

Biting



Biting is a common but upsetting behavior of toddlers and two year olds. Because it is upsetting and potentially dangerous, it is important for parents to address biting when it occurs.

When a child bites another child

Intervene immediately between the child who bit and the bitten child. Stay calm; don't overreact, yell or give a lengthy explanation.

Use your voice and expression to show that biting is not acceptable. Look into the child's eyes and say calmly but firmly "No biting people." Point out how the biter's behavior affected the other person. "You hurt him and he's crying." Encourage the child who was bitten to tell the biter "You hurt me." Encourage the child who bit to help the other child by getting the ice pack, etc.

Offer the bitten child comfort and first aid. Wash broken skin with warm water and soap. Observe standard precautions if there is bleeding. Apply an ice pack or cool cloth to help prevent swelling. If the bitten child is a guest, tell the parents what happened. Suggest the bitten child be seen by a health care provider if the skin is broken or there are any signs of infection (redness or swelling).

Preventing biting

Reinforce desired behavior. Notice and acknowledge when you like what your child is doing, especially for showing empathy or social behavior, such as patting a crying child, offering to take turns with a toy or hugging gently. Do not label, humiliate or isolate a child who bites.

Discourage play which involves "pretend" biting, or seems too rough and out of control. Help the child learn to communicate by using words.



Provided by California Childcare Health Program
 For more information, please contact:
 Healthline 1-800-333-3212

Distributed by:

Why do children bite and what can we do?

Children bite for many different reasons, so in order to respond effectively it's best to try and find out why they are biting. Keep notes over several days on when, where and why your child bites. This may help you see a pattern and understand how to intervene.

If your child experiments by biting, immediately say "no" in a firm voice, and give him a variety of toys to touch, smell and taste and encourage sensory-motor exploration.

If your child has teething discomfort, provide cold teething toys or safe, chewy foods.



If your child is becoming independent, provide opportunities to make age-appropriate choices and have some control (the bread or the cracker, the yellow or the blue ball), and notice and give positive attention as new self-help skills and independence develop.

If your child is using muscles in new ways, provide a variety of play materials (hard/soft, rough/smooth, heavy/light) and plan for plenty of active play indoors and outdoors.

If your child is learning to play with other children, try to guide behavior if it seems rough (take the child's hand and say, "Touch Jorge gently—he likes that") and reinforce pro-social behavior (such as taking turns with toys or patting a crying child).

If your child is frustrated in expressing his/her feelings, needs and wants, state what she is trying to communicate ("you feel mad when Ari takes your truck" or "you want me to pay attention to you").

If your child is threatened by new or changing situations such as a parent returning to work, a new baby, or parents separating, provide special nurturing and be as warm and reassuring as possible, and help him talk about feelings even when he says thing like "I hate my new baby."

- Consult with a professional if your child seems to be acting out due to unusual stress.
- If the child continues biting over several weeks or does not seem to care about the consequences, seek professional help. It is unusual for a preschool age (3-5 year old) child to continue to bite and he/she needs to be evaluated for developmental concerns.

by Cheryl Oku, Infant/Toddler Specialist

Carbon Monoxide Fact Sheet

What is carbon monoxide?

Carbon monoxide (CO) is a very dangerous gas that people cannot see, taste or smell. It is made from incomplete burning of materials such as gasoline, charcoal and wood.

Why is carbon monoxide so dangerous?

Too much CO in the blood will result in death. When a person breathes CO, it goes into the organs instead of oxygen. People literally suffocate from the inside out. Hundreds of people die each year from breathing CO.

Where does CO come from?

Kerosene or propane	Gas water heater	Charcoal grills
Space heaters	Gas clothes dryer	Fireplace/chimney
Furnaces	Gasoline-powered engines	
Gas oven or range top		

What are the symptoms of CO poisoning?

CO is sometimes called “The Great Imitator.” This is because the minor symptoms are like the flu. It is sometimes hard to tell the difference between minor CO symptoms and the flu. This is one of the reasons CO detectors are so important.

Minor Symptoms

Headache
 Nausea
 Vomiting
 Irritability
 Chest pain in heart patients
 Blurred vision

Moderate Symptoms

Minor Symptoms **plus**
 Drowsiness
 Weakness
 Dizziness
 Fainting
 Severe headache
 Difficulty thinking

Severe Symptoms

Moderate Symptoms **plus**
 Increased heart rate
 Blackout spells
 Permanent brain damage
 Coma
 Convulsions/seizure
 DEATH

A person does not always notice minor symptoms. In just one night, a person can have severe symptoms or even die from CO poisoning. This is why it is very important to have CO detectors properly installed in your home.

When would I need to see a physician?

- Any person exposed to CO and has moderate or severe symptoms (see above) should see a physician right away.
- Infants and elderly adults who have been exposed to CO should see a doctor, even if they have no symptoms.
- People who have heart problems should see a doctor if they have been exposed to CO.
- Pregnant women should see a doctor right away if exposed to CO. The fetus can suffer harm even if the woman has no symptoms.

How can I protect myself from CO poisoning?

- Place a CO detector near the sleeping area.
- Never use oven or gas ranges for heating purposes.
- All fuel burning appliances, furnaces, venting and chimney systems should be checked annually by a professional. CO detectors are not a substitute for yearly checks.
- Never use fuel-burning appliances, like a barbeque grill, in a confined area such as the garage or basement.
- Never burn charcoal inside your home, cabin, recreation vehicle or tent.
- Never leave the car running in the garage. Car exhaust contains CO. It can enter the home – even if the garage door is up.

Where do I put a CO detector?

All homes should have a CO detector near the sleeping areas. Other CO detectors should be put on each level of the house and near living areas. A CO detector should not be placed within 15 inches of heating or cooking appliances or in a humid area, such as the bathroom. CO detectors should be placed at knee level (sleeping height) up to chest level. If it is a combination smoke/CO detector, it should be placed ceiling high to ensure smoke is detected.

What do I do if a carbon monoxide detector sounds?

- Everyone should leave the house and get outside right away.
- Go to a doctor right away if anyone has had moderate or severe symptoms, has a history of heart problems, is pregnant, or if an infant has been exposed.
- Call your local gas company, fire department or appliance repair shop to come and find the source of the CO.
- DO NOT GO BACK INSIDE until the CO leak has been found and fixed.

09/2008

Oklahoma Poison Control Center

1-800-222-1222

OKC Area (405) 271-5454

www.oklahomapoison.org

Child Care Meal Pattern

Breakfast Select All Three Components for a Reimbursable Meal			
Food Components	Ages 1-2	Ages 3-5	Ages 6-12¹
1 milk² fluid milk	1/2 cup	3/4 cup	1 cup
1 fruit/vegetable juice, ³ fruit and/or vegetable	1/4 cup	1/2 cup	1/2 cup
1 grains/bread⁴ bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup
¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column. ² Milk served must be low-fat (1%) or non-fat (skim) for children ages 2 years and older and adults. ³ Fruit or vegetable juice must be full-strength. ⁴ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.			

Child Care Meal Pattern

Lunch or Supper

Select All Four Components for a Reimbursable Meal

Food Components	Ages 1-2	Ages 3-5	Ages 6-12¹
1 milk² fluid milk	1/2 cup	3/4 cup	1 cup
2 fruits/vegetables juice, ³ fruit and/or vegetable	1/4 cup	1/2 cup	3/4 cup
1 grains/bread⁴ bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup
1 meat/meat alternate meat or poultry or fish ⁵ or alternate protein product or cheese or egg or cooked dry beans or peas or peanut or other nut or seed butters or nuts and/or seeds ⁶ or yogurt ⁷	1 oz. 1 oz. 1 oz. 1/2 1/4 cup 2 Tbsp. 1/2 oz. 4 oz.	1½oz. 1½ oz. 1½ oz. 3/4 3/8 cup 3 Tbsp. 3/4 oz. 6 oz.	2 oz. 2 oz. 2 oz. 1 1/2 cup 4 Tbsp. 1 oz. 8 oz.

¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.

² Milk served must be low-fat (1%) or non-fat (skim) for children ages 2 years and older and adults.

³ Fruit or vegetable juice must be full-strength.

⁴ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

⁵ A serving consists of the edible portion of cooked lean meat or poultry or fish.

⁶ Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement.

⁷ Yogurt may be plain or flavored, unsweetened or sweetened.

