting. This sounds simple. Yet many factors influence how well a caregiver will be able to supervise children.



Child care facilities have an agreement with parents to care for their child. The child to staff ratios and the facility's plan for staff coverage in each of the classrooms is included in the agreement. When the supervision policy is in writing, caregivers and parents will know what level of supervision is being provided throughout the day.

The **number of children** a caregiver supervises will vary with the age of the children and quality of care the facility provides. The NC Division of Child Development (DCD) determines the child to staff ratios that will insure *adequate* supervision. (NC Child Care Rules .0712 and .0713). These ratios must be maintained indoors, outdoors and on field trips. To achieve a higher star rating or national accreditation, a facility must lower the child to staff ratio. *Caring For Our Children*, 2nd edition, recommends the child to staff ratios that are most favorable for large family child care homes and centers.

The **group size** affects the level of activity, distractions and noise in a classroom. As children get older they have more ability to cope with an

Child to Staff Ratios and Group Size

Age	Adequate		Most Favorable	
	NC DCD Ratio	NC DCD Max. Group Size	CFOC RATIO	CFOC Max. Group Size
0-12 mos.	5:1	10	3:1	6
12-24 mos.	6:1	12		
13-30 mos.			4:1	8
31-35 mos.			5:1	10
2-3 years	10:1	20		
3 years	15:1	25	7:1	14
4 years	15-20:1*	25	8:1	16
5 years	25:1	25	8:1	16
6-8 years	25:1	25	10:1	20
9-12 years	25:1	25	12:1	24

* The ratio is 15:1 for centers with a licensed capacity of less than 30 children. The ratio is 20:1 for centers with a licensed capacity of 30 more children.

increase in group size. Keeping the group size as small as possible makes supervision easier.

In many facilities, a child may have different caregivers throughout the day. Often the primary caregiver is not present at the beginning or end of the day, at break time or after shifts change. Each facility must establish a system for communicating to the new caregiver which children he or she will supervise. Caregivers should regularly **count the children**:

- When there is a change in staff
- At the beginning and end of each transition
- When leaving a location
- When arriving at a new location

Taking the attendance sheet to each location helps caregivers identify which children need to be counted. Each caregiver needs to know the number children they are responsible for and the specific children in their care. This is especially true for a caregiver who floats from group to group during the day. To avoid leaving children behind on the playground or during a field trip, caregivers should account for each child before leaving and upon arrival at the new location. A driver should visually check the entire vehicle before leaving it.

***A child should never be left unattended in a parked vehicle.**



**Driver visually checking the vehicle*

When children are sleeping, caregivers should be present. They can monitor sleeping children by sound for short periods of time. To be accredited with NAEYC, sleeping infants must be visually checked every 5 minutes. North Carolina rules require that facilities visually check sleeping infants at the time intervals stated in their safe sleep policy. They ask that facilities consider checking sleeping infants and toddlers at least every 15-20 minutes. Children who appear to be sleeping might be awake and need attention from an adult. Children may be ill, fearful, stressed or engaging in risky behavior. **Reminder:** *Infants up to 1 year of age should be placed on their backs to sleep to reduce the risk of SIDS.*

Toileting, including diapering, often requires 1-1 supervision. If a child is playing outdoors and needs to use the bathroom, a caregiver must take enough children with them to the bathroom to maintain the child to staff ratio. While diapering a child, caregivers should be able to see all the children in their care.

Creating **safe environments,** indoors and outdoors, reduces the need to rescue children from unsafe situations. The environment should be assessed regularly to determine what changes might be made to improve safety.

- **Assess traffic flow.** Toddlers need to move readily from one activity to another. A child who is easily distracted will do better when the floor plan lacks large open spaces.
- **Arrange activity centers and outdoor areas to encourage children to be actively involved.**

Remember that caregivers must be able to visually supervise the children. Provide privacy by creating nests and limiting the number of children in an activity center.



- **Use furniture, equipment and materials that are age-appropriate.**
- **Maintain surfacing and fall zones under playground equipment.**
- **Do a daily safety check outdoors. Remove broken and hazardous items.**
- **Rotate materials to keep children interested.**

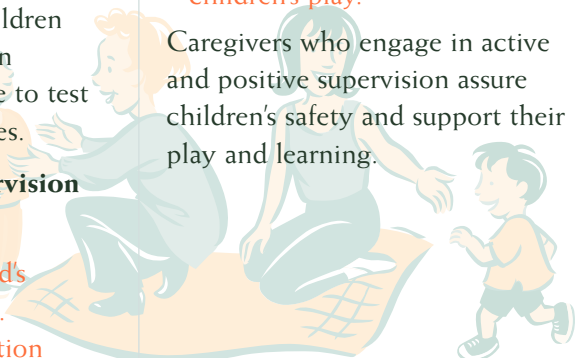
Even when the highest safety standards are followed, children need close supervision. Children explore their world, often in unexpected ways. They like to test new found skills and abilities.

