Helping Young Children Learn to Play Together

Charlotte Madison, Director, UConn Child Development Laboratory

Child care settings can be wonderful places for children to learn healthy social behaviors. With more and more children being raised in group settings than ever before, the opportunity for children to develop trusting, respectful relationships is quite promising. These relationships do not develop on their own, however. Teacher/caregivers play a critical role and it begins in infancy.

The most important thing a child needs to learn is to trust others. Infants learn to trust when they consistently receive sensitive, responsive, and predictable care from the adults in their world. This trust empowers infants to become caring children and confident learners. For children to develop positive social behaviors, their day to day natural routines and play activities must be infused with caring, nurturing, and respectful interactions with other children and adults.

Children learn by imitating others—children learn what they live. If teacher/caregivers model respect and thoughtful consideration of others, children learn to be respectful and considerate. This has to be done intentionally, consistently and with sincerity. Respect and consideration are reflected in the words we use and how we use them. Words said with feeling are quickly imitated by young children. (Parents who have used strong language around their young children learn this to their dismay!) In our center, children are referred to as “friends” or “the friends,” and they often refer to each other in this way. While this may seem like a simple thing to do, it gives a strong message to every child that he or she is a valued and important member of the group. Words are powerful!

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Letter From the Editor

We welcome to our newsletter all who care for children in formal and non-formal settings. As a result of reduced funding, this winter issue is one of only three newsletters planned for the current school year. This edition highlights the critical area of children’s play and how we as caregivers foster productive, cooperative play, which has a major role to play in the development of children’s social skills. Our two lead articles reflect this topic from the perspective of early childhood as well as the school-age child in center-based as well as family child care settings. The behaviors required by adults across various settings as we develop caring, competent individuals are the same. Please take note of articles from the CT Departments of Social Service and Public Health, on pertinent regulations and laws as well as timely announcements and information on establishing a positive emotional and physical environment for children.

Please share with me [phone: (860) 570-9077] with your comments about the newsletter and suggestions on how to make it more useful for you and your colleagues.

Harry Mangle, Editor
Helping Young Children from Front

Young children often need help and guidance from adults in solving social problems such as altercations over toys or space. Teachers/caregivers empower young children by helping them work through these situations. For infants and toddlers who are just learning language, this help may be simply verbalizing the problem for them. “Susie, Jimmy would like to play with that toy when you are finished.” Often a young child will relinquish a toy immediately when he or she understands the intent of the other child. Understanding intent is the first step to solving social problems and young children often need help with this. As children become more verbal, adults need to encourage them to express themselves when they have disagreements with other children and to talk about possible solutions. In this way, disagreements become opportunities for children to learn how to play together. Children learn nothing about social problem solving when adults take control and make all the decisions. Understanding the intent of others, communicating effectively, and being part of a solution is a critical life skill and it begins in childhood.

Dorothy Law Nolte

If children live with criticism, They learn to condemn.
If children live with hostility, They learn to fight.
If children live with ridicule, They learn to be shy.
If children live with shame, They learn to feel guilty.
If children live with encouragement, They learn confidence.
If children live with tolerance, They learn to be patient.
If children live with praise, They learn to appreciate.
If children live with acceptance, They learn to love.
If children live with approval, They learn to like themselves.
If children live with honesty, They learn truthfulness.
If children live with security, They learn to have faith in themselves and others.
If children live with friendliness, They learn the world is a nice place in which to live.

Dorothy Law Nolte, Ph.D.

Learning Social Skills in a School-age Program

Arlene Swatson, CSACA
Connecticut’s School-Age Professional Organization

The After-school Environment is Critical to Positive Social Skills

Quality after-school programs provide an ideal environment for school-age children and youth to learn those all-important social values and character skills which assist in developing a well-rounded, healthy person. This person is prepared to achieve academically and be successful in all areas of his/her life. “Success in school is closely related to a child’s ability to cooperate, consider another person’s perspective, and follow accepted rules and practices. Children are more likely to enjoy youth activities such as athletics and scouts if they are able to be a team member and contribute to group efforts. Their family life will be more rewarding if they can share and take turns with siblings and communicate their ideas and feelings to their parents.” (Caring for Children in School-Age Programs, Volume II, by Koralek, Newman and Colker.)

