

# HEALTHY CHILD CARE HAWAII

CHILD CARE HEALTH  
CONSULTANT TRAINING

May 7, 2013



# Healthy Child Care Hawaii

- Collaboration between University of Hawaii Department of Pediatrics, American Academy of Pediatrics-Hawaii Chapter, Department of Health-Family Health Services Division, and Department of Human Services
- Funded by the Department of Human Services

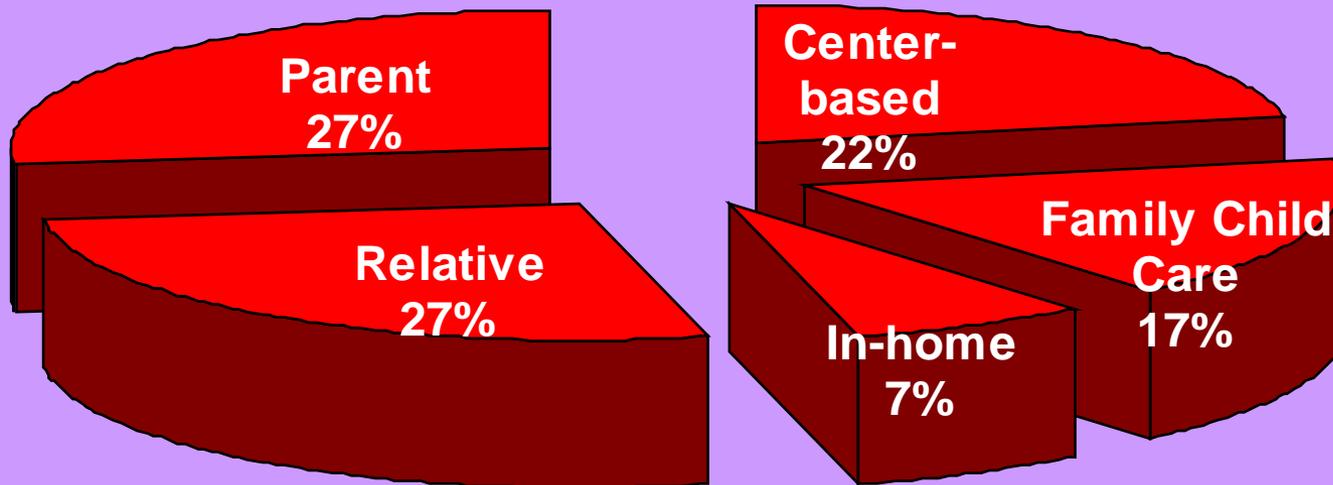
# Child Care Health Consultant Training Acknowledgements

- Training done at the National Training Institute (NTI) in North Carolina
  - Materials for this training has been adapted from NTI
  - Other resources from Caring For Our Children, American Academy of Pediatrics, The Pediatrician's Role in Promoting Health and Safety in Child Care, Model Child Care Health Policies, and CSEFEL.

# Why Bother?

- There are ~88,500 children under 5 years of age in Hawaii (2011)
- > 60% are in some form of child care (2011 61%, 2010 66%)
- 2.3% (2009) of children are uninsured (3.9% in 2007)
- 44% of the confirmed abuse cases, involve children  $\leq$  5 years of age

# Who is Caring for Our Youngest Children?



We have a responsibility to ensure that the place a child spends the majority of his/her waking hours is safe and stimulating

# Healthy Child Care Hawaii Goals

- Develop statewide network of child care health consultants.
- Provide opportunities for pediatricians-in-training to teach developmental and health topics.
- Promote safe, healthy, and developmentally appropriate early childhood environments for children.
- Promote/provide/coordinate health and safety education for children, families, and early childhood staff.
- Help children/families in early childhood centers to access a medical home, Medicaid/CHIP, and other health resources.

