

Warning Signs and Symptoms Associated with Type 1 Diabetes

- Warning signs and symptoms of type 1 diabetes in children develop quickly, in a few weeks or months, and can be severe. If your child displays the warning signs below, contact your child's primary health care provider or pediatrician for a consultation to determine if screening your child for type 1 diabetes is appropriate:
 - Increased thirst.
 - Increased urination, including bed-wetting after toilet training.
 - Increased hunger, even after eating.
 - Unexplained weight loss.
 - Feeling very tired.
 - Blurred vision.
 - Very dry skin.
 - Slow healing of sores or cuts.
 - Moodiness, restlessness, irritability, or behavior changes.
- DKA is a complication of untreated type 1 diabetes. DKA is a medical emergency. Symptoms include:
 - Fruity breath.
 - Dry/flushed skin.
 - Nausea.
 - Vomiting.
 - Stomach pains.
 - Trouble breathing.
 - Confusion.

Types of Diabetes Screening Tests that are Available

- Glycated hemoglobin (A1C) test:
 - A blood test measures the average blood sugar over two to three months.

- An A1C level of 6.5 percent or higher on two separate tests indicates diabetes.
- Random (non-fasting) blood sugar test:
 - A blood sample is taken any time without fasting.
 - A random blood sugar level of 200 milligrams per deciliter (mg/dl) or higher suggests diabetes.
- Fasting blood sugar test:
 - A blood sample is taken after an overnight fast.
 - A level of 126 mg/dl or higher on two separate tests indicates diabetes.
- Oral glucose tolerance test:
 - A test measuring the fasting blood sugar level after an overnight fast with periodic testing for the next several hours after drinking a sugary liquid.
 - A reading of more than 200 mg/dl after two hours indicates diabetes.

Type 1 Diabetes Treatments

- There are no known ways to prevent type 1 diabetes. Once type 1 diabetes develops, medication is the only treatment.
- If your child is diagnosed with type 1 diabetes, their health care provider will be able to help develop a treatment plan.
- Your child's health care provider may refer your child to an endocrinologist, a doctor specializing in the endocrine system and its disorders, such as diabetes.

Please contact your student's school nurse, school administrator, or health care provider if you have any questions.

TYPE 2 DIABETES INFORMATION SHEET

- Type 2 diabetes is the most common form of diabetes in adults.
 - Until recently, type 2 diabetes was rare in children, but it is becoming more common, especially for overweight teens
 - According to the U.S. Centers for Disease Control and Prevention (CDC), one in three American children born after 2000 will develop type 2 diabetes in their lifetime.
- Type 2 diabetes affects the way the body is able to use sugar (glucose) for energy.
 - As a normal function, the body turns the carbohydrates in food into glucose (blood sugar), the basic fuel for the body's cells.
 - The pancreas makes insulin, a hormone that moves glucose from the blood into the cells.
 - In type 2 diabetes, the body's cells resist the effects of insulin, and blood glucose levels rise.
 - Over time, glucose can reach dangerously high levels in the blood, which is called hyperglycemia.
 - Untreated hyperglycemia can lead to health problems like heart disease, blindness, and kidney failure.

Risk Factors Associated with Type 2 Diabetes

- It is recommended that students displaying warning signs associated with type 2 diabetes, which are described below, should be screened (tested) for the disease by their health care provider.
- Researchers do not completely understand why some people develop type 2 diabetes and others do not; however, the following risk factors are associated with an increased risk of type 2 diabetes in children:
 - Being overweight. The single greatest risk factor for type 2 diabetes in children is excess weight. In the U.S., almost one out of every five children is overweight. The chances are more than double that an overweight child will develop diabetes.
 - Family history of diabetes. Many affected children and youth have at least one parent with diabetes or have a significant family history of the disease.

- Inactivity. Being inactive further reduces the body's ability to respond to insulin.
- Specific racial/ethnic groups. Native Americans, African Americans, Hispanics/Latinos, or Asian/Pacific Islanders are more prone than other ethnic groups to develop type 2 diabetes.
- Puberty. Young people in puberty are more likely to develop type 2 diabetes than younger children, probably because of normal rises in hormone levels that can cause insulin resistance during this stage of rapid growth and physical development.

Warning Signs and Symptoms Associated with Type 2 Diabetes

- Warning signs and symptoms of type 2 diabetes in children develop slowly, and initially there may be no symptoms. However, not everyone with insulin resistance or type 2 diabetes develops these warning signs, and not everyone who has these symptoms necessarily has type 2 diabetes.
 - Increased thirst, dry mouth, and frequent urination.
 - Increased hunger, even after eating.
 - Unexplained weight loss.
 - Feeling very tired.
 - Blurred vision.
 - Slow healing of sores or cuts.
 - Dark velvety or ridged patches of skin, especially on the back of the neck or under the arms.
 - Irregular periods, no periods, and/or excess facial and body hair growth in girls.
 - High blood pressure or abnormal blood fat levels.

