



Bureau of Community and Health Systems
 Child Care Licensing Division
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Issue 111 Special Needs

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Michigan Child Care Matters

FROM THE DIVISION DIRECTOR

2018 is coming to a close very rapidly from Child Care Licensing’s point of view. You have been constantly emailed, sent list serve notices, called or mailed information about the changes we were implementing in 2018. Thanks for your patience as we all went through all of the changes!

Background check implementation journey in 2018:

- Since March 28th until today we have processed over 77,900 fingerprints of staff, household members and licensees in Michigan. Remember we had no idea how many people worked in child care when we started. The state has paid for almost \$3 million dollars of background checks for the child care providers.
- The updated PA116 of 1973 finally passed in December of 2017 and went into effect March 28, 2018. We are processing the rule changes currently.
- Our in-person trainings were carried out to thousands of child care staff across the entire state over the past 12 months
- Our backlog of fingerprints were at over 16,000 just a couple of months ago and today we are down to less than 190. This reduction will allow hiring to be processed much faster for providers employers.
- We have lost hundreds of family home providers in Michigan the last 3 years which is a national issue. Interestingly, Michigan’s child care capacity keeps growing because of the growth in child care centers. We now have a capacity of over 360,000 children in licensed care in Michigan

We have also fingerprinted about 10 individuals that are medically fragile in Michigan to assist providers that had household members unable to stand in line at the background check facility. This special service was our attempt to assist providers with special circumstances and was very much appreciated by those families.

This MCCM is focused on special circumstances with children and we hope you enjoy. Happy Holidays!

Mark Jansen





Why Are Social and Emotional Skills as Important as ABCs and 123s.

Victoria Meeder, Marketing/Public Awareness Supervisor
Clinton County Regional Educational Service Agency

“As parents, we want to help our children succeed in school. We want them to grow up and have good jobs and happy lives. Experts say that if we want our young children to do well in school and life, we should be teaching them all kinds of things before they even get to Kindergarten.

Most parents believe we need to focus on helping children learn to read, write their names, identify shapes and colors and count to 20 and beyond. These skills are important for young children to learn.

However, there are other critical skills a child needs in order to be ready to learn. These are called social and emotional skills. Social and emotional health is a child’s ability to, form strong relationships with others, express and manage emotions, problem-solve, and explore the world around them. Babies need relationships with loving adults to learn these skills. Loving relationships help babies brains to grow and develop.” according to the Social and Emotional Health - A Guide for Families with Children Birth to 8.

How Can I tell if My Child is Socially and Emotionally Healthy

Young Infants (birth to 12 months):

Cries, coos and smiles, looks at faces, accepts comfort from a familiar adult, seeks comfort, shows excitement, shows curiosity about other people.

For older infants (12 to 18 months): explores with enthusiasm, is curious about other people, laughs, enjoys books, songs, and simple games, expresses feelings (sad, happy, scared, angry, etc.)

For toddlers (18 to 3 years):

Shows shyness in unfamiliar places, smiles and laughs, enjoys simple games and books, is playful with others, begins protesting “No”, expresses many feelings (sad, happy, scared, angry, etc.), may use a blanket or toy to comfort when upset.

While children develop at their own pace, the medical community uses a series of guidelines to help gauge age-appropriate social and emotional health. For example, infants should cry, coo, smile, look at faces and calm with help from a familiar caregiver. Toddlers are expected to laugh out loud, express curiosity about other people and enjoy books, songs and simple games, says Mary Mackrain, infant and early childhood mental health consultant with the Michigan Department of Health and Human Services, Division of Mental Health Services to Children and Families.

Not only are emotional and social milestones typically harder to pinpoint than signs of physical development, but parents also are often slow to acknowledge concerns, fearing stigma or simply not realizing that mental health is also a childhood concern, Mackrain says.

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Licensing has developed tests based on the content of this newsletter. You can receive up to one clock hour of annual training for reading three newsletters and passing the associated tests each calendar year. Each article will include a symbol in the title of the article to identify the content as appropriate for center child care providers, home child care providers or all child care providers. For more information on how to access these tests, go to www.michigan.gov/mccmatters.



Article is appropriate for ALL child care providers.



Article is appropriate for CENTER child care providers.



Article is appropriate for HOME child care providers.

