

Michigan Child Care Matters

Department of
Human Services

ISSUE 80, WINTER 2008
Serving Children with
Special Needs

FROM THE DIRECTOR

Both home and center rules have daily program requirements. The rationale for these rules is simple: Having planned daily activities helps to foster children's physical, social and emotional growth and development.

Every child is unique, with individual needs. One of the challenges caregivers face every day is recognizing children's talents and skills, and nurturing them so that each child is able to reach his or her full potential. This is not always as easy as it seems, especially when a child has special needs.

Fortunately, there are many resources and services available to parents to assist them in meeting the needs of their children. This issue of Michigan Child Care Matters focuses on ways caregivers can address these special needs.

Some of the programs that you as a child care provider should be familiar with are outlined here.

Early On[®] Michigan is the system of early intervention services for infants and toddlers, birth to three years of age, with disabilities or delays, and their families.

Vision Screening. All county or district health departments have a Vision Screening Program which includes initial screening, retesting, and referral of children.

Hearing Screening. The Hearing Screening Program supports local health department

screening of children at least once between the ages of three and five years and every other year between the ages of five and 12 years to prevent permanent repercussions of hearing impairment.

The Children with Special Needs Fund provides services and equipment to children with special health care needs that no other resource - including state or federal programs - provides. For eligible recipients, the Fund may provide partial or full funding for the following:

- Wheelchair ramps into homes
- Van lifts and tie downs
- Air conditioners
- Electrical service upgrades for children's equipment

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This publication provides topical information regarding young children who are cared for in licensed child care settings. We encourage child care providers to make this publication available to parents of children in care, or to provide them with the web address so they may receive their own copy. All issues are available at the Child Care Licensing web page:

www.michigan.gov/dhslicensing
Child Care

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Child Care Expulsion Prevention (CCEP) programs provide early childhood mental health consultation for parents and child care providers caring for children ages 0-5, who are experiencing behavioral or emotional challenges that put them at risk for expulsion from child care.

We are all members of a team whose goal is to provide the best possible outcomes for children in out of home care. We cannot do it alone, but together we can succeed.

James S. Sinnamon, Director
Child Care Licensing Division

ARE YOU CONCERNED ABOUT THE DEVELOPMENT OF A CHILD IN YOUR CARE?

Victoria Meeder, Marketing/Public Awareness Supervisor
Early On® Public Awareness and Project Find Michigan

The first few years of a child's life are very important, and children grow and learn at different rates. If you have questions about how a child in your care is developing or if you think that a child might need extra help, "Don't worry. But don't wait." Call 1-800-EARLY ON (1-800-327-5966) to make a referral for a child. Or share the *Early On* toll-free number with parents.

The kinds of concerns you may have for a child in your care could be due to their hearing and/or vision, gross or fine motor development, communication (speech/language), or social or emotional concerns.

Early On® Michigan is the system of early intervention services for infants and toddlers, birth to three years of age, with disabilities or delays, and their families. *Early On* is available to every local area in Michigan so that families may get the help they need for their children. Families who call *Early On* will find friendly, supportive, and knowledgeable people who will talk to them about their child's concerns. Sometimes, *Early On* will arrange a free evaluation. If the evaluation shows that their child needs help, we'll tell the families how to get that help at little or no cost.

If you would like to order materials to help and support the children in your care, *Early On* provides brochures, child developmental wheels, and posters at no cost. Visit our website at www.1800EarlyOn.org to place an order or call us at 1-800-EARLY ON (800-327-5966).

Early On is supported by funding from Part C of the Individuals with Disabilities Education Act (IDEA) through the Michigan Department of Education, Office of Early Childhood Education and Family Services.

BEHAVIORAL CHALLENGES IN CHILD CARE? MICHIGAN'S CHILD CARE EXPULSION PREVENTION (CCEP) INITIATIVE CAN HELP

Mary Mackrain
Statewide CCEP TA & Training Consultant

Early support of the social and emotional health of infants, toddlers and young children can create a healthy blueprint for learning that will last a lifetime. Young children need consistent, safe, and nurturing care. This allows them to experience, regulate and express emotions, to form close, secure relationships and to explore the environment and learn.

These are the skills that support children's success in school and life. Over 86% of Kindergarten teachers polled nationally said that paying attention, not being disruptive, and getting along with others were the keys to success in Kindergarten; only 27% felt counting to 20 was essential (Mason-Dixon Polling for Fight Crime: Invest in Kids).

In Michigan nearly 61% of children under the age of six require child care. Many families of infants, toddlers and young children are struggling due to behavioral challenges that may put their child care at risk. A national study on Pre-Kindergarten expulsion, led by Yale University Child Study Center researcher Walter S. Gilliam, reports that there are more expulsions in Pre-K than in all primary grades combined. The Center for Evidence Based Practice reports that approximately 10-15% of young children have regular mild to moderate behavioral problems. Many child care providers report that they need and want help so that they can support children to stay

in child care. In 1998, Michigan became one of the first states to establish an early childhood mental health consultation initiative to address this problem called the Child Care Expulsion Prevention (CCEP).

