

Creating the Circle of Healthy Child Care



CREATING THE CIRCLE OF HEALTHY CHILDCARE

Alberta Health Services has published this concise and easy-to-use resource guide to support and promote the health and well-being of young children, their families and their communities.

Creating the Circle of Healthy Childcare is for early childhood professionals in daycares and family day homes. It draws from best practices in health, wellness and child development to provide practical information and strategies for childcare environments. Topics range from growth and development to injury prevention, and supporting materials offer valuable resources and engaging activities.

Whether you work in a childcare centre or operate a family day home, you, the children in your care and their families can benefit from *Creating the Circle of Healthy Childcare*.

Acknowledgments

A dedicated team of early childhood and health care professionals developed *Creating the Circle of Healthy Childcare* with the vision to promote health in daycares and family day homes.

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Project coordination: Alberta Health Services, Health Promotion, Disease and Injury Prevention.

Editor: Terry Bullick, Bullick Communications Co.

Illustrations: Leslie Bell

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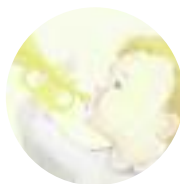
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INTRODUCTION

What makes a healthy child? The answer is far from simple. But the more you know about children's health, the easier it is to make a difference in the health, well-being and safety of the children in your care.

Alberta Health Services has written *Creating the Circle of Healthy Childcare* to help early childhood professionals—and other people who care for children—so they can better understand children's health. While each child is unique and has unique needs, all children tend to thrive in a similar environment, one that's clean, safe and supportive. That environment is most often a child's home, but with more and more children in care outside the home, it also includes daycares and family day homes.



Research shows the quality of care a child receives, whether from a parent at home or from a caring adult outside the home, has the greatest effect on early development. You can and do help children and their families develop healthy habits and choices that can last a lifetime. Examples of good health practices are: having children wash their hands after using the toilet and before eating, serving healthy and balanced meals, and encouraging children to be active.

We've focused the information in *Creating the Circle of Healthy Childcare* on promoting health and wellness rather than dealing with illness and disease. The foundation of our book is built on advice and direction from early childhood professionals like you. They told us they wanted to:

- Better understand how children grow and learn
- Learn ways to share and discuss children's health information and concerns with parents
- Know where they could find health services and resources in their communities.

We've included these topics—and many more. *Creating the Circle of Healthy Childcare* is filled with information and advice on how you can promote health by:

- Setting a good example by adopting healthy practices and activities
- Supporting children and families
- Recommending information and resources to parents
- Discussing children's health concerns or issues with parents.

Enriching Children's Lives

You put your heart and soul into the care of children. And for good reason. You are shaping the citizens of tomorrow and helping children reach their full potential. Your work enriches the lives of families and our community.

Alberta Health Services is here to support you and your evolving profession by providing crucial information, skills and resources to promote and develop safe, healthy childcare settings.

We're doing this by:

- Making health resources more readily available to you
- Promoting the value of healthy childcare throughout the community
- Providing childcare information on Health Link Alberta, the province's health information line.

This guide is one of many produced by Alberta Health Services to support children in their early years—from birth to 6—as well as their parents and early childhood professionals. It reflects a belief shared in our organization: children are our most valuable resource.

Looking for more information about children's growth, development and health? Alberta Health Services is just a phone call away. The Health Link Alberta information and advice line is open 24 hours a day, seven days a week. This service is available in many languages.

In Calgary, call

403-943-LINK (5465).

Outside Calgary, call

1-866-408-LINK (5465).

How to use this guide

We've written this guide knowing how busy your days are. You may not have time to read it cover to cover in one sitting, and that's okay. The chapters don't have to be read in order. Start with the information that is most important to you.

Our guide doesn't have all the answers. Nor does it replace your daycare's or family day home's approved policies or procedures, or the expertise and services of health professionals, including doctors, nurses and public health inspectors. It is meant to give you information you can trust and create excitement and interest in the growth and support of healthy children. We've alternated the pronouns he and she but our information applies to both boys and girls.



GROWTH & DEVELOPMENT IN CHILDREN

Typically, children's growth and developmental milestones are linked to certain ages. Each child reaches these milestones at his own pace. Our descriptions are meant to be broad guidelines, not hard-and-fast rules. Each child's growth and development depend on a combination of nature (what he is born with or inherits) and nurture (what he experiences in his world). Nature plays a role in each child's development, but nurture (which includes things such as a child's surroundings, nutrition, and care at home and away from home) is vital to whether he achieves his full potential.



Along with developmental milestones, each age or stage has distinct developmental tasks. For example, infants are in the “being” stage. At this age, they need the chance to begin to learn trust that their parents and caregivers will protect, care for and respond to them.

Immediately visible, growth is the physical change in children's size and weight. Not always as evident, development is the change in children's physical, cognitive (thinking and reasoning), social and emotional abilities and skills. Growth and development are closely linked. For example, children's leg muscles and bones must grow and their brains must develop to a certain stage before they are able to walk.

While each child grows and develops at his own pace, development follows an orderly pattern. It starts at the top of the head, moves down the body, and then out to the hands and feet. Each stage builds on the one before.

Infants must be able to control their heads and necks before they are able to sit. They must sit before they're able to crawl and they crawl before they're able to walk. Babies must babble before they speak and they must feel safe and secure before they trust.

As they grow and develop, infants, and indeed all children, experience “disequilibrium” at times. Disequilibrium is the “off-balance” or “out-of-sorts” times that often happen just before children enter a new developmental phase or when they are learning something new. A baby may become cranky as he struggles to crawl, a toddler may be pushy as he gets used to being around other children and a preschooler may be frustrated as he adapts to a new routine.

Growing up is tough work and it involves a series of advances and setbacks. Just when children seem to develop a pattern or routine, they change again. These spurts of growth and development can affect children's behaviour.

Some adults feel frustrated or disappointed by children's setbacks and may even think children make a conscious choice to slip back or regress. But children, whatever their age, are no more able to control this balance of development than they can control their hunger. Two steps forward, one step back—this is a natural part of growing and developing.

By understanding and supporting children, you can help them through such phases. Small relapses are usually normal. But if a child does not recover and move forward, or he completely loses skills he has learned (for example, he stops connecting with you or stops speaking after learning to talk), it could signal a health or developmental concern.

WHAT IF . . .

If a child doesn't reach developmental milestones at the ages noted, give her time. Some children take longer to reach these developmental milestones, just as some children reach them sooner. If you are concerned or you just don't feel right about a child's growth and development, talk to her parents.

If a child in your care has a disability, watch for—and expect—progress. Children with disabilities or special needs may not reach all the same milestones at the ages we've outlined. In some cases, they never reach certain milestones. But they do progress according to their own abilities, and their progress is cause for support and celebration.

BRAIN GAIN

At birth, a baby's brain is about one-quarter the size of an adult's and is made up of millions of brain cells (called neurons). Brain cells need to connect with each other so a baby can grow and learn, and eventually think—a process that takes many years. These brain cell connections are created through a baby's everyday experiences with her parents and her caregivers, and by things and events that she sees, hears, touches, tastes and smells. The more frequent the experience, the stronger the connection.

A baby's brain structure and the earliest brain cell connections are affected by her genes or heredity, and her care during pregnancy. Normally, a baby's senses all work at birth and babies are born ready to learn.

As their brain cells connect, pathways are formed to let the many parts of the brain communicate with each other. Over time, connections that are seldom used are shut down. This natural process—called synaptic pruning—helps the remaining brain connections work more quickly and effectively. This process of some connections getting stronger and others dissolving continues well into early adulthood. The most critical time for brain development, however, is the early years, as this is when the foundations for all future

learning and coping are set.

Brain development takes time; recognizing this will help you better understand the children in your care. When you gaze at a baby and gently talk to her, when you help a toddler learn about her emotions and when you teach a preschooler to solve problems, you are helping build children's brains, one step at a time. You are an essential ingredient in a child's development. Like all other growth and development in children, brain development can't be rushed. The best approach is to nurture and encourage children to learn and explore at their own pace, in their own way.

Nothing activates an infant's brain better than interacting with another person. A child prefers another person's voice, face and touch more than anything else. Follow children's progress through the following chapters and discover the many ways you can help.

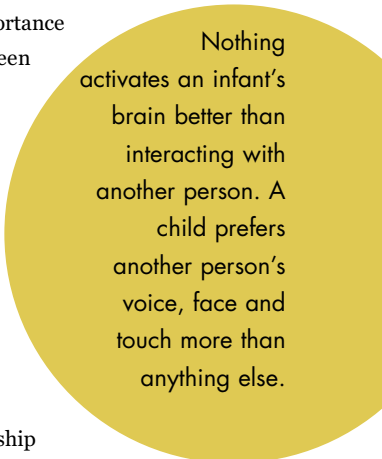
ATTACHMENT

Child development experts are learning more about the importance of nurturing stable relationships, or attachment, between children with caring adults.

Attachment is the sense of security a baby first develops with her parents and then develops with her caregiver. The caregiver builds attachment through an ability and willingness to protect the child from harm and to respond to her physical and emotional needs.

In a childcare setting that can be giving meals and snacks, making child areas safe, having regular routines or comforting a child when she cries.

A warm and supportive childcare provider can have a positive effect on a child's development. A nurturing relationship can have many benefits. It can decrease behaviour problems, help a child feel good about herself and help her get along with others. Providing stimulating activities can also improve a child's thinking as she grows and learns.



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SUPPORTING ATTACHMENT & EMOTIONAL GROWTH

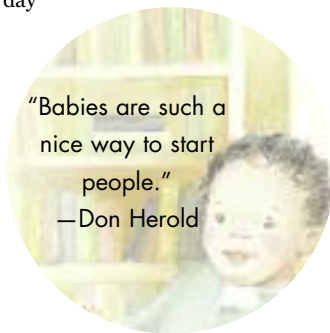
To support healthy attachment and positive emotional growth you can:

- Provide children a consistent caregiver throughout the day and from day to day, especially if a child appears insecure.
- Keep the same caregiver with children as they age to maintain relationships.
- Show a child his anger will not drive you away. Let him express his feelings in a safe way and help him calm down.

- Help children name their feelings. For example, “I wonder if you are feeling sad.”
- Build in daily one-to-one time for children to play individually with their caregiver.
- Keep the setting consistent. For example, do not move the furniture and toys around frequently.
- Have insecure children sit in the same place at lunchtime.
- Establish sleeping, eating and bathroom routines.
- Try to stick to a daily schedule. Let children know what to expect throughout the day.
- Put up pictures of caregivers. Comment on them when a caregiver is absent or leaves the centre.
- Offer opportunities for children to do things in small groups.
- Provide cozy and private spaces in the room so children have a chance to get away from the bustle of the playroom.

If children miss their parents during the day, you can:

- Place pictures of the child with family members around the room at child level or in a book they can reach.
- Take time during the day to comment on who is in the pictures.
- Play peek-a-boo with the pictures.
- Comment on where parents are throughout the day and what they might be doing. For example, “Mommy is at work. Maybe she is talking on the telephone or writing with a pencil” or “Daddy is at home. Maybe he is doing the laundry so you have clean clothes.”
- Use toy telephones to have pretend conversations with parents.
- Ask parents to write a brief note to their child to keep in their pocket during the day, such as “Mommy will be back at 4” or “I love you.”
- Make real phone calls between the child and parent.
- Ask parents to record favourite stories or songs and play them at school.
- Allow children to keep something belonging to their parents with them during the day, such as a scarf.
- Allow children to bring special toys or comfort objects from home.



Infants: birth to 6 months

THE “BEING” STAGE

Every new baby is a miracle—and nothing is more miraculous than the first six months of a child’s life. Children grow and develop faster during this time than at any other.

In six short months, an infant’s body weight doubles. He gains more control of his head, hands, legs and mouth. He may even learn to roll over, sit up and crawl. Throughout infancy, children reveal their own unique character and begin to form deep bonds with their parents. As they grow, other adults (childcare professionals, grandparents, aunts, and uncles) become important as well. Infants who are nurtured, protected and comforted soon begin to recognize and trust you..

GROWING: THE FIRST 2 MONTHS

An infant loses some weight after birth but should steadily gain it back after the first few days. At first, reflexes drive an infant’s movements. He kicks, pushes his feet, grasps with his hands and turns his head to search for food or to make sure he can breathe. He can suck and swallow to eat and he cries when he needs attention. He doesn’t know he can do these things—they are reflexes he was born with for survival.

Infants have weak necks. Their head and neck needs to be supported at all times. All babies are fragile and need to be picked up, carried and put down gently. Rapid movements, even playful bouncing, can be harmful.

GROWING: 3 TO 6 MONTHS

As an infant approaches 3 months of age, she becomes more aware and interested in the people and activities around her. As she begins to recognize familiar people she responds by cooing or becoming excited. She smiles with pleasure at people and may show what she doesn’t like by putting her hands up or turning her head away. As she becomes stronger, she begins to hold up or lift her head, allowing her to follow moving objects by turning her head.

Between the ages of 4 and 6 months, you can expect an infant to begin to hold her head more steadily. She plays endlessly with her hands and feet. She seeks out her parents and other important adults. When these people go to her when she cries, she learns to trust that they will comfort her when she is upset.

Infants this age also begin to laugh aloud and listen to their own sounds and babbling. They respond to familiar voices and are soothed by calm words or gentle songs. They can look and suck at the same time, but must stop and turn their heads to listen. As they approach 6 months, expect them to react to sounds even when they can’t see what caused them.

Older infants are able to roll from their stomach to their back, and from their back to their stomach. Many older infants are able to sit, although may need some support. By 6 months, they start to gain some control of their hands.

CRYING

Crying is one way a baby communicates. It's normal and it's meant to get your attention. Babies cry because they need something: food, a diaper change, a cuddle or some comfort. They also cry when they don't feel well. Sometimes babies cry for no obvious reason.

Almost everyone has heard an infant cry; as a caregiver, you know infants and babies cry differently and for different reasons.

Picking up a crying baby does not “spoil” that child. Crying infants who are consistently picked up and comforted in their first six months tend to cry less in the next six months of their lives.

To comfort a crying baby you can:

Give comfort

- While all infants need to be handled gently, some like to be snuggled, and others like a looser touch. Find what works for the infants in your care.
- Hold a crying infant close to your chest; your heartbeat may soothe her.
- Offer a favourite blanket or soft toy while cuddling.
- Check the back of baby's neck to see if she's too hot (sweaty) or too cold (cool to touch).
- Check baby's diaper; babies like to be clean and dry.
- Encourage the baby to suck.
- Give the baby a gentle back rub.

Use gentle motion

- Gently carry or rock a crying baby. Use a baby swing if you have one; always fasten the safety strap.
- Take the baby for a walk in a stroller.
- Carry the baby in a sling or baby carrier.

Use sound & music

- Hum or sing a lullaby.
- Turn on a vacuum cleaner, clothes dryer or dishwasher; these sounds can sometimes calm a baby.

Check the environment

- Too much activity can overstimulate babies and young children, and lead to fussing and crying.
- Some babies thrive on activity; others find too much activity overwhelming and may need to move to a quieter place for a while. By watching a child's response, you soon learn what she needs.

The patterns of crying

All babies cry—some more than others. You may find that crying can be very frustrating. Understanding infant crying won't always stop the crying, but it can help you get through an infant's first few months.

Research has shown the crying patterns of normal, healthy infants are very similar. It helps to know that crying:

- Becomes more frequent when babies are 2 weeks old
- Peaks around 2 months of age and starts to decrease by 3 to 4 months
- Can come and go unexpectedly for no apparent reason
- Can sometimes continue despite the efforts of caregivers; sometimes babies just can't stop crying
- Can make healthy infants look as if they are in pain even though they might not be
- Can go on for 30 to 40 minutes or longer
- Occurs more in the afternoon and evening.

Babies don't cry because they are mad or bad, they cry because they need something and they need you to help them. Sometimes infants can't stop crying or be comforted, no matter what you do. If you are worried about a baby's crying, talk to her parents.

When a baby can't stop crying


- Stay calm. Although they generally quiet when comforted, most infants have times during their day when they are unable to stop crying. Some babies cry more often and others cry for longer periods. It's more important to stay calm than to stop the crying.
- If you find yourself getting frustrated or angry, put the baby in a safe place such as his crib, leave the room and gently shut the door.
- Take a 15 minute break to give yourself a chance to calm down before trying to comfort a crying baby again, or ask another caregiver for help. Letting an infant cry for a few minutes does not harm him; however, getting frustrated and shaking a baby can be deadly. Take a break, don't shake.

Colic

Long periods of crying—generally more than three hours a day and more than three times a week—are often called colic. Colic tends to follow the same pattern as normal infant crying. It usually: increases at 2 weeks of age; peaks in intensity at 5 to 7 weeks; and gradually decreases, usually around 3 to 4 months of age.

It may seem as if colic will never end. If you think a baby has colic, talk to his parents. They may want to talk to their doctor to rule out any medical causes.

Take good care of yourself too—colic is very hard on caregivers. Try to get as much help as you can and keep responding to a baby, even if it doesn't seem to be working. He knows that you are trying.



There is always one moment in childhood when the door opens and lets the future in.

—Graham Greene

Never shake a baby

Frustration with being unable to comfort a crying infant is the most common reason given for shaking a baby. Make sure that everyone who looks after infants and babies at your childcare centre knows to never shake a baby.

For more information, visit: www.cryingbaby.ca

Babies: 6 to 18 months

THE “DOING” STAGE

If every new baby is a miracle, then the first year and a half of every child's life is a source of wonder. Although still tiny and completely dependent, growing babies are rapidly becoming their own person. They boldly and eagerly reach out to explore the world around them. Their discoveries are, in part, made possible by their ability to do more: they recognize people, grasp with their hands, sit up, crawl, stand and eventually walk.

In the space of a few fleeting months, babies go from simply being to energetically doing. At this age, babies are on the move and need to be watched almost constantly.

Babies are very good multi-taskers—they can learn, grow and develop in many ways at the same time. The intense learning babies go through is sometimes overwhelming, and growth and development continue to be a process of two steps forward and one step back. This is still perfectly normal.

GROWING: 6 TO 12 MONTHS

From 6 to 12 months, babies grow at a rapid pace, gaining about 450 to 600 grams (1 to 1½ lbs.) a month until they're 9 months old and slowing somewhat after that. By 1 year old, babies weigh three times their birthweight.

As babies grow, you can see them start to move with more purpose. As their bodies and brains develop, they are increasingly able to connect movement and thought. Their progress continues to be from the top down and from the centre out. They first gain control of their heads and necks, then their arms and torsos and, finally, their legs and feet.

This progression means babies go from simply seeing something they like to batting at it. As their hand control develops, they reach for it, grasp it and bring it to their mouths to explore. As growth continues, babies start moving toward a toy or object, first by crawling and eventually by walking. You can also expect babies to put anything they touch in their mouths—from their soft, chewable stuffed rabbit to the corner of a cardboard book.

As the muscles in babies' shoulders, backs and stomachs become more developed, they start sitting up by themselves for a few minutes at a time, although they may need support. In the weeks and months that follow, they begin using their legs and arms under their bodies to try to crawl forward or backward (on their tummies or bottoms).

GROWING: 12 TO 18 MONTHS

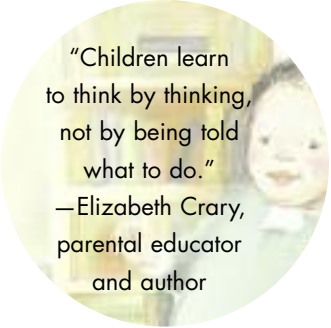
As babies' bodies grow, so too does their curiosity. They need to explore as much as they need food and sleep.

Curiosity continues to fuel babies' discoveries. Their growing bodies are like an engine—running all the time. Some days their physical energy never stops. As they gain more control of their motor skills and large muscles, they become able crawlers. Shortly after being able to stand up on both feet they take their first wobbly steps.

Learning to walk is a big job, shared by babies and adults alike.

While most people believe babies should be walking at one year, it is completely normal for some babies to walk at 10 months and others at 16 months. When a baby pulls up on and walks around furniture, you'll know that she will soon strike out on her own.

Climbing may come before or after walking, giving babies the ability to not just move around, but to move up and down as well. By 18 months, babies may also move their bodies in time with music and squat to look at or pick up things.



“Children learn to think by thinking, not by being told what to do.”
—Elizabeth Crary, parental educator and author

At the same time, children's small muscles are developing. You see them grab and hold things between their thumbs and index fingers. They also begin to feed themselves with a spoon, drink from a cup, stack two or three blocks or objects on top of one another and turn the pages in books.

Toddlers: 18 months to 3 years

THE “THINKING” STAGE

Toddlers walk and move with growing confidence and skill. They are full of energy, excitement and emotion. They seem to be in constant motion.

This is a thinking stage for children. Toddlers want and need to test what is real as they realize they are separate from their parents and caregivers.

Toddlers need you to set limits, as what they want to do and what they can do are seldom the same. It's normal for toddlers to test limits and they need to do this in order to grow and learn. As they test limits, toddlers are likely to have emotional outbursts such as frustration and temper tantrums. This too is normal and it's how toddlers learn to deal with their emotions and get to know themselves.

As toddlers learn about their own feelings, they begin to learn about others' emotions, and often try to help or comfort people. They have a strong sense of what's mine but are not yet able to share. At times, toddlers may seem like little adults, but they are still young children. Their minds and bodies are still growing and developing, and they must explore and experience everything around them before they truly understand who they are and how to behave.

Toddlers want to do things on their own, but need comfort and security. Knowing a parent or adult is watching over them gives toddlers the confidence to venture into the world.

Toddlers are very physical beings. As soon as they take their first steps, they want to go faster and move in new ways. They quickly learn to run, jump, back up, turn around, kick, squat, bounce and shimmy. Sometimes they move to the rhythm of music and sometimes they move to the beat of their own drummer. At other times, they move with lightning speed. Watching them can be entertaining, tiring and nerve-wracking, all at the same time. It is important to supervise children during all activities.

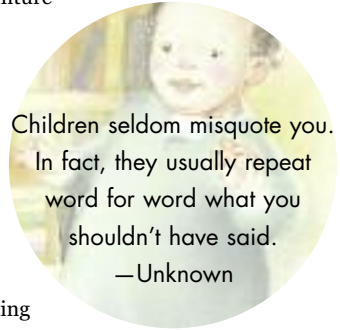
GROWING: 18 MONTHS TO 3 YEARS

By the time most children are 18 months old, they are growing more slowly than they did in their first year. From now and until they are about 5 years old, children, on average, gain about 1.4 to 2.3 kg (3 to 5 lbs.) and grow about 6 cm (2¹/₂ in.) a year.

Their baby fat often fades away and they begin to look like a young child as their arms and torso grow longer.

Toddlers also begin to move with more speed and purpose. They likely need to hold an adult's hand when going up and down stairs, but want to run free in a playground. They are able to climb up and over furniture and pull toys when walking or running. Running backward is hard for them, but they get better at it as their arms and legs become more coordinated.

Not all physical movement by toddlers is "big and fast." Toddlers also want to sit and try smaller movements such as turning knobs on doors, appliances and toys, or doing up and undoing the buttons on their or a doll's clothes. They also start building bigger towers from blocks (up to six blocks high), pushing or pulling a toy while walking and drawing or scribbling pictures.



Children seldom misquote you. In fact, they usually repeat word for word what you shouldn't have said.
—Unknown

Preschoolers: 3 to 5 years

THE “FORMATION OF IDENTITY” STAGE

The preschool years are a time of discovery. From 3 to 5 years of age, children marvel at the world. They begin to discover their creativity and how to solve problems. As this happens, preschoolers experiment, observe and learn. Just like little scientists, they constantly ask, “Why?”

As preschoolers grow, their emotions become more stable and predictable than when they were toddlers. Their energy and enthusiasm remains, and they like to have active minds and bodies. They enjoy everything from riding a tricycle outside to scribbling with pencil and paper at a table.

The world of preschoolers expands beyond family and childcare. Increasingly, they like to do things with other children and even begin to make their own friends. Their desire to be with and please their parents and other important adults remains strong, but they also need opportunities and encouragement to explore. With a growing sense of security that the world is a good place, they feel more comfortable about leaving their parents for short periods. Preschoolers are very social, and as their language skills improve, they willingly join in conversations, stories, songs and rhymes with you, others and themselves.

Preschoolers use most of their energy to get better at what they do. Their bodies are more coordinated and more able to do things. Emotionally, they start to understand that they are their own person. They know what they like and what they don't like. As they learn how to deal with their emotions, they start to tell you how they feel. Socially, preschoolers

are expressive and share their opinions. They want to play with other children and, over time, learn how to share and get along.

GROWING: 3 TO 5 YEARS

Between 3 and 5 years of age, preschoolers gain about 1 to 2 kg (2 to 4 lbs.) a year and grow about 2.5 to 5 cm (1 to 2 in.) a year. Their legs and arms tend to grow more than their bodies.

While their physical growth slows, their physical control—both fine and large motor skills—continues at a rapid pace. Preschoolers move with

purpose and confidence, in part because they do things

over and over until they get better at them. This means

they can run, jump and climb—both forward and

backward—as well as swing, skip and hop (which

they can do on one foot) much better than when they

were toddlers. Preschoolers can also walk up the

stairs, one foot at a time on their own, but need to be encouraged to hold onto a railing to stay safe.

As preschoolers get older, their eyes and hands work together with more skill. They are better able to clap along to

a song's rhythm, and throw and catch a small ball with more accuracy.

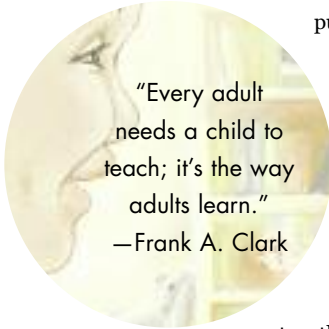
At 4 to 5 years of age, preschoolers show lots of expression, by rolling and moving their eyes, when they talk. Some can even wink or close one eye.

New schoolers: 5 to 6 years

THE “IDENTITY & POWER” STAGE

As children reach the ages of 5 and 6, they begin to discover a new and exciting world—school. New schoolers learn and do more than ever before. And they are ready to meet new people and learn outside their home or childcare centre. They realize the importance of getting along with others and are gaining more understanding of what it takes to get along with people outside their familiar circle.

We call this age new schoolers as it's when children traditionally begin kinder-garten or grade school and when they develop a strong desire to learn. New schoolers constantly want to know about how things work and why things are. This is another time of change. Even children used to going to childcare or preschool, can find starting school a big step.



At 5 years old, children often feel good about themselves. They are usually friendly and easy to get along with. They like to please the important adults in their lives and are often eager to help and join in group games and activities.

New schoolers are much more aware of their personal power (their ability to influence others) in relationships. Although they are generally easy to get along with, an important developmental step is testing the limits of their personal power. Adults in new schoolers' lives need to allow this testing to happen, but within firm limits. Some children test their power physically by rough-housing and acting aggressively. Others test it verbally with words. When children have wise guidance through this stage, they learn that their behaviour has consequences, and they can choose better ways to express their feelings.

Identity, which begins forming when children are preschoolers, becomes even more established. Pretend-play becomes more complex and takes on themes. As children try new roles, they learn more about themselves and what it means to be a boy or a girl. All play continues to be important to new schoolers' brain development.

Industry is the developmental task of children 6 to 12 years old. It can be seen in 6-year-olds through their eagerness to be involved in projects and to get things done.

New schoolers take great pride in their accomplishments but can also feel embarrassed or ashamed if they are not able to do things as well as they or others would like.

Ready for school?

If parents ask if their child is ready for school, encourage them to consider:

- The length of time their child is able to be away from them
- Their child's experiences in childcare or other preschool settings
- Their child's ability to use the washroom and do simple tasks such as putting on and taking off coats, mitts and boots
- Their child's ability to focus and pay attention
- How well their child gets along with other children
- How well their child gets along with and takes direction from other adults.

GROWING: 5 TO 6 YEARS

New schoolers grow at their own rate which can be different from their siblings, friends and classmates. They grow in spurts: they seem to stay the same size for weeks, then suddenly appear taller as if they grew overnight. As their bodies fill out, they grow stronger and want to test their newfound abilities.


Children this age are becoming more coordinated. They enjoy games that need more physical skill such as tag or hide and seek and even team sports like soccer. Although confident of their physical abilities, new schoolers may think they can do more than they can. They need to learn safe limits.

As the fine motor skills of new schoolers improve, they learn to tie their shoelaces and use a fork and knife when eating. Their drawings of people become more detailed, complete with bodies, arms, legs, feet and faces. They can usually print their own name and simple words, although they may use inventive spelling.

New schoolers can dress and undress themselves, but they may dawdle. By 6 years old, many new schoolers have definite likes and dislikes about clothes. They may firmly refuse to wear anything with stripes one week, or anything yellow the next.

