

WRITTEN COMMENTS FOR CITY COUNCIL MEETING – NOVEMBER 24, 2020

TOPIC: Resolutions adopted by the Garden Grove City Council pertaining to application for funds for the bicycle corridor improvement program; and Blue Light damage and eye safety for children due to overuse of electronic devices.

Submitted by: Craig Durfey

GARDEN GROVE CITY COUNCIL PUBLIC COMMENTS FOR NOV,24,2020

From : cadurfey@gmail.com Tue, Nov 24, 2020 01:59 PM
Subject : GARDEN GROVE CITY COUNCIL PUBLIC COMMENTS FOR NOV,24,2020
To : citymanager@ggcity.org, <Pam Haddad <pamha@ci.garden-grove.ca.us>, teresap@ggcity.org, cityclerk@ggcity.org

11-24-2020

(P.R.D.D.C.)
PARENTS FOR THE RIGHTS OF DEVELOPMENTALLY DISABLED CHILDREN
CRAIG A. DURFEY FOUNDER OF P.R.D.D.C.
P.O.BOX 937 GARDEN GROVE, CA 92842
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FACEBOOK: CRAIG DURFEY

**U.S. HOUSE OF CONGRESS H2404 - HONORING CRAIG DURFEY FOR HIS FIGHT AGAINST
AUTISM ... Ms. LORETTA SANCHEZ of California.**
<https://www.govinfo.gov/content/pkg/CREC-2003-03-27/pdf/CREC-2003-03-27.pdf>
new website socialemotionalpaws.org

PUBLIC COMMENTS CITY COUNCIL MEETING

GARDEN GROVE CITY COUNCIL

RESOLUTION NO. 9366-16

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF GARDEN GROVE AUTHORIZING APPLICATION FOR FUNDS FOR THE BICYCLE CORRIDOR IMPROVEMENT PROGRAM FUNDED WITH CONGESTION MITIGATION AND AIR QUALITY IMPROVEMENT PROGRAM FUNDING UNDER THE MOVING AHEAD FOR PROGRESS IN THE 21ST CENTURY AND FIXING AMERICAS SURFACE TRANSPORTATION FEDERAL TRANSPORTATION ACT FOR CITY OF GARDEN GROVE BICYCLE CORRIDOR IMPROVEMENTS

WHEREAS, the United State Congress enacted the Moving Ahead for Progress in the 21st Century (MAP-21) Federal Transportation Act on July 6, 2012, and Fixing

America's Surface Transportation (FAST) Federal Transportation Act on December 4, 2015, which makes Congestion Mitigation and Air Quality Improvement Program

(CMAQ) funds available to the Orange County Transportation Authority (OCTA);
WHEREAS, OCTA has established the procedures and criteria for reviewing proposals;

WHEREAS, OCTA has established the procedures and criteria for reviewing proposals for grant funding;

WHEREAS, the City of Garden Grove possesses authority to nominate bicycle projects funded using Congestion Mitigation and Air Quality Improvement Program

funding and to finance, acquire, and construct the proposed project;

WHEREAS, by formal action, the City Council authorizes the nomination of City of Garden Grove Bicycle Corridor Improvements, including all understanding and assurances contained therein, and authorizes the person identified as the official representative of the City of Garden Grove to act in connection with the nomination and to provide such additional information as may be required;

WHEREAS, the City of Garden Grove will maintain and operate the property acquired, developed, rehabilitated, or restored for the life of the resultant facility(ies) or activity;

WHEREAS, with the approval of the California Department of Transportation (Caltrans) and/or OCTA, the City of Garden Grove or its successors in interest in the

property may transfer the responsibility to maintain and operate the property;

WHEREAS, the City of Garden Grove will give Caltrans and/or OCTA's representatives access to and the right to examine all records, books, papers, or documents related to the bicycle project;

WHEREAS, the City of Garden Grove will cause project work to commence within six months following notification from the State or OCTA that funds have been authorized to proceed by the Federal Highway Administration or Federal Transit Administration and that the project will be carried to completion with reasonable diligence;

Garden Grove City Council
Resolution No. 9366-16

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WHEREAS, the City of Garden Grove commits \$163,905 of AQMD Rideshare and Public Works Capital funds and will provide 12% of the total project as match to the requested \$1,201,978 in OCTA CMAQ funds for a total project cost estimated to be \$1,365,883;

WHEREAS, the City of Garden Grove will comply where applicable with provisions of the California Environmental Quality Act, the National Environmental Policy Act, the Americans with Disabilities Act, Federal Title VI, Buy American provision, and any other federal, state, and/or local laws, rules and/or regulations;

WHEREAS, the City of Garden Grove City Council authorize the execution of any necessary cooperative agreements between the City of Garden Grove and OCTA to facilitate the delivery of the project; and

WHEREAS, the City of Garden Grove will amend the agency Capital Improvement Program (CIP) to include the project if selected for funding.

NOW, THEREFORE, BE IT RESOLVED that the City/County of Garden Grove hereby authorizes Lisa Kim, the Community and Economic Development Director, as the official representative of the City of Garden Grove to apply for the

Congestion Mitigation and Air Quality funding under the Moving Ahead for Progress in the 21st Century Federal Transportation Act and Fixing Americas Surface Transportation Act for the City of Garden Grove Bicycle Corridor Improvements. BE IT FURTHER RESOLVED that the City Council of the Garden Grove, agrees to fund its share of the project costs and any additional costs over the identified programmed amount.

Adopted this 14th day of June 2016.

ATTEST: /s/ BAO NGUYEN

MAYOR

/s/ KATHLEEN BAILOR, CMC_____

CITY CLERK

Garden Grove City Council

Resolution No. 9366-16

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STATE OF CALIFORNIA)

COUNTY OF ORANGE) SS:

CITY OF GARDEN GROVE)

I, KATHLEEN BAILOR, City Clerk of the City of Garden Grove, do hereby certify that the foregoing Resolution was duly adopted by the City Council of the City of Garden

Grove, California, at a meeting held on the 14th day of June 2016, by the following vote:

AYES: COUNCIL MEMBERS: (5) BEARD, BUI, JONES, PHAN, NGUYEN

NOES: COUNCIL MEMBERS: (0) NONE

ABSENT: COUNCIL MEMBERS: (0) NONE

/s/ KATHLEEN BAILOR, CMC

CITY CLERK

GARDEN GROVE CITY COUNCIL

RESOLUTION NO. 9366-16

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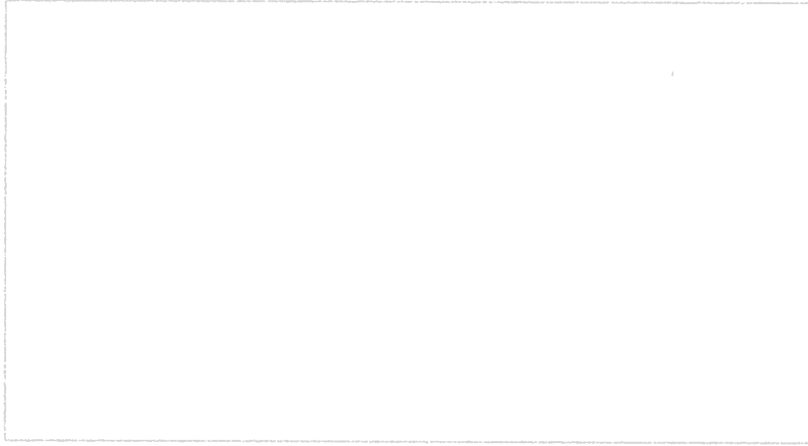
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WHEREAS, OCTA has established the procedures and criteria for reviewing proposals;

WHEREAS, OCTA has established the procedures and criteria for reviewing proposals for grant funding;



OPINION BASED ON MEDICAL REPORTS BLUE LGHT SUMMIT.COM AND EYE SAFE WITH MY WEBSIGHT BLOG NEWS REPORTS, CA STATE CHILD ABUSE AND FEDERAL LAWS WITH DECRIPTIONS, CA STATE CONCURRENT RESOLUTION 73 BLUE LIGHT, BLUELIGHTSUMMIT.COM, EYESAFE.COM, NEWS REPORTS.

<https://www.prnewswire.com/news-releases/eyesafe-is-pleased-to-recognize-the-second-anniversary-of-scr-73-establishing-october-10th-as-blue-light-awareness-day-in-california-301149541.html>

SOCIALEMOTIONALPAWS.ORG

10-19-2020

(P.R.D.D.C.)

PARENTS FOR THE RIGHTS OF DEVELOPMENTALLY DISABLED CHILDREN

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U.S. HOUSE OF CONGRESS H2404 - HONORING CRAIG DURFEY FOR HIS FIGHT AGAINST AUTISM ... Ms. LORETTA SANCHEZ of California.

<https://www.govinfo.gov/content/pkg/CREC-2003-03-27/pdf/CREC-2003-03-27.pdf>

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new website socialemotionalpaws.org.

