

Michigan Child Care Matters

Challenging Situations Issue 106

From the Division Director

Challenges are often presented to us in our daily lives as well as in our work lives. Some of us love challenges and some of us are much less enthusiastic about that word challenge. This issue of *Michigan Child Care Matters* has many thoughtful articles on the different types of challenges you face as a child care provider. I want to thank the many contributors that make this newsletter a reality throughout the year.

The Child Care Licensing Division was moved to the Department of Licensing and Regulatory Affairs from the Department of Health and Human Services last year and was presented two major challenges. One was to rewrite the Child Care Organizations Act (Public Act 116 of 1973) to reflect the changes made by congress through the Child Care and Development Act of 2014 (P.L. 113-186). Our rewrite of Public Act 116 is currently being drafted by the legislature with the hopes of action this fall and winter.

The second major challenge was to lower licensing consultant to licensee/registrant ratios and hire more licensing consultants. The goal is getting the ratio down to 1:98. As I write this article, I can hear my staff calling applicants for the interviews to hire another six licensing consultants. Once the final six are hired, we will have 88 licensing consultants and 8 area managers which will bring our ratios much closer to our goal.

The second challenge we were given last summer has led to some amazing and talented hires with a rich history of experience ranging from previous home licensees, children's protective services workers, foster care workers, early childhood teachers, and child care center directors. My advice is to meet the challenges you face head on and work closely with those around you, ask questions and listen to the ideas of others as you make the required decisions to change.

I hope you all have a great Michigan outdoor summer!

Mark Jansen
Child Care Licensing Division Director



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Table of Contents

- 2** Accommodating Children with Special Dietary Needs
- 4** Caring for Children with Special Needs
- 8** An Ounce of Prevention
- 9** Lifeline for Delayed Development
- 10** Dealing with your Difficult Staff Behaviors
- 11** How Can I Say No? I Feel So Guilty
- 12** ADD: Diagnosis and Learning Strategies
- 13** Conflict Resolution in Early Childhood
- 15** CPSC Recalls

Accommodating Children with Special Dietary Needs

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Many child care providers participating in the Child and Adult Care Food Program (CACFP) have questions concerning milk and food substitution requests for the children in their care. It can be a challenging task for providers to make sure food and milk substitutions are handled and documented correctly so that the meals and snacks are reimbursable by the CACFP. CACFP regulations require sponsors and providers to work with parents and guardians to accommodate children with special dietary needs due to a disability.

Required Documentation

For substitution requests due to a disability (a life-threatening reaction when exposed to the food and/or beverage) or other medical reason, such as a food intolerance or a food allergy, the CACFP Request for Special Dietary Needs Accommodations form is required (www.michigan.gov/cacfp under Forms and Instructions for Independent Centers and Sponsors of Centers). This form must include:

- The participant's disability, explanation as to how the disability restricts the diet and the major life activity affected by the disability (or in the case of a non-disability, the medical problem that restricts the participant's diet). Note: The medical conditions are confidential and can only be shared with those who need to know them, such as the child's teachers and food service staff.
- Foods/beverages to be omitted.
- Foods/beverages to be substituted.
- The signature and date of the medical authority completing the form. For disabilities, medical authorities in Michigan include licensed physicians (MD and DO), physician assistants (PA) and nurse practitioners (NP). For non-disability medical requests, medical authorities include the prior along with Registered Dietitian Nutritionists (RD and RDN) and/or speech pathologists.

All food and/or beverage substitutions are to be noted on CACFP menus to reflect foods/beverages actually served to participants.

What substitutions are reimbursable?

Participant with a Disability

For a participant with a disability and a properly endorsed Request for Special Dietary Needs Accommodations form, the child care provider must provide the substitutions to the regular meal and/or snack as indicated. With the required documentation, meals may be claimed even when the CACFP Meal Pattern cannot be met due to a food or beverage to being omitted or substituted.

Participant without a Disability

For a participant without a disability, child care providers are encouraged to accommodate reasonable requests but are not required to provide the substituted component. In many cases, it is simple for the child care provider to provide the substituted component. For example, if the request is due a non-disabling allergy to strawberries, the child care provider can easily accommodate this request by substituting another fruit for strawberries. The meal is reimbursable and the non-disabling allergy is accommodated.

