Thank you for all you do to improve the quality of care for the children throughout Niagara County. You are making a wonderful difference in the lives of children, the next generation.

Also, a big thank you to everyone who returned the “2014 Provider Survey”. We appreciate your input, ideas, thoughts, and concerns. If you would still like to complete your survey, it still is not too late. We will continue to work towards making the necessary changes to bring about improvements.

Again, 2014 was a year of changes. Our Agency passed the renewal through Child Care Aware of America for our National Child Day Care accreditation. Then there was the implementation of the revised in-home Family and Group Family regulations. It went well. The Child Care Centers and School-Age Child Care (SACC) programs will undergo similar changes in their regulations in 2015.

The Child and Adult Care Food Program helps pay for meals you serve to children in your care. The income from this program is tax-free. For more information, call Betty McCarthy at 716-285-9681 extension 111.

January 2, the “Provider Update” forms were mailed. Be sure to complete and return to our office as soon as possible. If you need to update your record at any time, especially with a change in phone number(s), vacancy information or days and hours of care, please contact Carolyn Jacobs. She may be reached at:

Phone: 716-285-8572 extension 109
(or toll free at 1-800-701-4KID (4543))
E-mail: ccrniagara@prodigy.net

Again, thank you so much for all you do. If we may be of assistance to you, please contact us.

Angela Burns
Child Care Supervisor
Protect Young Children from Burns on Glass Fronts of Gas Fireplaces—Use Protective Barriers


If you have one of these

and one of these in your house,

you need to hear about a new way to protect the safety of you and your family.

Starting on January 1, 2015, all new gas fireplaces, and fireplace heaters that vent to the outside, will come with a protective barrier. This barrier helps prevent children and others from coming into direct contact with the glass front of the fireplace.
If you already have a fireplace, there are retrofit barriers available to protect children from being burned. Barriers can include (see pictures below):

- attachable safety screens
- safety gates
- fireplace safety screens

If you choose an attachable safety screen, check with your fireplace manufacturer to get the right one for your fireplace. Safety screen barriers may be purchased at fireplace retailers and hardware stores. The safety gates may be purchased at big box and/or baby product stores.

In addition to the safety barrier, make sure to supervise young children around the fireplace.

We want to thank/recognize:

- The Hearth, Patio and Barbeque Association (HPBA), which chaired the voluntary standards committee that developed the new ANSI industry standards requiring barriers,
- Dr. Carol Pollack-Nelson, who petitioned CPSC sparking the movement on voluntary standards to address gas fireplace-related burns to children,
- The American Academy of Pediatrics (AAP) for sharing information with CPSC about the terrible burn injuries children have suffered by touching hot fireplace glass.
- The HPBA and AAP have more safety information on their websites. Check them out.
Changing Behavior by Changing Our Minds: Part 2

By: Kimmarie Brown

Most children positively respond to quality programming. We encourage children’s development with regular routines. We provide a wide variety of interesting activities. We create safe, healthy and happy places for children to learn and grow. When we pay attention to the children in our care, we are able to predict difficult moments and can act quickly to teach positive behavior. Yet, there will be children whose behavior remains a challenge.

We need to understand these children so we can help them develop the skills they need to make better behavior choices. Often labeled as “bad”, these children move from provider to provider. Therefore, they do not form lasting relationships they need to be socially successful. These children’s parents are frustrated. These children suffer from low self-esteem and are at the greatest risk for child abuse, school failure, trouble with the law and suicide. Without proper intervention and guidance, these children may never become productive adults. We fail to do our work as caretakers if we do not provide support and helpful direction to these children and their families. It is our responsibility to care for these children, but few of us know why these children have behavior problems. Even fewer of us know how to help.

Problem children are children with problems. This second section on Changing Behavior by Changing Our Minds will focus on learning the behavior signs of what are called “invisible disabilities”. Invisible disabilities are those kinds of disabilities others cannot see. Such disabilities include, but are not limited to, mild autism, ADHD, sensory processing disorders, learning disabilities, allergies, brain injury and emotional problems such as depression or anxiety. The poor choices a child makes may be behavior symptoms that point to a hidden problem that is not their fault. Because the child cannot control their reactions, our disciplinary methods do not work. If we know what symptoms to look for, we can become a great help to the parents in finding the right services for their child.

