The December 14, 2012 events in Newtown, CT were shocking and scary, for both adults and children. As early childhood professionals, we are charged with the care and protection of the children of others on a daily basis. This responsibility never seems greater than in the wake of a tragedy.

As you continue your work with young children, you may struggle with how to reassure and comfort them in confusing times such as these. It is easy for adults to convince ourselves that children are protected from the news and are unaware of what is going on.

While they may not know the details, children are very aware of the emotions and expressions of their caregivers, which may communicate more than words about a scary situation. Regardless of the situation, recognizing that the adults in their life are scared can be frightening for young children.

In the wake of a crisis, there are many different approaches to take with young children. Below are some tried and true tips for helping children cope with scary events:

**Children need to feel protected.**
Children need to be reminded that they are in capable hands. Reassuring children that you, as their caregiver, are there to keep them safe is a message children may need to hear. In addition, the work of community helpers (police, firefighters, EMTs, etc.) whose job is to help keep everyone safe may be an appropriate topic to explore with preschoolers. Remind them that trustworthy people are in charge.

**Children need to express their feelings, and may do so through play or behavioral changes.**
Young children often use play to act out confusing life events. When this happens, allowing children to express their feelings through play and asking them questions about the situations they are creating may help children cope with the scary feelings that are driving their activities.

Children may also show physical signs of stress without verbalizing their concerns. Between the ages of one and five, children who experience traumatic events may regress to an earlier behavioral stage, or may experience changes in their eating and sleeping habits.
Active Start 4 Kids
Targeting Obesity in Our Youngest Children

Did you know that approximately one in five children is carrying excess weight upon entering kindergarten? That almost 10% of infants and toddlers have above average weight for length? That more than 20% of children ages two to five years old are overweight or obese?

Pediatricians Dr. Shivani Mehta and Dr. Erin Stubbs, along with pediatric resident Dr. Stephanie Cheetham, received a grant for their project, Active Start 4 Kids (AS4K), with the goal to increase physical activity in children ages birth to five. The grant is sponsored by MetLife and the American Academy of Pediatrics and will be implemented over a period of two years. The goal of the project is to work with health care professionals, parents, public health, and community organizations including child care centers to increase understanding among parents and the community regarding obesity prevention for our youngest children.

The grant has three components: residency education, community involvement, and advocacy. Pediatric resident physicians at The Levine Children’s Hospital will work on developing print and audiovisual materials to distribute at Myers Park Pediatrics Clinic as well as to a larger network of parents and educators. The materials (available in English and Spanish) will include age-appropriate guidelines along with ideas for games and suggestions to increase physical activity. Pediatric residents will also address the recommendations at each well child visit.

In order to engage the community, four child care centers serving primarily lower-income and ethnically-diverse families in Charlotte have been selected to participate in the grant. CATCH (Coordinated Approach to Child Health) toolkits and training were provided for each of the child care centers, as well as training for several other centers. The goal was to educate teachers on ways to increase physical activity for younger children. Pediatric residents will also visit the centers throughout the grant period to coordinate activities and parent education sessions. Some of the grant money will be used to purchase play equipment for the centers to encourage physical activity.

For the advocacy component, both residents and child care providers will be encouraged to engage in letter-writing campaigns and conversations with local and state legislators in order to increase awareness and funding towards childhood obesity prevention policies. The grant will also encourage each selected child care center to create a written policy around physical activity that can be modeled for other local centers.

For more information, contact Myers Park Pediatrics Clinic at 704-446-1422 and leave a message for one of the pediatricians.

Get Tax Credits This Year

Whether or not you owe any income tax, you could get thousands of dollars back in tax credits. This year, more families than ever are eligible for these credits. To get these credits, you must file a tax return. Find out where you can get FREE help with your taxes by calling the IRS toll-free at (800) 906-9887 or visit http://irs.treasury.gov/freetaxprep/. You can also contact the North Carolina Department of Revenue toll-free at (877) 252-3052.

You could qualify for:

- Up to $2,100 from the federal Child and Dependent Care Tax Credit and up to $780 from the North Carolina Tax Credit for Child and Dependent Care Expenses.
- Up to $5,891 from the federal Earned Income Tax Credit and up to $295 from the North Carolina Earned Income Tax Credit.
- Up to $1,000 per child from the federal Child Tax Credit and up to $100 per child from the North Carolina Tax Credit for Children.
Coping with Tragedy

Children’s questions need to be addressed.
Provide children with opportunities to talk about what they are seeing and to ask questions. Provide these opportunities on an ongoing basis. Stick to the facts. Don’t embellish or speculate about what has happened or what might happen. Don’t dwell on the scale or the scope of the tragedy, particularly with younger children.