**Supervisor Michella Steel Chair
Orange County Board of Supervisor
333 W. Santa Ana Blvd., Santa Ana, CA 92701
Cell (714) 834-3100**

**CHILD WELFARE POLICY AND
PROGRAM DEVELOPMENT BUREAU
744 P STREET, MS 8-11-87
SACRAMENTO, CA 95814
(916) 651-6160 MAIN LINE**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION ON CHILDREN,
YOUTH AND FAMILIES**

**REGION 9 - SAN FRANCISCO DEBRA SAMPLES DEBRA.SAMPLES@ACF.HHS.GOV 90 7 TH
STREET - STE 9-300 SAN FRANCISCO, CA 94103 (415) 437-8626**

**CALIF STATE BOARD OF EDUCATION
1430 N STREET, ROOM 5111
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UNITED STATE CONGRESS HOUSE & SENATE

CALIFORNIA STATE SENATE & ASSEMBLY

**THE HONORABLE TONY THURMOND
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3457 Stanbridge Ave
Long Beach, CA 90808
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Email: district5@longbeach.gov
District 5 Team**

CC. City Council

**CLAYTON CHAU
AGENCY DIRECTOR & COUNTY HEALTH OFFICER
ORANGE COUNTY CA
HEALTH CARE AGENCY
ADDRESS: 405 W. 5TH ST.
SANTA ANA, CA 92701
ETeam@ochca.com**

TO WHO IT MAY CONCERN

I WOULD LIKE TO START OFF WITH THREE QUOTES AS TO WHY AND HOW WE NOW DRIVEN BY SPEED “It was Bill Gates who said that he would want the ability to read faster”

“President John F. Kennedy said technology ‘has no conscience of its own. Whether it will become a force for good or ill depends on man.’ Yet swayed by digital-age myths, we are providing our children with remarkably little guidance on their use of technology.”

. It was Albert Einstein who famously said that once you stop learning, you start dying.

As a more modern society we have disembark from sound principles of public health (IE) {Child Abuse Best Management Practices by not revising with science reports more often } from past generation we have advanced for something newer or modern ,without efforts only by hope that in believing technology will provide a more modern advancing higher quality education. Yet hasn’t offered at the same time any measured advancements in preventing with child abuse standards be health, emotional wellbeing, screen time causing addictions to technology leading to mental issue such suicides, eye protection from blue light CA State SCR 73 blue light was vote by the State Assembly & Senate unanimously in support prevention. The fact I have had this posted on my

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website from very beginning with a friendly reminder two weeks prior of Oct,10 2020 by phone with the PTA and the State Board of education, news media, LA County Board Supervisor ect no action awareness of media was taken to end child abuse from the harm from blue light.

When asking LBUSD CA under the public record act as to blue light memos, or training under CA state law EFFECTIVE JANUARY 1, 2015, ASSEMBLY BILL 1432 (D-GATTO) REQUIRES ALL LOCAL EDUCATIONAL AGENCIES (LEAS) TO TRAIN ALL EMPLOYEES EACH YEAR ON WHAT THEY NEED TO KNOW IN ORDER TO IDENTIFY AND REPORT SUSPECTED CASES OF CHILD ABUSE AND NEGLECT.

“ALL EMPLOYEES” INCLUDES ANYBODY WORKING ON THE LEA’S BEHALF, SUCH AS TEACHERS, TEACHER’S AIDES, CLASSIFIED EMPLOYEES, AND ANY OTHER EMPLOYEES WHOSE DUTIES BRING THEM INTO DIRECT CONTACT AND SUPERVISION OF STUDENTS.

LEA MUST ALSO DEVELOP A PROCESS TO PROVIDE PROOF THAT EMPLOYEES RECEIVED TRAINING. AN ONLINE TRAINING MODULE HAS BEEN DEVELOPED SPECIALLY FOR EDUCATORS AND IS LOCATED AT CALIFORNIA CHILD ABUSE MANDATED REPORTER TRAINING.

LBUSD COMPUTERS WILL NOT ALLOW EASY ACCESS IN THE SEARCH BAR INPUTING PUBLIC RECORD ACT NOR THEIR A-Z WINDOW LISTINGS, THIS A CA STATE CONSTITUTIONAL RIGHT TO HAVE ACCESS TO PUBLIC RECORDS. AFTER CALLING I WAS TRANSFFERD TO THE PUBLIC INFORMATION OFFICER TO REQUEST HOW SUBMIT A PRA AFTER WEEKS HAVE PAST NEVER HAVE RETURN PHONE CALL.

THEN I WROTE TO THE ASSEMBLY EDUCATION COMMITTEE, CHAIRED BY ASSEMBLYMEMBER PATRICK O’DONNELL (D - LONG BEACH) & SENATOR LENA GONZALEZ (D- LONG BEACH) I THEN WROTE A LETTER SEEKING CASE WORK ASSITANTS WITH LBUSD FOR MY PRA CONERNING BLUE LIGHT EDUCTIONAL TRAINING AS OF NOW SOME THREE WEEKS NEITHER HAVE ONE HAS BEEN ABLE TO ASSIT ME WITH MY PRA.

CA STATE LAWS ONCE YOU SUMMITT YOU HAVE TEN DAYS FOR A REPOSE UNLESS A EXTENTION OF 14 DAYS IS REQUEST. BY MY HAVING TO REQUEST ASSITANCE FROM A STATE REPRESENTIVE WHICH THEN FUTURE DELAY MY RIGHT TO PRA.

BECAUSE WE OWN A SECOND HOME I SUMMITTED A PRA AT GGUSD CA FOR ANY MEMOS OR DOCUMENTS PERTAINING TO BLUE LIGHT. THE REPOSE WAS NO TO ANY COMMUNICATIONS.THE EVINDANCE BELOW CLERLY DEMOSTRANTS PREVENTION WENT OUT THE WIDOW!! TODAY CHILD ABUSE SHOULD INCLUDE DECRIBING HOW BLUE Light and retina damage; this appears similar to age-related macular degeneration. Think of how UV light—Blue Light’s neighbor on the visible light spectrum—is known to damage our skin and cornea prevention,

Perhaps the most at-risk groups for blue light impacts are children and teens, who not only consume massive amounts of digital screen time, but whose eyes are not yet fully developed to mitigate exposure to blue light. Similarly, we lose protective melanin cells as we age, making the elderly particularly susceptible to increased incidences of age-related macular degeneration. For

all age groups, too much digital blue light late at night (e.g., reading a novel on a tablet or e-reader, or spending time on social media at bedtime) can disrupt sleep cycles, potentially causing sleepless nights and daytime fatigue.

THE NATIONAL INSTITUTE OF MENTAL HEALTH (USA) DEFINES CHILDHOOD TRAUMA AS: "THE EXPERIENCE OF AN EVENT BY A CHILD THAT IS EMOTIONALLY PAINFUL OR DISTRESSFUL, WHICH OFTEN RESULTS IN LASTING MENTAL AND PHYSICAL EFFECTS."
www.blueknot.org.au › Understanding-abuse-and-trauma

One does not have to be physically present or witness the abuse to identify suspected cases of abuse, or even have definite proof that a child may be subject to child abuse or neglect. Rather, the law requires that a person have a "reasonable suspicion" that a child has been the subject of child abuse or neglect. Under the law, this means that it is reasonable for a person to entertain a suspicion of child abuse or neglect, based upon facts that could cause a reasonable person, in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect.

• The willful harming or endangerment of the person or health of a child, any cruel or inhumane corporal punishment or any injury resulting in a traumatic condition

"AS ONE OF THE FIRST TO RECOGNIZE TECHNOLOGY AND INTERNET ADDICTION, DR. GREENFIELD HAS BEEN TRACKING THE PROBLEM SINCE THE LATE 1990S. THE IMPACT OF SOCIAL MEDIA ALONG WITH THE YOUTH CULTURE'S OBSESSION WITH SHARING THE MINUTIAE OF THEIR LIVES ONLINE HAS ONLY WORSENERED THE SMARTPHONE ADDICTION EPIDEMIC." -HARPER'S BAZAAR

"WHAT PEOPLE DON'T REALIZE IS THAT THEIR SMARTPHONE IS SHAPING THEM, IT'S CONDITIONING THEM...AS A CULTURE WE HAVE CROSSED THE TIPPING POINT OF OVERUSING THE TECHNOLOGY." -DR. DAVID GREENFIELD (FROM AN INTERVIEW WITH THE CHRISTIAN SCIENCE MONITOR)

"THE INTERNET IS THE WORLD'S LARGEST SLOT MACHINE," GREENFIELD SAYS. "AND THE SMARTPHONE IS THE WORLD'S SMALLEST SLOT MACHINE."-DR. DAVID GREENFIELD (FROM AN INTERVIEW WITH THE WASHINGTON POST)

Dr. David Greenfield is the founder of The Center for Internet and Technology Addiction and Assistant Clinical Professor of Psychiatry at the University of Connecticut School of Medicine where teaches in the psychiatry residency program courses on Sexual Medicine and Internet Addiction. He is

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recognized as one of the world's leading voices on process and behavioral addictions and is author of Virtual Addiction, which rang an early warning bell regarding the country's growing Internet Addiction problem as well as numerous medical journal articles and book chapters; he also serves as an editor for numerous psychiatric and addiction journals.

Dr. Greenfield lectures to public and medical groups throughout the world, and has appeared on CNN, Good Morning America, The Today Show, Fox News, ESPN, NPR and HBO. His work has been featured in U.S. News and World Report, Newsweek, People, Time, Washington Post, Wall Street Journal, and The Economist. He is widely credited with popularizing the variable ratio reinforcement schedule of process addiction and the dopamine-behavioral addiction connection.

