

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)



Connecting Kids to Healthcare Through Schools

The Connecting Kids to Healthcare Through Schools (*Connecting Kids*) program is designed to enlist active participation of key organizations, agencies and associations in promoting affordable healthcare coverage for children.

Connecting Kids (CK) has been successful with its school-based outreach through the distribution of the Request For Information (RFI) form. The RFI form provides information about children's health coverage programs and asks parents if they would like to receive additional information. The form may be returned directly to the local school or to a centralized statewide administrator. CK can customize the RFI form to suit local needs and assist your outreach efforts. The RFI form can be requested in multiple languages and the needed quantities to facilitate local school-based outreach efforts. Upon receipt of a completed form, the parent will be mailed a joint Healthy Families/Medi-Cal for Families application.

To request the RFI forms, please use the parent information form which has been distributed to schools, school agencies and community based organizations through an annual mailing done by the California Department of Education and Connecting Kids. If you have not received one, you may access it by visiting the CK website at www.connecting-kids.com/program_03.shtml

In California and nationally, schools have proven to be one of the most effective ways of referring and enrolling uninsured children into healthcare coverage programs. Conducting healthcare



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



health + safety tips

Keep Children Safe from Burns

- Keep hot beverages out of children's reach
- Set water heater to 120 degrees or lower
- Childproof all electrical outlets
- Keep children out of the midday sun and off hot surfaces
- Keep hot appliances off limits.

Source: CCHP Survival Tips Posters at <http://ucsfchildcarehealth.org/html/pandr/postersmain.htm>. You may download free limited-color posters, or purchase the full-color laminated versions.



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.

Major support for this publication is provided by the California Department of Education/Child Development Division and First 5 California (formerly the California Children and Families Commission).

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Keeping Children Hydrated During the Summer

Q We are trying to offer more liquids to children during the hot weather but are having a staff disagreement over how to do it. Some staff want to offer juice or sports drinks and others want to offer just water.

A Your staff is wise to think about the hydration needs of children during hot weather. Children involved in active play forget to drink or to ask for a drink. And they often need more water than adults because they expend more energy. Children should be encouraged to drink before they feel thirsty, because dehydration can occur before they feel thirsty. Water is the preferred drink since most sports drinks, fruit punches, and juices contain more sugar than children need. Juices that are less than 100% natural juice are of lower nutritional value and decrease the appetite for more nutritious solid food. Even when 100% juice is served, it's considered a fruit exchange and needs to be considered when planning a well-balanced daily menu. Feeding 100% juice at specific meals and snacks is preferred and will reduce the presence of acids produced in the mouth that cause tooth decay. It will also reduce added calories that can lead to overweight.

Some programs have water fountains for children but other programs have not used them because the children cannot be sufficiently monitored to make sure they are not touching the spigot with their mouths and spreading disease.

Many programs provide a self-help thermos with cups that make water available to children at all times including field trips. Another healthy routine to support good hydration is to provide enough time in the transition from outside to inside to first have children wash their hands, then go to a table where there are cups and a pitcher of water and where everyone (including teachers) is encouraged to sit and drink, providing a social opportunity to talk about what happens next. Water can also be served in smaller pitchers so that children can pour and learn self-help activities. Dehydration can make a person feel tired and cranky and can cause headaches, nausea, and cramps. Good cues to watch for in children and adults.

by Judy Calder, RN, MS



What does “paying attention” mean for infants and toddlers?

Paying attention is the child’s ability to focus on a person or object. It is related to the child’s developing abilities to learn and remember. In order to remember something, the child has to learn about it and in order to learn about it, she has to stop and pay attention. The development of a child’s ability to pay attention is very important for her later success in school. The ability to pay attention develops over time and can be nurtured and enhanced by good caregiving. Paying attention is actually a complex behavior, involving several mental processes, including:

- Impulse control: how well can the child control his desire to do some other action, instead of paying attention to the task at hand?
- Motivation: how much does the child want to do the task that requires her attention? For instance, does it bring her the encouragement of someone who loves her?
- Ability to control activity level; for instance, can he stop jumping around long enough to notice that his teacher is telling him how to play the game?

Attention is also affected by environmental factors:

- Is the setting noisy and chaotic?
- Is the behavior of other children distracting?
- Are there too many choices being offered?

Some environments that make it difficult for some children to pay attention are fine for other children. Before you label a child as having trouble paying attention, look at the environment and think about whether it is a good fit for the child.