Child Care Meal Pattern

Snack			
Select Two of the Four Components for a Reimbursable Snack			
Food Components	Ages 1-2	Ages 3-5	Ages 6-12¹
1 milk² fluid milk	1/2 cup	1/2 cup	1 cup
1 fruit/vegetable juice, ³ fruit and/or vegetable	1/2 cup	1/2 cup	3/4 cup
1 grains/bread⁴ bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup
1 meat/meat alternate meat or poultry or fish ⁵ or alternate protein product or cheese or egg ⁶ or cooked dry beans or peas or peanut or other nut or seed butters or nuts and/or seeds or yogurt ⁷	1/2 oz. 1/2 oz. 1/2 oz. 1/2 1/8 cup 1 Tbsp. 1/2 oz. 2 oz.	1/2 oz. 1/2 oz. 1/2 oz. 1/2 1/8 cup 1 Tbsp. 1/2 oz. 2 oz.	1 oz. 1 oz. 1 oz. 1/2 1/4 cup 2 Tbsp. 1 oz. 4 oz.
<p>¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.</p> <p>² Milk served must be low-fat (1%) or non-fat (skim) for children ages 2 years and older and adults.</p> <p>³ Fruit or vegetable juice must be full-strength.</p> <p>⁴ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.</p> <p>⁵ A serving consists of the edible portion of cooked lean meat or poultry or fish.</p> <p>⁶ One-half egg meets the required minimum amount (one ounce or less) of meat alternate.</p> <p>⁷ Yogurt may be plain or flavored, unsweetened or sweetened.</p>			

Children and Divorce: Possible Issues and Ways to Help

Age	Possible Issues:	Possible Changes:	Ways to Help:
0-18 months	consistency of caregivers, environment, and routine; emotional connection with caregiver; nurturing and love	changes in sleeping or eating; clingy behavior; difficulty separating	try to maintain consistency in people and routines; change routines very gradually; avoid angry expressions and emotional outbursts in front of the baby
18 mos.-3 years	consistency of caregivers, environment, and routine; fear absent parent has disappeared; nurturing and love; security (who will take care of me?)	increased crying; trouble getting to sleep/nightmares; changes in toileting habits; wanting to be fed by parent; increased displays of anger (temper tantrums, hitting, etc.); clinging to adults or security objects	give love and affection; try to maintain consistency in people and routines; reassure the child that he or she will be cared for; provide clear and concrete explanation of changes; provide opportunities for the child to express feelings through words and play; avoid angry expressions and emotional outbursts and don't fight in front of the child
3-5 years	fear of being abandoned and rejected; doubts he/she is loveable (did Mommy/Daddy leave because I'm not good enough?); self-blame for what happened (did I cause this because I was bad?)	regression in sleeping/eating/talking; clingy behavior & difficulty with separation; increased anger; increased passivity (over-compliance)	*see 18 mos. – 3 yrs.
6-8 years	yearning for absent parent; fantasies about parents getting back together; loyalty conflicts; concern about parent's well-	sadness, grief, crying, sobbing, withdrawal; fear of losing relationship with parent; fear of losing order in their lives;	provide verbal assurances (Mom and Dad will continue to take care of them); assure them they will continue to see both

	being; guilt that they are responsible for the separation	feelings of being deprived; anger and increased aggression; difficulty playing and experiencing pleasure	parents (if this is the case); give child permission to love the other parent; don't criticize the other parent to the child; don't put the child "in the middle"
9-12 years	may see things as black and white: one parent is right; the other is wrong; may feel shame or embarrassment about parents' separation; may feel the separation threatens their own identity; may feel need to overcome a sense of powerlessness; may feel loyalty conflicts	physical complaints (headache, fatigue, stomach ache); intense anger, especially at parent they see as to blame; alignment with one parent against the other; difficulty with peers, difficulty playing and experiencing pleasure	listen to child's feelings and complaints without taking sides or judging; don't criticize the other parent to the child; encourage the child to see good in the other parent; don't fight in front of the child; say positive things about the other parent occasionally; don't pressure the child to take sides, support the child's contact with the other parent (if this is possible)



Health & Safety Notes

Safe and Effective Cleaning, Sanitizing and Disinfecting

What are cleaning, sanitizing and disinfecting?

Sometimes these terms are used interchangeably, but they are not the same. They have different outcomes which the United States Environmental Protection Agency (EPA) defines as follows:

- ▶ To clean means to physically remove dirt, debris and sticky film from the surface by scrubbing, washing, wiping and rinsing. You can clean with a mild soap or detergent and water.
- ▶ To sanitize means to apply a product that reduces germs to safer levels. Sanitizing surfaces destroys enough germs to reduce the risk of becoming ill from contact with those surfaces.
- ▶ To disinfect means to apply a product that destroys nearly all germs when applied to hard, nonporous surfaces. Disinfecting is a higher level of germ killing.

What should I sanitize?

Sanitizing is recommended for food surfaces (dishes, utensils, cutting boards, high chair trays) and other objects intended for the mouth like pacifiers and teething toys.

What should I disinfect?

Disinfecting is recommended for hard non-porous surfaces such as toilets, changing tables, and other bathroom surfaces; blood spills and other potentially infectious body fluids like vomit, urine and feces.

How do I know which product to use?

Sanitizing and disinfecting products are called antimicrobials. These products kill bacteria, viruses, fungi and mold on hard surfaces. The EPA sets standards for products to make sure that they kill germs and don't pose serious immediate health hazards to people.

All products used to sanitize or disinfect must be registered with the EPA. Only products with EPA registration numbers on the label can claim they kill germs if used as directed. Product labels have information about how to use it to sanitize or disinfect, and which germs are killed.

What about bleach?

Bleach is the most common product used for sanitizing and disinfecting in Early Care and Education (ECE) programs. If used correctly, bleach reliably sanitizes and disinfects hard, non-porous surfaces of most common and harmful bacteria and viruses. A small amount of bleach can be diluted with water and it is inexpensive.

Are there problems with bleach?

There are increasing concerns about the health effects of bleach, especially for children and staff with asthma. When bleach is applied to surfaces, fumes get into the air and can irritate the lungs, eyes and the inside of the nose. For staff who mix bleach solutions, contact with full strength bleach can be even more harmful and can damage skin, eyes and clothing.

SAFER WAYS TO DILUTE BLEACH

- ▶ USE ONLY EPA REGISTERED BLEACH and follow the directions on the label.
- ▶ Select a bottle made of opaque material.
- ▶ Dilute bleach with cool water and *do not use more than the recommended amount of bleach.*
- ▶ Make a fresh bleach solution daily; label the bottle with contents and the date mixed.
- ▶ Wear gloves and eye protection when diluting bleach.
- ▶ Use a funnel.
- ▶ Add bleach to the water rather than water to bleach to reduce fumes.
- ▶ Make sure the room is well ventilated.

Caution: Always follow label instructions! Undiluted bleach comes in different concentrations (e.g. 8.25%, 6%, 5.25% sodium hypochlorite). Read the label for exact dilution instructions.

Are there alternatives to bleach?

Commercial products registered with the EPA as sanitizers or disinfectants may be used according to the directions on the label. Look for an EPA registration number. Follow instructions for dilution (different for sanitizing vs. disinfecting) and contact time. Check if the product is safe for food surfaces, if pre-cleaning is needed, and if rinsing is needed.

Some child care programs are using EPA registered products with hydrogen peroxide, citric acid or lactic acid as the active ingredient because they have fewer irritating fumes. In response to consumer demand, more of these products can be found in stores and online.

Non-chemical equipment, like dishwashers and steam cleaners, can be used to sanitize in certain situations. New methods and technologies like high-quality microfiber cloths and mops used with soap and water can also reduce germs. More studies need to be done to see if these alternative methods work as well as chemicals to sanitize in ECE environments.

Resources and References: American Academy Of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition. Appendix J and K*

U.S. Environmental Protection Agency, 2012, *What Are Antimicrobial Pesticides?* www.epa.gov/oppad001/ad_info.htm

SAFER USE OF BLEACH SOLUTIONS

- ▶ Before applying bleach, clean off dirt and debris with soap or detergent, then rinse with water.
- ▶ If using a spray bottle, apply bleach using a heavy spray instead of a fine mist setting.
- ▶ Keep the surface wet with bleach according to label instructions (use a timer). This is called contact time or dwell time.
- ▶ Sanitize when children are not present.
- ▶ Ventilate the room and allow surfaces to dry completely before allowing children back.
- ▶ Store all chemicals out of reach of children in a way that will not tip or spill.
- ▶ Never mix or store ammonia with bleach or products that contain bleach.

New Bleach Solutions for 8.25%

REGULAR BLEACH CONCENTRATION IS NOW STRONGER (8.25%)

READ THE LABELS AND TAKE THE FOLLOWING STEPS TO ENSURE SAFETY IN YOUR CHILD CARE FACILITY

1 Identify what bleach concentration is in your facility. Refer to the chart below for mixing instructions. Find the % sodium hypochlorite on the bottle. Avoid splashless and scented bleaches.



Active Ingredient:	
Sodium Hypochlorite:.....	8.25%
Other Ingredients:.....	91.75%
Total:	100.00%

2 Clean

- Scrub with soap and warm water and rinse.
- Always clean surfaces to remove visible soil, dirt and contamination before using bleach solution.

3 Mix

- **Mix fresh solutions daily** for sanitizing and disinfecting.
- Mix bleach with cool water.
- Do not mix liquid bleach with other cleaning products, toilet bowl cleaners or ammonia, which may release hazardous gases into the air.

