

child care health connections

A HEALTH AND SAFETY NEWSLETTER FOR CALIFORNIA CHILD CARE PROFESSIONALS

Published by the California Childcare Health Program (CCHP), a program of the University of California, San Francisco School of Nursing (UCSF)



You Hold the Wisdom—Use It

All parents and caregivers want a healthy and safe environment for their children. The reality is that this can seem almost impossible and out of our control. Health care professionals and safety experts alert us to new threats on a regular basis, and we can start to feel neglectful if we don't make efforts to address the "threat of the week". Luckily, many of the tried and true messages we have heard for years still apply—and have the added bonus of addressing some of the more current environmental hazards in the news today.



Eat a variety of fruits and vegetables every day

By offering children a wide variety of colorful fruits and vegetables every day, you are helping to ensure they get a balanced diet. A child can be missing vitamins and minerals if they only eat carrots and broccoli and apples. A diet high in iron and calcium helps protect children from lead poisoning and developmental delays that can occur because of iron deficiency. And, because some fruits and vegetables are more likely to contain pesticides than others, variety will help reduce the exposure to these chemicals.

Candy in moderation

Lead has been found in a number of candies over the last few years. While these candies coated in chili powder are primarily manufactured and sold in Mexico, they are commonly found in corner stores and flea markets throughout the state. A child who eats these candies on a regular basis can be getting

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California Child Care
Healthline



Call **800.333.3212**
for free consultations
on health and safety
in child care

health + safety tips

Avoid Mottling of Teeth

Fluoride in toothpaste is a primary means of preventing childhood caries, but it may also be an important risk factor for fluorosis (mottling of teeth).

A recent study examined the influence of fluoride toothpaste ingestion and suggests that fluorosis of the permanent teeth is influenced by ingestion of fluoride toothpaste during the first three years of life. These results support recommendations that young children use only a tiny speck—about the size of a grain of rice—of fluoride toothpaste, and need an adults' help in brushing their teeth until they are 8-years-old.

For more information and laminated mini-posters showing proper procedures, visit our website at www.ucsfchildcarehealth.org/html/pandr/postersmain.htm

(Source: Oral Health Alert: Focus on Head Start, June 2006)



Child Care Health Connections is a bimonthly newsletter published by the California Childcare Health Program (CCHP), a community-based program of the University of California, San Francisco School of Nursing, Department of Family Health Care Nursing. The goals of the newsletter are to promote and support a healthy and safe environment for all children in child care reflecting the state's diversity; to recreate linkages and promote collaboration among health and safety and child care professionals; and to be guided by the most up-to-date knowledge of the best practices and concepts of health, wellness and safety. Information provided in *Child Care Health Connections* is intended to supplement, not replace, medical advice.

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Orientation Plan for New Staff

Q As the Director of a large child care program, I'm trying to develop an orientation plan for new staff who work with children—any recommendations?

A Orientation programs protect the health and safety of children and new staff members. It is an essential function of the Director, although experienced classroom teachers can provide coaching and mentoring in an on-going and supportive way. *Caring for Our Children* recommends the

following orientation topics before new staff begin to care for children:

- A. Regulatory requirements;
- B. The goals and philosophy of the facility;
- C. The names and ages of the children for whom the caregiver will be responsible, and their specific developmental needs;
- D. Any special adaptation(s) of the facility required for a child with special needs for whom the staff member might be responsible at any time;
- E. Any special health or nutrition need(s) of the children assigned to the caregiver;
- F. The planned program of activities at the facility;
- G. Routines and transitions;
- H. Acceptable methods of discipline;
- I. Policies and practices of the facility about relating to parents;
- J. Meal patterns and food handling policies and practices of the facility;
- K. Occupational health hazards for caregivers, and special considerations for pregnant caregivers;
- L. Emergency health and safety procedures, for example, Plan for Urgent Medical Care or Threatening Incidents;
- M. General health and safety policies and procedures, including, but not limited to, the following:
 - 1) Handwashing techniques and indications;
 - 2) Diapering technique, toilet routines and toilet learning/training;
 - 3) Identifying hazards and injury prevention;
 - 4) Correct food preparation, serving, and storage techniques if employee prepares food;
 - 5) Knowledge of when to exclude children due to illness and the means of illness transmission;
 - 6) Formula preparation, if formula is handled;
 - 7) Standard precautions and other measures to prevent exposure to blood and other body fluids, as well as program policies and procedures in the event of exposure to blood/body fluid.
- N. Recognizing symptoms of illness, for example, Daily Health Assessment;
- O. Teaching health promotion concepts to children and parents as part of the daily care provided to children;
- P. Child abuse detection, prevention, and reporting;
- Q. Medication administration policies and practices;