It is also important to look at whether your expectations of the child are realistic for his age and development:

- Infants pay attention by turning to sounds or by looking at

things. Younger infants look longer than older infants because it takes them longer to “encode” the object mentally. Infants also pay more attention to sounds than to things they see.

- Two-year-olds can only devote their attention to one thing for about two minutes when they have the help of an adult and for a minute or less when they are alone. Then they need to take a break or do something else. They may also have difficulty paying attention to instructions. Asking toddlers for more attention than this is not good for them or for you as a caregiver because everyone will be disappointed.

The child’s temperament will also affect her ability to pay attention.

- For naturally observant, easy-going, and easily settled infants it is easier to attend to the world.
- The active, spirited infant or toddler needs more patience and help to settle and pay attention.
- A shy, reserved toddler needs coaxing and a patient caregiver who will introduce the world at the child’s pace.

How caregivers interact with infants and toddlers will directly affect their ability to learn to pay attention for longer and longer periods. Helping infants and toddlers learn to pay attention to their world will reward you many times over as the child grows into an interested and engaged child ready for school.

References and Resources

Family Front and Centre: A Support Resource Promoting Healthy Child Development. Book 2: Attention http://phac-aspc.gc.ca/dca-dea/pubs/ffc-ief/pdf/ffc_attention.pdf

Robinson, C. & Sloutsky, V. Auditory Dominance and Its Change in the Course of Development. *Child Development*, Sep/Oct 2004, p. 1387.

by Victoria Leonard, RN, FNP, PHD

BOX OF FUN

Tidy Up!

Place several boxes with small objects such as balls, rings, beanbags, blocks on the corners of a large square rug or grassy area. Mark the outside of each box with the word and picture of the type of object that belongs in that box. Next, spread all of the objects on the ground.

Now, let’s move:

- Signal to begin by clapping, whistling or playing music.

- Have the children walk and pick up one piece of equipment at a time and place it in the correct container.
- Continue until all of the objects have been returned to the correct boxes.
- When the objects are all returned to the correct boxes, everybody wins!

Adapted from SportFun, Copyright 2001, Human Kinetics Publishing, Inc.

Mercury in Fish and Shellfish

Fish and shellfish are good sources of high quality protein and other nutrients and are a staple in many healthy diets. Nearly all fish and shellfish, however, contain at least a small amount of a substance called mercury. Since mercury can be harmful to unborn babies and young children, the Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) have joined to caution pregnant women, women planning to become pregnant, nursing mothers and young children to consume these foods in a way that will reduce the amount of mercury exposure.

What is mercury?

Mercury occurs naturally in the environment and can also be released into the air through industrial pollution. Mercury then falls from the air and lands in streams and oceans and is turned into methylmercury in the water. Fish absorb the methylmercury as they feed in these waters and it builds up in them. Depending upon how long a fish lives and what the fish eats, mercury levels vary between different types of fish. Some fish are naturally low in mercury and are good choices for childbearing women and young children.

Why is mercury harmful to unborn babies and young children?

Mercury can harm the developing nervous system of unborn babies and young children. Unborn babies and young children who have high levels of mercury are at risk for developmental problems. The risks from mercury in fish and shellfish depend upon the amount of fish eaten and the levels of mercury in that fish.

Recommendations for selecting and eating fish or shellfish:

1. Do *not* eat these fish since they feed on other fish and have higher levels of mercury:

- Shark
 - Swordfish
 - King Mackerel
 - Tilefish
2. Do eat up to two portions a week of fish and shellfish that are low in mercury.
 - Shrimp, canned light tuna, salmon, pollock, catfish and the fish in fish sticks are low in mercury.
 - A commonly eaten fish called albacore or “white” tuna is higher in mercury than canned light tuna. Canned light tuna is a better choice when choosing between these, however you may eat up to one meal of albacore tuna per week. Tuna steaks are also higher in mercury than canned light tuna, so limit to once a week.
 - A portion size is 6 ounces for women. Serve smaller portions to children.
 3. Before eating fish caught by family and friends, check local advisories. Fish that is caught in local waters may have much higher or lower than average levels of mercury. For specific information about the safety of fish caught while fishing in California check the Fish Advisories from the Office of Environmental Health Hazard Assessment (OEHHA) at www.oehha.ca.gov/fish.html.