CCEP is funded through the Michigan Department of Human Services and administered by the Michigan Department of Community Health (MDCH). MDCH contracts with community mental health agencies to implement CCEP projects at the local level, in partnership with local and regional 4C and Michigan State University Extension Offices.

CCEP programs provide free on-site early childhood mental health consultation for parents and child care providers caring for children ages 0-5, who are experiencing behavioral or emotional challenges that put them at risk for expulsion from child care. CCEP also provides consultation for child care programs that want to improve their social and emotional quality

of care for all children. CCEP projects serve licensed child care centers, licensed group homes, registered family homes, day care aides, and relative care providers.

To get more information about CCEP, please call Mary Mackrain, Statewide CCEP Technical Assistance and Training Coordinator, 248/594-3250 or e-mail at Mackrain@aol.com ❖

CCEP programs offer short-term child/family-centered consultation for children and their families to include:

- Intake
- Observation at home and child care
- Standardized social and emotional assessment
- Planning and strategizing
- Coaching
- Building relationships!

Programmatic consultation to include:

- Intake
- Observation at child care
- Planning and strategizing
- Coaching
- Social and emotional based trainings

Currently, there are 16 CCEP projects serving 31 Michigan counties.

UNDERSTANDING CHILDREN WITH ADD/ADHD

Jackie Sharkey, Licensing Consultant
Macomb County

There are many challenges in the business of child care. When it comes to the behavior of children, attention deficit disorder (ADD) and attention deficit/hyperactivity disorder (ADHD) are becoming quite common. Children who have ADD have the same symptoms as those with ADHD except they do not show signs of overactivity. Children with ADD may appear sluggish, anxious, shy or unmotivated. These children will often be labeled lazy. Children that are overactive, impulsive, have trouble paying attention for more than a few minutes and have trouble controlling their behavior may have ADHD. Both can be difficult to diagnose since they share many of the same symptoms as other disorders.

Children diagnosed with these disorders often know their behavior is disruptive but they cannot seem to do anything about it. The symptoms usually start before 7 years of age. The common symptoms for 3 to 5 year old children include the following:

- are constantly in motion
- find it hard to sit still
- play only briefly with toys, and go from one activity to another
- have difficulty responding to simple commands
- play in a way that seems noisier than that of other children
- talk nonstop and often interrupt others
- have trouble sharing, waiting, and taking turns; often take things away from others with little regard for their feelings
- misbehave regularly
- have trouble keeping friends

Symptoms of children 6 to 12 years of age:

- often get into dangerous activities without thinking about what will happen
- fidget and squirm restlessly in their seat and often wander around the classroom
- are easily distracted and don't finish assignments or chores
- have trouble following through on instructions
- play in an overly aggressive way

- talk at inappropriate times and often blurt out answers to questions
- have difficulty waiting in lines or taking turns in games or group situations
- are disorganized and often lose things; make careless mistakes at school and home
- have inconsistent school performance
- are socially immature, with few friends
- have a poor reputation among peers
- have been labeled as unmotivated, lazy, daydreamers

The causes of ADD/ADHD are not clearly known. Some studies suggest the following possible causes:

- problems with the chemicals that send messages in the brain
- heredity
- exposure to toxins
- childhood illnesses
- developmental problems
- brain injury

Management of ADD/ADHD is important for the child, family, child care professionals and the other children in the child care program.

- keep the child on a daily schedule with consistent daily routines
- avoid activities or environments that may be overly stimulating
- reward the child when he is doing something right.
- use positive reinforcement to help the child feel good about himself
- ignore the behavior by walking away if the child is misbehaving
- distract the child with another activity if the child is overexcited
- remove the child from the situation if the child acts out with hitting or biting
- use quiet time alone if needed to calm the child down
- discuss the child's behavior with him when he is calm and make sure he understands the consequences of that behavior.

Struggling with Challenging Behaviors? CCEP Offers New Training Series

Mary Mackrain
Statewide CCEP TA & Training Consultant

Michigan's Child Care Expulsion Prevention Programs (CCEP) across the state are offering a 12-hour, information packed social and emotional training series. The training series consists of four modules listed below:

Foundations of Social and Emotional Development

Participants will learn about, observe and begin to understand and recognize critical social and emotional milestones of children ages 0-5.

Preventing and Working with Challenging Behavior

Participants will learn about and practice planning for universal prevention strategies that benefit the social and emotional health of all children as well as strategies to assist children with challenging behaviors

Conflict Resolution

Participants will be trained utilizing a conflict resolution approach designed for young children aged 18 months to six years. The approach is based on six simple mediation steps that child care providers and parents can use with children during emotionally charged conflict situations. The steps are: (1) Approach calmly, stopping any hurtful actions; (2) Acknowledge children's feelings; (3) Gather information; (4) Restate the problem; (5) Ask for ideas for solutions and choose one together; and (6) Be prepared to give follow-up support.