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Relationship-based Care

Children, especially infants and toddlers, need to grow and develop within a web of caring human relationships in order to have good mental health. It is through these steady, nurturing relationships with parents and caregivers that infants and toddlers learn how to talk about their feelings, make friends, explore and learn about the world, and develop their own identity. Learning these skills is important because we know that children with poorly developed social and emotional skills are at risk for later problems in school, work and adult relationships.

What is relationship-based care?

Recent publicity on the role that child care plays in helping children with school readiness focuses on the “teaching” that happens in child care. While learning colors, letters and numbers is important for the preschool child, it is also important to understand that *infants and toddlers* have different developmental needs than preschool children. The most important thing for infants and toddlers is for each child to have a continuous, individual relationship with one particular adult in an environment that provides security and closeness. This is referred to as “relationship-based care.” Relationship-based care does **not** mean that a child is only cared for by his primary caregiver. It means that the child has a special, close relationship with a caregiver in the group setting, and so do the child’s parents. The child feels important to the primary caregiver, a necessary step in the child’s ability to form a healthy sense of identity as someone who is important and loved. Forming a strong, positive identity doesn’t happen in “school.” It happens in a stable, loving relationship with a caregiver. Special attention must be paid to how these primary relationships are formed in the group care setting. Group care for infants requires that caregivers read

and respond to an individual infant or toddler’s temperament and cues with sensitivity and warmth. The ability to have these kinds of relationships is directly affected by group size as well as how many adults there are to care for the children in the group. In small groups, infants and toddlers are better able to form relationships with both caregivers and other children, and they are less distracted and more able to focus on activities.

Ways to promote relationship-based care for infants and toddlers:

- Assign each infant and toddler in your program to a primary caregiver
- Allow for as much continuity of care as possible by reducing the number of groups and caregivers a child transitions through during the infant/toddler years
- Consider allowing caregivers to “move up” with the children they care for, allowing them the pleasure of observing and aiding the development of children they love and providing those children with stable relationships.
- Follow staff-child ratio and group size recommendations.*

References and Resources

Baker, AC and Manfredi/Petitt, LA. 2004. Relationships, the Heart of Quality Care: Creating Community Among Adults in Early Care Settings

Lally, JR, A. Griffin., E. Fenichel, M. Segal, E. Szanton, and B. Weissbourd. 1995, 2003. Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice Washington, DC: Zero to Three.

*NAEYC recommends that for infants there should be one adult for every four infants and a maximum group size of eight; and for toddlers a ratio of one adult to four to seven children and a group size of 10–14 depending on the children’s ages.

by Vickie Leonard, RN, FNP, PHD

BOX OF FUN

Walking School Bus

The week of October 2–7, 2006 is International Walk to School Week. Some elementary schools have developed walking school bus programs lead by adult crossing guards who accompany children to and from school on safe, designated routes. Discuss walking places with the children in your program. Set up a “walking school bus” in your setting. Let the children

take turns acting as “drivers” and picking up other children at designated “stops” along the way until they get to “school.” Walking is a great way for children to be more physically active, improve air quality and reduce traffic.

For more information, visit www.cdc.gov/nccdphp/dnpa/kidswalk/kidswalk_links.htm.

Reducing the Risk of Infectious Disease: Vaccination for Adults

Vaccines are important for adults as well as children. The contact that ECE professionals have with children and the nature of their work means that caregivers are exposed to diseases more frequently than someone who has less contact with children. Knowing your immune status and receiving needed vaccinations will reduce your risk for disease and reduce the risk of spreading diseases to children in your care.

Risk of disease because of exposure to common childhood diseases

Contact with children increases exposure to common childhood illnesses. Talk to your health care professional and review your immune status. Do you have a record of your immunizations? What childhood diseases have you had? If you are not sure, your health care provider can do a blood test to determine if you have immunity to certain illnesses. Once you have this information, you can get the vaccinations for the diseases to which you are not immune. Caregivers should be immunized or have immunity against measles, mumps, rubella, polio, chickenpox and Hepatitis B. Your health care provider may also recommend the meningococcal vaccine.