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“It’s sometimes hard for adults to understand that young children can have anxiety issues, for example,” she said. But, Mackrain said, adults should know that such problems can occur in any household, children can react differently to identical environments and that genetics or physical issues are sometimes at the root of social and emotional development delays. It is important to investigate underlying issues unique for each child and family. She encourages adults who are concerned about a child’s social and emotional health to talk to their primary care provider.

Prevention and Early Intervention

Prevention strategies can often help children enhance the skills that need strengthening, Mackrain says. “With prevention and early intervention, there’s a lot we can do to help all kids thrive,” she said. For example, if a child is unsure how to ask another friend to play and uses pushing to get the other child’s attention, adults might help the child practice asking a friend to play. While many children respond positively to prevention strategies, in some cases more support may be necessary.

Early identification often comes through Michigan’s *Early On* program for children birth to three. *Early On* supports families with children who have a developmental delay and/or a disability. If you are concerned about a child who is missing important milestones or that a child “seems behind”, “Don’t Worry. But Don’t Wait.” Find out more, about how *Early On* can, by visiting 1800EarlyOn.org.

“It’s sometimes hard for adults to understand that young children can have anxiety issues.”

Working with Children with Attention Deficit Disorder.

Thanh Biehl, Child Care Licensing Consultant
Livingston County



Attention Deficit Disorder, commonly referred to as ADD, is a group of symptoms that affect concentration and a person’s ability to focus. It can cause mood swings and other social problems. ADD is the umbrella disorder, encompassing three sub-groups. These three groups are defined as follows:

- **ADD Inattentive Type**
A main characteristic of inattentive behavior is the inability to concentrate and focus. This lack of attention may only be noticed when a child enters the challenging environment of school. This is not classified as ADHD, as hyperactivity is not present.
- **ADD Hyperactive/Impulsive Type**
A child with hyperactive and impulsive behavior is commonly ‘all over the place’ and very active (both mentally and physically), making hasty decisions at any moment. This is classified as ADHD as hyperactivity is present.
- **ADD Combined Type**
ADD child symptoms of inattentive type are combined with the symptoms of hyperactive/impulsive type. This is the most common form of ADD. A child with more than six ADD combined type symptoms should have a comprehensive evaluation. This is classified as ADHD, as hyperactivity is present.

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Autism 101 For Child Care Providers

Catherine Edgar, Licensing Consultant
Genesee County



Autism Spectrum Disorder (ASD) is used to refer to a range of conditions characterized by challenges with social skills, repetitive behaviors, speech and non-verbal communication, as well as by unique strengths and differences. The Centers for Disease Control and Prevention (CDC) estimates autism's prevalence as 1 in 68 children in the United States. This includes 1 in 42 boys and 1 in 189 girls. Autism can be difficult to spot as it involves a wide variety of developmental delays. The earliest signs of autism often involve the absence of normal behaviors. Some early signs of autism in infants and toddlers are a lack of:

- Eye contact
- Noises made to get your attention.
- Response to cuddling
- Gestures used to communicate.

One of the most important things you can do as a child care provider is to familiarize yourself with the signs of Autism.

Websites for more information about Autism and Asperger's Syndrome:

www.autismspeaks.org

www.autism-society.org

Regressive autism is when a child appears to be meeting the normal developmental milestones and then suddenly regresses and loses language and social skills. Regressive autism represents only approximately one-third of diagnosed autism, with the majority of autism occurring from birth. Contrary to what many people believe, there is no link between regressive autism and the measles, mumps, and rubella (MMR) vaccine.

You most likely have heard of Asperger's Syndrome. In the past, Asperger's Syndrome and autism were considered separate disorders. Now, they are both considered under the same diagnosis of ASD. Children diagnosed with this exhibit deficiencies in the area of social and communication skills. Unlike other children diagnosed with autism, however, these children do not have delays in language. Many children with Asperger's Syndrome show exceptional language development but tend to use these skills inappropriately. They also have difficulty seeing things from another person's perspective. This can make understanding what is or isn't appropriate in a particular situation extremely difficult. Another characteristic of Asperger's Syndrome is sensitivity to loud noises and to the textures of certain foods and clothing.