Dr. Greenfield's recent research and clinical work is focused on the neurobiology and psychopharmacology of compulsive Internet and technology use, behavioral addiction medicine, and compulsive Smartphone use. Dr. Greenfield is a member of the American Society for Addiction Medicine, Fellow and Past president of the Connecticut Psychological Association, The Sexual Medicine Society of North America, and American Society for the Advancement of Pharmacotherapy. He received his doctorate in Psychology from Texas Tech University and recently completed his post-doctoral training in Clinical Psychopharmacology. He resides and maintains an addiction medicine practice in Connecticut. <https://virtual-addiction.com/about-us/>

When requested from GGUSD Board about Blue Light risk that I requested GGUSD Board meeting to place on the agenda that it was child abuse the next Board meeting wasn't on the agenda. The GGUSD Board president states he is a professional as a social worker that he is supportive with mental health. Oct,20,2020 GGUSD Board meeting still was not placed on the agenda for discussion.

Then called CA State Senator Tom Umberg 34 District as the concern with GGUSD as of yet he hasn't taken this very seriously.

YOUTH SUICIDE IS A COMPLEX PROBLEM WITH CHARACTERISTICS THAT MAY BE UNIQUE TO YOUTH AS COMPARED TO ADULTS. UNDERSTANDING THIS COMPLEXITY REQUIRES A COMMUNITY-LEVEL PERSPECTIVE, AS THERE IS NO "ONE SIZE FITS ALL" SOLUTION. COLLECTING THE PERSPECTIVES OF YOUTH AND ALSO OF PARENTS AND OTHER ADULTS WHO INTERACT WITH YOUTH, IS CRITICAL

TO DEVELOPING AN ACTIONABLE AND IMPACTFUL STRATEGIC PLAN TO ADDRESS YOUTH SUICIDE IN ORANGE COUNTY.

THE ORANGE COUNTY CHILDREN'S PARTNERSHIP RECOGNIZES IT WILL TAKE A COMMUNITYWIDE RESPONSE TO SUPPORT ORANGE COUNTY'S CHILDREN IN MEANINGFUL WAYS TO PUT AN END TO YOUTH SUICIDE. EXAMPLES OF THE MANY COLLABORATIVE AND INNOVATIVE EFFORTS ALREADY IN PLACE IN ORANGE COUNTY TO BEGIN ADDRESSING OUR YOUTH'S MENTAL.

THE MOST IMPORTANT LESSON FROM 83,000 BRAIN SCANS DANIEL AMEN | TEDXORANGECOAST MEET AMERICA'S MOST POPULAR PSYCHIATRIST. DR. AMEN HAS HELPED MILLIONS OF PEOPLE CHANGE THEIR BRAINS AND LIVES THROUGH HIS HEALTH CLINICS, BEST-SELLING BOOKS, PRODUCTS AND PUBLIC TELEVISION PROGRAMS.. DR. AMEN ...•

<https://brainmd.com>

Daniel G. Amen, MD is a child and adult psychiatrist, clinical neuroscientist, brain-imaging specialist, distinguished fellow of the American Psychiatric Association, multi-time New York Times bestselling author, and founder of Amen ... <https://www.youtube.com/watch?v=esPRsT-lmw8&t=28s>

Dr. Lisa Strohman discusses technology addiction & Digital Citizen Academy on ABC7 https://www.youtube.com/watch?v=SFfdqqtIUUE&feature=emb_title

Dr. Lisa Strohman discusses technology addiction & Digital Citizen

<https://www.bing.com/search?q=Dr.+Lisa+Strohman+discusses+technology+addiction+%26+Digital+Citizen&cvid=0da1c77f28af415f9c8b9707cb9b0924&pglt=43&FORM=ANNTA1&PC=U531>

As this technology progressive as "President John F. Kennedy said technology 'has no conscience of its own. Whether it will become a force for good or ill depends on man.' Yet swayed by digital-age myths, we are providing our children with remarkably little guidance on their use of technology."

Those who have been given the opportunity with education, license to operate prevention of child abuse, schools, elected school board members, legislators to serve us as representatives, to be are voice ought be more thought full as to what is purpose of your actions.

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Those who are mandated reporter of child abuse prevention should advance your education as a craft how technology has had medical impact on the quality of life with children, wellbeing as of now from my research with SCR 73 there has no media campaign of the medical effects such as blue light as of Oct 24,2020. To go faster without consider the of dangers such as blue light effect to screen time emotions with children addiction, that my website about three years socialemotionalpaws.org was built to establish educational awareness from my first website was socialemotionalpaws.org.

Thus those who unwillingness to work with advocates or stakes holders in supporting role on a very critical issue as child abuse with adverse health effects in my own opinion are perpetuating what not ought be permitted, now is the question what are going to bring to the table in changing course of trauma, emotional harm, to correct what todays is child abuse standards medically .

Thank You

Craig A. Durfey

BELOW IS FOOT NOTES TO FURTHER READ SUPPORTING REPORTS AND MY WEBSITE SOCIALEMOTIONALPAWS.ORG.

<https://socialemotionalpaws.org/blog-post/f/eyesafe-is-pleased-to-recognize-the-second-anniversary-of-scr-73>

Senator Richard Pan and the California legislature are to be commended for having passed the California State Resolution SCR-73 in providing awareness around the importance of encouraging citizens,

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particularly children, to consider taking proactive safety measures in reducing eye exposure to high-energy visible blue light.

Ophthalmologists, optometrists, and medical researchers continue to learn more about the dangers associated with blue-light exposure. The scientific community has produced a large and growing body of research, which identifies numerous known and emerging potential long-term concerns for all age groups with cumulative blue light exposure due to digital screen usage.

"Given California children and California workers are now required to spend even greater amounts of time in front of their electronic devices as a result of distance learning and remote working, it is more important than ever to take proactive safety measures in reducing exposure to high-energy visible blue light," said Justin Barrett, CEO of [Eyesafe](#).

The rise of Computer Vision Syndrome

We use digital devices now more than ever. When we aren't glued to our screens at work or watching the latest Netflix hit late at night,

we're texting, researching, working, communicating, mindlessly scrolling, and browsing on our smartphones.

According to The Vision Council—an independent group of eye doctors comprised of optometrists and ophthalmologists—the average American now spends 7.5 hours in front of a screen or digital device every day. And around the world, the average person also spends upwards of 7 hours a day with their eyes glued to a screen. While much of this computer use happens at work, smart phones have only increased our connectivity and digital presence. In fact, the Vision Council also reports that nearly 50% of all Americans have jobs that prolonged computer use. Sound familiar?

This prolonged screen time and digital device exposure prompts uncomfortable consequences and side effects, though. The eye strain you feel as lunch wraps up isn't all (metaphorically) in your head, after all. The American Optometric Association estimates that 50%-90% of computer users suffer symptoms of Computer Vision Syndrome (also

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known as Digital Eye Strain or computer eyes) which, quite literally, feels like eye strain, eye discomfort, and eye fatigue. Likewise, the Vision Council reports over 200 million Americans report these symptoms after only two hours a day in front of a screen.

That's more than 50% of the entire country! More jarringly is that this number has increased significantly per generation as screens become more integral to our everyday life and society. The Vision Council notes that 57% of Baby Boomers report symptoms of Computer Vision

Syndrome (computer eye syndrome) and Digital Eye Strain; that number jumps to 63% for Gen Y and, alarmingly, up to 70% for Millennials.

Blue Light is the high energy light that digital devices and LED lights emit. Blue Light sits at the end of the visible light spectrum, right next to UV light. Its short wavelength, which is inversely correlated to energy level (meaning the shorter the wavelength and lower the frequency, the higher the energy), enables that high energy to stress the ciliary muscle in the eye. Blue Light's nickname is HEV light (high-energy visible light) for a reason!

In addition, Blue Light's ability to penetrate our eyes suppresses our melatonin secretion. Melatonin is the neurotransmitter that helps regulate our sleep at night and wakefulness during the day. It also maintains our body's circadian rhythm (which is our internal, 24-hour clock). Because prolonged exposure to Blue Light (most relevantly, from the screens of our digital devices) suppresses this neurotransmitter, all of that nighttime phone-, laptop-, and TV-use tricks your mind into thinking it should still be alert and awake.

This just makes it harder to fall and stay asleep. There are also current studies in animal and stem cell models that show a positive correlation between overexposure to Blue Light and retina damage; this appears similar to age-related macular degeneration. Think of how UV light—Blue Light's neighbor on the visible light spectrum—is known to damage our skin and cornea, which is why we wear sunblock and UV coated sunglasses to protect ourselves. With the negative effects of UV overexposure in mind, prolonged exposure to Blue Light and the

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potential negative effects that accompany it aren't entirely surprising, are they?

Anterior structures of the adult human eye (the cornea and lens) are very effective at blocking UV rays from reaching the light-sensitive retina at the back of the eyeball. But HEV blue light is different, with much of it passing through the cornea and lens and reaching the retina at the back of the eye. Studies suggest that, over time, cumulative

exposure to the HEV blue light could cause specific long-term damage to your eyes:

Potential damage to retina cells, particularly in children and teens

Long-term vision problems such as increased incidences of age-related macular degeneration (AMD)

Suppressed production of the natural release of melatonin, which can lead to disrupted sleep cycles

Digital eye strain, which is commonly exhibited by dry eyes, headache and blurred vision.

