NORTH CAROLINA
CHILD CARE HEALTH AND SAFETY BULLETIN
NORTH CAROLINA CHILD CARE HEALTH AND SAFETY RESOURCE CENTER

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About The Resource Center

The NC Child Care Health and Safety Resource Center is a project of the Department of Maternal and Child Health, Gillings School of Global Public Health, The University of North Carolina at Chapel Hill. Project Director: Jonathan Kotch. Funding for the Resource Center originates with the Maternal and Child Health Title V Block Grant of USDHHS's Health Resources and Services Administration/Maternal and Child Health Bureau, awarded to the University under a contract from the Division of Public Health, NCDHHS. The development, translating, printing, web posting and mailing of the *NC Child Care Health and Safety Bulletin* are supported by funding from the Child Care and Development Fund Block Grant of the Child Care Bureau, Administration on Children and Families, USDHHS, through a contract between the Division of Child Development, NCDHHS, and the Department of Maternal and Child Health, Gillings School of Global Public Health, The University of North Carolina at Chapel Hill.

In This Issue

Communicable Diseases What To Do?

Fall is here! Along with the cooler weather, comes the arrival of communicable diseases such as flu, respiratory illnesses, and gastro-intestinal diseases. Novel Influenza A Virus (commonly referred to as H1N1, 2009 H1N1 or Swine Flu.) is already in child care programs throughout North Carolina. H1N1 spreads easily from person to person. Although most people recover from H1N1, it has the potential to cause serious, sometimes life-threatening, illness.

Communicable diseases that can cause serious illness, such as tuberculosis, whooping cough, and hepatitis B, are reportable diseases. (Communicable Disease Control Rule 10A NCAC 41A .0101, Reportable Diseases, lists the diseases that are reportable in NC.) When health care providers diagnose these diseases, they are required to report them to the health department. Child care programs are also required to let the health department know if someone in their facility has a reportable disease. Health department epidemiologists, specialists in preventing the spread of disease, use these reports to track diseases throughout the community. They are also available to help child care programs develop strategies for reducing exposure to disease-causing germs. At this time, only health care providers are required to report cases of H1N1. Child care programs are encouraged to call the health department if they have questions about H1N1. Health department professionals can develop and help carry out strategies for reducing the spread of the disease.

The germs that cause communicable diseases are passed from person to person. There are four **routes** of exposure. Coughing and sneezing releases infected droplets into the air. Children become infected through the **respiratory** route by inhaling these droplets. Children are also exposed through **direct contact** with germs. Children's hands pick up germs when they touch surfaces contaminated by infected droplets or other germs. In turn, children pass on the germs to others by touching more surfaces and objects. When children put contaminated hands and fingers in their mouths, eyes, or noses, they can become infected.

Children become infected with gastrointestinal viruses and bacteria through the **fecal-oral** route. Typically, contamination happens during diapering, toileting, and food preparation. Children become infected by touching contaminated surfaces and then putting fingers in their mouths, or, by eating contaminated food. Diseases such as hepatitis B are spread through contact with **bodily fluids**, such as urine, blood, and saliva. These germs spread through direct contact with open cuts or mucus membranes

Communicable diseases, like gossip, can spread from person to person like wildfire! Children bring diseases to and from child care; they expose others, who pass them on to people at work, who bring them home to their families, whose children bring them back to child care. In this way, the spread of disease can be far-reaching. Reducing children's exposure to communicable diseases in child care can slow down, or even stop, the spread of diseases.