Active and positive supervision involves the following:

- **Knowing about each child's ability and curiosity level.** Encouraging safe exploration requires balancing safety and risk. Young children are learning to judge what is within their abilities. They should have challenges to tackle in hazard-free environments.

- **Establishing clear and simple safety rules.** Children feel in control when they understand the rules. Frequent reminders strengthen their ability to be in charge of themselves. Then the child can say, "I can ride my bike on the sidewalk."
- **Being aware of potential safety hazards.** Always look at the environment with an eye for who will be using the space. A risky situation for one child may not be risky for another, depending on the temperament, abilities and activity level of the child.
- **Standing in a strategic position.** Both indoors and outdoors, caregivers should position themselves so all the children can be visually supervised. Be sure an adult is monitoring climbing equipment and other equipment where the risk of injury is greater.
- **Scanning play activities and circulating.** Caregivers should visually scan the area, count their children and move throughout the environment to enhance and extend children's play.

Caregivers who engage in active and positive supervision assure children's safety and support their play and learning.



Reference:

Caring for Our Children. National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs. Standards 1.002 and 2.028. AAP, APHA, NRC. 2002.

Ozone and Asthma

Asthma is a chronic health condition that causes a person's airways to swell and produce thick mucous. The muscles that surround the airways tighten and make the airways narrower. The symptoms of an asthma flare-up are coughing, wheezing and difficulty breathing. An asthma flare-up can occur when someone with asthma is exposed to a trigger, such as air pollution.

Ground level ozone is a gas found in air pollution that can trigger asthma flare ups. Ozone is produced when sunlight reacts with emissions from cars, power plants and other factories. In NC, respiratory problems from exposure to ozone occur during hot weather. In urban areas levels of ozone are highest from 2-6:00 PM. In the mountains they tend to be higher after 7 PM.

The **Air Quality Index (AQI)** measures levels of five major air pollutants. It uses a color-coded system to indicate when ozone levels are healthy or unhealthy. AQI information is found in weather reports, newspapers and online at: <http://daq.state.nc.us/airaware/ozone/>.

Protect children with asthma from over-exposure to high ozone levels.

1. Review all Asthma Health Care Plans. Check that

- asthma medications are current.
- any medical equipment works well.
- the caregivers know when and how to administer asthma medications.

2. Check the Air Quality Index at the beginning of each day. When air quality is poor

- take children outside early in the day.
- limit time outdoors.
- use air conditioning.

References:

Ozone, Air Quality, and Asthma. Retrieved from www.kidshealth.org/parent/medical/allergies/ozone_asthma.html on 4/28/05.

Ozone, Protecting Yourself. Retrieved from <http://www.epi.state.nc.us/epi/oeo/ozone/protect.html> on 4/28/05.

1-800-367-2229



June and July are Fireworks Safety Months!

10% of children injured by fireworks suffer permanent damage, such as the loss of an eye, a finger or a hand. Help prevent injuries from fireworks:

- Attend only professional fireworks displays.
- Protect children. Watch fireworks from a safe distance.
- Never let children play with fireworks of any kind.
- **Sparklers** are not considered safe for children. They burn as hot as 2,000 degrees. They can ignite clothing and burn skin.
- Do not touch unexploded fireworks. Inform the local fire or police department immediately.

Reference:

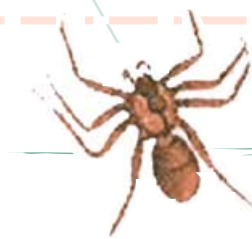
Eye Injuries from Fireworks Too Common in Summer. Health Link, Medical College of Wisconsin. Retrieved on May 7 from <http://healthlink.mcw.edu/article/1024078264.html>

Brown Recluse Spiders

Brown recluse spiders live in dark places like attics, basements, closets, sheds, stacks of wood and rock piles. They bite only if they are threatened or injured. When a person is bitten, a small, painful sore may develop at the bite and the skin may darken, become thick and hard. Most bites heal. Younger children, the elderly and people in poor physical condition are most at risk for a severe or, rarely, fatal reaction to a bite. Treatment depends on how severe the person's reaction is to the bite. Contact a health care provider for treatment.

For first aid information, go to:

www.kidshealth.org/parent/firstaid_safe/sheets/spider_bites_sheet.html.