<https://socialemotionalpaws.org/blog-post/f/what-is-blue-light-how-does-blue-light-impact-the-eyes>

Perhaps the most at-risk groups for blue light impacts are children and teens, who not only consume massive amounts of digital screen time, but whose eyes are not yet fully developed to mitigate exposure to blue light. Similarly, we lose protective melanin cells as we age, making the elderly particularly susceptible to increased incidences of age-related macular degeneration. For all age groups, too much digital blue light late at night (e.g., reading a novel on a tablet or e-reader, or spending time on social media at bedtime) can disrupt sleep cycles, potentially causing sleepless nights and daytime fatigue.

<https://socialemotionalpaws.org/blog-post/f/kids-blue-light-filtering-glasses-the-rise-of-computer-vision-syn>

<https://socialemotionalpaws.org/blog-post/f/dell-hp-lenovo-and-acer-to-announce-new-eyesafe-products>

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<https://www.prnewswire.com/news-releases/dell-hp-lenovo-and-acer-to-announce-new-eyesafe-products-at-the-blue-light-summit-2020-presented-by-unitedhealthcare-eyesafe-and-tuv-rheinland-301131171.html>

BEIJING (AP) — An eastern Chinese province plans to ban teachers from assigning homework to be completed on cellphone apps as part of efforts to preserve students' eyesight.

Zhejiang province issued a draft regulation last week and is seeking public comment. It is one of several provinces considering such measures.

Along with barring app-based homework assignments, the Zhejiang regulation would limit the use of electronic devices to 30 percent of total teaching time and encourage the issuing of paper homework to be completed by hand.

Soaring rates of nearsightedness are blamed partly on screen usage. While China's overall rate of myopia is 31 percent, among high school students it stands at 77 percent and among college students 80 percent.

The regulation aims to pull that back to 70 percent among senior high school students, with rates among primary school students targeted at 38 percent and junior high school students at 60 percent.

The regulation would bar primary and middle school students from bringing electronic devices into classrooms without permission, restrict amounts of homework assigned and increase the time for breaks, sports and extra-curricular activities.

It says no written homework at all should be assigned to 1st and 2nd graders.

Already, national education authorities have issued a proposal to prevent teachers from using the popular WeChat or QQ messaging apps for assigning homework and banned them from asking parents to

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mark their children's work. The education ministry also called for only paper homework assignments for primary and middle school students "in principle."

<https://socialemotionalpaws.org/blog-post/f/for-sake-of-pupils%E2%80%99-pupils-china-to-ban-homework-on-apps>

Child Welfare Policies

Child Welfare Services (CWS) are the major system of intervention of child abuse and neglect in California. Existing law provides for services to abused and neglected children and their families. CWS' goal is to keep the child in his/her own home when it is safe, and when the child is at risk, to develop an alternate plan as quickly as possible.

When a referral is received, the social service staff obtains facts from the person making the referral to determine if the referral alleges abuse, neglect, or exploitation. The Emergency Response staff determines if an in-person response is indicated. Whenever a report indicates the need for protection, CWS will:

§ Accept the case

§ Intervene in the crisis, if required

§ Apply Family Preservation and Support Services for some families

§ Assess or identify problems, gather facts and clarify the problems

§ Plan and provide services, set goals, identify resources and timeframes

§ Document the case

§ Terminate the case or transfer it to another program

Approximately 12 months of services are provided to children who remain safely in the home while the family receives services. If it is determined that a child cannot remain in the home, even with family preservation and support services, then foster placement is arranged in the most family-like setting, that is located close to the parent's home, consistent with the best interests of the child.

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Up to 18 months of services are provided to children and their families when a child has been removed from the home and the family is making progress toward reunification. When a child cannot be returned to a safe home after services have been delivered, the child must be provided with a family-like living arrangement as soon as possible.

These services are available to children and their families when children are victims of, or at risk of, abuse, neglect, exploitation, or parental absence.

§ California law defines child abuse as any of the following:

§ A child is physically injured by other than accidental means.

§ A child is subjected to willful cruelty or unjustifiable punishment.

§ A child is abused or exploited sexually.

A child is neglected by a parent or caretaker who fails to provide adequate food, clothing, shelter, medical care or supervision.

HIGHLIGHTS

Community members have an important role in protecting children from abuse and neglect. If abuse is suspected, a report should be filed with qualified and experienced agencies that will investigate the situation. The California State Child Abuse Reporting Law provides the legal basis for action to protect children and to allow intervention by public agencies if a child is being abused.

If you suspect that a child has been, or is in danger of, abuse or neglect , contact the police/county sheriff or your local child abuse hotline

744 P Street, MS 8-11-87 Sacramento, CA 95814 (916) 651-6160 Main Line

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<https://www.cdss.ca.gov/inforesources/child-welfare-protection/policies>

Senate Bill 1178 was passed by the California Legislature in August 2016 and authorized the State Superintendent of Public Instruction to design a poster that notifies children of the appropriate number to call to report child abuse or neglect. The poster is required to incorporate

specified elements and be produced in five different languages. The legislature encourages school districts, charter schools, and private schools to post the appropriate version or versions of the poster in an area of the school where pupils frequently congregate. A small group of California public school students, ranging from ages twelve through fourteen, collaborated to design several posters for this legislation. At the culmination of the project, the students presented the posters to the California Department of Education administration for selection.

Questions: School Health and Safety Office | 916-319-0914

The CAP Center Involved With Advocacy and Legislative Affairs?

The CAP Center strives to build a statewide network of individuals, public policymakers and collaborative agencies dedicated to preventing child abuse and neglect in all its forms. We monitor public policy and endeavor to influence public policy, programs, and practices that strengthen families and protect children. We achieve this by regularly distributing information regarding child abuse prevention initiatives, activities, legislation, and campaigns.

The CAP Center determines support of or opposition to state legislation based upon staff research and analysis. Key factors considered include relevance to the overall mission of the CAP Center.

What You Can Do

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The Child Abuse Prevention Center encourages everyone to make their voices heard. Calls to your legislator or writing letters of support on important legislation DO make a difference. To find your state legislators, [click here](#). For a list of all legislators, [click here](#).

Across the state, grassroots child advocates work to establish and maintain meaningful relationships with their members of the California Legislature. Combining their efforts with the CAP Center PAC's official, public endorsement is a chance to have a significant, meaningful impact on the political forces that affect abuse and neglect efforts across the state.

If you want more information about The CAP Center and its programs, you may contact us at:

The Child Abuse Prevention Center 4700 Roseville Road, Suite 102 North Highlands, CA 95660 Phone (916) 244-1900

Fax (916) 244-1905 Please do not send Suspected Child Abuse Report forms to this fax number. [Click here to learn more about how to make a report](#).

Hours of Operation: Monday through Friday, 8:00 a.m. to 4:30 pm PST. This is not an emergency number or a number to report child abuse. Please hang up and dial 9-1-1 if this is an emergency.

1 (800) Children For California residents only, Monday through Friday, 8:00 a.m. to 4:30 p.m. PST. This is not an emergency number or a number to report child abuse. Please hang up and dial 9-1-1 if this is an emergency.

Information and Referral Line: Call (916) 244-1906 or email information@thecapcenter.org.

<http://www.thecapcenter.org/contact/>

<https://www.cde.ca.gov/ls/ss/ap/>

EDUCATION CODE - EDC

TITLE 2. ELEMENTARY AND SECONDARY EDUCATION [33000 - 64100]

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(Title 2 enacted by Stats. 1976, Ch. 1010.)

DIVISION 3. LOCAL ADMINISTRATION [35000 - 45500]

(Division 3 enacted by Stats. 1976, Ch. 1010.)

PART 25. EMPLOYEES [44000 - 45500]

(Part 25 enacted by Stats. 1976, Ch. 1010.)

CHAPTER 3.2. Staff Development in the Detection of Child Abuse and Neglect [44691- 44691.]

(Chapter 3.2 added by Stats. 1978, Ch. 1225.)

44691.

(a) The State Department of Education, in consultation with the Office of Child Abuse Prevention in the State Department of Social Services, shall do all of the following:

(1) Develop and disseminate information to all school districts, county offices of education, state special schools and diagnostic centers operated

by the State Department of Education, and charter schools, and their school personnel in California, regarding the detection and reporting of child abuse.

(2) Provide statewide guidance on the responsibilities of mandated reporters who are school personnel in accordance with the Child Abuse and Neglect Reporting Act (Article 2.5 (commencing with Section 11164) of Chapter 2 of Title 1 of Part 4 of the Penal Code). This guidance shall include, but not necessarily be limited to, both of the following:

(A) Information on the identification of child abuse and neglect.

(B) Reporting requirements for child abuse and neglect.

(3) Develop appropriate means of instructing school personnel in the detection of child abuse and neglect and the proper action that school personnel should take in suspected cases of child abuse and neglect,

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including, but not limited to, an online training module to be provided by the State Department of Social Services.

(4) Establish best practices for school personnel to prevent abuse, including sexual abuse, of children on school grounds, by school personnel, or in school-sponsored programs, and post on the department's Internet Web site links to existing training resources.