Because children with ASD have communication challenges, many times they cannot tell you when they are getting upset. This can lead to a meltdown if the child is not calmed down. When enrolling a child with ASD into your child care, ask the parents what some of the signs and behaviors are to look out for and what to do when the child exhibits those signs and behaviors.

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Be sure to have the parent provide favorite bedding and other necessary items that will make the child's transition into your care less stressful. It is also important to inquire if the child has a history of wandering. Children with ASD tend to wander away more often than children without ASD and this can be exacerbated by changes in the environment, such as starting a new child care. Be sure that your home or classroom is secure and that children in care never have access to any bodies of water.

Transitions between different activities are always a challenging time for caregivers. Children with ASD have an even more difficult time with transitions from one activity to the next. Make sure to let children know well in advance that a transition will take place and be sure to give children adequate time to prepare for the upcoming transition. Avoiding *lining up* and minimizing the waiting time between transitions will also help things go more smoothly, not just for ASD children but for all of the children in your care.

One of the most important things you can do as a child care provider is to familiarize yourself with the signs of ASD. The earlier treatment begins, the more successful the outcome. If you suspect a child may have autism or any developmental delays, it is important to share your concerns with the parents and ask that they contact Early On. As the child's care provider, you may also refer the child to the Early On program. Early On is an early intervention service for children ages birth through age 3. Referrals may be made at 1-800-EarlyOn (327-5966) or online at www.1800earlyon.org.

Children with Sensory Processing Disorder

Erika Bigelow, Area Manager
Lansing Region



Have you ever had a child that seemed to be extremely uncoordinated or to overreact or underreact to touch or sound? A child who did not like certain fabrics, materials, or touch? A child who refused to eat certain foods because of the texture? Maybe you had a baby who was extremely fussy or a toddler who threw extreme tantrums or had huge meltdowns over minor issues? If any of this sounded familiar, you may have had a child with Sensory Processing Disorder (SPD). These children are oversensitive to things in their environment.

SPD may affect only one of the child's senses, like hearing, taste or touch, or it may affect many senses at one time. This disorder may cause children to be oversensitive to things in their environment or it may cause them to be under-sensitive. To effectively work with children with SPD, talking to the child's parents to learn what is effective with their child is imperative. It is important to understand the disorder from a child's perspective. Incorporating the effective techniques that the child's parents use into the facility may help transition the child and help the child feel more safe.

Children that are oversensitive may scream and refuse to put on socks that have seams on the toe because they hurt their feet or may refuse to wear certain clothes because they feel like glass on their skin. They may want to vomit because the smells in the room make them nauseas. These children may refuse to be hugged because the touch on their skin feels like sandpaper to them. They may hide for cover if they hear a lawn mower running outside the home.

Children that are under-sensitive may be unable to tell where their legs and arms are in space. They may not register temperature, therefore, may not react to extreme heat or cold. They may squeeze things, like pencils or cups, too hard or too softly, because they cannot register their touch. They may not be responsive to anything in their environment.

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Author Stanley Greenspan described the how these children experience their environment with the following analogy:

Imagine driving a car that isn't working well. When you step on the gas the car sometimes lurches forward and sometimes doesn't respond. When you blow the horn it sounds blaring. The brakes sometimes slow the car, but not always. The blinkers work occasionally, the steering is erratic, and the speedometer is inaccurate. You are engaged in a constant struggle to keep the car on the road, and it is difficult to concentrate on anything else.

In a child care setting, either a home facility or a center, the child with SPD may present challenging. Many common problems that you may have to work with are the following.

- The children may have a difficult time concentrating on projects that the group is working on.
- They may not be able to sit still for a reasonable amount of time in comparison to children their same age.
- They may present behaviors that are disruptive to the group or challenging for the caregiver to handle.
- They may also engage in rough physical play.
- They may refuse to eat the food scheduled to be prepared that day.
- They may refuse to play scheduled activities that are messy, such as finger painting, sand play or playing with Play Doh.
- They may have a fear of large groups, thus, may present challenging behaviors on a field trip.
- The extreme sensitivity to light, touch, movement, sound, sight or smells may cause behavioral issues during music time, outdoor play, or free-time.

There are some accommodations that can be easily made in the home or center that might help children with SPD. These accommodations address physical, visual, auditory, organizational, and behavioral sensitivities.