4 Sanitize, Disinfect, Special Clean-up

- Wet entire surface
- Leave solution on surface for two minutes
- Dry with paper towel or air-dry

Sanitize (100 PPM)	Disinfect (600 PPM)	Special Clean-up (5000 PPM)
CLEAN AND SANITIZE AFTER EACH USE: <ul style="list-style-type: none"> • Children’s mouthed toys • Food service areas, dishes 	CLEAN AND DISINFECT AFTER EACH USE: <ul style="list-style-type: none"> • Diaper changing surface 	CLEAN AND USE AS NEEDED FOR VOMIT AND DIARRHEA: <ul style="list-style-type: none"> • Not for other bodily fluids
SANITIZE DAILY OR WHEN SOILED: <ul style="list-style-type: none"> • Dishcloths, synthetic sponges • Common surfaces (other than in bathrooms), floors, mats, tables, countertops and hard surfaces, door knobs, etc. 	DISINFECT DAILY OR WHEN SOILED: <ul style="list-style-type: none"> • Bathroom areas 	MIX SOLUTION WHEN NEEDED WEAR GLOVES AND MASKS TO PROTECT YOURSELF
1/8 teaspoon bleach/ pint water	3/4 teaspoon bleach/ pint water	2 tablespoon bleach/ pint water
1/4 teaspoon bleach/ quart water	1 1/2 teaspoon bleach/ quart water	4 tablespoon bleach/ quart water
1 teaspoon bleach/ gallon water	2 tablespoons bleach/ gallon water	1 cup (8 oz) bleach/ gallon water

Visit the Oklahoma State Department of Health’s website to find this and other information for child care providers: www.health.ok.gov. If you have questions about mixing and using bleach solutions for sanitizing, disinfecting and special clean up, call your local health department’s environmental health specialist or the Oklahoma Department of Human Services, Child Care Services.

This document is also available in Spanish.

For more information, call the OSDH Acute Disease Service at 405-271-4060 or visit <http://ads.health.ok.gov>

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Still Using 5.25-6.00% Bleach?

Bleach Solutions for 5.25-6.00%

REGULAR BLEACH CONCENTRATION HAS INCREASED TO **8.25%**.
 IF YOU ARE STILL USING 5.25-6.00%, TAKE THE FOLLOWING STEPS TO ENSURE
 SAFETY IN YOUR CHILD CARE FACILITY

1	<p>Identify what bleach concentration is in your facility. Refer to the chart below for mixing instructions. Find the % sodium hypochlorite on the bottle. Avoid splashless and scented bleaches.</p>	→	<p>Active Ingredient: Sodium Hypochlorite... 6.00% Other Ingredients.....94.00% Total.....100.00%</p>
2	<p>Clean</p> <ul style="list-style-type: none"> • Scrub with soap and warm water and rinse. • Always clean surfaces to remove visible soil, dirt and contamination before using bleach solution. 		
3	<p>Mix</p> <ul style="list-style-type: none"> • Mix fresh solutions daily for sanitizing and disinfecting. • Mix bleach with cool water. • Do not mix liquid bleach with other cleaning products, toilet bowl cleaners or ammonia, which may release hazardous gases into the air. 		
4	<p>Sanitize, Disinfect, Special Clean-up</p> <ul style="list-style-type: none"> • Wet entire surface • Leave solution on surface for two minutes • Dry with paper towel or air-dry 		

Sanitize (100 PPM)	Disinfect (600 PPM)	Special Clean-up (5000 PM)
<p>CLEAN AND SANITIZE AFTER EACH USE:</p> <ul style="list-style-type: none"> • Children's mouthed toys • Food service areas, dishes 	<p>CLEAN AND DISINFECT AFTER EACH USE:</p> <ul style="list-style-type: none"> • Diaper changing surface 	<p>CLEAN AND USE AS NEEDED FOR VOMIT AND DIARRHEA:</p> <ul style="list-style-type: none"> • Not for other bodily fluids
<p>SANITIZE DAILY OR WHEN SOILED:</p> <ul style="list-style-type: none"> • Dishcloths, synthetic sponges • Common surfaces (other than in bathrooms), floors, mats, tables, countertops and hard surfaces, door knobs, etc. 	<p>DISINFECT DAILY OR WHEN SOILED:</p> <ul style="list-style-type: none"> • Bathroom areas 	<p>MIX SOLUTION WHEN NEEDED</p> <p>WEAR GLOVES AND MASKS TO PROTECT YOURSELF</p>
1/8 teaspoon bleach/ pint water	1 1/4 teaspoon bleach/ pint water	3 tablespoon bleach/ pint water
1/4 teaspoon bleach/ quart water	1 tablespoon bleach/ quart water	6 tablespoons bleach/ quart water
1 teaspoon bleach/ gallon water	1/4 cup bleach/ gallon water	1 1/2 cup bleach/ gallon water

Visit the Oklahoma State Department of Health's website to find this and other information for child care providers: www.health.ok.gov. If you have questions about mixing and using bleach solutions for sanitizing, disinfecting and special clean up, call your local health department's environmental health specialist or the Oklahoma Department of Human Services, Child Care Services.

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Acute Disease Service
 Oklahoma State
 Department of Health

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Cover Your Cough The Right Way!

Use a tissue and
trash it
immediately,
then wash your
hands or use
alcohol - based
hand gel



OR
use your
sleeve: germs
don't grow or
spread from
your clothing



**When you cough
into your hands,
you spread germs
to everything and
everyone
you touch**

Additional information at <http://ads.health.ok.gov>



AN EQUAL OPPORTUNITY EMPLOYER
Designed by Marylee Braun-Wright

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DAILY HEALTH CHECK

Do the daily health check when you greet each child and parent as they arrive. It usually takes less than a minute. Also observe the child throughout the day.

LISTEN: Greet the child and parent. Ask the child, "How are you today?" Ask the parent, "How are you doing? How's (name of child)?" "Was there anything different last night?" "How did he sleep?" "How was her appetite this morning?"

- Listen to what the child and parent tell you about how the child is feeling.
- If the child can talk, is he complaining of anything? Is he hoarse or wheezing?

LOOK: Get down to the child's level to see her clearly. Observe signs of health or illness.

- General appearance (e.g., comfort, mood, behavior, and activity level)
 - Is the child's behavior unusual for this time of day?
 - Is the child clinging to the parent, acting cranky, crying, or fussing?
 - Does she appear listless, in pain, or have difficulty moving?
- Breathing
 - Is the child coughing, breathing fast, or having difficulty breathing?
- Skin
 - Does the child look pale or flushed?
 - Do you see a rash, sores, swelling, or bruising?
 - Is the child scratching her skin or scalp?
- Eyes, Nose, Ears, Mouth
 - Do the child's eyes look red, crusty, goopy, or watery?
 - Is there a runny nose?
 - Is he pulling at his ears?
 - Are there mouth sores, excessive drooling, or difficulty swallowing?

FEEL: Gently run the back of your hand over the child's cheek, forehead, or neck.

- Does the child feel unusually warm or cold and clammy?
- Does the skin feel bumpy?

SMELL: Be aware of unusual odors.

- Does the child's breath smell foul or fruity?
- Is there an unusual or foul smell to the child's stools?

Adapted From: *Keeping Kids Healthy*. Sacramento, CA: California Dept. of Education.

**STOP
DISEASE**

DIAPERING PROCEDURES



1. Get prepared.

- Gather all diapering supplies so they are within reach, including a diaper, wipes, a plastic bag for soiled clothes, and a plastic-lined, hands-free, covered can.
- Cover the diapering surface with disposable paper.
- Put on disposable gloves.



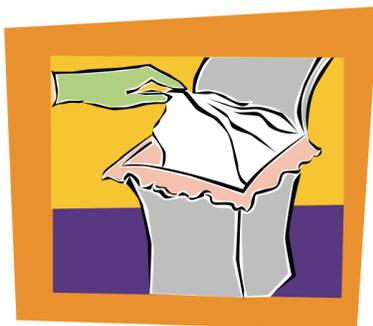
2. Place the child on the diapering table.

- Remove bottom clothes and any soiled clothing.
- Remove socks and shoes that cannot be kept clean.
- Avoid contact with soiled items.
- ALWAYS KEEP ONE HAND ON THE CHILD.



3. Unfasten the diaper and clean the child's diaper area.

- With the soiled diaper under the child, lift the child's legs to clean the child's bottom.
- Clean from front to back with a fresh wipe each time.



4. Dispose of the diaper and soiled items.

- Put soiled wipes in the soiled diaper.
- Remove the diaper and dispose of it in a plastic-lined, hands-free, covered can.
- If the disposable paper is soiled, use the paper that extends under the child's feet to fold up under the child's bottom.
- Remove gloves and dispose of them in hands-free can.
- Use a fresh wipe to clean your hands.
- Use a fresh wipe to clean the child's hands.



DIAPERING PROCEDURES



5. Put on a clean diaper and dress the child.

- Put a clean diaper under the child.
- Apply diaper cream with a tissue as needed.
- Fasten the diaper, and dress the child.