# CCHC Training Goals

- Promote national standards in health and safety in child care (CFOC)
- Become an advocate for quality child care
- Assist local child care center(s) in improving quality
  - Workshops, or talks, or Q & A sessions

# Different levels of involvement

## Level one:

Providing guidance to families on child care Issues

- Incorporating child care issues into the individual clinical practice

## Level 2: Providing health consultation to child care programs

### Establishing and defining the health consultant relationship

- Promote families' relationship with their medical home
- The health consultant's "patient" is the entire child care program
- Consultation on health issues apply to the children, families, and staff as a group

## Level 2: Providing health consultation to child care programs

### Visit the program

- Observe practice and facilities
- Identify strengths of the program, important health concerns and discuss plans for improvement with the program director

### Developing and reviewing child care health policies

### Reviewing illness and injury logs

## Level 2: Providing health consultation to child care programs

Developing plans to care for children with chronic conditions and special needs

Providing health education for staff, parents, and children

Provide ongoing health consultation

## Level 2: Providing health consultation to child care programs

### *Legal issues for health consultants*

#### Know the rules

- licensing regulations, health and safety code, ADA

#### Consent and confidentiality

- need parents' consent to contact child's health care professional
- discuss only with individuals who need to know to care for the child

## Level 3: advocating for quality child care

Provide assistance to a local child care program

e.g., serving on an advisory committee, conducting workshops on child development, health, and safety

Promoting early childhood professional development

- National Association for the Education for Young Children (NAEYC)
- AAP Section on Early Education and Child Care
- CME

# How are *you* involved in child care?

How confident are you in your ability to:

- Help parents understand their child's developmental and health needs, and how to find the child care that is best for their child
- Explain to parents the differences between in-home care, family child care, and child care centers; between licensed and unlicensed care, and accreditation

# How are *you* involved in child care?

- Tell parents where they can get referrals for child care programs in their community
- Advise parents what to look for in quality infant, toddler, and preschool programs
- Give parents suggestions, easing the transition to child care
- Tell parents which illnesses require exclusion from child care and for how many days

# How are *you* involved in child care?

- Develop a plan for caring for children with chronic conditions in child care
- Explain to caregivers the specific standards for child care health policies
- Conduct an on-site health and safety check at a child care facility
- Provide hands-on training on health for child care professionals

# How are *you* involved in child care?

- Advocate for improved health care safety standards for child care
- Identify national and local resources for information, policies, and referrals

# Who Should be a Child Care Health Consultant?

- Should be a health professional
- Should have an interest and experience with children
- Should have knowledge of health resources and licensing regulations

# CCHC's Responsibility in Child Care is to:

- The Children: for their safety, health, and development
- The Parents and Staff: to educate them on what is safe and appropriate for the children
- The Community: to consult with child care providers and other members of the community to promote the best interests of children

# 3 Basic Needs of Children need to be met, in order to provide Quality Child Care

- Protection of children's health and safety and prevention of abuse and neglect
- Building relationships with children, parents, extended family, and community
- Opportunities for stimulation and learning from experiences

# Protection of Children:

- Health
  - Nutrition
  - Sanitation
  - Personal Hygiene/Self Help
  - Measures to reduce infectious disease in group settings
  - Parent education materials and references

# Protection of Children:

- Safety
  - Precautions to prevent injury
  - Supervision
  - Prevention of abuse and neglect
  - Parent education

# Building Relationships:

- With Children
  - Separation from parents
  - Continuity of care; primary caregiver
  - Positive approaches to discipline
  - Development of social skills

# Building Relationships:

- With parents
  - Opportunities for communication
  - Building Trust over time
  - Parent communication and education
  - Anti-biased approach; culturally sensitive

# Opportunities For Stimulation and Learning

- Variety of hands-on activities
- Appropriate for group and individual needs
- Many open-ended materials
- Schedules that handles routines and leaves ample time for activities
- Concepts brought out of play

# Provide Health Consultation: Needs Assessment

- Talk with the child care program director
  - What are the hours of operation?
  - How many children in the center?
  - What are the ages of the children?
  - How many staff?
  - Is the program licensed? Accredited?
  - What are the program's needs concerning health policies; training on health issues; and specific health issues noted from the last licensing visit?