So, what do we look for? We look for behaviors that other children use from time to time, but happen much more often and at times that do not fit. The behavior may be more intense, may last a lot longer or does not stop when we provide guidance. Some of these behaviors are just silly and annoying. These include a child holding their hands over ears or eyes, spinning, playing with toys differently, making funny noises or faces, or hiding. Other behaviors may cause trouble for us. These include running, screaming, crying, throwing things, hitting, biting or not sitting still. Sometimes the child does not seem to be aware of other people around them. At other times, the child acts as though other people are only around just for them.

Like the way we write down physical symptoms such as a runny nose, cough or fever to help identify illness, we need to keep a record of behaviors to help identify possible disabilities.

Always telling a parent what their child is doing wrong is not enough. There is more information needed to find the possible reasons for the misbehavior. Once we find the reasons, we can also find appropriate
interventions. We need to take a closer look at the misbehavior itself in order to discover why a child is choosing it. We need to describe what exact behavior is observed; for example, the child screamed, ran, threw things, etc. We also will note the time of day and the activity the child was involved in and with whom. All we need to do is take brief notes throughout the day. The child can have a card, a page in a notebook or a chart on which the daily routine is written. Next to each transition or activity, a symbol can be placed indicating how the child behaved or reacted before, during and after. By doing this on a daily basis, we will have a visual tool to find patterns, anticipate triggers and offer preventive measures. We can give it to the parents to bring to their pediatrician for a referral. This information is important to make the right diagnosis. The diagnostic process can take a long time, so we need to be prepared to continue to document behavior and encourage the parents. We must talk with the parent(s) often. We also must let the parents as well as the child know what the child is doing right and celebrate progress made.

Some parents will not want to take the child for testing. We cannot make these parents seek out services. However, we can help the child learn the skills they lack by using available resources. We can use the record we have kept on the child to see what kind of problems they are having. We can learn about different invisible disabilities and ways to reach these children. We can talk with mental health professionals, special education teachers and other people who have experience with disabled children. We do not need to feel alone. There are many resources on the internet. We just need to understand more and judge less.

Parents, children and the community count on us to provide quality child care. We are more valued as professionals when we help to solve the mystery behind the poor behavior choices of children. We grow in confidence when we learn more about difficult behaviors. We teach tolerance by accepting all children into our care. When we understand children in our care and why they do what they do, we can share what we have learned with their parents. Through compassion and encouragement, we invest in a generation of peaceful problem solvers. We can show the way to a bright future and give hope for a new tomorrow.
Sources:


2.) *Finding the Causes of Challenging Behaviour* by Mark Addison, Consultant Clinical Psychologist, Rapid Intervention Team, Somerset Partnership NHS and Social Care Trust

3.) *Observing and Documenting Children’s Behavior* by Carol Perkins, South Carolina Department of Social Services, 2014; www.specialed.us/pl-07/pl07-bd.html

4.) *Observation: The Key to Understanding Your Child* by Jarrod Green @ www.families.naeyc.org learning and development

5.) *Prevention and Intervention With Young Children’s Challenging Behavior*: Behavioral Disorders, 32 (1), 29–45 November 2006


7.) *The Invisible Disability* by Diane Connell @ www.scholastic.com/ teachers/ articles

8.) *Understanding Disabilities* @ www.idaamerica.org/ parents/ resources

Behavioral Cues

Children with developmental disabilities will show symptomatic behaviors long before these behaviors impact their formal education. The behavioral patterns listed below may indicate that a child should be assessed to determine whether special education services are appropriate.*

Remember that all children may exhibit one or more of these behaviors on their trip through childhood. This is normal and should not be troubling. However, as a parent, you may become aware of a persistent pattern of behavior(s). If you notice one or more continuing behaviors on this list, you should consider requesting an assessment, either privately or by your child’s school.

