

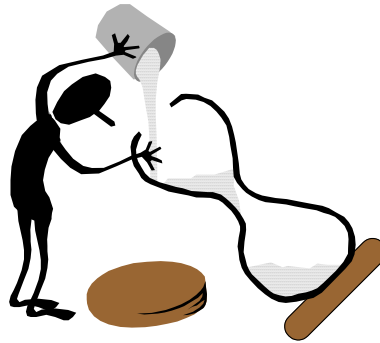
CHILD DEVELOPMENT AND TEEN PARENTING

Volume 2, Issue 3

January 2013

Time...

As I sit here at my desk on New Year's Day I wonder how we got to the year 2013. I remember thinking about what the year 2000 would be like. I recall the fear of the Y2K concerns with computers like it was yesterday. Now that the "End of the World" has come and gone, it is time to focus on "time."



On the desk where I am sitting, there are piles of things to get done, reports to type, bills to pay, meetings to plan, papers to file. Above me, on the hutch of my desk, are pictures of my family. My 5 and 6 ½ year old daughters stare at me with the best expressions! In the middle of my array of pictures is a small wooden sign that reads, "Enjoy the little things in life, for someday you will realize they were the big things." I have it in the midst of the pictures of my daughters for a reason...to remind me that time is precious. Yes, there are hundreds of work things that need my attention, but my daughters won't want my attention someday. There are times when that email will have to wait until tomorrow or the phone call will have to go to voice mail. If I do this, taking the time to refill with the love of my family, I find that the time for work is so much more productive.

When I taught parenting class I discovered the concept of "Time-Ins" from reading Dr. Harvey Karp's Happiest Toddler on the Block. A "Time-In" involves taking little bits of time to spend with people you love or you need to connect with; children, friends, parents, spouses, etc.; small chunks of time that you purposefully spend with a person. It is amazing how effective taking control of time can be. I never realized that spending time wisely actually creates a feeling of having more time to do other things.

So, as we begin a new year my challenge to you is to identify at least one "Time-In" period each day. It can be 5 minutes or 55 minutes long, you choose. The point is that you need to identify who you need to connect with in order to help you to be more focused on the other work you have to do. If it means sitting on the floor of your center for 10 minutes between classes, do it! If it means walking to the staff room when you know your friend is going to be there for lunch, then do it! If it means delaying dinner for 15 minutes to sit and read a book to your children or grandchildren, then do it!

If anyone out there knows how to save time in a bottle, will you please let me know?

Happy New Year!
Crystal

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Upcoming Dates of Interest

- Jan 11, 2013 — Teen Parent Quality Improvement Plan Due
- March 6-8, 2013 — OACCD Spring Conference, Newport, OR
- April 12 & 13, 2013 — ORAFCS Conference, Sunriver, OR
- April 19 & 20, 2013 — OAEYC Spring Institute, Eugene/Springfield, OR

The bad news is time flies. The good news is you're the pilot.

~Michael Altshuler

ADULT — CHILD INTERACTIONS

As many of you are discovering, adult-child interactions are becoming a focal point of quality child care and education. As programs search to discover what quality means we need to seek out professional standards to guide us. One of the “Gold Standards” for Early Childhood Education guidelines is often considered to be the “Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition” (CFOC3.) This document is published by the American Academy of Pediatrics and the American Public Health Association. CFOC3 has identified some very specific guidelines to help professionals with creating quality adult-child interactions.

STANDARD 2.1.2.1: Personal Caregiver/Teacher Relationships for Infants and Toddlers

The facility should practice a relationship-based philosophy that promotes consistency and continuity of caregivers/teachers for infants and toddlers. The facility should limit the number of caregivers/teachers who interact with any one infant to no more than five caregivers/teachers across the period that the child is an infant in child care. The caregiver/teacher should:

- Hold and comfort children who are upset;
- Engage in frequent, multiple, and rich social interchanges such as smiling, talking, touching, singing, and eating;
- Be play partners as well as protectors;
- Be attuned to children’s feelings and reflect them back;
- Communicate consistently with parents/guardians;
- Interact with children and develop a relationship in the context of everyday routines (diapering, feeding, etc.)



Opportunities should be provided for each child to develop a personal and affectionate relationship with, and attachment to, that child’s parents/guardians and one or a small number of caregivers/teachers whose care for and responsiveness to the child ensure relief of distress, experiences of comfort and stimulation, and satisfaction of the need for a personal relationship.

RATIONALE: Trustworthy adults who give of themselves as they provide care and learning experiences play a key role in a child’s development as an active, self-knowing, self-respecting, thinking, feeling, and loving person. Limiting the number of adults with whom an infant interacts fosters reciprocal understanding of communication cues that are unique to each child. This leads to a sense of trust of the adult by the infant that the infant’s needs will be understood and met promptly. Studies of infant behavior show that infants have difficulty forming trusting relationships in settings where many adults interact with a child, e.g., in hospitalization of infants when shifts of adults provide care. This difficulty occurs even if each of the many adults is very caring in their interaction with the child. There should be breaks at least every four hours and in accordance with U.S. Department of Labor laws.