Type 2 Diabetes Prevention Methods and Treatments

- Healthy lifestyle choices can help prevent and treat type 2 diabetes. Even with a family history of diabetes, eating healthy foods in the correct amounts and exercising regularly can help children achieve or maintain a normal body weight and normal blood glucose levels.
 - Eat healthy foods. Make wise food choice. Eat foods low in fat and calories.

- Get more physical activity. Increase physical activity to at least 60 minutes every day.
- Take medication. If diet and exercise are not enough to control the disease, it may be necessary to treat type 2 diabetes with medication.
- The first step in treating type 2 diabetes is to visit a doctor. A doctor can determine if a child is overweight based on the child's age, weight, and height. A doctor can request tests of a child's blood glucose to see if the child has diabetes or pre-diabetes (a condition which may lead to type 2 diabetes).

Types of Diabetes Screening Tests that are Available

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- Random (non-fasting) blood sugar test:
 - A blood sample is taken any time without fasting.
 - A random blood sugar level of 200 milligrams per deciliter (mg/dl) or higher suggests diabetes.
 - This test must be confirmed with a fasting blood glucose test.
- Fasting blood sugar test:
 - A blood sample is taken after an overnight fast.
 - A fasting blood sugar level less than 100 mg/dl is normal.
 - A level of 100 to 125 mg/dl is considered pre-diabetes.
 - A level of 126 mg/dl or higher on two separate tests indicates diabetes.
- Oral glucose tolerance test:
 - A test measuring the fasting blood sugar level after an overnight fast with periodic testing for the next several hours after drinking a sugary liquid.
 - A reading of more than 200 mg/dl after two hours indicates diabetes.

Type 2 diabetes is a preventable/treatable disease and the guidance provided in this information sheet is intended to raise awareness about this disease. Please contact your student's school nurse, school administrator, or health care provider if you have any questions.

IMMUNIZATION INFORMATION SYSTEMS RECORD SHARING

Pursuant to Health and Safety Code section 120440, the District is required to disclose certain immunization records to Stanislaus County Public Health Department, 917 Oakdale Road, Modesto, CA 95353 and the State Department of Public Health (6101 W. Centinela Avenue, Suite 300, Culver City, California, 90230), including:

1. The name of the pupil and names of the parents or guardians of the pupil;
2. Date of birth of the pupil;
3. Types and dates of immunizations received by the pupil;
4. Manufacturer and lot number for each immunization received;
5. Adverse reaction to immunizations received;
6. Other nonmedical information necessary to establish the pupil's unique identity and record;
7. Results of tuberculosis screening;
8. Current address and telephone number of the pupil and the parents or guardians of the pupil;
9. Pupil's gender;
10. Pupil's place of birth;
11. Pupil's race and ethnicity;
12. Pupil's information needed to comply with education and childcare immunization requirements including:
 - a. Diphtheria;
 - b. Hepatitis B;
 - c. Haemophilus influenza type b;
 - d. Measles;
 - e. Mumps;
 - f. Pertussis (whooping cough);
 - g. Poliomyelitis;

Wendy Williams, Superintendent
4500 S. Gratton Road
Denair, CA 95316

Dear Parent or Guardian and Gratton School student:

As a parent or guardian, I know how important your child's health is to you. That's why I want to share information about human papillomavirus (HPV) and an effective way to protect your child from the cancers it can cause through immunization.

What is HPV?

HPV is a very common virus that 8 out of 10 people will get at some point in their lifetime. Some HPV infections can lead to cancer later in life.



HPV is estimated to cause about 37,000 cases of cancer in men and women every year in the U.S. – that's the same as the average attendance for a major league baseball game!

Only cervical cancer, one of the cancers caused by HPV, can be detected early with a Pap test. The other cancers caused by HPV (cancers of the throat, genitals, or anus) may not be detected until they are more serious. HPV vaccination prevents infections that cause these cancers.

How can I protect my child from HPV?

HPV vaccination can prevent over 90% of cancers caused by HPV. HPV vaccines are very safe, and scientific research shows that the benefits of HPV vaccination far outweigh the potential risks. With more than 135 million doses given in the U.S. since 2006, HPV vaccine has a long safety record that's backed by over 15 years of monitoring. Common side effects are mild and get better within a day or two. These include pain, redness, or swelling where the shot was given, similar to other vaccines.



HPV vaccination works extremely well. Since HPV vaccination was first recommended in 2006, infections with HPV types that cause most HPV cancers have dropped 88% among teen girls and 81% among young adult women.

Vaccination against HPV is recommended by the federal Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. It's also recommended by the American Cancer Society and California's Cancer Prevention Act.

Who should get the vaccine and when should they get it?



Because the vaccine is more effective when given at younger ages, two doses of HPV vaccine are recommended for all kids between the ages of 9 to 12 years, and the second dose should be given before the start of 8th grade.

(Kids who wait until later to get their first dose of HPV vaccine may need three doses.) The HPV vaccine is often given at the same time as other adolescent vaccines, like Tdap to prevent whooping cough and meningococcal vaccine to prevent bacterial meningitis.

Where can I get the HPV vaccine for my child?

