



# All Children Considered

VOL. III • 2004/05

A NEWSLETTER FOR PEOPLE WHO CARE FOR CHILDREN

## Creating Safe Environments for Children— part I

SHARED AND SAFE SPACES	1
SAFE TRANSPORTATION	2
BUSES, VANS, AND CARS, OH MY!	3
PREVENTING LEAD POISONING	
PLAYGROUND SAFETY	4
DPH: HEALTH & SAFETY RISKS FOR CHILD CARE WORKERS	5
CAREGIVERS' RESOURCE CORNER	
DPH: SAFE ENVIRONMENTS FOR CHILDREN WITH ASTHMA	6
SAFE DRINKING WATER	
DSS: HELPFUL TOOLS PROMOTE SAFE AND HEALTHY ENVIRONMENTS	7
CHILD CARE ANNUAL REPORT	
CHILD CARE INFOLINE MAILBAG	8

Published by



COOPERATIVE EXTENSION SYSTEM  
College of Agriculture & Natural Resources  
and the School of Family Studies

In collaboration with



Connecticut  
Departments of  
Social Services  
and Public Health

## Shared and Safe Spaces

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### Challenges of Shared Spaces

Programs operating in shared space often face challenges in creating environments that are safe and appropriate for the program's activities and the ages and needs of the young people served. It is particularly difficult if you are the "guest" in that space, since there may be aspects of the space that you cannot control. However, creativity, negotiation, and flexibility can help. If there are unsafe places in the program space that you cannot change, consider blocking that area off during the hours that children are present.

Developing a good relationship with the host program is very important in order to address safety issues. Share your program's

needs for safety with the host and let them know your goal is to provide a quality program that meets all health and safety requirements for the children in your care. In addition, do not forget to ask the children for their input and for their help in setting up the space to ensure everyone's safety.

Three things to consider when looking at your program to ensure safety:



1. Layout of space: Clearly, there are great differences between shared space within a self-contained classroom or small room and one that is located in the gym or cafeteria of a school. A healthy program's physical space provides for a variety of activities and possibilities all at the same time. Create a floor plan to include places

*(Continued on next page)*

### From the editor..

As child care providers in home or center based programs, you strive to create an environment that promotes positive growth of the children and youth in your care. Since safety is of prime importance in establishing high quality child care, this and the following issue of our newsletter will be devoted to helping you create physically safe and emotionally safe environments for children, youth, and adults.

Articles in this issue are centered on the physical safety of your care environment.

They provide information on topics such as structuring your program when sharing space with others, reducing environmental and health hazards, ensuring safe drinking water, considering appropriate transportation, and providing safe experiences for your children.

Thank you for sharing your thoughts about our newsletter. To see former issues and communicate with us, please go to our website at [www.canr.uconn.edu/ces/acc](http://www.canr.uconn.edu/ces/acc).

Harry Mangle, Editor



*(Shared and Safe Spaces from front)*

for active play, messy activities, quiet times, intellectual tasks, and social interaction with peers. Set up these interest areas using dividers low enough so you can see children at all times. Beware of wide lanes between furniture and areas that are wide open – this invites running and active physical behavior. Angling furniture or placing roll-out shelves, free standing screens, or other structures in the path can alleviate a child’s instinct to run around.

2. Physical attributes of the space: Look with “eyes of safety” at all times. The room should be free of any hazards such as sharp edges, slippery floors, objects that children can choke on, trip over, or harm them. Hazardous chemicals, cleaning supplies, and medications should be locked away and out of children’s reach. Materials, supplies, games, equipment, and furniture should be in

good condition and in easy reach. Shelving and furniture in shared spaces must sometimes be wheeled in and out of storage on a daily basis. Once set up, they should be stable and secured. Electrical outlets not in use should be covered with protective caps; electrical chords should be secured and pulled out of the way. Use newspapers, drop cloths, or towels to control spills and protect surfaces.

3. Safety policies and procedures: Policies need to be established to ensure the safety of all involved in the program and sufficient staff should be in place to be able to implement policies and procedures, meet children’s needs, and handle any unexpected emergencies. Emergency procedures, fire drills, and procedures to meet children’s medical and dietary needs should be in place, reviewed periodically, and practiced with

the children. Finally, a detailed safety checklist should be developed with a schedule for regular checking of items, as needed.