June

Cancer from the Sun Month

Dairy Month

Fireworks Safety Month

National Safety Month

June 26-July 7 Eye Safety Awareness Week

July

International Group B Strep Awareness Month

Eye Injury Prevention Month

Fireworks Safety Month

UV Safety Month

July 4 Independence Day

July 25-31 National Salad Week

July 29-30 National Association for Family Child Care Conference

August

Children's Eye Health and Safety Month

National Immunization Awareness Month

August 1-7 World Breastfeeding Week

Summer Safety Tips for Parents



needed
 In summer months, families often spend more time outdoors engaged in leisure activities. Children and parents can take advantage of warm sunny days for recreation, such as swimming, boating, camping, or picnicking. Keeping a few safety tips in mind can help parents and children get the most enjoyment from these and other summer activities.

Swimming and water sports.



In the summer, children spend time in swimming pools, wading pools, lakes, and ponds. **Visually supervise children, even swimmers, when they are in or around water to keep them safe.**

Floation devices that children wear around their arms or waists are great for play. They are not designed to replace visual supervision and are not recommended for use as safety aids.

Hot cars. Each summer infants and young children die from being left unattended in hot cars or vans. On a hot day, it only takes a few minutes for the temperature in a car to rise to a deadly level, even with windows cracked open. A driver should visually check the entire car before leaving it. **Never leave a child unattended in a parked car.**



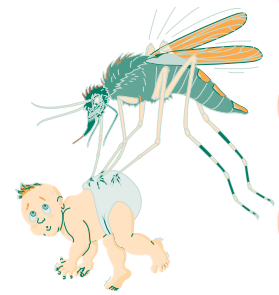
Sun protection. Although some sun exposure is necessary for the body to produce vitamin D, most people get more sun exposure than they need. Medical experts recommend that everyone over the age of six months wear sunscreen every day. Children under the age of six months should remain out of the sun, or wear protective hats and clothing. If infants under six months must be in the sun, small amounts of sunscreen can be used. Damage to the skin from sun exposure builds up over time. Sun damage in childhood can cause skin cancer in adulthood.



We encourage you to copy page 5 and distribute it to parents.

Sun safety tips:

- ☀ apply sunscreen to children's exposed skin thirty minutes before going outside.
- ☀ limit time in the sun between 10:00 am – 2:00 pm.
- ☀ dress children in light clothing that covers the skin.
- ☀ have children wear sunglasses with 100% UV protection.
- ☀ provide shady places to play.



Insect repellent. Some mosquito and tick bites can present health hazards, such as Rocky Mountain Spotted Fever and West Nile Virus. **To protect children older than two months, apply an insect repellent containing DEET or picaridin to their exposed skin.** Oil of lemon eucalyptus may be used for children older than three years. Insect repellents containing DEET are not recommended for use on infants under 2 months of age. Long sleeves and pants with socks can provide protection from bugs. After going inside, wash off insect repellent.

Bicycle helmets. Bicycle helmets are recommended for children and adults of all ages who ride bicycles, tricycles, or who participate in sports where there is a risk of head injury, such as skateboarding or scootering. **Bicycle helmets provide protection for the skull and brain when a person falls or is knocked to the ground.** Skull fractures and brain damage can often be prevented or reduced by wearing bicycle helmets.



References:

Follow Safety Precautions When Using DEET on Children. AAP News, June 2003. Retrieved May 6, 2005 from www.aap.org/family/wmv-jun03.htm

Making Water Safety a Splash. Kidshealth. Retrieved April 19, 2005 from www.kidshealth.org/teen/safety/safebasics/water_safety.html

Many Kids Risk Injury by Not Wearing Helmets. Kidshealth. Retrieved April 19, 2005 from www.kidshealth.org/breaking_news/helmet_study.html

Your Pediatrician Can Diagnose, Treat Common Skin Problems. AAP Retrieved May 6, 2005 from www.aap.org/advocacy/releases/skin.htm

Sun Safety. Kidshealth. Retrieved April 19, 2005, from www.kidshealth.org/parent/firstaid_safe/outdoor/sun_safety.html

Updated Information Regarding Insect Repellents. CDC. Retrieved May 6, 2005 from www.cdc.gov/ncidod/dvbid/westnile/RepellentUpdates.htm

Presenting:

A
Three-Part Series
on Staff Health



Job Stress in Child Care

Child care is demanding work involving long hours with few breaks, and low pay. Caregivers must attend to the many needs of children in their care. They keep up with lots of children and maintain relationships with children's families, and with their co-workers. They juggle all these demands while helping children learn to manage their behavior. At times these challenges become stressful. Stress is the body's physical and psychological response to feeling overwhelmed. The body creates extra energy to deal with the stress. When the added energy is gone, there is less ability to cope, often leading to emotional overload and burnout.