In other cases, the child care provider may want to have the parent provide the substituted component. For example, the parent may want a child to be served organic milk. Because this substitution is due to a parental preference, not a disability, the child care provider can ask the parent to provide the organic milk. If the parent provides the component(s) to be substituted, the child care provider can still claim the meal as long as the child care provider is providing at least one component of the meal or snack and the meal or snack meets all of the required CACFP Meal Pattern components. It is recommended that the child care provider keep track of any food items provided by a parent.

Other than milk substitutions (see below), most substitution requests for a participant without a disability can be accommodated and still meet the CACFP Meal Pattern requirements. If the CACFP Meal Pattern requirement cannot be met due to a food substitution request not related to a disability, please contact MDE CACFP staff for guidance. For milk substitutions not related to a disability, see below.

Milk substitutions for a participant without a disability

A fluid cow's milk substitute (such as soy, almond, rice non-dairy beverages, etc.) must meet the Nutrient Requirements set by the United States Department of Agriculture (USDA) to claim meals served that require the milk component.

| Nutrient | Per 8 ounces (One cup) |
|--------------|------------------------|
| Calcium | 276 mg |
| Protein | 8 g |
| Vitamin A | 500 IU |
| Magnesium | 24 mg |
| Phosphorus | 222 mg |
| Potassium | 349 mg |
| Riboflavin | 0.44mg |
| Vitamin B-12 | 1.1 mcg |

If a milk substitute meets these requirements, keep a copy of the nutrition information in your records. If the Nutrition Facts label on the product does not list all the required nutrients listed above, the parent/guardian or provider must request product information from the manufacturer to confirm the presence of **all** required nutrients at the proper level. *The Fluid Milk Substitutions Nutrient Verification* form (www.michigan.gov/cacfp, Forms and Instructions, under the Menu Information header) is an optional form that parents and/or provider can use to verify the nutrients of a non-dairy milk substitution. If the milk substitute does not meet the nutrient requirements

Continued on page 14

Caring for Children with Special Needs

Katrice Sweet, Area Manager, Ingham County

Reprint from Issue 99



There may be a time when a family would like to enroll in your program a child who requires more of your attention than the other children. This child may have more energy, be more curious, be strong-willed, need several reminders, be aggressive, or may have specific developmental delays or impairments. You must decide if you are able to provide appropriate care for that child while maintaining appropriate care for the other children enrolled in your program. There are several things to consider before the initial enrollment process.



One important consideration is if you have the proper education to provide appropriate care for the needs of the child. Do you know enough about the child's delays or disabilities to provide an environment that both challenges and celebrates success? Are you able to provide an environment that is free from obstacles, allowing the child access to all areas of your facility? Do you have appropriate equipment and materials? Are you able to provide a private, quiet area so that a child has a space to calm down and relax when she becomes overstimulated or stressed? Are you able to provide a rich learning environment that will encourage a progression and mastery of appropriate skills?

After evaluating your program to determine whether or not you are able to accommodate a child with special needs or developmental delays, you must have constant ongoing communication with the child's family. It is important that you and the parents are on

the same page when it comes to what types of experiences are important, what your expectations and their expectations are and how setbacks, inappropriate behaviors, etc. are going to be handled. A very important question to ask parents is whether or not the child may need one-on-one attention, and if so, who is going to provide the extra caregiver? Child care providers often have many questions regarding whether or not they are required to care for children with special needs or developmental delays. Below are a few commonly asked questions regarding

the Americans with Disabilities Act taken from the U.S. Department of Justice Civil Rights Division website:

Q: Does the Americans with Disabilities Act -- or "ADA" -- apply to child care centers?

A: Yes. Privately run child care centers -- like other public accommodations such as private schools, recreation centers, restaurants, hotels, movie theaters, and banks -- must comply with Title III of the ADA. Child care services provided by government agencies, such as Head Start, summer programs, and extended school day programs, must comply with Title II of the ADA. Both titles apply to a child care center's interactions with the children, parents, guardians, and potential customers that it serves.

Q: Which child care centers are covered by Title III?