Caring for the Caregiver

Participants will learn about adult caregiving characteristics that build trust and support healthy

relationships with very young children. They will reflect and engage in learning experiences that connect them with their own culture, values, and belief in regards to caregiving practices. Lastly, participants will set realistic, measurable goals for themselves that will enhance the quality of the social and emotional care they provide.

Each training module within the four part series is 3 hours in length and will be offered in differing schedules that best meet the needs of child care providers and parents (i.e. evening sessions,

weekend training). All trainings will cover the 0-5 age range with a heavy emphasis on infants and toddlers. The trainings are free of charge.

The series is open to all child care providers and parents, to include licensed center based care and group home providers, registered family homes, and enrolled relative care providers and day care aides. The trainings will also be open to other early childhood professionals within the community. These trainings will be offered at least two times a year across CCEP service areas as part of CCEP programmatic services.

For more information on this training series please contact: Mary Mackrain,

Statewide Technical Assistance and Training Coordinator at 248/739-1414 or by e-mail at Mackrain@aol.com ❖

CCEP programs provide free on-site early childhood mental health consultation for parents and child care providers caring for children ages 0-5, who are experiencing behavioral or emotional challenges that put them at risk for expulsion from child care. CCEP also provides consultation for child care programs that want to improve their social and emotional quality of care for all children. CCEP projects serve licensed child care centers, licensed group homes, registered family homes, day care aides, and relative care providers.

CARING FOR DRUG AND ALCOHOL EXPOSED CHILDREN

Laura Schott, Licensing Consultant
Macomb County

Use of drugs and alcohol skyrocketed in the late 1980s and 1990s leading to high numbers of drug exposed children. It has been estimated that between 550,000 and 750,000 children are born each year in the United States exposed to drugs and/or alcohol.

Drug and/or alcohol exposed children are also at greater risk for:

- mental illness or emotional problems
- physical health problems
- learning problems, including difficulty with cognitive and verbal skills, conceptual reasoning, and abstract thinking

Children who have been exposed to alcohol and/or drugs prenatally exhibit conditions often referred to as “medically fragile.” These conditions include low birth weight, prematurity, failure to thrive, neurobehavioral symptoms, infectious disease, Sudden Infant Death Syndrome, and Fetal Alcohol Syndrome.

Developmental patterns in children exposed prenatally to drugs and/or alcohol by age groups include:

Birth to 15 months: Children in this age group may have unpredictable sleep patterns, feeding difficulties, irritability, atypical social interactions, delayed language development, and poor fine motor development.

16 months to 36 months: Children in this age group may have atypical social interactions and minimal play strategies.

Three to five years: Hyperactive, have a short attention span, lose control easily, have mood swings, and have problems moving from one activity to another. Children in this age group may also experience difficulties processing auditory or visual information/instructions.

School and Teenage years: There has been insufficient research done into the long term effects of drug exposure on older children and teenagers. We do know that the behaviors described above

make children in this group at greater risk for abuse and neglect, learning disabilities and behavioral problems. It is crucial to identify these problems as early as possible and seek interventions to help these children.

Techniques in working with drug and/or alcohol exposed infants and very young children include:

- Providing a calm environment: low lighting; soft voices; slow transition from one activity to another.
- Being aware of signs of escalated behavior and frantic distress states before they occur, e.g., increased yawns, sneezes, increased muscle tone and flailing, irritability, disorganized sucking, and crying.
- Using special care and calming techniques on a regular basis, such as swaddling the infant while being held, using a pacifier, rocking, holding, or placing the infant in a swing.
- Encouraging developmental abilities when the infant is calm and receptive, using one stimulus at a time.
- Gradually increasing the amount and time of daily developmental activities; encouraging the child to develop self-calming behaviors and self control of his own body movements.

Following are some guidelines to consider when working with drug and/or alcohol exposed children:

Concrete: Talk to the children in very concrete terms; do not use idioms or words with double meanings.

Consistent: Try to have as few changes as possible in the environment. Use the same words for key phrases and oral directions.

Repetition: Short term memory problems are common among these children. In order for something to be stored in their long term memory it may need to be re-taught over and over.

Routine: Stable routines from day to day will help decrease anxiety, enabling the children to learn.

Simplicity: Remember to keep it short and sweet because drug and/or alcohol exposed children are easily over-stimulated, leading to a “shutdown”.

Specific: Say exactly what you mean, giving step by step directions, as these children have difficulty with abstractions, generalization, and not being able to “fill in the blanks” when given directions.

Structure: Structure is the “glue” that makes the world make sense for children exposed to alcohol and/or drugs. If this glue is taken away the walls fall down! Providing structure as a permanent foundation helps them achieve and become successful.