Development: birth to 3 months | The being stage

Tasks	Milestones
<p>This is the being stage, a time when it's important for the child to learn:</p> <ul style="list-style-type: none">• Attachment—the emotional bond between you and your child, and how you relate to each other• Trust—knowing that good, dependable and loving care is always there	<p>Physical</p> <ul style="list-style-type: none">• Kicks and grasps based on reflexes• Has weak neck muscles and heavy head; can turn head by reflex, then begins to gain control of it and turn with purpose• Feeding/sleeping is unpredictable when newborn; more predictable over time• Discovers hands and can bring them to mouth <p>Cognitive: learning and thinking</p> <ul style="list-style-type: none">• Learns from birth• Is startled by loud noises• Makes pleasure sounds: <i>coos</i> and <i>goos</i>• Prefers people to toys <p>Emotional</p> <ul style="list-style-type: none">• Cries to signal needs• Crying increases at 2 weeks; peaks in intensity around 2 months; and gradually decreases by 3 to 4 months• Generally quiets when comforted; may have times when can't stop crying• Depends on parents and others to cope with emotions• Feels safe when needs are met• Begins to learn how to self-soothe <p>Social</p> <ul style="list-style-type: none">• Smiles to express pleasure by 2 months• Recognizes and prefers familiar faces and voices



Development: 3 to 6 months | The being stage

Tasks	Milestones
<p>This continues to be the being stage, a time when it's important for the child to learn:</p> <ul style="list-style-type: none"> • Attachment—the emotional bond between you and your child, and how you relate to each other • Trust—knowing that good, dependable and loving care is always there 	<p>Physical</p> <ul style="list-style-type: none"> • Reaches for objects • Puts hands together • On tummy, pushes up and lifts head and chest off floor • Gains more head control, holds head steady • Begins to sit with support—balance improves over time • Rolls from tummy to back and then from back to tummy • Swallowing pattern changes to get ready for eating solid foods • Doubles birthweight by 6 months <p>Cognitive: learning and thinking</p> <ul style="list-style-type: none"> • Explores by reaching, grasping and putting things in mouth • Turns head towards sounds • Makes lots of noises—babbling, coos, gurgles • Repeats actions and sounds to get desired response from parents and others • Begins to get excited at sight of food <p>Emotional</p> <ul style="list-style-type: none"> • Has different cries for different needs • Self-soothes more, but still needs comfort from parent • Shows emotions with face, body, voice and actions • Forming attachment to primary caregiver <p>Social</p> <ul style="list-style-type: none"> • Smiles and laughs • Aware of and prefers familiar faces • Enjoys being near people • Responds to people's voices and face expressions




Development: 6 to 12 months | The doing stage


Tasks	Milestones
<p>This is the doing stage, a time when it's important for the child to keep learning about earlier tasks as well as:</p> <ul style="list-style-type: none">• Discovery—learning about her world through touch, grasp, reach and taste	<p>Physical</p> <ul style="list-style-type: none">• Sits up with support, then sits by self• Crawls and rolls• Picks up things with finger and thumb• Helps or resists dressing/undressing• Helps or resists feeding• First teeth appear• Has more organized sleep patterns; can settle self back to sleep during night• Usually naps twice during the day• Pulls up to stand and walks holding furniture• Triples birthweight (by 1 year) <p>Cognitive: learning and thinking</p> <ul style="list-style-type: none">• Babbles a lot; imitates sounds and actions• Starts to recognize words and simple phrases• Gets excited at the sight of food• Realizes things exist even when out of sight (object permanence)• Responds to own name• Points to familiar things• Continues to explore by putting things in mouth• Says a few words, not always clearly• Starts to remember and likes routines• Likes to stack, nest and put things in containers <p>Emotional</p> <ul style="list-style-type: none">• May show fear or anxiety over people and situations previously accepted• Likes to stay close to parents/primary caregiver• Shows pleasure when parents/primary caregiver return• Seeks comfort when upset• Starts to “read” emotions of others <p>Social</p> <ul style="list-style-type: none">• Enjoys games such as <i>Peek-a-Boo</i> and <i>Pat-a-Cake</i>• Anxious around strangers• May cry or cling when parents leave• Plays purposefully with toys



Development: 12 to 18 months | The doing stage

Tasks	Milestones
<p>This is the doing stage, a time when it's important for the child to keep learning about earlier tasks as well as:</p> <ul style="list-style-type: none">• Autonomy—that he is a separate person from you 	<p>Physical</p> <ul style="list-style-type: none">• Helps feed self: picks up food with fingers, tries to hold spoon and drink from cup• Stands up without assistance• Walks holding your hand or on own• Crawls up and down stairs• Develops food preferences• Tries to throw ball• Builds tower of two to four blocks• Scribbles with crayon• Takes off clothes <p>Cognitive: learning and thinking</p> <ul style="list-style-type: none">• Knows things exist even when out of sight (object permanence)• Likes to look for dropped or hidden objects• Points finger to ask for something or show interest• Follows simple instructions• Begins pretend-play• Says more words every month• Points to familiar objects or body parts when asked• Favourite words become <i>no</i> and <i>mine</i>• Likes simple stories, picture books, songs and rhymes <p>Emotional</p> <ul style="list-style-type: none">• Begins to assert independence• Resists limits• Has favourite toy or blanket for comfort and security• Has mood swings and tantrums <p>Social</p> <ul style="list-style-type: none">• Develops fear of strange objects and events, and separation from parents• Likes to watch and be with other children• Cannot yet play cooperatively• Imitates others' actions• Starts to show concern for others• Not yet able to share

Development: 18 months to 2 years | The thinking stage

Tasks	Milestones
<p>This is the thinking stage, a time when it's important for the child to keep learning about earlier tasks as well as:</p> <ul style="list-style-type: none">• Exploration—learning about her world and how it works 	<p>Physical</p> <ul style="list-style-type: none">• Walks up and down stairs with help• Kicks a ball while standing• Runs• Likes riding toys• Climbs on and over furniture• Opens doors• Feeds self, but is messy <p>Cognitive: learning and thinking</p> <ul style="list-style-type: none">• Points to pictures when named• Can help turn book pages• Completes simple inset puzzles• Understands more words than can say• Begins to use two-word sentences• Enjoys and moves to music• Likes simple games and rhymes (<i>Itsy Bitsy Spider</i>, <i>Hide and Seek</i>) <p>Emotional</p> <ul style="list-style-type: none">• Explores from <i>secure base</i> of parent or caregiver• Has tantrums due to frustration, tiredness• Starts recognizing emotions in self and others• Has more fears and anxieties; night terrors peak at age 2• Shows affection• Gets frustrated when unable to do things• May hit, slap or bite• Finds comfort in routines <p>Social</p> <ul style="list-style-type: none">• Feels strong ownership; hoards toys• Plays beside but not with children• May try to comfort others• Recognizes self and family in photographs• Finds sharing difficult

Development: 2 to 3 years | The thinking stage

Tasks

This is the **thinking stage**, a time when it's important for the child to keep learning about earlier tasks as well as:

- Emotions—to be aware of and able to name his feelings
- Independence—the desire to do things on his own
- Beginning initiative—to start to do some things on his own without being told

Milestones

Physical

- Jumps with both feet off the floor
- May pedal tricycle for short distance
- Balances on one foot for short period
- Draws circular scribbles and lines
- Helps with dressing and undressing self
- Starts to gain control of bladder and bowels but not consistent; “accidents” are common
- Aware of body functions
- Begins to use scissors

Cognitive: learning and thinking

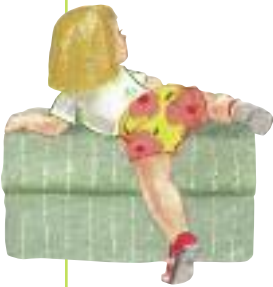
- Repeatedly asks, “What’s that?”
- Recognizes some shapes and colours
- Sometimes thinks that toys and objects are alive
- Sorts objects by colour and size
- Uses two- to three-word sentences
- Has a word for almost everything
- Understands *in*, *on* and *under*
- Is understood more by others
- Begins counting
- Knows own name

Emotional


- Tests limits set by parents
- Wants and needs to do things for self
- Sometimes wants to be *big* and sometimes wants to be *little*
- Poor impulse control
- Finds it hard to stop enjoyable activities
- Physical responses (like hitting or biting) decrease as talking improves

Social


- Dawdles
- Starts to pretend-play with others
- Likes to please others

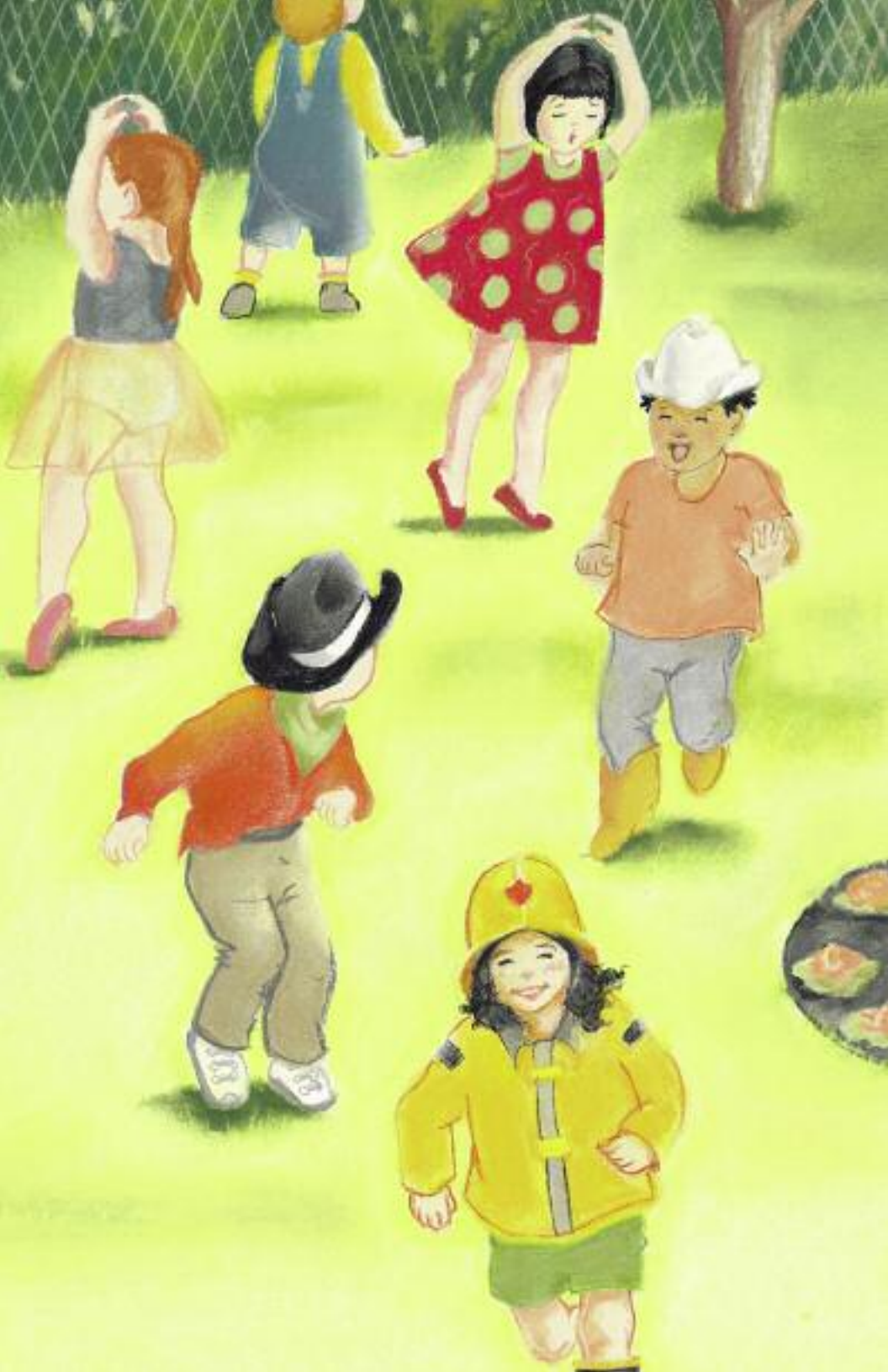


Development: 3 to 5 years | The thinking stage

Tasks	Milestones
<p>This is the thinking stage, a time when it's important for the child to keep learning about earlier tasks as well as:</p> <ul style="list-style-type: none"> • Initiative—planning and acting on her own, without being told • Emotional regulation—how to cope and show feelings and emotions • Empathy—understanding how others feel • Capability—that she can do more on her own 	<p>Physical</p> <ul style="list-style-type: none"> • Feeds self • Dresses and undresses self • Has bladder/bowel control day and night • Balances and hops on one foot • Throws ball (underhand and overhand) • Walks in a straight line, backwards and up and down stairs • Climbs on things (trees, furniture and playground equipment) • Kicks ball • Uses paints, scissors, pencils and crayons to purposefully create shapes, faces and letters • Can do simple chores with some help and direction <p>Cognitive: learning and thinking</p> <ul style="list-style-type: none"> • Always asks: “Why?” • Uses longer sentences for more detailed stories • Talks about the past and future • Improves grammar • Starts to understand difference between real and imaginary • Listens to and understands short stories • Sings simple songs and recites rhymes from memory • Has a very active imagination <p>Emotional</p> <ul style="list-style-type: none"> • More able to identify and name own feelings • Uses words more than actions to express feelings • Fears include real things (the dark, animals and thunderstorms) and imaginary things (monsters and ghosts) • Exaggerates and tells tall tales • Likes to talk about body functions • Develops a sense of humour <p>Social</p> <ul style="list-style-type: none"> • Begins to share and take turns • Hits less but name-calls more • Likes playing with other children • Uses imagination and themes in pretend-play • May have an imaginary friend • Likes to talk • Enjoys group activities and games

Development: 5 to 6 years | The identity and power stage

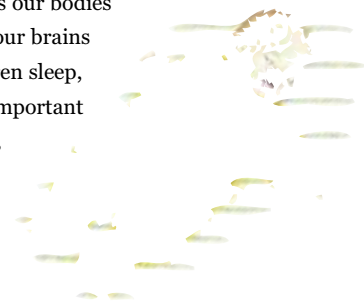
Tasks	Milestones
<p>This is the identity and power stage, a time when it's important for the child to keep learning about earlier task as well as:</p> <ul style="list-style-type: none"> • Identity—knowing who he is and how he fits into the world • Personal power—that he has control over his actions and can use it to get along with others • Industry—the ability to work on things from start to finish 	<p>Physical</p> <ul style="list-style-type: none"> • More coordinated • Develops more complex skills • Muscles get stronger • Moves with more purpose and accuracy • Enjoys physical activity • May need more sleep due to demands of school <p>Cognitive: learning and thinking</p> <ul style="list-style-type: none"> • Greater attention span • Talks with more detail, using sentences and correct grammar • Says most words correctly • Tells longer stories on same topic • Tells stories with a beginning, middle and end • Likes telling jokes and riddles • Begins understanding death and asks many questions about it <p>Emotional</p> <ul style="list-style-type: none"> • Greater sense of right/wrong and societal rules • Begins to use <i>self-talk</i> to calm down • Dislikes being corrected • Easily upset by things that are unfair or “not right” <p>Social</p> <ul style="list-style-type: none"> • Becomes more competitive • Enjoys games with rules • Feels more empathy for others • Prefers gender-specific toys and playmates • Has a best friend • Other adults (such as a teacher) become influential • Likes to please



FOUNDATIONS FOR HEALTH

Sleeping & naps

Sleep is essential to everyone. It regenerates and restores our bodies and minds. While we sleep, our bodies heal and repair; our brains organize and store thoughts and memories. When children sleep, their bodies produce a growth hormone and chemicals important to the immune system. Sleep is essential to their growth, development and health.



QUICK FACTS

- People sleep for a third of their lives.
- Newborns can sleep up to 18 hours a day.
- By age 1, children sleep about 14 hours a day.
- Toddlers sleep about 12 hours a day.
- By age 10, children sleep 10 hours a day.

SLEEPING LIKE A BABY

Nothing is more peaceful than the sight of a sleeping baby. Adults often say, “I slept like a baby,” after waking up refreshed and revitalized following a good eight hours of rest.

Although infants sleep about 16 to 18 hours a day for the first three months of their lives, they usually only sleep about two hours, and seldom more than three or four hours, at a time. And when awake, they need attention: feeding, changing, comforting, holding and playing.

Unless they are sick, babies are perfectly comfortable with these sleeping arrangements. Adults, however, can find them exhausting. A baby’s sleep patterns can continue this way for five or six months, although some babies may start sleeping longer at night by 6 weeks of age. Every baby’s sleep pattern is unique. By understanding an infant’s sleep/wake patterns and how these change, you can help a new baby learn good sleeping habits early on and support families through this tiring period.

Safe sleep

When you put an infant or baby down to sleep, the safest place is in a crib that meets current government safety standards.

A safe crib:

- Is made after 1986
- Has slats that are no more than 6 cm (2³/₈ inches) apart
- Has a firm mattress, in good condition, that fits snugly in the crib frame
- Is free of pillows and heavy blankets that could cover baby's face
- Is free of toys, stuffed animals, bumper pads and positioning devices.

Crib mattresses need to be lowered as the baby grows. If a baby can pull up and stand, the mattress should be on its lowest setting.

Infants and babies are not safe sleeping in an adult bed, on a sofa, waterbed or recliner, or on loose cushions or pillows. These places have hidden dangers: babies can fall, overheat, become trapped or be smothered.


SIDS & reducing its risk

The death of an otherwise healthy baby when sleeping (under the age of 1 year) is called sudden infant death syndrome (SIDS). The cause of SIDS is unknown, and it can happen to any baby. Babies who sleep on their stomachs, babies whose mothers smoke and Aboriginal infants are more at risk for SIDS.

Since 1994, parents have been encouraged to put their babies to sleep on their back, and the rate of SIDS has dropped dramatically.

The risks of SIDS are reduced when:

- Babies are kept away from second-hand smoke. Because daycares and day homes are workplaces, provincial law prohibits smoking in them. If you smoke you should **wash your hands and brush your teeth** thoroughly after smoking and before coming into contact with children. Many of the harmful chemicals in tobacco smoke linger and can affect young children.
- Make sure infants are not too hot. They are usually comfortable in the same amount of clothing as adults in the room.
- Always put babies to sleep on their backs (unless a physician says otherwise) in a safe crib.
- Always discuss children's conditions and specific needs with their parents.



For the first year of life, the safest place for babies to sleep is on their backs, in a crib that meets Canadian government safety standards.

NAPTIME

Naps—short periods of sleep during the day—vary from baby to baby. Between 6 and 18 months, most babies nap twice a day for one to two hours at a time, usually in the midmorning and early afternoon. As babies get older, they get more of the sleep they need at night and take fewer and shorter naps.

When a child naps and for how long can affect the way he sleeps at night (and vice versa). If a baby sleeps until late in the afternoon, he may not be ready for bed until later in the evening. If he naps early in the morning, he may need an afternoon nap or he may become grumpier than usual. Forming a routine for naps helps avoid disruptions in a baby's other routines and moods and can make transition times smoother.

You can avoid such disruptions by watching babies' cues and putting them down for a nap when they "tell" you they're tired. If you wait too long or the settling in routine is too long, babies may become overtired and unable to sleep. They may want to play instead of sleep, only to become fussy later on.

Older babies and younger toddlers typically give up their morning nap between the ages of 1 and 2 years. By 2 years of age, most children have a one- to two-hour nap after lunch. Most children continue to nap until they're 3 years old and some continue to nap until they're 5 or 6. If a child naps for more than two hours at a time, she may have trouble sleeping at night.

Naps & childcare

Naps are important to a child's good health and he needs to take naps both in childcare and at home. Discuss a child's sleep and nap schedules with his parents and create a schedule that works for everyone. Understanding the challenges of busy, working parents helps.

A baby is ready for a nap if she:

- Loses interest in people or her toys
- Fusses, yawns or rubs her eyes
- Looks "glazed" or quiets down
- Lies down.

SLEEP & PRESCHOOLERS

On average, children sleep a little less with each passing year. By 3 years old, children sleep about 12 hours a day; and by 5 years old, they need about 11 hours a day. Many children continue to nap for about an hour a day until they're 5 or older. How much and when a child sleeps can vary greatly. Children who get the sleep they need are happier and healthier. A preschooler is probably not getting enough sleep if:

- She regularly falls asleep in the car on the way to or from childcare, or when it's not her regular naptime.
- Her parents report that they struggle to wake her every morning.
- She seems grumpy during the day.
- She naps more than once a day.

SLEEP & NEW SCHOOLERS

School is hard work for children and can leave them dazed and exhausted, especially as they get used to being in a classroom.

Consistently getting a good night's sleep can help children adjust. Children need sleep to restore their energy and to help them concentrate and focus on learning. Sleep deprivation leads to a temporary loss of IQ levels, reasoning and memory. It also affects a child's behaviour. When inadequate sleep becomes a habit, it can affect all aspects of a child's school life.

Most school-age children need about 10 hours of sleep every night. Late nights and school days don't mix. Early childhood professionals can support children and families by allowing new schoolers some quiet time or a quiet space to recharge their batteries when they they arrive at your centre or your day home from school.

Hygiene

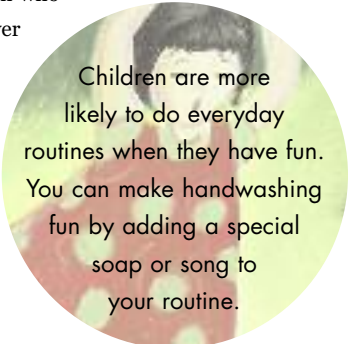
QUICK FACTS

- Activities such as crawling on the floor, putting things into their mouths and playing in groups expose children to more germs.
- Good hygiene can reduce the risk and spread of illness in daycares and family day homes.
- Handwashing is by far the single most important way to reduce illness in your daycare or family day home and in the community.
- Most children are ready to learn how to use a toilet by 2½ years old.

HANDWASHING

Handwashing is the single most important way to reduce illness in your daycare or family day home and in the community. Young children can easily learn to wash their hands—and benefit from doing so. Children who wash their hands often throughout the day have fewer sick days due to colds, flu and gastrointestinal illnesses. This means healthier children in your program and fewer staff absences.

Children are exposed to germs through other children, and through touching things like toys and doorknobs. Often, they pass these germs on because they do not wash their hands often or well. Proper



Children are more likely to do everyday routines when they have fun. You can make handwashing fun by adding a special soap or song to your routine.

handwashing is vital to breaking the chain of infection. It is also important to teach children to cover their mouths when they cough with either a tissue or to cough into their arm.

You can prevent or reduce the spread of germs by teaching children when and how to wash their hands, and by modeling good handwashing yourself. If children learn this skill at an early age, they are more likely to wash their hands routinely when they grow up. Children often forget to wash their hands and need helpful reminders.

Encourage parents to make handwashing a routine at home. This can lead to healthier children and fewer absences from work to care for their sick child. Share with parents some of the tricks and tips you use to encourage children to wash their hands.

When to wash hands

Children should wash their hands several times a day, especially:

- When they come into your centre or day home, to prevent bringing in germs from outside.
- Before and after meals, snacks or food activities. Children often eat with their fingers and hands, which transfers germs to other children or toys.
- After playing outside, even if their hands do not look dirty.
- After a diaper change or using the toilet.
- After sneezing or blowing their noses, even if a tissue is used.
- Before and after playing with art or sensory materials such as water, sand or clay. These materials can become contaminated with germs.
- After playing with pets or animals.
- When they first get home from daycare or a family day home, to prevent bringing germs into the home.

You should wash your hands many times throughout the day, especially:

- When you arrive at work or begin work.
 - After diapering or assisting with toileting.
 - After wiping noses.
 - Before and after giving first aid or helping a sick child.
 - After contact with body fluids (feces, blood, vomit, saliva and/or mucus).
 - Before giving medications or touching food.
 - After using the toilet.
 - After handling garbage, waste or recycling.
-

How to wash hands

Six simple steps for scrubbing germs away:

1. Wet hands with water.
2. Apply a small amount of soap on hands.
3. Rub hands together until you see lots of suds (around 20 seconds). To make it fun for children and to make sure they wash long enough, sing the ABCs or this special song with them (to the tune of London Bridge):
Wash your hands and clean them well
Clean them well, clean them well
Wash your hands and clean them well
Until the germs are gone.
4. Rinse the suds off hands with warm water.
5. Dry hands with paper towel or a single-use towel.
6. Turn tap off with a paper towel.

For a handwashing poster, contact your local Public Health department.

If soap and water are not available, use alcohol-based hand rub that contains at least 60 per cent alcohol. Add enough foam or gel to cover the palm-side of hands and wrists and rub hands together until dry, about 15 to 20 seconds. When doing this, children need an adult's help and should not touch anything, especially their mouths, **until the foam or gel is dry**.

Note: Alcohol gels do not clean dirty or greasy hands. If hands are dirty, and soap and water is not available, wash with a moist towelette. Then use an alcohol gel to sanitize your hands. Wash with soap and water as soon as you can.

Hand sanitizers should be stored safely after use and kept out of the reach of children. For information, visit the Alberta Health Services website at www.albertahealthservices.ca

Antibacterial soap is not necessary because it kills both the good and the bad bacteria on the skin. When good bacteria are killed, the protection they provide against infections is lost. Antibacterial soaps can add to the growing problem of antibiotic-resistant germs.

DIAPERING

The diapering area

Your diapering area must meet the requirements of the Environmental Public Health Program. To keep your diapering area clean and make it more convenient, you can:

- Assemble all supplies before diapering to reduce contamination of other surfaces.
- Have cotton swabs or tongue depressors handy to dispense tub-style creams. These help prevent container contamination.
- Keep each children's personal items (diapers, creams, etc.) separate and labelled. This prevents germs from spreading and lets you quickly identify items.

Handwashing & diapering

- Gloves can be used but are not a substitute for handwashing. They are recommended if staff's hands are chapped or cut, or if the diaper change involves a messy bowel movement.
- Make sure the hand sink is near by and equipped with soap and paper towels before you begin. You can also put pump-style hand lotion by the sink to use after washing; lotion minimizes chapping from frequent handwashing.

Diapering Procedure

Posting the diapering procedure in the change area is recommended. To prevent the spread of communicable disease and ensure child safety, the following steps are recommended:

1. Get supplies ready: diapers, baby wipes, applicators and cream, paper liners and sanitizing solution for diapering area (this should be in a labelled container).
2. Place the child on clean, paper-lined change surface and fasten safety belt. Keep one hand on the child at all times. Never leave the child unattended.
3. Put on gloves (if using) and remove soiled diaper. Set to the side of the change table.
4. Clean child's skin using a single-use towel and wiping from front to back. If applying creams, use single-use cotton swabs. Apply clean diaper.
5. Dress the child and wash his hands.
6. Dispose of solid fecal matter in a toilet.
 - For disposable diapers, put into a washable, durable garbage container lined with a plastic bag. The container must have a tight-fitting lid that is kept closed between uses.

- For cloth diapers, put the diaper in a washable, durable diaper pail with a tight fitting lid, or in a leak-proof plastic bag. Keep containers or bags closed between uses. Remove the soiled cloth diapers in their bags or pails for laundering at the end of each day.
 - Put single use towels into the garbage container used for disposable diapers. If using cloth towels (bum cloths), use only once and put directly into a covered container, do not rinse. Wash at day's end.
7. Clean and disinfect change surface with 1 part bleach to 50 parts water (20 ml or 1/4 tsp bleach per litre of water)
 8. Wash your hands with soap and warm water.

Contact your Public Health Inspector for a Diapering Procedure Poster.

Diapering ointments and creams in pump-style containers or squeeze tubes reduce the risk of spreading germs. For this reason, products in tubs may not be the best choice.

Clean & disinfect

- The diapering surface and safety belt should be made of smooth, easy-to-clean, nonabsorbent material that can be disinfected after each use
- Soiled bum cloths, diapers, or clothing should never be rinsed in the diapering hand sink, because this can contaminate the whole sink and diapering area. Soiled clothing should be placed in a plastic bag and sent home with the child
- Clean and disinfect soiled surfaces with a solution of 1 part bleach to 50 parts water (20 ml bleach per litre of water). When dealing with visibly contaminated surfaces, the disinfectant must be left on for five minutes then wiped off.

Cleaning & disinfecting diapering surfaces, blood spills, feces, vomit and other body fluids

1. Clean to remove visible contamination.
2. Apply disinfectant.
3. Wipe the area with a single use cloth or towel.

Approved sanitizer strength	How to mix	Solution
Chlorine solution	<ul style="list-style-type: none"> • Add 1 part bleach to 50 parts water • 84 ml (1/3 cup) bleach per 4 litres (1 gallon) of water 	100 ppm chlorine

On visibly contaminated surfaces, the disinfectant requires five minutes contact time.

Precaution for cleaning and disinfecting

Wear gloves when handling disinfectants, or when cleaning surfaces contaminated with body fluids.

LEARNING TO USE THE TOILET

Most children are 2¹/₂ years old before they are physically ready for toilet learning. Even then, they may need to be motivated. Parents and early childhood professionals need to work as a team to help children reach this important developmental milestone.

The following are signs a toddler may be ready to learn to use the toilet:

- She stays dry for several hours or through the night.
- She has bowel movements at fairly predictable times.
- She can feel when she's peeing (urinating) or pooping (having a bowel movement).
- She can pull down loose-fitting pants and follow simple directions.
- She doesn't like to be in wet or soiled diapers.
- She can use a word to tell you that she needs to use the toilet.
- She shows interest in using the potty or other people using the toilet.

Time and patience are crucial in toilet teaching. Even before a toddler begins this important passage, you can prepare her for it by helping her recognize when she is going. Talk to her—using words that are easy and familiar to her and her family. When you have to use the toilet, interrupt your activities and let her know you're going to use the bathroom. This helps her develop the thinking process she will need.

Learning to use a toilet can't be rushed. If you wait until a child is ready, this learning takes less time and is less frustrating and disappointing for the toddler, the parents and you.

Starting “to go”

For children, using the toilet is a complex task.

It helps to break it into simple steps that you can progress through over a period of days or weeks. Begin by showing a child a potty and explaining how she will soon be using it. Let her know that you’ll be there to help. Let her see you emptying soiled diapers into the toilet and then flush so she can understand this is where bowel movements are supposed to go.

Ask a child to tell you when she needs to go to the toilet. You can also watch for signs that she’s about to go. She will likely stop what she’s doing, look down or off in the distance and say, “oh, oh.” She may also get fidgety and hold her hand between her legs. If you ask her if she has to go she’ll likely say “no.” Simple statements such as, “Looks like you have to go to the bathroom,” or “Let’s get you to the bathroom” get a quicker response. A toddler probably won’t be able to wait more than a few moments.

Stay with a child while she’s sitting on the toilet. Little boys may want to pee standing up like their dads or other boys and men, but it may be easier for them to learn by sitting first and switch to standing when they know what to do. Ask his parents what he does at home.

Applaud the effort, successful or otherwise, and encourage the child to come to you when it’s time to go again. Get into the habit of having children wash their hands whenever they have been in the bathroom.

A child is not ready for toilet learning if, after a couple of weeks, she’s not making any progress. Stop and try again in a few weeks or when she seems more interested.

Take a seat

The seat on a standard toilet may be too big—or even frightening—for toddlers. You can make children feel safe and comfortable with a training potty, which sits on the floor, or a toilet seat adapter, which fits on the toilet.

If you use a potty:

- It should be sturdy and not tip easily.
- Children may feel safer because their feet are on the floor and they won’t be afraid of falling in.
- Children are able to quickly get on and off it without help.
- Children are able to see their “results.”

If you use a toilet seat adapter:

- It should fit snugly; otherwise children may be afraid of falling off or falling into the toilet.
- Children may be frightened if the toilet is flushed while they’re sitting on it. Children this age may fear being flushed



down the toilet or being sucked down the drain in the bath. Let them know they are too big for this to happen and respect their fear by letting them flush the toilet once they are off.

- Use a step stool so children can get on and off easily. Children's feet should touch the stool when seated. This helps them feel more stable and secure.

Strategies for success

- Take children to the toilet before going out, after a nap or before going home for the day.
- Encourage parents to dress their toddlers in clothes that are easy to pull up and down.
- When children can't go on the toilet or potty, running tap water sometimes helps, as the sound causes the brain to signal the bladder to release.
- Be consistent. For children to be successful, parents and early childhood professionals need to have the same approach and expectations.
- Expect a few toileting accidents. They're normal, as it takes time to learn this new skill. Accidents are not something children do on purpose.
- Be patient, positive and relaxed. Don't set deadlines. It puts undue pressure on children, their parents and you. Children learn in their own way and on their own time.

Oops!

Some children may begin to have more accidents if family life changes because of:

- A new baby
- Interrupted routines
- New or different childcare
- Stress at home
- Illness or injury.

A child may feel bad about these accidents. Reassure him that he's loved and supported. A calm, matter-of-fact approach helps him get back on track.

It helps to know

- Bedwetting, occasional accidents or lapses are to be expected when children are learning to use the toilet.
- Girls tend to be ready for toilet training before boys. Some boys may not be ready until they are closer to 3½ years old.

Social & emotional development

QUICK FACTS

- Each child's social and emotional development is unique.
- Your expectations of children must respect their age, development and individuality.
- Young children need you to be warm supportive, attentive and consistent.
- Young children can experience emotional and mental health difficulties.
- Young children who form strong social attachments to a few important people are more likely to relate well to others as they grow up.

UNDERSTANDING SOCIAL RELATIONSHIPS & EMOTIONS

During the first five years of their lives, children develop a sense of who they are and how they can get along with others. The way children are cared for during this time strongly influences who they become as adults. For this reason, early childhood professionals can play important roles in helping children to:

- Find and develop healthy ways of relating to other people
- Develop healthy self-esteem.
- Understand and express their feelings
- Deal with intense emotions and learn self-control
- Develop empathy (understanding) and positive relationships

Emotional checklist

You can use your experience and knowledge to quickly assess the emotional health of the young children in your care.

The following cues may indicate that a child needs help with her social/emotional development. If a child has a number of these cues, talk with other caregivers and the child's family to see if they are also concerned. Help families connect to community resources.

- Poor eye contact, little interest in others
- Rarely starts on own to play with others
- Consistently upset by changes in schedule
- Bothered by too much light, noise, or touching
- Often difficult to soothe when upset

- Rarely smiles
 - Anxious or fearful behavior
 - Compulsive body rocking, thumb sucking, self-stimulation
 - Does not respond to warm adult overtures
 - Has extreme mood swings
 - Long and frequent temper tantrums
 - Lack of empathy—does not seem to care or shows anger when another child is hurt
 - Bites, hits and kicks others frequently
 - Goes too easily between adults—doesn't show signs that one caregiver is special
 - Usually avoids or is indifferent to parents when dropped off or picked up
 - Demands attention continually, always wants to “be the boss”
 - Clingy, always wants to be with adults
 - Reckless behaviors that often put the child in danger of being hurt
 - Excessive activity, acts impulsively, short attention span
 - Developmental delays.
-

INFLUENCES ON EMOTIONAL DEVELOPMENT

Children go through stages of development in a certain order. This order is easy to see in areas such as physical and intellectual development. For example, children must be able to hold their head steady before they can sit. In their emotional and social development, however, the order is less visible, but the principle is the same. For example, children must develop a secure relationship with their parents so they can develop other healthy social relationships.

A child must learn good communication skills in order to express her own feelings. She needs to learn ownership before she can learn to share. Her brain must reach a certain level of development to understand the views of others.

A lot of time is spent teaching children how to do things such as tying their shoes and using a knife and fork, yet they are often expected to learn how to



handle complex feelings like anger, sadness and frustration without much help. From the very first time a child wrinkles his brow, smiles at someone's face or tests the limits of his lungs with a hearty cry, it's obvious that emotions are central to being human. Feelings come naturally to all of us, and learning to deal with them is one of life's most important lessons.