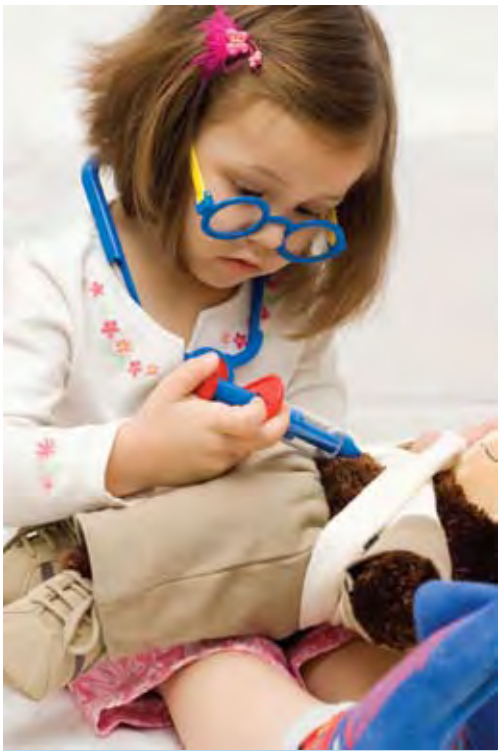
Handwashing and sanitation effectively reduce exposure to germs. Germs are wiped away or washed down the drain before they can cause any trouble. Providers can keep germs from becoming airborne by teaching children to cough and sneeze into a tissue or into their sleeve. Another strategy is to keep sick children, and adults, at home. People can return when they are feeling better and they are fever-free for 24 hours, or their health care provider gives them permission to return. The actions taken to reduce the spread of disease in child care, can have positive effects on the health of the children and the entire community!

References:

CDC. *H1N1 Swine flu*. Retrieved July 20, 2009 from www.cdc.gov/h1n1flu

Mayo Clinic. *Germs: Understand and protect against viruses, bacteria and infection*. Retrieved July 20, 2009 from www.mayoclinic.com/health/germs/id00002

The Triple Whammy ~ Children and Exposure to Germs



Children are especially vulnerable to infectious diseases. When they are exposed to infectious diseases, they get a high "dose" of germs. The act of coughing and sneezing releases disease causing germs into the air. These germs are heavier than the surrounding air. They become concentrated as they drift towards the floor into the children's breathing zone. When children breathe this air, they inhale a high "dose"of germs. Children also breathe fast, which increases the amount of germs they inhale. In addition, children's bodies are small, increasing the effects of the "dose" even more.

Children are also vulnerable to germs that transmit diseases through the skin. Disease-causing germs can penetrate their thin skin easily, and surface infections can become serious illnesses.

Gastrointestinal germs can make young children very sick. Children lose fluids when they vomit or have diarrhea caused by these germs. They can become dehydrated quickly because their small bodies do not hold much fluid. Severe dehydration in young children can become a life threatening condition.

Two other factors contribute to children's vulnerability to infectious diseases. Children's developing immune systems are not yet working as effectively as they will when they are older. This makes it especially difficult for them to fight infections. Finally, children who are cared for in group settings are exposed to infectious diseases brought into the facility by other children and adults.

Together these three factors make up the "triple whammy" for children in child care: they get a high "dose" of germs, they have a difficult time fighting infection, and they are likely to be exposed to a number of diseases. Simply put, children in child care are more likely to get sick.

Communicable diseases can easily spread to other children and adults within the child care program. Children often take these diseases home to their families. Communicable diseases can then spread into the nearby community, region, or worldwide.

Outbreaks – Epidemics – Pandemics

Current news headlines report **outbreaks, epidemics**, and **pandemics.** The 2009 H1N1 flu has been declared a pandemic. How is that different from an epidemic or an outbreak? What do these terms mean?

Outbreaks

The Centers for Disease Control and Prevention (CDC) describe an **outbreak** as, "The occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time."

Cases of mild flu, respiratory illnesses, and other diseases are expected to occur in the fall and winter. Are they outbreaks? It depends. One or two cases of mild flu would not necessarily be called an outbreak. If many children and adults get sick with flu, health officials could decide to classify mild flu as an outbreak. However, one or two cases of e-coli, a severe and unexpected disease, would likely be classified as an outbreak.

Epidemic

An **epidemic** is an outbreak in which some or many people in a community or region become infected with the same disease. The disease might enter the community from an outside source such as a traveler infected with the disease. The disease could be a new disease such as AIDS or it could be a new version of an old disease, such as the H1N1 flu. Epidemics usually remain within the borders of a specific country or its nearby neighbors.

Pandemic

A **pandemic** occurs when either a new virus or one that has not been around for many decades, breaks out and spreads to countries around the world. Most people do not have immunity to a new virus. Few people, if any, have immunity to one that has not occurred in many decades. When most of the population does not have immunity to a communicable disease, it passes easily from person to person. There is a greater risk of people becoming seriously ill, or even dying.