References and Resources:

What You Need to Know About Mercury in Fish and Shellfish, 2004, EPA and FDA <http://epa.gov/waterscience/fishadvice/advice.html#back>

Safety Guidelines for Eating Fish, Department of Health Services, 2003 http://ehib.org/cma/topic.jsp?topic_key=8

Special thanks to Margy Gassel, Ph.D., at the Pesticide and Environmental Toxicology Branch, Office of Environmental Health Hazard Assessment for her review.

by Bobbie Rose, RN

New curricula available!

**California Training Institute
Curricula for
Child Care Health Consultants
and
Child Care Health Advocates**

Curricula are available to download from our website (www.ucsfchildcarehealth.org under ‘curriculum’) or purchase by completing an order form (http://ucsfchildcarehealth.org/pdfs/training_etc/general_order_Form082605.pdf).

The California Training Institute (CTI) for Child Care Health Advocates (CCHA) curriculum is being translated into Spanish and will be available on our website and for purchase by August, 2006. In addition, we are writing an “Instructors’ Guide” to accompany the CTI for CCHA curriculum.

Future CTI trainings for Child Care Health Consultants for 2006-2007 are being planned. Please check our website for future training dates.

Choosing Quality Child Care Matters

Increasing numbers of families rely on non-parental care for their infants, toddlers and preschoolers. Since these young children spend so much of their time in the care of people other than their parents, attention to the “quality” of available care is important. Research shows that the “quality” of the programs selected by parents can have a significant impact on the daily lives and future achievements of their children.

Why is quality important?

Quality programs support the family in its child-rearing role and provide a safe, nurturing and healthy learning environment that promotes the emotional, social, physical, intellectual and creative development of all children.

What is quality child care?

A quality child care is a safe, loving and stimulating environment that challenges children to learn, reach their potential and ultimately prepares them for school. Research has recognized several indicators of quality Early Care and Education (ECE) programs that predict developmental and health outcomes. The following are the most important indicators:

- *A healthy and safe environment.* Ensuring that children are protected as much as possible from physical harm and illnesses.
- *Opportunities for stimulation and learning.* Providing a positive, happy and safe environment for exploration and learning.
- *Developmentally appropriate practice.* Offering activities that match each child’s age, interests, abilities and family background.
- *Quality relationship.* Forming a positive relationship between the provider and the child, and provider and the parent where parent is treated as a partner.
- *Providers’ qualifications.* Providing care by qualified and trained ECE providers.
- *Predictable routines.* Establishing appropriate, familiar routines for feeding, napping, toileting, etc.
- *Adult to child ratio and group size.* Having the right number of children for each provider and a small group size.

What is good for you and your child?

Your decision to choose in-home care, a family child care home, a child care center, drop-in care, a Head Start program or preschool may depend on various factors such as availability, cost, hours and location. However, the type of program that you select should be the one that fits your and your child’s individual needs. As a parent, it is your responsibility to ensure that your child is safe and happy in a child care environment that is nurturing, fun and educational. Following are a few points to consider:

- In-home care by relatives and friends may be easier for you but is often of lower quality and may be harmful to a child’s development.
- A licensed program is better because it is required to meet state standards for good care.
- Small group size is the best.
- People who have received training in child care do a much better job.

For additional information visit our Web site at www.ucsfchildcarehealth.org or call the Child Care Healthline at (800) 333-3212.

by A. Rahman Zamani, MD, MPH



STOP
DENTAL DISEASE

PREVENTING BABY BOTTLE TOOTH DECAY OR EARLY CHILDHOOD CARIES

*New Survival Tips
mini-posters available!*

**STOP
Dental Disease**

To order laminated posters please call:
(800) 333-3212

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

Never put a baby to bed with a bottle, unless it has only water in it.

Limit sweet, sticky, starchy snacks. Snacks like cheese, plain yogurt, whole grain cereals or breads, fruits and vegetables are better.

Start cleaning teeth as soon as the first teeth erupt. Clean the mouth, gums and teeth at least daily.

Introduce a feeding cup between ages 6 and 8 months. Use a regular cup (no sippy cups).

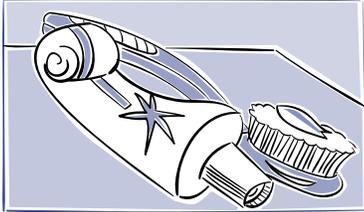
Wash from the bottle by the first birthday.