Infants and babies especially rely on parents and caregivers to help them manage overwhelming feelings and to help learn how to focus and hold their attention. Respond to a baby's cues in a sensitive way. When you help a baby show his joy and ease his distress, you are helping him learn the first steps in regulating his emotions. As children become preschoolers, they can then rely less on their parents and caregivers for emotional regulation and more on their own emotional abilities.

Many factors influence the social and emotional development of children, including:

- Their attachment to their parents
- Parent characteristics such as personality, stress level, relationship between adult partners, and parenting skills
- Environmental factors such as quality of care, financial stress, and family violence
- Family and community characteristics (such as culture, religion and values)
- Temperament and physical development of the child.

ADJUSTING TO CHILDCARE

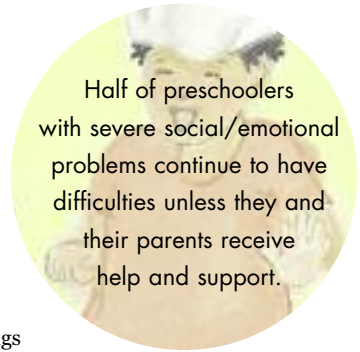
Starting childcare can be very upsetting for young children—and their parents. Early childhood professionals can help make this a positive experience for families.

Make changes gradually

- Parents may need to stay longer at first to reassure their children and themselves.
- Let children get used to their new surroundings by watching and joining in at their own pace.
- Allow children lots of time to adapt to new routines.

Meet attachment needs

- Assign each child to one particular early childhood professional.
- Keep group sizes as small as possible.
- Respond sensitively when a child is upset, especially when physically hurt, ill, sad, lonely or frightened.
- Encourage parents to send pictures of family or pets with the child.



- Allow each child to bring a favourite toy or stuffed animal for comfort.
- Let children know their parents are thinking of them if they ask what their parents are doing or want to talk about them.

Help parents

- Let parents know they can expect tears from their children initially. This is natural.
- Encourage parents to keep their goodbyes short and cheerful.
- Reassure parents that their children's tears are usually short-lived after they've gone and that you'll let them know if their child continues to struggle with being apart.
- Encourage parents to talk with their children about their day in childcare—the high points as well as the anxieties.
- Suggest to parents that they and their children can read books together about other children's experiences in childcare.
- Let children see you talking to their parents: contact between you and parents helps children to see you as part of their extended family.

Tips for parents to ease the stress of separation

Share information with your caregiver: your child's unique likes, dislikes, fears, eating/sleeping habits and anything else that helps a caregiver understand your child, ease the transition and provide care that is reasonably consistent with yours.

Visit with your child: show your child where she will be eating, sleeping, playing. Introduce her to her new caregiver. Familiarity makes the actual separation easier. Preschoolers may enjoy having a book read to them about going to childcare.

Shorten the first few days: shorter visits for the first few days give your child more time to adjust and allow her to learn by experience that you will return.

Build trust: let your child see you and the caregiver building a friendly relationship. Include the three of you in a brief conversation or play activity. Children often use their parents as a "bridge" for developing a relationship of trust with a new adult.

Prepare the night before: an unhurried, pleasant start to the day is crucial to successful separations. If your child is old enough, let her help pack lunch or select and lay out her clothes. If your child is younger, let her choose between two items (e.g., white or blue socks, grapes or an apple).

Something from home: young children often use an object from home (such as a favourite teddy or blanket) to comfort themselves. Other children prefer to put a family photo or parent's familiar scarf or glove in their pocket or backpack. Eventually, the need for these "cosies" or transition objects diminishes.

On the first day: be calm and positive. Babies and toddlers are especially sensitive to your moods. Sing a favourite song or talk about what your child or you will do today. Explain in terms that your child understands when and where you will be picking her up, for example, "After lunch and your nap, I will come and get you." Many young children fear their parents will not return for them.

Goodbye routine: routines are reassuring, especially during stressful times. Plan a special way to say goodbye, such as a wave through the window or a lipstick kiss stamped on the back of your child's hand. You might ask your older child, "How shall we say goodbye? A kiss or a hug? One hug or two?" Choices make a child feel she has some control over what is happening.

Take time to say goodbye: regardless of how tempting it may seem, never sneak out while your child is distracted. This destroys trust and encourages your child to cling more on future occasions.

Avoid repeated goodbyes: once you say, "I'm leaving now," and go through the established goodbye ritual, then go. Stalling can make your child more fearful and clingy.

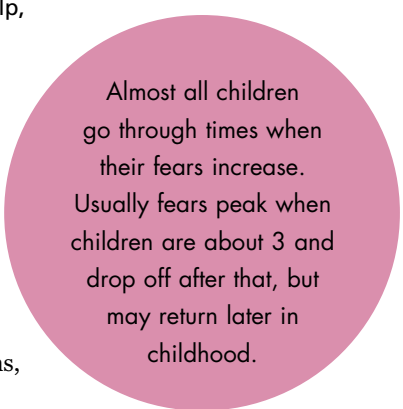
Accept & listen to negative feelings: if either of you are upset about the separation, reassure yourself that you have taken all the required steps to place your child in a safe, nurturing and stimulating setting. Telling your child that she is too big to cry or that she is making a fuss over "nothing" only aggravates her fears and fails to help her understand her true feelings. Saying, "I know you are feeling sad. I will miss you, too," is more helpful.

A temporary period of adjustment and some feelings of parental guilt or worry are normal. If it would help, arrange for your child's caregiver to talk on the phone during the day to see how things are going.

—adapted from the London Children's Connection

DEALING WITH FEAR & ANXIETY

Like adults, young children have very strong emotions,



Almost all children go through times when their fears increase. Usually fears peak when children are about 3 and drop off after that, but may return later in childhood.

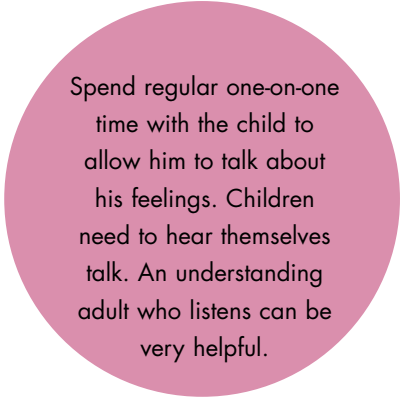
but unlike adults, they have very little experience in dealing with their emotions. At times, children can be overcome by their emotions. When this happens, they need help calming down. Gradually, as they grow up, children become more and more able to control their own emotional responses. You can help children learn to deal with strong emotions.

FEARS

Some children have more fears than others, and may be afraid whenever they face a new situation. You can help children conquer their fears by:

Accepting & understanding

- Never ignore or discount a child's fear. Children really need support when they're afraid.
- Explain to the child that it is okay to talk about being afraid and that even grown-ups are sometimes afraid. Be understanding.
- Do not force a child to confront a fear.
- When introducing a child to something new, let him take his time, and stay close until he's ready to try it out.
- Listen to the child's fears. Encourage him to talk about them. Assure him that you are there for him and you are confident he can handle the fear.



Spend regular one-on-one time with the child to allow him to talk about his feelings. Children need to hear themselves talk. An understanding adult who listens can be very helpful.

Responding

- Make it clear you don't share the child's fear.
- Try not to show your fears to children. Children are greatly influenced by your reaction.
- Be careful not to overreact to a child's fear.
- Frequently talking about what might or could go wrong may increase worries and fears.

Using play

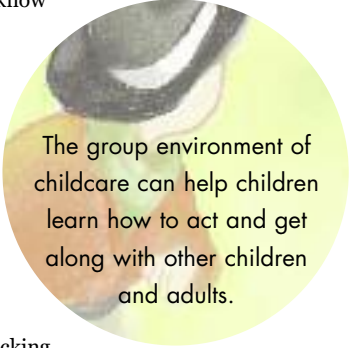
- Act out frightening situations with small toys. Offer solutions to fears.
- Use role-playing with preschoolers. Have children act out a feared activity in your presence, where they feel safe.
- Read stories to the child about how other children overcome their fears such as *Sheila Rae the Brave* or *Franklin and the Dark*.

ANXIETY

The first anxiety most children experience is “stranger anxiety,” usually around 8 months of age. This is when children start to recognize that they are individuals separate from their moms and dads. Most children continue to show anxiety from time to time. Some children have much more difficulty than others in dealing with anxiety.

To help children deal with anxiety you can:

- Play Peek-a-Boo with infants. This lets them experience “separations” in a fun and controlled situation.
- Always be honest with children about what will happen in new situations.
- Prepare children for changes in daily routines.
- Show and practice appropriate behaviours to use in new situations. For example, if a child is anxious about meeting new children, have a pretend tea party with “new” stuffed animals. Introduce the animals and show her how to greet newcomers. “Hi, Barney. My name is Jennifer. Would you like to have tea with me?”
- Acknowledge children’s fears by giving their feelings a name, such as mad, upset, worried or afraid. Firmly redirect a child if she keeps talking about anxiety-producing topics. Let her know you’re confident she’ll be able to handle her worries. “I know you worry about what your mommy is doing right now. She needs to be at work, and you need to be here. She’ll come get you after work. Why don’t we draw a picture and you can give it to her when she comes.”
- Don’t assume to understand a child’s anxieties. Listen closely when worries are described and think about what may be leading to them by checking situations at home or in your care.
- Sometimes a child’s anxiety leads to aggressive play. Let the child play out this aggressive behaviour unless it is out of control and unsafe for the child or others. Stopping her expression of anger can often lead to more anger, anxiety and a fear of punishment. Let her know it’s okay to express and talk about her feelings. It is an opportunity to teach a child to express anger in an appropriate way.



The group environment of childcare can help children learn how to act and get along with other children and adults.

DEVELOPING SOCIAL SKILLS

Feedback is important to the development of children’s personalities. By the preschool years, children need social skills that enable them to:

- Be liked and accepted
- Make friends

- Talk, play and work with others.

Social skills are also important to academic success, self-esteem and healthy emotional development. You can influence children’s social skills by helping them learn how to:

Enter a group

- Something as simple as being able to say, “Hi” can be a useful skill. Don’t assume children will learn these skills on their own—they need to be taught.
- Choose one child or a small group of children that a child likes, and then encourage him to join in. Join the group yourself and make sure all the children can participate. Once things are going well, you can move to the sidelines.
- Help a child who is having difficulties by suggesting things she can do or say to enter the group. For example, even giving a child words such as, “That looks like fun. Can I play?” can help.

Make friends

- Act out different looks and voices. Have children pick out which ones are friendly, scary, happy or sad.
- Encourage children to use a friendly look and a friendly voice when responding to someone.
- Encourage children to make eye contact when they are talking to others. Note: in some cultures, children do not make eye contact.
- Encourage pretend play. For example, playing in the kitchen centre encourages children to talk and listen to one another as they pretend to make and share a meal.
- Help children develop listening skills by remaining still while looking at the person talking.

Cooperate & share


Learning to share is a gradual process for children. Developmentally, toddlers are unable to share. As their sense of self takes shape, their possessions become quite precious. By the age of 5, and with help from adults, most children play with others and share their toys regularly. To help children learn:

- Have toys that encourage children to work together, such as blocks. Having more than one of the most popular toys helps avoid arguments over who gets what.
- Play group games in which children take turns. This calls for children to watch and wait for their turn.
- Have toys, activities and games in which children take turns or share, such as making paper chains and sharing one bottle of glue.

- Encourage interactive play such as building a cardboard fort.
- Encourage children to share friends by dancing and changing partners every few minutes.
- Share when you can: “Would you like to share my crayons.”
- Notice and tell them how well they are doing whenever they share or wait their turn.

HELPING WITH HEALTHY SEXUAL DEVELOPMENT

By the age of 1, both boys and girls commonly touch their genitals. By preschool, they may use bodily functions and sexual words to shock others or to be funny. They may want to peek at other children in the bathroom, or may show their own bodies by leaving their pants down. They also become more physical with adults, kissing them and wrapping themselves around them. How adults react to the child’s early sexual curiosity affects children’s attitudes toward their own body and sexuality.



Sexual awareness is a normal part of childhood and essential to healthy emotional development.

To handle sexual behaviour you can:

- Avoid being shocked; deal with the behaviour as calmly as possible.
- Stop sexual play in a calm and neutral way. Be careful not to make the children feel ashamed.
- Let children 2 to 3 years old know what is acceptable public behaviour. They can learn that masturbation is acceptable only at home and in their own room or in the bathroom. Masturbation is common in the preschool years.
- Some children also touch their genitals when they are tense or nervous. They may touch themselves more frequently than those who do it simply for a pleasurable sensation. These children may need help in dealing with their anxiety.

For more information about healthy sexual development, call Health Link Alberta.

Guiding behaviour

QUICK FACTS

- Children behave well when they can.
- Understanding children’s normal development helps you set realistic goals for the children in your care.
- The most effective way to help children change their behaviour is to change their environment, including the response of the adults around them.

- Acknowledging positive behaviour within five seconds is the most effective way of decreasing inappropriate behaviour.
- Anger is normal—for all of us, and at all ages. Adults need to help young children learn appropriate ways to express anger.



ENCOURAGING POSITIVE BEHAVIOUR

Early in their lives, children learn the behaviours expected of them. Babies learn to smile at adults and begin to recognize how other people show their feelings. Young children begin to understand how to get what they want and need. As they grow, they also begin to understand which behaviours can lead to undesirable responses from adults.

Two factors influence the way children behave:

- Nature: temperament, age and brain development
- Nurture: parenting style, culture, stress and interaction with other people, including: siblings, grandparents, neighbours and early childhood professionals.

BEHAVIOUR & CULTURES

Different cultures—North American, Asian, South Asian, Southern European, Latin American, African-American and Aboriginal—have different traditions and values, and varying belief about how to raise children.

For example, in many North American families, children are encouraged to be independent at an early age. They sleep alone in their own beds in their own rooms. They are given finger foods and cups so they can feed themselves, and they may be left with babysitters other than family when their parents go out. In other cultures, children sleep with their parents, are fed and kept close by, and they are taken wherever their parents go. One culture may place a high value on independence, the other on interdependence, yet both may also place a high value on being part of an extended family and a community and believe that they are responsible for looking after one another.

Children behave according to what is considered normal in their culture. Many things about behaviour are defined by the culture in which we're raised.

As children grow up, most learn how to behave well most of the time. Children learn this through positive support and by observing the actions and reactions of important people in their lives. Children learn whether their behaviour is acceptable or unacceptable by the way adults respond to them. What is acceptable may be different from one culture to another. Childcare professionals may at times have to consider different points of view.

What children learn about themselves from the world around them becomes part of the "hard wiring" of their brains.

You can help children learn positive behaviour by:

- Establishing and maintaining routines. Children do better when they know what to expect.
- Creating child-friendly spaces.
- Rotating toys and ensuring equal time in all areas for all children.
- Teaching children to take turns. This is the beginning of sharing.
- Commenting when you see them behaving well. The behaviour that gets the most attention is the one most likely to be repeated.
- Teaching problem solving.
- Stopping problem behaviour before it begins.
- Communicating often with parents.

ASSESSING BEHAVIOUR IN YOUNG CHILDREN

Helping children learn successful behaviour is a process that begins with assessment. You need to understand why a behaviour is occurring before you can help change it. There are two ways to assess behaviour.

One is to talk to others about their understanding of a specific behaviour. It's important to ask parents, without blame or judgement, for their observations, thoughts and opinions. You can also talk to other people in a child's life, including other staff and family.

The second way to assess behaviour is to observe the child and see what happens when a specific behaviour occurs. Keeping an informal record (see suggestions below) of her "meltdowns" or disruptive behaviours for a few weeks may reveal a predictable pattern. This is the first step in understanding how you can support a more positive pattern of behaviour.

You can use this log to assess a child's behaviour

Describe the problem

- Use unbiased terms
- Include both your perspective and the child's perspective
- Describe what happens
- How often does the behaviour happen?
- How long does it last?
- How intense is it?

Think about the child

- Does the child have any physical or developmental difficulties (such as language or fine motor delays)?
- What are the child's strengths and challenges?
- What activities are hard or easy for the child?
- What are the child's personality traits (shy or outgoing) and temperamental characteristics (activity level, mood, distractibility, intensity of response, tolerance for change or frustration)?
- Does the child display any unusual behaviours?
- Are there any warning signs or behaviours leading up to the behaviour of concern? Does the child feel well, tired, hungry, etc.?

Think about the environment

- Where does or doesn't the behaviour occur?
- What are the environmental conditions (hot or cold, crowded or empty, or quiet or noisy)?
- What time of day does the behaviour occur?
- Who else is in the environment (adults and other children)?
- Have you made your expectations, directions and consequences clear?
- Do other children tease, intimidate, bump or touch the child? Bully? Yell?
- Does the behaviour usually occur when the child is engaged in a specific task or activity?
- Does the behaviour occur during transition periods (such as going from lunch to nap or coming in after playing outside)?
- Does the child like or dislike the activity?

Think about the behaviour's results

- What is the result of the behaviour? Adult attention? Peer attention? Excitement in the room? Removal of demands? Time alone? Do people move away?
- Is the child upset or excited by the consequences of his actions?

In order to become effective, any efforts to shape a child's behaviour must include his parents. Some parents are more responsive than others.

DEALING WITH CHALLENGING BEHAVIOUR

Even if you'd like to help a child change a number of behaviours, begin with just one. Dealing with more than one problem at a time can be frustrating for you, the parents and the child.

In his book *The Explosive Child*, Dr. Ross Greene says you can't respond to all problem behaviours the same way. You need to let some go for now, and begin with the most important one. In choosing the behaviour to work on, Greene recommends a process called basket thinking. This approach can be used with children of all ages.

Here's how it works: Visualize three baskets, then consciously sort the behaviours you'd like to see changed into the baskets.

Basket A contains non-negotiable behaviours

These are behaviours that you consider to be unsafe for a child or the people around him. When a child uses these behaviours, you always stop him—even if he's on the verge of a meltdown (overwhelming frustration or about to lose his ability to think or act reasonably). Always try to begin problem solving while the child is still calm. If he is feeling too frustrated, he will not be able to think effectively. When problem solving does not work, the important thing is to keep the child safe.

Decide how you will handle tantrums in advance, such as time away from the group or putting toys away for a period of time. Acknowledge the child's feelings, but explain you will not discuss the issue at this time. For example, you can say: "I know you are angry, but you cannot hit other children. You need to come over and sit by me until you calm down."

Basket B contains important behaviours

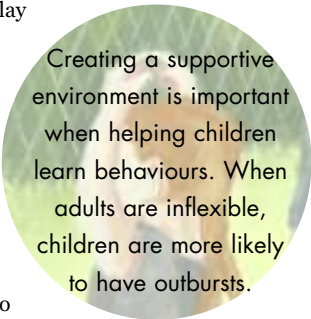
With these behaviours, you can try to help a child work things out by problem solving, rather than by direct action. For example, you can say: "You look like you might be mad because you don't want to share your toys with Michael. Is that right? Let's think of how we can work things out."

If your discussion with the child goes poorly, however, and it looks as though a meltdown may occur, you may need to delay the discussion until later, or put it in Basket C for now.

Examples of Basket B behaviours could be: refusing to share toys (when the child is developmentally capable of doing so), arguing, refusing to clean up after playtime or refusing to wear a hat outside when it's cold.

Basket C contains least important behaviours

Basket C contains behaviours you consciously choose to ignore for now. You are not giving in, but deciding the behaviour is not worth a meltdown and trying to solve at this time. An example might be a child stamping his foot in anger.



Creating a supportive environment is important when helping children learn behaviours. When adults are inflexible, children are more likely to have outbursts.

Basket thinking requires teamwork. While the adults in a child’s world may not agree about which behaviours go in which basket, they do need to agree on how to implement a behaviour program before you begin. Consistency is crucial.

Work on changing only one or two behaviours at a time. As you achieve success in dealing with the most important behaviours (Basket A), you can begin to work on some of the others. The most effective way to help a child change a behaviour is through the work you do together to address behaviors in Basket B. Expressing empathy and inviting a child to help solve the problem teaches important life skills.

GAINING A CHILD’S COOPERATION

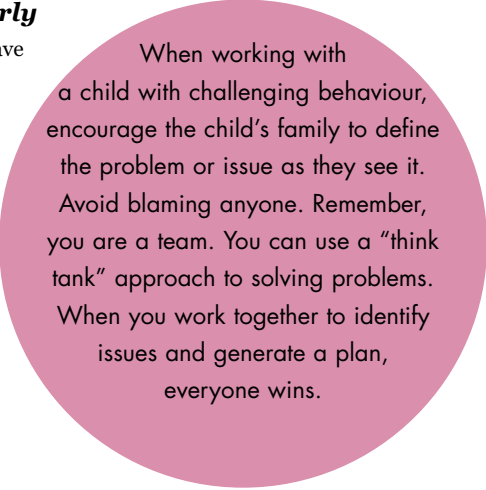
Children want to behave well—and to do it they need support, consistency and guidance from adults. The following suggestions can be used with all children to gain their cooperation and reinforce positive behaviours.

The magic of positive encouragement

- Give attention to behaviour you want to see more often.
- Be specific. Rather than saying, “You were a good girl,” say: “I’m really pleased you picked up the toys when I asked.”
- Give positive encouragement often.

State rules or expectations clearly

- Before you speak, make sure you have a child’s attention.
- Make a direct statement rather than coax a child.
- Keep the message short and specific. Young children do not understand vague descriptions of misbehaviour such as “irresponsible.”
- Give only one instruction at a time.
- Try to be calm and matter of fact.
- Be consistent and firm.
- Rules for what is acceptable and what is not appropriate behaviour need to be very clear. Aggressive behaviour that might harm the child or other children must not be tolerated.



When working with a child with challenging behaviour, encourage the child’s family to define the problem or issue as they see it. Avoid blaming anyone. Remember, you are a team. You can use a “think tank” approach to solving problems. When you work together to identify issues and generate a plan, everyone wins.

Check & acknowledge feelings

- Don't assume you know how a child is feeling. You need to ask.
- Always acknowledge the emotion a child may be feeling. For example, "I see you are really mad. It is okay to be mad. It is not okay to bite other children."

State requests positively

- Requests that are stated positively are more likely to be carried out than those stated negatively. For example, say: "Please use your fork" instead of "Don't eat with your fingers."

Prepare for what's coming

- Always give young children advance notice of when you want them to do something. They need to know at least five minutes ahead of time that an activity is going to end.

Give choices whenever possible

- Be flexible where you can and let children express their points of view. Let children choose between two options, both of which are acceptable to you and available at the time.

Younger children can't or won't always answer questions about their feelings. You may need to give them words to help them express their feelings, and show that you understand them.

For example, "You look mad.
How can I help you?"

Follow through

- Make requests reasonable, and be sure you can follow through if a child does not do as asked. For example, if you tell a child he can't be outside with the other children if he pushes them, be sure you are able to follow through by taking him inside.

HELPING CHILDREN SOLVE PROBLEMS

Children can be remarkably creative when it comes to solving problems, and you can work with them to find solutions to problem behaviours.

How you help a child depends on her age. Very young children have limited language, but they can learn from your examples that problems always have solutions. Acknowledging a child's feelings and showing her how a problem can be solved is always effective. Children 3 years and older can start to be part of the problem-solving process.

Problem solving includes the following steps:

1. Acknowledge feelings

- Help children recognize different feelings.

2. Help express frustration

- Problem solving depends on good communication.
- Give young children words they can use to express their frustrations to others, for example, “That’s bothering me” or “I need some help.”

3. Define problems & brainstorm solutions

- Define the problem in clear unbiased terms.
- Brainstorm ideas to solve the problem. For younger children, state a solution and have them help you carry it out. For toddlers, give two choices and help them decide. For preschoolers and new schoolers, ask them to think of ideas; write down and discuss their suggestions and decide together on a solution.

4. Rehearse positive behaviour

- Help the child rehearse appropriate behaviour or language before entering a situation.
- Help her to think about what she can say or do if another child provokes her.

5. Evaluate success.

- Check back with the child to see how it has gone.
- She may need to try another of her solutions.
- Comment positively when you see her using a new behaviour strategy.

Problem solving is most effective when a child is still mild or moderately upset. It is unlikely to work when emotions are high. The child will need your help to calm down before the problem can be solved.

- Gaining children’s cooperation also involves inviting them to listen. You can:
- Act, not talk. Children “hear” kind and firm actions louder than words. They tune out lectures.
 - Give children a chance to express their thoughts and ideas.
 - Work together. Children are more likely to follow plans they help create.
 - Ask instead of tell. “What is next in our morning routine?”
 - Ask for help. This appeals to most children.
 - For more information, see Skills for supporting positive behaviour on the next page.

STOPPING PROBLEM BEHAVIOUR BEFORE IT BEGINS

Many times children give clear signals that they're moving toward a behavioural meltdown. Sometimes these signals are verbal (such as: "I hate you") and sometimes they are non-verbal (such as sudden crankiness, a flushed face, restlessness or tense posture). If you recognize signs early, you have a chance to prevent a meltdown with the following actions:

Empathize

- Empathy is not feeling sorry; it's showing a child you are aware of her feelings.
- Empathy can help a child feel he is understood; for example: "It looks like you are angry."
- Acknowledging a child's feelings often brings down his "emotional temperature" so he can calm down.
- Ignoring a child is not effective because it doesn't help him to find a safe way out of his frustrated state.

Distract or redirect the child

- Distracting or redirecting a child involves rerouting. For example, you know that when more than three children play in the kitchen centre, fights erupt over the toys. So, when you see a fourth child approaching the centre, you might intercept him and redirect him to another appealing activity. This strategy works well for children under 2 years.

Substitute one activity for another

- Substitution is a way of providing a child with another activity that is less of a problem. For example, if a child is using small crayons that break when he pushes too hard, give him larger, more durable crayons.

Skills for supporting positive behaviour:

- Have I made a consistent and conscious effort to increase encouragement to the child?
- Are my expectations clear, reasonable and consistent?
- Have I checked with other adults, and the child, about their understanding of the problem?
- Have I tried to create a supportive environment for the child, one that helps reduce the child's frustration and increases his chance of success?
- Have I tried to intervene as soon as I see the child's behavior changing?

- Am I a good role model for the child? Am I calm and controlled? Do I solve problems in a positive way?
 - Do I encourage the child to talk about her feelings?
 - Do I provide the child with regular outlets for the release of energy?
 - Do I ignore negative behavior as long as it is minor and doesn't disrupt or harm the child or others?
 - Do I consistently follow-up and do what I say I will?
-

DEALING WITH MELTDOWNS

Meltdowns and outbursts can never be completely prevented. You can, however, minimize the distress of a child and those around him. An out-of-control child may hit, swear, bite, throw toys or run around. These actions can disrupt and upset everyone around her. Here are some ways you can deal with the situation:

Create a safe space

- Make sure everyone is safe.
- Move other children out of the area.
- Give the out-of-control child space.
Don't crowd her.
- Put yourself between the child and other children.

Give the child time to calm down

- A quiet area can help the child calm down. This should be away from other children. It can include cushions or stuffed toys the child can hug or perhaps punch.
- Don't physically move the child. If she won't go to a quiet area, create one around her by moving others away.
- A younger child may need to sit beside you to calm down.
- Do not confront the child.
- Wait until the child is calm enough to listen before talking to her.

Children learn what they live. Some of the best ways to change angry, aggressive behaviour are:

- Kind, firm teaching about respect
 - Problem solving in a non-violent way
 - Positive role modeling—practise what you preach.

TALK ABOUT FEELINGS & ACTIONS

- Once calm, talk quietly with the child. Help her talk about her feelings and what she could do next time instead of getting upset.
- Avoid “why” questions such as: “Why did you do that?” Questions that ask “what” and “how” are more effective. “What happens when you hit people or call them names?” or “How else could you get what you want?”
- Don’t insist on apologies or explanations. A child doesn’t always know why she reacted a certain way.
- Acknowledge good behaviour. Once calm, let the child start over and come out of the quiet area. If she remains calm, immediately praise her positive behaviour.

WHEN ANOTHER CHILD GETS HURT

Dealing with this situation involves three steps:

1. Attend to the injured child.

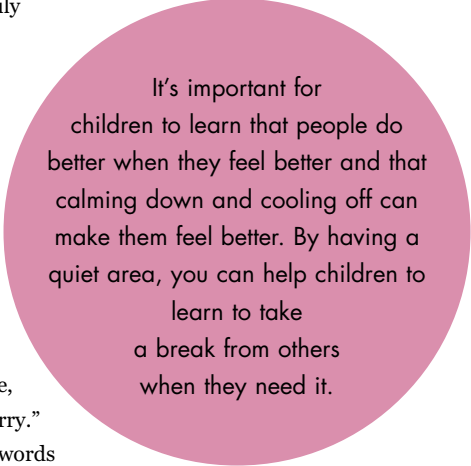
- Separate the children. Move an injured child away from an aggressive child.
- Comfort the injured child.

2. Attend to the aggressive child

- Think about what may be causing the aggressive child’s feelings and actions. The underlying cause may be beyond your ability to help (e.g., parents fighting, family illness).
- Offer the child a safe place to express his feelings.

3. Make amends

- Problem solve with the aggressive child to find ways he can help the child he harmed to feel better. He may need suggestions from you.
- The aggressive child may apologize, but don’t force him to say: “I’m sorry.” This only teaches him to “mouth” words without meaning.



It’s important for children to learn that people do better when they feel better and that calming down and cooling off can make them feel better. By having a quiet area, you can help children to learn to take a break from others when they need it.

Some children need more help to learn successful behaviour. You may need to talk to their parents. For advice on discussing your concerns about a child with her parents, see *Communicating Effectively* on page 147.

Above all, don't give up on a child. You can still have some success in changing a child's behaviour, even if his parents have a different approach at home. Children can learn to behave differently in different environments.

Speech & language

QUICK FACTS

- Language is a foundation for successful learning throughout life. This foundation is built during a child's first six years.
- Language is interactive. Children learn language by listening, having conversations with others, and processing and practicing the language or languages around them. Children cannot do this themselves. They need people to talk to them; help them understand what is said; and give them a chance to practise the words they hear.
- Understanding children's normal development helps you choose appropriate strategies and activities to encourage language development in children.
- The Canadian Association of the Speech-Language Pathologists and Audiologists estimates four per cent of preschoolers have a significant speech or language disorder.
- Act on concerns early. Early diagnosis and treatment of speech, language or hearing difficulties are important to successful learning.

UNDERSTANDING OUR WORLD

Speech and language are important to the way we understand our world. These skills help us learn, express ourselves and build relationships. Communication skills develop rapidly during the first six years of life. Children need as many opportunities as possible to hear and use language during this period of amazing growth.

Children are interactive language learners. They are born with the ability to learn language, but they gain their language skills by listening and talking to others around them. Language learning involves everyone.

Every adult can play an important role in helping children build a strong foundation in speech, language and communication. Parents and early childhood professionals can have the most influence simply because they spend the most time with children.

BUILDING LANGUAGE SKILLS

The way you talk to and respond to children makes a big difference in children's speech and language development. They learn words and sentences by talking, singing, playing and reading. Simple things like exaggerating new words, simplifying sentences and talking face to face with individual children help them learn language and become strong communicators. Communication develops with experience and exposure.

Speech language pathologists support parents, children and early childhood professionals. This support can include assessment, treatment and education services.

Babies

Even though they don't use real words, babies communicate through movement, sounds, eye gaze and facial expression. You can respond to them by interpreting their messages and acting on them. You can also encourage language development by talking, singing and reading to them.

Talk to babies

- Babies begin making cooing sounds when they are about 2 to 3 months old. Respond to their cooing by looking right at them, smiling and imitating their sounds. This helps babies learn that people take turns in conversation. Giving babies plenty of opportunities to play with sounds is important in developing early words.
- Let babies hear language. Talk to babies about what you both hear, see, like and don't like. Adding comments to everyday routines helps babies begin to understand words and ideas. For example, when getting ready to change a baby's diaper, you can say, "Time to change you. Let's lift you way up high to your change table. Up, up, up we go!"



When it comes to reading, it's never too early to start.

Read to babies

- Babies like to hear your voice. Share books with them. Read in a calm, soothing manner.
- Choose books that are colourful and safe to chew (cloth, plastic or heavy cardboard). Let them hold the book and play with it.
- Point to pictures and name or describe them.