Reference:

Aronson Susan. *Managing Infectious Diseases in Child Care and Schools.* Elk Grove Village: American Academy of Pediatrics; 2009

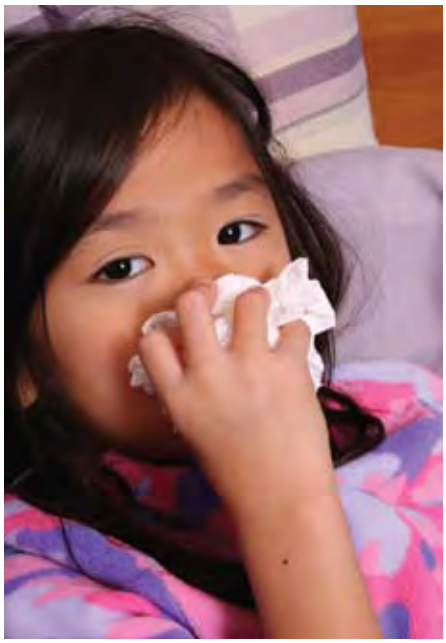
H1N1 Flu – What Do You Do?

Child care programs must be ready for, and know how to respond to, the H1N1 flu. It could infect anyone in the program at any time and spread quickly to others. Child care programs can help protect the health of the children and families they serve by preventing the spread of H1N1.

Preparing for H1N1 flu

- **Learn about H1N1** and stay up-to-date on the latest information and advice to follow. Visit **www.flu.gov.**
- **Develop a plan** for responding to the flu. Include the following topics:
  - How to cover key positions when staff members have the flu
  - How staff and parents will be informed about the flu
  - How long to stay home with the flu
  - How to protect staff and children at higher risk for complications from the flu

  A child care health consultant (CCHC) can help develop the plan. Give staff and parents a copy of the plan.
- **Find helpful resources** in "Preparing for the Flu: A Communication Toolkit for Child Care and Early Childhood Programs," available at: **www.cdc.gov/h1n1flu/childcare/toolkit/.**
- Review the facility's **Policy for Exclusion from Child Care Due to Illness.** Provide staff and families with a copy of the policy. Children and staff with flu symptoms should stay home until they are fever-free for at least 24 hours.
- **Encourage H1N1 flu shots** for women who are pregnant, people 6 months to 24 years of age, staff working with children younger than 6 months of age, and staff 25-64 years of age with health conditions that put them at higher risk of medical complications from the flu. The CDC also recommend a yearly seasonal flu vaccine as the first and most important step in protecting against seasonal influenza.
- Maintain high standards of **handwashing**.
- Maintain high standards of **respiratory hygiene:** staff and children should cough or sneeze into a tissue or their elbow. Wash hands after discarding the tissue.
- Maintain high standards when **cleaning and disinfecting** the environment. Flu viruses on surfaces can infect people for as long as 8 hours after they were deposited on the surface.
- Provide **plenty of outdoor time** and keep indoor rooms well ventilated.
- Support healthy habits: serve nutritious food, offer drinking water frequently, and keep the environment relatively stress-free.
- Encourage children to **spread out** during group activities. Limit the number of children in each center.
- Make sure **emergency contact information** is up-to-date for each child.



- **Perform a daily health check** on all children and staff and send home all who are sick.
- Encourage parents to make **arrangements for alternate care** if the facility must close.
- Know who to **contact at the local health department** if assistance is needed.

Responding to H1N1 flu

- **Separate children and staff** who have flu symptoms and **send them home** for the recommended period of time. Recommend they contact their health care provider.
- **Notify parents** that someone in the facility has the flu. Provide them with information about what they can do to protect their family and community from exposure to the flu.
- **Contact a child care health consultant or the local health department for advice,** especially if more than one or two people have the flu.
- **Close the facility temporarily** in the following circumstances:
  - A large number of children and staff are absent.
  - Many people are sent home each day due to flu symptoms.
  - It is too difficult to operate the program safely.
  - CDC or the local health department recommends closing.
- **Inform the local DCD licensing consultant** of the temporary closing.
- Work closely with the local health department to **assess when to reopen the facility.** Typically an early childhood program is closed for 5-7 calendar days before it is okay for them to reopen.
- **Inform parents and the local DCD licensing consultant** that the facility is reopening.

