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Early Care and Education Issue

Early Education and Intervention Network
of New Hampshire

Helping Children Make Transitions between Activities

www.vanderbilt.edu/csefel

M. M. Ostrosky, E. Y. Jung, M. L. Hemmeter

This *What Works Brief* is part of a continuing series of short, easy-to-read, “how to” information packets on a variety of evidence-based practices, strategies, and intervention procedures. The Briefs are designed to help teachers support young children’s social and emotional development. They include examples and vignettes that illustrate how practical strategies might be used in a variety of early childhood settings and home environments.

Numerous times a day, young children move from one activity to another in their early childhood classrooms. For example, at Glendale Early Childhood Center, children are greeted as they get off the bus. As they emerge from their buses, the children in Ms. Karen’s preschool classroom gather around the playground fence and sing songs until all five buses have come and gone. As the 15 preschoolers prepare to walk to their classroom, Ms. Karen reminds the children to use inside voices and to stay along the right side of the hall so other teachers and children can pass by. She also suggests that Cameron and Elizabeth hold hands, knowing from past experience that Cameron will have an easier time moving down the long hall if he has a buddy close by him.

After the preschoolers round the corner and see their classroom and cubbies, they get busy hanging up coats and backpacks, handing notes from home to Ms. Karen and Ms. Ellie (the teaching assistant), and selecting books to look at on the carpeted area. One child, Daniel, typically needs a little extra help removing his coat, so a teacher is always nearby to assist Daniel so he won’t become frustrated, yet will continue to become more independent. As children begin moving to the large carpeted area with books, Ms. Ellie joins them while Ms. Karen stays with the group needing a little extra time and help at their cubbies. Ms. Ellie has arranged numerous books about fire trucks and fire stations on the rug for the children to make a selection. Ms. Jimenez, Lily’s mother, has even lent the class three books about fire trucks, written in Spanish.

The preschoolers became very interested in fire trucks a few days before when a small garage nearby caught on fire and three fire engines went racing by the classroom window. Ms. Ellie begins having conversations with the children about the trucks, hoses, fire house dogs, and other things they see in the books. She asks them questions about their experiences with fire trucks and she points to different objects in the books (e.g., fire hydrant) as she says the name so the children hear the words and connect them to the

Continued on page 3.

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In this issue. . .

Boosting Speech and Language Skills in Young Children

by Maureen Chorma 2

Life Threatening Food Allergies in the School Setting

by Ruth Hinde-Moura 4

Asthma in Child Care Settings

submitted by Sharon Kaiser 5

Learning through Play

by Maureen Chorma 6

Kindergarten Readiness Checklist

by Peggy Gisler 7

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Boosting Speech and Language Skills in Young Children

by Maureen Chorma, MS, CCC-SLP

The most common developmental issue for young children is a speech and/or language challenge. Some of these children should be seen for therapy by a speech-language pathologist, but there are also many things that their parents, family members and caregivers can do to give them a little “boost.”

- Provide opportunities for the child to verbally request what he or she wants. Put things just out of their reach, so that they have to tell you what they want. You may need to provide a word for them to repeat. Don’t assume you know what they want, but let the child tell you.
- Communication is a two-way street. Give the child time to talk, as well as you talking to them. And when the child does communicate, make sure that you are validating his or her efforts, no matter how insignificant. Listen, and take turns. This may be harder than you think!
- Always gain the child’s attention before communicating with them. Make sure that you are at their level, both physically and communicatively. Try to keep background noise to a minimum.
- Limit the number of questions that you are asking a child. You don’t want to overwhelm them. Make sure you are giving them enough time to respond. Asking a “yes/no” question will make for a shorter conversation than asking a “wh” question.
- When a child says something incorrectly, repeat it back to them in the correct manner. (For example, Kevin says, “Doggie goed out.” You say, “Yes, the doggie went outside.”)
- Sing familiar and social songs, and read stories where the word repeat and the child can fill in familiar words.
- Follow the child’s lead and talk about objects, people and activities that are interesting to them.
- You need to be a good speech model, if you want them to follow your lead! Speak clearly, naturally and use correct speech sounds and real words.
- If a child says one word, respond by building on that one word in different ways. (Patrick says, “car” and you say, “big car, blue car, car goes fast.”)
- Talk about different sounds that you hear and what they might be.
- Using gestures or visuals (such as pictures) may help a child follow directions or follow a daily routine.
- Highlight what you are saying by: saying less, stressing what you are saying, saying it slow and showing what you mean.
- Help children to ask and answer questions by playing funny “yes” or “no” games (Asking a boy, “are you a girl?”—children love to say no! Then they get to ask you questions).
- Ask questions to require a choice, as it takes off some of the pressure of coming up with an answer.
- Purposefully do “forgetful” or silly things, to give the child the chance to “be the teacher” and correct you, or tell you the sequence of an activity.