Supervision: Because of their cognitive challenges, they need constant supervision to develop patterns of appropriate behavior.

It is important to become part of the team serving the child when working with a drug and/or alcohol exposed child. Speaking with the parent(s)/guardian(s), medical staff, social workers and other team members about the child’s behaviors is critical. Learn about the care routine, control techniques, and background of the child in your care.

You can make a difference in the life of the drug and/or alcohol exposed child. Together with the team members, you can witness positive growth and development of a child who once was at great risk. ❖

Children with ADD/ADHD

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Smaller group settings are easier for ADD/ADHD children to handle and should be used whenever possible. It is important to remember that children with ADD/ADHD do as well in school as their peers.

Exercise may be used to try to improve coordination and increase the child’s ability to handle activities that can overstimulate him. While exercise may help, it works mostly because the child gets more attention and this increases his self-esteem.

Medications are often used to treat ADD/ADHD. It is important to know that there may be side effects such as headaches, sleeplessness, loss of appetite, and depression. Talk to the parents about any of these symptoms if they should occur.

Children with ADD/ADHD will never outgrow the problem, but with help and support these children can grow up to become successful and happy adults. ❖



THE AMERICANS WITH DISABILITIES ACT: THE LAW FOR 15 YEARS

Mark Sullivan, Executive Director
Michigan 4C Association

The Americans with Disabilities Act (ADA) is a federal civil rights law, which passed in 1990. Among other things, the ADA prohibits discrimination by child care centers and family/group child care home providers against those individuals with disabilities.

As of January 26, 1992, child care programs, both family/group child care homes and child care centers, regardless of whether or not they receive public subsidies, can no longer discriminate on the basis of disability. Instead, the ADA demands a “new way of thinking” in which the accommodations required by the individual are weighed against the resources available to the child care program to make any necessary accommodations. This evaluation is to be done on a case-by-case basis.

Under the law, people with disabilities are entitled to equal rights in employment, state and local public services, and public accommodations in all regulated child care settings. The ADA requires that child care programs consider making changes in three aspects of their programs.

First, they must make reasonable modifications in their policies, practices, and procedures to accommodate the individual with a disability unless the modification would fundamentally alter the nature of the program and there are no reasonable alternatives. Examples of modifications might include:

- eliminating prohibitions against serving children with disabilities in admission policies;
- eliminating restrictions which prevent children with disabilities who are not toilet trained from being considered for admission;
- providing alternative foods at lunch and snack time for children with food allergies; and/or making a schedule change for a child who takes medication and/or naps in the morning.

Second, child care programs are required to provide “auxiliary aids and services” which are designed to

ensure effective communication, such as interpreters, audiotapes, large print materials, etc., for those with disabilities affecting hearing, vision, or speech. These services and devices are required unless doing so would fundamentally alter the nature of the program or would impose an undue burden on the program and there are no alternative steps that can be taken. An undue burden means significant difficulty or expense. Examples of auxiliary aids and services might include:

- purchasing large print books; learning some sign language or hiring an interpreter; and/or
- putting a Braille label on the cubby of a child who is blind.