Basic safety issues in shared spaces are no different from those in dedicated space. The difference is in the time, effort, and resources that program administrators and staff must devote to it in their planning and on a daily basis. Programs that put in this time and effort know that it is well placed. ✨



## Safe Transportation Child Safety Seats – A Necessity

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All children riding in motor vehicles are at risk of injury in a crash. Car crashes are the number one cause of death for children over one year of age. The risk of injury and death in

Age/Weight	Type of Child Safety Seat
Birth to at least one year of age and at least 20 pounds	Rear-facing semi-reclined infant or convertible seat
Children who weigh more than 20 pounds prior to one year of age	Rear-facing semi-reclined convertible child safety seat with high rear facing weight limit (30 or 35 pounds depending on manufacturer guidelines)
Over one year of age and child has exceeded rear facing weight limit of convertible seat and weighs less than forty pounds*	Forward facing upright seat with harness
Over 40 pounds and too small to use the vehicle safety belts**	Forward-facing upright seat with harness to higher weight limit (greater than 40 pounds) or Belt positioning booster seat

a car crash can be reduced with the correct selection and use of occupant restraints. The following guidelines are provided by the American Academy of Pediatrics and should be taken into consideration with the child safety seat manufacturer guidelines<sup>1</sup>:

\*Some rear facing convertible seats have a weight limit of 30 or 35 pounds and a child over one year is best protected by remaining rear facing until they reach the upper rear facing weight limit of the seat.

\*\* Safety belts fit properly when the shoulder belt is positioned across the chest and the lap belt is low and snug across the thighs. The child should be sitting fully upright against the back of the seat with his/her legs are bent at the knees.

For additional information on the proper selection and use of child safety seats consult Injury Prevention Center at Connecticut Children’s Medical Center [www.ccmckids.org/ipc](http://www.ccmckids.org/ipc).

Reference:

1. American Academy of Pediatrics, Committee on Injury and Poison Prevention, Selecting and Using the Most Appropriate Car Safety Seats for Growing Children: Guidelines for Counseling Parents. *Pediatrics*. 2002; 109: 550-553. ✨



## Buses, Vans, and Cars, Oh My!

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Transporting children in fifteen-passenger vans is considered an unsafe option for early childhood programs<sup>1</sup>. In fact, federal law prohibits the sale of 15-passenger vans to day care programs for the transport of children. While existing vans may still be used, many insur-

ance companies are terminating coverage on these vehicles.

Everyday vehicles, such as cars, mini-vans, and sport utility vehicles can be easier and cheaper, but involve financial risk to the driver and the program. Always confirm and copy licenses and proof of insurance.

Buses are expensive, but provide flexibility and solid risk management. According to the National Highway Transportation Safety Association (NHTSA), "school buses are nearly 8 times safer than passenger vehicles."

Federal laws do not require seat belts in school buses over 10,000 lbs. gross vehicle weight rating (G.V.W.R.). However, recent Federal tests have shown that the safest way to transport pre-school students is in child safety seats. Several bus manufacturers currently offer customization with seat belts and integrated safety systems.

For further information, check out the NHTSA website at [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov).

1. <http://www.nhtsa.dot.gov/cars/problems/studies/15PassVans/15PassCustomerAdvisory.htm> ↗

## Preventing Lead Poisoning

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### Dangers of Lead Poisoning

As a child care provider, you are a critical link in helping to reduce lead poisoning—a serious but preventable health problem. You are not only an educator of young children but also a source of information for their parents and guardians.

Lead is a poison that is especially harmful to the developing brains and nervous systems of unborn babies, infants, and children under six years old. Young children are at greater risk than adults are because youngsters are more sensitive to lead's damaging effects and because children put objects in their mouths. If these objects contain lead or have lead dust on them, the lead can poison the children.

No amount of lead in the body is safe. Even very low levels of lead can cause permanent behavior and learning problems. These problems are associated with reading difficulties, poor vocabulary, attention problems, and greater school absenteeism later in life. Very

high lead levels, which are now rare, can cause coma, convulsions, and even death.