Encourage children to drink water rather than fruit juices or sweet drinks when thirsty.

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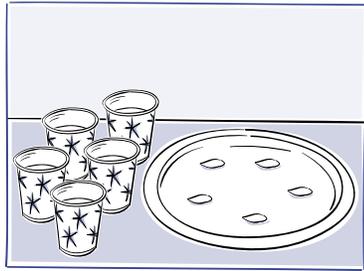
**STOP
DENTAL
DISEASE**

TOOTHBRUSHING



For children 1 year or older:

- Use a soft bristled child-sized toothbrush.
- Use a tiny speck of fluoride toothpaste—about the size of a grain of rice is plenty!



Don't share the toothpaste tube! Instead:

- Dole out toothpaste on a small slip of disposable wax paper (one per child).
- Place dabs of toothpaste along the edges of a paper plate. Each child "picks up" a bit of toothpaste with toothbrush.
- Give each child a small paper cup with a dab of toothpaste along the rim. Each child uses his own cup after brushing for rinsing.



Brush all tooth surfaces gently and thoroughly:

- Start with the tops and sides of all teeth.
- Don't forget the edge of the gum at the base of the tooth where plaque can accumulate.



Assist the child with rinsing the mouth.



Children need assistance and supervision with tooth brushing until at least age 8 or older!

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Rev. 01/06

**STOP
DENTAL
DISEASE**

SPECIAL TOOTHBRUSHES FOR CHILDREN WITH SPECIAL NEEDS



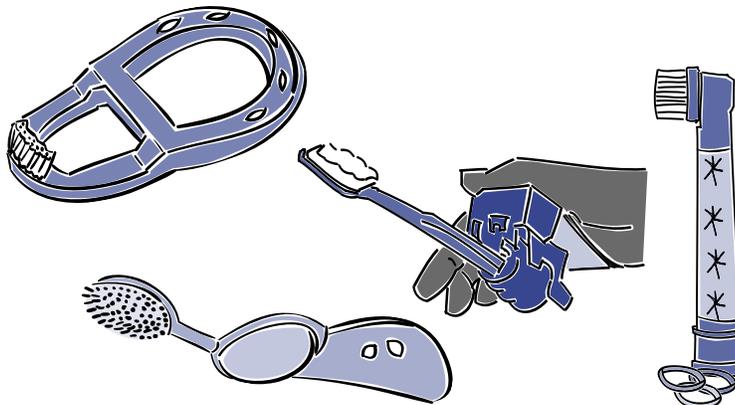
Children with disabilities are especially vulnerable to tooth decay.



Assistance may be needed for rinsing.



Special assistance may be required for complete brushing.



There are a variety of adaptive toothbrushes available to meet every child's needs.

Special handles on toothbrushes make grasping easier.

California Childcare Health Program
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Rev. 01/06



Developmental Screening for Young Children

The first three years of a child's life provide the foundation for all future learning, growth and development. Children grow and change at their own rate; but some children show delays in their development, which can be a cause for concern. Early identification and intervention are important for children's growth and future development.

What is Developmental Screening (DS)?

DS is a brief and simple procedure to identify potential health and development problems in young children who then need to be referred for further evaluation.

Developmental Screening includes:

1. A parent report of the child's history in skills development, emotional status and behavior status.
2. Direct observation of the child's functioning.

Why is Developmental Screening important?

Early Intervention can make an enormous difference in the life of a child with developmental delays. In many cases, the opportunity for early intervention is missed because children with developmental and behavioral delays are not screened early enough. Although DS is vital, it is not mandated in certain programs, like family child care centers and some for-profit organizations.

The law mandates DS at non-profit organizations like Head Start, some child development centers, university-based child-care centers, and medical primary care providers. Laws mandate that states refer children, free of charge, for a comprehensive evaluation by a coordinated, family-centered, and culturally competent community-based system of care. States must also provide early intervention services for children identified with developmental problems through the Individual Family Services Plan (IFSP). The IFSP describes how early intervention will be carried out for a particular child, in accordance with Part C of the Individuals with Disabilities Education Act (IDEA). It contains information about the services necessary to help a child make developmental progress and to help the family to promote the child's developmental progress.

Who provides Developmental Screening services?

Many professionals in child-care, healthcare and community organizations can provide DS services.

What is the purpose of early childhood screening programs?