Ask your health care provider, pharmacist, or local health department to learn more about HPV vaccine and where you can get it. The vaccine is covered by most health insurance plans. If you don't have health insurance, your child can still get vaccinated. The Vaccines for Children (VFC) Program offers free vaccines to children up to age 18 years without insurance or whose insurance does not cover the cost of vaccines.

Ask your healthcare provider or [local health department](#) about VFC, or learn more [here](#). Find doctors participating in VFC [in your area](#).

For more information on HPV, the vaccine, and cancer prevention, visit the [Centers for Disease Control and Prevention](#).

Sincerely,

Wendy Williams
Superintendent

- h. Rubella;
- i. Tetanus;
- j. Varicella (chickenpox);
- k. Any other disease deemed appropriate by the State Department of Public Health.

Any of the information shared with Stanislaus County Public Health Department and the State Department of Public Health shall be treated as confidential medical information and shall be used only to share with each other, and, upon request, with health care providers, schools, childcare facilities, family childcare homes, Women, Infant, and Child service providers, county human services agencies, foster care agencies, and health care plans. These providers, agencies, and institutions shall, in turn, treat the shared information as confidential, and shall use it only to:

1. Provide immunization services to the pupil, including issuing reminder notifications to parents or pupils when immunizations are due.
2. Provide or facilitate provision of third-party payer payments for immunizations;
3. Compile and disseminate statistical information of immunization status on groups of pupils in California, without identifying information for these pupils included in these groups or populations;
4. Carry out the responsibilities regarding immunization for attendance or participation benefits in education programs;

You and your pupil have the right to examine any immunization-related information or tuberculosis screening results shared pursuant to this requirement and to correct any errors therein.

You or your pupil may refuse to allow this information to be shared pursuant to this requirement or to receive immunization reminder notifications at any time, or both. If you do not want this information to be shared or to receive reminder notifications, please contact:

Wendy Williams
4500 S. Gratton Road, Denair, CA 95316
209-632-0505

Regardless of whether you do wish to share immunization-related information, your pupil's physician may maintain access to this information for the purposes of pupil care or protecting the public health. In addition, Stanislaus County Public Health Department and

the State Department of Public Health may maintain access to this information for the purposes of protecting the public health.

ORAL HEALTH ASSESSMENT

Dear Parent or Guardian,

Having a healthy mouth helps your child do well in school. To make sure your child is ready for school, California law *Education Code* section 49452.8 requires that your child have an oral health assessment or dental check-up in their first year in public school (transitional kindergarten, kindergarten or first grade). Every child needs an oral health assessment from a licensed dentist or other licensed or registered dental health professional, and a completed Oral Health Assessment form (attached to this letter) to meet this requirement.

If your child has not had an oral health assessment in the past 12 months, they will need one before May 31. For two-year kindergarten programs, proof of an oral health assessment is required once. Take the form located at:

https://www.ab1433.org/assets/KOHA_Assessment_Form_508_7.2022_ADA.pdf?utm_source=SCOHR&utm_medium=Reporting&utm_campaign=Forms

to your child's dentist to complete if your child had an oral health assessment or dental check-up in the past 12 months. The following information will help you find a dentist:

1. You can call the Medi-Cal Telephone Service Center at 1-800-322-6384 or visit Smile California – Find a Dentist (<https://smilecalifornia.org/find-a-dentist/>) to find a dentist that accepts Medi-Cal. For help enrolling your child in Medi-Cal, you can apply by mail, go in person to your local Social Services office, or online at Apply for Medi-Cal (<https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>.)
2. For additional resources that may be helpful, contact your local public health department, click Apply for Health Coverage (<https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>) to find yours.

When you take your child to the dentist, please bring the form to be completed.

If you cannot take your child for an oral health assessment, please fill out the separate Waiver of Oral Health Assessment Requirement Form at:

https://www.ab1433.org/assets/KOHA_Waiver_Form_508_7.2022_ADA.pdf?utm_source=SCOHR&utm_medium=Reporting&utm_campaign=Waiver

Please return the form to the front office of your child's school. Your child's identity will not be in any report. Schools keep students' health information private. You can get more copies of the form at your child's school or on-line from (<https://www.cde.ca.gov/ls/he/hn/oralhealth.asp>.)

We want your child to be healthy and ready for school! Even though they fall out, baby teeth are very important. Children need healthy baby teeth to eat, talk, smile, and feel good

about themselves. Children with cavities may have pain, difficulty eating, stop smiling and have problems paying attention and learning at school.

Here is important advice to help your child stay healthy:

- Take your child to the dentist. Dental check-ups can keep your child's mouth healthy and pain free.
- Choose healthy foods for the entire family, like fresh fruits and vegetables.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks like punch, juice, or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and leaves less room for your child to have healthy foods and drinks. Sweet drinks and candy can also cause weight problems, which may lead to other diseases, such as diabetes. Give your child healthy choices like water, milk, and fruit instead.

If you have any questions about the new oral health assessment requirement, please contact the district office at 209-632-0505.

Thank you!

Sincerely,

Wendy Williams
District Superintendent