A: Almost all child care providers, regardless of size or number of employees, must comply with Title III of the ADA. Even small, home-based child care that may not have to follow some state laws are covered by Title III. The

exception is child care centers that are actually run by religious entities such as churches, mosques or synagogues. Activities controlled by religious organizations are not covered by Title III.

Q: What are the basic requirements of Title III?

A: The ADA requires that child care providers not discriminate against persons with disabilities on the basis of disability, that is, that they provide children and parents with disabilities with an equal opportunity to participate in the child care programs and services. Specifically, child care facilities:

- Cannot exclude children with disabilities from their programs unless their presence would pose a direct threat to the health or safety of others or require a fundamental alteration of the program.
- Have to make reasonable modifications to their policies and practices to integrate children, parents and guardians with disabilities into their programs unless doing so would constitute a fundamental alteration.
- Must provide appropriate auxiliary aids and services needed for effective communication with children or adults with disabilities, when doing so would not constitute an undue burden.
- Must generally make their facilities accessible to persons with disabilities. Existing facilities are subject to the readily achievable standard for barrier removal, while newly constructed facilities and any altered portions of existing facilities must be fully accessible.

Q: How do I decide whether a child with a disability belongs in my program?

A: Child care programs cannot just assume that a child's disabilities are too severe for the child to be integrated successfully into the child care program. The program must make an individualized assessment about whether it can meet the particular needs of the child

without fundamentally altering its program. In making this assessment, the caregiver must not react to unfounded preconceptions or stereotypes about what children with disabilities can or cannot do, or how much assistance they may require. Instead, the caregiver should talk to the parents or guardians and any other professionals (such as educators or health care professionals) who work with the child in other contexts. Providers are often surprised at how simple it is to include children with disabilities in their mainstream programs.

Child care programs that are accepting new children are not required to accept children who would pose a direct threat or whose presence or necessary care would fundamentally alter the nature of the child care program.

Q: Our center specializes in “group child care.” Can we reject a child just because she needs individualized attention?

A: No. Most children will need individualized attention occasionally. If a child who needs one-to-one attention due to a disability can be integrated without fundamentally altering a child care program, the child cannot be excluded solely because the child needs one-to-one care.

For instance, if a child with Down Syndrome and significant cognitive delays applies for admission and needs one-to-one care to benefit from a child care program, and a personal assistant will be provided at no cost to the child care center (usually by the parents or through a government program), the child cannot be excluded from the program solely because of the need for one-to-one care. Any modifications necessary to integrate such a child must be made if they are reasonable and would not fundamentally alter the program. This is not to suggest that all children with Down Syndrome need one-to-one care or must be accompanied by a personal assistant in order to be successfully integrated into a mainstream child care program. As in other cases, an individualized assessment is required. But the

ADA generally does not require programs to hire additional staff or provide constant one-to-one supervision of a particular child with a disability.

Q: What about children whose presence is dangerous to others? Do we have to take them too?

A: No. Children who pose a direct threat -- a substantial risk of serious harm to the health and safety of others -- do not have to be admitted into a program. The determination that a child poses a direct threat may not be based on generalizations or stereotypes about the effects of a particular disability; it must be based on an individualized assessment that considers the particular activity and the actual abilities and disabilities of the individual.

Q: One of the children in my center hits and bites other children. His parents are now saying that I can't expel him because his bad behavior is due to a disability. What can I do?

A: The first thing the provider should do is try to work with the parents to see if there are reasonable ways of curbing the child's behavior. He may need extra naps or changes in his diet or medication. If reasonable efforts have been made and the child continues to bite and hit children or staff, he may be expelled from the program even if he has a disability. The ADA does not require providers to take any action that would pose a *direct threat* -- a substantial risk of serious harm -- to the health or safety of others. Centers should not make assumptions, however, about how a child with a disability is likely to behave based on his or her past experiences with other children with disabilities. Each situation must be considered individually.

Q: If an older child has delayed speech or developmental disabilities, can we place that child in the infant or toddler room?

A: Generally, no. Under most circumstances, children with disabilities must be placed in their age-appropriate classroom, unless the parents or guardians agree otherwise.

Q: We diaper young children, but we have a policy that we will not accept children more than 3 years of age who need diapering. Can we reject children older than 3 who need diapering because of a disability?