Despite your best efforts, some children will need intervention from a speech-language pathologist. Knowing when to make a referral can be difficult, but know that the earlier that a child receives intervention, the better the prognosis usually is. And a speech-language pathologist can give you skills that work for each specific child, to help them make progress. If you have concerns, consult your pediatrician, school district or early supports and services provider for the next steps.

Helping Children Make Transitions between Activities

Continued from page 1.

pictures. While the children are looking at books, Omeed, a child with autism, has begun to get restless. Ms. Ellie calmly brings him onto her lap, hands him a plastic fire truck, and begins turning the pages of the fire house book he has selected. Soon Ms. Karen joins the others on the carpet and pulls out the photo schedule to show the children what will happen today. They begin talking about centers that are “open,” and the children start making choices and moving to the different play areas.

For some young children, moving from one activity to another (e.g., bus to classroom, cubbies to book reading, art time to lunch) results in confusion, frustration, and challenging behaviors. Caregivers such as Ms. Karen and Ms. Ellie apply a variety of strategies to help children make smooth, independent transitions.

When thinking about transitions, caregivers might ask themselves questions such as:

- How do I prepare children to move from one activity or setting to another?
- Do I plan my daily schedule to include transition times and consider what the children and adults in the setting will do during these times?
- What activities such as singing, playing word or guessing games, reciting rhymes, or doing finger plays can I do with the children in my care so the time passes more quickly as they wait for the bus to come, for other children to finish using the bathroom (e.g., if location requires the entire class to toilet at the same time), etc.?
- How do I meet the individual needs of children who might need more support or different types of support during transitions (e.g., photos to help them anticipate what activity is next, directions given in a child’s home language or sign language, an individual warning to a child that soon it will be time to clean up and begin a new activity)?
- Do I have too many transitions between activities?
- Do children become frustrated at not having enough time to finish a project or activity?
- How do I help children become more independent across the year as they make transitions from one activity to another (e.g., gathering backpacks and putting on boots, picking up toys)?
- Do I provide positive attention to the children following the transitions that go smoothly (e.g., the times that children pick up the toys without prompting)?

Strategies that support smooth transitions between activities include verbal cues such as verbal reminders before transitions (e.g., “5 minutes before snack time,” “it’s almost time to clean up”) and positive feedback after transitions (e.g., “Nicholas and Jorge did a great job cleaning up the block area and moving to the carpet.”). Nonverbal cues (e.g., showing pictures of the next activity, ringing a bell) are another frequently used strategy to help young children make smooth transitions. Adults also let children move individually from one area to another area when they are ready to avoid making children wait for the entire group to get ready. For example, as children finish hanging up their backpacks, Ms. Ellie encourages them to go to the carpet and choose a book. Adults also consider activity sequences by planning a gradual increase or decrease in the level of activity (e.g., gross motor activities such as gym or outdoor play followed by snack) and a good balance of active and quiet play (e.g., center or large group time followed by story time). In addition, adults teach peers to help children who have a hard time during transitions. For example, children such as Cameron and Elizabeth may move in

pairs from one activity to another, or adults may prompt one child to help another child gather his/her backpack. Caregivers also help children self-monitor so they become more independent at moving between activities. For example, children can be asked to reflect on how quietly or quickly they moved from one activity to another (e.g., “Yoshi, what did you do when you heard Ms. Forbes ring the bell?”). When implementing different approaches to facilitate transitions, it is important that adults praise children after transitions are completed to help children learn expectations.