(b) School districts, county offices of education, state special schools and diagnostic centers operated by the State Department of Education, and charter schools shall do both of the following:

(1) Provide annual training, using the online training module provided by the State Department of Social Services or as provided in subdivision (c), to their employees and persons working on their behalf who are mandated reporters, as defined in Section 11165.7 of the Penal Code, pursuant to this section and subdivision (d) of Section 11165.7 of the Penal Code on the mandated reporting requirements. Mandated reporter training shall be provided to school personnel hired during the course of the school year. This training shall include information that failure to report an incident of known or reasonably suspected child abuse or neglect, as required by Section 11166 of the Penal Code, is a misdemeanor punishable by up to six

months confinement in a county jail, or by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

(2) Develop a process for all persons required to receive training pursuant to this section to provide proof of completing the training within the first six weeks of each school year or within the first six weeks of that person's employment. The process developed under this paragraph may include, but not necessarily be limited to, the use of a sign-in sheet or the submission of a certificate of completion to the applicable governing board or body of the school district, county office of education, state special school and diagnostic center, or charter school.

(c) School districts, county offices of education, state special schools and diagnostic centers operated by the State Department of

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Education, and charter schools that do not use the online training module provided by the State Department of Social Services shall report to the State Department of Education the training being used in its place.

(d) School districts, county offices of education, state special schools and diagnostic centers operated by the State Department of Education, and charter schools are encouraged to participate in training on the prevention of abuse, including sexual abuse, of children

on school grounds, by school personnel, or in school-sponsored programs, and are also encouraged to provide all school employees with that training at least once every three years.

(Amended by Stats. 2015, Ch. 748, Sec. 2. (AB 1058) Effective January 1, 2016.)

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=44691.&lawCode=EDC

Child Abuse Identification & Reporting Guidelines

Information for school personnel and those who work in our children's schools to be able to identify signs of suspected cases of child abuse and/or child neglect and to have the tools to know how to make a report to the proper authorities.

These guidelines are issued by the California Department of Education (CDE), in conjunction with the California Department of Social Services, to help all persons, particularly those persons who work in our children's schools, to be able to identify signs of suspected cases of child abuse and/or child neglect and to have the tools to know how to make a report to the proper authorities. These guidelines are issued in conjunction with an extensive training module, specifically aimed at training school employees and educators on their obligations as mandated reporters of child abuse, which can be located online at [California Child Abuse Mandated Reporter Training](#) 📷.

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Identification of Child Abuse and Neglect

Child abuse is more than bruises or broken bones. While physical abuse often leaves visible scars, not all child abuse is as obvious, but can do just as much harm. It is important that individuals working with and around children be able to know what constitutes child abuse or child neglect and know how to identify potential signs.

Child Abuse and/or Child Neglect Can Be Any of the Following:

- A physical injury inflicted on a child by another person other than by accidental means.**
- The sexual abuse, assault, or exploitation of a child.**
- The negligent treatment or maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. This is whether the harm or threatened harm is from acts or omissions on the part of the responsible person.**
- The willful harming or endangerment of the person or health of a child, any cruel or inhumane corporal punishment or any injury resulting in a traumatic condition.**

One does not have to be physically present or witness the abuse to identify suspected cases of abuse, or even have definite proof that a child may be subject to child abuse or neglect. Rather, the law requires that a person have a "reasonable suspicion" that a child has been the subject of child abuse or neglect. Under the law, this means that it is reasonable for a

person to entertain a suspicion of child abuse or neglect, based upon facts that could cause a reasonable person, in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect.

Red flags for abuse and neglect are often identified by observing a child's behavior at school, recognizing physical signs, and observations of dynamics during routine interactions with certain

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adults. While the following signs are not proof that a child is the subject of abuse or neglect, they should prompt one to look further.

Warning Signs of Emotional Abuse in Children

- Excessively withdrawn, fearful, or anxious about doing something wrong.**
- Shows extremes in behavior (extremely compliant or extremely demanding; extremely passive or extremely aggressive).**
- Doesn't seem to be attached to the parent or caregiver.**
- Acts either inappropriately adult-like (taking care of other children) or inappropriately infantile (rocking, thumb-sucking, throwing tantrums).**

Warning Signs of Physical Abuse in Children

- Frequent injuries or unexplained bruises, welts, or cuts.**
- Is always watchful and "on alert" as if waiting for something bad to happen.**
- Injuries appear to have a pattern such as marks from a hand or belt.**
- Shies away from touch, flinches at sudden movements, or seems afraid to go home.**
- Wears inappropriate clothing to cover up injuries, such as long-sleeved shirts on hot days.**

Warning Signs of Neglect in Children

- Clothes are ill-fitting, filthy, or inappropriate for the weather.**

- **Hygiene is consistently bad (unbathed, matted and unwashed hair, noticeable body odor).**
- **Untreated illnesses and physical injuries.**
- **Is frequently unsupervised or left alone or allowed to play in unsafe situations and environments.**
- **Is frequently late or missing from school.**

Warning Signs of Sexual Abuse in Children

- **P.22**

Trouble walking or sitting.

- **Displays knowledge or interest in sexual acts inappropriate to his or her age, or even seductive behavior.**
- **Makes strong efforts to avoid a specific person, without an obvious reason.**
- **Doesn't want to change clothes in front of others or participate in physical activities.**
- **A sexually transmitted disease (STD) or pregnancy, especially under the age of fourteen.**
- **Runs away from home.**

Reporting Child Abuse or Neglect

Community members have an important role in protecting children from abuse and neglect. While not mandated by law to do so, if child abuse or neglect is suspected, a report should be filed with qualified and experienced agencies that will investigate the situation. Examples of these agencies are listed below. Parents and guardians of pupils have the right to file a complaint against anyone they suspect has engaged in abuse or neglect of a child. Community members do not need to provide their name when making a report of child abuse or neglect. Telephone numbers for each county's emergency response for child abuse reporting are located at

California Emergency Response Child Abuse Reporting Telephone Numbers
 (PDF).

School volunteers, while not mandated reporters, should also be encouraged to report any suspected cases of abuse and neglect. Additionally, school volunteers are highly encouraged by the law to have training in the identification and reporting of child abuse and neglect. The training offered online to mandated reporters, is equally available to school volunteers.

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Obligations of Mandated Reporters

A list of persons whose profession qualifies them as “mandated reporters” of child abuse or neglect is found in California Penal Code Section 11165.7. The list is extensive and continues to grow. It includes all school/district employees, administrators, and athletic coaches. All persons hired into positions included on the list of mandated reporters are required, upon employment, to be provided with a statement, informing them that they are a mandated reporter and their obligations to report suspected cases of abuse and neglect pursuant to California Penal Code Section 11166.5.

All persons who are mandated reporters are required, by law, to report all known or suspected cases of child abuse or neglect. It is not the job of the mandated reporter to determine whether the allegations are valid. If child abuse or neglect is reasonably suspected or if a pupil shares information with a mandated reporter leading him/her to

believe abuse or neglect has taken place, the report must be made. No supervisor or administrator can impede or inhibit a report or subject the reporting person to any sanction.

To make a report, an employee must contact an appropriate local law enforcement or county child welfare agency, listed below. This legal obligation is not satisfied by making a report of the incident to a supervisor or to the school. An appropriate law enforcement agency may be one of the following:

- A Police or Sheriff’s Department (not including a school district police department or school security department).**

- **A County Probation Department, if designated by the county to receive child abuse reports.**

- **A County Welfare Department/County Child Protective Services.**

The report should be made immediately over the telephone and should be followed up in writing. The law enforcement agency has special

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forms for this purpose that they will ask you to complete. If a report cannot be made immediately over the telephone, then an initial report may be made via e-mail or fax. A report may also be filed at the same time with your school district or county office of education (COE). School districts and COEs, however, do not investigate child abuse allegations, nor do they attempt to contact the person suspected of child abuse or neglect.

School districts and COEs may have additional policies adopted at the local level relating to the duties of mandated reporters. School staff should consult with their district to determine if there are additional steps that must be taken.

These policies do not take the place of reporting to an appropriate local law enforcement or county child welfare agency.

New Required Training for School Employees

Effective January 1, 2015, Assembly Bill 1432 (D-Gatto) requires all local educational agencies (LEAs) to train all employees each year on what they need to know in order to identify and report suspected

cases of child abuse and neglect. “All employees” includes anybody working on the LEA’s behalf, such as teachers, teacher’s aides, classified employees, and any other employees whose duties bring them into direct contact and supervision of students. LEAs must also develop a process to provide proof that employees received training. An online training module has been developed specially for educators and is located at [California Child Abuse Mandated Reporter Training](#)  . Alternative training methods may be used but, if an LEA uses training other than the online training module, the LEA must report that fact to the CDE and inform the CDE of the training that was used. A form for this purpose is available at [Reporting](#)

Form for LEAs Who Use Alternative Training For Mandatory Reporting (PDF).

Rights to Confidentiality and Immunity

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Mandated reporters are required to give their names when making a report. However, the reporter's identity is kept confidential. Reports of suspected child abuse are also confidential. Mandated reporters have immunity from state criminal or civil liability for reporting as required. This is true even if the mandated reporter acquired the knowledge, or suspicion of the abuse or neglect, outside his/her professional capacity or scope of employment.