6. Wash the child's hands.

- Moisten hands and apply liquid or foam soap to hand surfaces from finger tips to wrists.
- Rinse with running water.
- Dry with a single use paper or cloth towel.
- Return the child to a supervised area away from the diapering table.



7. Clean and disinfect the diaper changing surface.

- Discard the paper liner.
- Remove any visible soil with soap and water.
- Apply EPA-registered disinfectant and use according to label instructions.
- Be sure to leave the disinfectant on the surface for the required contact time.



8. Wash your hands with soap and running water, and record the diaper change in a report for parents.

- Include the time of diaper change and diaper contents.
- Note any problems such as skin redness, rashes, or loose stool.

Keep me home if...

I'm vomiting.
2 or more times in 24 hours.

I have head lice.
AND have not had my first treatment yet.

I have diarrhea.
2 or more watery stools more than usual.

I have an eye infection.
Red eyes with white or yellow mucus AND haven't seen a doctor yet.

I have a sore throat.
With fever or swollen glands.

I'm just not feeling very good.
Unusually tired, pale, lack of appetite, confused cranky or in pain.

I have a rash.
AND fever or mouth sores with drooling.

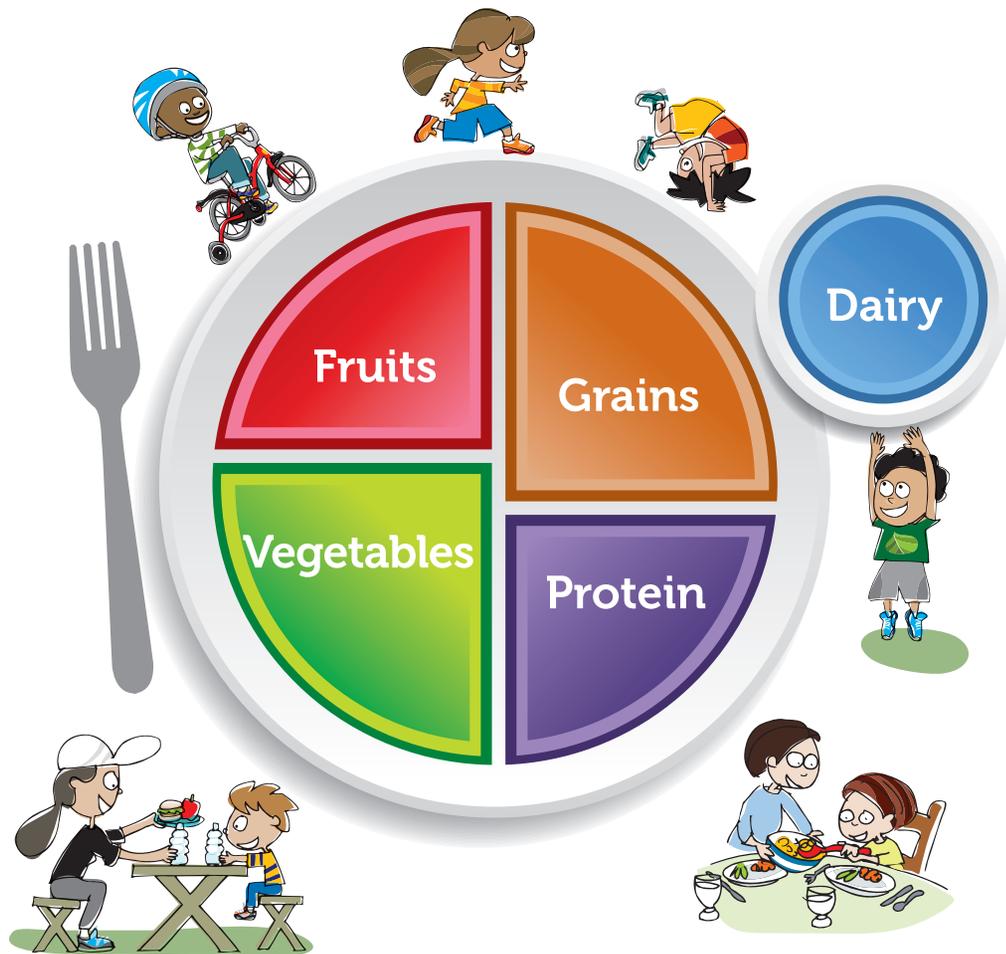
We have a fever.
AND sore throat, cough, rash, vomiting, diarrhea, pain or just not feeling good.

WHEN YOUR CHILD IS SICK:

1. HAVE PLANS FOR BACK UP CHILD CARE.
2. TELL YOUR CAREGIVER ABOUT YOUR CHILD'S SIGNS OF ILLNESS, EVEN IF YOUR CHILD STAYS HOME.

Thanks to the Seattle-King County Department of Public Health and The California Childcare Health Program for this information.

Healthy Eating ^{for} preschoolers



Choose **MyPlate**.gov

Get your child on the path to healthy eating.



Focus on the meal and each other.

Your child learns by watching you. Children are likely to copy your table manners, your likes and dislikes, and your willingness to try new foods.

Offer a variety of healthy foods.

Let your child choose how much to eat. Children are more likely to enjoy a food when eating it is their own choice.

Be patient with your child.

Sometimes new foods take time. Give children a taste at first and be patient with them. Offer new foods many times.

Let your children serve themselves.

Teach your children to take small amounts at first. Let them know they can get more if they are still hungry.

Cook together.

Eat together.

Talk together.

Make meal time family time.



Healthy Eating for preschoolers

Daily Food Plan



Use this Plan as a general guide.

● These food plans are based on average needs. Do not be concerned if your child does not eat the exact amounts suggested. Your child may need more or less than average. For example, food needs increase during growth spurts.

● Children's appetites vary from day to day. Some days they may eat less than these amounts; other days they may want more. Offer these amounts and let your child decide how much to eat.

Food group	2 year olds	3 year olds	4 and 5 year olds	What counts as:
Fruits 	1 cup	1 - 1½ cups	1 - 1½ cups	½ cup of fruit? ½ cup mashed, sliced, or chopped fruit ½ cup 100% fruit juice ½ medium banana 4-5 large strawberries
Vegetables 	1 cup	1½ cups	1½ - 2 cups	½ cup of veggies? ½ cup mashed, sliced, or chopped vegetables 1 cup raw leafy greens ½ cup vegetable juice 1 small ear of corn
Grains Make half your grains whole 	3 ounces	4 - 5 ounces	4 - 5 ounces	1 ounce of grains? 1 slice bread 1 cup ready-to-eat cereal flakes ½ cup cooked rice or pasta 1 tortilla (6" across)
Protein Foods 	2 ounces	3 - 4 ounces	3 - 5 ounces	1 ounce of protein foods? 1 ounce cooked meat, poultry, or seafood 1 egg 1 Tablespoon peanut butter ¼ cup cooked beans or peas (kidney, pinto, lentils)
Dairy Choose low-fat or fat-free 	2 cups	2 cups	2½ cups	½ cup of dairy? ½ cup milk 4 ounces yogurt ¾ ounce cheese 1 string cheese

Some foods are easy for your child to choke on while eating. Skip hard, small, whole foods, such as popcorn, nuts, seeds, and hard candy. Cut up foods such as hot dogs, grapes, and raw carrots into pieces smaller than the size of your child's throat—about the size of a nickel.

There are many ways to divide the Daily Food Plan into meals and snacks. View the "Meal and Snack Patterns and Ideas" to see how these amounts might look on your preschooler's plate at www.choosemyplate.gov/preschoolers.html.



Fact Sheets for Families

Never Shake a Baby!

Each year, more than 1,300 American children are forcefully shaken by their caretakers. Powerful or violent acts of shaking may lead to serious brain damage—a condition called “shaken baby syndrome” (SBS). The American Academy of Pediatrics, an organization of 55,000 pediatricians, pediatric medical sub-specialists and pediatric surgical specialists, considers shaken baby syndrome to be a clear and serious form of child abuse. Shaken baby syndrome often involves children younger than 2 years but may be seen in children up to 5 years of age.

What is shaken baby syndrome?

The term “shaken baby syndrome” is used for the internal head injuries a baby or young child sustains from being violently shaken. Babies and young children have very weak neck muscles to control their heavy heads. If shaken, their heads wobble rapidly back and forth, which can result in the brain being bruised from banging against the skull wall.

Generally, shaking happens when someone gets frustrated with a baby or small child. Usually the shaker is fed up with constant crying. However, many adults enjoy tossing children in the air, mistaking the child’s excitement and anxious response for pleasure. Tossing children, even gently, may be harmful and can cause major health problems later on in life.

What are the signs and symptoms?

Signs of shaken baby syndrome may vary from mild and nonspecific to severe. Although there may be no obvious external signs of injury following shaking, the child may suffer internal injuries. Shaking can cause brain damage, partial or total blindness, deafness, learning problems, retardation, cerebral palsy, seizures, speech difficulties and even death.