Choices are Important for Positive Development

A quality after-school program provides daily choices for children and youth, open-ended activities designed

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Ms. Lou Gettis, Project Director
Affiliated Computer Services

NEW PROVIDER OF THE CHILD CARE ASSISTANCE PROGRAM

In July of 2002, Affiliated Computer Services (ACS) bought the Concera Corporation. With this purchase, ACS now provides the statewide service delivery of the Connecticut Care 4 Kids child care assistance program. Ms. Lou Gettis was appointed as the new Project Director. Ms. Gettis has worked for several years in the child care, welfare, food stamps, and child support enforcement human service areas. She is assisted by Doug Garcia, Deputy Project Director. Ms. Gettis reports:

“Our work efforts beginning in late August have focused on improving services provided to Care 4 Kids clients and child care providers. We strive to exceed the expectations of our clients, providers and stakeholders, focusing on problem resolution, timeliness of application, redetermination and payment processing. We have identified a number of business issues that needed immediate attention, review and improvement. We are now seeing measurable improvements in a number of service areas.

To date, we have achieved 99% ratio for paying all providers within 15 days of receipt of invoices. We have increased the staffing levels for provider liaisons to assist and resolve provider issues and payment problems. We have focused on completion of all invoice adjustments and targeted application and redetermination processing.

With our United Way partners, regional Advisory Committee meetings have been held to hear first-hand your service issues, expectations, and need for policy/problem clarifications. We have focused on improving services provided by our Call Center by improving how we answer the telephone and reducing the time clients are on hold.

Our staff will continue to focus on delivering exceptional service and creating long-term relationships built on mutual respect and trust. We are committed to producing positive results for our clients. ACS employees care, and we have a passion for our business that we hope shows in all that we do.

We look forward to working with each of you to improve the Care 4 Kids program. Please call us at (888) 214-5437 or visit our website at www.ctcare4kids.com”

Secondhand Smoke and Children
Erica Uhlmann, MPH, Maternal and Child Health Specialist, United Way of Connecticut, and Christine Fallon

Research demonstrates that exposure to secondhand smoke poses a significant health risk, particularly for children. Fortunately, there are simple steps that childcare providers and parents can take to help protect children from secondhand smoke.

Secondhand smoke, also known as environmental tobacco smoke, is a mixture of the smoke given off by the burning end of a cigarette or other tobacco products and the smoke exhaled from the lungs of smokers. It contains over 4,000 chemicals, many of which are known to cause cancer. Infants and children are especially at risk because they are less able to protect themselves from being exposed to secondhand smoke.

**Young Children More at Risk Than Others**

Young children are also much more likely to experience health problems, such as decreased lung function, pneumonia, ear infections, bronchitis, coughing, asthma and increased mucus production, as a result of exposure. Babies exposed to secondhand smoke are twice as likely to die from Sudden Infant Death Syndrome.

Each year, 280 children nationwide actually die from respiratory illness caused by secondhand smoke. In Connecticut, it is estimated that 186,000 children are exposed to secondhand smoke at home. Connecticut legislation protects children from the dangers of secondhand smoke in public facilities, including child care settings. While smoking regulations differ between center and family based programs, they both protect children by decreasing their exposure to the hazards of tobacco.

**What Can Providers Do?**

As child care providers, you can play an active role in helping to raise awareness about the dangers of secondhand smoke among your colleagues and parents. The best way to prevent children from the health risks of passive smoking is to reduce their exposure to cigarette, pipe or cigar smoke. Some guideline to encourage all adults in contact with children to follow include:

- Never smoke around children, especially while they are sleeping;
- Research has shown that when children are exposed to secondhand smoke, they are more likely to have lower lung function, pneumonia, ear infections, bronchitis, coughing, asthma and increased mucus production;
- Infants and children are especially at risk because they are less able to protect themselves from being exposed to secondhand smoke.