STANDARD 2.1.3.1: Personal Caregiver/Teacher Relationships for Three- to Five-Year-Olds

Facilities should provide opportunities for each child to build long-term, trusting relationships with a few caring caregivers/teachers by limiting the number of adults the facility permits to care for any one child in child care to a maximum of eight adults in a given year and no more than three primary caregivers/teachers in a day. Children with special health care needs may require additional specialists to promote health and safety and to support learning; however, relationships with primary caregivers/teachers should be supported.

RATIONALE: Children learn best from adults who know and respect them; who act as guides, facilitators, and supporters within a rich learning environment; and with whom they have established a trusting relationship (1,2). When the facility allows too many adults to be involved in the child’s care, the child does not develop a reciprocal, sustained, responsive, and trusting relationship with any of them.

Children should have continuous friendly and trusting relationships with several caregivers/teachers who are reasonably consistent within the child care facility. Young children can extract from these relationships a sense of themselves with a capacity for forming trusting relationships and self-esteem. Relationships are fragmented by rapid staff turnover, staffing reassignment, or if the child is frequently moved from one room to another or one child care facility to another.

For the this document please visit: <http://nrckids.org/CFOC3/HTMLVersion/TOC.html>

Boys and Girls Aid

I recently had the pleasure of meeting Jess Hoylman who is the recruitment coordinator for the Portland area Boys & Girls Aid. She asked me how she could connect with the programs around the state and I suggested that she write an article for the January newsletter. Here is her information regarding connecting

Ashley was just seventeen and still finishing high school when she learned that she was pregnant. At first, she considered terminating the pregnancy, but ultimately decided that ending the pregnancy was not the best choice for her. With help from her school counselor, Ashley learned about Boys & Girls Aid and connected with Karen, a Child & Family Services clinician. Together, Ashley and Karen explored each option and the pros and cons of each choice. Ashley considered parenting her expected infant and how making a parenting plan would affect her personal development and goals for the future. After careful consideration, Ashley decided that she was not prepared.



Together, Karen and Ashley talked about the kind of family in which Ashley wanted her child to grow up in and how much openness Ashley wanted with her child. Ashley chose an adoptive family for her child and worked with them to create an openness agreement that would meet her needs. Now nearly five years later, Ashley has ongoing visits with her daughter and has developed a close relationship with the adoptive family- they even came to support Ashley as she walked across the stage at her college graduation.

Like Ashley, many women of all ages and from all backgrounds have had to decide which plan is best for them when making decisions regarding an unintended or unplanned pregnancy. Whether Ashley chose to explore parenting, termination or adoption, Karen was there to help her sort through her options, by providing free, confidential pregnancy counseling. At Boys & Girls Aid, we believe all pregnant women, regardless of age, have the right and the responsibility to make their own decision- and we will support her regardless of her choice.

Referral Process

The referral process for our all options pregnancy counseling is straight forward. A pregnant woman connects with our clinicians directly by calling **1-877-932-2734**. A clinician is available to speak with callers 24 hours a day, 7 days per week. The woman may also decide to make the call with a support person, such as a counselor or a medical provider. Once the clinician has the pregnant woman on the line, they will determine together how to best support her needs.

Connect with a clinician at **1-877-932-2734**

Services to Pregnant Women

Our clinicians provide the highest quality, professional services and work hard to meet the needs of the pregnant woman. This support includes, but is not limited to: an emotional needs assessment (counseling) and a physical needs assessment (food, shelter, clothing, safety, medical care). She may qualify for financial assistance through Boys & Girls Aid which helps cover rent, food, and other living costs. Boys & Girls Aid clinicians are well connected with additional community resources for continued support as needed. Our goal is to help her have a healthy pregnancy and feel supported, no matter what plan she makes regarding her pregnancy.



Pertussis Update

Have your staff been vaccinated for Pertussis? It is still a real threat and concern to the children of Oregon. Oregon and Washington are the worst vaccinated states in country. Most children get sick from parents, grandparents and care providers because the Pertussis (aka Whooping Cough) vaccine wears off. Pregnant women are strongly recommended to be vaccinated in their third trimester. Please help spread the word!

For more information visit the Oregon Health Authority Web Site on Pertussis at:

<http://public.health.oregon.gov/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/GETTINGIMMUNIZED/Pages/PertussisinOregon.aspx>

Contest Opportunity

This year the Adolescent Sexuality Conference is holding the Youth Speak Out Contest to find 2 youth (19 and under) to deliver 5-minute keynote speeches on youth sexual health at the conference this April. The selected youth will receive free conference registration and 2 nights lodging in a hotel!

Speeches:

- Must be no more than **5 minutes long**.
- Must address the prompt **What I would like everyone to know about youth and sexual health**, or one of the following alternatives:
 - o Why I value my sexual health.
 - o What my school/community is doing to promote sexual health.
 - o Why I am an advocate for sexual health.
 - o Why it's important for my community to support youth sexual health.
 - o Why "Sex Ed" isn't just a topic for health class.
- Can be submitted as a **written speech or as a video**.
- Entries must be received by Wednesday, February 20th.