Damage from shaking may not be noticeable for years. It

could show up when the child goes to school and is not able to keep up with classmates.

Tips for prevention

Shaken baby syndrome is completely preventable.

- Never shake a baby—not in anger, impatience, play, or for any reason.
- Avoid tossing small children into the air.

Address the causes of crying to reduce stress

Caregivers and parents can become exhausted and angry when a baby cries incessantly. Some babies cry a lot when they are hungry, wet, tired or just want company. Some infants cry at certain times. Feeding and changing them may help, but sometimes even that does not work.

If a young child in your care cries a lot, try the following:

- Make sure all of the baby’s basic needs are met.
- Feed the baby slowly and burp the baby often.
- Offer the baby a pacifier, if supplied by parents.
- Hold the baby against your chest and walk or rock him/her.
- Sing to the baby or play soft music.
- Take the baby for a ride in a stroller or car.
- Be patient. If you find you cannot calmly care for the baby or have trouble controlling your anger, take a break. Ask someone else to take care of the baby or put him/her in a safe place to cry it out.
- If the crying continues, the child should be seen by a health care provider.

No matter how impatient or angry you feel, never shake a baby!

References

National Center on Shaken Baby Syndrome.

American Academy of Pediatrics, *Policy Statement: Pediatrics* Volume 108, Number 1, July 2001, pp. 206-210.

California Childcare Health Program, *Health and Safety in the Child Care Setting: Prevention of Injuries*.

by Rahman Zamani, MD, MPH



Provided by California Childcare Health Program
For more information, please contact:
Healthline 1-800-333-3212

Distributed by:

REPORTABLE DISEASES/ CONDITIONS

The following diseases are to be reported to the OSDH by PHIDDO or telephone (405-271-4060) immediately upon suspicion, diagnosis, or positive test.

Anthrax	Measles (Rubeola)	Rabies
Bioterrorism - suspected disease	Meningococcal invasive disease	Smallpox
Botulism	Novel coronavirus	Tularemia
Diphtheria	Novel influenza A	Typhoid fever
<i>H. influenzae</i> invasive disease	Outbreaks of apparent infectious disease	Viral hemorrhagic fever
Hepatitis A (Anti-HAV-IgM+)	Plague	
Hepatitis B during pregnancy (HBsAg+)	Poliomyelitis	

The following diseases are to be reported to the OSDH by PHIDDO, telephone or secure electronic data transmission within one working day (Monday through Friday, State holidays excepted):

Acid Fast Bacillus (AFB) positive smear (only if no additional testing is performed or subsequent testing is indicative of <i>Mycobacterium tuberculosis</i> Complex)	Listeriosis
AIDS (Acquired Immunodeficiency Syndrome)	Lyme disease
Anaplasmosis	Malaria
Brucellosis	Mump
California serogroup virus	Pertussis
Campylobacteriosis	Powassan virus
Congenital rubella syndrome	Psittacosis
Cryptosporidiosis	Q Fever
Dengue fever	Rocky Mountain spotted fever
Eastern equine encephalitis virus	Rubella
<i>Escherichia coli</i> O157, O157:H7 or a Shiga toxin producing <i>E. coli</i> (STEC)	Salmonellosis
Ehrlichiosis	Shigellosis
Hantavirus pulmonary syndrome	St. Louis encephalitis virus
Hemolytic uremic syndrome, postdiarrheal	<i>Staphylococcus aureus</i> (VISA or VRSA)
Hepatitis B (HBsAg+, anti-HBc IgM+, HBeAg+, and/or HBV DNA+) ¹	<i>Streptococcus pneumoniae</i> invasive disease, children <5 yrs.
Hepatitis C virus (in persons ≤ 40 years or in persons having jaundice or ALT ≥ 400 regardless of age with laboratory confirmation) ¹	Syphilis
Human Immunodeficiency Virus (HIV) infection	Tetanus
Influenza associated hospitalization or death	Trichinellosis
Legionellosis	Tuberculosis
Leptospirosis	Unusual disease or syndrome
	Vibriosis including cholera
	West Nile virus
	Western equine encephalitis virus
	Yellow fever

¹ with entire Hepatitis panel results

The following diseases are to be reported to the OSDH within one month:

CD4 cell count with cell count % (by laboratories only)	Chlamydial infections (<i>C. trachomatis</i>)	Gonorrhea (<i>N. gonorrhoeae</i>)
	Creutzfeldt-Jakob disease	HIV viral load (by laboratories only)

Isolates of the following organisms must be sent to the OSDH Public Health Laboratory: P.O. Box 24106 OKC, OK 73214

<i>Bacillus anthracis</i>	<i>Neisseria meningitidis</i> (sterile site isolates)
<i>Brucella</i> spp.	<i>Plasmodium</i> spp.
<i>Escherichia coli</i> O157, O157:H7, or a Shiga toxin producing <i>E. coli</i>	<i>Salmonella</i> spp.
<i>Francisella tularensis</i>	<i>Staphylococcus aureus</i> (VISA or VRSA)
<i>Haemophilus influenzae</i> (sterile site isolates)	<i>Vibrionaceae</i> family (<i>Vibrio</i> spp., <i>Grimontia</i> spp., <i>Photobacterium</i> spp., and other genera in the family)
<i>Listeria</i> spp. (sterile site isolates)	<i>Yersinia</i> spp.
<i>Mycobacterium tuberculosis</i>	

Acute Disease Service
(405) 271-4060 or (800) 234-5963
Available 24 Hours a Day

HIV/STD Service
(405) 271-4636
Fax (405) 271-1187

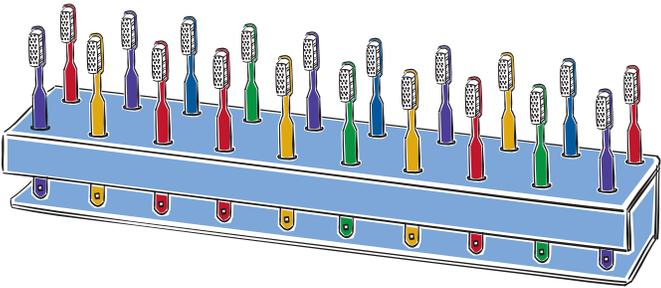
Public Health Laboratory
(405) 271-5070
Fax (405) 271-4850

Fax machines are located in locked offices and are monitored to ensure the confidentiality of disease reports.

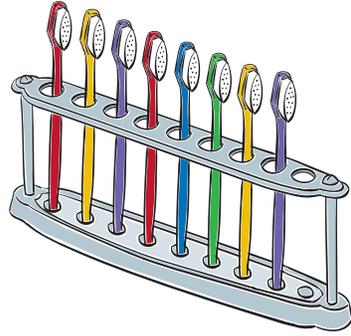
Please refer to the Oklahoma Disease Reporting Manual for reporting guidelines and reportable test results which is available through the Disease Reporting link at <http://ads.health.ok.gov>



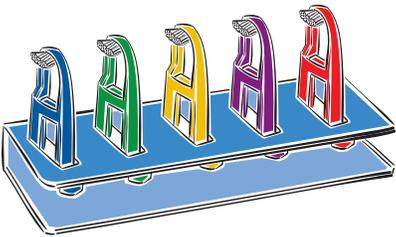
TOOTHBRUSH STORAGE



Store toothbrushes in open air, so bristles will dry out.



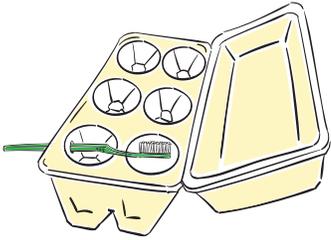
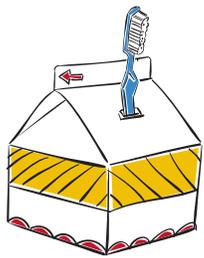
Toothbrushes should be stored vertically, with the bristles on the top.



Space them so that toothbrush bristles do not touch or drip on each other.

Change brushes every 3 months or when worn.

Label toothbrushes and storage rack with children's names.



Use a commercial storage rack or make your own.

Sexual Development and Behavior in Children



Information for Parents and Caregivers

Your five-year-old daughter is playing in her room with a couple of friends. You hear a lot of giggling and squealing.

When you open the door to check on the kids, you find them sitting on the floor with their panties off, pointing at and touching each other's genitals.

What do you do?

Every day, parents around the world are faced with situations like this. Being caught off-guard by young children's self-exploration and curiosity about body parts and sexual issues is one of the uncomfortable realities of parenting, and can raise a host of troubling questions, such as, "Is my child normal?" "Should I be worried?" "What should I say?"

Although talking with children about bodily changes and sexual matters may feel awkward, providing children with accurate, age-appropriate information is one of the most important things parents can do to make sure children grow up safe, healthy, and secure in their bodies.