Symptoms and Effects of Stress

- ✂ Tense muscles, sore neck, shoulders, and back
- ✂ Upset stomach
- ✂ Headaches
- ✂ Sleep disturbances, insomnia
- ✂ Fatigue, even when getting adequate sleep
- ✂ Boredom, listlessness and low morale
- ✂ Self-medicating with alcohol, caffeine and other drugs
- ✂ Loss of appetite
- ✂ Irritability
- ✂ Difficulty concentrating

(Adapted from Aronson, 2001; NIOSH, 2002, 1982; and UNC Center for Healthy Student Behaviors, 2002)

References:

The National Women's Health Information Center. (2004) Stress and Your Health. Retrieved May 1, 2005 from www.4woman.gov/faq/stress.htm

Oesterreich, L. et al (1999). *Iowa Family Child Care Handbook*. 6th edition. Iowa State University Extension. Retrieved May 1, 2005 from www.extension.iastate.edu/Publications/PM1541CH13.pdf

Fit as a Fiddle

Effective Supervision Reduces Stress

Reducing the events that trigger stress frees providers to spend more time enjoying the children in their care and less time troubleshooting. Begin by designing an environment where it is easier to supervise the children. Arrange furniture and activity areas so that all the children are visible from any place in the room. Add creative and inviting centers to keep children engaged in activities. Low, comfortable chairs give providers a pleasant place to sit and interact with children. When providers are relaxed, children are more at ease. When rooms are arranged for good traffic flow, children will have fewer collisions, fewer tears and more smiles.

An added benefit of appropriate supervision is increased job satisfaction and improved health. Providers who focus on nurturing and guiding young children are more likely to take pride in their work. They can appreciate their influence on children's lives. This often inspires caregivers to pursue opportunities for professional development. They might take a workshop on communicating with parents, or enroll in a college course on health and safety. Professional growth and classroom accomplishments improve self-esteem. People who value themselves are more likely to take care of their health. They are likely to seek routine health care and to follow their health care provider's advice about preventive care, healthful food and regular exercise.

Appropriate supervision creates a secure environment where children know they are safe, valued members of the community. Good supervision reduces providers' stress and allows them to enjoy and take pride in their work



Ways to Relax and Reduce Stress

- ✂ **Assert yourself:** Enforce written program policies.
- ✂ **Exercise:** Physical activity releases hormones that help people relax and feel better.
- ✂ **Get support:** Share concerns and ideas with staff members.
- ✂ **Hydrate:** Drink plenty of water all day long.
- ✂ **Laugh:** Humor can help to make all your work more enjoyable.
- ✂ **Maximize job satisfaction:** Perform enjoyable, satisfying tasks each day.
- ✂ **Prioritize:** Take care of the most important tasks first.
- ✂ **Set limits:** Don't take on other people's problems.
- ✂ **Sustain yourself:** Move yourself high on the list of priorities.
- ✂ **Use community resources:** When appropriate, recommend resources to parents.



Hiding Games and Places to Dream



Children in child care are under direct adult supervision, both by sight and sound, throughout their day – and they should be for their health and safety. But, children also need solitude. They need semi-private nests where they can rest, contemplate, and observe. Caregivers can fashion spaces for retreat and privacy with hiding places and activities that provide mystery and stir the imagination. Remember long days of childhood play....sailing on pirate ships in hidden harbors and tea parties for bears and dolls under garden canopies. Create this magic for children in your care!

Play games of *Peek-A-Book* with infants. Cover a doll and ask, "Where is the baby? Where did she go?" Uncover her saying, "Oh, there's baby!" Hide stuffed animals, pictures or hide yourself! Because infants are just developing object permanence, only hide items partially, and then slowly let parts show.

Create a *Peek-A-Boo* picture board for toddlers. Use Velcro to attach 4-6 photos to an easy to reach board. Attach a "curtain" to cover each photo. Play where is _____? Change photos or pictures frequently. Try family photos, pictures of veggies, favorite pets, etc.

Provide *cardboard box nests*. Infants, toddlers and preschoolers enjoy playing in large cardboard boxes. It's the perfect spot for a child to hide. "Where is ____? I can't find him. Oh, he's hiding in the box."

