

CHATTER

Project CHILD: Child
Care Resource and
Referral

The Dangers of Whooping Cough (Pertussis)

Whooping cough might sound like a disease of the past, but the illness, also called Pertussis, is alive and well in the United States.

Pertussis is a highly contagious disease caused by bacteria found in the mouth, nose and throat of an infected person. It is spread through close contact when an infected person talks, sneezes or coughs. Reported cases of Pertussis have increased from a record low of 1,010 in 1976 to more than 11,000 in 2003.

Approximately 30% of all reported Pertussis cases in the US occur in infants younger than one year of age. Young infants are at highest risk for Pertussis related complications, including seizures, encephalitis (swelling of the brain), otitis media (severed ear infection), anorexia (severe restriction of food intake) and dehydration. Pneumonia is the most common complication and cause of Pertussis related deaths

among infants. Schools and **child care facilities** are a common source of the infection in children.

Infants are most vulnerable to serious whooping cough. Between 2000 and 2006, there were 156 deaths from Pertussis; more than 90% of those were less than one year old.

Pertussis starts like a common cold, with runny nose and congestion, and maybe mild cough and fever. After 1 to 2 weeks, severe coughing begins. Infants and children with the disease cough violently and rapidly, over and over, until all air is gone from their lungs. They are forced to inhale, causing a loud "whooping" sound.

The best way to prevent Pertussis is to be vaccinated. Infants and children should receive DtaP vaccination according to current recommendations. Adolescents 11-18 should receive a single dose of Tdap booster. All adults aged 19-64 should

receive a single dose of Tdap booster. All adults aged 19-64 should receive a single dose of Tdap booster. All adults aged 19-64 should receive a single dose of Tdap booster. Special emphasis is placed on adults with close contact to children, like child care providers.

As child care providers, we make sure the children in our care are up to date on their immunizations. We often forget about ourselves. We need to get a tetanus booster every 10 years anyway; the best thing to do is get a Tdap booster that will also cover whooping cough.

Childcare providers should check with their local Health Department about the Tdap vaccine. It is available at low or no cost.

Anne Porter, RN



QRS Anyone?

As of June 30, 2010, 355 licensed child care centers and 176 licensed family child care homes have received a Star level with the Quality Rating System. **Two family child care homes and six child care centers have earned their Star levels in Jefferson, Marion, Jasper, Richland and Wayne counties.**

These programs, if serving Child Care Assistance Program families, are receiving additional dollars each month for the quality care that the children are receiving.

Any Star level of QRS is a huge accomplishment for programs.

Interested? Want to know how you can earn a Star level and get more money? Want to join the 531 programs across the state and the 8 programs here at home in the Quality Rating System?

Call Paula at 618-244-2210, ext. 111 for more information.

Kid's Kingdom Newton Center - QRS Star Level 2!

Kid's Kingdom was previously known as Buzy Bees. It changed ownership in May 2009. Jonathan and Christina Staley bought the center and Michelle Wagner is the on-site director. The center is licensed for 56 children and employs 9 people. We serve the general ages, 6 weeks to 12 years. Kid's Kingdom is open from 5:30 am to 5:30 pm, year round. The center is a site for a ROE

12 Pre-K class.

At the first mention of QRS, the employees were nervous. They didn't feel that the center was ready for anyone to come in and "rate" them. We started the process of combing through the ERS books and the staff worked super hard! To their surprise, Kid's Kingdom-Newton became a 2 star center in November 2009.

Our goal to provide top quality does not end there. We are currently going through NAEYC self-study. We are taking this process at a slower rate than we did QRS. The point of our center participating in self-study is to really examine and reflect on our everyday practices and policies. When we feel comfortable we will apply for accreditation.
Tina Staley, Owner

Children and Transitions

I wonder how we would feel if we were mandated to attend a day long workshop and were given no specific details? Imagine that the only details of the day we were given would be: that someone will pick us up sometime in the morning and drop us back, at our homes sometime in the afternoon.

I see our first concern is that it is mandatory -- we have no choice in whether we attend the workshop. The next concerns relate to details -- what time are you picking me up and what time will I arrive home? We would probably say that we would feel better if we knew what time to expect pickup and drop off. We would also wonder or ask what time is the lunch break, and where or what will we be eating? Do we get breaks during the day? What is the workshop on? And where are the restrooms? I can imagine that we would be unsettled before the day even began, if we weren't given some type of schedule or agenda. We might feel worried, anxious, and even angry. This would certainly impact our workshop experience and learning.

Agenda's help us prepare for our day, to know what to expect, to feel comfortable and to be able to meet the demands of the day as they confront us. It is true that some people need more information than others about what lies ahead, but it seems that everyone is comforted by some ideas about what is coming.

What about children? Does the same thing hold true for them? Do children need a head's up on the day or should they just be expected to listen and follow directions? Isn't it possible that without an agenda, that children might feel worried, anxious and even angry? While a paper agenda is very beneficial for adults, it would not be helpful for young children, so how could we implement agendas for pre-schoolers?