Sing to babies

- Sing songs and tell nursery rhymes often. Babies need and love repetition.
- Use actions and games like *Peek-a-Boo* or *Pat a Cake*.

Toddlers

Language development is explosive in toddlers. They try (and learn) new sounds, words, phrases and sentences daily. They need to be exposed to new words and sentences in a meaningful and interactive manner. You can:

Involve toddlers' parents

- Review the day's highlights with parents.
- Let toddlers take home pictures or crafts to share with their parents.
- Encourage children and parents to talk about their day.

Use a variety of words

- Introducing different kinds of words is important for sentence building.
- Use nouns (words about people and things), verbs (words about actions), location words (such as up, down, in and out) and descriptive words (such as big, hot, dirty and pretty).
- Introduce words that describe feelings (sad, mad, happy or scared). Helping toddlers name their feelings helps their language and emotional development.

Use daily routines

- Use daily routines such as mealtime and playtime to introduce new words, ideas, feelings and concepts. For example, at snack time you can ask: "Who wants a red cup? Who wants a green cup? Who wants a blue cup?"
- Talk about the here and now. Use simple but grammatically correct language. For example, when going outside you can say: "We are putting on our mitts to go out to play. It is cold outside. We need hats too. Megan, your boots look warm."
- Include songs and rhymes in your daily routines. Toddlers need and enjoy rhythm and repetition.



When toddlers are 2 they can say 20 words and use some two-word combinations.

Go to toddler's level

- Kneel, bend down, sit on small chairs together or stretch out on the floor—get face-to-face with children. It is important to get at the same level as a child.
- Talking to toddlers at their physical level makes it easier for them to imitate your actions and words. It also shows you're interested in what they're doing or saying.

- Let each child respond in her own way, whether it's a word, a sound or a gesture.
- Look directly at each child when speaking.

Sing songs & play games

- Rhythm and repetition are fun, appealing ways to help toddlers learn and remember words and sentences.
- Act out a story or nursery rhyme using props.
- Choose songs and rhymes that reflect a special event or theme in your centre or day home or room, such as Christmas, spring or a trip to the zoo.

Make books fun & reachable

- Share books. Encourage interaction. Take turns pointing at pictures. Talk about the story.
- Have books within children's reach, so that they can choose a book to bring to you.
- Books with short sentences are best for toddlers. You can shorten longer sentences or simply describe what's happening in a picture.
- Make sure your book space is bright and inviting.
- Go to the library and sign out a wide variety of books.

Preschoolers & new schoolers


In their preschool years, children develop and refine sentence structure (or grammar). As they mature, they speak increasingly like adults. You can encourage language learning in preschoolers and new schoolers when you:

Encourage conversations

- Use more comments than questions to encourage conversations with preschoolers and new schoolers.
- Comment on what you see rather than ask about a child's activities.
- When asking questions, try to use ones that begin with who, what, where, when, why and how. Such questions require more than yes or no answers.

Wait for a response

- Try counting to 10 after making a comment or asking a question.
- When in groups, give children who aren't as quick to respond an opportunity to answer so that everyone is included.
- Remember, some children are not as skilled as others in getting and keeping your



The motivation to learn language comes from within each child. The inspiration to communicate comes from having people to talk with and things to talk about.

attention. Watch and talk to children in ways that support and extend their interest.

Share books with preschoolers

- Reading books is most effective with individual or small groups of children.
- Relate the day's activities back to the story you read.
- Read the same story more than once and let the children tell you what they remember.
- Encourage children to read to you once they start reading on their own. Children who can read still enjoy being read to.
- Choose art and play activities based on the stories you read.
- Ask questions that encourage thinking. For example, about what might come next, how a character feels or if they've had similar experiences.

Listening & talking

The following checklist can help you determine if a child's speech, language and hearing abilities are typical for her age.

By 3 months, an infant:

- Startles to sudden, loud noise
- Seems to know your voice
- Seems to comfort to your voice when she is upset and crying
- Coos, grunts, gurgles, cries and makes sounds like "ahh"

By 6 months, a baby:

- Turns toward sounds
- Shows interest in sounds, voices and music
- Smiles when you smile
- Babbles sounds such as "mama" and "gaga."

By 1 year, a baby:

- Turns and looks toward sounds
- Responds to familiar sounds such as barking dog or her name
- Recognizes words for everyday objects such as cup, shoe or car
- Copies actions and sounds that you make
- Communicates by crying, laughing, looking, showing, reaching, grunting and making sounds
- Babbles a variety of sounds and says her first words.

By 1 1/2 years, a toddler:

- Understands and says at least 10 words
- Points to people and body parts such as eyes or nose
- Points to pictures in a book
- Starts to pretend. For example, going to sleep or talking on the phone.

By 2 years, a toddler:

- Uses two words together, such as: "more milk" and "Mommy eat"
- Says at least 50 words
- Starts using words ending in "ing" such as eating, running and crying; plurals such as boats, cats and dishes; and possessives such as baby's bottle and Sammy's hat
- Understands two-part sentences, such as: "Get your ball and put it in the box."

By 2 1/2 years, a toddler:

- Uses words for objects (ball, shoe), description (big, hot) and action actions (kick, eat)
- Points to more body parts and clothes and to many pictures in a book
- Uses common objects in pretend play. For example, pretends to fill up a toy car with gas and drive away
- Says more words every week.

By 3 years, a toddler:

- Says three to four words together, such as: "I want more juice," and "Mommy is at work"
- Uses more little words like is, be, a, an, the
- Follows three-part directions such as: "Go to toy box, get a truck and bring it to me"
- Understands and asks questions, such as "Where is your coat?," "Who is that?" and "What is soap for?"
- Describes activities, feelings and problems; tells simple stories.

By 4 years, a preschooler:

- Uses longer and more complete sentences, such as: "I want to go out and play on the swing."
- Uses more grammar; for example pronouns (I, you, me, she, he, we), past tense (walked) and some question words (what, who, where, why). Still makes some errors.
- Understands many words describing concepts, such as colours, shapes, locations, texture and time.

By 5 years, a new schooler:

- Uses sentences five to six or more words long.
- Asks more difficult questions, such as: “Why?” and “How?”
- Understands most questions and adult conversations
- Uses the present, future and past tenses, such as walks, walked, and will walk
- Retells a story using character names and story events.

By 6 years, a new schooler:

- Says most sounds correctly; r and h sound may be exceptions
- Is easily understood by everyone.

Source: *Talk Box*, Alberta Health Services

If a child is frustrated, difficult to understand or is not doing the things listed for his age, ask his parents if they are concerned.

Speech-language pathologists or audiologists with Alberta Health Services are available to assess and help a child. This service is free and does not require a doctor’s referral. They can find one through the Alberta College of Speech-Language Pathologists and Audiologists (www.acslpa.ab.ca). Parents can also call Health Link Alberta or visit www.healthlinkalberta.ca.

BUILDING SPEECH SKILLS

Speech is the spoken form of language. To communicate through speech, children need to be able to make a variety of speech sounds and patterns.

Children develop their speech skills gradually and at their own pace. Some sounds are easier than others to pronounce and these are typically learned first. As children grow and develop, their speech becomes easier to understand.

Clear speech

Children of all ages learn good speech skills by listening to other people talk. You can help children learn to speak clearly by being a good example. Here are a few tips:

- Speak slowly and clearly.
- Don’t imitate “baby talk.”
- Don’t laugh or allow others to laugh at pronunciation errors. This hurts a child’s feelings and undermines her confidence.
- Share books to introduce new words and their correct pronunciation.
- Play rhyme games together. This helps children focus on how a word sounds.

When a child makes speech errors, you can help her by saying the correct sound or word yourself. Make sure you:

- Speak slowly and clearly.
- Emphasize difficult sounds or words. (You can make long sounds longer, e.g. s,z,f,v and make repeat short sounds like ch, sh, th).
- Don't ask the child to repeat the mispronounced word, but do include correct pronunciation in your response. For example, if the child says, "Turn the wight on," you can say, "Okay, I'll turn the light on."

Children can become very frustrated when others don't understand what they're saying. To help them, you can:

- Repeat what you think you have heard and ask for confirmation.
- Ask the child to show you what she's talking about.
- Ask the child to say it in a different way.
- Above all, assure the child that what she's telling you is important to you.

If children consistently make speech sound errors or are very difficult to understand, encourage their parents to consult a speech language pathologist. Parents can call Health Link Alberta for information.

LANGUAGE & CULTURAL DIVERSITY

Alberta has a diverse population. Canada's 2006 census found more than 500,000 Albertans were born outside the country. The top five nations of origins for recent immigrants in Alberta are: China, India, Philippines, Pakistan and the United States. In the Calgary area, the most common languages requiring interpretation services are Cantonese, Punjabi, Vietnamese, Arabic, Spanish, Korean and Hindi.

Bridging the language gap for immigrants and their children can be challenging but, it is necessary.

You may need to seek community support for children whose first language is not English. Within your daycare or family day home, these children may need extra support and acceptance. They may be anxious about speaking a language they are in the process of learning. You can help by adjusting the way you talk to them.

- Use simple sentences.
- Repeat what you have said.
- Slow down.



The American Speech-Language-Hearing Association says that at age 2, a child should be understood by most people 50 to 75 per cent of the time and that at age 3, a child should be understood by most people 75 to 100 per cent of the time.

- Give them extra time to answer questions.
- Use everyday words.
- Emphasize important words.
- Use gestures and pictures.

Some children learn more than one language at home right from birth. Some may learn another language later on. When children learn another language in childcare, it's important to understand that they need to learn to speak one language well. Once they have learned the rules of one language, it's easier to learn the rules of another.

For this reason, parents should continue to speak to their children in their first language at home. This gives children a correct language model and lays down a solid foundation for another language. Parents are more comfortable speaking in their first language, and this may help them to interact with their children more. (If they are uncomfortable with their second language, they might not read or speak to their children as much.)

When learning more than one language:

- Most children are able to learn two or more languages at once.
- Learning takes time. Children may remain silent for several months. A child may understand and say words in either language.
- Children need to listen to a new language and hear its words repeatedly before trying to say them.
- It is normal for children to use words from both languages even in the same sentence.
- Children may copy and then memorize phrases used by others.
- Learning more than one language does not slow language development. If a child has difficulty learning words, she usually has that difficulty in any language she is learning.

If parents are concerned about their child's language development in their first language, advise them they can contact a speech language pathologist.

In families where English is not the first language, parents may be unsure which language to speak to their children at home. Once they have learned the rules of one language, it's easier to learn the rules of another. For this reason, parents should continue to speak to their children in their first language at home.

Celebrate diversity

You can recognize, promote and celebrate diversity with children of any age. Diversity embraces our differences in age, race, culture, spirituality, gender, ability and sexuality. You can introduce diversity through books, songs, poems, plays and games.

Watch your language

Children under 6 years of age do not understand concepts of prejudice and inequality. They do, however, understand basic values of kindness, belonging and generosity.

Children learn through concrete experiences.

- How do you talk about people who are different? Your attitude and environment can shape a child's attitude.
 - Talk about similarities among your group. This recognizes the importance of diversity in the world and helps children to identify that people have common threads that tie them together.
 - Do not tolerate teasing or ridicule about children who may be different in some way. Talk about the importance of differences and of being kind and accepting.
 - Gently challenge stereotypical thinking. Children tend to think in cultural stereotypes: women have long hair and wear dresses, men have short hair and wear pants. Give them examples of non-stereotypical situations that reflect diversity in the community, such as women construction workers, multilingual friends and persons of colour in professional occupations.
 - Use language that includes both genders, for example, a police officer instead of a policeman, or a mail carrier instead of a mailman.
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Sight & sound

QUICK FACTS

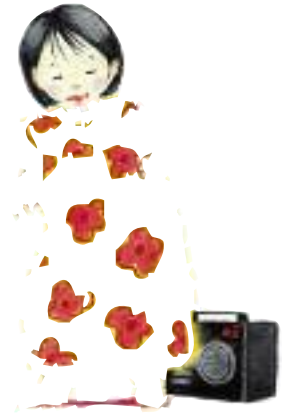
- Good hearing is essential for normal speech and language development.
- Children of any age—even newborns—can have their hearing tested.
- 80 per cent of learning is through sight.
- Children as young as 6 months can have a vision test.

HEARING: AN IMPORTANT SENSE

Babies can hear and listen before birth. At birth, their hearing is similar to adults. Babies learn by listening to the sounds and voices around them. They learn to connect what they hear to the people, animals, objects and actions that made the sounds. This helps them make sense of the world around them.

As they grow and develop, babies use their hearing to communicate and interact with others. Hearing is one of the most important senses needed for children to develop normal speech and language skills. Even a mild hearing loss can affect language ability.

Hearing is also important for responding to the world around us: telephones ringing, music and singing, birds chirping, even warning signals such as fire bells.



Signs of hearing impairment

The following is a list of common signs of that a baby or child may be having difficulties hearing:

For babies:

- Does not startle to sudden, loud noises
- Does not turn toward sounds
- Is not interested in sounds, voices or music.
- Does not turn and look in the direction of sounds

For children:

- Difficulty hearing someone who is not face to face
- Asking you to repeat often
- Saying “what?” or “huh?” often
- Not responding to very loud sounds such as a fire bell
- Not responding to voices heard over the telephone or switching the receiver from one ear to the other
- Turning the volume on a television or radio louder than usual
- Sitting very close to a television or radio
- Watching the faces and lips of people talking

- Not responding when her name is called
- Difficulty locating where a noise is coming from
- Talking loudly

If you're concerned about a child's hearing, discuss your concerns with his parents. Ask if they've noticed the same behaviours at home. Suggest a referral to an audiologist for a hearing test. The earlier hearing impairment is discovered, the earlier intervention and medical treatment can begin.

Hearing testing

Audiologists specialize in testing, evaluating and treating hearing impairment in infants, children and adults. They use a variety of tests to determine hearing abilities; testing can be performed on children of any age or developmental level.

Audiologists recommend when hearing problems need medical attention and offer parents a variety of treatment options. Those options depend on the nature and degree of hearing impairment and can include American Sign Language, hearing aids or cochlear implants.

In Alberta, children's hearing tests are free when children have a valid Alberta Personal Health Card. A referral is needed from a doctor, community health nurse or speech language pathologist. For more information, call Health Link Alberta (www.albertahealthlink.ca) or contact 1-866-408-5465.



Ear infections

Ear infections are one of the most common medical problems in young children, and concerns about ear infections are one of the leading reasons parents visit family doctors and pediatricians.

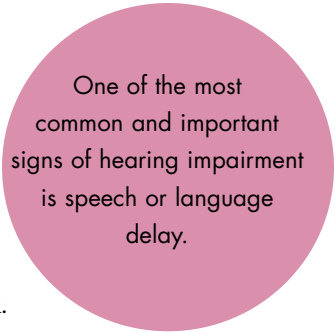
Ear infections are caused by an inflammation behind the eardrum, in the middle ear, which causes fluid to collect. This fluid may or may not be infected. It is important to properly wash hands to prevent the spread of this infection. Sometimes, the eardrum can rupture due to the excessive pressure of the fluid on the eardrum. When an eardrum breaks, fluid may leak out of the ear canal.

Ear infections are common in children because the area behind the eardrum is not fully developed. Ear infections are most likely to occur when a child has a cold, sinus or throat infection, asthma or allergies. Children exposed to second-hand smoke are also more susceptible to ear infections. As well, children in childcare are more susceptible because they are around more people.

An ear infection can cause temporary hearing loss in children, making it difficult to hear certain speech sounds. In some cases, normal conversations are muffled or sound like a whisper. Untreated or recurring ear infections may impair a child's ability to develop normal speech and language skills and may affect learning.

Signs and symptoms of an ear infection include:

- Fussy or irritable behaviour
- Pulling or tugging at the ears
- Pain in the ears
- Fever and/or vomiting
- Stuffiness nose and/or chest congestion
- Mouth breathing
- Red ears
- Poor sleep
- Loss of energy
- Liquid or blood leaking from the ear canal
- Difficulty hearing or understanding what is said.



One of the most common and important signs of hearing impairment is speech or language delay.

Doctors may treat the ear infection with antibiotics, depending on the child's age and symptoms. A child usually feels better within one day of starting medication. It is important that the medication continues to be used for as long as prescribed.

Most times, an ear infection clears up with proper and completed medication, but some children continue to develop ear infections even after trying several different types of medication. In these cases, an ear, nose and throat doctor may insert a small tube into the eardrum to drain the fluid and to prevent fluid from building up. In such cases, hearing often improves almost immediately. Children with ear tubes should avoid getting water in their ears, as this may lead to further infection.

Ear infections are usually not serious if treated promptly and effectively, and hearing is almost immediately restored to normal. For this reason, it's important to recognize the symptoms of an ear infection and to inform a child's parents if you're concerned. For more information contact Health Link Alberta.

VISION

Much of a baby's learning (about 80 per cent) is through sight. A child's eyesight is a precious sense that should be watched and safeguarded.

Babies with normal sight:

- Can see at close range at birth. Objects further than 25 to 35 cm (10 to 15 in.) are blurry. Newborns like high-contrast objects (black and white).
- Can follow objects with their eyes and start to turn their heads to follow moving objects by 6 weeks.

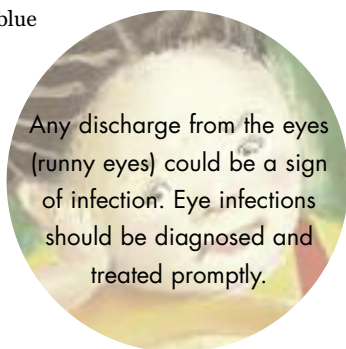
- Can focus on faces and can distinguish red and blue from white by 8 weeks.
- Have good control of eye movement by 4 months.

Signs of poor vision include:

- No interest in faces or toys suited to her age
- Eyes rove or jiggle
- Tilts head or squints
- White or strange light reflects from the pupil
- Pupil has unusual size or shape
- One or both eyes turns or crosses.*

*For the first six months, an infant's eyes may sometimes appear crossed or out of alignment. This is usually normal. If it is constant or continues after the age of 6 months, advise the child's parents to see their doctor right away.

Parents should ensure their child has her first eye examination before her first birthday (6 to 12 months of age) again at age 3 and then at age 5. Following this a child's eyes should be examined annually. In Alberta, children's eye examinations are fully paid for by the provincial government (until the age of 19) and parents can make appointments without a referral from a doctor. The Alberta Child Health Benefit offers some families financial assistance for buying eyeglasses.



Nutrition

QUICK FACTS

- Serving high-quality foods is important: the children in your care full time eat most of their daily food in your facility.
- You can help children develop healthy eating habits for life by being a good role model, being positive about food and making healthy choices.
- Children need constant supervision when eating.
- Young children need to eat about six times a day; they need regular meals and snacks every two to three hours.
- Eating is about more than nutrition—it can be fun, social and educational.
- Children learn and behave better when they eat regular meals and snacks.

MORE THAN EATING

Knowing about nutrition can help you meet children’s nutritional needs.

Nutrition is more than eating. It’s understanding how to choose and serve healthy food and at what age children can eat certain foods. It’s also about having a healthy relationship with food and avoiding dangerous foods, such as food that can be a choking hazard. As well, nutrition is about building a strong foundation for growth and development and creating healthy habits for a lifetime.

HEALTHY EATING IN CHILDCARE SETTINGS

A healthy eating environment shows, supports and encourages lifelong healthy eating habits. It includes all the activities that can influence children’s eating habits.

Examples include:

- Setting and following healthy eating policy and guidelines for your childcare centre or day home
- Serving healthy meals and snacks daily and at special events
- Offering regular meals and snacks in child appropriate and child-safe environments
- Serving meals family-style to encourage children to make healthy choices and to follow their hunger and full signals
- Letting children help prepare meals and snacks
- Making nutrition a theme in programming and creative play
- Involving parents and your community in healthy eating.



FOOD POLICIES & GUIDELINES

You can support healthy eating with written policies or guidelines that are followed by staff and shared with parents. Your guidelines and policies can provide details about providing breakfast, your approach to meal and snack planning, bringing food from home, special events and parties, and active playtime.

For example, a general policy might read: Our childcare centre promotes healthy eating and active living. We encourage staff and parents to learn about, support and be role models in creating a healthy environment.

A specific breakfast policy may read: Breakfast is important to healthy living and learning. At our childcare centre, we want to see every child start the day with a healthy breakfast. If parents wish, we will provide a healthy breakfast for a fee. Otherwise, we expect children to arrive fed with nutritious foods.

Post or give parents the policy or guidelines when they enroll their child. And remind parents of your policy or guidelines through a newsletter or handouts.

For more information, see *Healthy Preschoolers, A Guide to Writing Nutrition and Physical Activity Policies & Procedures* at www.achsc.org/preschool_aged_children.htm.

Alberta Nutrition Guidelines for Children and Youth

The *Alberta Nutrition Guidelines for Children and Youth* help you ensure children and youth can have healthy food choices wherever they go. The guidelines include a food rating system (foods to choose most often, foods to choose sometimes and foods to choose least often) based on *Canada's Food Guide*. The guidelines also offer ideas on healthy menu planning. For more information, visit www.healthyalberta.com

FEEDING INFANTS & BABIES

How and what you feed infants is very important for proper growth and health development.

An infant's diet goes through many changes in the first year of life. Breastmilk is the healthiest food for babies. Health Canada and the World Health Organization recommend infants receive only breastmilk (along with vitamin D) for the first six months of their lives. Even after starting on solid foods, babies can continue breastfeeding up to and beyond the age of 2 years.

Breastfeeding

Breastmilk is:

- A complete food. It contains just the right amounts of carbohydrates, protein, fat and minerals for infants. It also contains growth factors, hormones and fatty acids needed for nerve and brain development. As long as nursing mothers eat a well-balanced diet, the only supplement infants need is vitamin D. Nursing mothers who are vegan may also need a vitamin B12 supplement and are encouraged to speak with a registered dietitian to be sure they're meeting their own and their babies' nutritional needs.
- Easy to digest.
- Adjustable. Breastmilk changes to a growing baby's needs. Mothers who give birth to premature babies produce different milk than mothers who give birth to full-



term babies. All mothers produce different amounts of breastmilk as their babies go through growth spurts.

- Protective. It helps protect babies from illness, respiratory and digestive infections, and it reduces the risk of allergies, diabetes, sudden infant death syndrome (SIDS) and childhood cancers. The longer a mother breastfeeds, the better her baby is protected—and this protection lasts long after breastfeeding stops.
- Convenient and safe. It's available in the right amount at the right temperature whenever a baby is hungry.
- Environmentally friendly.
- Free. Breastmilk is food produced from what a mother eats. To produce the best breastmilk for her infant, a nursing mom should eat a variety of the types of foods recommended in *Canada's Food Guide*.

Support breastfeeding moms

Breastmilk is the ideal food for babies, but breastfeeding can be hard for mothers when infants are in childcare. You can promote the health of infants by supporting breastfeeding mothers in the following ways:

- Discuss the baby's feeding schedule. The mother may wish to breastfeed her baby before leaving him in your care. Try to provide a private, quiet and comfortable space for her and baby.
- If mom chooses to nurse at pickup, try to arrange the baby's feeding schedule so that he is hungry and wants to feed when his mom arrives.
- Work out a plan, but be flexible.
- Mothers seeking support or information about breastfeeding can talk to a community health nurse or call Health Link Alberta at (866) 408-5465.

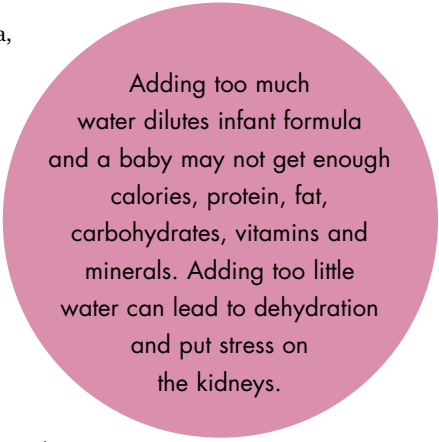
Supporting breastfeeding moms and children

Breastfeeding can continue even when moms and babies are apart.

- Moms can express breastmilk into well-labelled containers and you can refrigerate it for feedings during the day. Breastmilk can be given to children in bottles or cups.
- Discuss a baby's feeding and work out a flexible plan with his parents. This may include arranging a baby's feeding schedule so he is hungry and wants to feed when his mother arrives. Moms may choose to breastfeed more often at home.
- If possible, offer nursing mothers and their babies a quiet and comfortable space for breastfeeding.

Storing & preparing breastmilk & formula

- Use bottles for breastmilk or infant formula only.
- Each bottle of breastmilk or infant formula should be clearly labelled with the baby's name and the date it was expressed or mixed.
- Breastmilk should be stored in a refrigerator and must be used within 48 hours.
- If parents bring in powdered formula, make sure you know how to mix it properly and how long it can be stored in a refrigerator.
- Once opened, powdered formula should be stored according to the manufacturer's instructions.
- Precise mixing is important: if the formula has too much water a baby does not get enough nutrients; if the formula has too little water, it can damage a baby's kidneys.
- Use water that has been boiled for two minutes and cooled to make infant formula.
- To heat bottles of breastmilk or formula, place them in a bowl of warm water. Microwaves are not recommended: they destroy some nutrients and the factors in breastmilk that help protect babies from disease. Microwaves also heat fluids unevenly, which can cause serious burns to a baby's mouth.
- Always shake bottled breastmilk or formula to mix well; test the temperature on your hand or wrist (it should be body temperature, not too warm).
- Throw out any breastmilk or formula left in a bottle when a baby is done feeding. Do not re-use.
- Throw out worn or cracked bottle nipples, as they are a choking hazard.



Adding too much water dilutes infant formula and a baby may not get enough calories, protein, fat, carbohydrates, vitamins and minerals. Adding too little water can lead to dehydration and put stress on the kidneys.

The feeding relationship with infants

The feeding relationship between an infant and a caregiver is like any other relationship, each has a distinct role. This relationship is important and changes as a child gets older. At this age, your role is to feed a baby as her parents have directed and to follow her lead. The infant's role is to eat and let you know when she is hungry and when she is full.

Signs of hunger and fullness

The following are cues an infant is hungry:

- Searches with an open mouth
- Sucks on his hands or fists
- Smacks his lips
- Cries, although crying is a late sign of hunger and an infant may not be able to feed until calm.

The following are cues when an infant is full:

- Turns his head away from bottle
- Shuts his mouth tightly
- Puts his arms in front of their face or mouth.

Typical feeding patterns

- Breastfed infants under 3 months need to feed at least eight to 12 times in 24 hours and may feed several times in a short period. This is called cluster feeding and usually happens in the evening.
- Breastfed infants over the age of 3 months usually feed about six to eight times a day.
- Formula-fed infants under 3 months take in about 60 to 120 ml (2 to 4 oz.) a feeding, six to 10 times a day.
- Formula-fed infants over the age of 3 months usually eat five or six times day, taking in about 150 to 180 ml (5 to 6 oz.) a feeding.
- This is a general guide. Every infant is unique; some infants feed more and some less. This is not a problem as long as he gains weight steadily.
- A baby is getting what he needs if he is content and satisfied after most feedings.
- Trust a baby's signals; otherwise a baby learns to ignore the signal that tells him he is full. Babies need to learn that adults will respond to their signals of being hungry or full. This sets the stage for a lifetime of healthy eating.
- If baby does not finish a bottle, do not push. Children forced to eat may lose touch with their bodies' natural appetite control.

For more information on feeding infants and babies, search for the documents *Breastfeeding your baby* and *Feeding baby infant formula* at www.healthyalberta.ca.

Never leave a baby unattended with a bottle propped in his mouth. Babies need the security and warmth of a caring adult holding them while they feed. Babies can also signal the adult if they are hungry or full. Propping a bottle in a baby's mouth is also a choking hazard.

INTRODUCING SOLID FOODS

Offer solids only when baby can sit in a highchair

- Babies should be able to sit upright and hold their heads up before they are put in a highchair.
- Babies should be given solids only when sitting in a highchair, usually around the age of 6 months.

Getting babies started on solid foods

At 6 months old, babies need to start eating iron-rich solid foods. Iron promotes babies' growth and development and prevents anemia.

Iron-fortified baby cereals and/or other iron-rich foods should be offered daily. Babies need to eat foods with different textures.

By 9 to 12 months, a child should be eating a wide variety of solid foods. When this happens, the child can also begin to drink homogenized (whole) cow's milk. Children should stay on whole milk (3.5% milk fat) until they are 2 years old because the extra fat in whole milk is needed for their rapidly developing brains. After that, they can begin drinking 2%, 1% or skim. Drinking milk remains important throughout childhood.

Solids such as rice cereal should never be given in a bottle. Infants do not need juice. If parents choose to give their infant juice, wait until the baby is around 6 months old, offer it in a cup and limit to 60 to 125 ml (1/4 to 1/2 cup) a day and choose 100% unsweetened fruit juice. Drinking juice freely throughout the day fills infants' small stomachs, and they may not be hungry for the next meal. Serve juice with meals or planned snacks.

- 6 months: puree baby's food until baby learns to swallow mashed foods and then offer soft and smooth mashed foods.
- 6 to 9 months: change texture from mashed foods to include minced, grated and finely chopped foods as baby's ability to swallow improves.
- 9 to 12 months: change textures to include diced and cubed food, while still offering baby a variety of mashed, minced and grated foods.

Food textures

Babies need to eat foods with different textures, beginning with pureed and blended and then quickly followed by mashed, lumpy and diced. This helps babies learn to chew, swallow, and enjoy the same types of foods as the rest of the family.

- Babies can chew with their gums.
- Babies need to eat foods with different textures and they learn to eat solid foods.
- Begin with pureed and blended foods, then quickly follow with mashed, lumpy then diced foods.
- Babies given pureed food for too long may resist eating new textures later on.
- Having babies eat different textures helps them learn to chew and swallow food.
- Babies learn to enjoy the same types of foods as others around them (their families or childcare providers).

Ask for a written feeding plan

- Ask parents for written information on how much their baby usually drinks and what and how often he is typically fed.

HEALTHY GROWTH IN TODDLERS AND PRESCHOOLERS

How and what children eat in the first years of their life has a lasting effect on their growth and development. Regular meals and snacks based on *Eating Well with Canada's Food Guide* help give children enough energy and nutrients to build strong bodies and minds. It also helps them focus their attention on learning.

You can help children by offering healthy choices and by limiting foods that contain few nutrients, such as sweets and pop. Children should eat from each of the four food groups every day:

- Grain products
- Vegetables and fruits

Children require iron in their diets for good brain and body development as well as learning. Good sources of iron include:

- Iron-fortified toddler/infant cereals
- Ground or finely cut-up, well-cooked lean beef, pork, lamb, veal or chicken
 - Baked beans or lentils
- Mashed or pureed green leafy vegetables such as spinach.

Eating foods high in vitamin C (tomatoes, oranges and melons) helps absorb iron from food containing plant-based iron.

- Milk products and alternatives
- Meat and alternatives.

Children have small stomachs and need frequent refueling throughout the day. They usually need to eat three meals and two to three snacks a day. To make the most of snacks, include something from at least two food groups each time (e.g., crackers and cheese or cheese and apple slices).

For more about food and nutrition, visit the Alberta Health Services website.

THE FEEDING RELATIONSHIP WITH TODDLERS & PRESCHOOLERS

Struggles over food can happen in childcare and at home. Food is often the one thing children feel they have some control over. As many adults find out, you can't force a child to eat. Early childhood professionals can teach healthy eating behaviour at the table and take the focus away from food.

It's important to understand that there is a division of responsibility in feeding children:

- You decide what food is offered, when food is offered and where food is eaten.
- Children decide if they will eat and how much.
- Never force a child to eat. Instead, try to make mealtimes pleasant and consistent. Children thrive on routine, and develop trust when they get regular meals and snacks.
- Make meals fun by letting children help prepare meals and clean up. Offer kid-size utensils and containers so children can serve themselves.

Note: Children should only be allowed in the kitchen when they are part of an organized activity. Activities involving food are usually for older children and should be well supervised. Kitchen and eating areas must be free of hazards (for example, no pots can be simmering on the stove and all sharp objects and chemical cleaners must be put away).