Reference:

Centers for Disease Control and Prevention. *CDC Guidance on Helping Child Care and Early Childhood Programs Respond to Influenza during the 2009–2010 Influenza Season.* Retrieved on Sept. 4, 2009 www.cdc.gov/h1n1flu/childcare/guidance.htm.

Move to the Music!

Children start to move to music as soon as they are able to do so, usually between 9 and 18 months of age. Babies younger than 9 months respond to an adult who is singing by making eye contact and by moving their arms and legs. Children between 18 and 36 months old love to make up songs and dance, either alone or in a group. Making music and moving together reinforces socialization and gross motor development. Gross motor development is the development of large muscles in the body, such as leg, arm and back muscles. The development of large muscles leads to the development of the small muscles necessary for writing and for holding small objects. Encouraging children to move freely to any kind of music will help with all their motor development.

Adding actions to songs gets children involved in music while using their large muscles. Babies like to watch and imitate people's movements to music. Songs such as the "Itsy-Bitsy Spider" capture their attention as the caregiver's hands act out the spider climbing and the rain falling. Toddlers and older children like to move and sing. Songs like "Ring Around the Rosy" allow them to act out the song while strengthening their large muscles. Children can sing and dance both inside and during outdoor playtime. Singing active songs outside allows for wider circles and larger movements. Children find these musical games to be very exciting!

References:

Zero to Three. (2002) *Getting In Tune: The Powerful Influence of Music on Young Children's Development.* Retrieved July 29, 2009 from www.zerotothree.org/site/PageServer?pagename=key_childdevt

Zero to Three. (2004) *On the Move: The Power of Movement in Your Child's First Three Years.* Retrieved July 29, 2009 from www.zerotothree.org/site/PageServer?pagename=key_childdevt

October is

Sudden Infant Death Syndrome (SIDS) Awareness Month
October 18-24 National Lead Poisoning Prevention Week

November is

American Diabetes Month
Epilepsy Awareness Month
November 9-15 World Kindness Week
November 15-21 American Education Week
November 18-21 NAEYC Annual Conference
November 22-28 National Family Week
November 19 Great American Smokeout

December is

Safe Toys and Gifts Month
Universal Human Rights Month
December 6-12 National Handwashing Awareness Week
December 21 World Peace Day

Bulletin Board

October is Eat Better, Eat Together Month

Family style dining provides time for caregivers to eat with the children and model healthy food choices. Young children can set the tables, serve themselves and help clean up after a meal. Caregivers and children can talk about the foods they are eating, what makes each food nutritious and how it helps the body. They can talk about who likes what and why. Flavor, color, and texture add to a person's enjoyment of eating. Host a *Family, Food, and Fun Night* for families and caregivers. They can come together to eat a nutritional meal and participate in an educational program about nutrition. Learn more about the Eat Better, Eat Together Campaign and how to have a *Family, Food, and Fun Night,* from the Washington State University Nutrition Education Department's **Eat Better, Eat Together Tool Kit.** It can be found on their website at http://nutrition.wsu.edu/ebet.

October is Sudden Infant Death Syndrome (SIDS) Awareness Month

Tummy Time! Putting infants on their backs to sleep and tummies to play reduces the risk of Sudden Infant Death Syndrome. Tummy time helps infants begin to develop strong muscles and prepares them for crawling. Infants need tummy time play 2 to 3 times a day for 3 to 5 minutes each time. A good time for tummy time is after diaper changing or waking up from a nap. Placing a toy just out of the infants' reach while they are on their tummies makes them reach for the toy and strengthens their muscles. Infants will reach in different directions if a number of toys are placed in a circle around them. Remember to reduce the risk of SIDS with **Back To Sleep and Tummy To Play!**

Oh Dear, It's Here! H1N1 – What's To Be Done?

The H1N1 (Swine) influenza virus has been declared a pandemic, and it has spread to North Carolina. What is the difference between the seasonal flu and the H1N1 pandemic flu?

The World Health Organization (WHO) works with national, state, and local public health agencies to develop guidelines and implement safe practices to limit the spread of the flu. Child care programs will receive guidance from their local health departments on how they should respond to the flu. If the H1N1 flu is becoming widespread, public health officials may tell child care programs and schools to close. They may restrict or cancel public gatherings and public transportation. These efforts are made to contain the flu and keep it from spreading.