Children’s exposure to media should be limited.
Even if they appear to be engrossed in play, children often are aware of what is on TV or the radio. What may not be upsetting to an adult may be very upsetting and confusing for a child. If a child has seen some of the coverage, take a minute to turn off the TV and ask the child what he/she thinks about what he/she saw. This also gives you an opportunity to discuss the event and gently correct misconceptions.

Take care of yourself.
Don’t ignore your own feelings of anxiety, grief and anger. Talking to friends, family members, religious leaders and mental health counselors can help. It is okay to let children know that you are sad; you will be better able to support children if you can express your own emotions in a productive manner. Get appropriate sleep, nutrition, and exercise.

For more information, check out the following resources:

http://www.naeyc.org/content/coping-school-shooting

Resources to Help Children Cope with Tragedy

Children and Trauma: A Guide for Parents and Professionals
Cynthia Monahon

Childhood traumas range widely in their severity and impact. A car accident, an earthquake or flood, being attacked by a dog, undergoing a frightening medical treatment all are distinctly different events yet all provoke common symptoms of psychological trauma. The author offers hope and reassurance for parents. She suggests straightforward ways to help kids through tough times. She also helps adults understand psychological trauma from a child’s point of view and explores the ways both parents and professionals can help children heal.

When Dinosaurs Die: A Guide to Understanding Death
Laurie Krasny Brown

The authors explain in simple language the feelings people may have regarding the death of a loved one and the ways to honor the memory of someone who has died.

A Terrible Thing Happened: A Story for Children Who have Witnessed Violence or Trauma
Margaret M. Holmes

This gently told and tenderly illustrated story is for children who have witnessed any kind of violent or traumatic episode, including physical abuse, school or gang violence, accidents, homicide, suicide, and natural disasters such as floods or fire. An afterword by Sasha J. Mudlaff written for parents and other caregivers offers extensive suggestions for helping traumatized children, including a list of other sources that focus on specific events.

Why Did It Happen?
Janice Cohn

Violence is all around us – whether on television, in movies, or on the streets. This story concerns the robbery of a neighborhood grocery store and how one boy comes to terms with the event. A comprehensive parents’ guide suggests ways adults can help children deal with the effects of violence in their lives.
You've likely heard the term “cultural competence” quite a bit lately. You may be wondering: Is cultural competence really so important? Is there a connection between cultural bias and quality care? Is there a compelling reason to support diversity in today’s classrooms?

The answer to all of these questions is “yes.” Nearly 41% of the entire child population in the United States is of Latino, Asian or African American/African descent, and one child in ten is now an English Language Learner. Given the current demographics, a key component of quality programming is culturally-competent, ethnically- and linguistically-diverse classrooms representing the populations served.

By definition, cultural competence – the ability to understand and interact with members of other cultures – is an essential skill that teachers must have in order to be effective in the classroom. Studies have shown that children and families benefit from positive, culturally-competent classrooms. Families feel valued when their background, values, and preferences are considered in decisions that can impact learning. Early childhood programs that use the assets of a child’s home (such as the language spoken by family members and common cultural practices) to promote early cognitive and social/ emotional development create environments that acknowledge each child’s individuality and promote acceptance of cultural differences.

Creating a culturally respectful environment begins with the early childhood program, specifically the director. The qualities of culturally-competent early childhood programs are those that have skilled and effective teachers, low teacher-child ratios and appropriate group sizes, age-appropriate curriculum, engaged families, well-designed facilities, linkages to comprehensive services, culturally and linguistically appropriate assessment, and available and accessible bilingual education and services. It is important to review any policies and practices that are implemented. Administrators should routinely assess how culturally-competent practices are being used within their programs.

Also as a part of this process, directors can:
• recruit and retain a diverse teaching staff;
• provide leadership and professional development opportunities for themselves and staff that support culturally-competent practices;
• ensure access to the appropriate training for staff to provide guidance and strategies for working toward a higher level of cultural competence beyond what quality rating and improvement systems criteria may dictate; and
• increase staff’s level of cultural competence through training and daily practice so that it becomes an integral part of the child care program’s culture.

For teachers, cultural competence begins with an exploration of one’s own beliefs and how those beliefs affect the classroom. Teachers should carefully consider their personal attitudes and behaviors to understand and address their own biases, while recognizing the uniqueness of each student. Teachers must also evaluate their assumptions and reconsider issues through a new lens – the lens of those who come from cultural backgrounds different than their own. To increase cultural understanding and acceptance in the classroom, teachers can:
• recognize that all children are unique;
• know, appreciate, and respect the cultural backgrounds of children enrolled in the child care program;
• use authentic situations to provide for cultural learning and understanding;
• use authentic assessment activities to assess children’s learning and growth;
• infuse culture in lesson planning, teaching, and care giving;
• serve as a role model by accepting, appreciating, and respecting other languages and cultures; and
• understand your own culture.