Risk of disease because of occupational health hazards

ECE professionals are exposed to blood and other body fluids routinely during their daily tasks. Tending to split lips, scraped knees, bloody noses and diaper changes are activities that are basic to child care. These activities carry a risk of exposure to communicable diseases and immunization reduces your risk of becoming infected. According to OSHA guidelines for occupational health hazards, caregivers should be offered the Hepatitis B series when they begin work. Your health care provider might also recommend the Hepatitis A vaccine. Tetanus boosters are recommended every 10 years.

Concerns for women of childbearing age:

Many ECE professionals are women who are pregnant or may become pregnant. Since certain childhood infections can be harmful to unborn babies these women should be aware of their immune status. If you are already pregnant discuss this with your health care provider since some vaccinations cannot be given during pregnancy. There are also common childhood diseases such as Cytomegalovirus (CMV) and Parvovirus (Slapped Cheek) that do not have a vaccine and can cause harm during pregnancy. For these diseases you can find out your immunity with a blood test.



Caregivers with special health concerns:

Caregivers who have special health concerns such as diabetes, heart disease, asthma or immunodeficiency should discuss the nature of their work and their immune status with their health care provider and be immunized accordingly.

The 2006 recommendations for the flu vaccine:

Advisories for influenza (flu) vaccination are updated regularly. As of June 28, 2006, the Advisory Committee on Immunization Practices (ACIP) recommends that healthy children aged 6–59 months, their

household contacts and out-of-home caregivers be vaccinated against influenza.

References and Resources

Centers for Disease Control (CDC)
www.cdc.gov/nip/recs/adult-schedule.htm

Prevention and Control of Influenza
www.cdc.gov/mmwr/preview/mmwrhtml/rr55e628a1.htm

AAP. 2002. Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs (2nd ed.)

California Childcare Health Program, Prevention of Infectious Disease at <http://ucsfchildcarehealth.org/html/pandr/trainingcurrmain.htm>

by Bobbie Rose, RN



Safe Transportation of Your Child with Disabilities

Children riding in a motor vehicle without proper protection (using a child safety seat, booster seat or safety belt) are at risk of injuries even in a minor crash.

While every child deserves protection from injury, transporting children with special health care needs and disabilities requires special attention.

Why do they need special protection?

- They may not be able to use the conventional auto restraints, or may have conditions that affect their ability to be properly restrained. For example, children using hip spica casts, splints or other orthopedic devices cannot sit in standard car seats.
- Children with challenging behaviors may have a difficult time following the safety rules while the vehicle is moving.
- Children with muscle tone abnormalities, such as in cerebral palsy, may have poor head/neck control and need the support of a child restraint.
- Some may need to travel with wheelchairs or medical equipment which also need to be secured in the vehicle.

Where to get low-cost car seats and specialty restraints?

Since car seats for children with special needs are often expensive, call the National Easter Seal Society at (800) 221-6827 to find out if car seat loan programs are available in your area. Your health care provider may also help you to access proper resources. If not, check with your insurance for cost coverage.

If your child is attending a program that provides transportation services, such services must include children with disabilities. If special transportation requirements (i.e. special pick up/drop off requirements, special seating requirements, special equipment, or any special assistance) are needed, it will be specified in the child's Individualized Education Plan.

Useful tips to remember

- *Talk to your pediatrician.* Find about your child's positioning and transportation needs.
- *Use a safety restraint that is appropriate for your child's weight, developmental stage and condition.* Stay up-to-date on what might be available for your child.
- *Do not alter a car safety seat.* If the car seat does not match the child's needs, find another one. Always follow instructions for the car seat and the vehicle.
- *Install the car seat securely.* Make the seat belt tight. Use a top tether strap if one is available. If both vehicle and car seat have Lower Anchors and Tethers for Children (LATCH) attachments, use them. Please always check the labels and remember that LATCH cannot be used for children over 50 pounds.
- *The back seat is the safest place for all children to ride.* Never transport a child rear-facing in the front seat of a vehicle with a passenger air bag unless the air bag has an on/off switch and has been shut off.

Where to find additional information?

For additional information please see the following resources and references or call the Child Care Healthline at (800) 333-3212. You may also take a child passenger safety awareness class or even a certification course from the Special Needs Technician training program to help other parents.