Both seasonal and H1N1 flu can spread easily in group settings such as child care. During play, children are often in close contact. They are just learning proper hygiene habits, such as how to wash their hands, and cough and sneeze into tissues or sleeves.

Children can bring the flu home with them, too. If there are a number of cases of the flu in the facility, public health officials may determine that they need to stop the spread of the flu by closing the facility. Child care programs must close when instructed by the health department to do so. Parents will need to find alternative care until the facility can reopen.

	SEASONAL FLU	PANDEMIC FLU
WHAT IS IT?	A flu virus that people have been exposed to in the past	A new virus or one that has not been around for many decades, that breaks out and spreads to countries around the world, such as H1N1.
WHEN DOES IT OCCUR?	October through April in NC	Can occur any time. Tends to come in "waves" lasting 6-8 weeks, and waves come months apart
WHO GETS IT?	People within a region. Most people have some immunity, or ability to fight the flu	People throughout the world. Few people have immunity to a new flu virus.
HOW IS IT SPREAD?	Spreads easily through close contact, mainly by inhaling or touching droplets from coughing and sneezing	Spreads easily and rapidly through close contact, mainly by inhaling or touching droplets from coughing and sneezing
WHAT ARE THE SYMPTOMS?	Fever, cough, sore throat, body aches, chills, extreme tiredness, headache, runny nose, vomiting and diarrhea	Same symptoms, but they may be more severe
IS THERE A VACCINE?	An annual flu vaccine is available in advance of "flu season"	Development of a pandemic flu vaccine begins *after* the virus is recognized. In October 2009, the H1N1 vaccine became available.

WHAT CAN PARENTS DO ABOUT THE FLU?

- Get vaccinated. As of September 8, 2009, the Centers for Disease Control recommend flu shots as the most important step in protecting against seasonal influenza and H1N1 vaccines for the following high risk groups:
  - pregnant women
  - people who live with or care for children younger than 6 months of age
  - children from the ages of 6 months to their 19th birthday
  - people 19 through 24 years of age (H1N1 flu only)
  - people 25-64 years of age with medical conditions that put them at risk (H1N1)
  - people of all ages with medical conditions that put them at risk for seasonal flu and people older than 50 (seasonal flu)
- Prevent the spread of germs with good hygiene practices: wash hands; cough or sneeze into tissues or sleeves; stay away from others who are sick.
- Keep children home when they are sick.
- Boost family members' immune systems: serve healthy food, exercise together, and get plenty of sleep.
- Learn about the facility's plan for responding to pandemic flu.
- Plan for alternative child care if the facility needs to close.
- Plan for pandemic flu: go to www.pandemicflu.gov/plan/individual/familyguide.html

References:

NC Department of Health and Human Services, Division of Public Health. *Pandemic Flu and You*. 2006. Retrieved July 24, 2009 at www.ncpanflu.gov/educationalMaterials/panflu-brochure.pdf

NC Department of Health and Human Services, Division of Public Health. *Community Containment*. Retrieved July 23, 2009 from www.epi.state.nc.us/epi/gcdc/pandemic/AppendixI1_2008.pdf

The CSEFEL Corner
Center on Social and Emotional Foundations of Early Learning

Promoting Social and Emotional Health

A Teacher's Tale

A teacher in a three-star center was having problems with her class. Although she was experienced and had her K-3 certification, she was unable to keep the children in her class from going "bonkers"! She was simply beside herself and called the local behavior specialist for help.

The behavior specialist observed in the classroom. She noticed many environmental issues that, if changed, would better support the children. The arrangement of the furniture created a racetrack that invited children to run in the room. Murals of monkeys tussling over bananas, swinging through trees, and jumping and doing flips covered the walls. Their performance was a perfect demonstration of every type of large motor activity. As she watched, she realized the children were perfectly modeling the monkeys' antics. The room had recently been the gym. Clearly, the children thought it still was. Now the children's behavior made sense.

The behavior specialist recommended some changes. The child care provider and behavior specialist talked to the children about changing the room. They created social stories about changing classrooms and discussed cooperation. The staff covered the murals with paper and used it to display the children's art. They created a cozy area, posted a visual schedule of daily activities, and arranged the furniture to eliminate the wide-open floor space.