- Physical accommodations could include allowing each child to sit on a carpet square; making sure chairs allow children to have their feet flat on the floor; allowing children to work in different positions, such as lying down, standing or sitting; and using a small tent for children to go into when they become overly aroused.
- Visual accommodations could include using tape or hula hoops on the floor to allow a visual boundary for children. Keep visual distractions, such as overly cluttered bulletin boards or hanging decorations, to a minimum.
- Auditory accommodations may include activities such as providing earplugs or sound blocking headphones for children when they become over stimulated by environmental noises. Also, warning children of pending loud noises will allow them to prepare for the noise. Breaking down directions down into steps to allow the children to easily process the directions and asking the children to repeat the directions back to you to make sure they understood them.
- Organizational accommodations include such measures as helping with transition time by using a timer or providing verbal cues to indicate that change in activity is coming. Using music is another way to help with transitions for children with SPD. Keeping materials in the same place can help provide a sense of security for children.
- Behavioral accommodations include using positive praise and awards. These can be used when the child tries something new, works hard at a task, to name a few examples. Establish clear and firm rules and boundaries. Be aware of when the child is beginning to lose control and try to intervene before they are in full meltdown. Empower and encourage children to solve problems on their own and make good choices.

“As a child care provider, you play an important and integral role in children’s lives. These children bring special, sometimes challenging issues to the child care.”

As a child care provider, you play an important and integral role in children’s lives. These children bring special, sometimes challenging, issues to the child care. It is important to work closely with parents of these children to learn their unique needs so that a supportive, nurturing, safe environment can be created.

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ADD affects almost 10% of children in the USA or close to 5 million children and adolescents from 3 to 18 years of age. Children who have ADD of the inattentive type lack the ability to focus and concentrate and may get bored after only a few minutes on a task. It is often very difficult to diagnose ADD in babies, toddlers and children below 5 years of age. This is because many preschool children have some symptoms of the disorder in various situations. In addition, children change very rapidly during the preschool years. Unfortunately, there are no reliable physical means of diagnosing ADD at this time.

It is important to realize that ADD is not a physical ailment. It does not have clear physical signs. This disorder affects the child's ability to focus and control his/her behavior. Symptoms of ADD typically occur in early childhood, but may also be developed later in life. Children with ADD Inattentive tend to be quieter and present few, if any, discipline problems. ADD can only be identified by looking for certain characteristic behaviors, and these behaviors vary from child to child and also in sexes. Experts show that boys are three times more likely to suffer from ADD than girls. While boys tend to show more symptoms of hyperactivity, girls display signs of inattentive behavior.

The children with ADD need appropriate stimulation, including a balance of quiet and active activities. Caregivers should use a curriculum that is developmentally appropriate, child-centered and relevant to the child's life experiences. Caregivers may also use problem solving skills and social skills to improve motivation and self-esteem. The children with ADD are influenced by three major factors: Degree of interest in the activity, the difficulty of the activity, and the duration of the task. The key to motivating the child with attentional problems is to modify and adjust the learning environment. As a caregiver, you can make changes in the classroom or environment to help minimize the distractions.

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“It is often very difficult to diagnose ADD in babies, toddlers and children below 5 years of age. This is because many preschool children have some symptoms of the disorder in various situations. In addition, children change very rapidly during the pre-school years.”

From My World to Your Classroom or Home

Heather Bird, Parent



“Early childhood educators have a special place in the lives of all families, but for the families with children that require extra effort and understanding, your hard work does not go unnoticed. My family is forever grateful.”

Today I scheduled two therapy appointments, attended an hour and half Individualized Family Service Plan (IFSP) meeting, picked up a medical walker, stopped at the pharmacy for oxygen equipment, ran through the grocery store to pick up more soft foods and every dairy- or gluten-free product available, and barely avoided multiple meltdowns with the help of silly faces, songs and a favorite blue dog.

Each day with my son who has special needs is organized chaos led by my tiny blessing, followed by an exhausted mom who hopes she has met her son's needs in the most supportive way possible. To meet all those needs, I must earn an income. To earn an income, I must continue my career and find child care.

As I look for child care options, I wonder how can I ask someone to join my world of organized chaos and expect them to see the beauty in it? How do I ask someone that has other children to care for to spend a knowingly large amount of time on my child because of the extra care he requires? How do I ask someone to see that even though at 24 months he is not walking or talking much, he still has much to offer? How do I let them know that the oxygen machine worries me too? Most importantly, how do I let them know that the love they provide through their quality child care is everything my son needs and what I want for him?