**Adopting a Healthy Lifestyle**

The new year often brings resolutions to adopt a healthier lifestyle for the family. For many, this will include modifying or changing any habits that may be harmful. A popular resolution is to quit smoking, which not only helps the smoker but also those exposed to secondhand smoke.
Enjoying Kids’ Eating: Your Job and The Child’s Job

Charlie Slaughter, MPH, RD, Nutrition Consultant, Health Education and Intervention Division

Introduction

Caring for children, loving them, and helping them grow into capable, loving adults is very important work. People who care for their own children and children of other families have a desire to see each child thrive in life. The care given to children nurtures, guides, and protects them as they develop. An important opportunity to influence children with your care is when they are fed. The feeding of infants and children gives caregivers many opportunities to influence and support a child’s development, sense of being loved, sense of trust, and learning.

Feeding and Eating

However, feeding is more than the offering of food. It is also an opportunity to offer three other important gifts—your love, your care, and your attention. The food that is offered and eaten affects the physical health of the child. The caregiver’s love, care, and attention affect the social and emotional health of children.

Two Helpful Concepts

1. Division of Responsibility

The first concept is the division of responsibility. The caregiver has certain jobs about feeding; these belong to the caregiver, but do not belong to the child. The child has certain jobs about eating; these belong to the child, not the caregiver. This is just another way of saying the caregiver has feeding jobs that are different from the child’s eating job. The following lays out the separate jobs.

Age Group - Infants

The caregiver is responsible for what the infant is fed. The infant is responsible for how much and when he eats.

Age Group - Toddlers and Children

The caregiver is responsible for what the child is fed, when the child is fed and where she is fed. The child is responsible for how much she eats and even whether to eat.

First, just as you, as an adult, know better than anyone else how hungry you are, the child knows better than anyone how hungry he is. Second, it is normal for a child’s level of hunger and appetite to vary, sometimes even quite a bit, from one feeding to another.

2. Structured Times for Eating

The second concept is structured times for eating. Ellyn Satter, a leading author, trainer, and practitioner about the parent-child feeding relationship, states this concept begins to be used “toward the end of the first year and into the beginning of the second” as the child is able to go longer between feedings. This concept consists of providing opportunities for the child to eat so the child is fed approximately every 2 1/2 to 3 hours. Instead of feeding whenever she is hungry, as with the on-demand feeding of infancy, the child is fed only at meal and snacks. This means the child is not allowed to eat between meals and snacks.

Helping Children Learn Healthy Life-long Eating Skills

Both concepts help children learn healthy life-long eating skills. One skill is learning to eat until feeling full and then stopping. This is a healthy self-awareness skill. The child also learns that even though she is feeling hungry for a short while, she will be able to get enough to eat to take away her hunger and have a pleasant feeling of fullness. Overall, this is building her internal trust about her eating. These concepts also help the child come to a meal or snack with a good appetite. When the child...
likely to try a food that is new to her and has a good appetite, the child is more likely to eat, know how much to eat, will eat a variety of foods, and will mature with their eating. These capabilities can be supported and strengthened by the feeding behaviors used by the caregiver. They can also be undermined by the feeding behaviors used by the caregiver. In order to support these capabilities, the caregiver needs to trust that each child has these capabilities. Sometimes it can be difficult to trust a child’s capabilities. This struggle about trusting may require a caregiver to seek help to understand why she struggles with trusting children’s eating capabilities and then to gain trust about children’s eating capabilities.

Gifts for Caregivers

By learning to incorporate these concepts into the feeding of children, caregivers provide several gifts to themselves: 1. Care giving becomes easier and meal-times become more pleasant; 2. You know you are providing care in a way that builds trust, builds lifeskills, and provides a safe and loving relationship; 3. You help children enjoy one of life’s great pleasures—eating; and 4. You provide children with skills to thrive in today’s challenging eating environment.