* Use visual schedules – take pictures of the children doing the different activities during the day and place them in order on the wall where all can see. You can refer back to the schedule by pointing out what picture comes next throughout the day. Wonderful teaching moments will arise, what's next, we do that after, we do that before so that children get a sense of sequencing, order and transitions.

* Use music – play the same song for the same transition every day. A certain song for clean-up time, another for getting ready for lunch, another for nap time and one for going outside. If the same song is played consistently at the same time, for a significant period of time (over the course of several weeks), children will know what they are expected to do, as soon as they hear the music.

* Use verbal cues as a warning about upcoming transitions – in five minutes we will be going inside, in two minutes we will be washing our

hands for lunch. The child, then, has a sense of the agenda and can prepare for what is coming next, rather than being caught off guard in the middle of something else.

* Keep certain parts of the day the same so there are patterns the children can learn. While flexibility and spontaneity is important in working with young children, patterns can support comfort and adjustment to the environment. If lunch is always followed by hand washing, looking at books and then naptime, children will quickly learn “what comes next” and be ready.

If you use child-appropriate agendas or schedules, balanced with flexibility, you will be wonderfully surprised at the difference in the classroom environment and in how the children respond positively.

“Before beginning a Hunt, it is wise to ask someone what you are looking for before you begin looking for it.”

Winnie the Pooh – *Pooh's Little Instruction Book*

*Written by Julie Short, LCSW
Early Childhood Mental Health
Consultant*

You can be an All-Star



Thinking about applying to the Quality Counts Quality Rating System (QRS)? Heard about it, but not quite sure if it is for you?

QRS recognizes and rewards providers embracing quality child care for children. Licensed homes and centers are awarded one to four stars with an additional 5% to 20% added to the standard Child Care Assistance Program

(CCAP) rate depending on the star level achieved.

There are many resources available to you to assist you in becoming Star Rated, such as on site visits from the QRS Specialist to help you assess your program and walk you through the *Environment Rating Scales* (ERS), complementary resources and materials, information about funds and re-

sources to help meet QRS criteria, and assistance with the application.

Participation may appear overwhelming, but being Quality Rated is both professionally rewarding and making a huge impact on programs.

Call Paula today for more information at 800-362-7257, ext. 111.

The Power of Language Against Aggressive Behavior

The acquisition of language and the ability to control impulses are important in the older infant's development of autonomy. He wants what he sees now and will often hit, bite, pinch, or pull the hair of another child who has the toy he wants. After all, he's successful at gaining the toy. It is important to have enough play materials for each child in the group. If your group size is 8, then there should be eight dolls, eight balls, and eight trucks. Older infants and toddlers' impulse control and language is promoted through interactive caregivers, and a stimulating and engaging learning environment.

Many adults think that children are terrible if they bite another child. Some programs develop policies that require the biting child to be removed from the program. Biting, however, is a normal behavior for children who have not developed impulse control and appropriate language to get their needs met during a tense moment over a toy or other desire.

There are many different reasons why children bite.

Sometimes they are teething and the biting feels good. They may bite because it is their method of getting what they want or need. Others seem to enjoy the strong reaction they get. Sometimes it starts out as a kiss and just goes too far. At this age, a child has little awareness of the pain she has caused. It is only through adult interactions that she learns how her behaviors affect others. The development of empathy is supported when adults interact calmly with the older infant, explaining how her behavior has affected another. When the child bites a friend over a toy, the adult should hug the bitten child, saying, "That hurts. No biting." Adults should remember that this is a learning opportunity, not a punishment for the biter.

When aggressive acts such as biting happen, the adults working closely with older infants and toddlers must analyze the situation and help the child develop the skills needed to use language and to control aggressive impulses.

Are you struggling with a child who is exhibiting aggressive behavior? Tried all your tricks and

nothing seems to help? Maybe I can help. Contact me, Jamie Nichols, Infant Toddler Specialist, for assistance.

I can be reached at:

nicholsj@rlc.edu

618-244-2210, ext. 120

800-362-7257, ext 120

How about a training?

On Thursday, August 26th, Jamie will host a training focusing on the behaviors of toddlers and two-year-olds.

The training will be held in Mt. Vernon at the Rend Lake MarketPlace and will begin at 6pm.

Earn some in-service hours and get some help handling the behaviors of the toddlers and twos in your program!

Jamie Nichols, Infant Toddler Specialist

Professional Development Needs Survey FY2011

Preliminary results are in!

A HUGE thank you to everyone who returned a completed survey! We greatly appreciate your time and input into the training workshops that are offered by Project CHILD.

As of August 2, 2010, 62 family child care providers, 8

family child care group home providers, 15 child care center directors, 41 child care center teachers, and 18 child care assistant teachers have completed the survey.

The full survey results will be in a future newsletter. We will use the results to help plan the rest of this fiscal year's training calendar. THANKS!