Consequences of Failing to Report

A person who fails to make a required report is guilty of a misdemeanor punishable by up to six months in jail and/or up to a \$1,000 fine (California Penal Code Section 11166[c]).

After the Report is Made

The local law enforcement agency is required to investigate all reports. Cases may also be investigated by Child Welfare Services when allegations involve abuse or neglect within families.

Child Protective Services

The Child Protective Services (CPS) is the major organization to intervene in child abuse and neglect cases in California. Existing law provides for services to abused and neglected children and their families. More information can be found at Child Protective Services.

Child Abuse — PC 273d

Child abuse is a wobbler in California, but it is one that prosecutors in the state are known to pursue aggressively. As a misdemeanor, it is punishable by up to a year of jail time, but as a felony, sentences can go upwards of 6 years in state prison.

There are three elements to child abuse:

- 1. You willfully inflicted cruel and inhuman punishment, and/or an injury, on a child;**
- 2. The punishment or injury caused the child to suffer a traumatic physical condition; AND**
- 3. Your actions were not part of reasonable discipline of your child.**

In plain English, this means:

- 1. Your actions weren't accidental, and you acted with an ill intent to hurt or injure the child;**
- 2. Your actions caused the child to suffer a visible injury;**
- 3. This wasn't a normal disciplinary action.**

It is legal to spank children in California, but not to excess. Because this law has so much room for interpretation in how it's applied, it is especially important to work with a criminal defense attorney who has experience with child abuse cases.

Child Endangerment — PC 273a

Unlike child abuse, child endangerment does not require that the child suffer an actual injury. Child endangerment is a wobbler, and the difference between felony and misdemeanor is determined by whether there was a risk of great bodily harm or death to the child.

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As a misdemeanor, child endangerment is punishable by up to a year in county jail; as a felony, sentences can range up to 6 years in state prison.

There are three ways that someone can commit child endangerment:

- 1. Causing or permitting a child to suffer unjustifiable physical pain or mental suffering,**
- 2. Willfully causing or permitting a child in their care to be injured, or**
- 3. Willfully causing or permitting a child to be placed in a dangerous situation.**

This means that leaving loaded guns within reach of children can qualify as child endangerment, as can failing to obtain medical treatment for a sick child or leaving a child with someone you know to be abusive.

18 U.S. Code § 1169. Reporting of child abuse

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- [U.S. Code](#)
- [Notes](#)

[prev](#) | [next](#) (a) Any person who—(1) is a—(A) physician, surgeon, dentist, podiatrist, chiropractor, nurse, dental hygienist, optometrist, medical examiner, emergency medical technician, paramedic, or health care

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provider, (B) teacher, school counselor, instructional aide, teacher's aide, teacher's assistant, or bus driver employed by any tribal, Federal, public or private school, (C) administrative officer, supervisor of child welfare and attendance, or truancy officer of any tribal,

Federal, public or private school, (D) child day care worker, headstart teacher, public assistance worker, worker in a group home or residential or day care facility, or social worker, (E) psychiatrist, psychologist, or psychological assistant, (F) licensed or unlicensed marriage, family, or child counselor, (G) person employed in the mental health profession,

or (H) law enforcement officer, probation officer, worker in a juvenile rehabilitation or detention facility, or person employed in a public agency who is responsible for enforcing statutes and judicial orders; (2) knows, or has reasonable suspicion, that—(A) a child was abused in Indian country, or (B) actions are being taken, or are going to be taken, that would reasonably be expected to result in abuse of a child in Indian country; and (3) fails to immediately report such abuse or actions described in paragraph (2)

to the local child protective services agency or local law enforcement agency, shall be fined under this title or imprisoned for not more than 6 months or both.(b)Any person who—(1)supervises, or has authority over, a person described in subsection (a)(1), and(2)inhibits or prevents that person from making the report described in subsection (a),shall be fined under this title or imprisoned for not more than 6 months or both.(c)For purposes of this section, the term

—(1)“abuse” includes—(A)any case in which—(i)a child is dead or exhibits evidence of skin bruising, bleeding, malnutrition, failure to

thrive, burns, fracture of any bone, subdural hematoma, soft tissue swelling, and(ii)such condition is not justifiably explained or may not be the product of an accidental occurrence; and(B)any case in which a

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child is subjected to sexual assault, sexual molestation, sexual exploitation, sexual contact, or prostitution;

(2)“child” means an individual who—(A)is not married, and(B)has not attained 18 years of age;(3)“local child protective services agency” means that agency of the Federal Government, of a State, or of an Indian tribe that has the primary responsibility for child protection on any Indian reservation or within any community in Indian country; and(4)“local law enforcement agency” means that Federal, tribal, or State law enforcement agency that has the primary responsibility for the investigation of an instance of alleged child abuse within the portion of Indian country involved.(d)Any person making a report described in subsection (a) which is based upon their reasonable belief and which is made in good faith shall be immune from civil or criminal liability for making that report.(Added Pub. L. 101–630, title IV, § 404(a)(1), Nov. 28, 1990, 104 Stat. 4547; amended Pub. L. 103–322, title XXXIII, §§ 330011(d), 330016(1)(K), Sept. 13, 1994, 108 Stat. 2144, 2147; Pub. L. 104–294, title VI, § 604(b)(25), Oct. 11, 1996, 110 Stat. 3508.)

Definitions of Child Abuse and Neglect in Federal Law

Federal legislation provides guidance to States by identifying a minimum set of acts or behaviors that define child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. § 5106g),

as amended by the CAPTA Reauthorization Act of 2010, defines child abuse and neglect as, at minimum:

- "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation"; or "An act or failure to act which presents an imminent risk of serious harm."**

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This definition of child abuse and neglect refers specifically to parents and other caregivers. A "child" under this definition generally means a person who is younger than age 18 or who is not an emancipated minor.

While CAPTA provides definitions for sexual abuse and the special cases of neglect related to withholding or failing to provide medically indicated treatment, it does not provide specific definitions for other types of maltreatment such as physical abuse, neglect, or emotional abuse. While Federal legislation sets minimum standards for States that accept CAPTA funding, each State provides its own definitions of maltreatment within civil and criminal statutes.

<https://www.childwelfare.gov/topics/can/defining/federal/>

<https://www.law.cornell.edu/uscode/text/18/1169>

Questions: School Health and Safety Office | 916-319-0914

[Harvard Health Letter](#)

Blue light has a dark side

What is blue light? The effect blue light has on your sleep and more.



Updated: July 7, 2020

Is nighttime light exposure bad?

Some studies suggest a link between exposure to light at night, such as working the night shift, to diabetes, heart disease, and obesity. That's not proof that nighttime light exposure causes these conditions; nor is it clear why it could be bad for us.

A Harvard study shed a little bit of light on the possible connection to diabetes and possibly obesity. The researchers put 10 people on a schedule that gradually shifted the timing of their circadian rhythms. Their blood sugar levels increased, throwing them into a prediabetic state, and levels of leptin, a hormone that leaves people feeling full after a meal, went down.

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Exposure to light suppresses the secretion of melatonin, a hormone that influences circadian rhythms. Even dim light can interfere with a person's circadian rhythm and melatonin secretion. A mere eight lux—a level of brightness exceeded by most table lamps and about twice that of a night light—has an effect, notes Stephen Lockley, a Harvard sleep researcher. Light at night is part of the reason so many people don't get enough sleep, says Lockley, and researchers have linked short sleep to increased risk for depression, as well as diabetes and cardiovascular problems.

<https://www.health.harvard.edu/staying-healthy/blue-light-has-a-dark-side>

<https://socialemotionalpaws.org/blog-post/f/dr-richard-pan%E2%80%99s-scr-73-establishes-october-10th-as-blue-light-a>

More research shows the long-term health concerns associated with cumulative blue light exposure from our electronic screen devices; October 10th is also World Sight Day

SACRAMENTO – With more than 80 million electronic devices with digital screens in the state of California, and average screen time exceeding 9 hours per day, exposure to blue light has become a serious concern for public health. Dr. Richard Pan (D-Sacramento), Chair of the Senate Health Committee kicks off Blue Light Awareness Day by speaking to the health hazards posed by extended exposure to blue light from digital devices, in conjunction with World Sight Day.

“The impact of high energy blue light emissions on children is a significant health concern,” said Dr. Richard Pan, pediatrician and State Senator. “The resolution, passed by unanimous and bi-partisan support in both the Senate and Assembly, demonstrates that when it comes to protecting public

health and educating around emerging health concerns, California will take the lead.”

Today’s announcement comes on the heels of the California State Legislature’s passage of SCR 73, a resolution which outlines the growing body of evidence and scientific research related to the long-term health impacts of extended exposure to blue light from digital devices. Those devices include: computer monitors, phones and

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tablets, that, absent blue light reducing filters, project high levels of toxic blue light into consumers’ eyes. With the passage of SCR 73, The State of California encourages all its citizens, particularly children whose eyes are still developing, to consider taking protective safety measures in reducing eye exposure to high-energy visible blue light.

California State Senate and Assembly Health Committees began looking at the issue of high energy blue light emissions from digital devices and screens in 2018, and in particular, the increased usage of, and access to, digital devices by young children and adolescents whose eyes are particularly susceptible to long-term damage from blue light.

