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CHILD AND FAMILY HEALTH STUDIES, S-027
DEPARTMENT OF PEDIATRICS
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TO: **San Diego County Board of Supervisors**

FROM: Howard Taras,M.D., Judy Beck, Shelia Broyles,Ph.D., Shimon Camiel,Ph.d.,M.P.H., Referee Hideo Chino, Ruth Covell,M.D., Sandra Daley,M.D., Suzanne Dixon,M.D., Robert Fellmeth, Cheri Fidler, John Fontanesi,Ph.D., Kathleen Murphy Mallinger, Nancy Mitchell, Philip Nader,M.D., Kevin Patrick,M.D., Angela Rosas,M.D., Connie Salerno, Veronica Welch,Ph.D.

RE: Local Child Care Planning Council

We are concerned about the composition of the Local Child Care Planning Council requested by Supervisor Williams. Specifically, we feel that the absence of council members with public health and medical expertise from this council will inhibit it from carrying out its task, which is to designate priorities for the expansion of child care programs for eligible children in San Diego.

Priority for the expansion must be given to children of families with low income and to children with special needs. It should not be surprising to anyone that children of families with low income have the highest frequency of unmet health needs. Educational and developmental progress cannot be made when children are absent because of illness, when children arrive at a child care site with untreated infections or undiagnosed symptoms or with chronic ailments. Child care programs serving any population, but especially those serving children of low income families must have on-going health components. Providers must know how to recognize, how to manage, and how to refer children with unmet health needs.

The health component of child care programs is exponentially more important in programs serving young children with special educational and developmental needs. In a recent survey done at San Diego City Schools, there were 27 children requiring trained health supervision for every 100 toddlers and preschoolers defined as having an educational or developmental special need. Health problems included epileptic seizure activity during the day, gastric tube feeding and chronic infectious diseases.

In many cases, children's health needs will overshadow their abilities to receive educational and developmental stimulation. Without a strong presence of clinical and health education expertise on this planning council, there will be inadequate medical support for child care programs. Well-meaning child care providers who do not receive established support from the health sector will discover that children under their care have been placed in seriously precarious situations.

We ask you to give these expansion programs the support they need by voting for the local child care planning council if and only if it includes a representative of pediatric health care delivery and representatives from both public health and health education professions.