* This list was developed and copyrighted in 1975 by the Contra Costa West Chapter of the California Association for Neurologically Handicapped Children, which has become the Learning Disabilities Association and, locally, the Orange County Learning Disabilities Association.

Post Office Box mm, Newport Beach, California
Phone: 949-675-8736 • Fax: 949-675-0461 • Email: info@spcedlawyer.com
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<table>
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<tr>
<th>INFANCY</th>
<th>PRE-SCHOOL YEARS</th>
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<tr>
<td>• Difficulty nursing, sucking</td>
<td>• Inability to follow directions</td>
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<td>• Resistance to touching or</td>
<td>• Impulsive and uncontrolled behavior</td>
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<tr>
<td>body contact</td>
<td>• Excessive crying and undisturbed sleep</td>
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<tr>
<td>• Unusual response to sounds</td>
<td>• Poor sense of rhythm; uneven walk</td>
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<tr>
<td>• Difficulty “tracking”</td>
<td>• Fear of swings and slides</td>
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<tr>
<td>movement with eyes</td>
<td>• Frequent falls; tendency to bump into things</td>
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<tr>
<td>• Delayed creeping or</td>
<td>• Purposeless hyperactivity</td>
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<tr>
<td>crawling</td>
<td>• Difficulty discriminating between letters, words &amp; numbers:</td>
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<tr>
<td>• Delayed sitting, standing</td>
<td>“b” &amp; “d”, “was” &amp; “saw”, 6 &amp; 9</td>
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<tr>
<td>or walking</td>
<td>• Difficulty understanding difference between up &amp; down, in &amp;</td>
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<tr>
<td>• Delayed language</td>
<td>out, left &amp; right, front &amp; back</td>
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<td>development</td>
<td>• Good verbal skills, but trouble with reading</td>
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<td></td>
<td>• Mechanical reading – lacks comprehension</td>
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<td>• Difficulty expressing ideas</td>
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<td>• Erratic school work</td>
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<td></td>
<td>• Excessive activity – purposeless, restless and undirected</td>
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<td>• Unusual inactivity – daydreaming or inner distraction</td>
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<tr>
<td></td>
<td>• Excessive craving for sugar and candy</td>
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<tr>
<td></td>
<td>• Poor eating habits</td>
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<tr>
<td></td>
<td>• Constant interruptions; persistent chatter</td>
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<tr>
<td></td>
<td>• Repetitive in speaking, questions or play</td>
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<td></td>
<td>• Tendency to become upset more often when people are around</td>
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<tr>
<td></td>
<td>than when alone</td>
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<tr>
<td></td>
<td>• Language problems: delayed talking, garbled speaking</td>
</tr>
<tr>
<td></td>
<td>• Tendency to be fearless, climbing counters or roofs with</td>
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<td>no concern</td>
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SNACKS — all recipes are from *Cooking is Cool* by Marianne E. Dambra

**TACO DIP:**

**Ingredients:**
- Shredded lettuce
- 1 diced tomato
- 8 ounces sour cream
- 8 ounces softened cream cheese
- 1 1 ½-ounce envelope of taco seasoning
- 1 cup shredded cheddar cheese
- ½ cup sliced black olives (optional)
- Tortilla chips for dipping

**Directions:**
- Using a sharp knife, shred lettuce and set it aside
- Dice tomatoes into small cubes; set them aside
- Mix sour cream, softened cream cheese, and taco seasoning until well blended. (Use an electric hand mixer on high speed if you like.)
- Spread mixture into a 9-by-13 inch pan
- Layer shredded lettuce over seasoned mixture
- Layer diced tomatoes over lettuce
- Sprinkle cheddar cheese over tomatoes
- Top off the layers with sliced black olives
- Serve dip with tortilla chips

**Did You Know?**
- In Mexico, tacos are as popular as sandwiches are in the United States.
- The word “taco” means “small or light snack.”