Ophthalmologists, optometrists, and medical researchers continue to learn more about the dangers associated with blue-light exposure. The scientific community has produced a large and growing body of research, which identifies a multitude of known and emerging potential long-term health concerns for all age groups with cumulative blue light exposure due to digital screen usage.

About Blue Light

Blue light, or high-energy visible blue light, represents a short wavelength light that is natural, but also emitted in high levels by consumer electronic devices. The increased usage of, and access to, digital devices by young children and adolescents is an acute area of concern, as ophthalmologists, optometrists, and medical researchers continue to learn more about the short-term effects of increasing and cumulative exposure to artificial blue light on the developing human eye and mental health at a young age, along with long-term potential cumulative effects on adult eye health and mental development (4,5,6,7). The scientific community and recent studies have

identified growing concerns over potential long-term eye and health impacts for all age groups from digital screen usage and cumulative blue light exposure emitted from digital devices (8,9,10,11). Blue light has been reported to cause visual discomfort in 65 percent of Americans

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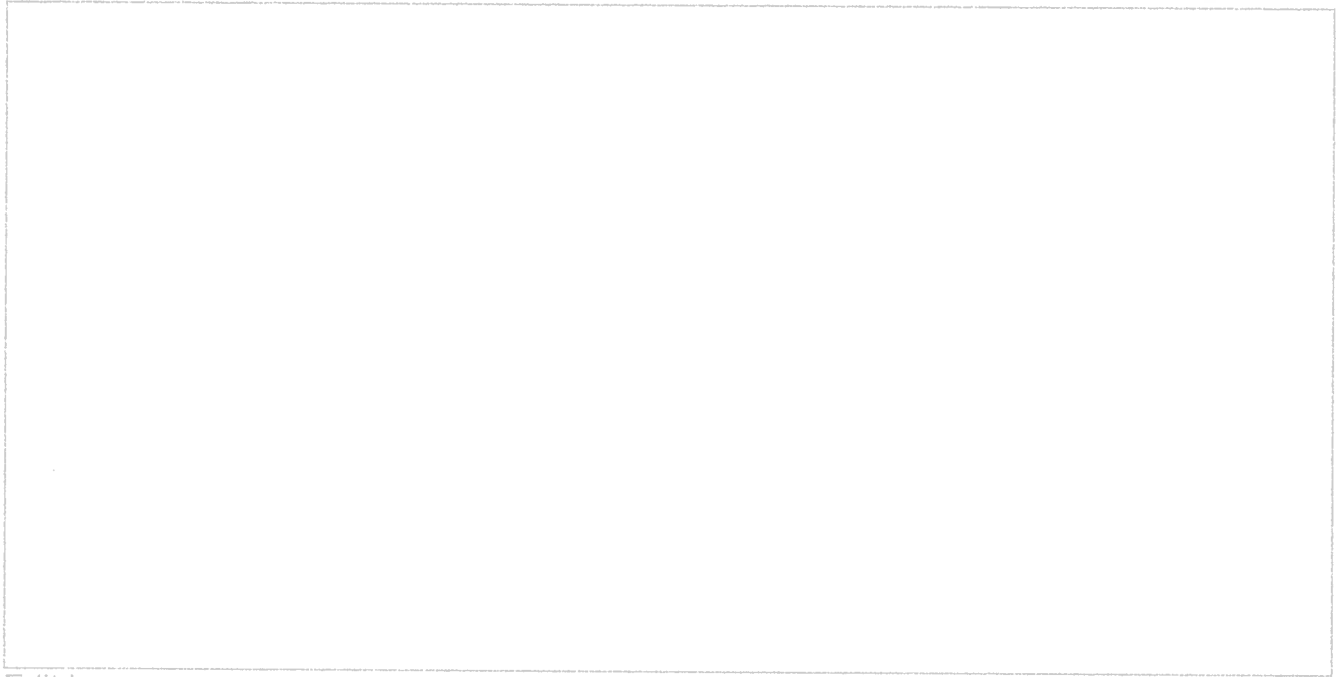
(12,13); and has been associated with possible harmful effects on retinal cell physiology linked to the high-energy, short wavelength in the narrow range of 415-455nm (4,14,15). Cumulative blue light exposure from digital devices has been shown to disrupt sleep cycles by suppressing the natural release of melatonin and has also been linked to premature aging of the retina, which could accelerate potential long-term vision problems such as age-related macular degeneration, and decreased alertness, memory and emotional regulation impacts (4,15,17). Screen time can take a toll on vision health and comfort, leading to symptoms of digital eye strain, dry and irritated eyes (8,18).

About World Sight Day

According to the International Agency for the Prevention of Blindness, World Sight Day (WSD) is an annual day of awareness held on the second Thursday of October, to focus global attention on blindness and vision impairment.

WHAT IS BLUE LIGHT? HOW DOES BLUE LIGHT IMPACT THE EYES?

September 18, 2020|



Edit Image

HOW DOES BLUE LIGHT IMPACT THE EYES?

Anterior structures of the adult human eye (the cornea and lens) are very effective at blocking UV rays from reaching the light-sensitive retina at the back of the eyeball. But HEV blue light is different, with much of it passing through the cornea and lens and reaching the retina at the back of the eye. Studies suggest that, over time, cumulative exposure to the HEV blue light could cause specific long-term damage to your eyes:

Potential damage to retina cells, particularly in children and teens

Long-term vision problems such as increased incidences of age-related macular degeneration (AMD)

Suppressed production of the natural release of melatonin, which can lead to disrupted sleep cycles

Digital eye strain, which is commonly exhibited by dry eyes, headache and blurred vision.

WHAT ARE THE SOURCES OF BLUE LIGHT?

Although humans have evolved to accommodate proper amounts of beneficial blue light from the sun, we are only now recognizing that man-made digital light presents new concerns for the health of our eyes. Today, artificial LED-produced blue light is nearly inescapable, and is presented through dozens of man-made sources, including streetlights, interior lighting, and through our many digital devices such as smart phones, tablets, laptops, and desktop monitors. This latter category of digital devices is of particular interest because we are often positioned very close to our device screens, day after day, for many hours at a time.

Perhaps the most at-risk groups for blue light impacts are children and teens, who not only consume massive amounts of digital screen time, but whose eyes are not yet fully developed to mitigate exposure to blue light. Similarly, we lose protective melanin cells as we age, making the elderly particularly susceptible to increased incidences of age-related macular degeneration. For all age groups, too much digital blue light late at night (e.g., reading a novel on a tablet or e-reader, or

spending time on social media at bedtime) can disrupt sleep cycles, potentially causing sleepless nights and daytime fatigue.



HELPFUL LINKS TO MORE INFORMATION ABOUT UV AND HEV BLUE LIGHT

American Macular Degeneration Foundation Ultra-violet and Blue Light Aggravate Macular Degeneration <https://www.macular.org/ultra-violet-and-blue-light>

Scientific American Why is Blue Light Before Bedtime Bad for Sleep? <https://www.scientificamerican.com/article/q-a-why-is-blue-light-before-bedtime-bad-for-sleep/>

Prevent Blindness Blue Light and Your Eyes <http://www.preventblindness.org/blue-light-and-your-eyes>

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Review of Optometry Seeing Blue: The Impact of Excessive Blue Light Exposure <https://www.reviewofoptometry.com/article/seeing-blue-the->

impact-of-excessive-blue-light-exposure

20/20 Magazine Handling the Blues

<https://www.2020mag.com/ce/TTViewTest.aspx?LessonId=108654>

Huffington Post How to Protect Your Eyes from the Negative Effects of Digital Devices and Blue Light <http://www.huffingtonpost.com/dr-matthew-alpert-od/blue-light-b-5570433.html>

<https://socialemotionalpaws.org/blog-post/f/what-is-blue-light-how-does-blue-light-impact-the-eyes>

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INDIANAPOLIS – When her oldest child came home from school and said vision screening had revealed he would need bifocals, Kailey Welch was shocked. He was only 12.

Sure, she wore prescription lenses herself, but she didn't start until she was well into adulthood. To her greater surprise, three of Welch's seven other children also have needed glasses. Today, the four oldest of the eight children in her blended family must wear glasses for up-close work.

The likely reason, according to her doctor: devices, both at home and at school.

Now, the mother closely monitors the younger four children's screen time and tries to ensure that the older four wear glasses when reading.

"I'm definitely paying more attention to it," Welch said.

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So are eye specialists. The Welch family represents a trend they have been watching with some alarm for the past decade: a steep increase in the number of children who need corrective lenses.

Screens are an easy culprit, but experts suspect that is only part of the explanation. Exposure to sunlight may play a role. More time spent

outdoors appears to ward off the need for glasses. Increased awareness among parents to have their children's eyes screened combined with simple genetics also factor into the equation.

But pinning down exactly why continues to vex the field.

“That’s kind of the million-dollar question now,” said Dr. Katherine Schuetz, a pediatric optometrist with Little Eyes in Indiana. “In our profession, we’re trying to figure out why and fix it.”

A New York village averted a potential school shooting. Parents are still furious.