Let's go on a "Bear Hunt" with preschoolers. Hide a bear in the classroom or outside. Give 2-3 simple directions or clues about where to find it. "Go to the dramatic play area." "Look under the doll bed." Add more directions as children become ready. A fun variation is a *Name Hunt game*. Print each child's name on an individual index card. (Add last names, as children are ready) Hide in easy to find places. Let's go on a *Name Hunt*.

Hiding games. Hide toys in the sand for a game of search and find. Children can also hide toys and watch you try *very hard* to find them. Hide a music box. "Where is that tune coming from?" Remember the preschool favorite, *Hide-N-Seek!*

Instructions for a magic Jack-in-the-beanstalk Tepee:

- Find a sunny out-of-the way spot on the playground or garden space. *Soil should be prepared for digging.
- Lay out a circle 4 to 6 feet in diameter (distance across the center of the circle).
- You'll need enough 8 – 12 foot long saplings or bamboo canes to space about 12 inches apart around the circle. Plant canes at least 6 inches deep!
- Pull canes together at the top and tie.
- Plant fast-growing bean vines such as 'Romano' or 'Purple Hyacinth'. Soon the vines will grow up the canes reaching for the sun, creating a shady place to hide and let the imagination fly!
- Enjoy the harvest of edible pods.



Safety Tips About Hiding

- ★ Make sure the hiding place is safe. Large boxes should be free of sharp edges or exposed staples.
- ★ Visual supervision of activity and/or space is always required. Cut out "peeking" windows in boxes.
- ★ Use puppets to explain when hiding is okay and when it is not!
- ★ Be attuned to feelings of fear. Sometimes children are upset when something is hidden.

Children's Books About Hiding

- *Dinosaur Hide-and-Seek*
by Stu Smith 2004
(preschool – school-age)
- *Peek-a Who?*
by Nina Laden 2000
(infant/toddler – preschool)
- *Peek! A Thai Hide and Seek*
by Minfong Ho 2004
(infant/toddler – preschool)
- *Secret Place*
by Eve Bunting 1996
(preschool – school-age)
- *Sunflower House*
by Eve Bunting 1999
(preschool – school-age)
- *Where is Baby's Mommy?*
by Karen Katz 2001
(infant/toddler – preschool)

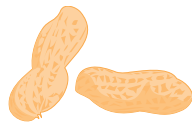
References:

White Hutchinson Leisure & Learning Group. Retrieved from <http://www.whitehutchinson.com/leisure/articles/84.shtml> on April 27, 2005.

Active Learning Series (seven volumes)
Cryer, Harms, Bourland, et.al.
(1987, 1988, 1996).



Ask the Resource Center



Q: *I am a caregiver in a four-year-old room. One of my children going to kindergarten has food allergies. We worked with her parents, doctor and the kitchen staff to learn how to meet her nutritional and allergy needs. We added Nutrition and Food Allergies in our activities for the children. With careful planning we were able to introduce a wide variety of foods to all the children. What can I do to help this child and family with the transition to kindergarten?*

A: Families who have children with special health care needs benefit from planning for the transition to kindergarten. They want to know that the school has the ability to meet the child's nutritional and allergy needs.



You can support the transition for this child in your preschool room and at the kindergarten school. Talk with the children in your room about what they expect at the new school. Include books about going to kindergarten in the reading corner. Set up "cafeteria" style meals with lunch trays and cartons of milk. Remind the children about how to keep children with food allergies safe. Invite a kindergarten teacher to your classroom and to a parent meeting to talk about the transition. Celebrate the children's successes as they prepare themselves for kindergarten work.

Meet with the parents and teacher, school nurse, nutritionist, principal and anyone at the child's school who will be responsible for her well-being. The goal of this meeting will be to explore how the school can meet her health needs. Share with them the program changes you made to meet her needs. <http://www.foodallergy.org/school.html> has information for schools on managing students with food allergies.

Discuss the following:

- The child's ability to take care of her own needs
- The support the family can offer the school
- The menu planning ideas that worked in your program
- The food preparation practices at the school
- The care that must be taken to avoid cross-contamination of foods
- The level of monitoring that will be required to avoid serving the child food she is allergic to, or food that has been cross-contaminated
- The resources that were helpful to you.

If possible, offer to be a resource for the kindergarten teacher and the parents during the first few weeks the child is in kindergarten.

Reference: Transition to Kindergarten. National Center for Early Development & Learning, Winter, 2002 <http://www.fpg.unc.edu/~ncedl/PDFs/TransFac.pdf>
The Food Allergy and Anaphylaxis Network <http://www.foodallergy.org/school.html>



8 • HEALTH AND SAFETY BULLETIN • JUNE/JULY 2005

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HEALTH BULLETIN

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Vol. 7 Issue 3

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