Nervously, I decide I will start by searching for programs openings and then I will be open with them about my son's needs. My gut feels like I'm trying to find a spot for a beautiful flower with a delicate stem that you must care for with ease. I wonder, maybe no one will want to try.

I find a center that has an opening, qualified staff, and some experience with special needs children, not experience specific to my son's needs, but it's a place to start. At last our child care experience begins. I quickly learn that I have a tool to offer them and they have a tool to offer me. I am asked to teach their staff about my son. What could I possibly know that they don't? They are early childhood experts. After preparing, I realize that I am my son's expert. I provide the training and hold tight to my mission of fostering positive communication and creating a partnership between us. They also ask me to walk through my son's room to see if there's anything that can be changed to support him. I notice that with his walker it may be difficult for him to fit through some areas. They assure me that they will move the room around. They also invite my husband and older children to visit the center so they feel comfortable and at ease with this transition.

We set up a meeting for all of my son's Early On therapists to meet with the center staff. The center staff learns about his IFSP. We talk through what goals he is working on and how they will be worked on in his classroom. We also decide that it will be best if some therapy appointments happen at the center. This will allow the center staff to learn how to best support his growth. I feel like I hit the jackpot. This center is invested in the success of my child. They want to learn more about how to best support him.

Weeks go by and there are some bumps in the road, but the staff talk to me about them and we come up with ideas together to smooth them out. We even schedule a meeting with his therapists to get extra ideas of how to keep moving forward. I reassure the staff again that I appreciate their efforts. I feel confident the staff's compassion, communication and partnership are the foundation my son needs in child care to feel comfortable and be successful.

Early childhood educators have a special place in the lives of all families, but for the families with children that require extra effort and understanding, your hard work does not go unnoticed. My family is forever grateful.

Developmentally Appropriate Behaviors and Expectations

Pamela Walker, Licensing Consultant



Sharing. Learning to handle conflict and express emotions in an appropriate manner. Forming positive attachments with caregivers. Following rules. Showing empathy for others. Waiting patiently. Making friends. All of these qualities (and many more) describe healthy social-emotional development of young children, and like any skill, children develop these abilities over time. As children progress towards social-emotional competence, they may exhibit some challenging behaviors such as crying, biting, hitting, temper tantrums, unwillingness to share, and name calling. Although these types of behaviors may be frustrating, they may also be considered developmentally appropriate, depending on individual stages of development. Caregivers who work with young children may find it challenging as it is rewarding; therefore, it is essential that they have a good understanding of the social-emotional development of young children.

Social-emotional development is a child's ability to understand the feelings of others, control their own feelings and behaviors, and get along with peers. Social-emotional skills are essential to a child's ability to follow directions, pay attention, and demonstrate cooperation and self-control.

Social-emotional skills are essential to a child's ability to follow directions, pay attention, and demonstrate cooperation and self-control. Feelings of trust, confidence, friendship, affection, and humor are all a part of a child's social-emotional development. Social-emotional development involves the acquisition of a set of skills, including but not limited to:

- Identify and understand one's own feelings
- Accurately read and comprehend emotions of others
- Manage strong emotions
- Regulate one's own behavior
- Develop empathy for others
- Establish and sustain relationships



Each of these skills develop at their own rate and build upon one another. The foundation of social-emotional development begins at infancy; therefore, positive relationships with trusting, caring adults is key to successful social-emotional

development. A child's social-emotional development provides them with a sense of who they are in the world, how they learn, and helps them establish quality relationships with others. It is what drives an individual to communicate, connect with others, and more importantly, helps resolve conflicts, gain confidence and reach goals. Building a strong social-emotional foundation as a child will help the child thrive and obtain happiness in life. They will be better equipped to handle stress and persevere through difficult times in their lives as an adult.

See the charts on pages 10 and 11 for the stages of developmentally appropriate behaviors.