A little ceremony marked the official transition of the space from a gym to their classroom. **Tucker Turtle** and the **Solution Kit** were introduced to help the children learn to cooperate. The provider used materials from the CSEFEL **"Teachers Tool Kit"** to make other changes in the classroom environment.

With provider reinforcement, the classroom atmosphere quickly changed. At their last consultation, the provider told the behavior specialist that she had been ready to leave teaching. With her new skills and tools, the provider is now more confident in her ability to solve problems and create positive environments for children. In addition, the children are happier and calmer!

Promoting High Quality Supportive Environments

Part 3 of a 5 Part Series

The environments children find themselves in can trigger challenging behaviors or positive behaviors. Creating an environment that promotes positive behavior and fosters healthy social interactions takes organization and planning. Children require less adult supervision when their environments are developmentally appropriate and supportive. Providers are free to nurture and interact with the children. Children can concentrate on making friends and learning. Everyone has a better day!

Tips for setting up a high quality, supportive environment

Physical environment

- arrange classrooms and outdoor environment so caregivers can visually supervise children
- limit the number of children in learning centers
- control noise levels indoors
- keep room temperature comfortable
- dress appropriately for the weather
- provide appropriate lighting
- arrange toys and materials to invite children to play with them
- organize materials for independent use

Schedules

- maintain a predictable, consistent daily schedule, with room for flexibility
- post pictures of the schedule
- offer choices within the schedule
- offer large and small group activities

Rituals and routines for younger children

- provide structure to routines
- ease transitions by using rituals
- foster community and communicate values with songs, rhymes, and games

Rules for preschool children

- decide on rules with the children
- start with 1 or 2 rules
- use positive feedback
- repeat rules until the children understand and follow them

Promote social interactions

- pair a child who is learning social skills with one who has strong social skills
- encourage interactions by limiting the number of centers
- offer group activities that require cooperation, such as
  - creating a mural on a large sheet of paper
  - acting out a play
  - building a zoo with blocks and animals

Keep children engaged

- rotate centers and materials to stimulate interest
- provide toys and materials that support children's interests

References:

Alter P., Conroy M. *Preventing Challenging Behavior in Young Children: Effective Practices.* Retrieved September 3, 2009 from www.challengingbehavior.org/do/resources/documents/rph_preventing_challenging_behavior.pdf

Bovey T., Strain P. *Using Environmental Strategies to Promote Positive Social Interactions.* Retrieved September 3, 2009 from www.vanderbilt.edu/csefel/briefs/wwb6.pdf

Autumn is for Apples!

Celebrate the fall harvest and National Apple Month in October …and into November. Visit *All About Apples* at **www.allaboutapples.com.** Enjoy these activities based on the theme of Apples!

Applesauce

Read *Applesauce* by Shirley Kurtz. Then make applesauce!

Ingredients (6-8 servings)

- 8 apples
- ½ cup water or apple juice
- ¼ to ½ cup brown sugar
- ¼ teaspoon cinnamon

Adults: Wash hands. Clean, rinse, and sanitize the work surface. Wash and peel apples. Cut each apple into 4 pieces. Remove seeds. Wash hands. Supervise children.

Children: Wash hands. Touch, smell and taste an apple. Yum! Cut the apple quarters with a sturdy, plastic knife. Put apple pieces into crock pot. Add sugar, water, and cinnamon. Wash hands.

Adults: Move the crock pot out of children's reach. Clean, rinse, and sanitize the work surface. Wash hands. Cook apples for two or more hours until mushy. Cool. Wash hands. Serve and enjoy!

Apple Prints

Cut several apples in half - some horizontally, some vertically. Press cut side onto a paper towel to reduce excess moisture. Provide paper and shallow pans of paint that are the colors of apples. Encourage children to make apple prints. Dip an apple into the paint or paint directly on the apple with a brush. Press painted side onto the paper.

Extend the activity: Make a mural together.

Five little apples swinging in a tree
I sure wish one would fall to me
One fell down
And hit the ground
Now how many apples do you see?

~Sing to the tune Five Little Monkeys

How Many Apples in a Tree?