- To identify conditions and risk factors that may affect a child's ability to learn and develop, and refer for assessment, diagnosis, and treatment.
- To increase parent understanding of child health, development and school readiness.
- To improve access to and the use of preventive health care.
- To link families to community resources.

Important guidelines for developmentally appropriate screening:

- Screening should be viewed as part of the intervention and not only as a means of identification.
- DS should take place periodically and requires multiple sources of information; procedure should be valid and reliable.
- Family members should be part of the screening process.
- Parents should give their informed consent at each step of the DS and assessment process.
- All screening tests and methods must be culturally sensitive.
- Personnel who screen young children need full training.
- Provide standardized screening instruments.
- Screening should be conducted in non-threatening settings, and involve tasks that are relevant to the child and family.

For questions on developmental screening and referrals, contact California Child Care Health Program at (800) 333-3212.

Resources and References?

www.cdc.gov/ncbddd/child/devtool.htm

<http://firstsigns.org/screening/guidelines.htm>

by Tahereh Garakani, MA ED.

Reminder

Childhood injury rates increase in summer—check our website for handouts on ways to reduce summer hazards. See our forms section for insect repellent and sunscreen consent forms. Our Health and Safety Notes section has handouts on Field Trip Safety, Prevent Drowning, Safe Summer Play, Smart Fun in the Sun, Use of Insect Repellent and West Nile Virus. Parents could benefit by receiving information on Drowning, Food-Borne Illness, and Safe and Healthy Travel. Our posters are great reminders to prevent injuries and promote health.

Outdoor Air Pollution and Young Children

During the summer months, children spend more time outdoors enjoying active play, fresh air and sunshine. Although active outdoor play is healthy for children, there are times when air pollution can pose a risk to young children. There is increasing awareness that infants and children are vulnerable to the harmful effects of air pollution.

How does air pollution affect the health of children?

Children's bodies are growing and developing and exposure to toxic air can be harmful to their development. They breathe more rapidly and are more active than adults and that increases the amount of air taken into their lungs. Air pollution can trigger asthma attacks in children who have asthma. Recent research in Southern California has shown that children who grow up in areas with poor air quality have reduced lung function. Air pollution from ozone may also be linked to the development of asthma.

What causes air pollution?

There are many kinds of air pollution. Two common pollutants are particle pollution and ozone. Particle pollution is made up of mixtures of very small particles in the air. It causes a haze that you can see in many cities in California. Pollutants from motor vehicles (especially diesel powered engines), power plants, and wood burning contribute to particle pollution. Other sources of particle pollution are windblown dust, farming and mining activities.

Ozone is a colorless, odorless gas. It is the same kind of gas that is high above

Air Quality Index (AQI) Values	Levels of Health Concern	Colors
<i>When the AQI is in this range:</i>	<i>...air quality conditions are</i>	<i>...as symbolized by this color:</i>
0 to 50	Good	Green
51 to 100	Moderate	Yellow
101 to 150	Unhealthy for Sensitive Groups	Orange
151 to 200	Unhealthy	Red
201 to 300	Very Unhealthy	Purple
301 to 500	Hazardous	Maroon

the earth and protects our planet from the sun. At ground level, however, it is unhealthy to breathe. Ozone forms when pollutants from cars, trucks and industries "cook" in the sun. That is why ozone peaks during the summer months and during the mid-to late-afternoon hours when sunlight is strongest.

Air pollution can be worse in some communities depending upon the amount of pollutants produced, wind and weather conditions. Geography can also affect air pollution; for example, mountain ranges can trap air pollutants in valleys and basins, especially on days with little wind.

How can ECE staff protect children from harmful effects of air pollution?

- Be aware of the air quality in your community by checking the Air Quality Index (AQI). The Environmental Protection Agency (EPA) provides daily air quality information. These forecasts can be found in local daily papers and at www.airnow.gov. On extremely

smoggy days, the local air districts in California will issue a Health Advisory notice with additional advice.

- Plan active outdoor play for times when air quality is best. This could mean that on days when the air quality is poor, children play actively outside in the morning and limit high-activity play outdoors in the mid- to late-afternoon hours.
- Limit children's exposure to traffic-related air pollution; for example, walk along roads with fewer cars and minimize idling of cars at drop-off and pick-up.