Sexual Development and Behavior in Young Children: The Basics

Like all forms of human development, sexual development begins at birth. Sexual development includes not only the physical changes that occur as children grow, but also the sexual knowledge and beliefs they come to learn and the behaviors they show. Any given child's sexual knowledge and behavior is strongly influenced by:

- The child's age¹⁻³
- What the child observes (including the sexual behaviors of family and friends)⁴
- What the child is taught (including cultural and religious beliefs concerning sexuality and physical boundaries)

"Young people do not wake up on their thirteenth birthday, somehow transformed into a sexual being overnight. Even young children are sexual in some form."⁵

Heather Coleman, PhD & Grant Charles, PhD
University of Calgary, Alberta, Canada and
The University of British Columbia, Vancouver, B.C.

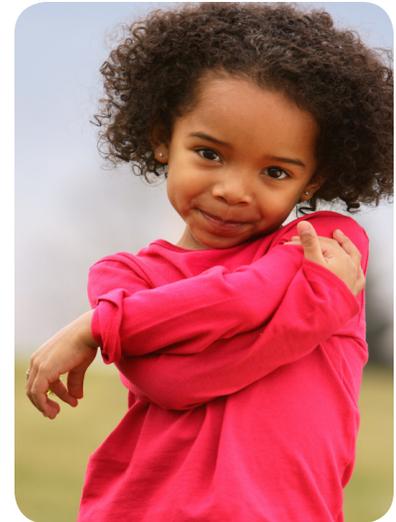
Very young and preschool-aged children (four or younger) are naturally immodest, and may display open—and occasionally startling—curiosity about other people’s bodies and bodily functions, such as touching women’s breasts, or wanting to watch when grownups go to the bathroom. Wanting to be naked (even if others are not) and showing or touching private parts while in public are also common in young children. They are curious about their own bodies and may quickly discover that touching certain body parts feels nice. (For more on what children typically do at this and other ages, see **Table 1.**)

As children age and interact more with other children (approximately ages 4–6), they become more aware of the differences between boys and girls, and more social in their exploration. In addition to exploring their own bodies through touching or rubbing their private parts (masturbation), they may begin “playing doctor” and copying adult behaviors such as kissing and holding hands. As children become increasingly aware of the social rules governing sexual behavior and language (such as the importance of modesty or which words are considered “naughty”), they may try to test these rules by using naughty words. They may also ask more questions about sexual matters, such as where babies come from, and why boys and girls are physically different. (For more, see **Table 1.**)

Table 1: Common Sexual Behaviors in Childhood^{1,3,6}

<p>Preschool children (less than 4 years)</p>	<ul style="list-style-type: none"> ■ Exploring and touching private parts, in public and in private ■ Rubbing private parts (with hand or against objects) ■ Showing private parts to others ■ Trying to touch mother’s or other women’s breasts ■ Removing clothes and wanting to be naked ■ Attempting to see other people when they are naked or undressing (such as in the bathroom) ■ Asking questions about their own—and others’—bodies and bodily functions ■ Talking to children their own age about bodily functions such as “poop” and “pee”
<p>Young Children (approximately 4-6 years)</p>	<ul style="list-style-type: none"> ■ Purposefully touching private parts (masturbation), occasionally in the presence of others ■ Attempting to see other people when they are naked or undressing ■ Mimicking dating behavior (such as kissing, or holding hands) ■ Talking about private parts and using “naughty” words, even when they don’t understand the meaning ■ Exploring private parts with children their own age (such as “playing doctor”, “I’ll show you mine if you show me yours,” etc.)
<p>School-Aged Children (approximately 7-12 years)</p>	<ul style="list-style-type: none"> ■ Purposefully touching private parts (masturbation), usually in private ■ Playing games with children their own age that involve sexual behavior (such as “truth or dare”, “playing family,” or “boyfriend/girlfriend”) ■ Attempting to see other people naked or undressing ■ Looking at pictures of naked or partially naked people ■ Viewing/listening to sexual content in media (television, movies, games, the Internet, music, etc.) ■ Wanting more privacy (for example, not wanting to undress in front of other people) and being reluctant to talk to adults about sexual issues ■ Beginnings of sexual attraction to/interest in peers

Once children enter grade school (approximately ages 7–12), their awareness of social rules increases and they become more modest and want more privacy, particularly around adults. Although self touch (masturbation) and sexual play continue, children at this age are likely to hide these activities from adults. Curiosity about adult sexual behavior increases—particularly as puberty approaches—and children may begin to seek out sexual content in television, movies, and printed material. Telling jokes and “dirty” stories is common. Children approaching puberty are likely to start displaying romantic and sexual interest in their peers. (For more, see **Table 1.**)



Although parents often become concerned when a child shows sexual behavior, such as touching another child’s private parts, these behaviors are not uncommon in developing children. Most sexual play is an expression of children’s natural curiosity and should not be a cause for concern or alarm. In general, “typical” childhood sexual play and exploration:

- Occurs between children who play together regularly and know each other well
- Occurs between children of the same general age and physical size
- Is spontaneous and unplanned
- Is infrequent
- Is voluntary (the children agreed to the behavior, none of the involved children seem uncomfortable or upset)
- Is easily diverted when parents tell children to stop and explain privacy rules

Some childhood sexual behaviors indicate more than harmless curiosity, and are considered sexual behavior problems. Sexual behavior problems may pose a risk to the safety and well-being of the child and other children. (For more on this topic, see the National Child Traumatic Stress Network’s factsheet, *Understanding and Coping with Sexual Behavior Problems in Children: Information for Parents and Caregivers* at http://nctsn.org/nctsn_assets/pdfs/caring/sexualbehaviorproblems.pdf.) Sexual behavior problems include any act that:

- Is clearly beyond the child’s developmental stage (for example, a three-year-old attempting to kiss an adult’s genitals)
- Involves threats, force, or aggression
- Involves children of widely different ages or abilities (such as a 12-year-old “playing doctor” with a four-year-old)
- Provokes strong emotional reactions in the child—such as anger or anxiety



Responding to Sexual Behaviors

Situations like the one described at the beginning of this handout can be unsettling for parents. However, these situations also offer excellent opportunities to assess how much children understand and to teach important information about sexual matters.

The first step is to try to **figure out what actually happened**. To do this, it’s important to stay calm. Staying calm will allow you to make clear decisions about what you say and/or do, rather than acting on strong emotions.



To remain composed, try taking a long, deep breath, counting to ten, or even closing the door and stepping away for a couple of minutes before saying anything. In the case described above, a parent might calmly tell the children that it's time to get dressed and then ask each child to go to a different room in the house. After taking a few moments to collect his or her thoughts—and to consult with a spouse or partner if feeling very unsettled—the parent could then talk to each child one-on-one.

When talking to children about sexual behaviors, it's important to [maintain a calm and even tone of voice and to ask open-ended questions](#) as much as possible, so the children can tell what happened in their own words, rather than just answering yes or no. So, in this case, a parent might ask each child:

- What were you doing?
- How did you get the idea?
- How did you learn about this?
- How did you feel about doing it?

In the opening scenario, all of the children involved were about the same age, had been playmates for some time, and seemed to be enjoying their game. So, it's likely the children were just curious and playing around and that no one was upset about what happened. If you encounter a situation where the children are a little embarrassed but otherwise not distressed, this can present an ideal opportunity for teaching the children about healthy boundaries and rules about sexual behavior.

Myth: Talking about sex with my children will just encourage them to become sexually active.

Fact: In a recent survey of American teens, [9 out of 10 teens said it would be easier to delay sexual activity and prevent unwanted pregnancy if they were able to have “more open, honest conversations” with their parents](#) on these topics.⁷ When you talk honestly with your children about sexual issues, you can give them the knowledge and skills they need to keep safe and to make good decisions about relationships and intimacy.

Educating Children about Sexual Issues

Just because a behavior is typical doesn't mean the behavior should be ignored. Often, when children participate in sexual behavior it indicates that they need to learn something. [Teach what the child needs to know, given the situation](#). In this case, for example, the parent might teach the children that it's okay to be curious about other people's bodies, but that private parts should be kept private, even with friends.

Although children usually respond well when parents take the time to give them correct information and answer their questions, it is important to [provide information that is appropriate to the child's age and developmental level](#). In **Table 2**, you will find an overview of some of the most important information and safety messages for children of various ages. Keep in mind that you do not need to bombard children with information all at once. Let the situation—and the child's questions—guide the lessons you share. The important thing is to let children know that you are ready to listen and to answer whatever questions they may have.

Too often, children get the majority of their sexual education from other children and from media sources such as television shows, songs, movies, and video games. Not only is this information often wrong, it may have very little to do with sexual values that parents want to convey. Explicit adult sexual activities are sometimes found during “family time” television shows, in commercials, and on cartoon/children's channels, and can have an influence on children's behaviors.

Controlling media exposure and providing appropriate alternatives is an important part of teaching children about sexual issues. Get to know the rating systems of games, movies, and television shows and make use of the parental controls available through many internet, cable, and satellite providers.