### Sources of Lead Poisoning

The major source of lead poisoning is dust and flakes from lead-based paint. Lead paint was banned for use in homes in 1978, and you should assume that homes built before 1978 contain lead paint (unless testing has shown otherwise). If lead paint is disturbed during home repairs, or if old paint weathers, dangerous lead dust may be created. This dust, which collects on children's toys or hands, can be swallowed.

Lead can also come from other sources, including drinking water from lead pipes and solder, some children's jewelry, old or imported painted toys, imported pottery, contaminated soil and the food grown in it, and some cosmetics and folk remedies.

The only way to tell if a child has lead poisoning is through a blood test. As a child care provider, encourage the parents and guardians of children between one and two years old to have them screened, especially if they live in older homes. Three to six-year-old children, who live in older homes and are not tested, should be screened, as well. Testing may be done through a local doctor, health clinic, or health department.

### Preventing Lead Poisoning

To prevent lead poisoning, child care facilities, homes, and other places where children play or spend a lot of time should be tested. Dust, loose paint chips, soil, dishes, and water can all be tested for lead. State and local health departments can provide information about how to test and what to do if dangerous levels are found.

In Connecticut, certain lead regulations apply to licensed daycare facilities. For more information about these regulations and other lead poisoning questions, check the Connecticut Department of Public Health's website at [www.dph.state.ct.us/BRS/Lead/lead\\_program.htm](http://www.dph.state.ct.us/BRS/Lead/lead_program.htm). Additional information for childcare providers, entitled *What You Should Know about Lead Poisoning: A Resource Manual for Child Care Providers*, is available in English and Spanish at [www.hec.uconn.edu/adults.html](http://www.hec.uconn.edu/adults.html). ↗



# Playground Safety

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Playgrounds should be fun, carefree places for children to play. However, they also come with potential hazards. According to the National SAFE KIDS Campaign, each year, hospital emergency rooms treat more than 200,000 children for playground injuries, with children ages 5 to 14 accounting for more than 70 percent of these injuries. Recent studies also show that falls account for 70 percent of the injuries, while lack of parental supervision is responsible for more than 40 percent.

Playground injuries are often simple physics: the higher the fall and harder the surface, the worse the injury. To guard against falls, make sure your child's playground has guardrails on all elevated equipment and a canopy at the top of sliding boards that guide children into the proper sitting position. Swing sets should have only two swings, since when there are three, the two on the end can smash into the center swing.

Clothing is another overlooked factor to keeping kids safe. Avoid drawstrings on sweatshirts and other similar clothes, since they can get caught on equipment and possibly strangle a child.

Tips for Safe Playgrounds (excerpted from "Playground Safety Advice" Fact Sheet at [http://www.ctsafekids.org/Fact\\_Sheets/fact20.htm](http://www.ctsafekids.org/Fact_Sheets/fact20.htm))

- Surface: Should contain at least 12 inches of wood chips, mulch, sand, shredded tires (not radials, which contain metal), or pea gravel. The worst surfaces are concrete, asphalt, and hard-packed dirt.
- Fall zones: Shock-absorbing material (often the surfaces described above, but sometimes deeper) should extend at least six feet in all directions from stationary equipment, in front of and behind

swings, and a distance equal to twice the maximum height at which a child can climb or dangle.

- Catch points: No exposed bolts, open "S" hooks, sharp points, or protrusions.
- Openings: Spaces in guardrails, between platforms and between ladder rungs should be less than 3.5 inches or more than 9 inches.
- Tripping hazards: No elevated tree roots, stumps, rocks, or exposed concrete.
- Guardrails: Should be on platforms, ramps, and connecting bridges.
- Maintenance: Learn who is responsible for maintaining the playground.
- Supervision: Your view of kids at play should not be obstructed.
- Age appropriateness: Limit kids to areas specifically designed for their age level.

For more information, please visit Connecticut SAFE KIDS at [www.ctsafekids.org](http://www.ctsafekids.org) or click on the National Program for Playground Safety at [www.uni.edu/playground](http://www.uni.edu/playground). 🌸



## ALL CHILDREN CONSIDERED VOL. III • 2004-05

The *All Children Considered* newsletter is published by the University of Connecticut Cooperative Extension System. We welcome readers' comments and contributions related to child care. Please send correspondence to the editor via e-mail: [Harry.Mangle@uconn.edu](mailto:Harry.Mangle@uconn.edu), (860) 570-9077 or to UConn Greater Hartford, 1800 Asylum Avenue, West Hartford, CT 06117-2659.