Resources and References:

Air Pollution and Children's Health, 2003, Cal/EPA and the American Lung Association of California at www.oehha.ca.gov/public_info/facts/airkids.html

Air Quality Awareness, 2006, Environmental Protection Agency <http://epa.gov/airnow>

Special thanks to Janice Kim MD MPH at the Air Toxicology and Epidemiology Branch, Office of Environmental Health Hazard Assessment for her review.

by Bobbie Rose, RN

What is Rotavirus?

Rotavirus is the most common cause of severe, seasonal diarrhea in infants and young children. It is most common in children between 16 and 24 months of age. Virtually all children have had rotavirus infection by the time they are five years old. Rotavirus is a special problem in the child care setting where it causes 20–45% of the outbreaks of diarrheal illnesses. In the US, 50,000 children are hospitalized a year with Rotavirus. Parents of a child with a first episode of rotavirus miss an average of three days of work if exclusion rules in child care are strictly enforced.

Who Gets It and How?

Illness transmission is by the fecal-oral route. There are billions of Rotavirus particles present in the stool of an infected child. They are present one to two days before the onset of symptoms and can last for up to three weeks after. It takes only a few viruses to make a child sick. Rotavirus can survive on toys and hard surfaces for long periods, and these surfaces can provide a means for spreading the disease. Transmission within families and child care settings is common and hard to avoid because of the number of viruses shed by sick children and the ease of transmission.

How Can I Limit the Spread of Rotavirus Infections?

Immunization is the only practical way to avoid rotavirus infection. There is a new vaccine called Rota Teq* that is very effective in protecting children from rotavirus. The CDC recommends that infants receive three doses of the oral vaccine at 2, 4, and 6 months of age. This vaccine has been tested in one of the largest clinical trials ever conducted and, unlike the earlier vaccine that was removed from the market, there was no evidence in the trial that RotaTeq caused bowel obstruction.

Besides immunization, proper hand washing procedure is the most important measure for preventing infection. It is also important to follow standard precautions and proper procedures for diapering, toilet use and toilet training.

Resources:

CCHP Publications and Resources—Rotavirus Illness Sheet at <http://ucsfchildcarehealth.org/html/pandr/illnesssheetsmain.htm>

Rotavirus Info at www.rotavirusinfo.com/index.html?blksrv=T&WT.srch=1&WT.mc_id=RV021

*Trade name, licensed by the FDA in February, 2006.

by Vickie Leonard, RN, FNP, PHD

Connecting Kids to Healthcare, continued from page 1

coverage outreach through schools is a common sense, high-impact strategy. Schools are where the kids are!

Schools provide many opportunities for outreach through existing services provided to children such as the National School Lunch Program, health services, school-based clinics or school nurses. These services provide a great opportunity to inform families about available healthcare coverage. Further, because parents tend to trust school representatives and the information they offer, hearing about the State's low-cost and no-cost healthcare coverage programs may diminish the stigma often associated with receiving public benefits.

Together we have the potential to assist approximately 500,000 uninsured children that are eligible for Healthy Families and Medi-Cal programs. You can play an important role in helping parents access affordable healthcare coverage for their children. Here is what you can do:

- Distribute the "Good News About Health Coverage" (RFI) flyer to parents of children involved in your programs.

- If you are unable to duplicate large quantities, bulk print orders are available through our program. CK will also provide you with specialized copies of the RFI personalized with your programs contact information.
- If you need assistance with ordering the form, or would like to customize your order form, please contact the CK program by calling the toll free number 1-800-670-4567 or visit our website to download forms at www.connecting-kids.com.
- Promote HFP/MCFP by posting or distributing the popular Benefit and Eligibility flyer. This flyer is available in English and Spanish. Promotional items may also be available to you for use at health fairs, back to school nights and parent teacher conferences. Please contact CK to check availability.

Our common goal is to ensure that California's children grow into knowledgeable, competent, healthy adults who can reach their full potential. Should you wish additional information on the Healthy Families or the Medi-Cal for Families Programs please call the CK program at 1-800-670-4567.

by Judith Torres, Education Coordinator
Connecting Kids to Healthcare Through Schools



July 4–7

International Society for Technology in Education 2006 National Educational Computing Conference
San Diego Convention Center, San Diego, California
Donella Evoniuk, neccprogram@iste.org, 541-434-9590

July 10–12

School for Integrated Academics & Technologies (SIATech) 2nd Annual Reaching “At-Promise” Students National Conference
Marriott Hotel & Marina, San Diego, California
Eileen Holmes, info@siatech.org, 800-871-7482