**MONKEY MEALS:**

**Ingredients:**
- 1 banana
- 1 hot dog roll
- 1 tablespoon peanut butter or cream cheese
  *(Warning: Check for peanut allergies children might have!)*
- Slices of fruits or vegetables

**Directions:**
- Cut fruits and vegetables into long slices, and set aside
- Peal banana and place in hot dog roll
- Spread peanut butter or cream cheese over the banana
- Add vegetable or fruit slices and condiments
- Serve on a plate

**Extension:** Monkeys use their tails as a fifth limb while swinging in the trees. What would you do if you had a tail?
Infant Mental Health

What do you do to encourage the healthy development of the babies in your care?

Most child care providers know that babies learn about the world around them very quickly. Learning happens even before a baby is born! Babies learn to recognize familiar people and toys. They learn to crawl and climb. Eventually, babies even learn how to take care of themselves through your repeated caregiving routines. This is all part of the healthy development of young children.

Quality child care programs encourage this growth by helping babies explore new objects, people, and situations. While it may sound clinical, helping babies develop good mental health should look much the same way. In fact, every interaction you have with a baby factors into his or her mental health.

“A child's life is like a piece of paper on which every person leaves a mark.” – Chinese Proverb

A child’s mental health will depend greatly on the social and emotional skills he or she develops during the first few years of life. Some practices that promote healthy social and emotional skill building are:

- Low adult to child ratios
- Primary Caregiving and Continuity of Care
- Adopting a curriculum based on social and emotional development
- Strong communication with families

Ask the Specialist:

Q: How do we choose a curriculum that focuses on social and emotional development?

A: The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) has created a resource to guide you! To read the PDF, type the following URL in your browser: http://csefel.vanderbilt.edu/documents/dmg_choose_se_curriculum.pdf. Or, you scan the QR code below using a smart phone or other device.

![QR Code](https://via.placeholder.com/150)
As of December 1, 2014, QS2 Training and Consulting will offer Pediatric First Aid and CPR training free of charge to all NYS licensed providers in all modalities. This has been made possible through a partnership with the National Safety Council, which has recently been awarded the Pediatric First Aid and CPR NYS OCFS grant.

To schedule training, please contact:
QS2 Training and Consulting
Baldwin, NY 11510
(844) 204-4440 or qs2training.com

Classes are offered in both English and Spanish.
January 5, 2015  
Overview of Technical Assistance

This training will inform child care providers of four technical assistance projects offered by the Community Child Care Clearinghouse of Niagara:

1) Best practices for providing child care
2) Indicators of quality child care programs
3) Information on business administration practices
4) Information on regulations governing program compliance issues specific to the program

On-site Intensive Technical Assistance is available for all providers on the above topics. Beverly McArthur, NYSAEYC Credentialed Trainer Level 2, will teach this class.

Location: Community Child Care Clearinghouse of Niagara  
1521 Main Street • Niagara Falls, NY 14305

Time: 6:00 PM – 7:30 PM
Cost: $10.00

OCFS Training Topics: 3 & 5 (1.5 Training hours and .15 CEUs)

This training is for: FCC, GFCC & DCC Providers

January 26, 2015  
SACC Program Safety and Supervision

This training class will review and discuss New York State Office of Children and Family Services school-age child care regulations regarding safety, supervision and age-appropriate discipline practices. Participants will learn techniques and approaches that will help guide children toward physical, social and emotional well-being. Beverly McArthur, NYSAEYC Credentialed Trainer Level 2, will teach this class.

Location: Community Child Care Clearinghouse of Niagara  
1521 Main Street • Niagara Falls, NY 14305

Time: 6:30 PM – 9:00 PM
Cost: $20.00

OCFS Training Topics: 1, 3 & 7 (2.5 Training hours and .25 CEUs)

This training is for: FCC, GFCC, DCC, LE & SACC Providers
January 28, 2015

Child and Adult Care Food Program (CACFP)

This training is offered for family child care, group family child care and legally-exempt providers enrolled in the Child and Adult Care Food Program. CACFP staff, Linda Newman and Betty McCarthy, will teach this class. CACFP regulations will be reviewed.