# Visit the Program

- Inspect the entire facility
  - Entrances, exits, and hallways
  - Indoor and outdoor play areas
  - Food preparation site
  - Diapering areas
  - Child and adult bathrooms

# Visit the Program

- Observe Practices
  - Quality of caregiver-child interaction
  - Supervision
  - Infection control
  - Nutrition
  - Naptime
  - Outdoor and indoor play
  - Drop off and pick up
  - Food service
  - Diapering and toileting

# Visit the Program

- Summarize the program's strengths, the most important health concerns, and discuss plans for improvement

# Visit the Program

- Playground equipment



- Prevent entrapment by having openings  $<3.5$  in or  $>9$  in
- 75 square feet per child using the area
- 70% of playground related injuries are from falls
- most common body part injured: head/face

# Visit the Program

- Playground equipment
  - Fall injuries are a result of:
    - The height a child falls from
      - Height limits for play equipment, 48 in for ages 30 months to 5 years
    - The material or surface the child falls upon
      - Soft, resilient surfaces: Wood chips (mulch), sand, synthetic surfaces
        - » Depth depends on the height and fall zone



# Visit the Program

- Sand play areas:
  - Covered to prevent contamination by animal excrement
  - Regularly cleaned for foreign objects
  - Free of toxic or harmful materials
  - Separate from landing areas for slides and other equipment



# Visit the Program

- Diapering area
  - Cleaned prior and after use with 1:64 dilution (1/4 cup chlorine bleach to 1 gallon water or 1 Tbsp bleach to 1 quart water)
  - Non-absorbent paper liner
  - Good technique



# Visit the Program



- Child's Bathroom
  - CFOC standard, 1:10 for toddlers and preschool
  - Hawaii's licensing regulation, 1:12
  - Hand-washing sinks need to be accessible (should not be used to rinse soiled clothing or cleaning equipment)
  - Soap needs to be available

# Visit the Program

- Kitchen shall be separate from eating, play, laundry, toilet, and bathroom areas
- Keeping frozen foods at 0 degrees F or below, cold foods below 40 degrees F, and hot foods above 140 degrees F prevents bacteria growth
- In the refrigerator, raw meat, poultry, and fish shall be stored below cooked or ready to eat foods
- Foods must be safe, meet the nutritional needs of the children and be appealing to them, and promote good eating habits

# Visit the Program

- Staff-child interactions
  - Warmth (greetings at drop off/pick up; cheerful voice; appropriate physical contact; smiles)
  - Respect (eye contact; listen attentively; no discrimination)
  - Response is sympathetic (help children who are hurt, upset, or angry)
  - Staff enjoys being with children

# Visit the Program



- Indoor Space
  - Ample space allows children and adults to move about freely
  - Good ventilation that can be controlled
  - Adequate lighting
  - Cozy area and soft furnishings
  - Space organized for independent use by children
  - Child size furniture



# Visit the Program

- Naptimes
  - Cribs, cots, sleeping bags, beds, mats, or pads shall be placed at least 3 feet apart
  - Beddings should be washed weekly
  - Stored separately



# Visit the Program

- Furniture should be arranged to encourage a variety of play
  - Supervision used as an educational interaction (encourage children to talk about their activities, think about solutions, and introduce concepts in relationship to play)
  - Free play



# Child Care Health Policies

- Help develop new policies or help revise existing ones
  - Admission and readmission after illness, including inclusion/exclusion criteria
  - Plans for health care and management of children with communicable diseases
  - Plans for surveillance and management of illnesses, injuries, and problems that arise in the care of children
  - Policies regarding nutrition, nutrition education, and oral health
  - Plans for the inclusion of children with special health needs
  - Emergency plans
  - Policies regarding staff health and safety
  - Policies for the administration of medications

# Are you prepared?

- A mother brings medication for you to administer?
  - What are you going to do?
- The child with allergies?
  - Is this child known to have allergies?
  - Where is the Epi pen?
  - When and how do you use it?
- The child with asthma?
  - Are you aware of the severity?
  - What are his/her triggers?
  - What are the signs and symptoms of trouble breathing?