If you’d like to read more about this approach, I recommend any books by Ellyn Satter. They include Child of Mine, How to Get Your Kid to Eat, But Not Too Much, and Secrets of Feeding a Healthy Family. Her website is www.ellynsatter.com. Another excellent website is one on feeding young children in group settings at www.ag.uidaho.edu/feeding/index.htm.

You Are Invited To A Unique Learning Experience

Stanton H. Wolfe, DDS, MPH, State Oral Health Director Bureau of Community Health

Tuesday, March 18 and Thursday, March 27, 2003
Connecticut Department of Public Health
470 Capitol Ave, Hartford, CT
Conference Room C (near the cafeteria)
4:00 – 6:00 PM

The Connecticut Department of Public Health is pleased to offer a new, exciting and innovative education program called OPENWIDE. OPENWIDE is a training curriculum for non-dental professionals who work with children, designed to educate and raise awareness about oral health and provide guidance and prevention strategies to bring the mouth back into the rest of the body.

Good oral health is essential to general health and well-being. Dental decay is the most common chronic disease of childhood, being five times more common than asthma. Oral disease has been reported among the most frequent reasons for children’s absence from or poor performance in school. Parents and caregivers often do not have an opportunity to learn about oral health and dental disease prevention until their child’s first dental visit, usually at age 3 or older, an age when the child may already have severe dental disease. It is very important, therefore, that all health and childcare workers engage more fully in oral health promotion and disease prevention for children at a very early age.

Learn how to: 1) raise awareness, educate, promote oral health; 2) do a simple risk assessment for dental disease; 3) recognize dental decay; and 4) provide appropriate prevention interventions.

To register for this program, or to obtain more information, please contact Hector Colon of the Department’s Oral Health program: phone (860) 509-8060 or e-mail hector.colon@po.state.ct.us.

If you would like to be on our mailing list for other trainings sessions to be held in other parts of the state, please also notify Mr. Colon using the same contact information noted above.

Regulating Hot Water Temperatures to Prevent Scalds

Laurie Audette
Child Care Licensing Specialist

A FREQUENTLY ASKED QUESTION BY CHILD DAY CARE PROVIDERS

Question: During a recent licensing inspection, the water temperature at the handwashing sink was tested, and it measured over scalding. What can I do to regulate the water temperature so it is not too hot?

Background: According to the Connecticut Child Day Care Center/Group Day Care Home Regulations, Section 19a-79-7a(e)(3), the acceptable range for water temperature is 105°F to 115°F at the tap. Hot water that exceeds 120°F may be considered a safety hazard (Section 19a-87b-(9)(b)) in family day care homes because it can scald the sensitive skin of young children.

The U.S. Consumer Product Safety Commission’s National Electronic Surveillance System (NEISS) reported that for children under fourteen years of age, there were at least 25,500 scald burns treated in hospital emergency departments during 2000. The National Safe Kids Campaign reported that “hot tap water accounts for nearly one-fourth of all scald burns among children and is associated with more deaths and hospitalizations than other hot liquid burns.” Young children have thinner skin than older children and adults. Exposure to tap water at 140°F for three
seconds will cause a third degree burn and require hospitalization.
http://www.safekids.com/

**What is a Child Care Provider to do?**

According to the Connecticut Department of Public Health (DPH), Office of Building and Fire Safety, there are several options for regulating the water temperature:

1. Install a thermostatic mixing valve.
2. Lower the temperature of the hot water heater.
3. You should also periodically test the water temperature with an accurate thermometer to assure consistency, as you must ensure that the devices are properly working at all times. You may want to keep a log of the temperature readings and the regular maintenance of your system may be necessary. There are pros and cons to each option, and you may find some are more reliable than others.

A licensed plumber may be able to make recommendations for the best options at your facility, and you may also want to consult with a local health or building official to ensure that the option you choose is compliant with local plumbing codes.

For questions regarding child day care licensing, please call the DPH Child Day Care Licensing HELP DESK at (800) 282-6063 or (860) 509-8045.