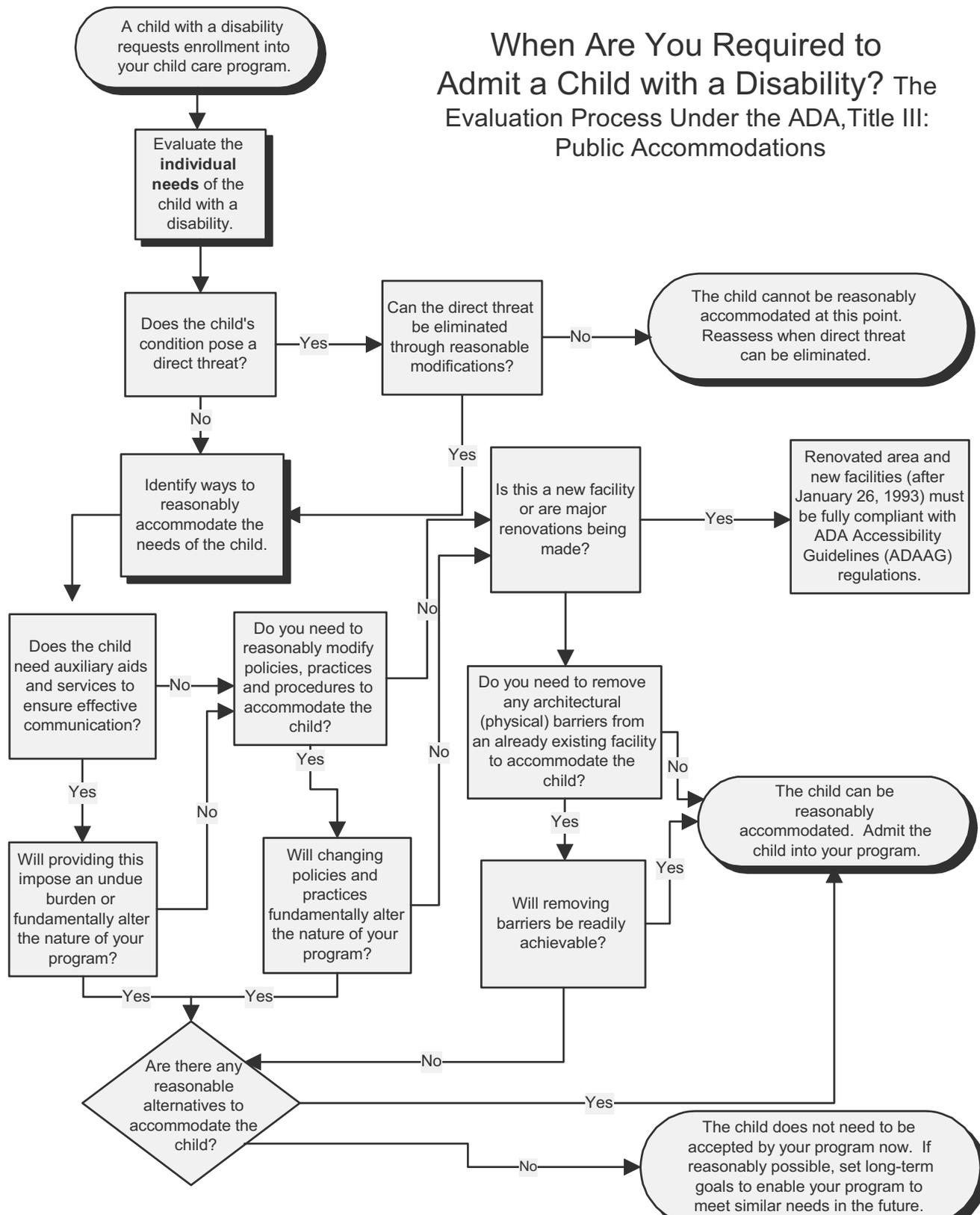
Lastly, any architectural barrier, which prevents access to services, must be removed if removal is readily achievable. Readily achievable means easily accomplishable and able to be carried out without much difficulty or expense. When barrier removal is not readily achievable, programs must make the services available through alternative methods, if the alternative methods are themselves readily achievable.

Parents who have children with special needs consider the law good news. It means that their children will have the same rights and considerations as any other child in a child care program. Their children will be included in activities. Their children will receive the same challenges, discipline and nurturing as the other children. They will be included in activities and truly be part of the program.

Consider these ideas:

1. Children with disabilities are children **first**. Just like all children, they need love, acceptance, friends, opportunities to participate, and chances to excel. Don't focus on problems; focus on the child's individual strengths.
2. Resources on hand include the child's family, therapists, or other professionals who provide services. Feel free to ask them as many questions as you need.

When Are You Required to Admit a Child with a Disability? The Evaluation Process Under the ADA, Title III: Public Accommodations



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CHILDREN WITH ASTHMA AND ALLERGIES IN CHILD CARE SETTINGS

Erika Bigelow, Licensing Consultant
Eaton County

Children with asthma and allergies have special needs requiring extra support from their parents and caregivers. This often requires that parents and caregivers have increased knowledge about the condition of the child, the triggers and symptoms, and the strategies for addressing the condition. With parental input, caregivers can be equipped to provide the support needed to allow the children to be active while keeping the asthma and allergies under control.

The American Academy of Pediatrics (AAP) describes asthma as a “chronic disease of the tubes that carry air to the lungs.” The airways of children with asthma become narrow and the linings of the lungs are constantly swollen, irritated, and inflamed. Asthma is a common condition of childhood, affecting 10% to 15% of children. Caregivers need to learn the symptoms of asthma, possible triggers and develop a plan for treating asthma attacks.

Common symptoms of asthma include coughing, wheezing, tightness of chest, and shortness of breath. The symptoms are caused when the passages of the airways become swollen, inflamed, and filled with mucus. When these symptoms occur, breathing becomes difficult for the child. Caregivers and parents should discuss the symptoms specific for each child.

Caregivers also need to be aware of certain triggers that can cause an asthma attack to start or worsen. This allows them to take strides to eliminate those specific triggers from their facility. Common triggers that may cause asthma attacks are: tobacco smoke, pets with fur or feathers, cockroaches, pollen, molds, dust mites, pungent odors from paint fumes, cleaning materials or perfumes, and changes in temperature.

Decreasing the potential for triggers may take extra time and becomes an ongoing effort for caregivers. For example, extra cleaning efforts should be taken to routinely vacuum or sweep floors and furniture. Reduction efforts should be implemented to eliminate bugs, pests and mold from the premises.