# You accept a child with a seizure disorder

- What will you do if the child has a seizure at your facility?
  - Do you know how often the seizures occur?
    - What triggers the seizure activity?
  - How do you communicate with the parents?
    - Are you CPR trained?

# Review Injury and Illness Logs

- Person affected (if injury needs age and gender)
- Date and Time (if injury location and if consumer product involved)
- Description of symptoms or how injury occurred
- Response of staff
- Persons notified, and their response
- Actions taken on behalf of the injured following the injury (also recommendations of preventative strategies to avoid future occurrences)
- Name of person completing the form
- If injury, the name and address of the facility

# Ensure Medical Homes and Preventative Care

- Children should receive the medical care they need from a physician (pediatrician or other pediatric-trained health care professional) whom they trust
  - Accessible
  - Family-centered
  - Continuous
  - Comprehensive
  - Coordinated
  - Compassionate
  - Culturally effective
- Information on CHIP/Medicaid/Med-Quest

# Help Develop Plans for Staff to Take Care of Children With Special Needs

- Inclusion is the opportunity for children with special needs to participate in programs and activities together with children without special needs
- IDEA (Individuals with Disabilities Education Act): a federal law requires a “free and appropriate public education” in the “least restrictive environment”
  - (The National Clearinghouse on Child Abuse and Neglect Information reports that the rate of abuse and neglect in children with disabilities is ~2 times higher than the rate in children without disabilities)

# Children With Special Needs

- Benefits of Inclusive Child Care
  - Children with special needs develop increased social skills and self-esteem
  - Families of children with special needs gain social support and develop more positive attitudes about their child
  - Families and children without special needs become more understanding and accepting of differences and disabilities
  - Caregivers learn from working with children, families, and service providers and develop skills in individualizing care for all children

# DHS Form 908

State of Hawaii  
Department of Human Services

Benefit, Employment & Support Services Division

## Early Childhood Pre-K Health Record Supplement\*

Supported by  
Academy of Pediatrics, Hawaii Chapter

Hawaii Department of Health

<b>Name of Child:</b>		<b>DOB:</b>	
<b>Name of Child Care Facility:</b>			
<b>To Be Completed By The Physician</b>			
<b>1. Type Screening</b>	<b>2. Date Completed</b>	<b>3. Results</b>	<b>4. Recommendations/Follow up</b>
Head Circumference (up to 2yrs old)		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Hgb/Hct		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Lead		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Developmental Screening Tool: PEDS ASQ Other _____		<input type="checkbox"/> No Concern <input type="checkbox"/> Concern	
<b>5. Medical Conditions</b>		<b>6. Special Care Plan Needed</b>	<b>7. Recommendations</b>
<b>Allergies/Sensitivities</b> <input type="checkbox"/> None • List:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Special Care Plan completed
<b>Medications/Treatments</b> <input type="checkbox"/> None • List:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Special Care Plan completed
<b>Special Diet prescribed by physician</b> <input type="checkbox"/> None • List:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Special Care Plan completed
<b>Behavioral Issues/Social Emotional Concerns</b> <input type="checkbox"/> None • List:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Special Care Plan completed
<b>Medical Conditions/Related Surgeries</b> <input type="checkbox"/> None • List:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Special Care Plan completed
<b>9. Physician/NP/APRN/PA or Clinic Name, Address, Zip, Phone, Fax</b>		<b>11. I give my consent for my child's Health Care Provider to discuss the information on this form with my Early Childhood Provider</b> _____	
		Early Childhood Provider Name	
		<b>12. Parent/Guardian Name</b>	
<b>10. Physician/NP/ APRN/ PA or Clinic Signature (Signature or stamp)</b>		<b>13. Parent/Guardian Signature</b>	<b>Date</b>
<b>Date</b>			