Location: Community Child Care Clearinghouse of Niagara
1521 Main Street • Niagara Falls, NY 14305
(716) 285-9681 ext. 110 (Linda) or ext. 111 (Betty)

Time: 6:30 PM – 8:30 PM

Cost: None

OCFS Training Topics: 2 & 5 (2 Training hours and .2 CEUs)
This training is for: FCC, GFCC & LE Providers on CACFP

February 7, 2015 (Saturday)

Medication Administration Training (MAT)

Child care providers who choose to administer medication to children must have a Medication Administration Training (MAT) certificate, a current CPR and first-aid certificate, and a health care consultant. Providers successfully completing this competency-based training will fulfill the requirement for the MAT certificate.

Community Child Care Clearinghouse of Niagara Health Care Consultant, Lana Zahn, RN, will teach this class.

Location: Niagara Falls Memorial Medical Center
Hodge Building
Community Education Room - 3rd floor
621 - 10th Street
Niagara Falls, NY 14301

Time: 8:00 AM – 4:00 PM

Cost: $100.00

OCFS Training Topics: 2, 4 & 7 (8 training hours and .8 CEUs)
This training is for: FCC, GFCC, DCC & SACC Providers
February 23, 2015

Behavior Management Strategies

Preventing challenging behaviors along with management and teaching strategies will be discussed and reviewed during this training for school-age and day care program directors and staff. Participants will leave the class with tools designed to support children with challenging behavior and create an environment that welcomes them and teaches them to become the best people they can possibly be. Beverly McArthur, NYSAEYC Credentialed Trainer Level 2, will teach this class.

Location: Community Child Care Clearinghouse of Niagara
1521 Main Street
Niagara Falls, NY 14305

Time: 6:30 P.M. – 9:00 P.M.

Cost: $20.00

OCFS Training Topics: 1 & 3 (2.5 Training Hours and .25 CEUs)

This training is for: FCC, GFCC, DCC & SACC Providers

March 16, 2015

Business of Child Care

Participants will learn tips and strategies to enforce program policies and payment procedures designed to strengthen parent/provider relationships and increase the quality of care for children. Providers needing updated contracts and/or parent policy manuals will receive intensive technical assistance upon request. Beverly McArthur, NYSAEYC Credentialed Trainer Level 2, will teach this class.

Location: Community Child Care Clearinghouse of Niagara
1521 Main Street
Niagara Falls, NY 14305

Time: 6:30 PM – 9:00 PM

Cost: $20.00

OCFS Training Topics: 4, 5 & 7 (2.5 Training hours and .25 CEUs)

This training is for: FCC, GFCC, DCC & SACC Providers
March 23, 2015

The Importance of Attachment

What is attachment? High quality programs recognize the importance of attachment in the early years. High quality caregivers bond with the children in their care and are able to help parents understand and build secure attachments with their infants and toddlers. Learn why attachment is so important in the emotional and cognitive development of children and how to support the development of secure attachments. Kristin Macha, NYSAEYC Credentialed Trainer Level 2, will teach this class.

**Location:** Community Child Care Clearinghouse of Niagara
1521 Main Street
Niagara Falls, NY 14305
(716) 285-8572 ext. 115

**Time:** 6:00 PM – 8:30 PM

**Cost:** $20.00

OCFS Training Topics: 1, 3, 4 (2.5 Training hours and .25 CEUs)

This training is for: FCC, GFCC, and DCC Providers

Core Body of Knowledge Topics

- Area 1: Child Growth and Development
- Area 2: Family and Community Relationships
- Area 4: Environment and Curriculum
April 29, 2015

Child and Adult Care Food Program (CACFP)

This training is offered for family child care, group family child care and legally-exempt providers enrolled in the Child and Adult Care Food Program. CACFP staff Linda Newman and Betty McCarthy will teach this class. CACFP regulations will be reviewed.

**Location:** Community Child Care Clearinghouse of Niagara
1521 Main Street
Niagara Falls, NY 14305
(716) 285-9681 ext. 110 (Linda) or ext. 111 (Betty)

**Time:** 6:30 PM – 8:30 PM

**Cost:** None

OCFS Training Topics: 2 & 5 (2 Training hours and .2 CEUs)

This training is for: FCC, GFCC & LE Providers on CACFP

~ VIDEOCONFERENCE TRAINING CLASSES ~

Topics and registration for these classes are not available at this time.