Resources and References

American Academy of Pediatrics. Car Seat Shopping Guide for Children with Special Needs at www.aap.org.

National Highway Traffic Safety Administration, Transportation Tips for Children at www.nhtsa.dot.gov/cps/newtips/

Safe Ride News at www.saferidenews.com

EZ-On Products Inc. (sells special needs equipment) at www.ezonpro.com/

by A. Rahman Zamani, MD, MPH

Orientation Plan for New Staff, continued from page 2

R. Sudden Infant Death Syndrome (SIDS) risk reduction.

You may want to add additional topics; however, it's most important to have a plan to support the new employee and to document the new employee's training in their employee file. Healthline can help with the materials you need to make it work.

Reference

AAP. 2002. Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs (2nd ed.)

by Judy Calder, RN, MS

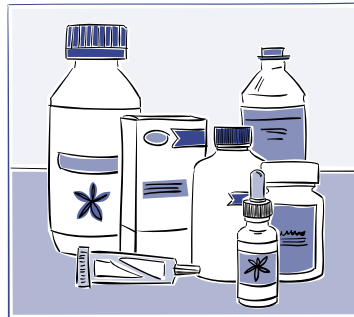
**STOP
DENTAL
DISEASE**

HOW TO HANDLE DENTAL INJURIES



It's important to remain calm. Check and clean the area around the injury, wearing disposable gloves.

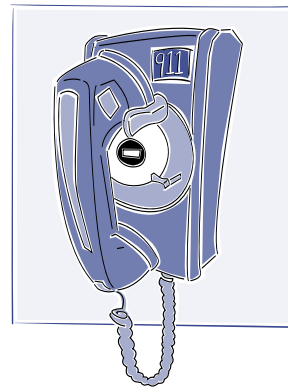
Rinse with water to clean out any debris.



Child-appropriate pain relievers (such as Children's Tylenol or Children's Motrin) may be given in accordance with the label direction, if requested by the parent.



Apply ice to reduce swelling.



If a fractured jaw is suspected, seek emergency care. Do not move the jaw.



If tooth has been knocked out:

- If dirty, hold tooth by the crown and rinse root
- If possible, put back in socket, or
- Put tooth in milk and transport child and tooth to dentist immediately

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Rev. 01/06

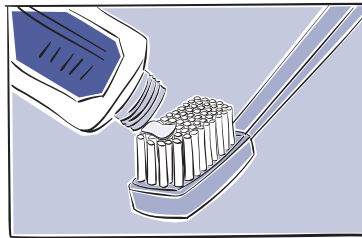
**STOP
DENTAL
DISEASE**

ORAL HYGIENE FOR CHILDREN



Use a moist, clean cloth or a moist gauze for infant gums.

Wipe around the gums, and don't forget the tongue.

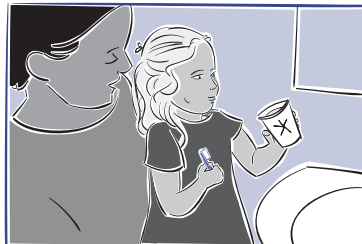


Use a soft bristled child-sized toothbrush for teeth.

A tiny speck of fluoride toothpaste—about the size of a grain of rice is plenty!



Wipe excess toothpaste from the mouth until child is old enough to rinse.



If possible, brush or rinse mouth with water after eating sweet or starchy foods.

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Rev. 06/06



Bullying: a Common Public Health Problem

Bullying is a common experience for many school-age children. Studies show that around 50 percent of children are bullied at some time during their school years, with at least 10 percent on a regular basis. Children who are bullied experience real suffering that can affect their social and emotional development and academic performance. In recent years, health professionals and law enforcement agencies have begun to make a connection between bullying and violence.

What is bullying?

Bullying is different from a playful teasing for fun that may lead to smiles and laughter. It is a conscious, willful, planned, aggressive and repetitive behavior intended to harm others. It prevents other children from enjoying a safe, stress-free living and learning environment.

Research indicates that victims of teasing and bullying share some common characteristics such as physical weakness, poor social skills, willingness to submit to the bully's demands, signs of anxiety or depression, and having few friends. Bullies usually pick on children based on their race, language, abilities/disabilities and cultural background.

Children bully in different ways—verbally, emotionally, physically, sexually and through e-mail and text messages (cyber-bullying).

Why do children bully?