\*Supplement to the STATE OF HAWAII, DEPARTMENT OF EDUCATION, FORM 14, Rev. 4/10, RS 10-1369 (Rev. of RS 09-1051)  
DHS 908 (09/11)

# DHS Form 908 Instructions

## Instructions for the Physician (Please print)

<p><b>1. Type of Screening:</b> Check all that apply.</p> <ul style="list-style-type: none"><li>• <b>Head Circumference, Hgb/Hct, Lead</b></li><li>• <b>Developmental Screening:</b> The screening tools listed are: <b>PEDS:</b> Parent's Evaluation of Developmental Status <b>ASQ:</b> Ages and Stages Questionnaire <b>Other:</b> Print the name of screening tool used.</li></ul> <p><b>2. Date Completed</b> Write the date <b>mm/dd/year</b> the screening was performed. i.e., 06/01/2006.</p> <p><b>3. Results</b> Mark (X) to indicate "<b>Normal</b>" or "<b>Abnormal</b>", "<b>No Concern</b>" or "<b>Concern</b>". If the box is marked abnormal or concern, please complete Box 4. Recommendations/Follow up.</p> <p><b>4. Recommendations/Follow up</b> Please complete if abnormal or concerned is selected.</p> <p><b>5. Medical Conditions</b> Mark (X) "<b>None</b>" box for each item if the child has no <b>Allergies/Sensitivities, Medications/Treatments, Special Diet prescribed by physician, Behavioral Issues/Social Emotional Concerns, Medical Conditions/ Related Surgeries.</b> List type of medical condition, e.g., <b>Medical Condition/Related Surgeries List:</b> Asthma</p> <p><b>6. Special Care Plan Needed</b> If child has a medical condition and the Early Childhood Provider should develop a special care plan, mark (X) <b>Yes</b>, next to the appropriate category. If child does not need a special care plan, mark (X) <b>No</b>.</p>	<p><b>7. Recommendations</b> Write your recommendations, e.g., "Medications must be administered by the parent before or after school hours."</p> <p><b>8. Early Childhood Provider Use Only</b> This section is designated for the early childhood provider to complete if physician has marked (X) Yes in Box 6. A sample form of a Special Care Plan is located on the DHS 908A Instructions for the DHS 908 Early Childhood Pre-K Health Record Supplement form which can be downloaded from the Department of Human Service website: <a href="http://hawaii.gov/dhs/self-sufficiency/childcare/licensing/forms/">http://hawaii.gov/dhs/self-sufficiency/childcare/licensing/forms/</a></p> <p><b>9. Physician/NP/APRN/PA or Clinic Name</b> Type or print legibly physician, nurse practitioner, advanced practiced registered nurse, physician assistant or clinic name, address, zip, phone, and fax.</p> <p><b>10. Physician/NP/ APRN/ PA, of Clinic (Signature or Stamp) and Date:</b> Physician, nurse practitioner, physician assistant must sign his/her name or stamp and write in the date of child's examination.</p> <p><b>11. "I give my consent for my child's Health Care Provider to discuss the information on this form with my Early Childhood provider."</b> The Early Childhood program is encouraged to type, print legibly, or stamp the program name here prior to parent signature.</p> <p><b>12. Parent/Guardian Name</b> Print the name of the Parent or Guardian</p> <p><b>13. Parent/Guardian Signature</b> The Parent or Guardian must sign his/her name and write the date signed.</p>
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# Seagull Schools

Main Office: 1300 Kaihua Road, Kailua, Hawaii 96734  
Tel: (808) 261-8534 - Fax: (808) 261-7052 - [www.seagullschooia.com](http://www.seagullschooia.com)  
Email: [seagull@aloha.com](mailto:seagull@aloha.com)