Evidence-based practices are those strategies, documented by research, that have been shown to “work” with young children. It is important that work with young children and their families is based on evidence-based practices. Researchers have shown that planning for and supporting transitions between activities is beneficial to young children. Care must be taken in adapting transition strategies to meet the individual needs of young children and the cultural and linguistic diversity of the families served within the setting.

Why Is It Important to Address Transitions between Activities?

Research studies have suggested that transitions take a great deal of time but that caregivers tend not to plan for transition time when they plan their schedules. During transition time, children often spend much time waiting to move to or begin the next activity in preschool classrooms, child care settings, and home settings. For example, all children might be required to wait until everyone has finished snack or lunch before moving to the next activity, or children might be expected to wait for buses quietly for time periods that cause even the most compliant preschooler to become fidgety! Some children have stressful and frustrating experiences making smooth and independent transitions between activities. They might be reprimanded multiple times for touching things on the wall, poking their peers, talking, or squirming during transitions between activities.

Evidence-based practices are those strategies, documented by research, that have been shown to “work” with young children. It is important that work with young children and their families is based on evidence-based practices.

Many preschool teachers and other caregivers consider children’s ability to independently make transitions between activities one of the essential skills needed in group contexts such as kindergarten and preschool. Skills such as putting on and taking off a jacket, cleaning up toys, and lining up reduce transition times and lead to more time for children to become engaged in learning activities. As children become more independent and more focused on what they “should be doing,” we are less likely to see problem behaviors. Many preschool teachers and other caregivers consider children’s ability to independently make transitions between activities one of the essential skills needed in group contexts such as kindergarten and preschool.

Who Are the Children Who Have Participated in Research on Transitions?

Like all areas of research, studies on transition strategies have been conducted with a limited group of children in certain settings. Care must be taken to determine if strategies are culturally, linguistically, and individually appropriate for the children in your care. For example, some children may have had limited opportunities to independently choose and look through picture books and might need more adult support and supervision. The importance of adapting strategies to meet the needs of the children and families in your care cannot be overstated.

Continued on page 4.

Life Threatening Food Allergies in the School Setting

by Ruth Hinde-Moura, R.N.

In my 19 years as a nurse I have had varied experiences and worked with just about every age group. I have often said to my husband “the older I get the younger my patients get.” I started my nursing career working in medical oncology with mostly older adults and have slowly worked my way to children from preschool to grade 3.

I have been a school nurse now for almost 3 years. Not new to nursing, but new to school nursing, I quickly learned the hottest topic and biggest challenge in school health is managing students with life threatening food allergies. The increased incidence of allergies among young children has made this a timely issue.

An allergy is an overreaction by the immune system to something it perceives as harmful. Anaphylaxis is the extreme allergic response. It is a sudden, severe, systemic and possibly life threatening reaction to an allergen.

Many theories exist for the increased incidence and severity of food allergies. A popular theory for this phenomenon is the “Hygiene Hypothesis.” Children are not readily exposed to dirt, animals and other allergens at a young age and the immune system is not given the chance to mature properly. It is note worthy that children with both asthma and food allergies seem to be at greater risk for, anaphylaxis.

By life threatening allergies we are referring to students that have had, or are at risk for anaphylaxis. These students have all been prescribed epinephrine auto injectors also known as “EpiPens.”

The most common food allergies include peanuts, tree nuts, fish, and shellfish which frequently cause the most severe reactions, and milk, wheat, eggs and soy which are not always life threatening. Peanut and tree nut allergies seem to be the most recognized. We have seen much in the news and on television about the increased incidence of peanut/tree nut allergies. The other reason for concern is that peanut/tree nut allergies tend to be life-long.