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Infants (Birth to 12 Months)	
Developmentally Appropriate Behavior	Appropriate Caregiver Response
<ul style="list-style-type: none">• They cry when, under stress, expressing a need, or trying to communicate.• They may cry when dropped off because they have separation anxiety.• They put everything in their mouth because they explore through taste.• They feel and touch everything because they learn and explore by using their five senses.• They like to be held because it makes them feel secure.• They become attached to family and caregivers because they trust them.• They show pleasure when learning new skills because they enjoy praise.• They become bored if they do not receive adequate attention or stimulation.	<ul style="list-style-type: none">• Infants need to be attended to when they are crying. This is because stress in infants releases a chemical called cortisol in their brain. Cortisol makes the brain vulnerable to a process that destroys brain cells and reduces the number of connections between brain cells.• Infants in stress can be calmed by picking them up, singing to them or talking to them in a calm voice, using their name.• Acknowledging child's feelings.• Modeling appropriate behaviors.• Giving the child the words to express feelings and thoughts.• Infants are not able to understand or benefit from time out.• Redirecting infants to another activity, including by placing them in a different area if needed.



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Toddler (12 Months to 30 Months)	
Developmentally Appropriate Behavior	Appropriate Caregiver Response
<ul style="list-style-type: none"> • They put everything in their mouth because they explore through taste. • They feel and touch everything because they learn and explore by using their five senses. • They may cry, hit, or bite to get their way, express emotions, or to communicate with others (they do not yet have the verbal skills to communicate their frustrations by talking). • They may show signs of anxiety during change and when their parents leave. This is demonstrated by withdrawing, crying, clinging, and wanting to be held. • They enjoy exploring objects with others because they want to establish relationships. • They are discovering and learning to assert their independence, so they often say, "No!" • They frequently use the word "mine" and are not yet able to share well. • They want to play with others, but do not yet know how. • They exhibit mood swings and are not yet able to manage their emotions. • They enjoy peer play and joint exploration. 	<ul style="list-style-type: none"> • For toddlers, redirection is more effective than time out. Redirection means calmly redirecting children's attention or moving children away from a problem area or activity to a new area or activity. • If behavior problems persist, providers may want to evaluate the environment to see if children are being over stimulated or if there is not enough space for children. Providers should also check to see if more toys of the same kind are needed, because toddlers are not old enough to understand sharing and taking turns with toys. • Positive reinforcement can also work very well with this age group. • Acknowledging child's feelings. • Giving the child the words to express feelings and thoughts. • Another good way to help toddlers learn how to play appropriately with other is for adults to model appropriate behavior.



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Preschool (30 Months to 5 Years of Age)	
Developmentally Appropriate Behavior	Appropriate Caregiver Response
<ul style="list-style-type: none">• They have a desire to please adults.• They are learning to take turns and share.• They may have outbursts of emotions.• They are independent, and do well when given choices.• They often tell on others, to prove that they know the rule and because they want others to know they know the rules.• They are learning social skills, like sharing and taking turns. They like to play in small groups, but may need some guidance doing this as they learn social skills.• They have difficulty waiting very long, regardless of the promised outcome.• They exhibit negative and positive behavior in order to get attention.•	<ul style="list-style-type: none">• Preschoolers benefit from having a few simple classroom rules. For example, walk inside, take care of toys, and use words when there is a problem.• When a behavior problem arises, adults can use this as a teaching opportunity and calmly remind children of the classroom rules.• Acknowledging child's feelings.• Modeling appropriate behaviors.• Encourage and support the child to use their words to express feelings and thoughts.• Positive reinforcement and redirection also works well with this age group. For example, if a preschooler is throwing blocks, even after being reminded of the rule, he or she can be required to leave the block area and choose a different activity for now.



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School-Age (5 Years to 12 Years of Age)	
Developmentally Appropriate Behavior	Appropriate Caregiver Response
<ul style="list-style-type: none"> • As a general rule, they have a desire to cooperate. • They like to play with others but also want to be recognized as an individual. • They want to feel competent and capable, and may struggle and misbehave when they don't. • They like to make decisions, and do best when they are included in making classroom decisions. • They may stretch the truth to meet their social needs. • They enjoy making friends and having a social network. • They like to find out what things are made of and how they work. • Because peers are so important to them, they become increasingly aware of their appearance. 	<ul style="list-style-type: none"> • School- age children do well if they help set up classroom rules and consequences. • It is important to them that adults are consistent and enforce the rules and consequences the same way with each child. • When they misbehave, adults can explain what the child did wrong and what behavior is expected. If the behavior does not stop, adults can enforce previously agreed-upon consequences. • Acknowledging child's feeling. • Modeling appropriate behaviors. • Encourage and support the child to use their words to express feelings and thoughts. • It can also help to have the child sit in a quiet area of the classroom until they feel ready to behave in a more appropriate way.