## Permission For Medical Condition Treatment

Parent or Guardian signature indicates permission for child care provider to follow these instructions:

\_\_\_\_\_  
(Parent Signature)

TO: Facility Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Medical condition(s) of concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signs and/or symptom(s) to watch for:  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_ Dose: \_\_\_\_\_

\_\_\_\_\_ Dose: \_\_\_\_\_

\_\_\_\_\_ Dose: \_\_\_\_\_

How given: \_\_\_\_\_ When given: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Temporary program adaptations: \_\_\_\_\_  
\_\_\_\_\_

When to call parent/health provider regarding symptoms or failure to respond to treatment:  
\_\_\_\_\_  
\_\_\_\_\_

When to consider that the condition requires urgent care or reassessment:  
\_\_\_\_\_  
\_\_\_\_\_

FROM: Health care provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of exam: \_\_\_\_\_

\*Reminder: We do not have medical staff on site.

## Seizure Care Plan

The seizure care plan defines all members of the team, communication guidelines (how, when, and how often), and all information necessary to support a child who may experience seizures while in child care.

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Description of seizure condition/disorder: \_\_\_\_\_

Describe what the child's seizures look like: (1) What part of the body is affected? (2) How long do the seizure episodes usually last? \_\_\_\_\_

Describe any known "triggers" (behaviors and/or symptoms) for seizure activity: \_\_\_\_\_

Detail the frequency and duration of child's typical seizure activity: \_\_\_\_\_

Has the child been treated in the emergency room due to their seizures? \_\_\_\_\_ How many times? \_\_\_\_\_

Has the child stayed overnight in the hospital due to their seizures? \_\_\_\_\_ How many times? \_\_\_\_\_

**Team Member Names and Titles** (parents of the child are to be included)

Care Coordinator (responsible for developing and administering the Seizure Care Plan): \_\_\_\_\_

If training is necessary, then ALL team members will be trained

Planned strategies to support the child's needs and safety issues when the child has a seizure:  
(e.g., diapering/feeding, outdoor play, napping, etc.) \_\_\_\_\_

Individualized Family Service Plan (IFSP) attached.     Individualized Education Plan (IEP) attached.

PROBLEM	TREATMENT	EXPECTED RESPONSE
At risk for injury due to uncontrolled seizure activity.	If a seizure occurs, staff will remove objects from the area and place a folded towel/clothing beneath the child's head. Protective helmet is worn as prescribed.	Injuries related to seizure activity will be prevented.
At risk for aspiration of respiratory secretions or vomitus during seizure activity.	If a seizure occurs, staff will roll the child onto his/her side.	Child will not aspirate during seizure activity.
Self-esteem disturbance related to occurrence of seizure or use of protective helmet.	Provide many opportunities for success. Praise achievements and accomplishments. Provide opportunities for child to express feelings about seizures and any activity restrictions. Reassure the other children in the group that the child will be OK if a seizure occurs.	The child will successfully adapt to requirements of living with a seizure disorder. The child will demonstrate a positive attitude toward learning activities. Other children will feel safe.
Parents and child may not be aware of possible triggers.	Staff will document the occurrence of any seizure activity on attached Seizure Activity Log.	Parents, staff and the child will learn to identify triggers and how to avoid them.
Child may be very sleepy, but not unresponsive after a seizure occurs.	Staff will make sure that the child is responsive after a seizure, then will allow the child to sleep/rest after the seizure.	The child may safely sleep/rest, if needed, after seizure occurs.

### Communication

What is the team's communication goal and how will it be achieved (e.g., notes, communication log, phone calls, meetings, etc.)? \_\_\_\_\_

How often will team communication occur:     Daily     Weekly     Monthly     Bi-monthly

Date and time specifics: \_\_\_\_\_

**Other Professionals Involved**

**Telephone**

Health Care Provider (MD, NP, etc.): \_\_\_\_\_  
Occupational Therapist: \_\_\_\_\_  
Physical Therapist: \_\_\_\_\_  
Neurology Specialist: \_\_\_\_\_  
Other: \_\_\_\_\_

**Specific Medical Information**

- ❖ Medical documentation provided & attached:  Yes  No  
 Information Exchange Form completed by Health Care Provider on-file.