For more information go to: [Youth Speak Out Contest](#)

IMPORTANT INFORMATION ABOUT NEW BLEACH CONCENTRATION Effective 12/12/2012

Manufacturers are beginning to send bleach to retailers that is significantly stronger at 8.25% sodium hypochlorite solution. The current 5.25%-6% concentrated bleach will be discontinued soon. This will affect the bleach concentration in solutions that child care and education providers mix for sanitizing and disinfecting surfaces, etc. The National Resource Center is working with experts to create a recipe using the higher concentration of bleach that they can recommend and post on the Caring For Our Children 3 website <http://cfoc.nrckids.org/index.cfm>.

Providers are asked to be aware of the concentration of the bleach they are using for sanitizing and disinfecting and to follow the manufacturer's direction when mixing solutions. For more information follow this link:

<http://cfoc.nrckids.org/Bleach/Bleach.cfm>.



“If there is anything we wish to change in the child, we should first examine it and see whether it is not something that could better be changed in ourselves.”

~ Carl Gustav Jung

FEATURED RESOURCES:

Child Care Standards

Healthy Child Care America is dedicated to high quality care. They feature a “Standard of the Month” to help Early Childhood Educators understand and implement the standards in their programs. Here’s the link where you can view all the featured standards for the past year: <http://www.healthychildcare.org/StandardOfTheMonth.html>.



Children’s Bureau Express

Get the latest on alerts and information from a national level regarding child welfare, foster care and adoption issues at this web site <https://cbexpress.acf.hhs.gov/>

Child Care Training Calendar

Did you know there was a searchable web site that lists every training offered through the Child Care Resource and Referral’s across the state? You can sort by county, topic, set level, or even language. Check it out to find some trainings:

<http://oregonchildcaretraining.org/calendar/>

ECE Student Internship Resource

Are you looking for Early Childhood Internship opportunities? You might want to see if there is an Oregon Program of Quality in your area to connect students to. It is up to each program to accept students, but it might be worth a phone call.

Programs who have been designated a “Program of Quality” have met a very rigorous set of standards and are recognized as programs that are eligible for additional state subsidy due to their high level of care. They are both center and family based programs. Here is the list of the programs around the state.

Program Name	City
1. A Child’s Place	Salem
2. As I Grow	Portland
3. Bright Beginnings CDC	Silverton
4. Busy Bee Daycare & Preschool	Portland
5. Childswork Learning Center	Portland
6. Creative Minds Learning Center	Portland
7. Cuddle Time Preschool/ Child Care	Milwaukie
8. Escuela Viva	Portland
9. Grandma’s House	Eugene
10. Guadalupe’s Family Child Care	Springfield
11. Little Beavers Preschool, Inc.	Corvallis
12. Little Stars Family Childcare, Inc.	Eugene
13. Pearl Buck Center	Eugene
14. Portland Christian Early Childhood Ed.	Portland
15. Providence Wee Care CDC	Portland
16. Salem Child Development Center	Salem
17. Samaritan Early Learning Center	Lincoln City
18. Sunshine Pre-School	Eugene
19. Tender Heart Child Care & Preschool	Milwaukie
20. Teaching Research CDC	Monmouth
21. Woodland Preschool & Childcare	Hillsboro
22. Peninsula Children’s Center	Portland



Save the Date!

OAEYC Spring Institutes

☼ April 19 & 20, 2013 ☼
Springfield and Eugene, OR

Infant Toddler Institute
Professional Development Institute

Watch for more information to come.



OREGON ASSOCIATION
OF CHILD CARE DIRECTORS

Spring Conference
March 6-8, 2013

Agate Beach Best Western
Newport, Oregon

For more information check the
OACCD website.

<http://www.orchildcare.org>



**Oregon Association of
Family and Consumer
Sciences**

Annual Conference ~

April 12, 2013 ~ 5:00 pm – 8:00 pm

April 13, 2013 ~ 8:00 am – 2:30 pm

Sunriver Resort and Lodge,
Sunriver, Oregon

For More Information Contact:

Toni at: ORAFCS@gmail.com

*or call 541-487-7208
evenings/weekends*

Teen Parent Quality Improvement Grant Deadlines:
January 11, 2013—Gather program staff Professional Development Plans
January 11, 2013—Submit Quality Improvement Plan to Dawn Woods
June 7, 2013—Resubmit Quality Improvement Plan with reflections

KEY CONTACT INFORMATION -

Crystal Persi – Special Populations Quality Improvement Coordinator

(541) 510-5704 – crystal.persi@gmail.com

Dawn Woods – Child Care Division – Quality Improvement Manager

(503) 947-1418 – dawn.a.woods@state.or.us

Janet Price – Child Care Division – Targeted Populations Subsidy Program Coordinator

(503) 947-1421 – janet.m.price@state.or.us

Nancy Johnson-Dorn – ODE – Director of Early Childhood Unit

(503) 947-5703 – nancy.johnson-dorn@state.or.us

Martha Martinez – ODE – Specialist, Human Resources & Career Learning Area

Perkins Contact for Child Development Programs of Study

(503) 947-5778 – Martha.Martinez@state.or.us