- Children's appetites change from day to day. Some days they do not eat much, other days they eat more. That is normal. Steady growth is the best way to tell that a child is eating enough.
- If a child does not seem to be growing well, discuss your concerns with his parents so they can arrange a visit to their family doctor.
- Never force a child to eat.
- Avoid using food or candy as a punishment or reward.

For more information, see *Alberta Health's Healthy Eating and Active Living for Your 1 to 5 year old* posted on www.healthyalberta.ca.

FEEDING CHILDREN (AGES 1 TO 5 YEARS)

One of the keys to good nutrition is variety. A variety of foods helps children get all the different nutrients they need. Children should eat from each of the four food groups (vegetables and fruit; grain products; milk and alternatives; and meat and alternatives) every day. To make sure children get what they need, you can:

Allow enough time & space

- Children usually need 10 to 15 minutes for a snack and 20 to 30 minutes for a meal.
- Give children elbow space at the table to make them more comfortable.
- Some children can get restless and bored when meals and snacks drag on for a long time. Others may need more time to eat.

Serve healthy beverages

- Serve whole milk (3.5% milk fat) with meals until children are 2 years old. Children older than 2 years can have 2%, 1% or skim milk.
- Children drinking soy should have soy infant formula until the age of 2. Children older than 2 years can have soy beverages. Serve soy infant formula or beverage with meals.
- Limit juice to 125 ml (1 c.) a day. Too much juice can fill a child's stomach up so she doesn't eat as well at meals and snack times. As well, juice does not contain as much fibre as whole foods, which is important to prevent constipation.
- Offer only pure, unsweetened fruit juice, not fruit drinks or beverages. Even 100% fruit juice has natural sugars that can lead to tooth decay if given freely throughout the day.
- Soda pop or soft drinks are not recommended. They should only be used occasionally. Too much pop has been linked to weak bones, obesity and increased tooth decay in children.
- Offer water anytime. Children who ask to eat again soon after a meal or snack are often thirsty. Give them a glass of water and reassure them the next meal or snack is coming soon.



Limit fat, sugar & salt

- Choose fresh and fresh-frozen foods most often.
- Processed foods are often high in fat, sugar and salt, and are not generally very nutritious. Offer only occasional, small portions of less healthy foods (for example, cookies, pop and potato chips).
- Use the *Alberta's Nutrition Guidelines for Children and Youth* to make the healthiest food choices. For more information go to www.healthyalberta.ca.
- If your childcare centre has a food permit, you must serve foods low in trans fats. For more information, contact the environmental health department of Alberta Health Services.

FOODS TO AVOID

Avoid feeding child under 1 year old:

- Honey (may contain bacteria that causes infant botulism)
- Any liquids from a propped bottle.

Avoid feeding under 4 years old:

- Foods that can cause choking such as:
 - Popcorn, nuts or seeds
 - Fish with bones
 - Whole hot dogs or sausages (if serving, cut into long strips, then into bite-sized pieces)
 - Fruit with pits (cherries, plums or peaches are okay to serve if skinned, pitted and cut up)
 - Raw, hard vegetables (if serving, cut into narrow strips or grate)
 - Foods with toothpicks or skewers
 - Hard, round or smooth foods such as candies, cough drops, gum
 - Raisins and whole grapes
 - Sticky food (gum or peanut butter or cream cheese by the spoonful)
- Foods with little or no nutritional value:
 - Chocolate
 - Potato chips
 - Soft drinks, drink crystals and sport drinks
 - Tea, coffee and herbal teas
 - Salt and pickles
 - Foods with sugar substitutes
 - Low-fat or calorie-reduced foods.

Finally, avoid foods that are particularly harmful to young children (and can make anyone sick):

- Raw sprouts (alfalfa, radish or bean); cooked sprouts are safe to eat

- Any food containing raw eggs (such as cookie dough or Caesar salad dressing made with raw eggs)
- Unpasteurized fruit juice, milk or cheese
- Undercooked meats, poultry, fish or eggs
- Food that has not been stored properly.

Although fish is an excellent source of protein and healthy fats, some fish may have high levels of mercury, which can harm a developing brain and nervous system. Pregnant and breastfeeding women, and infants and young children should avoid the higher risk choices. For the most current information, visit Health Canada at www.healthcanada.gc.ca (search “mercury and fish questions”).

Some children may have food allergies. Ask parents to provide information about their child’s allergies when other health information is collected.

For more information about feeding children, search for *Feeding Your Baby Solid Foods and Healthy Eating and Active Living for Your One to Five Year Old* at www.healthyalberta.com.

THE IMPORTANCE OF BREAKFAST

A nutritious breakfast is extremely important for children. Children who miss breakfast do not learn as well (because they’re hungry!) and may have behaviour problems.

For some families getting out the door in the morning can be a challenge, and some children miss breakfast. The following tips can help you deal with this difficult issue.

Ask & act

- Be supportive when talking with parents. Try not to judge—they might resist the idea if they feel they are being judged.
- As children arrive each morning, ask them if they’ve eaten breakfast.
- If you notice a pattern of missed breakfasts, talk to the child’s parents. You might say, “Tell me more about Johnny not having breakfast. What kinds of things would help?”
- Be aware of community resources, such as local food banks that can help families that cannot afford nutritious food.

Create a breakfast shelf

- You might consider stocking a few simple breakfast foods like dry cereal and juice boxes. If necessary, you could charge a small fee to recover your costs or ask for donations. Explain to parents that every child in your care needs to have a healthy breakfast, and if they don’t have time to do this then you can help.

MEAL PLANNING

- Menu planning is an important part of healthy eating and ensures meals are balanced and include the four food groups.
- Planning saves time, energy and money, and reduces waste.
- It is important to train staff proper menu planning.

For more ideas on meal planning, see the following resources:

- *Eating Well Together Meal Planner* www.dietitians.ca and search for *Healthy Eating Meal Planner*
- *Alberta Nutrition Guidelines For Children and Youth* at www.healthyalberta.ca.
- *Feeding Tiny Tummies: A Guide for Childcare Providers* [link to http://www.achsc.org/school_materials.htm].

COPING WITH PICKY EATERS

Most children are fussy about food at one time or another. You may worry a child is not getting all the nutrients he needs if he only eats one or two things, but forcing him to eat only makes things worse. It's important for children to learn that mealtimes are enjoyable and not a time of conflict. To deal with picky eaters you can:

Make food appealing

- Bright, colourful, fresh foods are appealing to children.
- Try different textures within the meal (chewy, crispy, soft). Variety often means more interest.

Serve child-size meals

- Use child-sized utensils, plates and cups.
- Start with small portions. If a child wants more, she can have seconds.
- Make sure the sizes of the foods are right for the child. This might mean cutting the food into small pieces a child can pick up.
- Serve food family-style so children can choose their food and their portions.

Make mealtimes pleasant

- Eat with the children. Meals are social events and you can talk to one another.
- Encourage conversations about food and nutrition.
- Eating well is easier when good food and good feelings are shared at meals.
- Let older children help prepare food in a safe and appropriate way. They tend to learn and get excited when they've helped.

Offer choices

- Give the child a choice of a few different items (e.g., peas or carrots), but do not be a short order cook and cater to a picky eater's every whim.

Introduce new foods

- Introduce new foods in small amounts along with familiar ones.
- Let children use their hands when trying new foods.
- If a child refuses a certain food, simply remove it without fuss at the end of the meal.
- Be patient!
- Dawdling, food jags (when a child only eats one or two kinds of food for days or weeks at a time) and food rituals are all normal eating behaviours for children.
- Often children need to be offered a new food many times (up to 15) before they are comfortable eating it.
- Most children outgrow picky eating. Be patient and try a number of different strategies.

Food safety

QUICK FACTS

- The health risks associated with food-borne illness are much greater for babies and young children.
- Always wash your hands before preparing food, and keep kitchen utensils and equipment clean.
- Prevent cross-contamination of foods by keeping raw meats (as well as anything you used to prepare them) separate from ready-to-eat foods. Always wash your hands after preparing raw meats, poultry and fish.
- One of the most important ways to prevent food-borne illness is by keeping perishable food out of the danger zone: 4 °C to 60 °C (40 °F to 140 °F).
- Use only the cold water supply for drinking, cooking and mixing baby formula. Run the cold-water tap until it becomes cold (15 to 30 seconds) if the tap has not been used for more than six hours.



Eating food contaminated with harmful germs such as bacteria, viruses and parasites or their toxins causes food-borne illness, or food poisoning. Harmful germs can be found everywhere—in food, air, water, soil, and on hands, dishcloths and kitchen counters. Germs are invisible and don't necessarily affect the look, taste and smell of food. Knowing how to handle food safely prevents food-borne illnesses.

Food safety in your centre or family day home is extremely important because the health risks associated with food-borne illness are much greater for babies, young children, pregnant women and seniors. You should be familiar with and follow guidelines for safe food storage and preparation.

RECOGNIZING FOOD-BORNE ILLNESS

Food-borne illness can be very serious and, in some cases, can cause death. The most common symptoms of food-borne illness are:

- Diarrhea
- Stomach cramps
- Vomiting
- Headache
- Nausea
- Fever.

Food-borne illness is not always caused by the most recent meal or food eaten. In some cases, symptoms don't appear for a number of days.

For more information on specific types of food-borne illness, including causes, symptoms and prevention, search for common food-borne illness at www.health.alberta.ca.

If you think someone in your care has a food-borne illness, report it to Health Link Alberta at 1-866-408-LINK (5465).

THE STEPS TO SAFE FOOD

Food-borne illness is often caused by improper food handling or by contaminated food. This section offers practical ways to help you buy, store, prepare, cook, cool, reheat and serve food safely.

BUYING & STORING FOOD

Food can be contaminated before it even reaches your kitchen. Always buy your food supplies from licensed facilities (including supermarkets) and follow these guidelines:

Inspect the food before purchasing

- Check food for temperature, expiry dates, spoilage, damage and insects.
- Check food for mould. The safest thing to do is to throw out mouldy food.
- Do not buy fruits and vegetables that are badly bruised or have signs of mould or decay.

To receive e-mail notices of food recalls and allergy alerts visit: www.inspection.gc.ca/english/corpaffr/recarapp/recaltoce.shtml.

STORING FRESH AND FROZEN FOODS

- Store food as soon as possible after receiving.
- Keep refrigerators and coolers below 4 °C (40 °F). Keep freezers at -18 °C (0 °F) or slightly colder.
- Keep thermometers in your refrigerators, coolers and freezers.
- In the refrigerator, store raw meats, poultry and fish below any ready-to-eat foods such as sandwiches, cakes and salads so their juices don't leak onto these foods.
- Use food supplies in the order they are received.

Knowing how to handle food safely prevents food-borne illnesses.

PROTECT FOOD FROM PESTS

- Keep your kitchen clean.
- Do not store food on the floor.
- Close food containers tightly.
- Keep outside doors closed. Repair screens on doors and windows.
- Do not use pesticides on your own. Call a pest control operator.
- Throw away infested food as soon as possible.

PREVENT CHEMICAL CONTAMINATION OF FOOD

- Store cleaners and other chemicals away from food.
- Do not store chemicals in food containers.
- Read the labels before using chemicals.
- Use approved, food-safe cookware and equipment.

PREPARING FOOD

Start clean


- Wash your hands thoroughly before touching food or kitchen utensils. (See Handwashing on page 32 for more information).
- Use only clean dishcloths, utensils, cutting boards, equipment and work surfaces.
- Do not prepare food if you have an infected cut on your hands, a cold or symptoms of illness such as diarrhea, vomiting or a sore throat.
- Wear disposable gloves if you have a cut or sore on your hands.
- Wash your hands after coughing, sneezing or blowing your nose.

Clean and sanitize any utensils, containers or surfaces that touch mouldy food.

Reduce cross-contamination

To avoid cross-contamination (the spread of germs from one food to another by hands, utensil or equipment):

- Don't let raw meat, poultry or fish touch any other food.
- Wash your hands thoroughly after handling raw meats, poultry or fish.
- Use separate knives, tongs, spoons and scoops for raw food and cooked or ready-to-eat food.
- Use a clean spoon each time you taste food. Do not stick your fingers in food.
- Have at least two cutting boards in the kitchen: one for raw meats and one for cooked or ready-to-eat food.
- Clean and sanitize all equipment, utensils and surfaces that touch food. Cut or chop foods with a clean knife on a clean cutting board.
- Wash cutting boards with warm, hot water after each use. Rinse the board and sanitize it in an approved solution for two minutes. (See page 91 for a list of approved sanitizers). Air dry. Plastic boards can go through the dishwasher. Throw out cracked or difficult to clean cutting boards.
- When not in use, store dishcloths in a sanitizing solution. Change dishcloths and solution daily.



Pests such as mice, flies and cockroaches can spread harmful germs to food and food preparation surfaces.

Keep out of the danger zone

- When preparing food, minimize the time perishable food spends in the danger zone (4 °C to 60 °C or 40 °F to 140 °F). The longer food stays in the danger zone, the greater the chance germs will grow on it.

Three ways to thaw frozen food

1. Place on a tray or plate and put on the bottom shelf of the refrigerator. Frozen food takes a day or two to thaw.
2. Place frozen food under cold running water. Use large sinks; clean and sanitize the sink after the food is thawed.
3. Use a microwave oven and follow operating instructions.

Wash fruits & vegetables

- Wash fruits, vegetables and salad greens thoroughly in clean water before use to remove germs, dirt and pesticides. Peeling or cutting away the skin and removing the outer leaves from salad greens when washing helps reduce contamination on the surface.

- Scrub melons and other hard surfaced fruits and vegetables with a clean vegetable brush, then peel or cut with a clean knife. Wash your vegetable brush with hot soapy water or put it in the dishwasher. Refrigerate cut fruits and vegetables.

Test drinking water

- Routinely test water from a communal water system or a private well for bacteria and certain chemicals. For more information on testing your well water, talk to your public health inspector.

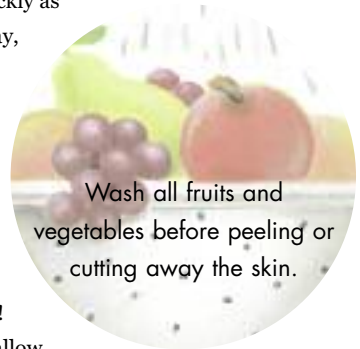
COOKING, COOLING & REHEATING FOOD

Use a thermometer

- Cook food to temperatures above 74 °C (165 °F) to kill germs. Most foods should be heated to 74 °C to 77 °C (165 °F to 170 °F).
- Clean and sanitize the stem of the thermometer before each use.

Cool hot food

- Cool hot food to less than 4 °C (40 °F) as quickly as possible if you don't plan to serve it right away, so that bacteria don't grow.
- Cool food quickly using one of the following ways:
 - Fill a kitchen sink with cold water and add ice cubes. Place pots or containers of hot food in the ice water bath. Stir food often to cool food faster. Keep adding more cold water and ice. This really works!
 - Put hot food into smaller containers or shallow pans no more than 10 cm (4 in.) deep and put them in the refrigerator. Leave the lids off so the warm air can escape. Cover the containers when the food is cool.
 - Cut large pieces of meat or poultry into smaller pieces. Put in shallow pans and refrigerate uncovered until cool, then cover.



Foods cool slowly in a tightly packed refrigerator.

Reheat foods to 74 °C (165 °F)

- Reheat cooked foods to 74 °C (165 °F) or higher. Bring soups, stews and gravies to a boil. Stir often.
- When cooking or reheating in the microwave, use microwave-safe containers such as glass. Cover the food with a loose-fitting lid or waxed paper.

- Microwaves heat unevenly, so stir the food and rotate the container to ensure even heating. Let the food stand for a few minutes after heating to distribute the heat evenly.

Leftover foods

- Refrigerate leftover food as soon as possible after the meal. Use the food within three days
- Reheat leftovers to at least 74 °C (165 °F)
- Do not reheat leftover food more than once. Food has a greater risk of being contaminated when reheated more than once.

SERVING FOOD

- Be careful when serving hot foods to children.
- Serve cooked food right away or keep it at a safe temperature.

Avoid touching food

- Use utensils rather than your hands to serve food.
- Pick up knives, forks and spoons by the handles.
- Do not touch the rim of glasses or cups.

Keep hands & tables clean

- Wash and sanitize tables before serving food on them.
- Wash your hands after touching dirty dishes and cutlery.

Cleaning & sanitizing


Cleaning removes food and grease, while sanitizing reduces the number of germs to a safe level. All dishes, utensils, equipment and food preparation surfaces should be cleaned with dish soap and hot water and rinsed well. Then sanitize with chemicals or hot water.

Three chemical sanitizers are approved for use in Alberta:

- Chlorine (i.e., bleach)
- Quats (quatarnary ammonium compounds)
- Iodine solutions.

For information on using approved sanitizers, call a public health inspector. For more information on cleaning and sanitizing, see *Cleaning and Sanitizing* on page 91.

Use the “three-sink method” or a dishwasher to clean dishes and utensils.



Alberta Health Services offers several food safety courses, including a food safety home study course available in six languages. Call Health Link Alberta for more information.

Cleaning and sanitizing food contact surfaces, equipment, toys and other surfaces

1. Wash with a detergent and water solution.
2. Rinse with clean warm water.
3. Wipe, spray or immerse for 2 minutes in one of the approved sanitizers listed below.
4. Air dry.

Approved sanitizer	How to mix	Solution strength
Chlorine solution	<ul style="list-style-type: none">• 2 ml (1/2 teaspoon) household bleach per litre (4 cups) of water• 30 ml (1 ounce or 2 tablespoons) household bleach per 15 litres (3.3 gal) or a domestic sink half-filled with water.	100 ppm chlorine
Quaternary ammonia solution (QUATS)	Follow manufacturer's instructions	200 ppm QUATS
Iodine Solution	Follow manufacturer's instructions	Between 12.5 PPM and 25 PPM
iodine		

Sanitizer concentration must be tested regularly with sanitizer test papers or other testing equipment.

The three-sink method

Step	Description	
Scrape	<ul style="list-style-type: none"> Scrape and rinse the dishes Soak cutlery in detergent and water 	
Wash (Sink 1)	<ul style="list-style-type: none"> Fill sink with hot water (45 °C/113 °F) Add detergent and wash the dishes. 	
Rinse (Sink 2)	<ul style="list-style-type: none"> Fill with hot water (45 °C/113 °F). Rinse the dishes to remove soap and food scraps. 	
Sanitize (Sink 3)	<ul style="list-style-type: none"> Use chemicals or hot water: 	
	<p>CHEMICALS:</p> <ul style="list-style-type: none"> Fill the third sink with water. Add chlorine (100 ppm) or quats (200 ppm). Note: 15 ml (1 tbsp.) of bleach (5.25 per cent chlorine) added to 4.5 l (1 gal.) of water gives a concentration of 100 ppm chlorine. Check the concentration of the solution with a test strip for that chemical. Soak the dishes for two minutes in the sanitizer, then air dry on a drain rack. Do not dry the dishes with a towel. 	<p>HOT WATER:</p> <ul style="list-style-type: none"> For this method, you need a special water heater, baskets to hold the hot dishes, and a thermometer to check the water temperature. Fill the sink with hot water over 77 °C (170 °F). Let the dishes soak for two minutes, then air dry. Do not dry the dishes with a towel.

If your site has two sinks in the kitchen, complete the wash and rinse steps, then drain one of the sinks and use for the sanitizing step.

For the appropriate temperature settings on domestic or commercial dishwashers, talk to your public health inspector.

Oral health

QUICK FACTS

- Tooth decay is one of the most common health problems of children in North America.
- Tooth decay is an infectious disease that can be prevented.
- The germs that cause tooth decay can be transferred from a parent or early childhood professional to a child.
- Severe cavities in baby teeth can affect children's growth and development, as well as their overall health and well-being.
- Many children may not be brushing at home. Sometimes the only time they brush their teeth is while in your care.



People get fewer cavities these days, yet tooth decay is still the most common chronic disease in children. In 2005 in the Calgary area, about 37 per cent of kindergarten students had experienced tooth decay and 18 per cent had active tooth decay.

Cavities in very young children affect more than oral health. Children with severe cavities may not grow and develop as well as they should, and sometimes have poorer self-esteem as a result.

Fixing cavities can be expensive, painful and traumatic, so it's important to stop cavities before they start.

By taking simple steps to protect against tooth decay and setting up a tooth brushing station, you can help prevent cavities and the health problems that go with them.

KEEPING BABY TEETH HEALTHY

Even though they're not permanent, baby teeth (also called primary teeth) are very important. Children need healthy baby teeth to:

- Eat healthy foods
- Learn to speak clearly
- Hold the space for growing permanent teeth (adult teeth)
- Feel good about their smiles.

Germs or bacteria in the mouth called plaque, along with sugars from foods and drinks, cause dental decay in young children. Combined, plaque and sugar can make an "acid" in the mouth that weakens teeth and causes cavities. You can help to prevent this by following these simple steps:

Provide nutritious snacks & meals

- Offer a variety of nutritious snacks from the four food groups in *Eating Well with Canada's Food Guide* instead of serving the same snack repeatedly.
- Small pieces of cheese are an especially healthy snack.

Avoid sweet & sticky foods

- Limit sweet, sticky foods (e.g., dried fruit, sticky sweet baked products) to mealtimes or times when children can brush their teeth afterwards.
- Avoid daylong nibbling and/or drinking other than water because this can provide a steady supply of sugars that can lead to tooth decay.

The Canadian Dental Association recommends a child's first oral health visit take place at 1 year of age or within 6 months of eruption of the first tooth.


Encourage parents to take their children in for their first appointment around the time of their child's first birthday.

This first visit is an important step in a lifetime of oral health.

BRUSHING STATION

You can contribute to the good oral health habits of the children in your care by setting up a tooth-brushing station. It is easier than you think! Here is how:

- Ask parents to bring a child-sized toothbrush for their child. The brush should be replaced about every three months.
- **Do not use fluoridated toothpaste until children are 3 years of age and can spit it out properly. Do not use tartar control toothpaste for children.**
- Label toothbrushes and store safely and separately.
- Children and early childhood professionals should wash their hands before and after brushing.
- Put 1/2 of a pea-sized amount of toothpaste on a paper towel in separate dabs, and use each child's toothbrush to pick up a dab. Do not drag the toothpaste nozzle along each toothbrush, as this promotes cross-contamination.



Some children may not brush their teeth regularly at home because of a hectic, busy family schedule. Sometimes the only chance children have for supervised brushing is when they are in your care.

- Supervise children while they brush, making sure you provide hands-on assistance for children 3 years and under.
- Encourage all children to spit the toothpaste out and not to swallow it.
- Rinse the toothbrushes with water and allow to air dry.
- Store toothbrushes safely out of the reach of the children and as far away from toilets as possible.

HOW TO BRUSH

- Hold the bristles of the toothbrush at a slight angle (about 45 degrees) against the gumline and move the toothbrush back and forth gently with very short strokes or circles.
- Count to 10 while brushing in one area; move to the next area and repeat.
- Brush the outside surfaces of the teeth, the inside surfaces and then the tops (chewing surfaces) of the teeth.
- Also gently brush the tongue from back to front.
- Spit out the toothpaste.
- Always use a soft toothbrush.
- Change the toothbrush regularly or when bristles start to look splayed or shaggy.

Children drinking fluoridated water can expect up to 35 per cent less tooth decay.

Don't let children swallow fluoride toothpaste

- Fluoridated toothpaste can help prevent cavities in children but children under the age of 3 should not use it, unless otherwise advised by a dental professional.
- Do not use fluoride toothpaste for children under 3 years of age and until you are sure they can spit the toothpaste out.
- Brush young children's teeth with soft baby-sized toothbrush and water only.

Babies, bottles & sleep

- Babies should not be put down with a bottle because it's a choking hazard and increases the risk of tooth decay. With a bottle containing anything other than water, the sugar in liquids can pool around upper front teeth and can eventually cause a very severe, quickly spreading form of tooth decay, often known as baby bottle tooth decay.
- Hold babies for their feedings, and remove the bottle when the child finishes feeding and before she falls asleep.

Encourage bottle weaning by 12 to 14 months

- Babies can become dependent on the bottle, especially between the ages of 6 and 12 months. Encourage parents to have their baby start practising with a cup at about 6 months.
- Make the change from bottle to cup easier by taking advantage of children's natural curiosity. At 6 months old, they are more interested in their surroundings and don't give their undivided attention to their bottle. Use this interest in new things to introduce use of a brightly coloured cup.
- Use only a tiny bit of liquid in the cup and allow baby to "experiment." This is more for learning than eating. During the first few months of using a cup, babies will probably not take more than one sip at a time.

TEETHING

Teething is a natural and temporary developmental process. It is a time when babies may need extra comforting, but it is not an illness and should not be treated as such. Babies' first tooth usually erupts at about 6 months of age. For some children, tooth eruption may begin before or after this time. Most children have all of their 20 baby teeth by the time they are 2 to 3 years old. For more information, visit www.healthlinkalberta.ca.

You can usually tell if a baby is teething by watching for these signs:

- Increased fussiness (gums may be red, swollen and painful)
- Increased drooling (may lead to rashes on face and chin)
- Tries to put things in mouth and bite things
- May see temporary changes in appetite and sleeping habits
- Shows mild, cold-like symptoms
- Has loose bowel movements.

Teething is not normally a cause of fever or diarrhea.

Teething babies need lots of care and patience. The following offers advice on teething babies.

When babies are teething...

What to do

- Offer a clean, bumpy-surfaced teething ring or a clean, damp, cool washcloth for baby to suck on/chew. Fluid-filled teething rings should not be used because they may puncture and leak, causing a choking hazard.
- Alert parents if their baby:
 - Has a fever above 38 °C or low-grade fever

- Has diarrhea lasting more than two bowel movements
- Has cold-like symptoms (to rule-out ear infections, etc.)
- Is not eating or sleeping normally
- Shows signs of gum infection (such as pain, pus, a lot of swelling or very red gums)

What to avoid

- Avoid teething gels because they may pose health and safety risks
 - Avoid giving infants raw fruits and vegetables to chew on because they may cause choking
 - Avoid teething biscuits because they are usually high in sugar, stick to teeth and are a choking hazard
 - Anything frozen—babies can easily get frostbite.
-

THUMB SUCKING & PACIFIERS

Babies suck to eat. Sucking is also a natural way for babies and young children to comfort themselves when they are tired or upset. Sucking may begin early in life and decrease as the child gets older.

Many infants need more sucking than is needed for food intake. This is called “non-nutritive” sucking because it isn’t used for feeding. This need varies from baby to baby. Children usually meet their non-nutritive sucking needs with pacifiers (soothers) or their thumbs and fingers. Both have advantages and disadvantages. A pacifier is “controllable,” you can decide when to use it and when to stop using it. A baby’s thumbs or fingers are always easily available, so it’s harder to control when a baby uses them. A child should not be given a pacifier unless a parent gives you one for the child to use.

Before an infant is given a soother, here are a few things to remember:

- Many breastfed babies have their sucking needs met at the breast
- Breastfeeding should be well established before a baby is offered a soother.
- A soother should not be used to replace feeding or comforting.
- Keep soother clean by washing it with hot, soapy water and rinsing after each use.
- Check soother regularly. Throw away soothers that are cracked, punctured or torn.

Most children stop sucking on a pacifier or their thumb by the time they are 2 or 3 years old. To avoid oral damage, children who are still sucking their thumbs at 4 or 5 years of age should be encouraged to stop.

Weaning a young child from thumb sucking before he's ready, however, can be difficult and make the need for sucking stronger. Parents can ask their dentist or family doctor to help them identify the best time and way to wean their child. Several good books on thumb sucking can help. You may want to make these available at your centre or day home.

Pacifier safety tips

- Never coat a pacifier in honey, sugar or sweet liquids. (Honey can contain a bacteria that causes infant botulism and its natural sweetness can cause tooth decay.)
- Always sterilize a pacifier by putting it in boiling water for one minute before the first use. Make sure it's completely cool before giving it to a baby.
- Keep babies' pacifiers clean by washing them with hot, soapy water after each use. Rinse well.
- Do not attempt to "clean" a pacifier by sucking on it yourself; this may spread the bacteria that cause tooth decay from you to a child.
- Regularly check pacifiers; replace any with cracks or tears as they are a choking hazard.
- If you are using a clip with a ribbon to hold the pacifier, the ribbon should be no longer than 15 cm (6 in.) and never tie it around a baby's neck to prevent choking or strangling.

IDENTIFYING TOOTH DECAY

By checking children's teeth from time to time, you can help to watch for signs of decay and let parents know when their child needs to see a dentist. Here's what to look for:

White spots

- Lift the lip to routinely and carefully check for signs of early childhood dental disease (tooth decay, baby bottle tooth decay). For additional information, search for "lift the lip" at www.albertahealthlink.ca. The *Lift the lip* information sheet in English and other languages is also available from Alberta Health Services.
- The first sign of a cavity is a white spot on a tooth that won't wipe off.
- These spots are often found close to the gum line on the upper front teeth.
- If you notice a white spot, encourage the child's parents to make a dental appointment as soon as possible.

Advanced tooth decay

- More advanced, active tooth decay usually appears as a dark brownish area on a tooth or black areas at the gumline.
- In cases of severe decay, such as a dental abscess (a red, infected area filled with pus), the cheek near the infection is often shiny, red and swollen. Children may be in extreme pain and not want to eat. This is a dental emergency and parents should be encouraged to seek dental treatment immediately.

DENTAL EMERGENCIES

Broken teeth, knocked-out teeth and oral infections (abscesses) are all dental emergencies that need to be dealt with right away.

About 80 per cent of all broken teeth happen in children, with the most oral or tooth-related injuries occurring in children aged 2 to 4 and 8 to 10 years of age.

Reinforcing safety rules can help promote children's health and prevent dental emergencies. To do this, children need to understand and practice these safety rules:

- Never hit or push playmates.
- Do not hit a can, bottle or glass while someone is drinking from it.
- Never push someone's head while she is drinking from a water fountain.
- When walking or running, watch out for trees, toys or other objects in your path.
- Never jump or run with anything in your mouth (e.g., toothbrush, pencil, lollipop, etc.).

In case of a dental injury, encourage parents to seek dental treatment for their child immediately.

Play

QUICK FACTS

- Playing is one of the main ways children develop skills and learn about themselves and their world.
- Children need to play—for up to several hours—every day.
- Pretend play helps to develop abstract thought, problem solving skills, self-control and creativity.

Play is the most effective and powerful way for children to learn about themselves, others, and their world. While children play for fun, they are also performing important work: play actually helps to build the brain. It is also vital to a child's cognitive and social development.

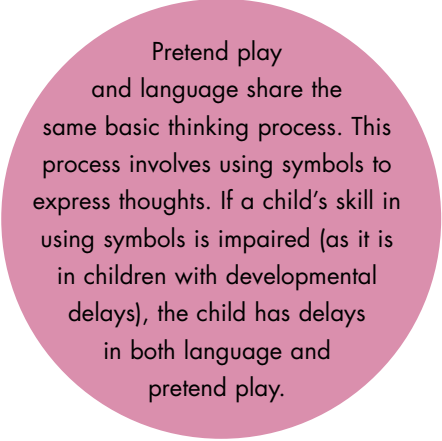


Play helps to develop:

- Abstract thought
- Self-control
- Problem solving
- Creativity.

All children play—it's a natural activity.

While it doesn't need to be taught, play does need to be encouraged and supported by adults. Research has shown that if pretend play is demonstrated and promoted by parents and other adults, its development flourishes.



Pretend play and language share the same basic thinking process. This process involves using symbols to express thoughts. If a child's skill in using symbols is impaired (as it is in children with developmental delays), the child has delays in both language and pretend play.

TYPES OF PLAY

Functional play

- Children repeat a movement—often many times—such as banging or shaking blocks or turning lights on and off, as they explore and manipulate a toy or object.
- This type of play begins in children's first year and continues until their second or third year.
- Functional play helps children understand cause and effect.

Constructive play

- Children use materials and objects to create or construct something from their own plans such as building a tower or a house with blocks.
- This type of play begins by the time children are 2 years old. Children are most active in this type of play when they are between 3 and 4 years old, but it continues throughout childhood.
- Constructive play helps children to learn how their world works, builds confidence and encourages them to follow through on their plans.

Dramatic or pretend play

- Pretend play begins with children acting out real-life situations alone. They may begin by mimicking a telephone call or sweeping the floor.
- This type of play begins by age 2 and continues throughout childhood.
- As they grow and develop, they add props and eventually make believe with other children. Older preschool children both lead and follow others in dramatic play, with or without props.