When teachers reflect on their classroom practices, they are able to make the most of each child’s learning potential while being culturally authentic. The strength that exists across cultures can enrich and provide depth to the overall learning experience – for everyone.
Race to the Top – Early Learning Challenge Grants Are Coming Your Way!

In the Winter 2012 edition of Taking Care, Child Care Resources Inc. announced that North Carolina was selected as one of nine states to be awarded a Race to the Top – Early Learning Challenge Grant (RttT-ELC). This grant will provide NC with $70 million to address the gaps in school readiness, enhance statewide systems to improve the early childhood workforce, and to increase access to high quality programming for children and families who need it most.

So, what does this mean for early care and education practitioners/programs? These Race to the Top – Early Learning Challenge opportunities are coming your way!

As updates become available, information about these future RttT-ELC opportunities will be shared:

- Early Learning & Development Standards Training (revised North Carolina Early Learning / Foundations Training)
- Improving the Professional Work Environment – Bonus to 4- and 5-Star Programs
- Cultural Competence Training

**Early Childhood Directors Leadership Institute**

The Early Childhood Directors Leadership Institute (ECDLI) will build a cadre of 100 diverse early care and education leaders across North Carolina. The Institute will provide for training on the Program Administration Scale, the theory and application of Small Tests of Change, and the process of creating a Change Framework for becoming a culturally competent leader at the program and systems level.

Invitations, informational letters and applications will be sent to all child care center directors in North Carolina during the first quarter of FY13. The following minimum eligibility requirements have been established:

- Currently employed as an administrator in a NC child care center that holds a DCDEE-issued star-rated license.
- A minimum three years of verifiable work experience in an early childhood administrative position.

**TA to Support Temporary and 1- and 2-star Programs**

This project will support Temporary, 1-and 2-star programs to increase their star-ratings to 3-stars or higher. Support services will be provided on a customized basis and will include: 1) mock Environment Rating Scale assessments, 2) quality improvement plans (with specific goals, timetables and strategies), and 3) professional development planning and support.

**Professional Development Educational Opportunities**

Funding from RttT-ELC is providing intensive training to Child Care Resources Inc. early childhood specialist staff and other CCR&R staff across NC. As a result, ECE programs/practitioners will have access to the following:

- The Classroom Assessment Scoring System™ (CLASS) North Carolina has effectively used the Environment Rating Scales to measure the quality of classroom environments, which include limited items related to adult-child interactions. The Classroom Assessment Scoring System™ (CLASS) is a tool being used in many states to assess the adult-child interaction.

- Choosing and Using a Curriculum and Instructional Assessment in an Early Childhood Setting

This .5 CEU training will help ECE programs/practitioners understand: 1) the value of the use of curriculum and formative assessment, 2) the various approved options available, and 3) steps needed to implement a curriculum and/or instructional assessment into their program.

**T.E.A.C.H. Early Childhood® NC - Foundations of Infant Toddler Care (FITC) Mentor Teacher Scholarship Program**

The T.E.A.C.H. Early Childhood® NC - FITC Mentor Teacher Scholarship Program is designed to help infant-toddler teachers (birth – 36 months) working in high quality centers complete 6 semester credits in order to improve their practice and prepare for their expanded role as Mentor Teachers to new infant-toddler teachers or teachers-in-training.

- Technical assistance (TA) and grants will be available to public school Pre-K programs that are not currently licensed and to religious programs operating with a 65-110 religious exemption. TA specialists will work with program staff to create quality improvement plans designed to assist the GS-110 programs to meet a 3-star or higher rated license and assist the public school Pre-K programs to meet the licensing requirements for a 4-star or higher rated license. Technical assistance staff will provide guidance to the programs to apply for mini-grants to support the implementation of the plan.

**B-K Project**

This project expands licensure support services (mentoring/coaching support) to newly licensed and lateral entry B-K teachers in all private preschools and non-profit Early Childhood Programs (Head Start, Developmental Day, and Child Care).