August 4–5

California Homeschool Network CHN 2006 Family Expo
Convention Center, Ontario, California
Karen Taylor, CHNexpo@CaliforniaHomeschool.Net, 800-327-5339

August 23–24

**Konocti Unified School District
A Framework for Understanding Poverty
by Ruby K. Payne, Ph.D.**
Konocti Harbor Resort, Clearlake, California
Monte Gregg, mgregg@konoctiusd.lake.k12.ca.us, 707-994-4158



Tool Kit on Teaching and Assessing Students With Disabilities

Provides up-to-date guidance on designing and implementing high-quality assessments for students with disabilities. It also includes a set of technical assistance products that offer practical, research-based approaches to the challenges schools are facing in the areas of assessment, instruction, behavioral interventions and use of accommodations for students with disabilities. www.osepideasthatwork.org/toolkit/index.asp

How Much Does Quality Preschool Cost?

There is abundant evidence demonstrating that states should fund quality preschool programs. However, there is less research available to suggest how much funding is necessary for programs to achieve their desired effects. This NIEER report presents current state spending on preschool, identifies some aspects of programs that are clearly related to cost, and offers estimates of the state commitment necessary to achieve various levels of access and quality. On line at <http://nieer.org/resources/research/CostOfEffectivePreschool.pdf>

Learning From Small-Scale Experimental Evaluations of After School Programs

This Snapshot by the Harvard Family Research Project reviews the evaluation strategies and findings from rigorous, experimental studies that are smaller or more local in scope than the national evaluations usually featured. www.gse.harvard.edu/hfrp/projects/afterschool/resources/snapshot8.html

Getting Ready for Kindergarten Guide for Parents

This guide, developed by the San Mateo County Office of Education, gives parents practical tips and background about a child's transition into public schools. Counties, schools, or school districts can request to adapt the guide for their specific needs. Samples are available for free download at <http://hsfo.ucdavis.edu/>

Child Care Assistance Helps Families Work: A Review of the Effects of Subsidy Receipt on Employment

Reliable and stable child care helps parents retain steady employment and reduces workplace absenteeism, but the high costs of care challenge many families, particularly low-income working parents. This policy brief reviews relevant research and finds that low-income mothers who receive child care subsidies are more likely to be employed, to stay off welfare, and to have higher earnings. http://clasp.org/publications/ccassistance_employment.pdf

Calories In, Calories Out: A Report on Food and Exercise in Public Elementary Schools:

Noting that one way to address obesity among school-age children is to emphasize an “energy balance” approach—calories in, calories out—the National Center for Education Statistics in the U.S. Department of Education in 2005 surveyed a statistically representative sample of public elementary schools to see what foods are available outside of full school meals, the opportunities students have to engage in physical activity, and whether schools measure the height, weight, or body mass index (BMI) of students. <http://nces.ed.gov/pubs2006/nutrition/>

How to help the parent of a child with a behavior problem

Many children have behavior problems, some being harder to accept than others. Naturally, dealing with disobedient, angry, stressed, disruptive and aggressive behaviors is puzzling, draining, and distressing for parents. In order to handle children with behavior problems parents require information about child development, discipline strategies and resources for assistance and help.

Why do children have behavioral problems?

- primary needs are not being met
- parents lack the necessary skills to deal with the behavior problems
- known and unknown developmental delays
- dental or physical problems
- lack of consistency in discipline rules with consequences
- parent of the child has developmental delays or illness
- on-going abusive situations at home toward the child or parent
- violence in the community
- no consistent and caring home environment
- homelessness

Effective strategies for behavior problems:

- Accept his or her uniqueness, although your child's behavior will be challenging at times. Stay calm and patient.
- Provide rules that are clear, understandable, and specific to the child's behavior;
- Be firm but loving when setting limits.
- Encourage your child to verbalize his/her feelings and the feelings of others.
- Learn about positive reinforcement, and behavioral intervention skills.
- Turn off the television and put the newspaper down when your child wants to talk.
- Avoid taking a telephone call when the child has something important to tell you.
- Do not embarrass the child or put him on the spot in front of others, this may lead to lower self-esteem, resentment and hostility.

Resources:

<http://aea267.k12.ia.us/childfind/behavior.html>

Ayrault, Evelyn West. (1977) Growing Up Handicapped. New York: Seabury Press.

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