Bullies tend to have higher levels of anger, depression and impulsivity. They often have low self-esteem and a false sense of self worth. They turn to bullying as a way of dealing with their own problems. Children who do not know how to deal with difficult situations at home (for example, victims of any types of abuse, lack of self-esteem, divorce situations, children who have been

bullied at home by siblings or others) may have the idea that it is okay to bully other children.

Signs that a child is being bullied

Bumps and bruises are obvious warning signs indicating that the child has been physically bullied. Less obvious signs include the following:

- Losing interest in school
- Being forgetful
- Missing money or belongings
- Being short-tempered and living on the edge
- Cloths are torn and/or eye glasses are broken more than occasional accidents
- Having nightmares; bedwetting

Bullied children can feel lonely, unhappy and frightened. Being bullied has long-term social-emotional consequences including low self-esteem and the feeling of being a valueless and insignificant person.

What can child care providers do to respond to bullying?

As child care providers, you can watch for the early signs of bullying and being bullied in your setting. Young children, even younger than 5-years-old, could present bullying behavior in the child care setting. As with any unacceptable behavior, you should intervene and communicate with the child and his or her family.

References and Resources

Kids Health at www.kidshealth.org/parent/emotions/feelings/bullies.html
www.bullying.org/public/frameset.cfm

by Tahereh Garakani, MA ED

cchp update

The new Project Coordinator for the California State Early Childhood Comprehensive System's (SECCS) Grant is Te Guerra, PhD. Dr. Guerra will be housed at the Maternal Child and Adolescent Health office in Sacramento (aguerra@dhs.ca.gov). The SECCS' implementation project will focus on integrating statewide systems to provide comprehensive screening for children before they enter kindergarten. The project will focus on 3–5 counties and develop 'best practices'.

Te Guerra spent 15 years as a health policy analyst and evaluator before receiving her PhD in medical anthropology in a joint-program of UC Berkeley and UCSF. Her areas of specialization are institutional and systems integration. She just completed an 18-month, post-doctoral position in her family's native home of Cuba, where she worked to identify, and make recommendations to eliminate, the duplication of health services between Cuba's Ministry of Health and Ministry of the Interior (the prison system).

Guidelines for Physical Activity for Young Children

Over the past few decades children have become more sedentary and more children are overweight. Children spend more time in cars, watching TV, playing video games and spend less time in active play.

Here are some guidelines to help you know if the children in your program are getting the amount of physical activity recommended by the National Association for Sport and Physical Education:

Infants

- Interact with parents and/or caregivers in daily physical activities that are dedicated to promoting the exploration of their environment.
- Be placed in safe settings that facilitate physical activity and do not restrict movement for prolonged periods of time.
- Engage in physical activity to promote the development of movement skills.

Toddlers

- Accumulate at least 30 minutes daily of structured physical activity.
- Engage in at least 60 minutes and up to several hours per day of daily, unstructured physical activity and should not be sedentary for more than 60 minutes at a time except when sleeping.
- Develop movement skills that are

building blocks for more complex movement tasks.

Preschoolers

- Accumulate at least 60 minutes daily of structured physical activity.
- Engage in at least 60 minutes and up to several hours per day of daily, unstructured physical activity and should not be sedentary for more than 60 minutes at a time except when sleeping.
- Develop movement skills that are building blocks for more complex movement tasks.

How can ECE programs promote physical activity?

Create an environment that encourages active play

Provide indoor and outdoor areas that are large enough for physical activities. Choose active toys and equipment such as kites and streamers, balls, tricycles and climbing structures. Use physical activities for transitions; for example, line up by hopping or skipping. At circle time teach dance steps and play movement games. Take walking field trips.

Become familiar with age appropriate movement skills

Help children develop fundamental motor skills. These skills are the basis for sports and a lifetime of physical activity.

For some children, physical skills may come easily while other children may need more guidance from caregivers.

Be a role model

Show the children in your program that you like to exercise. Get involved in their active play. Bring in pictures of you and your family or friends enjoying a physical activity such as playing a sport, hiking or dancing. Choose to walk instead of driving whenever possible. Take the stairs.

Involve parents

Communicate with parents about the importance of physical activity. Discourage TV viewing. Compliment parents when they provide opportunities for physical activity. Share ideas for developmentally appropriate exercise. Encourage children's involvement in household chores. Let parents know that active play can be louder and messier and can require more supervision but that they will be rewarded with children who can enjoy vibrant good health.