**Contact:** Anne-Marie de Kort-Young, 704.970.7431
Dealing with Diarrhea in Child Care Settings

Diarrhea, defined as frequent runny or watery stools and/or painful bowel movements, is a fairly common health problem in children. Fortunately, diarrheal infections are usually not life threatening and tend to go away naturally within one to two days. Unfortunately, many different types of bacteria, parasites and viruses can cause diarrheal infections, and these infections spread easily in a child care setting. Germs can be spread during diaper changing and toileting practices, and germs left on hands can contaminate toys and surfaces.

Prevention: The best way to help prevent these infections is with proper hand washing, diapering and sanitizing practices, especially in infant and toddler care. Visit www.healthychildcarenc.org/training_materials for informational posters on the steps to hand washing and diapering, as well as facts on cleaning, sanitizing and disinfecting. Caregivers who change diapers or help with toileting should thoroughly wash their hands before preparing food. When there are two or more cases of diarrhea, which is considered an outbreak, contact the local health department for further instructions on how to stop the spread.

Preventing the spread of all diarrheal infections includes a combination of exclusion and careful detail to hygiene, sanitizing and disinfecting.

Exclusion: Infections are spread through direct contact with fecal matter or bodily fluids. Children with known diarrheal infections, especially children in diapers, should be excluded from child care. Follow the criteria described in Communicable Diseases and Exclusion from Child Care (see DCDEE’s Child Care Handbooks).

Treatment: Treatment for diarrhea includes replacing lost fluids and electrolytes. Infants need more breast milk or formula. Oral rehydration solutions may be suggested for children and adults. Health care providers may prescribe medications for specific infections. For more information on the causes, symptoms and treatment of diarrhea, visit http://digestive.niddk.nih.gov/diseases/pubs/diarrhea.

Children should see a health care provider if they have:
• diarrhea for more than 24 hours
• signs of dehydration
• a bloody stool or
• a high fever.

Health care providers will take stool samples to test for more serious infections, including e.coli, giardia, salmonellosis and shigellosis, which are detailed here:

E.coli, caused by either Escherichia coli or Escherichia Coli 0157:H7 bacteria, is spread through contaminated water or food. To avoid transmitting E.coli, cook ground beef thoroughly and use only pasteurized milk and juice products.

Giardia is a parasite found in contaminated food or water. In early care and education settings outbreaks have been traced to water play. Wash hands before and after water play. Individual basins, with fresh water for each child, help reduce the spread of giardia.

Salmonella bacteria is spread through contact with contaminated surfaces, objects, water or food, especially meats, eggs and unpasteurized milk. To control Salmonella avoid contact with reptiles, avoid contact with raw eggs and poultry, and use pasteurized milk.

The Shigella bacteria is spread by the fecal (stool) – oral (mouth) route. Even contact with a small amount can result in an infection. For this reason, water play should not be available when one or more children and staff have Shigella.

References:
Research conducted by the Kaiser Family Foundation indicates that children under six years of age, including infants and toddlers, watch an average of two hours a day of screen media (TV, videos or DVDs). “Screen Free Moments: Promoting Healthy Habits” (http://nrckids.org/ScreemFreeMoments/index.htm), a video produced by National Resource Center for Health and Safety in Child Care and Early Education (NRC), defines screen time as time spent with computers, mobile devices or electronic tablets, watching TV or videos, or playing video games.

Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs, 3rd Edition (CFOC3) recommends prohibiting screen time exposure for children under the age of two, and limiting exposure for children over age two to 30 minutes or less a week (taking into consideration that the child will likely have additional exposure outside of child care). DCDEE licensing regulations limit screen time to 2 ½ hours per week for children over the age of two and also prohibit screen time exposure for children under the age of two.

NRC suggests these simple strategies for limiting screen time:

1. Let children participate fully in age- and developmentally-appropriate household routines such as helping with lunch preparation, setting the table, and cleaning up.

2. Incorporate music, books, singing, and dancing in routines throughout the day.

3. Reading can be interactive, with each child selecting a book and describing what they see in the pictures or reading aloud.

4. Encourage children to role play their favorite characters from a book. Have them draw a scene about their favorite characters during art time.

5. During transition times, have the children exercise or play games, such as hot potato.

6. When children arrive, have an area set up with developmentally-appropriate games and learning toys. Make an art supply cart available for older children.

7. Share information with parents about the increase in childhood obesity, the impact of screen time on children’s health, and the importance of reducing screen time at home.

NRC states that promoting and protecting children’s physical, emotional, and social, development, and nutritional health are some of the basic responsibilities of child care licensing agencies in regulating child care programs.
About Child Care Resources Inc.
Founded in 1982, Child Care Resources Inc. (CCRI) works with families and communities to ensure that all children have access to high quality, affordable early learning and school-age opportunities and experiences that enable them to succeed in school and in life.

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