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## Department of Public Health (DPH)

<http://www.dph.state.ct.us/>

### Health & Safety Risks for Child Care Workers

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Child care facilities often focus health and safety guidelines toward the children in their care. However, it is important for child care workers to be conscientious of their own health and safety when caring for children. Although there are many environmental and occupational hazards that can be found within a child care setting, the top five hazards include:

- Infectious Diseases (colds & flu, fecal-oral bacterial transmission, hepatitis/HIV)
- Repetitive Trauma (back injuries, sprains/strains)
- Stress/Anxiety (emotional demands of caring for the children of others)
- Environmental Hazards (latex gloves, mold, tick bites)
- Chemical Agents (cleaning agents, pesticides, arsenic in pressure treated wood)

Child care providers can prevent occupational illnesses and injuries by identifying risks in their workplace. Compiling a list of potential hazards

found in each area of the facility can help providers become more aware of hidden dangers. Charting specific hazards on a "hazard map" and reviewing this map regularly will also help promote a child care environment that is safe for staff. For more information about reducing workplace illnesses and injuries in the child care setting, please review the American Academy of Pediatrics Healthy Child Care America Blueprint for Action: Step Ten, which can be found on the web at [http://www.healthychildcare.org/blueprint\\_ten.cfm](http://www.healthychildcare.org/blueprint_ten.cfm). ✦



### Caregivers' Resource Corner

#### Keeping Kids Safe

Connecticut SAFE KIDS, along with the Connecticut Fire Academy and other Connecticut SAFE KIDS coalitions and chapters, is proud to offer a FREE Play Safe! Be Safe! Training workshop. This workshop will give fire safety educators, preschool teachers, child care providers, and other community agencies the tools they need to teach fire safety to preschool children effectively. Participants will receive a certificate of training for three hours and a free Play Safe! Be Safe! Kit. The training will be held at Norwalk Community College on Tuesday, June 14, 2005, from 9:30AM. to 12:30PM. For questions or to register for this training, please contact Karen Brock at Connecticut SAFE KIDS at (860)545-9988. Additional information is available at <http://www.ctsafekids.org/>

#### US Consumer Product Safety Commission (CPSC) A Partner in Safety

The U.S. Consumer Product Safety Commission (CPSC) ensures the safety of over 15,000 consumer products, with a special emphasis on children's products. Two subjects of note are:

#### 1. Neighborhood Safety Network - A New Resource

In order to get safety messages out more effectively, the commission developed a new initiative called the Neighborhood Safety Network. The CPSC will electronically send posters and other safety information to Network members. Information will be tailored to meet the needs of specific groups such as new parents. To join the Network, signup at <http://www.cpsc.gov/nsn/nsn.html>. Examples of existing posters, most in Spanish and English, can be viewed and downloaded at [www.cpsc.gov/nsn/nsnposter.html](http://www.cpsc.gov/nsn/nsnposter.html). For additional information, contact Marian Storch, Health Program Associate, Family Health Division/Injury Prevention, Department of Public Health, at (860)509-7791 or [marian.storch@po.state.ct.us](mailto:marian.storch@po.state.ct.us).

#### 2. Backyard Pool Drownings (From U.S. Consumer Product Safety Commission) Pool and Spa Safety Publications)

Parents and Guardians: Only you can prevent a drowning. Watch your child closely at all times. Make sure doors leading to the pool area are closed and locked. Young children can quickly slip away and into the pool. Additional information about pool safety can be found at <http://www.cpsc.gov/cpsc/pub/pubs/chdrown.html>.

### Safe Environments for Children with Asthma

Joan Simpson, Health Educator  
Bureau of Community Health  
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Asthma is the most common chronic disease among children. While it is not known what actually causes asthma, it is well known that asthma symptoms and attacks can be triggered by many different environmental factors. The most common asthma triggers are dust mites, tobacco smoke, pests such as cockroaches, animal dander from pets, and mold. A day care provider can take the following steps to reduce a child's exposure to these triggers:

#### Dust Mites

- Wipe surfaces with a damp cloth often; damp mop floors daily.
- Vacuum floors and carpets frequently (when children are not

present).