- This type of play helps children develop the knowledge that one object can represent something different (symbolic representation). It also gives children opportunities for social interaction, imagination, reasoning, problem solving and language use.

In constructive play, children use materials and objects to create or construct something from their own plans.

Games with rules

- Children play games that have rules that are accepted by all the players (for example, sports, board games or outdoor group games such as *Mother May I* or *Red Light Green Light*).
- This type of play begins at around 6 years of age and continues through adulthood. Children younger than 6 may be able to join in simplified games but require an adult to help them maintain the play.
- This type of play helps children learn about rules: how to follow them, make them up and change them. Children learn about competition, and these games make learning fun.

ENCOURAGING PLAY IN BABIES

The way you play with a baby is very different from the way you play with toddlers and preschoolers—and it changes as the baby’s brain and motor skills develop. While it may seem very simple, baby play forms a strong foundation for other social and cognitive skills. Here are some ideas for encouraging play in babies:

Play face-to-face games

- Babies like to explore with their eyes and ears and are fascinated with adult faces and voices.
- Face-to-face games like *Peek-a-Boo* help to teach babies that others are still there even though they cannot be seen.

Play turn-taking games

- Turn-taking games teach babies how to interact with others. These types of games also teach babies about cause and effect, and help babies to learn how to control their own movements as well as the objects in their environment.
- Examples of turn-taking games include: rolling balls back and forth; hiding toys under a blanket for baby to find; stacking blocks for baby to knock down.

Play to encourage crawling

- Putting an interesting object or toy just in front of a baby learning to crawl entices her to crawl toward it.

Offer babies safe toys

- As babies develop and start to move around more, they are able to reach for things and put them in their mouths. It is normal for babies to do this. It is their way of exploring their environment in a developmentally appropriate way to enhance their learning. Toys with small parts are not suitable for babies as they may put these in their mouths and choke.
- Durable and washable toys are best for babies. Ensure they are age appropriate and safe. All toys should be made from toxin-free materials. Toys that can fit into the end of a paper towel roll are too small for children to play with. *See Preventing Childhood Injuries* on page 12 or visit Safe Kids Canada at www.safekidscanada.ca.

ENCOURAGING PLAY IN TODDLERS

The toddler years are full of learning, experimenting and exploring. Toddlers begin to discover independence, ownership and sharing. During this time, children begin to pretend play by acting out real-life situations and using very realistic props. Before long their pretend-play becomes more advanced. They start to use one object and pretend it is something else and they start to include other children in their pretend-play.

Toddlers are busy and moving. They usually play with one toy for only a few minutes and then they're on to the next one.

You often see toddlers playing beside one another, which is called parallel play. It may seem as if they're not interested in each other's play because they don't really play together. This is a normal stage. Toddlers do watch others. They are very interested in how other children play. They often copy what they see others do, even though they're not yet able to play with them.

Children start to pretend by themselves and with familiar adults. As toddlers grow and become more experienced at play, they learn to play with other children, usually by age 3. Here are some tips for encouraging pretend play with toddlers.



Have toy versions of real objects

- By about age 2, children begin to imitate the actions they see around them every day. For example, instead of putting a play telephone in their mouths or banging it on the floor like babies do, toddlers hold it up to their ears and say, "hello."

- Toddlers like to play with toys that look like real objects they see used every day (e.g., play food, dishes, cars, babies, keys, phones, brooms, kitchens).
- Experimenting with toys helps toddlers learn about how real objects are used.
- Take turns pretending to do common activities.

Toddlers love to build & create

- Along with pretend-play, toddlers like to use their hands and minds in constructive play. This play involves building and creating things. Toddlers love to build towers with blocks, and enjoy experimenting with art and craft activities.

Follow toddlers' lead

- Toddlers are starting to express their independence. By being a partner in toddlers' play, following their interests and letting them take the lead, you let them know that they are important and that you think play is fun.



As children grow and gain more experience in play, their play changes and they're better able to play with others. Knowing how children play at different ages helps you create an interesting and stimulating centre.

Show toddlers how to play

- Toddlers start to replace one object for another so that a bowl becomes a hat or a stuffed animal becomes a pillow. This is an important step in a child's development and creativity.
- You may need to show toddlers ways to pretend. You can do this by playing with objects in different ways (e.g., using a banana as a telephone; or a spoon as a microphone). Watch the creativity start to explode!
- Toddlers also imitate routine activities like taking a nap, drinking from a cup, eating with a spoon. You can encourage them to do more of this by taking turns and pretending with them. For example, when the toddler puts his head on the pillow, put your head down too and say "night, night."

Focus on creating, not the creation

- The experience of creating with paint, clay or blocks is more important than how the project turns out. Don't worry about whether it's recognizable. Be sure to praise children for their creativity.
- Let toddlers figure out for themselves how to paint or build.
- Protect furniture and clothing before allowing toddlers a chance to explore with art supplies. This saves time and gives you a chance to relax and enjoy the activity with the children.

Get excited!

- Toddlers are very active. Use a louder, dramatic tone of voice and exaggerate your excitement, you'll find toddlers want to stay and play longer. Be silly and use animated facial expressions.
- Toddlers need an interested adult to help them focus and learn through play.

You can encourage play by:

- Every month, post new play ideas where parents can see them. Ideas can include: what to put in a dress-up box; how to make tub time fun; or how to set up an obstacle course in your backyard.
- Make puppets during craft time. Encourage children to take them home and perform a puppet show for their family.
- Photocopy a sheet of play ideas for children. Suggest parents cut up the sheet and put each idea in a jar so that children can select an activity as an alternative to TV.
- Create a list of inexpensive items that supports pretend-play (e.g., items for playing house, store, etc.). Parents may already have some of these items around the house; it's just a matter of pulling them together.


ENCOURAGING PLAY IN PRESCHOOLERS

By the time children are over 3 years old, they have developed enough language skills to be able to involve other children in their play. Between the ages of 3 and 5, play becomes a longer, more complex event because children have more advanced cognitive (memory, thinking, reasoning and visualization) skills to draw on.

Preschool children can create imaginary objects by gestures and charades, and they can interact in groups and work together to solve problems. They become skilled at pretend play and enjoy this type of play. Although they are becoming more independent, and have more skills to draw on, they still need supportive adults to encourage and promote pretend play. Some of the ways you can do this are to:

Schedule play every day

- Give children a chance daily to choose their own activities. This expands their creativity.
- Preschoolers can usually pretend play for at least 10 or 15 minutes at a time. When a whole group and an adult are involved, the play may last even longer. At times, children return and continue the same play routine even after a break. Rushing play times may reduce creativity.




Include toys, songs and activities that reflect a variety of cultures in your centre or day home. This supports each child's development.

Offer experiences & activities

- Children base their play on their experiences. By providing a wide range of experiences through field trips, books, videos and special visitors, you give them more material to work with.
- You can draw on these experiences by asking children to relive events through pretend play (e.g., let's pretend we're at the zoo again; let's pretend we live underwater like the mermaid in the video).

Help children join in

- Preschoolers use a lot of talking to describe, plan, direct and manage their play. Some children might need help during free play. Shy children and children with speech delays often have trouble joining in.
- Suggest roles that shy children can play, or show them they can join in by taking part. (This may also help them join in and be accepted into play.)
- If a child struggles with speech and language, you can help by suggesting things to say when it is that child's turn to talk. You can also offer ideas for joining a group that is already established (e.g., "Billy, do you want to play firefighters with Sally and Tyson? If you do, you can go up to them and say: "Can I be a fireman too?" Or you can say: "This looks like a big fire, I have another fire hose here, I'll help you put out the fire.")



Some boredom is good for children. Children need guidance if their boredom is to be constructive and lead to creativity. Children who are constructively bored eventually turn to a book, build a fort, play a game or pull out paints and create.

Cultural sensitivity

- Children from other cultures may play in different ways. Some may say less during play or may not start conversations. Others may be very outgoing and respond quickly to others.
- In some cultures, people do not state the obvious because they don't want to embarrass others.
- Some children comment about what other children are doing rather than talk directly about what they are doing themselves.
- Invite children to bring toys and musical instruments that represent their culture. This is a very positive way to share different cultures and include all children in an activity. It also gives children an opportunity to share their culture with others.
- When you include toys, songs and activities that reflect the variety of cultures in your centre, you are supporting each child in her development.

HELPING PARENTS WITH CREATIVE PLAY

Although pretend play is essential to social and cognitive development, our lives have changed a lot over the past 50 years. In this age of electronic toys, TV and over-scheduled lives, children have very little time for unstructured play.

Sometimes, children's lives are scheduled to prevent boredom. Yet some boredom is good for children. Children who are constructively bored eventually turn to a book, build a fort, play a game or pull out the paints and create. Children need guidance from their parents or other adults if their boredom is to be constructive and lead to creativity.

Physical activity

Activity is important for a child's growth and development. Children learn many things through play, both active and non-active. They also learn about movement and motor development by exploring and observing.

QUICK FACTS

- Physically active children are more likely to be physically active adults.
- Physical activity can make children feel good about themselves.
- Games and activity allow for interaction between children and the development of social skills.
- Physical activity helps children deal with stress.
- Physically active children perform better at mental tasks and have healthy minds, bodies and souls.

Children need to be encouraged to be physically active during their early years. TV, video games and demanding schedules can all affect a child's level of activity at home. Because early childhood professionals typically spend many hours each week with the children in their care, they can often find many opportunities to promote active living in a safe environment.

Children's early years are the ideal time to help them develop a positive attitude towards physical activity and basic movement skills. Physical activity allows them to develop gross and fine motor skills. Children who are physically active at a young age are more likely to grow up to be active throughout their lives. Being physically active is important for overall health and wellness and it promotes healthy habits.



Children develop strength, balance, flexibility, fitness and stamina when a variety of regular physical activity is part of their everyday life. Physical activity also promotes healthy weights in children. Ways to encourage physical activity:

Make it fun

- Physical activity should be fun and a part of children’s daily life. Children do not find physical activity fun when they “have” to do something they don’t enjoy.
- Children will often let you know when an activity is no longer enjoyable. When they do, it’s important to move onto a new activity.



Physical activity works the body’s muscles to move and burns energy. Active living is a lifestyle that values and includes daily physical activity.

Begin young

- Physical activity begins at birth.
- Physical activities should be safe and matched to children’s ages and abilities.

Build on movement skills

- As children grow and develop, basic movement skills (running, jumping, kicking, throwing and catching) are learned and developed through experience.
- These skills are the building blocks for more complex movement and activities—and lay a foundation for lifelong physical activity.

Plan activities

- Plan activities according to children’s abilities and interests, the weather, and the available space, resources and equipment.
- Begin each activity with something you know the children can do comfortably and competently.
- Focus on participation and developing skills rather than on winning or results.

Praise & encourage

- Praising and encouraging children fosters their self-esteem.
- Focus on what they do right.
- Children respond poorly to criticism, negative feedback and sarcasm.

Play along

- Participate with children—at their eye level when possible.
- Children’s self-esteem and skills improve when adults participate in play.

Take a break

- During physical activity, children need to take breaks to rest, drink water and cool down.
- The number and length of breaks depend on the type of activity and the children's ages, abilities, interest and prior physical activity experience.
- Children tend to alternate short bursts of activity with rest or recovery.

Girls & physical activity

- Girls tend to be less physically active than boys. This is thought to be due in part to how children are socialized (“girls play with dolls, boys are rough and tough”).
- Activities need to be gender neutral so that physical activity is equally promoted in both boys and girls.
- Avoid comments about what little boys and little girls should or should not do.
- Introduce children to physically active women. Both boys and girls need to be exposed to women who are athletes, coaches, officials and leaders in sport.

Staying active in all seasons

- Children need to be physically active every day, whatever the weather.
- Children should be dressed for the weather. Infants and children are sensitive to hot and cold temperatures. See *How to dress children for the weather* on page 109.
- Children should play inside if the temperature or wind chill factor falls below -25 °C (-13 °F). This is the temperature at which exposed skin freezes in a few minutes.
- Children are have a higher risk of heat-related illness during excessive heat or heat alerts. Keep children inside, preferably in air-conditioned place, during extreme heat.
- Actively supervise children around water. Children can drown in as little as 5 cm (2 in) in seconds. Keep children away from the banks of ponds, lakes, streams and rivers during any season.
- Before going out to frozen ponds, rivers, lakes or canals, make sure the ice is at least 20 cm (8 inches) thick. Be aware of periods of warm weather that may cause safety concerns with ice.

How to dress children for all weather conditions

Summer weather:

Infants and children are very sensitive to hot weather as their bodies are not able to get rid of heat as well as adults. They are more at risk of developing heat-related illness because of this. It is important during the hot summer months to dress them appropriately.

- Dress children in lightweight, light-coloured, loose-fitting clothing. They should be dressed in long sleeved shirts and pants to protect them from the sun.
- Children should wear wide brimmed hats and UV protection sunglasses.

Winter weather:

All winter activities require warm, dry clothing. Wet clothes and shoes are the biggest factor in frostbite; children should get out of them as quickly as possible. To keep children dry and warm, children should wear:

- A hat that covers their ears and keeps warm air against their body.
 - Two or three light, loose layers protect better than one heavy garment.
 - The base layer. Preferably it should not be made of cotton.
 - The middle layer. That is the sweatshirt or sweater.
 - The top layer. Should be wearing a coat.
 - Vulnerable areas like fingers, toes, ears and noses should all be well protected. Children should always be wearing mittens or gloves.
 - Scarves should not be worn as they easily get caught on play equipment and are not safe. Use tube shaped neck warmers instead.
 - Avoid extra thick socks as they may cause cold feet by restricting blood flow and air circulation around the toes.
 - Be sure boots are dry and not too tight.
-

Keep it simple

- Recognize that physical activity has a genetic component—some children are naturally more skilled than others.
- Dress children for action. Make sure they have shoes they can run with and clothes they can tumble with. Provide a safe environment to promote physical activity.
- Photograph children being active and post the pictures.
- Plan active field trips. Take advantage of neighborhood playgrounds, trails, parks and organizations.

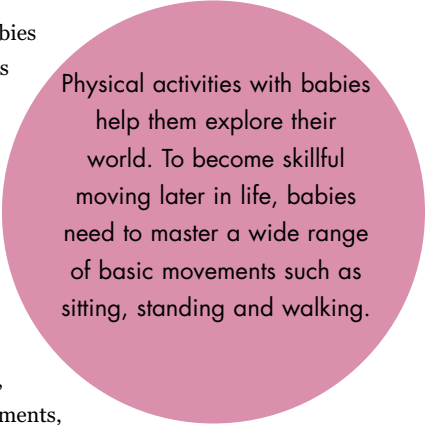
For more information on keeping children safe during active play, see *Preventing childhood injuries* on page 112.

PHYSICAL ACTIVITY & BABIES

Practicing and refining movement helps babies gain control over their body movements and is the basis for developing more complex movements in their toddler and preschool years. Babies' ability to sit, roll over and crawl is influenced by their care and their environment.

Physical activities with babies help them explore their world. To become skillful moving later in life, babies need to master a wide range of basic movements such as sitting, standing and walking. To promote these movements, avoid keeping babies and toddlers in infant carriers, car seats and strollers for long periods.

For babies, physical activity means reaching, playing games, interacting, rolling and tummy time. Babies should always be placed on the floor, not high surfaces during tummy time.



Physical activities with babies help them explore their world. To become skillful moving later in life, babies need to master a wide range of basic movements such as sitting, standing and walking.

PHYSICAL ACTIVITY & TODDLERS

Like babies, toddlers need both structured and unstructured physical activities. The running, jumping, throwing, kicking and other activities toddlers do are building blocks for more complex movement.

- Over the course of a day, toddlers should have at least 30 minutes of structured physical activity and at least 60 minutes (and up to several hours) of unstructured physical activity.
- Toddlers should be active for at least a few minutes every hour except

while sleeping.

- Act out songs and imaginative poems, and play simple body awareness and chase games to help children understand how to move and play with adults and small groups of children.
- Dance with child-size equipment and musical instruments, and recorded music with follow-along songs and basic rhythms.
- Imitate animal movements, such as bears stomping through the forest or snakes slithering through the grass.
- Play *Jack-in-the-Box* a few times to strengthen children's legs.
- Play follow the leader. Change movement by crawling, walking or jumping.
- Put a length of masking tape on the floor. Have the children creatively find as many ways as they can to move forward and backward.
- Play over and under with ropes, poles and hoops. It is important to be careful when using ropes. They can be a strangulation hazard.
- Move body parts in different ways: wave, shake, swim, tap, rub, pat, wiggle and clap.

Promoting unstructured physical activities to toddlers

- Let children experiment and discover safe environments, move and physically play with other children and imitate adult roles and actions. For more information about safe play environments, see *Safe play environments* on page 15.
- Provide toys, objects and equipment that children can ride, push, throw, pull, balance on, climb on and jump from safely.

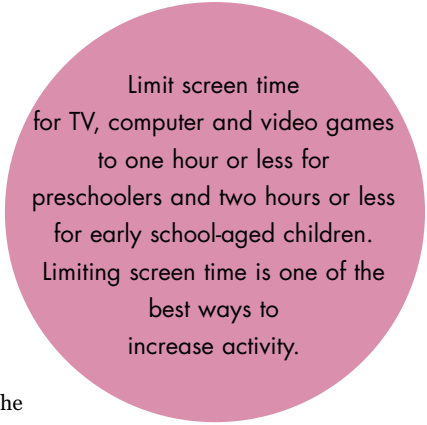
PHYSICAL ACTIVITY & PRESCHOOLERS

Preschoolers enjoy physical activities that require time to learn and refine basic motor skills. Instruction and positive reinforcement are critical during this time to ensure that children develop most of these skills before entering school. Preschoolers' physical activities should be varied and take place in different settings.

- In the course of a day, preschoolers need at least 60 minutes of structured physical activity and at least 60 minutes (and up to several hours) of unstructured physical activity.
- Preschoolers should be active for at least a few minutes every hour except while sleeping.
- Encourage preschoolers to practice movement skills individually, with a partner and then with a small group.
- Games should be non-competitive and promote individual development.

Promoting structured physical activities to preschoolers

- Provide a variety of safe objects for children to roll, kick, throw or catch.
- Play simple games that encourage children to use their imagination and a variety of movements and skills.
- Set up an obstacle course. Make tunnels with chairs, blankets and boxes to crawl under, obstacles to jump over or zigzag around.
- Hold mini-Olympics. Jump on one leg, jump backwards, jump back and forth over a piece of string placed on the floor, move sideways, crawl backward and crawl like a crab.
- Practice a variety of movement skills to music.



Limit screen time for TV, computer and video games to one hour or less for preschoolers and two hours or less for early school-aged children. Limiting screen time is one of the best ways to increase activity.

Promoting unstructured physical activities to preschoolers

- Explore large outdoor toys and equipment.
- Spark children's interest and increase their love for physical challenges by letting them climb, balance, swing, hang and slide.
- Move on different surfaces of varying heights.
- Move around and through forests and parks.

Preventing childhood injuries

QUICK FACTS

- Injuries are the leading cause of death in young children.
- Children are more at risk for injury because they often try things they don't always have the skills for or don't know the danger of.
- The majority of injuries are not accidents. They are completely predictable and preventable.
- By focusing on play and transportation, you can prevent the most common injuries in children.
- Children's safety and injury prevention is easier when you plan your activities.

Daycares and family day homes are very safe places for children because early childhood professionals take special care to prevent injuries. Nevertheless, injuries are still cause for concern. Alberta Centre for Injury Control and Research says injuries are the leading cause of death and disability for children in Alberta. More children die each year

from injuries than from all childhood diseases combined.

You may not be able to prevent every single slip, trip, bump and bruise, but you can make a difference. You can use the tips and strategies suggested here to build on what you're already doing, and you can give parents information about preventing injuries at home by creating a safe play environment. For more information, see *Safe Play Environments* on page 115.

Preventing injuries is a matter of safe environments and active supervision. While many safety devices are available (for example, safety straps on strollers and childproof cupboard latches), they don't replace your supervision. As well, check safety devices often for signs of wear. Never rely on safety devices to completely protect children. Your supervision remains the most important thing in keeping the children in your care safe, see *Actively Supervise* on page 114.



INJURY PREVENTION & CHILD DEVELOPMENT

The more you know about the development of children, the more you'll understand their risk of injury. Children are curious explorers who always want to try new things and test their limits. Their minds and bodies, however, cannot always keep up and they may get themselves into risky situations.

For example, young children cannot respect danger until they understand it and can developmentally handle it. It's up to you to make sure children's activities are appropriate for their age and to guide them in safe play.

For more information, search for *Injury and Child Development* at www.albertahealthservices.ca.

MAKING A DIFFERENCE

- Arrange the place space (indoors and out) so children can freely and safely move and explore. Check the play space for hazards such as broken glass, sharp objects, open water, etc. See *Safe play environments* on page 115.
- Anticipate the problems that can arise when children are in groups.
- Use fun, creative strategies to share safety messages with centre staff, children and parents.
- Develop safety policies for your centre or day home.
- Set good examples for safety.
- Remind children to slow down indoors and out—speed is a big factor in childhood injuries.

- Make routine safety checks of your centre or day home.
- Make sure all injuries are recorded in your centre or day home, and then check the records regularly to see if you are making a difference.

SAFE PLAY

Children are injured at play more often than during any other activity. This is because there's no limit to the spaces and objects that can be used in play and because children spend so much time playing. Many people focus their attention on the safety of outdoor playgrounds, but every play area needs to be safe—from indoor gyms and activity centres to “improvised” play areas like rocks, trees and cardboard boxes.

The following strategies relate to all playspaces:

Actively supervise

- Children always find unexpected ways to use toys and equipment, and often go beyond their physical abilities. Active supervision helps keep this in check.
- Active supervision means knowing each child's abilities, closely watching children during play, and staying close by to quickly direct them to a safer activity if they get into risky situations.
- Make sure every staff member in your centre or day home knows and uses the three key rules for active supervision:
 1. Anticipate risk. Look for what's in harm's way. Check children for anything that could harm or strangle such as drawstrings on clothing or bags, scarves or skipping ropes. Bicycle helmets can strangle if they get caught on playground equipment and should always be removed prior to play.
 2. Stay close. You should always be close enough to react. Vary the level of supervision based on the nature of the activity. The higher the risk, the greater the need for active supervision. For example, children climbing on outdoor playground equipment need more supervision than children playing quietly inside.
 3. Stay alert. It is easy to get distracted with other activities at the play space. Keep your attention on the children that are your responsibility.

The three key rules of active supervision:

1. Vary the level of supervision based on the nature of the activity.
2. Look for what's in harm's way.
3. Wear the gear.

SAFE PLAY ENVIRONMENTS

Safe grounds and floors

It is important that children play in safe environments. The play space should be checked for hazards with the equipment and in the space. It is also important that the playground surface is CSA-approved.

- Falls are the most common cause of child injury. Certain surfaces are better than others at absorbing shock during a fall.
- For outdoor play spaces, use pea gravel, rubber crumb or pour in place. All these surfaces have recommended minimum depths.
- For indoor play structures, certain types of mats have been shown to absorb shock better than others
- Contact a local public health inspector for more information.

Safe play equipment

- Handrails, guardrails and or barriers are required for certain elevated equipment.
- Bicycle or other helmets should not be worn on equipment.
- Watch for spaces that might be big enough for a child's body to fit through but might trap the head or neck. Safe spaces are smaller than 9 cm (3 in.) and larger than 22.5 cm (9 in.).
- Ensure that your centre's or day home's toys meet safety guidelines.
- Public playgrounds in Alberta must meet the Canadian Standards Association's (CSA's) CSA Z614 standard.

Age-appropriate equipment, toys & activities

- Your playground equipment should be appropriate for the ages of your children. Preschoolers should not use equipment designed for school-aged children. Children should be able to reach equipment on their own or should not play on it.
- Preschool children should not play on equipment taller than 1.5 m (5 ft.).
- If a child needs help to climb onto a piece of equipment, she should not use it.

Encourage older children NOT to share their toys with younger children. Toys meant for older children may have small parts that could be choking hazards to children less than 3 years of age. Keep small toys with removable parts away from young children. Remember objects that fit within a toilet paper roll are choking hazards.

- Avoid balloons and toys with small parts for children under age 3. Small parts should not be able to fit in a paper towel tube.
- Choose unbreakable toys that are light, washable and free of sharp corners, rough edges or strings.

Inspect & maintain

- At playgrounds, check for broken glass, garbage, sharp edges, unsafe surfacing, litter and bolts or anything that sticks out too far.
- If you notice unsafe conditions at a public playground, contact the playground owner (e.g., parks and recreation department, school board, etc.).
- Check toys often for broken or missing pieces. Throw out damaged toys.

Encourage children to play cool & play smart

- Always wear shoes and remove helmets before going on play equipment.
- Wait your turn.
- On playground equipment, keep clear of moving things, hold on with both hands when swinging and climbing; slide down feet first, sitting up, one person at a time.
- Keep ropes away from playground equipment and fences.
- Use equipment and toys as they are meant to be used.
- Play cool—no pushing, shoving or tripping.

GOING OUT & ABOUT

You can reduce the risk of travelling by vehicle by properly restraining children. Children need special restraints to travel safely because regular seat belts are designed for adults. Going on a field trip can be a fun and interesting learning experience. Making sure these trips are safe is a matter of thinking ahead.

Child passenger safety

No matter how short the ride, children need to be safely and properly buckled. Proper buckling depends on the child's size and age. Vehicle crashes are a leading cause of children's death and injury. Never leave an infant or child unattended in a vehicle.

Know how to properly buckle children into car seats. Many children are not buckled correctly. For this reason, it's important to follow these basics of child passenger safety:

Choose the right restraint

- Use rear-facing seats for infants and babies until they are at 1 year old and 9 kg (20 lbs.).
- Children from 1 to 4 years, or 9 to 18 kg (20 to 40 lbs.), need a forward-facing child seat.

- Use a forward-facing car seat appropriate for a child's height and weight until he is at least 18 kg (40 lbs.)
- Children from 4 to 9 years, or 18 to 37 kg (40 to 80 lbs.), need a booster seat. Booster seats are as important as infant and child seats as they allow seat belts to fit safely.
- Most children 9 years old and over and at least 37 kg (80 lbs.) can safely use a seat belt correctly. Children should be in the back seat until they are 12 years old.
- Children with breathing or muscle control conditions, casts or other health care needs may need special medical car safety seats or restraints. Discuss children's needs with their parent. You can also visit www.aap.org/healthtopics/carseatsafety.cfm for suggestions.

Check the seat

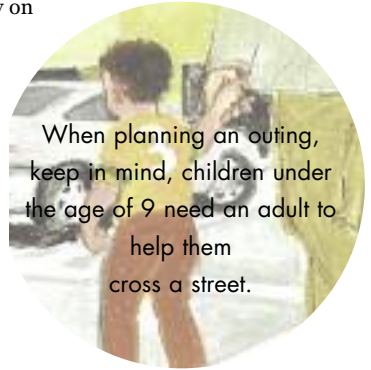
- A car seat must have a Canadian Motor Vehicle Safety Standards (CMVSS) label attached to show it meets Canadian safety standards.
- Car seats must be sold with all required parts, including instructions. If the instructions or any parts are missing, notify the parents. Parents can call the car seat manufacturer (look for a 1-800 number on the car seat). Advise parents they need to give the seat's make, model and date of manufacture. Most instruction manuals can now be downloaded from the manufacturer's website.
- Second-hand car seats are not recommended unless the parent knows the owner and knows that they have not been in a crash. Once a car seat has been involved in a crash it is no longer acceptable and should be destroyed.
- Many car seats have expiration dates, the expiration dates should be checked regularly. Car seats should not be used beyond the expiration date.
- More information can be found by searching car seat safety at www.tc.gc.ca

Buckle right & tight

- Follow car seat instructions and the vehicle owner's manual to properly buckle and tighten restraints.
- NEVER place an infant seat by an air bag (front or side).
- The seat should be secured tightly by the vehicle seat belt or LATCH/UAS system.
- For rear- or forward-facing car seats, secure the harness straps and tighten until snug against the child's body.
- For booster seats, fit the lap belt snugly across the child's hips below the stomach. The shoulder strap should not touch the child's face or neck.
- See *Car Seat YES Test* at www.albertaseatbelts.ca/education/ on proper installation and use. These are available in several languages.

Safe travel policy

- If your daycare or family day home has a policy on child passenger safety, compare and consider updating to match the information above.
- If your daycare or family day home does not have a policy, consider developing one based on the information above. The policy should reflect legislation and recommendations.
- Pick an annual date to review and update your policy.



Get help

- For information on car seat safety, contact Health Link Alberta or visit the Safe Kids web site at www.safekidscanada.ca.

FIELD TRIP SAFETY

The risk of injury increases when children are in new or unfamiliar places. Plan a safe trip by asking:

- Is the activity or destination suitable for the children's age and experience?
- Do the children have the knowledge and skills they need?
- Are there enough adults (or staff)?
- How will you count and keep track of the children?
- Do the children know the necessary traffic and pedestrian safety rules?
- What other problems could arise? What is your backup plan?
- Is there anything the children need to learn and/or practice before going?
- Do you have extra supplies, telephone numbers and a first aid kit?

Pedestrian safety

Children under the age of 9 do not have the skill, awareness or judgement to safely cross the street. They should always be accompanied by an adult. It is important to role model and teach young children the following:

- Point, pause and proceed when safe. Point across the road with your arm to tell drivers you are ready. Pause until all vehicles have stopped. Proceed with your arm out and continue to look both ways as you cross the road.
- Make eye contact with the driver to ensure he has seen you.
- Look past the car before moving into the next lane of traffic to ensure oncoming cars have seen you.
- Never assume a car is going to stop.

Keeping your centre or day home safe

QUICK FACTS

- Children and staff should wash their hands often throughout the day.
- Never mix bleach with anything but water.
- Infants are safest sleeping on their backs, in a crib that meets current government safety standards.
- Air pollution and chemical contaminants are a greater health risk for children than for adults.



When children explore, they crawl, walk, interact with other children and touch things. Small children often put objects and their hands in their mouths. These activities increase children's risk of exposure to germs and hazardous substances. The following strategies can help you make your family day home or daycare healthier and safer for children.

FOLLOW A CLEANING SCHEDULE

- Mouthed infant and toddler toys should be cleaned and sanitized with an approved sanitizer after each use.
- Bleach solutions evaporate off toys and other equipment and leave no residue.
- Place mouthed toys in a labelled bin after children are finished playing with them. This helps prevent mouthed toys from being shared.
- Other toys should be cleaned and sanitized at least once a week and when required.
- Assign a different day of the week to each room for cleaning and sanitizing toys, surfaces and other equipment.
- Rotate toys. If fewer toys are used during the week, fewer toys will need to be cleaned and sanitized.
- Clean floors, carpets and doormats. Ensure outer footwear is removed at your entrance.

Mixing bleach solutions safely

- Mix a fresh bleach solution every day in a well-ventilated area.
- Never mix bleach with anything but water.
- To mix a bleach solution correctly each time, mark spray bottles with a fill line for water and a fill line for bleach. For safety, always add bleach to water and mix accordingly.
- Wear gloves when handling bleach or other sanitizers or disinfectants.

Store sanitizers safely

- Keep bleach and other chemicals away from children. Store high out of children’s reach or in a locked (not just child-proof) cupboard.
- Store bleach solutions in a closed, opaque container. Chlorine evaporates and loses strength when exposed to sunlight or air.
- Label all sanitizer bottles with the type of sanitizer and the solution strength (e.g., 100 ppm bleach solution).
- Wiping cloths should be stored in a sanitizing solution; cloths and solution should be changed daily.

Cleaning and sanitizing food contact surfaces, equipment, toys and other surfaces

1. Wash with a detergent and water solution.
2. Rinse with clean warm water.
3. Wipe, spray or immerse for 2 minutes in one of the approved sanitizers listed below.
4. Air dry.

Approved sanitizer	How to mix	Solution strength
Chlorine solution	<ul style="list-style-type: none">• 2 ml (1/2 teaspoon) household bleach per litre (4 cups) of water• 30 ml (1 ounce or 2 tablespoons) household bleach per 15 litres (3.3 gal) or a domestic sink half-filled with water.	100 ppm chlorine
Quaternary ammonia solution (QUATS)	Follow manufacturer’s instructions	200 ppm QUATS
Iodine Solution	Follow manufacturer’s instructions	Between 12.5 PPM and 25 PPM iodine

Sanitizer concentration must be tested regularly with sanitizer test papers or other testing equipment.