However, don't assume that just by activating those controls you will be taking care of the situation. It's very important for you to **be aware of what your children are watching on television and online**, and make time to watch television with them. When appropriate, you can use this time as a springboard to talk about sexual or relationship issues, and to help children develop the skills to make healthy decisions about their behavior and relationships.

Table 2: What to Teach When⁸

Preschool children (less than 4 years)

Basic Information

- Boys and girls are different
- Accurate names for body parts of boys and girls
- Babies come from mommies
- Rules about personal boundaries (for example, keeping private parts covered, not touching other children's private parts)
- Give simple answers to all questions about the body and bodily functions.



Safety Information

- The difference between "okay" touches (which are comforting, pleasant, and welcome) and "not okay" touches (which are intrusive, uncomfortable, unwanted, or painful)
- Your body belongs to you
- Everyone has the right to say "no" to being touched, even by grownups
- No one—child or adult—has the right to touch your private parts
- It's okay to say "no" when grownups ask you to do things that are wrong, such as touching private parts or keeping secrets from mommy or daddy
- There is a difference between a "surprise"—which is something that will be revealed sometime soon, like a present—and a "secret," which is something you're never supposed to tell. Stress that it is never okay to keep secrets from mommy and daddy
- Who to tell if people do "not okay" things to you, or ask you to do "not okay" things to them

Young Children (approximately 4-6 years)

Basic Information

- Boys' and girls' bodies change when they get older.
- Simple explanations of how babies grow in their mothers' wombs and about the birth process.
- Rules about personal boundaries (such as, keeping private parts covered, not touching other children's private parts)
- Simple answers to all questions about the body and bodily functions
- Touching your own private parts can feel nice, but is something done in private

Safety Information

- Sexual abuse is when someone touches your private parts or asks you to touch their private parts
- It is sexual abuse even if it is by someone you know
- Sexual abuse is NEVER the child's fault
- If a stranger tries to get you to go with him or her, run and tell a parent, teacher, neighbor, police officer, or other trusted adult
- Who to tell if people do "not okay" things to you, or ask you to do "not okay" things to them

School-Aged Children (approximately 7-12 years)

Basic Information

- What to expect and how to cope with the changes of puberty (including menstruation and wet dreams)
- Basics of reproduction, pregnancy, and childbirth
- Risks of sexual activity (pregnancy, sexually transmitted diseases)
- Basics of contraception
- Masturbation is common and not associated with long term problems but should be done in private

Safety Information

- Sexual abuse may or may not involve touch
- How to maintain safety and personal boundaries when chatting or meeting people online
- How to recognize and avoid risky social situations
- Dating rules



If you are unsure of what to say to your child about sexual issues, don't be afraid to do some research. In addition to talking to your pediatrician or doctor, you can turn to online resources such as the Sexuality Information and Education Council of the United States' (SIECUS) *Families Are Talking* websites (listed below). There are also several excellent books available on talking to children about sexual issues, as well as books that you and your children can read together. (For a partial listing, see **Table 3.**)

Table 3: Additional Resources for Communicating with Children About Sexual Issues

For You	
Books	<p>Haffner, Debra W. (2008). <i>From diapers to dating: A parent's guide to raising sexually healthy children— from infancy to middle school, 2nd edition</i>. New York: Newmarket Press. Author Debra Haffner provides practical advice and guidelines to help you talk to children and early adolescents about sexuality. Includes techniques to identify and examine your own sexual values so that you can share these messages with your children.</p> <p>Hickling, Meg. (2005). <i>The new speaking of sex: What your children need to know and when they need to know it</i>. Kelowna, BC, Canada: Wood Lake Publishing, Inc. This update of the bestselling <i>More Speaking of Sex</i> is packed with no-nonsense, accurate, and gently funny information on sexuality and sexual health. Author Meg Hickling dispels misconceptions and unhealthy beliefs about sex, provides guidelines on how to talk with children at various stages of their development, and offers examples of how to answer tough questions.</p> <p>Roffman, Deborah M. (2002). <i>But how'd I get in there in the first place? Talking to your young child about sex</i>. New York: Perseus Publishing. Sexuality and family life educator Deborah Roffman provides clear, sensible guidelines on how to talk confidently with young children about sexual issues, including how to answer sometimes-awkward questions about sexuality, conception, and birth.</p> <p>Roffman, Deborah M. (2001). <i>Sex and sensibility: The thinking parent's guide to talking sense about sex</i>. New York: Perseus Publishing. This book is designed to inspire honest communication about sexuality between parents and their children. It focuses on the core skills parents need in order to interpret and respond to virtually any question or situation, with the goal of empowering children through knowledge.</p>
Online Resources	<p>The Committee for Children offers tips on how to teach children about safe touch (http://www.cfchildren.org/issues/abuse/touchsaferules/) as well as general information on how to talk to your child about sexual issues (http://www.cfchildren.org/issues/abuse/touchsafety/).</p> <p>The Sexuality Information and Education Council of the United States' (SIECUS) Families Are Talking websites contain a wealth of information and resources to help you talk with children about sexuality and related issues (http://www.familiesaretalking.org and http://www.lafamiliahabla.org).</p>
For Your Children	
Books	<p>Bell, Ruth. (1998). <i>Changing bodies, changing lives: Expanded 3rd edition: A book for teens on sex and relationships</i>. New York: TimesBooks. <i>For ages 9 and up.</i> Designed to help young people make informed decisions about their lives, <i>Changing bodies, changing lives</i> provides answers to tough questions about how the body works and about sex, love, and relationships. It's packed with illustrations, checklists, and resources, as well as stories, poems, and cartoons from hundreds of teenagers.</p> <p>Brown, Laurie Krasny. (2000). <i>What's the big secret? Talking about sex with girls and boys</i>. New York: Little, Brown Books for Young Readers. <i>For ages 4–8.</i> This colorful and chatty book uses illustrations, cartoons, and very accessible text to explain the basics of anatomy, reproduction, pregnancy, and birth. Also discusses feelings, touching, and privacy.</p> <p>Hansen, Diane. (2007). <i>Those are MY private parts</i>. Redondo Beach, CA: Empowerment Productions. <i>For ages 4–8.</i> This short, easy-to-read book uses colorful illustrations and catchy rhymes to teach children that no one—relative, friend or neighbor—has a right to touch them in a way that makes them feel uncomfortable.</p>



For Your Children (continued)

Harris, Robie H. (2006) *It's NOT the stork: A book about girls, boys, babies, bodies, families and friends*. Somerville, MA: Candlewick Press.

For ages 4 and up. This lively, engaging book uses two cartoon characters—a curious bird and a squeamish bee—to give voice to the many emotions and reactions children experience while learning about their bodies. The information provided is up-to-date, age-appropriate, and scientifically accurate, and is designed to help kids feel proud, knowledgeable, and comfortable about their bodies and how they were born.

Harris, Robie H. (2004) *It's perfectly normal: Changing bodies, growing up, sex, and sexual health*. Somerville, MA: Candlewick Press.

For ages 10 and up. Providing accurate, unbiased answers to nearly every imaginable question, from conception and puberty to birth control and AIDS, *It's perfectly normal* provides young people with the information they need to make responsible decisions and to stay healthy.

Harris, Robie H. (2004) *It's so amazing!: A book about eggs, sperm, birth, babies, and families*. Somerville, MA: Candlewick Press.

For ages 4 and up. *It's so amazing!* provides answers to children's questions about reproduction, sex, and sexuality. The comic-book style artwork and clear, lively text reflects an elementary-school child's interest in science and how things work. Throughout the book, a curious bird and a squeamish bee help tell the story of how a baby is made—from the moment an egg and sperm join, through pregnancy, to birth. *It's so amazing!* also addresses and provides reassuring, age-appropriate information on love, sex, gender, families, heterosexuality, homosexuality, sexual abuse, and HIV and AIDS, while giving children a healthy understanding of their bodies.

Madaras, Lynda. (2007). *The "What's happening to my body?" book for girls, revised 3rd edition*. New York: Newmarket Press.

Madaras, Lynda. (2007). *The "What's happening to my body?" book for boys, revised 3rd edition*. New York: Newmarket Press.

For ages 10 and up. These books—part of the acclaimed "What's Happening To My Body?" book series by the same author—provide sensitive straight talk on children's changing bodies, diet and exercise, romantic and sexual feelings, and puberty in the opposite sex. They also include information on sensitive topics such as eating disorders, sexually transmitted diseases, steroid use, and birth control.

Mayle, Peter. (2000). *"What's happening to me?" An illustrated guide to puberty*. New York: Kensington Publishing.

For ages 9–12. For more than 20 years, "What's happening to me?" has been helping young people—and their parents—navigate the "time in between" childhood and adolescence.

Mayle, Peter. (2000). *Where did I come from? The facts of life without any nonsense and with illustrations*. New York: Kensington Publishing.

For ages 4–8. Dedicated to "red-faced parents everywhere," *Where did I come from?* covers the basic facts of sexuality from physiology to love-making, orgasm, conception, growth inside the womb, and childbirth. The illustrations are clear and realistic, and the text does an excellent job of explaining things in an age-appropriate way.