Many strategies have been initiated in schools to minimize exposure to the allergic child. There is a broad spectrum of preventative options ranging from a “nut safe” lunch table in the cafeteria to completely “nut safe” schools and every option in between. At our school the kindergarten and preschool wing as well as one classroom per grade level for grades 1-3 are nut safe. These children wipe hands with a baby wipe each time they enter the classroom. The lunches and snacks are checked daily for nuts, nut products, traces of nuts and anything manufactured on equipment or in a factory that also processes nuts. These students eat lunch at nut safe tables in the cafeteria.

A key element in prevention is teaching self advocacy. Starting at a basic level by explaining the allergy to the child and why they cannot have certain food items. Eventually, teaching the children to read food labels, to ask questions, to recognize symptoms and to seek help when necessary. It restores power to a child who may feel powerless.

Epinephrine auto injectors are kept at school for the allergic students. The process starts when the health forms of a new student are reviewed. The parent/guardian is immediately

contacted if an allergy is noted to discuss the details. The parent/guardian will be given an “allergy action plan” to be completed by the child’s physician. This form includes important key information for the nurse such as symptoms, the prescription for the epinephrine and any other crucial instructions necessary to treat the child.

An individual health care plan will be drafted and tailored to the needs of the particular student based on feedback from the parent/guardian and health care provider. In specific cases staff members will be trained in Epinephrine administration in the event the nurse is not immediately available, i.e. a field trip. In the unlikely event of a known or suspected exposure, trained staff would be permitted to administer the epinephrine. They would not be permitted to make a clinical judgment about whether other actions should be taken first. The staff is instructed to err on the side of caution. Epinephrine will have no long term ill effects, but delaying treatment may.

These staff members review yearly the signs and symptoms of anaphylaxis, and practice mock epinephrine administration under the guidance of the nursing staff. They also practice mock scenarios on the playground and cafeteria.

Health care providers in the school setting walk a fine line between the safety of the individual and the needs of the entire student population. Safety is always our priority and safety with respect for all is our goal.

Helping Children Make Transitions between Activities

Continued from page 3.

As we take a peek into Ms. Karen’s classroom three months later, we see that most of her students are independently hanging up their backpacks and getting ready for the day by placing their belongings in their cubbies with little or no assistance. We also note that children move fairly independently when told that it is time to “clean up.” For example, they sort and put blocks on the correct shelves, clean up art supplies, and put puzzles together before returning them to the shelves and plastic bins. Additionally, we see children taking Omeed’s hand and bringing him to snack and helping him to line up when it is time to go outside. They support Omeed without any cues from the teachers. When we look at Ms. Karen’s daily planner, we see that she consistently “plans” for transition times by noting songs to be sung as children wait for others to arrive at the carpeted area from snack, finger plays to do as children wait for the buses to arrive at the end of the day, and word games to play as children move to the gym. Ms. Karen and Ms. Ellie know that these transition strategies help prevent challenging behaviors because young children are actively engaged, they are too busy to look for other things to do! These teachers have seen their students become more independent as the year progresses and they know that careful and thoughtful planning across the day has contributed to this growth.

Where Do I Find Information on Implementing This Practice? See the CSEFEL Web site (<http://csefel.uiuc.edu>) for additional resources.

Asthma in Child Care Settings

taken from the Health and Safety Notes, California Childcare Health Program
submitted by Sharon Kaiser

Asthma is a most common chronic childhood disease. Children with asthma have sensitive inflamed airways in their lungs. There are many triggers that make their asthma worse. Medication can help keep asthma under control, but avoidance of things that trigger the asthma symptoms is essential. Out of control asthma episodes find the airways very inflamed, the muscles around the airways tighten up, the airways start to plug up with mucus and breathing is difficult. Doctors can help determine and an individual child's triggers.