SLEEPING ROOMS

Bedding and mats can be a breeding ground for germs, dust and even insects. You can keep your bedding, mats and sleeping rooms safe, clean and healthy in the following ways.

Crib checklist

- Do not use a crib that does not have a label or if the label indicates that it was manufactured prior to September 1986
- The label should be permanently affixed and contain the following: name and place of business of Canadian manufacturer/importer, model name and number, date of manufacture (month and year), and warning statement about its use, mattress size and instructions for use.
- Assembly instructions and parts list must be either permanently printed on crib or included in pouch and attached to crib.
- The mattress should be no more than 15 cm (6 in) thick and fit snugly in crib.
- No more than 3 cm ($13/16$ in) of space between the mattress and any side of the bed frame when the mattress is pushed flush to one corner of the crib.
- Mattress tight against all four sides of the crib
- Plastic wrapping on mattress has been removed
- Crib slats should be no more than 6 cm ($23/8$ in) apart
- Crib should not have corner posts which extend more than 3mm ($1/8$ in) above the highest side.
- Crib sides have secure locking devices
- At least 66 cm (26 in) from the lowest position of the mattress support to the top of the rail when the side is raised
- Crib must be in good repair.
- Do not use a crib with mismatched parts.
- All parts used for repairs must be obtained from the original manufacturer.
- No decorative knobs, cutouts or corner posts
- No chipped or lead paint
- No dangling strings on crib gyms or mobiles

Germs can live for hours, days or weeks on surfaces. By regularly cleaning and sanitizing toys, diapering tables and other surfaces, you reduce and eliminate germs—and you keep yourself and the children in your care healthy.

- No large toys, stuffed toys, objects, soft mattresses, pillows, comforters or bumper pads in the crib
- Away from the cords of blinds and drapes out of reach of children
- Only one child per crib.
- The condition of the crib should be inspected regularly.

For more information, visit Health Canada's website at www.hc-sc.gc.ca and search for cribs.

Cots, mats & mattresses

- Mattresses and cribs should have at least 60 cm (2 ft.) of open space on all sides (unless it's next to a wall or partition).
- If you're using mats, you can make a mark on the floor where to place the top left corner of each mat when you use it. (If you make the marks colourful, you'll decorate your floor at the same time! Or use painters' tape, which can be removed easily.)
- Keep mats, cots or cribs away from cold drafts around windows, doors or air conditioners.
- Floor-level temperature should be 20 °C (68 °F).
- Double or bunk beds should not be used.
- Cots, mats and mattresses should be in good condition. They should not be too soft or have worn down areas.

Keep bedding & mats separate & clean

- Use a crib, mat or cot for each child. Label it and the bedding with a child's name.
- Crib linen should be tight fitting and in good repair.
- Use a moisture-resistant mattress cover for cribs.
- Wash and sanitize all bedding, including blankets and mattress covers, at least once a week, between children, or when soiled. Parents may also take their children's bedding home once a week to launder.
- Sanitize mats between each user and at least once a week.

Storing bedding, mats & cots

- Keep each child's bedding and mat separate and avoid contact with other bedding and mats. Store in a clean area.
- A shelf with slots allows mats and bedding to be stored without touching. Label each slot with a child's name.
- Cots can be safely stacked.

ANIMALS

Animals promotes learning, responsibility and caring—and animals can be wonderful fun. Children should always be supervised when handling animals. Many animals, however, have certain safety concerns. For instance:

- Birds, turtles, hedgehogs, reptiles, dogs and cats may carry bacteria and parasites.
- Animals that are known to bite, such as ferrets, are not a good choice for animal visits.

The following guidelines help you choose and safely keep animals:

Apply to Alberta Health Services

- Daycares must apply in writing to Alberta Health Services before allowing certain animals into their facilities. An application is not needed for gerbils, hamsters, guinea pigs, fish, ants (non-biting) and rabbits.
- Family day homes are encouraged to follow the same requirements as daycares.

Inform parents

- Let parents know when an animal is being brought in.
- Ask parents if their children are allergic to visiting animal(s).

Animals & handwashing

- Wash your hands and children’s hands after touching an animal, animal waste or any animal supplies.
- If visiting a pet store, petting zoo or farm, handwashing is very important after handling any animal. If soap and water are not available for washing, use hand sanitizing gel or disposable wipes.

Animal care

- Pick one day in the week for cleaning the cage and performing other maintenance related to the animal. Ideally, do this when the children are gone.
- Use disposable gloves and wash your hands when finished.
- Children should not clean an animal’s cage or litter box. Children should never pick up animal droppings.
- Keep in mind that animals also need weekend and holiday care.

Storage

- Store animal supplies (food, cleaning equipment, etc.) away from food areas and where children can’t reach them.
- Keep animals out of food preparation or storage areas.

- Animals should be caged or adequately controlled.
- Animal waste, wood shavings, food and related materials should be well contained within the cage.

Visiting petting zoos, fairs, animal exhibits & farms

Visiting an animal exhibit has many benefits for children and can be a wonderful way for them to learn about animals. Sometimes, though, animals can carry diseases that can be passed to people. Caregivers should be extra cautious when children under 5 visit animal exhibits.

Young children are at a higher risk for serious infections from animals than most people, for several reasons. Young children are curious and may touch surfaces contaminated with animal droppings. Young children like to put their hands in their mouth and are less likely to wash their hands well.

Here are some ways to make your visit healthy and safe for children and adults:

1. Discuss your plans with the facility, before the visit.
2. Make sure the facility meets an acceptable safety standard. For example:
 - Pathways and areas open to visitors should be free of animal droppings.
 - Visitors should not have contact with animals except in designated animal contact areas.
 - Visitors should not have contact with animal droppings, or manure, compost heaps or soiled equipment. If someone accidentally touches animal droppings, he should wash and dry his hands immediately.
 - Animal contact areas should be well supervised by trained staff.
 - Animals in contact areas should be healthy and clean.
 - Animals that have recently given birth or just been born should not have contact with visitors.
 - It should have washing facilities with soap, running water and disposable towels at the exits of animal contact areas, in eating areas and at the facility entrance/exit.
 - Eating, picnic and kiosk facilities should be located away from animals.
3. Put away pacifiers to prevent them from falling on the ground. Do not let children put their faces against an animal.
4. Food or drink should not be allowed in animal areas. Children should eat only when they are well away from the animals, and after washing their hands. Do not let children drink unpasteurized milk.
5. Children should wear suitable clothing and footwear. It is a good idea to clean any footwear worn on the field trip. Many children have become infected with E.coli O157:H7 after contact with animals. Children and adults should always wash their hands after touching pets and animals at petting zoos, farms, fairs, and exhibits, and before eating.

INDOOR AIR QUALITY

Children are at a higher risk than adults of experiencing ill health effects from air pollution and chemical contaminants.

Poor indoor air quality can cause or aggravate a number of health problems such as asthma, allergic reactions, headaches and fatigue. Everyday items like new carpeting or furniture can release harmful gases and chemicals into the air. Humid or damp conditions can lead to mould, bacteria and dust mites. Ways to keep the air healthy and clean include:

Control temperature

- Room temperature should be at least 20 °C (68 °F).

Fresh air

- Open a window in each room (daily as weather permits).
- Use furnace ventilation fans to improve air circulation.
- Properly vent all stoves, ovens and dryers.
- Do not idle vehicles near furnace fresh air intakes. Encourage parents to shut off their vehicles when picking up or dropping off their children.
- Ventilate renovated rooms and seal off rooms under construction.
- Avoid using scented plug-in, oil and spray products.
- Remove footwear at the door.
- Minimize use of wall-to-wall carpets.
- Use environmentally friendly household and cleaning products.
- Maintain your furnace system.

Humidity control & mould

- An optimal relative humidity is between 30 and 45 per cent.
- Use exhaust fans in high humidity areas such as bathrooms and kitchens.
- Exhaust the clothes dryer to the outside.
- Clean and sanitize humidifiers and air conditioners routinely.
- Repair leaky roofs, walls and basements.
- Dry water-damaged areas as soon as possible (within two days) to prevent mould.
- Musty smells can be an indication of mould, which may require further investigation.
- Use soap and water to remove mould from hard surfaces.
- For more information, call Health Link Alberta, 403-943-LINK [5465].

LEAD

Unborn children, infants and young children absorb lead more easily than adults and can experience harmful effects, even if they are only exposed to a small amount. Exposure to lead may permanently harm infants' development, behaviour, learning and hearing. Sources of lead exposure include:

- Drinking water in plumbing installed before 1990
- Indoor paint older than 1991 may contain lead, which is hazardous to children and pregnant women.

To reduce exposure to contaminants such as lead:

- Run the cold-water tap until it becomes cold (15 to 30 seconds) if the tap has not been used for more than six hours. This is especially important if your building is pre-1990.
- Do not use hot tap water for food preparation or service.
- Be careful with antique or used children's furniture and toys.
- Repair chipping or peeling paint. Take precautions if you are renovating. Call Health Link Alberta if you suspect your daycare or family day home contains lead-based paint.

INSECT REPELLENTS

Concerns about viruses spread by mosquitoes mean insect repellents are being used more commonly on children. Some repellents contain DEET, which can be harmful to children if not used properly. Follow these

tips for safe use:

- Get a parent's consent before applying insect repellent on children in your care.
- Never let children apply insect repellent themselves; always do it for them.
- Always read the entire label before using and follow the instructions.
- Apply repellent only on top of clothing or to healthy skin that is showing. Don't use it under clothes.
- Don't spray children's hands or faces. They'll be less likely to get it into their eyes or mouth.

Use of bug repellents (containing 10 per cent DEET or less):

- Do not use on infants less than 6 months old.
- One application per day for children 6 months to 2 years, only where necessary.
- No more than three times per day for 2 1/2 year olds.

- Avoid breathing spray repellents. Use spray repellents in a well-ventilated place. Do not spray in a tent or near food.
- When the repellent is no longer needed, wash it off with soap and water.
- If a child shows signs of a reaction, wash the skin and get medical help right away. Take the repellent with you to show medical staff.

You can avoid insects and insect repellents if you:

- Have children wear long pants and long-sleeved shirts when outdoors.
- Avoid places where mosquitoes breed and live, such as still water.
- Stay inside when mosquitoes are most active (dawn, early evening and dusk).
- Keep garbage away from play areas and entrances and exits.

Avoid serving sweet foods, such as juices and fruits, outside to avoid attracting stinging insects.

Do not use insect repellents on infants less than 6 months old. Keep children safe with hats, long-sleeved tops and pants. Use mosquito netting to keep insects from biting children in baby strollers.

If there is a high risk of complications from insect bites, use one application of DEET per day for children 6 months to 2 years, and use the least concentrated formula (10% DEET or less). For children 2-12 years, use insect repellent no more than 3 times a day.

For more information on using insect repellents, go to: www.health.alberta.ca/health-info/WNv-use-repellent.html.

SUN SAFETY

Sunburns can be very serious for babies and young children. Their sensitive skin burns easily. Too much sun and repeated sunburns can increase the risk of skin cancer, cause skin to age prematurely, weaken the immune system and damage eyes. Below are some sun safety tips to keep children safe.

- Cover up. Dress children in light long sleeved tops and pants. They should also wear wide brimmed hats and sunglasses.
- Seek shade. Babies less than 1 years of age should always be kept in the shade, under a tree, umbrella, or stroller canopy. For children over 1 year, sun exposure should be limited between 11am-4pm or when the UV (ultra violet) index is 3 or more. Try to plan outdoor activities earlier or later in the day. Take an umbrella for shade if you are going somewhere that does not have any shade. Tip: when your shadow is shorter than you, the sun is very strong.
- Use sunscreen.
 - Always speak to parents about using sunscreens on their child.
 - Sunscreen **should not** be applied to babies less than 6 months old.
 - Sunscreen should have a SPF (sun protection factor) of 15 or higher
 - It is important to apply sunscreen to the ears, nose and lips, back of neck and

knees, and the tops of the feet.

- Apply sunscreen generously 20 minutes before going outside. Apply more sunscreen 20 minutes after being outside to improve protection.
- Sunscreen should be reapplied every 2 hours or after swimming or sweating.
- Never use baby oil to protect children from the sun. It does not protect them.

For more information about sun safety go to Health Canada's website (www.hc-sc.gc.ca) and search for *Babies, children and sun safety*.

Preventing illness

QUICK FACTS

- Promote health by knowing how to prevent illness.
- Proper handwashing will reduce the spread of germs.
- Keep accurate, current health records for each child in your care.
- Regular vaccinations help children fight disease and stay healthy.

Young children get infections more easily because their bodies haven't had a chance to build up protection. Children in daycares and family day homes may get even more infections than other children because they spend time with so many other people, increasing the risk of being exposed to germs.

The first step in preventing illness and infection is knowing how germs are spread. Germs are microscopic organisms that invade our bodies. Bacteria and viruses are the most common type of germs. They can live in and outside the body for hours, days, months or longer, depending on the type of germ.

Germs can be spread by direct contact with an infected person or by touching contaminated objects. Toys, doorknobs, sleeping mats, change tables and food are just a few of the places germs can be found. Germs can also be spread through blood, feces, vomit and the air. Diarrhea is most commonly spread by hand to mouth, making handwashing after using the toilet and changing diapers very important.

Germs are spread during the contagious period of an illness, and this period differs for every disease and infection. A person can sometimes be contagious even before they feel any symptoms or even after they are feeling better.



STAYING INFORMED & UP TO DATE

You can prevent infection and disease by knowing and practicing the correct procedures and routines for:

- Handwashing
- Diaper changing
- Cleaning and sanitizing
- The steps to safe food
- Responding to illness
- Documenting illness
- Cleaning and sanitizing anything exposed to feces or vomit
- Excluding ill children when needed
- Notifying the centre director and Alberta Health Services (when necessary)
- Notifying parents of any illnesses and infectious diseases at the daycare or family day home and the signs and symptoms they can watch for
- Giving children medicine.

Although new diseases occasionally arise, the most serious illnesses you are likely to see are colds, flu and gastrointestinal illnesses. If you become concerned about the number of children absent due to illness, call Health Link Alberta, 403-943-LINK [5465]. For information on newly emerging diseases, contact Health Link Alberta or check Alberta Health Services' Website for the most up-to-date information.

GATHERING & RECORDING HEALTH INFORMATION

Health information is personal and private. It should be treated with the utmost respect and confidentiality. Collect only the information that is necessary for you to properly care for the children in your centre or day home.

Collect health records

- Collect and maintain basic health information on every child. Note that provision of such information is voluntary.
- Ask parents to tell you about any illnesses or conditions that could affect their child's ability to fight disease or infection.
- Disease and infection seriously affect anyone with a chronic disease or condition. Children with allergies, asthma, cystic fibrosis, diabetes, epilepsy or a heart condition may need to be watched carefully and protected from other children who are ill.

As an early childhood professional, you are NOT expected to act as a parent, doctor or a nurse. When a child is sick, your role is to:

- Know and watch for major signs of illness
- Know how to respond to a sick child
- Protect others from illness.

- Encourage parents to share information about absences due to illness. Contact Health Link Alberta to clarify information before alerting other parents of the signs and symptoms. Protect the confidentiality of your children and their families at all times. Share only general information, not specific details.
- Your centre or day home may ask parents to provide a copy of their child's vaccination record in order to know which children have been vaccinated. Children who have not been vaccinated may need to be excluded from childcare during an outbreak of diseases such as measles, mumps, whooping cough or meningitis for their own protection.

VACCINATIONS

Before vaccines and coordinated public health efforts, many infectious diseases were common in Canada, including polio, measles, diphtheria, mumps and tetanus. Today, vaccines and public health campaigns help prevent these and other diseases which save lives throughout our communities.

Vaccination is the most effective way to protect children against vaccine-preventable diseases. Diseases such as diphtheria, pertussis (whooping cough), meningitis and polio may appear to be rare, but that's because vaccinations protect millions of people in Canada and other developed nations from these crippling and sometimes fatal diseases.

You can encourage and support vaccination throughout your community. The health of every child depends on the safe, effective and affordable protection provided by vaccines.

Many vaccinations are given to children early in life. Alberta Health Services provides a number of childhood vaccinations at no cost. During vaccinations, public health nurses and parents can discuss and screen for a number of child and family health concerns. These visits are important in protecting the public health of all families living in the region, and families are strongly encouraged to make them part of their health regime.

The recommended schedule for vaccination of children birth to 6 years is:

- 2 months
- 4 months
- 6 months
- 12 months
- 18 months
- 4¹/₂ years.

Informing parents

- Let parents know they can call their local community health centre to find out if their child's vaccination record is up to date.
- Children born in other countries may not have received all of the vaccines that are available in Canada. Let parents know they can call Health Link Alberta to learn more about the Canadian vaccination schedule.
- See the vaccination schedule posted on www.health.alberta.ca/.

Taking care of yourself

- Remember your own vaccine needs. Some vaccines protect for a lifetime, others do not. Tetanus/diphtheria, for example, needs to be boosted every 10 years. Your family doctor can order a simple blood test that can check your protection level for the diseases that are part of the routine vaccination schedule such as measles, mumps and rubella.
- Your family doctor or public health nurse can also provide advice on what boosters or other vaccinations you may want given your close work with young children. Hepatitis B and influenza vaccines are available free for persons in eligible categories, or at cost if you wish to purchase them.
- Contact Health Link Alberta at 403-943-LINK (5465) for more information.

When children get sick

QUICK FACTS

- Children who become ill may need to be separated from other children until they can be picked up.
- Children may need to be kept at home (excluded from childcare) when they have an infectious illness.
- Children should stay at home if caring for their illness interferes with your ability to care for other children.
- Ensure parents give you clear, written instructions if their mildly ill child (such as a cold) is going to remain in the daycare or family day home.
- If unsure what to do for an ill child, contact Health Link Alberta.



Children in full-time care outside the home may be more likely to become ill with colds, ear infections, respiratory illnesses and gastrointestinal illnesses (vomiting and diarrhea) than other children. By taking steps to prevent the spread of infectious disease and identifying the signs and symptoms of illness early, you can help reduce illness at your centre or day home.

Doing this takes cooperation with other early childhood professionals, parents, physicians and health care professionals.

The first signs of illness in a child may appear when she is in your care, even if she appeared fine when she arrived. Staff needs to know what signs to watch for and what steps to take to make the child comfortable while at the same time protecting others from infection. Here are some suggestions:

The eight most common signs of illness

- Unusual behaviour or a change in behaviour
- Runny nose or cough
- Vomiting
- Diarrhea
- Dehydration (Dark urine or a very thirsty child may indicate dehydration.)
- Change in skin colour
- Rash
- Fever (Skin may be flushed or hot to touch.)

These signs and symptoms could be indicative of something as simple as a common cold or they could signal something more serious. When children are picked up, let their parents know if you've noticed any signs of illness in their children. If you are concerned about a child's health, call the parents immediately. Determine how quickly they can come, and discuss how to care for the child until they arrive. When they arrive, provide a full account of your child's symptoms so they can decide whether medical attention is needed.

A sick child is very stressful for working parents. Although some employers give parents time off when their child is sick, many others don't. Many parents are anxious, unable or reluctant about taking time away from work. You need to understand parents' concerns while also making sure a sick child is cared for and that the health of other children is protected.

WATCHING FOR SIGNS & SYMPTOMS

Actively observe children to prevent the spread of infection. If possible, check with parents when they drop off their children to find out if there's anything new you should know about their children's health. Ask about any symptoms you notice (such as a runny nose, flushed cheeks or a change in behaviour). Continue to watch for signs throughout the day.

The signs of illness can appear any time and develop rapidly. Children who looked quite healthy in the morning can be very ill by the afternoon.

SICK ROOMS

Daycares and family day homes should have a room where a sick child can wait for parents. The sick room should have a clean, washable sleeping area. The child should be supervised in the sick room and kept away from other children.

EXCLUSION

It is best for children to be kept at home when they are not well. Children may return to child care when they feel well enough. Alberta Health Services provides exclusion guidelines for infectious diseases and illnesses. Childcare centres and day homes may also have their own policies.

Alberta Health Services also recommends that childcare providers be screened for and vaccinated against preventable diseases.

Remember, the most important way to prevent the spread of infection is frequent and thorough handwashing.

Contact Health Link Alberta for more information about excluding children and staff from your centre or day home.

Staff should exclude a child when she has any of the following:

- Diarrhea
- Diphtheria
- Fever
- Haemophilus influenzae type B (Hib)
- Hepatitis A
- Measles
- Mumps
- Rubella (German measles)
- Tuberculosis
- Vomiting
- Whooping cough (pertussis).
- Head lice. Children should be excluded until the first treatment is applied.

Rash illnesses

It is recommended that a child be excluded until the appropriate therapy is started and the infectious stage is over (usually within 24 hours of treatment) for the following:

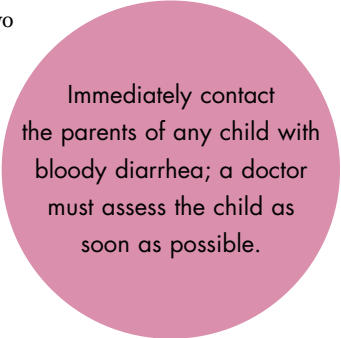
- Impetigo
- Pink eye
- Ring worm
- Scabies.

CALL HEALTH LINK ALBERTA IF

- In a 24-hour period, three or more children or staff in your daycare or family day home experience two or more loose or watery stools (bowel movements) above what is normal for the person, OR vomiting two or more times.
- One or more children or staff in your daycare or day home have bloody diarrhea.

Infants, children or staff with diarrhea should NOT attend a daycare or family day home while they have diarrhea and for 48 hours after the diarrhea passes. If anyone in the resident family of a family day home, including the operator, has diarrhea, the family day home should not operate until diarrhea has been absent for 48 hours. Parents should be notified.

Diarrhea brought on by infection is very serious in a daycare or family day home because it can spread rapidly, and little children can easily become dehydrated. Sick children need to be at home. Parents may have to rearrange their schedules. Acknowledge their frustration, but encourage them **not** to take their child to other care outside the home, as that would expose even more children to the illness.



Immediately contact the parents of any child with bloody diarrhea; a doctor must assess the child as soon as possible.

When not to exclude

Certain illnesses do not require a child to be excluded from a childcare program, unless a physician or community health centre advises otherwise. These illnesses include:

- Chickenpox. A child does not need to be excluded if the day home or childcare centre had been exposed prior to the development of the rash. A child must be excluded from a setting when the other children have not been previously exposed (e.g. weekly play group).
- Common cold
- Fifth disease (Parvovirus)
- Hand, foot and mouth disease

- Hepatitis B virus
- HIV infection
- Roseola
- Thrush and Candida diaper rash.

If you are pregnant, you may need to take special precautions when caring for children with certain illnesses. Talk to your doctor or call Health Link Alberta (403-943-LINK [5465])

When a child is sick, parents need to make other arrangements for her care. Sick children should NOT be taken to other daycare centres or family day homes.

Contacting parents when a child is sick

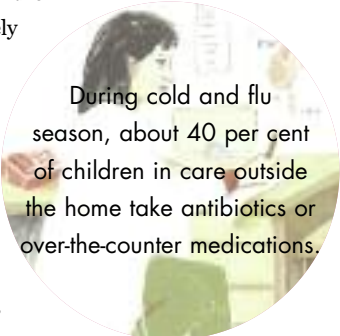
Let parents know that:

- They're expected to respond as soon as possible to calls from you regarding their sick child.
- You will consult with Alberta Health Services about the reasons and guidelines for exclusion and when their children can return to your care.

USE OF MEDICATION

You may be required to give medication to the children in your care. Here are some suggestions for safely doing so:

- Ensure parents read and sign a written policy about dispensing medication.
- Keep all medicines in a locked cupboard or drawer.
- Clearly label all medicines with the child's name, dosage amount and times, and emergency contact numbers.
- Parents or guardians must give you written permission to give their child the medication throughout the day. This includes the name of the medicine, the doses and times, any other special instructions, the date and their signature.
- Check the expiry date on the medicine.
- For over-the-counter medication, ask parents to provide a doctor's note if the dosage for their child differs from the dosage instructions provided on the container.
- Use a dedicated medication-measuring spoon (labelled with the child's name) to make sure you give the child an accurate dose.
- Record the date, time and dose that you give the child.



During cold and flu season, about 40 per cent of children in care outside the home take antibiotics or over-the-counter medications.

WHAT TO DO IN AN EMERGENCY

It is very important to be aware of the services available in your area and the appropriate telephone numbers. Review emergency procedures regularly, as you would fire drills.

Keep important numbers easily accessible and make sure staff knows where they are. Seconds can make all the difference in an emergency. Staff should be able to easily locate the following phone numbers:

- Contact information for parents.
- 9-1-1.
- Health Link Alberta: 1-866-408-5465 (LINK)
- Alberta Poison Centre: 1-800-332-1414

Keeping yourself healthy

QUICK FACTS

- Your job is to look after children. One of your responsibilities is to look after yourself.
- Use proper lifting techniques to avoid back injury.
- A healthy workplace program can control stress and contribute to your overall health and well-being.
- Practice what you teach children about handwashing, realistic expectations and positive relationships.
- You can advance your career in childcare through certification, professional associations and professional development.
- Your mental, physical and spiritual well-being all contribute to your overall health—to your ability to work effectively and safely with children and their families. When your health suffers, the children and people around you are affected.



YOUR PHYSICAL HEALTH

Your physical health faces many demands and pressures: lifting and carrying, bending and playing. The day-to-day activities of working with children puts stress and strain on your muscles and can leave you tired and achy when the day is done. You may deal with toxic substances and be in close contact with infectious diseases.

Some of the ways to take care of yourself physically include:

Reduce back injury


- Know and use proper lifting techniques.
- Wear supportive, comfortable and non-slip footwear.
- Use adult-sized furniture for jobs such as changing diapers and rocking children.
- Use a multi-seat stroller rather than trying to carry children.
- Squat down to children's level rather than always bending down.
- Have older children use a step-up stool at change tables.
- In the kitchen, keep the heaviest items at waist height; use a sturdy footstool to reach higher items.
- Reduce the size and weight of garbage; use a cart to move it.
- Regular sleep and exercise, weight control and proper posture are important for back health.

Chemical safety

- Handle chemicals carefully. Even common cleaning products can cause harm. Read labels, always follow directions and never mix different cleaning solutions. See Keeping Your Centre Safe, page 119.
- Use non-toxic art and craft supplies to avoid exposing yourself or children to hazardous materials.

Personal health practices

- Ensure that your vaccinations are up to date. This is especially important if you are planning to become pregnant. If you are pregnant, talk to your doctor about any special precautions you should take when caring for children who may have infectious diseases.
- Reduce the risk of getting sick by washing your hands regularly and following proper food safety guidelines.
- Stay home when you are sick. Take care of yourself, get well and reduce the risk of passing illness on to others.
- Always use seat belts.
- Use appropriate protective gear when participating in sports.



Stay home when you are sick. Take care of yourself, get well and reduce the risk of passing illness on to others

YOUR EMOTIONAL HEALTH

Caring for children can be very emotionally fulfilling. It also has its stresses that, if left unchecked, can lead to burnout, staff turnover and other emotional hardships. Some of the things you can do to take care of your emotional health include:

- Work in a centre that supports your profession. Job descriptions, clear expectations, performance appraisals and reviews, and professional development are important qualities in a centre that supports your emotional well-being.
- Contribute to a supportive work place based on mutual respect, trust, understanding, and cooperation.
- Welcome new staff with encouragement, support and assistance. Be a good role model.
- When you can, take breaks in a quiet place, separate from the children.
- Contribute to a positive relationship with parents and families.
- Talk to people when you have a problem or concern. Seek support from colleagues, co-workers, directors or professional associations.
- Keep a good sense of humour.
- Develop and maintain a positive attitude.
- Set realistic expectations for yourself and others.
- Strive for balance in your life.



Stress

An unhealthy workplace can produce high levels of stress, which take a toll on both your work and private life and can be a risk to your health and safety.

This stress can occur with any one, or a combination of, the following four factors:

- Too few people are doing too much work.
- People have little or no influence over how their work is done.
- Too much effort is required to meet goals and expectations.
- People receive little reward or acknowledgement for their efforts. Even workplaces that excel at minimizing workplace stressors can benefit from a healthy workplace program.

ENHANCING YOUR CAREER

Professional development is the ongoing process of acquiring new skills and abilities as well as renewing your existing skills to enhance your ability to perform your duties. You can enhance your career through:

Certification

- Completing level two or level three certification expands your knowledge of early childhood development and enhances your abilities. It also increases your career options and opportunities. For information, visit Alberta Child and Youth Services [link to website <http://www.child.gov.ab.ca/home/747.cfm>].

Professional associations

- Professional associations provide excellent access to continuing education courses, workshops and conferences, and can help you network with other early childhood professionals.
- Membership in a professional association also encourages professional pride by reinforcing standards of practice and codes of ethics. Numerous associations at the local, provincial, national and international level are devoted to early childhood professionals, such as the Alberta Child Care Association at www.albertachildcare.org.

Self-directed professional development

- You can also develop your knowledge in your home. Resources are available for home study; many Websites devoted to childcare and child health have free documents and resources.
- Seek opportunities to meet with other early childhood professionals. Share your experiences and support each other as you strive to reach your goals.

Accreditation

The Alberta Association for the Accreditation of Early Learning and Care Services offers an Alberta-wide accreditation program for early learning and care services in Canada.

Accreditation is a voluntary process where daycare and day home operators can show that they exceed the regulatory requirements of licensing and meet higher standards.

For more information, visit www.aelcs.ca.



Your career in the childcare profession can evolve based on your commitment to professional development and the promotion of quality childcare.



Understanding Parents & Families

QUICK FACTS

- The vast majority of parents want only what is best for their children.
- Parents try to be the best parents they can be.
- Children behave more consistently if they know that their parents and early childhood professionals are working together to help them.
- Parents are the single most important influence in a child's life.



When caring for children, parents and childcare professionals should adopt and use a consistent, supportive, educational and effective team approach. While both parents and early childhood professionals are responsible for making this relationship work, you can set the stage for this to happen. This at times may be challenging, but ultimately parents and professionals want the same thing: a happy, healthy child.

Working together takes commitment, patience and hard work. The reward is that people become more understanding of each other when there are opportunities to share ideas. This section offers suggestions and strategies to build and strengthen your relationship with parents.

Collaborating and cooperating with parents are at the heart of quality childcare. Ideally, parents and early childhood professionals work as a team to promote healthy childhood development.

Understanding the challenges of parenting

Parents, like children, have their own challenges, fears and frustrations. Understanding how these stresses may be affecting their lives helps you better understand parents' actions and reactions. You may not always be able to change a situation, but knowing a parent's point of view can help relieve your own frustrations.

When working with parents, it helps to:

Focus on common ground

- Parents want the same thing you do: a child who is happy, healthy, and able to have good relationships with others. When communicating with parents, focus on this.

Parents do their best

- Parents do the best job they can, given the knowledge and skills they have at the time.

Know more

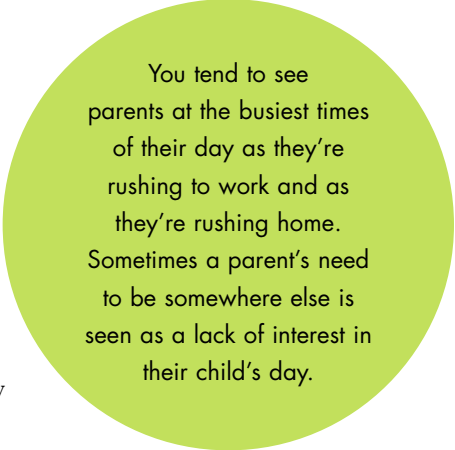
- All parents need support, no matter what their income, education, job or family structure. For some parents, that support comes from an extended network of family and friends. Others are quite alone. Knowing how much support parents have and who is helping can help you understand their situation.