- Do not let children lie on the floor or carpet with face exposed to the floor.
- Remove wall-to-wall carpeting, if possible; area rugs are better since they can be washed more easily.

#### Tobacco Smoke

- Do not allow smoking either inside or outside the home or center.

#### Pests

- Do not leave food or garbage out.
- Store food in airtight containers.
- Restrict eating to one or two areas.
- Clean all food crumbs and liquid spills right away.

#### Pets

- It is best not to have any furry or feathered pets in the home or center.
- If pets are in the home, keep the pets outdoors, and off furniture

and carpets at all times.

#### Mold

- Fix any leaky plumbing.
- Keep drip pans in air conditioners and refrigerators clean.
- Clean any visible mold by washing hard surfaces with a diluted bleach and water solution (1/4 cup bleach in 1 gallon water) and dry completely.
- Remove any wet carpeting or padding if not dry within 24 hours.

An *Asthma-Friendly Child Care Checklist for Parents and Providers* is available from the CT DPH Asthma Program. The checklist is also available as part of the materials contained in the *Managing Asthma in Connecticut Child Care Facilities Resource Guide*. To obtain a copy of either the Resource Guide or the checklist, call (860) 509-7751. For more information go to [http://www.dph.state.ct.us/BRS/EOHA/new\\_asthma/asthma\\_home.htm](http://www.dph.state.ct.us/BRS/EOHA/new_asthma/asthma_home.htm). 🌸

### Safe Drinking Water

Ryan Tetreault, Sanitary Engineer 2  
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Drinking Water Division

The Connecticut Department of Public Health (CT DPH) Child Day Care Licensing Program and the CT DPH Drinking Water Division (DWD) have coordinated efforts to promote healthy environments at licensed child care facilities by ensuring the supply of safe drinking water. We are all exposed to water at several points during the day. The following questions and answers provide an explanation of the "Verification of Compliance" process that has been established to ensure the supply of safe drinking water at CT DPH licensed child care facilities.

**Question #1:** How do I know the water supplying my child care program

is safe for consumption?

**Answer:** The only way to know if water is "safe" is to have the water at your facility tested. A listing of certified laboratories for drinking water analysis is at the CT DPH website:

<http://www.dph.state.ct.us> All CT DPH regulated child day care centers and group day care homes are required to submit water quality test results with their initial application for licensure, with a 2-year license renewal, or when there is a change in the water supply. Child day care centers and group day care homes that are supplied by an on-site well must submit water quality test results for bacteriological, chemical, and first-draw lead parameters. Child day care centers and group day care homes that are supplied by a water company are only required to submit a water quality analysis for first-draw lead content.

**Question #2:** What actions are taken if water quality does not meet acceptable standards?

**Answer:** The DPH child care licensing specialists review the water quality test results against acceptable standards for bacteriological, chemical, and first-draw lead parameters. If any of these parameters exceed acceptable standards, the licensed child day care center or group day care home is notified that they must utilize bottled water until further notice. The child care licensing specialist will also forward the water quality test results to an engineer in the CT DPH DWD. The drinking water engineer will coordinate technical assistance efforts with the public water system supplying the child care facility to resolve the water quality concern. For additional information, contact (860) 509-7333 or [ryan.tetreault@po.state.ct.us](mailto:ryan.tetreault@po.state.ct.us). 🌸

### Helpful Tools Promote Safe and Healthy Environments

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#### Is the Environment Safe and Healthful?

Walking into a program for young children, you might notice the swept floors, clean tables, neat shelves of toys, and plenty of clean-up supplies near the sink. Does your first impression tell you this is a safe and healthy place for young children? What might be missing in this picture, and where do you go to find that out?

Several nationally recognized tools can guide programs to meet standards for a healthy and safe environment:

1. The current accreditation criteria of

the National Association for the Education of Young Children (NAEYC) outlines what is included in a quality child care environment.

2. The Early Childhood Environmental Rating Scale (ECERS) is another tool that programs use to identify and improve health and safety issues. This widely used tool helps to identify issues as well as rate the quality of programs on a scale from 1 to 7.