Vision troubles are a rising concern

When Gen Xers were young in the '70s, about 20% of children in the United States needed glasses. Now that number has inched closer to 40%, said Dr. David Epley, a clinical spokesman for the American Academy of Ophthalmology.

Other estimates say the percentage of young people with myopia or nearsightedness is even greater, more than 45%, said Dr. April Jones, a pediatric optometrist with Riley Children’s Health. By 2050, estimates suggest that as much as a quarter of the world may be nearsighted.

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Editor-in-chief Nicole Carroll gives an inside look at the week's must reads.

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Just two decades ago when Schuetz started in practice, she saw far fewer young patients who required lenses than she sees today. The biggest increase she is seeing comes in children ages 4 to 12.

Nor is the issue just that children with poor vision are showing up younger and younger. Once their eyesight requires corrective lenses, it’s deteriorating faster and faster.

 Dr. Katherine Schuetz performs an eye examine on David Young at Little Eyes in Carmel, Ind., Saturday, Nov. 23, 2019.

Edit Image

“We do know that genetics play a role, but more and more environment and lifestyle are having a bigger impact than in the past,” Jones said.

Across the globe, researchers note that children in certain countries are more likely to wear glasses than in others. In many parts of Asia,

P.38

for instance, as many as 90% of children have myopia, one 2012 study found. By contrast, other countries such as Australia boast a lower percentage of children with myopia than in the U.S.

Fishing nets, bundles of rope:Whale found dead with a 220 pound 'huge ball' of garbage in its stomach

What might be contributing to the problem?

Genetics alone cannot explain such differences. So specialists suggest it's a combination of factors, starting with screen use.

“There’s probably a partial truth in there,” said Epley, a pediatric ophthalmologist in Kirkland, Washington, of the tendency to blame screens.

Exposure to sunshine, however, may be just as important if not more, experts are beginning to believe. Again, it’s not clear exactly why, but natural sunlight appears to stabilize vision regardless of whether a person uses screens.

In addition, when a child is outside playing, that is time he or she is not bent over a screen, making outdoor time even more important, the experts say.

Studies suggest that exposing the eye to a spectrum of light may prevent the development and progression of myopia, but yet again, it’s unclear why, Epley said.

Skeptics may note that children have been reading books for centuries and that has not had as great an impact, but screens are not exactly equivalent.

In general close work, whether staring at a screen or a book, strains eyes. When a person reads, however, he or she tends to hold the book

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farther away than a phone or tablet, perhaps because books are bigger.

Holding objects close to the eye flexes muscles in the eye that may wind up telling the body to grow the eyeball, Jones said. While the eyeball naturally lengthens over time and a certain amount of growth each year is expected, screen use may speed up the process, resulting in myopia.


Eventually, a person may develop high myopia, which in addition to requiring him or her to wear corrective lenses raises the risk later in life of complications such as retinal detachment, premature cataracts, glaucoma and macular degeneration.

Treatments to address nearsightedness

New treatments exist to try to slow the progression of myopia and spare children later in life.

One therapy known as orthokeratology, or Ortho-k, can at least temporarily eradicate the need for glasses. Each night the child puts in special hard contact lenses that reshape the eyeball as he or she sleeps.

Some specialists prefer using eye drops of atropine, a medicine originally used as a nervous system blocker to treat heart rhythm problems. These drops slow the progression of myopia without risking infection as a hard contact lens may, Epley said.

 Dr. Katherine Schuetz preforms an eye examine on David Young at Little Eyes on South Rangeline Rd, Carmel, Ind., Saturday, Nov. 23, 2019.

Edit Image

For Reid McKay, however, Ortho-k has been a game changer.

Every night for the past three years, the fourth grader has worn the hard lenses. During the day, he no longer needs glasses.

The 9-year-old was prescribed corrective lenses in kindergarten after complaining about headaches. His mother, Kelly McKay, attributes his condition to genetics, not screens, as both she and her husband both have what she calls “horrible eyesight.”

About a year after Reid first started wearing glasses, his optometrist recommended he try the hard lenses to slow down the progression of his nearsightedness. At first, Reid struggled, but now he’s a pro.

“It’s just perfect vision every day now for him,” his mother said.

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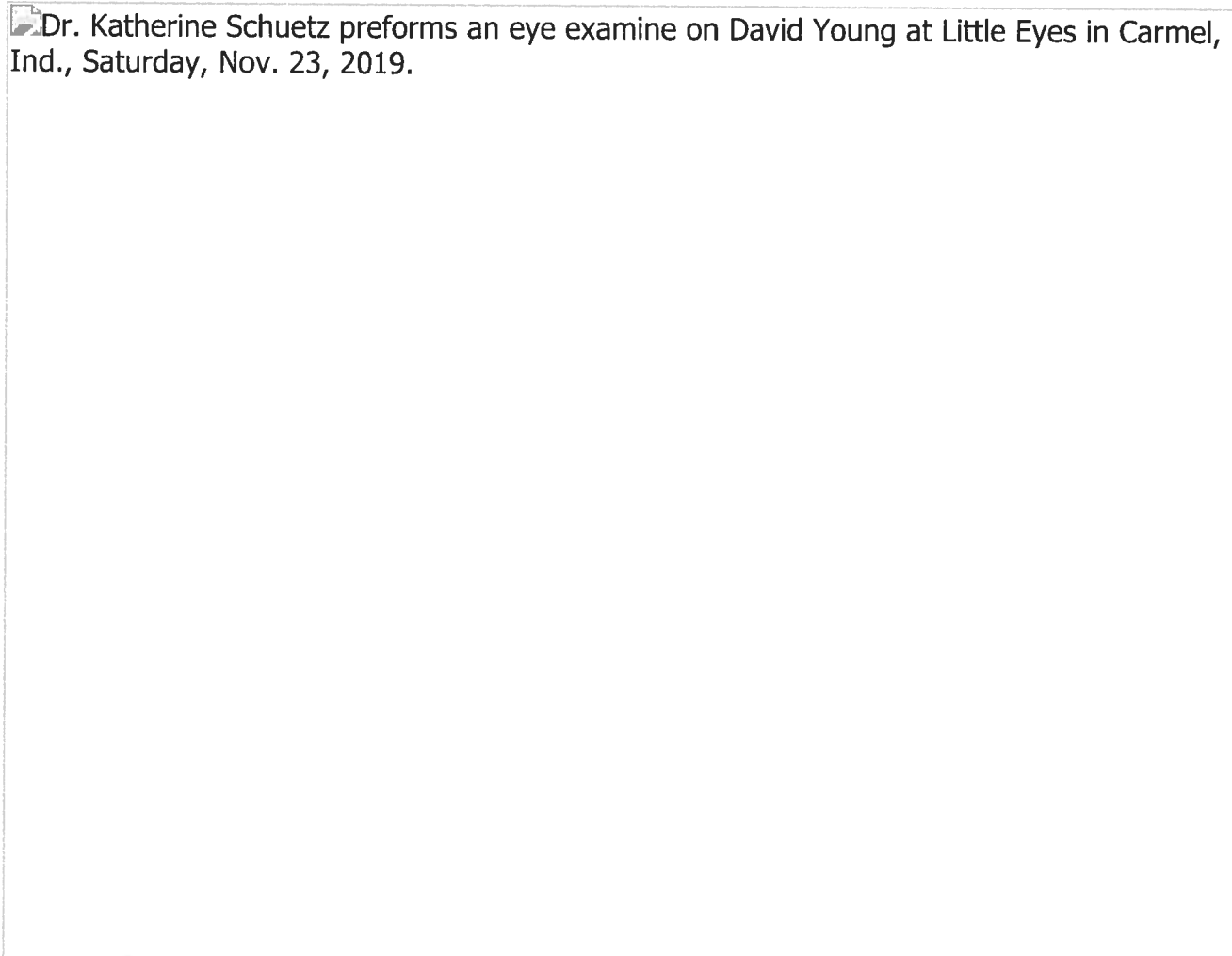
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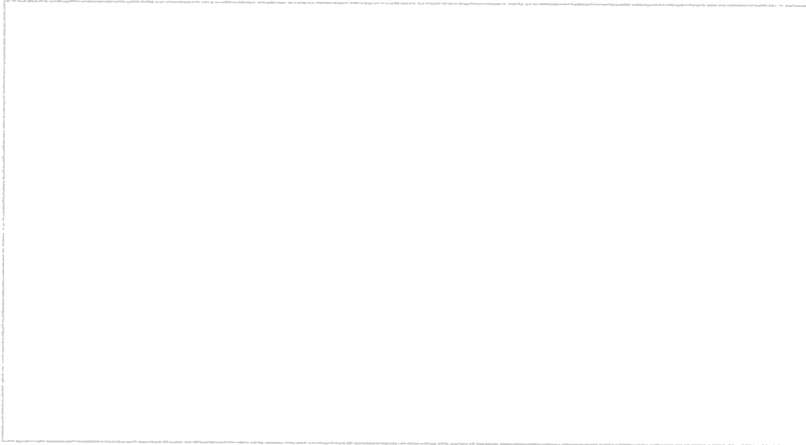
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<https://www.indystar.com/story/news/health/2019/12/02/myopia-nearsightedness-kids-doubles-screen-use-alone-likely-not-blame/427250002/>**

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- [built-in low blue light screen that optimizes eye comfort by redu Oct 24, 2020](#)

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