A: Generally, no. Programs that provide personal services such as diapering or toileting assistance for young children must reasonably modify their policies and provide diapering services for older children who need it due to a disability. Generally speaking, programs that diaper infants should diaper older children with disabilities when they would not have to leave other children unattended to do so.

Programs must also provide diapering services to young children with disabilities who may need it more often than others their age. Some children will need assistance in transferring to and from the toilet because of mobility or coordination problems. Programs should not consider this type of assistance to be a "personal service."

Q: We do not normally diaper children of any age who are not toilet trained. Do we still have to help older children who need diapering or toileting assistance due to a disability?

A: It depends. To determine when it is a reasonable modification to provide diapering for an older child who needs diapering because of a disability and a program does not normally provide diapering, the program should consider factors including, but not limited to, (1) whether other non-disabled children are young enough to need intermittent toileting assistance when, for instance, they have accidents; (2) whether providing toileting assistance or diapering on a regular basis would require a child care provider to leave other children unattended; and (3) whether the program would have to purchase diapering tables or other equipment.

If the program never provides toileting assistance to any child, however, then such a personal service would not be required for a child with a disability. Please keep in mind that

even in these circumstances, the child could not be excluded from the program because he or she was not toilet trained if the center can make other arrangements, such as having a parent or personal assistant come and do the diapering.

Q: Can we exclude children with HIV or AIDS from our program to protect other children and employees?

A: No. Programs cannot exclude a child solely because he has HIV or AIDS. According to the vast weight of scientific authority, HIV/AIDS cannot be easily transmitted during the types of incidental contact that take place in child care programs. Children with HIV or AIDS generally can be safely integrated into all activities of a child care program. Universal precautions, such as wearing latex gloves, should be used whenever caregivers come into contact with children's blood or bodily fluids, such as when they are cleansing and bandaging playground wounds. This applies to the care of all children, whether or not they are known to have disabilities.

Q: How do I make my child care center's building, playground and parking lot accessible to people with disabilities?

A: Even if you do not have any disabled people in your program now, you have an ongoing obligation to remove barriers to access for people with disabilities. Existing privately-run child care programs must remove those architectural barriers that limit the participation of children with disabilities (or parents, guardians or prospective customers with disabilities) if removing the barriers is *readily achievable*, that is, if the barrier removal can be easily accomplished and can be carried out without much difficulty or expense. Installing offset hinges to widen a door opening, installing grab bars in toilet stalls, or rearranging tables, chairs and other furniture are all examples of barrier removal that might be undertaken to allow a child in a wheelchair to participate in a child care program. Programs run by government agencies must ensure that their

programs are accessible unless making changes imposes an undue burden; these changes will sometimes include changes to the facilities.

Including a child with special needs in your program can be very rewarding for everyone involved. As the provider, you must know what each child's needs are and determine if you are capable of providing appropriate care for all the children attending your facility.

Q: I still have some general questions about the ADA. Where can I get more information?

A: The Department of Justice operates an ADA Information Line. Information Specialists are available to answer general and technical questions during business hours on the weekdays. The Information Line also provides 24-hour automated service for ordering ADA materials and an automated fax back system that delivers technical assistance materials to fax machines or modems.

800-514-0301 (voice)
800-514-0383 (TDD)

The ADA homepage at www.usdoj.gov/crt/ada/ updated frequently. It contains the Department of Justice's regulations and technical assistance materials, as well as press releases on ADA cases and other issues. Several settlement agreements with child care centers are also available on the homepage.

The Equal Employment Opportunity Commission offers technical assistance on the ADA provisions for employment which apply to businesses with 15 or more employees.

Employment Questions

800-669-4000 (voice)
800-669-6820 (TDD)

Employment Documents

800-669-3362 (voice)
800-800-3302 (TDD) ❖

An Ounce of Prevention

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I bet you probably never imagined contending with difficult parents when you dreamed of becoming a caregiver. Unfortunately, almost every caregiver is faced with an irate parent at some time. Not only is dealing with an angry or unreasonable parent upsetting, it's time consuming. An angry parent can present a challenge even to the most experienced caregiver. You will soon discover that parents and children are a two-for-one deal. Developing positive relationships with parents is critical to providing the best care possible to their children. Every so often complaints and disagreements are bound to happen. But problems can often be solved if the relationship between you and the parents is good and the communication is open. Even if you can't meet the angry parents' demands, a display of sincere empathy can help the parent realize that you have acknowledged his/her concerns.