See it from their perspective

- Parenting is a vast and diverse experience. Even if you have children, your experience may be very different from the parents of the children in your care. If you're frustrated with a parent, try to understand their point of view. For instance, think what it's like for a mother to get out the door in the mornings. She gets ready before her kids are up. Her baby is cranky because he's teething and he was up half the night. Her toddler, who won't eat anything but Shreddies for breakfast, suddenly decides he doesn't like them anymore, and it was the only cereal in the house. She left plenty of time to catch the bus, but then the baby threw up and her toddler had to pee! Understanding a parent's life can help curb your own frustrations and challenges with that parent.

Be supportive

- Some parents feel guilt and remorse about putting their child into childcare, or about being away from their children so much.
- This guilt can lead to a sense of rivalry or competition. Parents can feel insecure about their role because early childhood professionals spend almost as much time as parents do with their children.



You tend to see parents at the busiest times of their day as they're rushing to work and as they're rushing home. Sometimes a parent's need to be somewhere else is seen as a lack of interest in their child's day.

- Avoid out-parenting the parent. It's an easy pattern to slip into because you know the child so well. Parents need to be supported in their role to do their best. Clear boundaries around your role and knowing that the parent is ultimately responsible for the child help you be the best support you can be.

UNDERSTANDING ONE ANOTHER

Not all parents understand the role of early childhood professionals. Some parents expect you to be an expert in all aspects of child health and development; others see childcare as babysitting. You can help parents understand your role and responsibilities in the following ways:

Share your centre's philosophy

- Your centre's or day home's values and beliefs about children, parents and early childhood professionals form its philosophy, which sets the tone for everything you do in your work.
- When meeting with parents for the first time, share your centre's or day home's philosophy.
- Your relationship with parents will be stronger if the centre's or day home's philosophy is consistent with their expectations and beliefs.

Discuss your policies & procedures

- Discuss your policies with parents when they first apply for childcare. Answer any questions they might have, and explain how your policies are related to regulations and standards for daycares and family day homes in your local area and in Alberta.
- Discuss policies dealing with sensitive issues when a family is first applying. Telling parents your centre's or day home's policies and expectation about issues such as privacy, child guidance and obligatory reporting of suspected neglect and abuse could help prevent misunderstandings later on.
- You may want to give parents a written copy of the policies or post them on your bulletin board. Parents should be able to view your policies at any time.

Your main responsibility is for the children in your care, but sometimes the best way to help a child is to put her family in touch with the community resources available to them. An online directory of community, health and social services is available at www.informalberta.ca

Include all families

Stereotypes of all kinds can create false impressions and muddle communications. Be aware that differing ideas about age, culture, spirituality, language, gender, family structure, sexual orientation, economic status or special abilities can affect your relationship with parents.

Examining your assumptions is the first and most important step toward contributing to a respectful and open environment with everyone involved in your family day home or daycare.

Ask yourself:

- Am I consciously working to include all the children and families in my daycare or family day home?
- Do I avoid reinforcing stereotypes? Do I read books or stories where girls can be firefighters and boys can be nurses?
- Do my materials reinforce positive cultural expressions?
- Do I read books that celebrate the Aboriginal culture?
- How do children with disabilities participate in activities?
- Do I talk about all professions in a positive way?
- Do I make assumptions about young or single parents?
- Do I make assumptions about same sex parents?
- When boys and girls play, do I encourage a variety of types of play regardless of gender? (Are all children encouraged to dress up? Play with dolls or dump trucks? Or pretend to be knights and pirates?)
- Do children feel a sense of belonging at my centre or day home? If not, why? What can be done to enhance their sense of belonging?
- Do parents of various cultural/spiritual/economic backgrounds feel comfortable at my centre?
- Do I provide a variety of foods based on cultural preferences?

Benefits of a diverse approach

Diversity promotes respect and understanding. Acknowledge, promote and celebrate diversity. It can result in many benefits:

- Enhanced feelings of belonging and understanding of the community and its resources.
- Better self-esteem.
- Broader experiences, skills and friendships.
- Positive expectations.
- Opportunities to learn by sharing experiences (and show children from other cultures that adults can learn from children).

- Understanding that people have different abilities.
- Increased sensitivity and understanding by valuing differences.

Parents' expectations & beliefs

- Parents have different beliefs about child rearing, food, dress and the demands on children. Their beliefs are based on their values and culture, and need to be understood and respected.
- Ask parents if your centre's or day home's policies reflect their values and beliefs.
- For more information about cultural beliefs, visit Diversity Resources [link to <http://www.calgaryhealthregion.ca/programs/diversity/resources.htm>] on the Alberta Health Services website.

Show parents what you do

- Invite new parents to schedule a time to watch what you do and how your centre or day home operates.
- Schedule a regular Parent Day. This helps parents see what their child's day includes and to better understand your role as an early childhood professional. It also helps children to see their parents as active participants in their care.
- For parents who can't attend daytime events, consider a Family Night from time to time, or pick a day each month when parents are invited to stay later at the end of the day. Offer cookies and coffee, and let the children show them their favourite toys and recent creations.

SUPPORTING NEW CANADIANS

Communication is key.

- Each culture has its own communication style. What is acceptable in Canadian culture may not be in other cultures. Be aware that eye contact, body language, smiling, expressions, idioms, personal space and touching may convey different messages in other cultures.
- For a listing and description of programs and community support for new and recent immigrants—and for English as a second language—visit Inform Alberta [link to www.informalberta.ca], an online directory of community, health and social services.

UNDERSTANDING FAMILIES

Families come in all sizes and shapes: two-parent families; single-parent families; same sex families; blended families; weekend families; empty-nest families; families of friends; and foster parent families. Within a family, children may have different mothers, fathers and generations.

How a family chooses to define itself is up to its members. Respecting that definition will strengthen your relationship with a family's parents and children.

All families need support. Parenting is a demanding job. Most parents work and their support networks can vary. All parents of young children need the support of their community.

Get to know the families at your centre or day home. By caring for their child, you play a part in their family. Let them know you will work with them to address their child's and their family's well-being.

ENCOURAGE PARENT PARTICIPATION

Parents may be able to participate—at different levels— at your centre or day home. Some will be enthusiastic, others will need a little encouragement and some will feel overwhelmed at the thought of adding anything else to their lives. You can encourage parents to participate (and keep participating) in the following ways:

Welcome them anytime

- Encourage parents to volunteer for everything from regular activities to special field trips.
- Have an open-door policy.
- Seek input and feedback.
- Invite parents to participate on boards or advisory committees.
- Give parents a say in developing policies and guidelines that affect their children.
- Consider a suggestion box or a survey to get parent feedback and ideas from time to time.

Ask for contributions

- Parents unable to volunteer during the day at your centre or day home or on field trips may be able to help in other ways. Ask if they have any special skills (e.g., sewing, carpentry, typing, drawing) or any special projects they'd like to help with from home.

Communicate regularly

- Keep parents well informed about your centre and general childcare issues through a parent newsletter and/or a parent bulletin board.
- Hold regular staff/parent meetings to discuss their child's progress and your programming plans.

Communicating effectively

Developing good communication skills take time and practice but are well worth the effort. These skills help you develop strong, ongoing relationships with parents as well as with children, colleagues, family and friends. They also help you to resolve problems and differences.

ONGOING COMMUNICATION

Ongoing communication can be a challenge in childcare because parents are only at your centre or day home for a few minutes a day, and are often rushed or tired. Make the most of the time you have with them with the following strategies.

Greet parents

- Welcome every parent and child at the beginning of the day.
- Use parents' and children's names when greeting them. (Check with parents ahead of time to see how they wish to be addressed. Some parents prefer formal greetings such as, "Good morning, Mrs. Patel, it's very nice to see you" and others like informal greetings such as, "Hi, Kelly, how's it going?")
- Ask—and listen—about how a parent's morning has gone so far, and if there's anything you need to know for the day.
- Offer parents encouragement when you can. For example, recognize the effort it takes to get children ready. "Hi, Mary, how did the morning go? I don't know how you manage to always get here by 7:30. That can't be easy! Anything I need to know for today?"

Message system

- A message system lets you exchange daily notes and information with parents. Notes can be placed in shelves, slots, pigeonholes or pockets clearly labelled with a child's or family's name.
- Parents can use the message system to let you know about events that may affect their children, such as: "Teething again." "The fish died last night." "Jenna's dad came to visit and she's upset that he left again." When you let parents know how you've used their messages to care for their child, they're more likely to use the system regularly.
- Leave positive notes for parents: "Jill ate a great lunch." "Jamal had a big hug for Maria today." "Kyle helped pick up the toys today." Positive messages help parents feel they're doing a good job and may help them to be less defensive when you discuss concerns.
- Use scheduled face-to-face meetings, to discuss concerns with parents. (See *Communicating Concerns* on page 148.)

Keep a journal

- You can build trust and confidence with the parents of children with special needs by keeping a journal. It can be very hard for these parents to leave their children in someone else's care. A journal shows their child is being well cared for. Journals are excellent ways to communicate and appreciated by most parents.
- Record information such as what and when a child ate; when and how long he napped; whether he had a bowel movement; when he took his medication. You could also record positive observations, for example: "Read a story about a puppy—he really liked the pictures."

Get acquainted

- When parents are preoccupied with other life stresses, they may seem uninterested in their child's care. Knowing something about their lives can help you be more understanding and supportive.
- Ask questions and find out what else is going on in their life.
- While it is important to have empathy for parents, you must also be aware that the stress parents are feeling may be affecting their ability to care for their child.
- If this is a concern and you think parents need extra help, let them know about the community resources available to them.
- If you're concerned a child is being neglected or abused, follow your reporting guidelines.



COMMUNICATING CONCERNS

Addressing your concerns about a child's behaviour and health concerns requires thoughtful communication. These topics can threaten and frighten parents. Carefully consider how and when you'll talk to parents and what you'll say.

When communicating about a child's behaviour:

Schedule a time to speak privately

- Parents can become irritated, defensive and angry if you surprise them with your concerns at pickup time. They haven't had time to think about it and may be focused on other things. Give parents some warning.

- Call a parent to arrange a private meeting and let her know how long it might take: “I am calling to see if we can set up a time to talk about John. I have some concerns about his behaviour and would like to take 20 minutes to discuss them with you. Could we meet later today?”
- If applicable, arrange a time when both parents can be there.
- ALWAYS approach parents with concerns about their child privately, not in front of other parents.
- When addressing behavioural concerns, you may want to first talk to parents without their child being present, especially if you think the parents may react negatively. Once you and the parents are working together to find a solution, you can include the child so he sees you working together.

Get the facts

- Thoroughly assess the situation.
 - Describe without judgment or blame, the behaviour (e.g., “He hit Sam with a toy.” instead of, “He purposely smacked Sam over the head just because he didn’t want to share.”).
 - Consider the child, including her strengths and challenges, frustrations, warning signs, etc.
 - Examine the environment, including where and when the behaviour occurred, with whom, what else was going on at the time, etc.
 - Describe the direct result of the behaviour.
- Also see *Guiding behaviour* on page 48.

Be clear & unbiased

- Focus on the behaviour (what happened) rather than your interpretation of it (why it happened). For example, you might say, “When Matthew is playing with other children, he often hits them when he has to share toys. Have you noticed this behaviour at home?” instead of, “Matthew isn’t getting enough attention at home, and he’s taking his frustrations out on the other children.”
- Show how you are concerned about the child rather than how his behaviour affects others: “When we have a lot of activity, John gets agitated. He bangs his head on the floor and he rocks back and forth. I’m worried he may feel overwhelmed and that he’ll hurt himself.”
- If a child’s behaviour affects other children’s safety, this must also be addressed as a concern, but the main focus in any discussion with parents should remain on their child’s welfare.
- Be careful not to diagnose.
- If a child has unusual behaviour, it is appropriate for you to suggest to her parents that she be assessed by a health professional. Approach the topic sensitively.

- If a child has a number of behavioural concerns, focus on those that are unsafe for the child or for others in the environment. Focusing on all of the child's problem behaviours can overwhelm parents.

Emphasize strengths, recognize limitations

- For example, if you notice the child has more difficulties when her parents are stressed and over-worked, you might say, "Catherine was very happy when she spoke about the painting you did together on the weekend. You seem to have a strong relationship with her. It's not always easy to find time for family activities, is it?"
- Recognize parents' sensitivities. Try to share your concern without criticism or judgment.
- Connect parents to the resources available to them.
- Some parents may feel guilty that you have noticed something they have not.
- Don't try to out-parent the parents or suggest that you know their child better than they do. Let parents know you are there to provide support to their child and their family.

Understand parents' feelings

- Recognize that families come from diverse backgrounds and have different beliefs about raising children. How parents expect their children to act at home, in childcare and elsewhere can differ from how others expect them to act.
- Parents can be defensive and protective of their children. Parents may be afraid that their children will be labelled and/or that they will be asked to leave.
- Parents may also feel guilty about putting their child in care. If they are unaware of these feelings, they may overreact, thinking the staff is being overly picky.
- Acknowledge parents' feelings. "You seem concerned that I've brought this up." You might get a response like: "Yes, I am angry, I don't see that this is any of your business" or "This is just one more thing I don't need to deal with right now" or "What would you know?"

Parents have different tolerance levels and different ideas about what is acceptable. An acceptable behaviour at home might be a problem in a group setting. Without judging, talk about how the behaviour affects others, and work with parents to think of possible solutions for dealing with their child's behaviour.

- Stay calm and don't take it personally. How parents respond gives you insight into their thoughts and feelings and helps you understand their perspective.

Take a team approach

- Draw on parents' experience. Ask if they have noticed the behaviour at home. The behaviour may only happen in childcare or group settings. If they have noticed it, ask how they have dealt with it and how their strategy worked.
- Work with parents to find solutions. Parents feel they have more options and control if you involve them in problem solving, rather than insisting on one particular solution.
- Your approach can show parents how to approach and solve problems.
- Offer parents information about the community resources available to them.

Offer alternative perspectives

- For example, you might say, "I agree with you that Matthew might be looking for attention, but I wonder if he has trouble communicating what he wants." This assures parents that they're being heard but also allows you to begin to share your observations and thoughts. This may help them see their child's behaviour in a different light.

Make a plan

- Decide how to communicate your efforts and successes. You may choose to start a journal that goes home each night for the parents to read and write in.
- Schedule a regular time (for example, 10 minutes every Thursday at pick-up time) to discuss progress and changes. Let the child overhear your positive report to her parents.
- Write down your actions and the child's changes. When you comment on positive changes, you encourage that behaviour in the child and become a good model for parents.
- Set up another appointment time to review your plan.

Be positive & optimistic

- Assume parents want to help their child, even if they are angry, dismissive or rude. Very few parents are truly unconcerned about their children.
- Make sure you tell parents about the good things that happen too, not just the concerns. Too often, parents only hear about the things that go wrong. Make a conscious effort to note any positive behaviour, and comment on it to both the parent and the child.

HEALTH CONCERNS

See *When children get sick*, page 131 for immediate health concerns.

If you suspect a child has any other health problem, you need to approach her parents with understanding and respect. Remain open and be careful not to diagnose. Discuss your concerns and observations using some of the strategies for behavioural problems (listed above) to discuss longer-term health problems.

If parents ignore your concerns, ask yourself how you presented the situation. There may be other approaches. Keep in mind that it may simply be a case of bad timing, and perhaps the family is stressed by other events. They may hear your concerns at another time.



Activities for Children

Activity 1: Floor time or child-led play

Activity content: Social and emotional

Purpose: To observe individual children, tune in to his emotional cues and respond in supportive ways. Floor time, or child-led play, is a special play time (10 or 15 minutes) that you set aside for a specific child to help him cope with emotions and to feel better about himself.

Supplies:

A variety of toys for pretend and interactive play.

What to do:

Get physically down at the child's level, and try to follow his lead in play of his choosing. Your goal is to tune in to what motivates the child. Floor time has five steps:

1. **Observe:** Listen to and watch the child so you can understand his mood and how he is feeling.
2. **Approach:** Open the circle of communication by responding with words and gestures suited to the situation. Acknowledge his emotional tone and then build on his interests at the moment.
3. **Follow the child's lead.** Be a supportive play partner; assist the child, not direct. Let him set the tone and create his own dramas. This helps him feel connected and understood.
4. **Extend & expand the play.** While following the child's lead, extend and expand on his play themes. Ask questions to stimulate creative thinking to keep the make-believe drama going and help the child name his emotions.
5. **Conclude.** The child closes the circle of communication when he builds on your comments and gestures with comments and gestures of his own.

Your job as the child's play partner is to watch what he is doing, wait for him to interact with you, and wonder a bit about what he is thinking and feeling. Then respond to him in a way that supports his play. This special playtime boosts a child's self-esteem, and lets him know his thoughts and feelings are important to you.

Activity 2: Feeling pictures

Activity content: Social and emotional

Purpose: To help children to identify and label their own emotions

Supplies:

General art supplies

What to do:

- Talk to children briefly about how every one has feelings and that feelings have names.
- Have children draw pictures of faces that show each of the four emotions that young children are usually able to identify: happy, sad, mad, and scared.
- Ask the children, “What makes you happy/sad/mad/scared?”
- The pictures can go home with children.
- Parents can be encouraged to talk with their children about feelings.

Activity 3: Feeling charades

Activity content: Social and emotional

Purpose: To help children identify and label emotions in others

What to do:

- Have children take turns acting out an emotion such as scared, happy, sad or surprised.
- Other children can guess at the emotion.
- Older children can do this in pairs. The child guessing at the emotion can also suggest a response to the emotion such scared/comforting, happy/happy, surprised/happy and sad/comforting.

Activity 4: The I am Special Song

Activity content: Social and emotional

Purpose: To help children feel special and included.

What to do:

- Have children stand in a circle.
- Introduce the idea that everyone is unique and everyone is special in some way.
- Start the song and fill in the blank with an activity while demonstrating its action.

Song lyrics (sung to the tune of *London Bridge is Falling Down*):

“No one else can _____ (run, sing, skip, laugh, jump, smile, etc.) like me,

_____, like me,

_____, like me.

No one else can _____ like me. I am special!”

- Go around the circle and have each child fill in the blank while acting out their choice.
- Encourage other children to sing along.

Option: replace the action with a personal feature, for example, “No one else has a nose like me.”

Activity 5: The children in our centre game

Activity content: Social and emotional

Purpose: To help all children feel special and included and encourage recognition of positive behaviours.

What to do:

- Gather children in a circle.
- Begin the song and choose the first child.
Song lyrics (to the tune of *Farmer in the Dell*)
Children in our centre, children in our centre
Big, small, short and tall children in our centre
Verses:
The leader finds the smallest...
The smallest finds the oldest...
The oldest finds the youngest...
The youngest finds the bravest...
The bravest finds the friendliest...
Final verse:
We all are friends, we all are friends,
Big, small, short and tall, we all are friends.
- On the next verse that child picks another.
- Continue through the verses until each child is chosen.

Activity 6: Daycare centre welcome mat

Activity content: Social and emotional

Purpose: To help children feel connected to the daycare centre and to develop a welcoming atmosphere for all.

Supplies:

Large strip of mural paper or old sheet

Pie plates of paints

Paint brushes

Other art supplies

Another old sheet, tarp or newspaper

What to do:

- Place pie plates of paint, paintbrushes and other art supplies around the edge of a big strip of mural paper or an old sheet.
- Put another old sheet, a tarp or newspaper underneath to prevent spills onto floors or carpet.
- Make a welcoming mural of thumbprints, handprints, signatures, pictures, drawings, favourite sayings and greetings in many different languages and styles.
- Hang the completed mural for all the families to see.

Activity 7: Dear Mom and Dad

Activity content: Speech and language

Purpose: To increase the information shared between parents and children.

Supplies:

Daily record of highlights

Art projects completed by child

Souvenirs from field trips

What to do:

- Gather children in a circle.
- Discuss highlights of the day.
- Practice sharing important events of the day with each other.
- Use props (pictures, crafts) to help children remember details.
- Ask parents to discuss the highlights with their children during their ride home.

Activity 8: Multicultural calendar

Activity content: Speech and language

Purpose: To learn about and share different cultural holidays and events; to provide rich experiences from which to build language.

Supplies:

Large calendar

What to do:

- Ask parents to provide dates and customs around special events and holidays from their culture.
- Each month mark holidays and events on the calendar.
- Celebrate each by asking children to share pictures, songs, dances and traditions with the class.

Activity 9: Every child is special

Activity content: Speech and language

Purpose: To celebrate each child's qualities; to provide opportunities to learn new descriptive words.

Supplies:

Large piece of Bristol board

Photographs of each child

Pieces of each child's work

What to do:

- Give each child a chance to be the special person.
- Help other children provide positive comments about the special child.
- Write comments on Bristol board.
- Add the child's picture and pieces of work to the poster.
- Post at children's level.

Activity 10: Food discovery

Activity content: Nutrition

Purpose: To talk with children about the foods they eat.

Supplies:

Pictures or samples of different foods

Canada's Food Guide

What to do:

- Use the sample discussion questions listed below to talk about different types of foods. Follow the lead of the children and go where the discussion takes you.
- Sample discussion questions:
 - What is this food?
 - What does it feel like? Taste like?
 - Who has tasted this food?
 - Where does this food come from? How does it grow?
 - How does it get to the grocery store?
 - How is this food made? How is this food cooked?
 - What food group does this food belong to?
 - What are other foods that belong in this food group?
 - What are the four food groups of *Canada's Food Guide*?
 - Why do we eat healthy foods?
 - What does this food do for our bodies?
 - What do you feel like when you eat _____?
 - What foods would you eat everyday?
 - What foods would you eat some times?
 - What special foods does your family eat when it is (name of holiday, event, celebration)?

Activity 11: Create a collage

Activity content: Nutrition

Purpose: To increase the children's awareness of *Canada's Food Guide*.

Supplies:

Canada's Food Guide

Poster-size paper

Tape

Grocery store flyers or old magazines

General craft supplies

What to do:

- Make a food guide poster by colouring your own rainbow and covering it with pictures of foods from flyers and magazines.
- Tape the poster to the wall.
- Draw four rainbow bands and have children colour them yellow, green, blue and red to match *Canada's Food Guide*
- Have children cut out food pictures from the magazines and flyers (or have children pick pre-cut pictures).
- Have the children take turns gluing their picture on the appropriate rainbow band/food group that their food belongs in.
- Talk about *Canada's Food Guide* with children.

Notes on *Canada's Food Guide*:

- Foods come in many different colors—just like the rainbow.
- We need to eat foods from all four food groups so we can grow big and strong and have lots of energy to play and learn.
- We need foods like grain products to give us energy to learn and play.
- We need vegetables and fruit to help us grow big and strong.
- We need milk products to build strong teeth and bones.
- We need meat and alternatives to build strong bodies.
- Other foods like candy, cookies, and pop are foods we eat only once in a while. They don't help us grow and stay healthy.

Activity 12: Placemat

Activity content: Nutrition

Purpose: To increase awareness of children's favourite foods and where they fit into *Canada's Food Guide*.

Supplies:

8½ x 11 inch paper

Crayons

Markers

What to do:

- Have each child draw a picture of their favourite food on a piece of paper.
- Talk about where the foods come from, how they fit into *Canada's Food Guide*, and how they fit into a healthy diet.
- If possible, laminate the picture so they can be used as a placemat. If lamination is not possible, put the placements into a plastic page protector, available at most office stores.

Activity 13: What in the world?

Activity content: Nutrition

Purpose: Increase awareness of the diversity of food in the world; increase awareness that food is related to many things, including culture, religion, special events, holidays and celebrations.

Supplies:

Book, song, picture, food or other prop related to your chosen topic

What to do:

- Seek help from parents if you are planning on focusing on certain ethnic dishes.
- At appropriate times of the year, read a story, sing a song, show a picture or other props, for example, chopsticks, naan bread, pasta or coconut.
- Talk about an event, holiday or celebration and the food associated with it.

Examples:

January	New Year, Chinese New Year, Eastern Orthodox Christmas
February	Valentine's Day, Family Day, Purim
March	St. Patrick's Day, Naw Ruz
April	Easter, Passover, Earth Day
May	spring planting
June	summer fruits, water, National Kids Day
July	Canada Day, barbeque, camping
August	Heritage Day, birthdays
September	Rosh Hashanah, autumn, harvest
October	Thanksgiving, Halloween, United Nations Day, Diwali
November	All Saint's Day, Eid, foods from different cultures
December	Christmas, Hanukkah, Kwanzaa, Winter Solstice

Activity 14: Where food comes from

Activity content: Nutrition

Purpose: To increase awareness of where foods come from.

Supplies:

Book, song, poem or rhyme related to food. For example, *Peanut Butter* song or books such as *D.W. the Picky Eater* by Marc Brown, *If You Give a Moose a Muffin* by Laura Numeroff, *Lunch* by Denise Fleming and *The Very Hungry Caterpillar* by Eric Carle.

What to do:

- Gather children in a circle.
- Sing the song or read the book with the children.
- Discuss the foods in the song or book.

Activity 15: Yogurt faces

Activity content: Nutrition

Purpose: To increase awareness of the importance of milk, where it comes from and other dairy products.

Supplies:

Canada's Food Guide

Yogurt

Small pieces of fruit such as blueberries, raspberries, strawberries, raisins, dried cranberries, apple wedges and/or banana slices

Breakfast cereals such as Shreddies®, Cheerios®, Rice Krispies® and/or Bran Flakes®

Small bowls

What to do:

Wash and cut fruit.

Gather children at tables.

Talk about the importance of milk products, fruit and grains.

Dish out yogurt into individual bowls for each child.

Allow kids to choose their own fruit pieces and cereal to make face in the yogurt.

Eat and enjoy.

Activity 16: Beautiful bubble paper

Activity content: Hygiene

Purpose: To show children that keeping clean can be fun.

Supplies:

Newspaper

Apron

One package white tissue paper, classroom butcher paper or card paper

Two colours of food colouring

500-ml plastic container for each child

One bottle of liquid detergent

Large cup of water

One straw for each child

Crayons or colouring materials

What to do:

- Place the newspaper out on a large, flat workspace.
- Put on apron.
- Decide whether you would like to make wrapping paper or a card.
- If you are using tissue paper, make sure each wrapping piece is three layers thick to prevent the liquid from going through.
- Fill container half full of water, add in two to three drops of food colouring until the desired colour is reached, add in a small squirt of soap.
- Add straw into container of liquid and begin blowing bubbles until they rise above the container.
- Place paper on top of bubbles.
- Place paper onto newspaper and allow it to dry.
- Add more artwork as children like.

Activity 17: Grow and show for preschoolers

Activity content: Hygiene

Purpose: To demonstrate to preschool-age children how germs are carried and spread.

Supplies:

Can opener

One tomato soup can

Measuring cup

Plastic storage container

1 cotton swab

1 jar lid (plastic peanut butter lids work very well)

Refrigerator

Permanent marker

Magnifying glass

1 resealable sandwich bag

Rack

What to do:

- Carefully open the tomato soup can.
- Pour enough tomato soup into the jar lid to cover the bottom.
- Take a cotton swab and rub it over the inside of the child's hand in a Z pattern.
- Gently rub the swab over the surface of the tomato soup in a Z pattern.
- Use a permanent marker to write the child's name and the date in a corner of a sandwich bag.
- Carefully place the lid in the sandwich bag and seal.
- Throw away the swab.
- Put the lid on a rack and place the rack where it can be easily seen.
- Try to view the lid every day for a week. You can make notes of what you see. Talk about how germs are spread and grow.
- Throw away the lid after one week.

Warning: *This activity needs to be carefully monitored. The lid should be kept inside the sealed sandwich bag so that the children don't breathe in potentially harmful microbes.*

Activity 18: Play-dough theatre

Activity content: Language and fine motor development

Purpose: To encourage creativity, pretend play, fine motor development and language development.

Supplies:

Play-dough or modelling clay

What to do: Use Play-dough or modeling clay to retell a story or an event. Possible things to recreate with clay are:

- The story of the day.
- What the children did on the weekend.
- Their favourite things.
- A recent fun event in childcare.
- A recent field trip.

Activity 19: Art's alive

Activity content: Play

Purpose: To encourage pretend play with art projects.

Supplies:

Art projects such as puppets, masks or costumes

What to do:

- Use children's art projects to retell a story or event.
- Be sure to allow time for the project to dry before using in play.
- Allow adequate time and space for the children to develop their own version of the story.
- The art project could be made one day, the story developed on the second day, and the performance held on the third day.

Activity 20: The Wizard

Activity content: Play

Purpose: To encourage turn taking, dramatic play acting, and imagination.

Supplies:

Optional wizard's hat and magic wand

What to do:

- Choose a child to be the wizard
- As the wizard walks around the room, everyone chants:
"I am a wizard, the wonderful wizard,
Alakazaam, kazoo.
I am the wizard, the wonderful wizard,
And now I turn to You."
At this point, the wizard taps someone on the head and says, "You are a _____."
- The wizard tells the chosen child to be whatever he chooses, for example, a cat, a monster or a fish.
- This child then becomes the wizard.

From 500 5-minute games. Quick and easy activities for 3 to 6 year olds

Activity 21: Snactivity Box

Activity content: Active living

Purpose: To promote healthy eating and active living habits in young children

<http://www.calgaryhealthregion.ca/programs/nutrition/pdf/snactivity%20box%20source%20file%20final%20sept%202008.pdf>

Activity 22: Playground safety

Activity content: Active living

Purpose: To help the children identify safe places to walk when around playground equipment. To help make safe play a habit.

Supplies:

Powdered chalk

What to do:

- Walk around the playground with the children in your group.
- Talk about where it's safe to walk.
- Make it fun and obvious what you are talking about. For example, have children follow you under the see-saw and say, "Should we walk here when children are playing?" Walk close to swings and gently swing the swing and say, "What about here?" etc.
- Once you have walked all around, ask, "Where should we walk?"
- Let the children lead you around. Ask which places are safe and which are not.
- Using the chalk, outline areas that are not safe to walk in.
- Tell the children they have made the rules for walking and running in the playground. (Not to walk inside the lines when someone else is using the equipment such as swings, slide, climbing equipment, etc.).

Activity 23: Buckle-up safety songs

Activity content: Active living

Purpose: To remind children to always wear a seat belt and to ride in the back seat.

What to do: Introduce one or all of the songs to the children.

Older children can be divided into two groups so some can sing the questions and others can sing back the answers. Then repeat the song, with children trading parts.

Buckle, Buckle, Buckle Up

Song lyrics
(to the tune of *Row, Row, Row Your Boat*)

Buckle, buckle, buckle up
Riding in the car.
Always put your seat belt on
Going near or far.
I am very special, and
I take care of me.
Riding safely in the back's
The safest place to be.

I Always Buckle Up

Song lyrics (to the tune *The Farmer in the Dell*)
I always buckle up
I always buckle up
Whenever riding in the car
I always buckle up
My (Daddy, Mommy, brother, sister, puppy)
buckles up
My (Daddy, Mommy, brother, sister, puppy)
buckles up
Whenever riding in the car
My (Daddy, Mommy, brother, sister, puppy)
buckles up

Wear Your Safety Belt

Song lyrics
(to the tune of *Alouette*)

Wear your safety belt
Always wear your safety belt
Wear your safety belt
Riding in the car
When I'm riding in the car,
If I'm going near or far,
I buckle up
I buckle up
I buckle up
I buckle up
Oh—oh—oh—oh
(Repeat)

Activity 24: Safety detectives

Activity content: Active living

Purpose: To increase children's awareness of hazards in their environment.

Supplies:

Sticker or paper stars

What to do:

- Have children pretend they are detectives and search for the things that could be unsafe or harmful.
- Each time a child finds an example of an unsafe situation or thing, award a sticker or star (to the individual child or all children).
- When finished detecting, call everyone together and have the children try to remember what each token was for.
- Things they might look for include:

Poison plants

Stinging insects

Holes in the ground

Broken glass

Ice

Poorly maintained equipment

Obstacles on the path

Children behaving unsafely

Sharp objects

Litter

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Creating the Circle of Healthy Child Care

Produced by Alberta Health Services, this concise and easy-to-use resource guide is part of a family of publications to support and promote the health and wellbeing of young children and their families.

Creating the Circle of Healthy Child Care was produced specifically for early childhood professionals in day cares and family day homes. Drawing from best practices in health and wellness and child development, *Creating the Circle of Healthy Child Care* provides practical information and strategies for child care environments. Topics range from growth and development to injury prevention, and supporting materials offer valuable resources and engaging activities.

Whether you work in a child care centre or operate a family day home, you, the children in your care and their families can benefit from *Creating the Circle of Healthy Child Care*.