It is important to note that stages of development are approximate and a child's age is not as important as his or her progression.

Caregivers of young children have the responsibility and the privilege to foster healthy social-emotional development for the children in their care. Knowing what to expect at each stage of development can help caregivers appropriately address frustrating behaviors that are quite normal for each stage of development.



The Americans with Disabilities Act (ADA)

Adapted from the article by Mark Sullivan Executive Director Michigan 4C Association in the Winter 2008 MCCM Issue #80

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, family/group child care homes and child care centers, regardless of whether or not they receive public subsidies, cannot discriminate on the basis of disability. Instead, the ADA demands that 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 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;
- 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. 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.
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 the child care setting 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 Great Start to Quality Regional Resource Center by calling 1-877-614-7328. The resource centers may be able to assist you in finding information, training or support services.
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 website to learn more about the law and how it applies to you. Go to <https://www.ada.gov/childqanda.htm> to find frequently asked questions regarding the ADA and child care.

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.

(continued from page 7)

Here are some teaching techniques that may help children focus and maintain their concentration:

- Provide a structured, predictable environment.
- Outline rules, limits, and expectations. Post them.
- Give instructions one at a time and repeat as necessary.
- Signal the start of a lesson with an aural cue, such as an egg timer, a cowbell or a horn.
- Tell the children what they’re going to learn and what your expectations are at the opening of the lesson.
- Provide verbal and visual cues such as charts, pictures, color coding
- Avoid overloading the child with information, data, or instructions that he is unable to process.
- Plan classroom activities that encourage movement.
- Assign the child a seat away from the windows and from high-traffic areas.
- Allow for occasional breaks to let the child relax and reenergize.
- Allow the child to doodle or squeeze a soft ball. Some children with ADD are better able to focus and attend when they are doing something with their hands during quiet activities.
- Offer the child positive reinforcement, praise, and encouragement. Positive feedback or rewards are effective but must be given immediately, must be important to the child, and must occur more frequently than for other children.
- Support the child's need to self-regulate, such as removing himself from the situation.

Caregivers may be the first to notice children who display ADD symptoms due to a more structured environment and bring these symptoms to the parents' attention, so they can obtain professional services as needed. It's important for caregivers and parents to be aware of what ADD looks like and how it affects a child's learning. When children are struggling it can cause frustration and possibly lead to behavioral issues. Children who can't focus and control themselves may get into frequent trouble, and find it hard to get along with others or make friends. These frustrations and difficulties can lead to low self-esteem. Children with ADD need structure, consistency, clear communication, and rewards and consequences for their behavior. Caregivers should work with the families and obtain appropriate support to help the children succeed in the classroom and other parts of their lives.

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CARE MATTERS**

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Background Check Update

More than 77,000 fingerprints have been completed by providers, staff, and adult household members. The backlog of prints pending is very small and expected to be completed in a matter of days. If you have questions or need to get your fingerprints completed, please call the Child Care Background Check Program at 1-844-765-2247.

Child Care Background Check Program web link: <https://miltcpartnership.org/childcareportal>

Consumer Product Safety Commission Infant/Child Product Recalls (not including toys)

- A link to recalls specific to child care licensing will be available under the Michigan Child Care Matters website at www.michigan.gov/mccmatters.
- Details on these product recalls may be obtained on the CPSC's website (www.cpsc.gov). Post this page in your facility to be in compliance with the Children's Product Safety Act (2000 PA 219).

Online Applications for Child Care Licensing

To complete an online application, go to www.michigan.gov/adultchildcareapply. For questions related to child care licensing, contact your licensing consultant or 866-685-0006.

For online applications, you must create a MiLogin account. For help with MiLogin contact the MiLogin Customer Service Center at 1-877-932-6424.

To complete an online application, only up-to-date browsers are compatible. Such browsers are Internet Explorer, FireFox, and Chrome. If you are using Internet Explorer, you may be required to add "Michigan.gov" to your compatibility view settings in order for the application to be successful.