For a positive and supportive partnership, providers and parents have to communicate regularly, from the very beginning of the relationship. Waiting until there is an issue is not the time to start a conversation. If you have been consistent in your communication from the start, you are more likely to have a positive and trusting relationship to work from when an issue does come up. Still, some conversations may be more difficult than others, especially since some issues can be emotionally charged. Having information in writing may help alleviate some of the concerns.

Make it a practice to have an initial interview with parents where you go over the goals for the children and how you achieve them through the activities that are offered. Have

parents spend some time visiting the program before enrolling their child. An information packet containing a clear description of the policies regarding discipline, fees, admission/withdrawal, food/nutrition, toileting/diapering practices and emergency procedures, etc., is also a helpful tool to begin the parent/provider relationship. Go over your policies with parents and let the parent ask questions to clarify what you expect.

When a parent comes to you with a complaint or disagreement, invite the parent into your office or a place

where you have privacy. It's unprofessional to allow parents to vent in front of children, staff and other parents. Maintain eye contact and listen carefully, not just for the words, but also for how they feel. Try not to act in a defensive, hurt or angry manner and never resort to blaming. That only makes it more difficult to reach an agreement. For instance if Ann is always hitting other children, it does no good to blame the behavior on the parents or imply the child learned the behavior from home. Instead phrase your questions or comments in a more positive way and ask for the parents help or advice. You can comment that Ann has always been able to use her words but lately she has begun hitting. Ask the parents if have they noticed this change and if they have any suggestions to offer.

It is important to hear parents out. They are entrusting their children to you and have a right to voice their concerns or opinions. Their comments may help you improve your child care business. Once the parent has finished talking, summarize what she said to make sure that you understood her concerns. For example, say, "You're upset that your child

came home with a scraped knee and you didn't receive an incident report from her caregiver." Offer a solution to resolve the problem. Let the parent know that you will talk to her child's caregiver about why they weren't informed of the incident. Report your findings to the parent and share your thoughts and feelings about the problem so the parent can understand your point of view. Together try to reach an agreement. Don't be afraid to end a meeting with parents who become confrontational. Sometimes, the best thing to do is to provide an opportunity for all parties to cool down and reflect on the issues at hand by bringing the meeting to a close. Set a time and date to meet again.

Finally, don't forget to check in. A relationship is a living thing that grows and changes over time. It's important to check in with parents to see how things are going, how your agreed upon plan is working, and where you might need to make some adjustments. Communication is the key to making any partnership work.

Sometimes even when you have the best intentions, things just don't work out. It doesn't mean that you are a bad caregiver if you are not able to build a working relationship with every parent. It may be just the result of personality differences, disagreement in beliefs on child-rearing or unrealistic demands on you or the child. Don't be afraid to suggest that your program may not be the best place for this family. If you find yourself in this situation, refer the parent to other resources or to the Great Start to Quality website (www.greatstarttoquality.org) for other child care options. ❖

Lifeline for Delayed Development

Alicia Kruk, Supervisor, Early On® and Family Services
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The joys of parenting may be diminished by anxiety when a child displays signs of delayed development. Child care providers are important eyes and ears for parents and can help identify suspected delays. Quick intervention is important and support for families is available through the Early On program.

If you are providing services to children under three years of age, then you will likely encounter children who are eligible to receive Early On services. Early On is funded through the Individuals with Disabilities Education Act (IDEA) and ensures that all children have access to a family assessment and multidisciplinary evaluation. Children who qualify with a delay of 20% or more in any one developmental domain, or who have a medical condition known to cause developmental delays, are eligible to receive support. Services are individualized to meet the needs of each child and family. The assessment takes place within their natural environment through the development of an Individualized Family Service Plan (IFSP). A natural environment most frequently exists in the child's home or a child care setting.