Brooke Stebbins, RN, Healthy Child Care NH, at the Maternal Child Health Bureau can assist New Hampshire childcare centers with their care plans for children with asthma. She can be reached at 1-800-852-3345 X 4667. The following fact sheet from California Childcare Health Program is also a great resource for those who have children diagnosed with asthma in their programs.

Asthma is the most common chronic disease among children who use child care. It occurs in 7 to 10 percent of all preschool and school-aged children. Therefore, it is highly likely that you will have at least one child with asthma in your program at some time. With appropriate care at the doctor's office, home and child care, most children with asthma do extremely well in child care settings and can participate in all activities.

Asthma is a condition in which the air passages of the lungs become temporarily narrowed and swollen and produce a thick, clear mucous, causing the child to have difficulty breathing. The symptoms can disappear temporarily with treatment and/or removal from whatever is causing the asthma. Asthma cannot be cured and it has been recently learned that repeated attacks can cause permanent damage to the lungs. Asthma can be controlled with appropriate care.

Signs and symptoms of asthma

Each child may have different asthma symptoms. The parents and physician should tell you what to watch for.

- Coughing (children often have cough as an early or only symptom of asthma)
- Complaint of tightness in the chest
- Wheezing
- Rapid breathing or difficulty breathing
- Decrease in peak flow meter reading
- Unusual tiredness
- Difficulty playing, eating or talking

Indications of severe asthma episode:

- Flaring nostrils or mouth open
- Bluish color to the lips or nails (late sign: call 9-1-1)
- Sucking in chest or neck muscles (retractions)

Asthma triggers

Asthma episodes are usually started by "triggers," events that begin an asthma attack. Each child will have different

triggers. Not every child has identified triggers.

- Allergies to substances such as pollen, mold, cockroaches, animal dander or dust mites
- Allergies to a particular food
- Infections such as colds or other viruses
- Irritants such as cigarette smoke, cleaning supplies, air pollutants or other airborne substances
- Cold air or sudden temperature or weather changes
- Exercise or overexertion
- Very strong emotions such as laughing, crying and stress

Responsibilities of providers

- Learn the basics. Read this health note and a few simple pamphlets about asthma.
- Consult with the child's parents, physician and your health consultant. Learn about the child's triggers, symptoms and treatment. Find out the following:
 - How severe is the child's asthma? Has he or she ever been hospitalized or gone to the emergency room due to asthma? How many attacks this year?
 - How can you judge the severity of an episode? How will you know if the child just needs to rest, if treatment is needed, whether the parents should be called, or whether to call 9-1-1?
 - What are the triggers for asthma for this child and how can they be reduced?
 - What medicines does the child routinely take, and which additional medications are to be given when asthma worsens?
 - How do you correctly use a nebulizer, an inhaler and spacer, and a peak flow meter if the child needs them?
 - What do you need to do in an emergency (for example, administer inhaler or nebulized medications, and call the child's physician or 9-1-1)?

Collect and record information as required by licensing.

- NH law allows licensed child care providers to administer inhaled medication for respiratory problems such as asthma.
- Have a form completed by a physician or their representative that gives you exact dosing information, including side effects and other possible concerns for each particular child. Have the asthma management plan updated every six months.
- Develop an individualized care plan with the parent and involve the child if he or she is old enough (use Licensing Form 9166).
- Develop a program-wide asthma plan (for a sample Special Care Plan check Appendix M, Caring for Our Children: National Health and Safety Performance Standard, Second Edition, 2002 at <http://nrc.uchsc.edu/CFOC/index.html>).

Continued on page 7.

Learning through Play

by Maureen Chorma, MS, CCC-SLP

The importance of play in the early years cannot be disputed, as quality early childhood education is an extremely important in further maximizing potential. High quality care after the age of two can produce a range of benefits to the social emotional, physical, cognitive and language development of the child. Purposeful play is an essential and rich part of the learning process. Play is a powerful motivator, encouraging children to be creative and develop their ideas, understanding and language. Through play, children explore, test out and apply what they know, learning when they feel confident and secure. Play also plays a large part in enhancing children's school readiness. It is up to preschool teachers and daycare providers to offer the ideas, equipment, and environment which allow children to learn and explore.