In June 2002, the Governor signed a new Connecticut law, which applies to child day care centers and group day care homes. This new law addresses the needs of children with allergies. The law states that after January 1, 2003, children shall not be denied admission because of an allergy or because the child has a prescription for an “automatic prefilled cartridge injector,” commonly known as an EpiPen®. Centers and group day care homes must have trained staff on site within three weeks of the child’s enrollment. Parents are responsible for providing the EpiPens®.

The Department of Public Health will be writing new regulations for child day care centers and group day care homes, which will provide additional details to these facilities on the new law. Child day care centers and group day care homes will be notified by the Department when the regulations are effective.

To comply with this new law, staff at child day care centers and group day care homes will have to receive training in medication administration. Healthy Child Care Connecticut has developed a medication administration training program, which meets the requirements of the Department of Public Health. This course covers principles of medication administration and administration of oral, inhalant, topical and emergency injectable medications. In addition, Healthy Child Care Connecticut is developing plans to offer training for yearly renewals of emergency injectable medication certification. Approval to administer emergency injectable medications (EpiPens®) must be renewed every year. Approval to administer oral, topical and inhalant medication administration is good for three years. However, prior to being approved to administer an EpiPen®, child care providers must first be trained in the general administration of medications, including oral, topical and inhalant medications.

While the new law deals specifically with children with allergies, most child day care centers are also subject to the Americans with Disabilities Act (ADA). The ADA requires that child day care programs provide reasonable accommodation for a child with an identified disability. The administration of medications may be required as a reasonable accommodation when medication administration is necessary to allow a child with a disability to participate in a child day care program. The ADA applies to all child day care programs, both public and private and regardless of size, except those that are operated by religious entities. Under the ADA, child day care programs cannot exclude children with disabilities unless their presence would pose a direct threat to the health or safety of others or would require a fundamental alteration to the program.

The ADA is a federal law. The federal Department of Justice, which enforces the ADA, has issued guidance on the ADA for child day care centers, entitled “Commonly Asked Questions about Child Care Centers and the Americans with Disabilities Act.” The guidance specifically addresses the responsibility of a child day care program to give medications in order to make the program accessible to a child. For a copy of the guidelines, please call Healthy Child Care Connecticut at (888) 608-7830. You can also call Healthy Child Care Connecticut for a schedule of medication administration training sessions.
Play Promotes Children’s Language and Literacy Development

Paul Flinter, Ph.D.
Bureau of Early Childhood Education and Social Services
CT Department of Education

HOW PLAY CREATES RICH LEARNING OPPORTUNITIES

Play environments have powerful effects on children’s learning and they make possible valuable opportunities for literacy and language learning. Mixing reading, writing and talking with play does not harm children. Rather, it can be supportive of children’s development. During play, children experiment, pursue interests, interact with others, talk, question and listen. These behaviors are wonderful companions of developing language and literacy abilities. For example, in dramatic play, children are involved with other children, acting out and moving, observing and repeating their successes. These actions foster the mental processes associated with literacy such as looking for facts, predicting what comes next and remembering details. In play environments that are rich with the tools of literacy such as signs, paper, pencils, markers, books, index cards, envelopes and file folders, children can explore the functions and features of literacy such as playing with print and making connections between oral language and writing. As children talk during their play and the teacher interacts with explanations and questions, children’s language skills are extended and their vocabulary becomes enriched.

When a teacher uses questions like how do you think...?, why do you think...?, I wonder what would happen if...?, the teacher is helping children to problem solve, wonder and imagine. These are all necessary for literacy development.

ROLE PLAYING IN SIMULATED ENVIRONMENTS POWERS LANGUAGE AND LITERARY DEVELOPMENT

Play is most closely linked to language and literacy development, when teachers create defined places for children to play. Pretend places, such as post offices, restaurants, grocery stores, travel agencies, houses, libraries and veterinarian’s offices, bring every day life into opportunities to experiment, pursue interests, and deeply explore. Small blocked off areas in a room are helpful because they allow for greater child-to-child interaction and language use. In these play environments, materials that are familiar to the children, those materials that they see and know in the outside world, help curiosity and exploration.