When a developmental delay is suspected, it is crucial that support is sought immediately. The first three years are critical to brain development and early intervention through Early On can help children to bridge developmental gaps and potentially mitigate the need for services later in life. If you are serving a child with a potential developmental delay, don't worry, but don't wait. For a free developmental evaluation, contact Early On at 1-800-Early-On or www.1800earlyon.org. ❖

Dealing with your Difficult Staff Behaviors

Katrice Sweet, Area Manager
Ingham County



Let's face it, if you have employees to manage, at some point you will have to deal with difficult behaviors. Whether it is gossip, a poor attitude, disrespect, complaining or flat out insubordination, the behavior must be dealt with swiftly and appropriately. According to Jeff Mowart, a customer service strategist, the number one challenge for leaders is not typically the business issue, it's the people problem. Behaviors become a problem when they hinder the day-to-day operations of your facility or they compromise quality.

So, what do you do when you have a difficult employee? It is very important to address the issue quickly. Do not sweep it under the rug or ignore it hoping it is a one-time situation. Meet with the caregiver in a quiet area where you will not be interrupted. Explain your concern and inform the caregiver of your expectations. If the caregiver has a problem, work together to find a solution that is acceptable to both of you.

There are a number of ways to prevent negativity and difficult staff problems:

- In the beginning, be picky and hire the right caregivers for your program. Not only do you want someone who is qualified for the position, but you also want someone who is a team player, positive, flexible and sincere. During the interview process, ask scenario-based questions. Don't be afraid to contact past employers when contacting references.
- Make the job fun. Engage the caregivers in activities to promote teamwork. Promote friendly competition between caregivers such as who can complete the most creative art project. Challenge the caregivers to come up with different projects each month to complete with the children, such as what types of projects can you complete using wood.

- Communication is also an important element. Keep caregivers in the loop with changes that are coming and allow them to problem solve with you for an acceptable compromise in a difficult change. Also, communicate in different ways. You will have conversations, but also follow up in writing. You may also want to complete memos and newsletters. Even your tough memos should be clear, positive and motivating, but not confrontational.
- Always follow your policies. This would be both with families and with caregivers. This helps everyone know and understand your expectations.
- Listen intently to your caregivers and recognize what motivates them.
- Document situations. When you have discussions with caregivers regarding difficult behaviors, be sure to document the behavior and the action plan to stop. Also follow up. If a plan is put in place, be sure to talk with the caregiver in a couple days and review periodically to be sure the plan is implemented.
- Don't be afraid to terminate the caregiver's employment. Sometimes it just isn't going to work out. You cannot compromise the quality of your program.

Managing people has both rewards and disappointments. If you consistently use the above steps with your caregivers you will create a positive work environment and know that you have done your best in tough situations. ❖

How Can I Say No? I Feel So Guilty

Sheri Scheurer, Child Care Provider
Ionia County



We've all been there. Every single one of us. "Can peanut come tomorrow? I know it's not her regular day, but I need the overtime because my child care payment and rent are due at the same time." Or, "I have to leave peanut here until 5:30 P.M. I have a mandatory meeting, and because I missed 2 days last week when you couldn't take her with a fever, I could lose my job." Ok. Seriously. How are either of these predicaments my fault as a child care provider? One simple answer: they are not. I could easily come up with a hundred more examples that we have all been put in at one time or another, and the bottom line is, the answer needs to be the same every single time. If we are going to be out of compliance with our capacity or ratio, we need to stop feeling bad, and start saying no.

Let me put this in a different light. Imagine you are shopping at the grocery store, and your day care mom is the cashier. Would you ever ask her to not charge you for the milk and fruit, because you have to pay your phone bill, and the food is for the day care anyways? Or ask the day care mom who works at the gas station not to charge you for your gas because you need to pay your electric bill? Can you imagine the look on their faces if you asked them to do something that would jeopardize their livelihood? Yet, every single week, we are subjected to it.

It is our responsibility to protect ourselves. Here are some great examples of how to handle this situation when they ask:

- "I'm sorry, but I have absolutely no flexibility with the schedule today."
- "I'm sorry, but I can't keep him after 3 PM today. I am full."
- "Bummer, I wish I could, but I can't today."

If they persist, just say no.