Any known allergies to food and/or medications: \_\_\_\_\_

- ❖ Medication to be administered:  Yes  No

Medication Administration Form completed by Health Care Provider and parents is on file (including type of medication, method, amount, time schedule, potential side effects, etc.)

**Special Staff Training Needs**

Type (be specific): \_\_\_\_\_

Training done by: \_\_\_\_\_ Date of Training: \_\_\_\_\_

**Additional Information** (include any unusual episodes/behavior changes that might arise while in care and how the situation should be handled)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Support Program the Child Is Involved With Outside of Child Care**

Name of program: \_\_\_\_\_

Address and telephone: \_\_\_\_\_

Contact person: \_\_\_\_\_

**Emergency Procedures**

Special emergency and/or medical procedure required. Emergency instructions: \_\_\_\_\_

- ❖ Call 911 if:  Seizure lasts longer than \_\_\_\_\_ minutes.  Child is unresponsive after seizure.  
 Other: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Follow-up, Updates/Revisions**

This Seizure Care Plan will be updated/revise d whenever medications or child's health status changes, or at least every 12 months as a result of the collective input from team members.

Date for revision and team meeting: \_\_\_\_\_

## SEIZURE ACTIVITY LOG

NOTE: This should be accompanied by a Seizure Care Plan established and on-file for this child.

Name of Child: \_\_\_\_\_

Room: \_\_\_\_\_

DATE	TIME	CIRCUMSTANCES PRECEDING <i>(activity participating in)</i>	DESCRIBE SEIZURE*	LENGTH OF SEIZURE	ACTIONS TAKEN BY STAFF	CHILD'S BEHAVIOR AFTER SEIZURE	STAFF INITIALS

**\*What To Look For and Note Above:**

- How did the seizure start? Did the seizure start in just one part of the body and then spread, or did it involve the whole body from the beginning?*
- Was there smacking or licking of the lips? Eyelid fluttering? Picking or fumbling movements of the hands?*
- Was the child able to respond to any outside stimulus (for example, name called, gently shaking shoulder)? Was the response normal/confused/no response?*
- Were there stiff and/or jerking movements?*
- Was the jaw clenched or the tongue bitten?*
- Was there any color change or breathing problem?*
- How long did the actual seizure last?*

# Special Care Plans

- Allergies/Sensitivities
  - Medications
  - Special Diet
  - Behavioral/Social Emotional
  - Medical Conditions
- 
- Note the recommendations (incorporate this into your special care plans)

# Provide Health Education for Staff, Parents, and Children

- Oral Health
- Injury Prevention
- Mental Health
- Infectious Diseases
- Nutrition
- Children Who are Ill or Temporarily Disabled
- Children Who are Abused or Neglected
- Inclusion of Children with Special Needs

# Adult Learning

## Pike's 90/20/8 Rule

- 90 minutes: Average length of time an adult can listen with understanding
- 20 minutes: Average length of time an adult can listen with retention
- 8 minutes: The learner will retain more of the information if interactive techniques are used

CAITLIN



floss and  
brush and  
rinse your  
teeth with water

## THE CHILDREN

Social Emotional Skills

- Confidence
- Good relationships
- Work on challenging tasks
- Communicate their emotions
  - Listen to instructions
  - Be attentive
- Solve social problems

Dr Ruff's  
"Dental Care"  
Workshop to the  
UHMCC 4-5  
Year old class

. . . Early childhood development and parenting education has the potential to improve parental capacity and skills, prevent maltreatment, and improve child outcomes



The Child Care Environment provides an incredible opportunity to positively affect the child's development. . . .This is preventive care!