There are four different rating scales, each appropriate to the setting it serves:

- Infant Toddler Environmental Rating Scale (ITERS),
- Early Childhood Environmental Rating Scale (ECERS),
- Family Day Care Environmental Rating Scale (FDRS)
- School Age Care Environmental Rating Scale (SACRS).

According to the National Child Care Information Center, 14 states currently use the ECERS rating system to determine funding levels, and to give families a systematic way to identify a quality Early Childhood program.

#### Some Critical Components of a Safe and Healthy Environment

Consider handwashing: When and how do you expect teachers/family providers to wash hands? The tools above recommend that teachers and children wash hands upon arrival, before messy play, before eating, after handling pets, after diapering (both teacher/family care provider and child), and after outdoor play. Both the Environmental Rating Scales and NAEYC criteria help teachers teach children the correct way to wash hands. In classrooms, are procedures posted for teachers as well as for children in a way they can understand, such as in photographs? Research shows that handwashing is the most effective way to cut down on the spread of disease, but can often be overlooked in a busy day.

Consider the sink: What precautions do you take to insure the sink is sanitary? Do you use the same sink to wash after toileting and wash before meals? The Environmental Rating Scales recommend sinks do not be used for this dual purpose, but if only one sink exists, it needs to be sanitized between uses. Remember faucets can carry a multitude of germs, and should

*(Continued on next page)*

### Child Care Annual Report

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The 2003-2004 Annual Report to the State General Assembly on The Status of Child Care in Connecticut has been recently released and is available at <http://www.dss.state.ct.us/pubs/CCAnnReport04.pdf>.

Highlights of the report include:

- 84,296 CT children received subsidized child care services annually;
- 15,271 children and their families received monthly subsidies from Care 4 Kids;
- 6,438 preschool children participated in the School Readiness Program;
- 4,528 children, ages 1-12, participated in the State-supported Child Care Center Program;
- 5,902 early caregivers participated in the statewide training offered

through the Training Program in Child Development;

- Connecticut Charts-A-Course scholarships benefited 604 early caregivers. Of those, 174 achieved the Child Development Associate credential;
- The Accreditation Facilitation Project worked with 128 child care center sites to achieve national accreditation. As of June 2004, there were 346 NAEYC accredited centers in Connecticut 🍂

## Child Care Infoline Mailbag

### Question:

*"I have been looking for camps for my twin sons for the summer. Though I am willing to travel, I am finding that many camps are much more than I can afford. Are there any resources that will assist with payment?"*

### Answer:

Affordable summer camp programs are often limited. However, there are resources available to assist families by providing some financial aid. This aid is in the form of "camperships" or scholarships for camps. Though spe-

cific criteria may apply, such as town residency or employment, camperships are very useful resources as they cover some or all of the cost of the camp program. Some camps may also offer low cost options or free services for attendance.

In addition to the issue of the summer program cost, parents need to be aware of the summer program quality. Does the program provide a safe and valuable environment for your child? For specific information about youth camps, please refer to:  
[http://www.dph.state.ct.us/BRS/youth\\_camps/youthcamps.htm](http://www.dph.state.ct.us/BRS/youth_camps/youthcamps.htm)

One good place to find further information about summer programs can be found at "211" Child Care Infoline. This free and confidential service also provides specific information regarding child care resources, educational workshops and trainings, professional organizations, business loans, food programs, and medication administration training. Our website at <http://www.childcareinfoline.org/> also provides information on quality child care tips. For more information, please contact us at (800)505-1000. 🍌

### *(Tools from page 7)*

not be touched with clean hands. Consider the potential danger of products: All products labeled "keep out of reach of children" must be stored in locked cabinets. Medications and cleaning products must be locked away, and remember that includes purses that may contain medication,

cough drops, makeup, and lotions. Do not assume all art materials are safe for young children. Dry tempera paints, permanent markers, and some shaving cream containers are not appropriate to use in the program. Check all labels for the "Keep Out of Reach of Children" and follow that advice!

These are just a few examples of the

specific standards that help build a positive environment for all. Being healthy and safe is an everyday issue, not just something that needs to be done when a monitor is expected to visit. By regularly checking your center or home-based program with these tools, you are assuring the likelihood of a healthy, safe place for children. 🍌

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