We work too hard to be licensed and compliant with the State of Michigan rules and regulations to be talked into jeopardizing our careers. We are in control. We put our hearts, family, money, and time 100 percent into this business. We have invested everything. Let's protect ourselves with the same amount we have invested.

Do you know which parents know and understand the rules and regulations we have to follow? None of them. They are not child care professionals. They are accountants, cashiers, police officers, and teachers. They know their jobs and responsibilities; we know ours. End of story. This doesn't need to be a huge problem with our child care families; this is truly an easy fix.

We just say no. ❖



ADD: Diagnosis and Learning Strategies

Cynthia Jalynski, Licensing Consultant
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Michael Phelps, Justin Timberlake and Terry Bradshaw have all achieved notable career success and share a diagnosis of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). These conditions present challenges. However, some credit their achievements to their positive features which include creativity, spontaneity and the ability to think outside the box.

Children who have difficulty sustaining attention are sometimes diagnosed with ADD. When they are also hyperactive, they are diagnosed with ADHD. These children are fidgety, squirm in their seat, and talk excessively.

Children with attention disorders share certain traits. Their work is often messy and they make “careless” mistakes. They have difficulty following directions and trouble finishing tasks. These children are often forgetful and disorganized. When the condition is coupled with hyperactivity, kids often have difficulty sitting still and are disruptive in the classroom.

It is inappropriate for caregivers to diagnose children with ADD or other mental disorder. The term *mental disorder* sounds scary. However, it doesn't predict failure or disaster. All of the disorders have one thing in common. When unaddressed, they impair one's ability to function at school or at work and often strain social relationships. Labeling a disorder has a positive purpose. When professionals give a set of symptoms a name, they know they are all talking about the same thing and it helps them find effective methods of treatment.

There are many theories about the causes ADD. Is it inherited or learned? Maybe our texting, Tweeting culture is to blame. When caregivers see a child's inappropriate behavior as intentional, it might make it more difficult for them to like the child or to be kind. A

caregiver's negative attitude will only add to the child's shame and self-doubt. When people view ADD as a medical condition, it sometimes makes it easier to accept the behaviors associated with it. Maybe Johnny is not disorganized, forgetful or frequently interrupting people simply because he is rude or doesn't want to do better.

It might be helpful to consider ADD as a set of behavioral tendencies that, if unaddressed, may make it difficult for children to realize their potential. Below are a few ideas for altering the environment and presenting materials in ways that increase attentiveness. Much of this material was adapted from *Healing ADD*, by Daniel Amen, M.D.

- Seat the child in front of the room or near the caregiver to reduce distractions.
- Give directions in small steps.
- Ask the child questions to promote attentiveness.
- Present materials in new, interactive and stimulating ways to improve attention.
- Use visual cues to address inattention to help avoid embarrassing the child.
- Adjust the length of caregiver-directed activities.
- Post rules and expectations for behavior.
- Limit the artwork and stimulation (both audio and visual) in the room.
- Adjust the pace of a project. Offer flexibility with completion time and consider allowing the child to finish projects at a later time.

There are many ways to modify the learning environment to benefit children with ADD and increase their potential for academic and social success. Nurturing children's self-esteem and confidence to overcome obstacles is also essential for helping them become happy, healthy and productive adults. ❖

Conflict Resolution in Early Childhood

Jackie Sharkey, Area Manager
Oakland County



As children learn to be together in a group, they will experience conflict with other children. Day-to-day conflicts are great opportunities for child care providers to help children practice the skills needed to resolve disagreements and learn to communicate needs in a respectful way to others and listen with respect to the ideas of others.

Learning to handle conflicts in productive ways is an important social skill to use throughout life. When child care providers help children practice resolving conflicts, the children become more sensitive to the needs and feelings of others. Children also develop self-confidence when they learn how to solve their problems in a positive and assertive way.

The steps for conflict resolution are used differently depending on the ages and developmental levels of the children. With toddlers, the adult observes what is going on and provides much of the language describing both the problem and the solution. Preschoolers are often able to describe what the problem is and suggest solutions. By the time children reach elementary school, they are often able to take over the process and are able to do it independently.