Schaefer, Valorie. (1998) *The care & keeping of you: The body book for girls*. Middleton, WI: Pleasant Company Publications.

For ages 7–12. This "head -to- toe" guide addresses the variety of changes that occur with puberty, and answers many of the questions girls have, from hair care to healthy eating, bad breath to bras, periods to pimples, and everything in between.

Parents play a pivotal role in helping their children develop healthy attitudes and behaviors towards sexuality. Although talking with your children about sex may feel outside your comfort zone, there are many resources available to help you begin and continue the conversation about sexuality. Providing close supervision, and providing clear, positive messages about modesty, boundaries and privacy are crucial as children move through the stages of childhood. By talking openly with your children about relationships, intimacy, and sexuality, you can foster their healthy growth and development.



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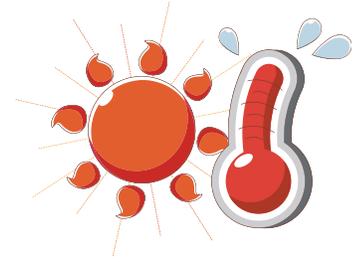
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Keeping Your Child Safe in the Summer Heat

As your child heads outside to play this summer, remember that children are especially susceptible to the heat. Below are some tips that will help you keep your child safe:



Keep them hydrated.

Have your child drink a glass of water 1-2 hours before going outside and then another glass 10 to 15 minutes before going out. Once outside, encourage your child to drink about every 20 to 30 minutes, even if he or she isn't thirsty.

Limit outdoor playtime between 11am and 3pm.

The sun reaches its peak during these hours, so try to plan outdoor activities for earlier or later in the day. If children do play outdoors during these hours, make sure they don't overexert themselves.

Use sunscreen with SPF 15 or higher to protect children from the sun.

Apply sunscreen to your child 30 minutes before going outside to allow it to absorb into the skin. Reapply every two hours. Remember that sunburns can happen even on cloudy days.

Dress your child in loose-fitting, lightweight, and light-colored clothing

Clothing made from natural fibers like cotton and linen are best, as these fabrics tend to 'breathe' better than synthetic fabrics like polyester. Tightly woven clothing offers additional sun protection.

Know the signs and types of heat stress.

Children do not know or understand the symptoms and will play to exhaustion. There are three types of heat stress:

Heat cramps - Symptoms include mild fever (under 101°F), painful leg cramps, red face, nausea, and weakness. If cramps occur, have your child stop activity and rest, give him or her plenty of clear fluids (sports drinks, preferably), and move the child to a cool area.

Heat exhaustion - Symptoms include lethargy (acting uninterested and/or sluggish); headache; fever up to 102°F; dizziness; heavy sweating; thirst; cool, pale, clammy skin; nausea; vomiting; diarrhea; and anxiety. If you suspect heat exhaustion, take the same steps you would for heat cramps (above), plus give your child a cool bath if possible or wet his or her clothing and call your child's doctor.

Heat Stroke - Fever (sometimes above 105°F), confusion, agitation, hysteria, and no sweating. If you suspect a heat stroke, call 911 immediately and take the steps listed above for heat cramps and heat exhaustion.

NEVER leave a child alone in a car, not even for a minute.

On a 93-degree day, the temperature inside a vehicle can rise to over 125°F in just 20 minutes. To further add to the danger, your child's body heats up 3 to 5 times faster than yours. If your child becomes locked in a vehicle, call 911 *immediately*.

Know your local weather forecast.

Pay attention to your local weather forecast and plan activities based on the day's heat index. A heat index of 80°F or below is considered comfortable; 90°F is beginning to feel uncomfortable; 100°F is uncomfortable and hazardous, and 110°F is dangerous.

Make sure outdoor play equipment and vehicle seats aren't too hot.

Dark car interiors and car seats, metal seatbelt buckles, and metal slides can get especially hot; and children can be burned in just one second.

Sources:

[WBAY-TV](#) | [Children's Healthcare of Atlanta](#) | [Council for Children & Families](#) | [HealthyChildren](#) | [Iowa Dept. of Public Health](#)

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www.SouthernEarlyChildhood.org

Action Steps for Sun Protection

While some exposure to sunlight can be enjoyable, too much can be dangerous. Overexposure to ultraviolet (UV) radiation from the sun can result in a painful sunburn. It can also lead to more serious health problems, including skin cancer, premature aging of the skin, cataracts and other eye damage, and immune system suppression. Children are particularly at risk. This fact sheet explains simple steps to protect yourself and your children from overexposure to UV radiation.

Be SunWise

Most people are not aware that skin cancer, while largely preventable, is the most common form of cancer in the United States. More than one million cases are reported annually. By following some simple steps, you can still enjoy your time in the sun and protect yourself from overexposure. The U.S. Environmental Protection Agency (EPA) recommends these action steps to help you and your family be “SunWise.”



Do Not Burn

Sunburns significantly increase one's lifetime risk of developing skin cancer, especially for children.



Avoid Sun Tanning and Tanning Beds

UV light from tanning beds and the sun causes skin cancer and wrinkling.



Generously Apply Sunscreen

Generously apply sunscreen: about one ounce to cover all exposed skin 20 minutes before going outside. Sunscreen should have a Sun Protection Factor (SPF) of at least 15 and provide protection from both ultraviolet A (UVA) and ultraviolet B (UVB) rays. Reapply every two hours, even on cloudy days, and after swimming or sweating.



Wear Protective Clothing

Wear protective clothing, such as a long-sleeved shirt, pants, a wide-brimmed hat, and sunglasses, when possible.

SunWise
a program that radiates good ideas



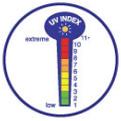
Seek Shade

Seek shade when possible and remember that the sun's UV rays are strongest between 10 a.m. and 4 p.m.



Use Extra Caution Near Water, Snow and Sand

Water, snow and sand reflect the damaging rays of the sun, which can increase your chance of sunburn.



Check the UV Index

The UV Index provides important information to help you plan your outdoor activities in ways that prevent sun overexposure. The UV Index forecast is issued daily by the National Weather Service and EPA. Visit www.epa.gov/sunwise/uvindex.html.



Get Vitamin D Safely

Get Vitamin D safely through a diet that includes vitamin supplements and foods fortified with Vitamin D. Don't seek the sun.

Early detection of skin cancer can save your life. A new or changing mole should be evaluated by a dermatologist.

Special Considerations for Children

Recent medical research shows that it is important to protect children and young adults from overexposure to UV radiation. For babies under 6 months, the American Academy of Pediatrics recommends

(1) avoiding sun exposure, and (2) dressing infants in lightweight long pants, long-sleeved shirts, and brimmed hats. Parents can also apply sunscreen (SPF 15+) to small areas like the face and back of the hands if protective clothing and shade are not available.

EPA's SunWise Program

In response to the serious public health threat posed by overexposure to UV radiation, EPA is working with schools and communities across the nation through the SunWise Program. SunWise is an environmental and health education program that teaches children how to protect themselves from overexposure to the sun.

UV Index

Exposure Category	UVI Range
Low	< 2
Moderate	3 to 5
High	6 to 7
Very high	8 to 10
Extreme	11+

The UV Index forecasts the strength of the sun's harmful rays. The higher the number, the greater the chance of sun damage. Visit www.epa.gov/sunwise/uvindex.html.

For More Information

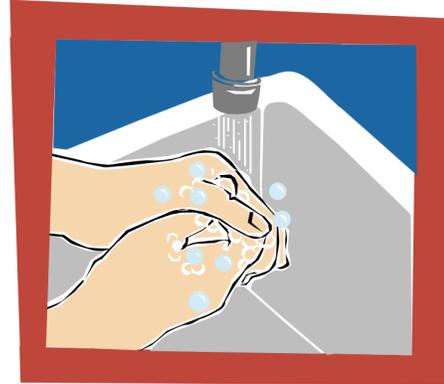
To learn more about UV radiation, the action steps for sun protection, and the SunWise Program, call EPA's Stratospheric Ozone Information Hotline at 800.296.1996, or visit our Web site at www.epa.gov/sunwise.

**STOP
DISEASE**

WASH YOUR HANDS PROPERLY



1. Wet hands and apply soap. Use warm running water; liquid soap is best.



2. Rub hands together vigorously, thoroughly scrubbing all surfaces from wrists to fingertips.



3. Rinse hands well under running water until all the soil and soap are gone.



4. Dry hands with a fresh paper towel.



5. Turn off water with your paper towel— not with your clean hands.



6. Discard the used paper towels in a lined, hands-free canister.



When to Wash Hands



Wash hands at key points during the day.



1 Before children arrive for the day.



2 After cleaning.



3 Upon arrival and after coming inside from outdoor play.



4 Before and after preparing and eating food.



5 After diapering or toileting.



6 After contact with body fluids.



7 After touching animals or their equipment.