Items that attract dust and cannot be routinely washed should not be present in the facility, such as carpets, stuffed animals, and cloth curtains. Caregivers employed in child care centers should advocate for good indoor air quality for their center. Caregivers of home child care facilities should ensure that their air system filters are cleaned regularly. Caregivers should take extra time in planning the environment to accommodate the needs of children with asthma.

Providing proper support for children with asthma also requires that the caregivers know how to respond to the child’s asthma attack quickly and efficiently. Caregivers will need to learn what to do if a child has an asthma attack, such as how to use the child’s asthma equipment, how and when to administer medicine, what to do if the child has difficulty breathing, and what to do if the child does not improve very quickly. An individualized emergency plan should be developed that can be used in case of an asthma attack. The plan should include, at minimum, the names, doses, and methods of administering medication to the child, and how to use epinephrine auto-injector devices if a physician prescribes one. With the parents’ permission, a photo of the child and what they are allergic to should be posted in an area that will be visible to all staff. Caregivers should periodically review the plan and become familiar with the equipment so that they are able to respond to a child with confidence and efficiency.

Just as it is important for caregivers to be knowledgeable about asthma, they must also be knowledgeable about allergies and the special needs associated with children with allergies. Caregivers should know how to identify allergen triggers, how to reduce the potential for triggers, understand medication and how to manage symptoms. Again, this will require planning, preparation, communication and learning on the part of the caregiver.

According to the AAP, the causes of allergies are not known; however, children acquire allergies by

coming into contact with allergens. Common allergy reactions are hay fever, food allergies, eczema, hives, allergic conjunctivitis, and contact dermatitis; however, it is important for caregivers to understand that reactions can differ between children. Caregivers will need to discuss and understand the specific symptoms that the child in care presents. This is imperative because some symptoms can cause a life-threatening reaction.

Caregivers also need to be aware of triggers of allergies, which can be found in food and in the environment. The most common foods responsible for allergic reactions are cow's milk, eggs, peanuts, wheat, soy, fish, shellfish, and tree nuts, though any food can produce an allergic reaction. Reactions from food can come through tasting the food and also through touching or inhaling the food. Common environmental triggers can include tobacco smoke, perfume, pets, cockroaches, insect venom, dust mites, mold, pollen, and latex gloves. These lists are not exhaustive; therefore, caregivers need to communicate with parents to understand the known triggers for their children in care.



Some common allergy symptoms include:

- Inconsolable crying
- Itchy throat
- Listlessness
- Tightening or closing of the throat
- Nasal congestion
- Swelling of the lips or joints
- Runny nose
- Nausea/ vomiting/ stomach cramps/ diarrhea
- Hives/skin rash
- Shortness of breath
- Itchy/blotchy skin
- Wheezing
- Coughing
- Lightheadedness or faintness

Environmental allergens can be reduced by removing carpeting in the child use area and keeping windows of the facility/home closed at night. Caregivers must ensure that smoking does not occur during child care hours and must notify parents if smoking occurs outside of hours of operation. Outdoor play activities can be scheduled during non-peak periods, such as afternoons, to decrease the exposure to pollen. Proper storage of garbage in covered containers, restricting eating areas, and removing insect nests can decrease the occurrence of insects.

Food allergens can be reduced through a variety of methods. Caregivers can implement rules restricting food sharing and trading. Policies can be developed to mandate that children with food allergies eat only food that is prepared at their homes. All staff and children must utilize proper

handwashing techniques before and after eating. Caregivers need to be wary that there is not cross-contamination of surfaces including cooking, serving and cleaning-up of food. Latex gloves should not be used when preparing food.

Children with asthma and allergies have special needs and require extra support. Through communication with parents, extra time taken in preparation, and education, the caregiver can meet these needs while providing a safe environment for the children. ❖

Can You Hear Me Now? When Challenging Behaviors Are a Result of Speech and Language Delays

Lynnell P. Morrison, Consultant
Child Care Expulsion Prevention

As an early childhood Child Care Expulsion Prevention (CCEP) mental health consultant, I have seen first hand problems that result from lofty expectations regarding language acquisition. Some children between the ages of one and four acquire language with little to no difficulty, others may be wordless until the age of two and a half and then immediately start talking in three-word sentences. There are also children who may use several words at around ten months but add very few additional words over the following year.

When there is a delay in language development, there is usually another means of communication that children utilize. Children may hit, bite, kick, and scream in an attempt to communicate their want or need. Consequently, children may be labeled as a 'problem child' because the parent or provider lacks an understanding of language development and delays or when to seek a professional opinion.

A language delay is language development that is significantly below the norm for a child of a specified age. Between birth and 6 months a child should be observed frequently cooing, smiling at the person speaking to them, turning his/her head to localize a sound, and expressing distinct cries to communicate different needs. Between 6 to 12 months, a child should respond to his/her own name and simple requests, begin to change babbling to jargon, show an understanding of simple commands, and speak one or more words. From 12 to 24 months, a child should be able to follow simple commands, name common everyday objects, know five body parts, and identify pictures in a book when named.