Conflict Resolution

Approach calmly, stopping any hurtful actions. When caregivers approach calmly, they allow the calmness to spread to the children.

Remove toy or item. If the children are arguing over a toy or other item, the toy or item should be removed, as a child who is holding or touching the toy or item will tend to feel ownership of it. If the item is big, like a swing

or bike, then everyone should be moved away from it.

Acknowledge children's feelings. Caregivers need to listen to and try to understand each child's perspective. Caregivers acknowledge children's feelings when they are respectful to each child within the conflict.

Gather information. Allow each child to tell her/his side of the story. Remind each child to listen to each other without interruption. Ignore any emotional arguments and ask direct questions, such as, *"Who wants to use this swing? You want to use this swing. Does anyone else want to use this swing? She wants to use the swing too."*



State the problem. Based on the information shared by all of the children, summarize the problem in a few words. *"So the problem is that you want to use the swing and she wants to use the swing. Is that the problem?"* Once the first child agrees, clear it with the second child. *"Is the problem that you want to use the swing and she wants to use this swing?"*

Ask for ideas for solutions and choose one together. Encourage each child to suggest a solution, even if the suggestion is the same as the one proposed by another child. Remind the children again to listen without interrupting. Be respectful of all suggested solutions. Guide the children in discussing the pros and cons of each solution. Ask them to think about how they would feel about that solution, and encourage them to consider how the solution would affect others. *"Okay, your solution is that you will use the swing, and she can slide down the slide."* Once the first child confirms what she had suggested, turn to the other child and ask

the other child if she is okay with that solution. Because the two children are working together to solve a problem, they always have the right to refuse a solution. It needs to be done respectfully. “No, I don’t like that idea.” You will then acknowledge the child’s right to decline the offer, and ask the other child to offer up another solution. “That idea doesn’t work for you. What solution can you think of?” This part of the process can go on for several minutes, but the outcome is worth the effort.

State the solution. Eventually one of two things will happen; one child will decide she doesn’t care that much about the toy or item, or one child will come up with a solution that both or all children agree on. Once both or all the children agree, all that’s left is the confirmation.

Confirm the solution. Repeat the problem and solution just to make sure everyone understands. “The problem was that you both wanted to swing on this swing. The solution that you both agree on is that he will swing for 5 minutes and then she will swing for 5 minutes. Is that correct?” Congratulate them on coming up with a solution together.

Be prepared to give follow-up support. Go with the children as they begin trying out their solution and remind them of the agreement. If the solution is not working, or children are unhappy with it, bring them back together to figure out a better answer.

With time and repeated practice, children can learn to use these steps to solve problems without the help of their child care provider or another adult. Resolving conflicts helps children learn valuable communication skills and can encourage them to be more accepting of different points of view. ❖

Special Dietary Needs, from page 3

or it cannot be verified that the product contains all required nutrients, meals requiring a milk component cannot be claimed. For a chart of non-dairy beverages that meet the USDA Nutrient Requirements, please see *the Fluid Milk Substitutions in the Child Nutrition Programs* chart (www.michigan.gov/cacfp, Forms and Instructions, Independent Centers and Sponsors of Centers, under the Menu Information header). This is also where you will find *the CACFP Meal Pattern and Food Chart*.

Questions on special dietary needs issues can be directed to CACFP office staff at 517-373-7391. ❖

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

These recalls have been added since Issue 105 (Spring 2016):

- Pacific Cycle recalls swivel wheel jogging strollers due to crash and fall hazards.
- Tommee Tippee electric bottle and food warmers recalled by Mayborn USA due to fire hazard.
- Far East Brokers recalls children's chairs and swings due to violation of federal lead paint standard.
- Tommee Tippee sippee spill-proof cups recalled by Mayborn USA due to risk of mold exposure.
- Osprey recalls child backpack carriers due to fall hazard.
- BESTAR recalls juvenile dressers due to tip-over hazard.
- phil&teds recalls Dash strollers due to risk of injury.
- Pacific Cycle recalls infant bicycle helmets due to choking and magnet ingestion hazards; sold exclusively at Target.
- Twin Go recalls baby carriers due to fall hazard.
- Fisher-Price recalls infant cradle swings due to fall hazard.

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).

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.



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