Although some school subjects are typically thought to be reserved for older children, preschoolers are also learning about literacy, math, science, social studies, the arts and technology. Young children are inherently curious about the world around them. They see themselves as inventors, problem-solvers, discoverers and capable learners and the proper environment can help to develop their natural curiosity. They can observe, explore, take things apart, build, create, draw and see what they can find out. The more active children are in their "work," the more they learn and remember.

Young children learn every minute of the day, from the way the classroom is organized, the daily schedule, activities and outdoor play. The classroom needs to be set up for learning. Materials should be low and on organized shelves for children to have easy access. Clear pictures and labels teach children where things belong. Having distinct interest areas (such as blocks, games, art, library, kitchen, etc.) helps children to know what choices are available and helps them to make decisions. Keeping similar materials together helps children learn to sort and classify.

How can a young child learn early literacy skills? Conversation is the earliest building block of literacy. We talk with children as we play or describe what they are doing. We ask and answer questions. We listen to children and encourage conversations

between peers. Even though a young child is not yet reading books, exposure to books and other written media helps them to understand that we convey meaning from print and to learn how a book works. Young children are learning names for letters, that letters make sounds, and are exploring the sounds of language through rhyming. Books can and should be found in every classroom interest area. Early scribbling can turn into a writing task when a child is asked what they wrote or drew.

Isn't a preschooler too young for math skills? Of course not! Math is more than just knowing numbers and counting. It's about organizing information, comparing amounts and seeing relationships. Math involves logical thinking. Counting songs and rhymes, stringing beads in a pattern, sorting objects by size, and following steps in a recipe are all great activities that foster early math skills.

Young children are natural scientists. They want to find out how insects and pets eat, move, feel and reproduce. Schools that provide children with the opportunity to interact with, observe and explore the natural world are helping to encourage the development of a sense of wonder. Some great science tools include magnifying glasses, eyedroppers, measuring cups, magnets, gears and scales. Asking and answering questions are part of the scientific process.

Just as they are curious about science, young learners are also curious about the world that they live in—where people live, what jobs they do, how they use and take care of the environment. This is social studies. Participating in group activities teaches children about rules, choices, different points of view, and treating others as they want to be treated.

Young children love the arts—drawing, painting, cutting and pasting, molding dough! They also enjoy moving to music and pretending. The arts give children different ways to express what they know a feel. Creative art materials are a must for any preschool setting, including paint, markers, crayons, glue, tape, scissors, clay, and collage materials, so children can be encouraged to create

Continued on page 7.

Asthma in Child Care Settings

Continued from page 5.

- Enforce the non-smoking policy.
- Record medication use and your observations of the child. Share them with the parent/guardian. Call the Healthline at (800) 333-3212 for sample forms.
- Provide staff training on asthma, including signs and symptoms of asthma, administration of medications, and the asthma emergency plan.
- Modify the environment as needed. Reduce triggers.
- Become familiar with signs and symptoms of worsening asthma.
- Encourage the child to drink lots of fluids daily. This helps prevent “plugged” airways in asthma, especially when an episode occurs.

When an asthma episode occurs

- Remove the child from known triggers, if possible.
- Help the child rest in a sitting position (sitting allows the child to breathe more easily).
- Keep the child relaxed by staying calm yourself and calming other children present.
- Administer medications as directed.
- Have the child blow into the peak flow meter, if possible, to gauge improvement as recommended by the medical provider.
- Call emergency contacts if the child gets worse or does not respond to medication in 15 minutes (parents, physician and emergency response system, if necessary).
- Stay with the child; observe closely until help arrives.
- Document the episode and use of medication.