References and Resources

Active Start. 2002. National Association for Sport and Physical Education

Kids Health www.kidshealth.org/parent/fitness/index.html#General_Fitness

by Bobbie Rose, RN

You Hold the Wisdom—Use It, continued from page 1

enough lead to cause learning and behavioral problems. One more reason to limit the amount of candy that children eat.

Back to basics

Lead and other harmful chemicals such as phthalates and dioxins can be found in plastic and vinyl products such as lunchboxes, water bottles, jewelry and toys. Packing lunch in a paper or cloth

bag is sounding like a good idea again. Buying fewer cheap, disposable toys and consumer items keeps these toxins out of our children's bodies and out of our landfills.

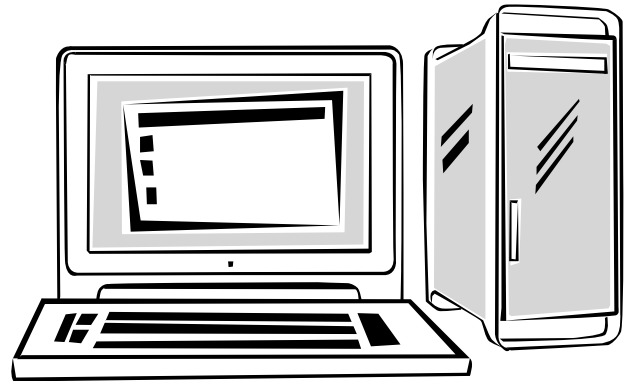
Being an informed consumer gives us some power over the types of business practices and toxic exposures our communities encourage and support. Children can learn from our example to consume less, choose wisely, and recycle efficiently.

by Lyn Dailey, PHN

What is a Regional Immunization Registry?

One of the least satisfying jobs in a child care program is recording the immunization records of enrolled children and making sure they are up-to-date. Immunization records are lost, families move, and it is often difficult to determine whether a child is actually behind on her immunizations or the records are not complete. When records are not available, the child must be re-immunized. The State of California is working to solve this problem. The Statewide Immunization Information System (SIIS) is a division of the California Department of Health Services (DHS) Immunization Branch. The SIIS is made up of a group of nine regional immunization “registries.” These registries work with health care providers who provide immunization information (the child’s name and birth date, mother’s/guardian’s name, and information about the child’s shots) for each child in their care to the registry. Once the information is recorded, it is then available to any other health provider in the registry. Registries comply with HIPAA and state law to protect patient privacy. Providers and registries must sign confidentiality agreements in order to share patient records. Eventually, the nine state regions will be electronically linked, enabling a participating provider anywhere in California to receive patient immunization data from any of the state’s regions.

In addition to documenting immunization histories, the registry also contains a reminder/recall system, and the ability to




print official yellow and blue cards. The registry will always be based on the current Recommended Immunization Schedule from the Centers for Disease Control and Prevention (CDC), making it easier to keep track of immunization schedules that are always changing!

Child care programs that have access to the internet can become “read only” users of the registry and access shot records for the children they serve, and print blue cards if they have a laser printer on site. To become a “read only” user, contact the registry in your region. A list of the state registries can be found on the web at www.ca-siis.org. Programs must sign a confidentiality agreement and they are trained to use the web-based program. Then they receive a logon ID for their program. There is no cost to become a user.

by Sylvia Cullen, Santa Clara County Public Health Department and Vickie Leonard RN, FNP, PHD

California Training Institute

A Curriculum for Child Care Health Consultants



The California Childcare Health Program is administered by the University of California, San Francisco School of Nursing, Department of Family Health Care Nursing.

FIRST5 CALIFORNIA

California Childcare Health Program
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New curriculum available!

California Training Institute (CTI): A Curriculum for Child Care Health Consultants

The California Training Institute at the California Childcare Health Program (CCHP) developed this curriculum to train health care professionals, including physicians, nurses and pediatric nurse practitioners, to become Child Care Health Consultants.

To order curriculum please call:
(800) 333-3212

To download curriculum, visit our website at:
ucsfchildcarehealth.org



September 18–19

Child Development Policy Institute—The Fall Public Policy Forum: “What’s Next for Preschool? Advancing the Agenda for Children.”

Sacramento, California

Several smaller workshops will be held on the first day of the conference with a general session to be held on the second day. For more information, including room rates and workshop schedules, visit <http://cdpi.net/2006fallforum.htm>.