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Learning Social Skills from page 2.

around their special interests and talents, allowing the investigation of their world, while utilizing their existing knowledge as a building block to gain additional knowledge. The National School-Age Care Alliance Standards for Quality School-Age Care provides a resource for information on quality programming. Standard 9b states,”The program’s indoor space meets the needs of the children and youth ... and is arranged well for a range of activities: physical games and sports, creative arts, dramatic play, quiet games, enrichment offerings, eating, and socializing.” Standards 13 a-c state, “Children and youth can choose from a wide variety of activities... with regular opportunities for active physical play, creative arts and dramatic play, quiet activities and socializing.”

After-school programs provide a social environment which is less structured and more informal than the academic part of the child/youth’s day and is therefore able to encourage free exploration and provide numerous learning opportunities, including those:

• To make decisions and be responsible for those decisions and their actions;
• To interact with peers and others, cooperate and negotiate;
• To handle emotional situations and resolve conflicts, and play fair;
• To develop community awareness;
• To organize their time and expand their interests;
• To problem solve and practice coping mechanisms;
• To be responsible for their personal space;
• To gain knowledge of self and develop healthy habits;
• To be creative;
• To develop self-esteem and take appropriate risks;
• To gain understanding of the social world and develop community awareness;
• To integrate behaviors to accomplish a goal; and
• To appreciate multiple perspectives, show respect, and develop teamwork.

For many children and youth a significant portion of the day is devoted to adult-directed, structured endeavors. The after-school program provides opportunities for time to play, freely interact, and take part in child-directed, child-initiated experiences which afford children and youth the ability to learn the important social skills necessary for healthy growth and development.

Resources

Ready to Use Social Skills Lessons and Activities for Grades 1-3 (4-6 and 7-12) (three-part series) by Ruth Weltmann Begun, Editor, The Society for Prevention of Violence with the Center for Applied Research in Education. The books for grades 1-3 and 4-6 are available to borrow from the CSACA library, 12 Melrose Ave., Branford, CT, phone (203) 483-1846, Fax (203) 481-7160.◆
I am currently an informal care provider. I am considering becoming licensed. What steps do I have to take?

Child Care 211 Infoline can help you start the process to become licensed. They have an informational packet that can be sent to you along with the paperwork to request a formal application from the Department of Public Health. Let's take a moment and briefly discuss the basic qualifications to be a licensed family day care provider:

• First of all, you must be twenty years of age or older. You will need to provide three personal references to the State (one may be a family member).
• You and other household members must have a recent physical exam (within 12 months) including a tuberculosis test.
• Everyone over 18 years of age in the household will also need to undergo a criminal background screening, including fingerprinting.
• And you must obtain an Infant/Child First Aid Training certification.
• Follow these steps and you are on your way to starting a career as a Family Day Care Provider. Just call Child Care 211 Infoline at 211 or 1 (800) 505-1000 to request a New Provider Packet to start the process. Good luck!

I am a licensed family day care provider. How do I find out if my child care rates are in line with what other providers are charging in my area?

Average child care fees in Connecticut depend on the town you are in and the type of child care program you are running. For example, generally speaking, child care centers and group homes charge a higher rate than family day care providers. The area of the state in which you reside will also affect the average cost charged. Do you offer meals, diapers and wipes, evening child care? All of these services may also influence what you charge. Child Care 211 Infoline can run an average fee analysis report, just call 211 or 1 (800) 505-1000. This information is available by state, CT Health and Human Services region, county, municipality, main town and zip code. Child Care 211 Infoline updates the fee information directly from child care programs twice a year.

While you're on the phone with Child Care 211 Infoline, check out the other child care reports that are available.

CONCLUSION

The enjoyment of play is also the source for promoting children's language and literacy learning. When teachers intentionally allow for children to engage in play related literacy activities, they create a very effective approach that helps children to become emerging readers and writers. Play is a natural circumstance for early language and literacy experiences to occur.