Training dates for 2015 are on Thursdays as follows:

- April 30, 2015
- May 21, 2015
- June 18, 2015
- September 3, 2015
- October 22, 2015
- November 19, 2015

**All Trainings:** Community Child Care Clearinghouse of Niagara
1521 Main Street • Niagara Falls, NY 14305

**Time:** 6:30 PM – 9:00 PM

**Cost:** No cost to licensed/registered child care providers and staff

These trainings are for: FDC, GFDC, SACC & DCC Providers

To register for a videoconference, participants must complete a registration form and MAIL it to:
Early Childhood Education and Training Program, 22 Corporate Woods Blvd., 3rd Floor, Albany, NY 12211,
OR fax to: (518) 443-5941 OR register online at www.albany.edu/earlychildhood.
• Keeping Children Safe: Prevention of Lead Poisoning and Other Dangers to Children
  (1.5 Training Hours)    OCFS Training Topics 1, 3, 4 & 7
• Preventing Sudden Infant Death Syndrome and Promoting Safe Sleeping
  (1.0 Training Hours)    OCFS Training Topics 1, 3, 4 & 7
• Obesity Prevention
  (2.0 Training Hours)    OCFS Training Topics 4 & 7
• Preventing Shaken Baby Syndrome (SBS)
  (1.0 Training Hours)    OCFS Training Topics 1 & 9
• Mandated Reporter On-Line Training
  (2.0 Training Hours)    OCFS Training Topics 5, 6, 7 & 8
• Managing Challenging Behavior: Birth to 18 Months
  (1.5 Training Hours)    OCFS Training Topic 1
• Managing Challenging Behavior: 18 to 36 Months
  (1.5 Training Hours)    OCFS Training Topic 1
• Transportation
  (2.0 Training Hours)    OCFS Training Topics 3, 4 & 7
• Family Engagement
  (1.0 Training Hours)    OCFS Training Topics 3 & 4
• Emergency Preparedness
  (1.5 Training Hours)    OCFS Training Topics 4 & 7
• Healthy Beverages in Child Care
  (.45 Training Hours)    OCFS Training Topic 2
REGISTRATION FORM WINTER/SPRING 2015

Name: ___________________________________________ Phone: __________________________

Address: ___________________________________________________________________________________

☐ Family/Group Family Day Care Provider   ☐ Day Care Center Staff   ☐ School Age Child Care Staff

☐ Legally Exempt Provider   Child Care Program: __________________________________________________

Training fees are non-refundable.

There is a $37.00 fee for returned checks.

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Please send your completed registration along with a check payable to:

NIAGARA COMMUNITY ACTION PROGRAM, INC.

Mail/Drop off to:

Community Child Care Clearinghouse of Niagara
1521 Main Street
Niagara Falls, NY  14305
Child care providers from all modalities of care are welcome to borrow books or materials from the Community Child Care Clearinghouse of Niagara Lending Library at no cost.

Examples of the materials available:
- children's books - some come with puppets or props
- theme boxes such as community helpers

Also available are books for providers relative to:
- providers working with young children
- philosophies within the child care field
- children with special needs
- children with behavior issues

Providers taking college courses within the field of Early Childhood Education may find materials that would be helpful in research for class papers.

To use the lending library, please call any CCR&R staff person at 285-8572.
**FRESHERSIZE**

(Taken from *The Kindness Curriculum*)

**Propose:**
To increase the amount of time children spend freely outdoors

**Materials:**
Various

**Procedure:**
Here are some ways to have fun “freshersizing”:

- Set up pop-up tents to make an instant campground for dramatic outdoor play
- Observe the weather
- Spend time outdoors in all sorts of weather. Dressing and undressing a group of preschoolers in their winter gear can be a huge job, but the pros far outweigh the cons – so go for it!