How many apples do you see?
Can you count them? 1, 2, 3.
How many green ones?
How many red?

Cut felt pieces into the shapes of different color apples and a tree with extended branches. Place tree on a flannel board. Put apples in the branches. Encourage children to count the apples. Ask them to sort the apples into colors and count again. Add simple addition and subtraction activities for children who are developmentally ready for that challenge.

Apples Experiments

Put a variety of apples in the science area. Label the apple's leaf, stem, flesh, core, seeds, seed pockets and skin. Encourage children to find what is similar, or different, about the apples. Investigate color, shape, and smell. Do all of the apples have the same kind of stem? Chart the answers.

Set up tubs of water. Have children predict whether apples will sink or float. Test it out. Cut an apple in half. Does it still float or sink? Why? Write down what they say.

Q: What do you get if you cross an apple with a shellfish?

A: A crab apple!

Did You Know?

- Medium-sized apples have 80 calories, 5 grams of fiber, a bit of vitamin C and potassium, and **no** fat, sodium or cholesterol.
- Apples are amazing at controlling blood sugar.
- Apple peels have antioxidants, which help reduce cell damage that can trigger some diseases. Almost half of the vitamin C content is just underneath the skin.
- Apples are a source of soluble and insoluble fiber. Soluble fiber helps prevent cholesterol buildup in blood vessels. This helps reduce the risk of atherosclerosis and heart disease. Insoluble fiber provides bulk in the intestines, holding water to cleanse and move food quickly through the digestive system.
- Organic apples reduce the risk of possible contamination of the apple skin from pesticides.
- The Spanish word for apple is manzana.

Children's Books on Apples

Apples, Apples
by Kathleen Weidner Zoehfeld 2004

Autumn Is for Apples!
by Michelle Knudsen 2001

Orange Pear Apple Bear
by Emily Gravett 2007

Ten Red Apples
by Pat Hutchins 2000

= Preschool – School-age
= Infant/Toddler

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Ask the Resource Center

Q: *We have a child in our toddler room who is a "biter." Could you offer some guidance on what to do when children bite?*

A: Biting is a common, but temporary, behavior for many young children. It usually stops by age three. Adults who understand why a child bites can help the child find more appropriate behavior.

For **infants,** biting is a form of exploration. They want to smell and touch objects, experiment with cause and effect, or relieve teething pain. Offer a teething infant a chew toy, frozen bagel or other safe item.

Biting in **toddlers** 12 to 36 months of age is a form of communication. Stressful events, a lack of routine, or inadequate adult interaction can trigger biting. Toddlers are just learning social, language, and self-control skills. Watch for signs of rising frustration and intervene. When biting occurs, respond calmly. First tend to the child who was bitten. Then explain to the child who did the biting, that biting hurts others and is not allowed. Teach children appropriate ways to show feelings or to get what they need. Praise them when they communicate appropriately.

Preschoolers rarely bite. When they do, preschoolers bite for the same reasons that infants and toddlers do. Frequent biting in a child older than three and able to communicate, may indicate a behavior problem or a problem with sensory integration. Recommend a developmental screening to parents if their preschooler frequently bites.

A clear biting policy helps to ensure that staff will deal with biting consistently. This reassures parents. *Caring for Our Children* Standard 8.010 states, "The facility shall have policies for dealing with acts of aggression and fighting (such as biting and hitting) by children." A biting policy may include:

- how staff will respond to biting
- recommended first aid
- precautions to use for blood exposure
- how to document biting incidents
- steps to prevent biting such as changing the environment or shadowing a child
- how to inform parents
- how children's confidentiality will be maintained

Resources

- *No Biting, 2nd edition* by Gretchen Kinnell, 2008
- NC Child Care Health and Safety Bulletins, Dec. 2002 and Dec. 2006.

References:

National Association for the Education of Young Children. *Biters: Why they do it and what to do about it.* Retrieved August 20, 2009 at www.naeyc.org/files/academy/file/BitingArticle.pdf

Clearinghouse on Early Education and Parenting. *Dealing with Biting Behaviors in Young Children.* Retrieved August 19, 2009 from http://ceep.crc.uiuc.edu/poptopics/biting.html#parent

HEALTH BULLETIN

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