Responsibilities of the physician or other health care provider

- Health care providers should assess the patient’s child care setting and child care staff knowledge about asthma control and request that an extra set of supplies (peak flow meter, nebulizer, spacer, medications, etc.) be kept at child care.
- Health care providers should train the parent/guardian and child care provider in observation of the child for asthma, routine medication administration, what to do if asthma worsens, what to do in an emergency situation, and the use of an asthma diary (if needed).
- Health care providers should review and approve medications, update medications/care plan at least

annually, and give a signed copy to the child care provider.

- Health care providers should be a resource to the child care provider and parent/guardian and answer their ongoing questions regarding asthma management.

Responsibilities of the parent/guardian and child

- Parents should understand their child’s asthma management.
- Parents should keep a record of the child’s asthma, including daily treatment and changes in response or need for medication, and share this information with the child care provider.
- Parents should ensure that their child care provider is thoroughly trained and make sure their physician knows the child is in child care and has signed a special care plan for their child.
- Parents should provide a set of equipment and medications to be kept at child care.
- Parents should regularly update their schedule, emergency contact phone numbers and special care plan.
- Parents should help their children describe their symptoms. This helps the child care provider monitor their condition and involves them in the process.

Sources

The American Lung Association, *Project Exceptional*, PA Chapter of the American Academy of Pediatrics, *The Allergy & Asthma Network*, *Mothers of Asthmatics*, and *Asthma Charts & Forms* by Thomas F. Plant and Carla Brennan, NEA Health Information Network, *Caring for Our Children: National Health and Safety Performance Standards*, Second Edition, 2002, by Lyn Dailey, PHN (rev. 06/04)

California Childcare Health Program

1950 Addison St., Suite 107 • Berkeley, CA 94704-1182
Telephone 510-204-0930 • Fax 510-204-0931
Healthline 1-800-333-3212
www.ucsfchildcarehealth.org

Learning through Play

Continued from page 6.

their own works of art.

- Technology encompasses more than just computers in our world today. It’s about using tools to get a job done. This may include a workbench, tape recorder, grocery store cash register or computer keyboard.
- How do we know that children are learning? By watching what they do and asking them questions. A good teacher is a careful observer and will collect work samples (drawings, writing, photos of artwork or block buildings). This information can be summarized and shared with parents, who will also have input on what is being learned at home. Together, the teachers and parents can gain a more complete picture of the child’s progress, and plan together how to support a child’s learning.

Kindergarten Readiness Checklist

school.familyeducation.com/kindergarten/school-readiness

by Peggy Gisler, Ed.S. and Marge Eberts, Ed.S.

While there's no perfect formula that determines when children are truly ready for kindergarten, you can use this checklist to see how well your child is doing in acquiring the skills found on most kindergarten checklists.

Check the skills your child has mastered. Then recheck every month to see what additional skills your child can accomplish easily.

Young children change so fast—if they can't do something this week, they may be able to do it a few weeks later.

- Listen to stories without interrupting
- Recognize rhyming sounds
- Pay attention for short periods of time to adult-directed tasks
- Understand actions have both causes and effects
- Show understanding of general times of day
- Cut with scissors
- Trace basic shapes
- Begin to share with others
- Start to follow rules
- Be able to recognize authority
- Manage bathroom needs
- Button shirts, pants, coats, and zip up zippers
- Begin to control oneself

- Separate from parents without being upset
- Speak understandably
- Talk in complete sentences of five to six words
- Look at pictures and then tell stories
- Identify rhyming words
- Identify some alphabet letters
- Recognize some common sight words like "stop"
- Sort similar objects by color, size, and shape
- Recognize groups of one, two, three, four, and five objects
- Count to ten
- Bounce a ball

If your child has acquired most of the skills on this checklist and will be at least four years old at the start of the summer before he or she starts kindergarten, he or she is probably ready for kindergarten. What teachers want to see on the first day of school are children who are healthy, mature, capable, and eager to learn.



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Early Education and Intervention Network of New Hampshire
26 South Main St., PMB #290
Concord, NH 03301

www.eeinnh.org

EMAIL: info@eeinnh.accountsupport.com

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