Children do not have to have a fancy play area with a lot of equipment. They love to dig, poke, haul, collect, chase, and discover on their own.

**Suggestions:**
If nothing else, remember that when preschool children dance in the rain, jump in the leaves, listen to snow crunch underfoot, immerse hands inside slimy pumpkins, pet rabbits, and smell the earth while it is awakening in spring, they are experiencing the physical world firsthand. This is how the world comes to life for them and how they come to life.

Go to [www.JudithAnneRice.com](http://www.JudithAnneRice.com) to watch the video *The Power of Rest!*

---

**HI AND BYE CHILD**

(Taken from *The Kindness Curriculum*)

**Purpose:**
To offer children opportunities to practice inclusive behavior and friendly manners

**Materials:**
None

**Procedure:**
Assign one child each day to stand at the door and be the “Hi and Bye child.” That child greets new arrivals and makes a point of saying good-bye when anyone leaves.
What does it mean when you say, "I'm Sorry"?

Saying "I'm sorry" is an act of apology. It's telling someone you feel badly for hurting them in some way—for saying or doing something offensive— for breaking—pushing—being mean— or not understanding how another feels. Sometimes it's on purpose—sometimes accidental.

That said...
When appropriate, WE WANT our children to sincerely feel sorry and apologize. WE WANT them to take responsibility and ownership for their actions. In the real world, this doesn't always happen.

Whether you're a parent or working with children - What do we do when Johnny hits Tommy? Suzie takes away a toy? Joel tells Kyle he hates him?

Often without thinking an adult will say, "Say you're sorry!"

What if the child is NOT sorry? He/she is still too angry, doesn't want to get into trouble, or is feeling defensive. Making a child say they're sorry, when they are not, doesn't help the injured party feel any better nor does it teach the offending child a positive life lesson.

Do we want our child to grow up to be a person who says, "Well, I SAID I was sorry!" Making children say they are sorry only to satisfy an adult, or to not get into trouble, can create the habit of avoiding taking responsibility for actions.

So then, what can we do?

1. Investigate. Find out what happened and what happened before that.

2. If an apology and restitution is indicated--and the child does not sincerely apologize on their own--WE should say we are sorry.

   Example:
   • Tommy, I am so sorry that Bill tore your picture. I can see it took a long time to make it.
   • The child with the hurt feelings and the torn picture hears words of empathy—he knows that someone understands how he feels.
   • The offending child has the benefit of good role modeling. He has heard words of empathy.
So then, what can we do continued:

3. Next, have the hurt child tell the other child how he feels.
   Example:
   • I feel bad that you tore my picture. It took me a long time to draw and color it.

4. If Bill says something such as--
   • "I'm sorry I ruined it; it was wrong for me to do that"... you're on your way to a good conflict resolution!

5. Next ask Bill what he can do about it? Some ideas he may come up with or say are:
   • I can help tape it.
   • We can do another one together
   • What can I can do to make it better?
   The lesson here is for children to learn that some things are right and some are wrong. If wrong, we help children figure out what to do to fix it and/or what to do differently next time.

6. The above are some responses for which we hope. If the aggressor takes ownership, responsibility, and discusses alternative behavior, nothing more is needed. If you need to talk to the aggressive child--be sure to send the other child away. (Privacy)

7. If you are working in a child care program, and the aggressor does not take responsibility nor discuss it, then the parent should be involved and/or a behavior notice step taken --whichever is indicated.

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**Q-TIP SNOWFLAKES**

On some wax paper -- have children position the Q-tips end to end. Take glue and put it where the Q-tips meet. When dry remove them from wax paper and suspend from the ceiling.

ANOTHER way to do this is to squeeze a puddle of glue into the middle of a sheet of wax paper. Give the children several Q-tips cut in half (or whole) and then position them around the glue blob. If using half a Q-tip, be sure the swab end is sticking out so it looks like a snowflake.

Insert a loop of string in the glue puddle for a holder. Children can sprinkle glitter onto the glue. The snowflakes will need a couple of days to dry; then peel them off the waxed paper! Photo courtesy of Busy Bee Crafts.