September 21–23

California Association for the Education of Young Children, 3rd Annual Training the Early Childhood Trainer Conference

Los Angeles, California

www.caeyc.org/

October 4–6

29th Annual R&R Network Conference

Asilomar Conference Grounds

Pacific Grove, California

www.rrnetwork.org

October 23–25

The Child Care Food Program Roundtable’s 15th Annual CACFP Conference, “Celebrating Fifteen Years: Our Vision, Our Future”

San Diego, California

www.ccfproundtable.org/2006conf.asp



health + safety resources

New Infant/Early Childhood Mental Health Material—

“Secure Beginnings” is a new booklet that has been developed by early childhood, early intervention and Head Start colleagues in Idaho. Part of its function is to aid parents in recognizing “when to worry” about social and emotional development. The 12-page downloadable version is available at www.fpg.unc.edu/%7Escpp/pdfs/IMH_Booklet-3-8-06.pdf.

Can Child—is a newly launched web site by the Centre for Childhood Disability Research at McMaster University in Hamilton, Canada. It is offering resources for families, teachers and providers in supporting inclusion for children with special needs. Resources include:

1. Information about specific diagnosis, supports, and interventions
2. Tips for the provision of family-centered service
3. Suggestions to support advocacy initiatives; and
4. Knowledge concerning developmental disorders over time.

www.canchild.ca

Children of Immigrants and Refugees: What the research tells us. From the Center for Health and Health Care in Schools, Online at www.healthinschools.org/cac/immigrantfs.pdf

Guide to Lowering Adult Blood Pressure

The National Heart, Lung, and Blood Institute (NHLBI) has developed “Your Guide to Lowering Your Blood Pressure with DASH”

to provide step-by-step advice on lowering and controlling high blood pressure by following the DASH eating plan. DASH, which stands for Dietary Approaches to Stop Hypertension, follows heart-healthy guidelines to limit salt or sodium, saturated fat, trans fat, and cholesterol, and focuses on increasing intake of fruits, vegetables, and fat-free or low-fat milk products. It is also rich in whole grain products, fish, poultry and nuts.

The document can be accessed at www.nhlbi.nih.gov/health/public/heart/hbp/dash/index.htm.

Supporting Infants and Toddlers with Challenging Behavior

is a fact sheet discussing using a public health model, approaches to infant-toddler mental health.

Research has also indicated that problems that occur in the infant’s or toddler’s social or behavioral development are likely to be early indicators of more difficult and persistent challenging behavior as the child grows older. From the Center for Evidence-Based Practice: Young Children with Challenging Behaviors website available at <http://challengingbehavior.fmhi.usf.edu/handouts/SupportInfantsToddlers.pdf>

Program Practices for Promoting Social Development of Young Children and Addressing Challenging Behaviors.

This article by Lisa Fox, PhD, examines best practice in supporting young children with challenging behavior. Available at <http://challengingbehavior.fmhi.usf.edu/handouts/ProgramPractices.pdf>



Identifying Children with Undiagnosed Special Needs

Many children enter ECE programs with special needs that have not yet been diagnosed. An Early Care and Education (ECE) provider may be the first person to become concerned about the child's behavior, development or health. Some developmental delays and disabilities only become apparent as children develop and some are difficult to identify.

ECE providers who suspect a child in their care may have an undiagnosed special need are encouraged to:

- Observe the child closely over time
- Document any concerns about the child's development
- Consult with a mentor or supervisor to receive feedback about the concern
- Diplomatically address the issue with the parents
- Refer the child for assessment

Communicating concerns about a child to the parents is often a difficult step. When talking with parents, a Child Care Health Consultant (CCHC) can help you by role playing the discussion. Sokal-Guiterrez suggests the following tips for ECE providers when talking with parents about concerns:

- Set up a meeting at a convenient time and a comfortable, private place.
- If there are any cultural or language differences, get assistance to ensure good communication.



- Emphasize your commitment to working as a team with the family to meet their child's needs.
- Explain your concerns briefly and calmly, citing specific observations you have made.
- Allow the parents to respond to your concerns and ask questions.
- Ask the parents to consider talking with the child's health care provider.

Source: California Childcare Health Program, The California Training Institute curriculum for Child Care Health Consultants, Children with Disabilities and Other Special Needs, 1st ed. 2006.

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