By 24 months, a child should be able to speak 30-50+ words. Between 24 and 36 months, a child should be able to follow two-part commands, use 2-4 word phrases, understand object functions, use several question words, and speak 50-250+ words. Finally, between 3 and 5 years, a child should have a sentence length of 4-5 words, tell two events in chronological order, count to 10, answer questions about functions, and accurately tell about experiences outside the child's immediate context.

Specific symptoms of a language delay include, but are not limited to, not babbling by 12-15 months, not understanding simple commands by 18 months, not talking by age two, not using sentences by age three, and not being able to tell a simple story by

ages four or five. Children who are not talking at all by age two should first be given a full hearing evaluation and then be referred for a complete developmental assessment. Impaired hearing is one of the most common causes of language delay.

Normal milestones are typically achieved when parents and

providers support language development by repeating, simplifying, and utilizing cues when interacting with children from birth to age three. Parents and providers can also support language development in preschool aged children by turn taking, initiating, expanding topics, using/maintaining eye contact, using physical directives, and relating actions with objects.

When a child exhibits a challenging behavior (i.e., kicking, hitting, biting) due to lack of language skills, the best plan of action is to look, listen, and be

patient. When observing, take note of the child's intention. Notice if prior to the action he or she was trying to get a toy from another child, feeling inadequate about not being able to accomplish a goal, trying to get someone's attention, taking revenge on someone who has done something to him or her, or simply attempting to ask for help without having the words to do so. Often we tell children to use their words without giving any thought as to whether or not they have the words to use. Sometimes it is as simple as coaching them through the incident and giving them the right words, as opposed to assuming they know what to say and are just giving you a hard time. Encourage children to ask before touching another child, tell the child being hit to remind the one who hit him of the rule regarding asking before touching. If we want children to be respectful, we have to teach them how and be consistent. Make asking a rule that you use all the time and reinforce the rule.

Studies show that babies are born with millions of brain cells. The places where brain cells connect are called synapses. When synapses are stimulated over and over by repeated experiences, that pattern of connections is "hard-wired" in the brain. Connections that are not stimulated by repeated experiences fade away. Repeated positive experiences along with patience, love, and understanding help a child at any age acquire language that will last a lifetime. ❖



Americans with Disabilities Act Con't. from page 8

3. A medical diagnosis does not tell you about a particular child. Each child is **unique**. You will want to meet a child ahead of time so you, the family, and the child can decide if it is a good match.
4. Take time with the family to go over your daily activities so that together you can develop a plan that addresses the child's specific needs. If therapists are working with the child, include them in your discussions.
5. Plan ways to keep lines of communication open with family members and therapists. Contact them whenever you feel additional guidance is needed.
6. Take advantage of the resources available from your local 4C regional office. Contact your local 4C by calling 1-866-424-4532. All of the 4C offices can assist you in finding information, training or support services. There may be other providers who have experienced this same transition. Further, ask the 4C staff person when the next "**Inclusive Child Care**" course is being offered and get signed up!
7. Contact your local Intermediate School District or the "Early On" Coordinator in your area. Early On or Special Education may have services, which they can offer to children at your program site. For more information call 1-800-Early-On (1-800-327-5966) or visit Early On of Michigan at www.1800earlyon.org.
8. Visit the ADA websites to learn more about the law and how it applies to you. The U.S. Department of Justice answers questions about the ADA and provides free publications by mail or fax through the Information Line at (800) 514-0301 (voice), (800) 514-0383 (TTY) or visit <http://www.usdoj.gov/crt/ada/childq&a.htm>

Inclusive services help to ensure that all children experience the benefits of living and growing together. Inclusive practices help create an atmosphere in which children are better able to accept and understand differences among themselves. Children begin to realize and accept that some people need to use wheelchairs, some need to use hearing aids, and some use their arms and legs in different ways. ❖

UPCOMING PROFESSIONAL DEVELOPMENT SEMINARS, CLASSES AND OTHER TRAINING OPPORTUNITIES

Michigan Collaborative Early Childhood Conference

January 23-25, 2008
Hyatt Regency, Dearborn, MI
(517) 336-9700
conference@miaeyc.org
www.miaeyc.org

Macomb Early Childhood Conference: Making the Connection for Positive Guidance

January 26, 2008
Macomb Community College
Warren, MI
(586) 286-2190

Kent Regional 4C's Annual Early Childhood Conference

January 26, 2008
Grand Rapids, MI
www.4Cchildcare.org

Michigan Head Start Association Annual Conference

February 27-29, 2008
Kalamazoo, MI
517-374-6472
www.mhsa.ws

MiAEYC Administrators Institute

March 4, 2008
Macomb ISD, Clinton Township, MI
(800) 336-6424, (517) 336-9700
conference@miaeyc.org
www.miaeyc.org

MiAEYC Annual Early Childhood Conference

April 10-12, 2008
Amway Grand Plaza Hotel and DeVos Place
Grand Rapids, MI
(888) 666-2392, (517) 336-9700
conference@miaeyc.org
www.miaeyc.org

National Institute for Early Childhood Professional Development

National Association for the Education of Young Children
June 8-11, 2008
New Orleans, LA
(800) 424-2460
www.naeyc.org

Early Childhood Administrators Conference Children's Resource Network

October 2008
Southgate, MI
734-753-0543

ONGOING PROFESSIONAL DEVELOPMENT CLASSES

(Call organization for classes, dates, and times.)

Michigan 4C Association

www.mi4c.org
(517) 351-4171
(800) 950-4171

T.E.A.C.H. (Teacher Education And Compensation Helps)

www.mi4c.org/teach
(866) MITEACH, (866) 648-3224

Michigan State University Extension

www.fcs.msue.msu.edu/bkc/
(517) 432-7654

HighScope Training Opportunities

www.highscope.org
(734) 485-2000 ext. 234

RESOURCES: Serving Children with Special Needs

Agin, Marilyn C., et al. *The Late Talker: What to Do If Your Child Isn't Talking Yet*. New York: St. Martin's Press, 2003

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U.S. Department of Health and Human Services. SAMHSA's Fetal Alcohol Spectrum Disorders Center for Excellence. Eight magic keys: Developing successful interventions for students with FAS (Fasstar Information Series) Brochure 1200MK1. Retrieved on July 7, 2007 www.fascenter.samhsa.gov

U.S. Department of Health and Human Services. SAMHSA's Center for Substance Abuse Treatment. You Can Help: A Guide for Caring Adults Working with Young People Experiencing Addiction in the Family (PHD878, (SMA) 01-3544) Washington, DC: U.S. Government Printing Office. Retrieved on July 7, 2007 www.samhsa.gov/centers/csat/content/intermediaries/

Welch, G. L., & Mullins, S. M. (2007). Special issues in child care: Supporting infants prenatally exposed to drugs and alcohol. Zero to Three, 26-33.

Websites:

"Speech and Language Delay: What Does This Mean for My Child?" familydoctor.org/44.xml

"Warning Signs of a Language/Communication Developmental Delay" www.babycenter.com/general/12293.html

The Florida Children's Forum www.centraldirectory.org

Child Care Law Center www.childcarelaw.org

National Child Care Information Center www.nccic.org/poptopics/includingchildren.html

4C of Santa Clara County www.4c.org/providers/programsProviders/programs_disabilities_act.html

U.S. Department of Justice, Disability Rights: Commonly Asked Questions About Child Care Centers and the Americans with Disabilities Act <http://www.usdoj.gov/crt/ada/childq&a.htm>



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CONSUMER PRODUCT SAFETY COMMISSION INFANT/CHILD PRODUCT RECALLS (not including toys)

These recalls have been added since November, 2007:

- Dollar General Recalls Tumblers Due to Violation of Lead Paint Standard
- Kolcraft Recalls Play Yards After the Death of a 10-Month-Old Child
- BCI Recalls Swing Sets Due to Fall Hazard
- About 1 Million Simplicity Cribs Recalled Due to Failures Resulting in Infant Deaths
- NettoCollection Recalls Cribs Due to Entrapment and Strangulation Hazard
- Bunk Beds Recalled by d-Scan Due to Collapse Hazard
- Pacifiers Decorated with Crystals Recalled Due to Aspiration and Ingestion Hazards
- Pottery Barn Kids Recalls Crib Bumpers Due to Entanglement Hazard
- CVS/pharmacy Announces Recall of Playskool Sippy Cups; Poses Choking Hazard to Young Children
- Simplicity Recalls Cribs Due to Fall, Entrapment and Choking Hazards
- Song Lin Industrial Inc. Recalls Cribs Due to Fall Hazard
- Fisher-Price Rainforest Infant Swings Recalled Due to Entrapment Hazard
- Fall Hazard Prompts NHTSA, CPSC and Evenflo to Announce Recall of Embrace™ Infant Car Seat/Carriers
- Infant Bouncer Seats Recalled Due to Frame Failure
- Cribs Sold By Bassettbaby Recalled Due to Entrapment and Strangulation Hazard
- Northern Tool & Equipment Recalls “Big Red” Wagons Due to Violation of Lead Paint Standard
- Serious Head Injuries Prompt Recall of Bumbo Baby Sitter Seats – New Warnings and Instructions to Be Provided to Consumers
- Guidecraft, Inc. Recalls Children’s Puppet Theaters Due to Violation of Lead Paint Standard
- J.C. Penney Recalls Deluxe Art Sets Due to Violation of Lead Paint Standard

Details on these product recalls may be obtained on the Consumer Product Safety Commission’s website:

www.cpsc.gov.

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