

The Cole-Harrington Chronicle

Winter 2010

ISSUE 45

A Message from the Director

As we approach the beginning of 2010, I am pleased to report that Cole-Harrington has experienced significant program growth as a result of favorable reviews of submitted proposals. Our state contracts for subsidized child care for children from low income families were up for renewal. In July 2009 we were notified that we were among a limited number of programs from across the state that received high scores on all the required criteria including our approach to developmental screenings, child assessments, curriculum, transitions for children, professional development, family engagement, collaborative and shared efforts with other agencies, and comprehensive services for families and children. Unfortunately due to the state's budget problems there were no new slots awarded for either center based care or family child care. However, there was a family child care system located in Brockton that lost its contracts. In order to preserve continuity of care for the children and their family child care providers, the providers had the option to join our system or become independent providers. As a result of the efforts of Michelle Bradford, Program Coordinator, and her staff we are very pleased to report that we have added seven new family child care providers, a new transportation sub-contractor and will be able to serve thirty-five additional children. We welcome our new providers and families to Cole-Harrington and hope that they will find the services offered through our family child care system to be supportive and responsive to their needs.

In the beginning of the summer we were notified that a child care center sponsored by the YMCA of Greater Boston, located at the Marilyn G. Rodman Educational Center, had decided not to renew its three year contract with Canton. Based on our positive history with our educational child care program for children aged 4.5 to 11 years housed on the grounds of the Galvin Middle School in Canton we were encouraged to submit a bid to take over the YMCA's child care program. The Cole-Harrington Early Learning Center opened its doors the second week in September. With the support of parents who decided to continue to send their children under the new ownership, the leadership of Karen Heavey, Program Coordinator, six remaining staff members along with several new

employees, the program is doing quite well. We are adding new teachers and assistants and steadily moving towards full capacity. Staff are eager to share their talents and skills and seem excited to be part of a quality educational program with long standing roots in the Canton community.

As mentioned in the April 2009 *Chronicle* we have been very busy pursuing a number of professional initiatives to improve our educational program. The Devereux Early Childhood Assessment (DECA), a standardized emotional-social assessment tool and curriculum that supports children's resiliency was piloted last spring. In November we had a Staff Training Day to train all center based staff and social workers on its use. We also used our Staff Training Day to train our program coordinators and family child care providers on how to use our new screening tool, Ages and Stages. Ages and Stages will provide us with a standardized tool to help identify children with special needs. It will also support our advocacy efforts in helping parents obtain special education services for their children if needed.

At times all these new initiatives seem overwhelming and challenging. At the same time it is very exciting. We have hired many new staff members, providers and even drivers to help us handle all the new families and children. All these changes also create additional paperwork and work throughout the agency to keep track of everyone and ensure our financial systems are up and running as well. It is particularly notable that the Cole-Harrington administrative and educational staff has been able to rise to the challenge and do their part to make this transition year of unanticipated program growth successful. I can assure you that all of us at Cole-Harrington look forward to a prosperous, calm and productive new year!

Happy Holidays to you and your family!

Gail H. Brown
Program Director

Talking with Teens

Dear Lauren,

I am a sophomore in high school and I have a great group of friends. They have recently started to go to parties on the weekends. There is always alcohol at the parties and I am starting to get more pressure from them to go but I don't want to be around them when they are drinking. I really enjoy my friends but I don't want to get in trouble for underage drinking. Do you have any suggestions?

Signed,
Krissy

Dear Krissy,

It sounds like you are already on the right track. Peer pressure is never easy but you have already made some great choices. If you haven't already done so, you might want to talk with your friends about the reasons you don't want to participate in the same activities as them. You can explain to them that you love spending time with them but not when they are drinking.

Peer pressure is never an easy thing to address with friends or others around you. In many cases you may want to "fit in" by going against your beliefs and attending these parties. It doesn't make your friends "bad" to explore these types of things at their age but it is still illegal and it can lead you to trouble with your parents, school or even the police. If your friends are not open to what you have to say and willing to make changes about what they do when you're around, it might be time to find some new friends.

Krissy, remember that using alcohol or drugs can increase your chances of giving in to peer pressure. Substance use impairs judgment and interferes with your ability to make good decisions. Stand your ground and go with your gut! If you feel uncomfortable with what your friends are doing then you probably shouldn't be participating. Most important don't be afraid to talk to an adult about your feelings. Talk to someone if you are feeling overwhelmed, if not your mother or father then maybe a guidance counselor or family member. Keep up the good work.

Good Luck,
Lauren Antonetti
Program Coordinator
Teens with Tots

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Tips for Weaning Baby: From Bottle to Cup

By Rachel Johnson, FCC Early Childhood Specialist

Weaning babies from bottle feeding to sippy cup usually comes at a busy time in their lives. At the age most babies are ready to wean, they may also be developing their hand-eye coordination, teething, and learning to crawl.

And like those milestones, weaning baby can leave you with dozens of questions. How long does weaning take? When should you start? What's the best way to do it?

Before you start to wean your child from the bottle there are a few things to consider. If there have been any major changes in your child's life such as a new baby in the home, he just transitioned from crib to bed, or she just started child care, it may not be the best time to wean from the bottle. Too many changes at once can be very overwhelming for a child. Also, make sure that all caregivers are in agreement about weaning. You don't want to stop using the bottle at home but then grandma gives in when she is babysitting. The key to weaning is *consistency*.

The American Academy of Pediatrics (AAP) recommends children stop bottle use at age one. There are many reasons why it is important to wean your child off the bottle.

1. Bottle use after age one significantly increases the risk of *tooth decay*. Decay occurs when sweetened liquids are given and are left clinging to an infant's teeth for long periods.
2. Bottle feeding has been found to increase the risk of *ear infections*. Ear infections from bottle feeding usually comes from milk flowing into the baby's ear, where the warmth of the ear combined with the wetness and sugar of the milk provide a perfect breeding ground for germs.
3. There is new research that has found a link between bottle feeding and asthma. Researchers found that bottle feeding in the bed or crib before sleep time during the first year of life was a risk factor for asthma and recurrent wheezing between the ages of one to five years.

So what can parents do?

1. Introduce a sippy cup at age 6 months and use only the sippy cup by 12 months of age.
2. Use the bottle for feedings only. Don't allow your child to walk around with the bottle at play time. This can increase the attachment to the bottle and make it harder to wean.
3. Offer the sippy cup before every bottle feeding. Your child may refuse but persistence is key.
4. When you start to wean, start by replacing the mid day bottle. Replace the other bottle feedings gradually every few days. Save your child's favorite bottle for last. When it is time to replace that favorite, last feeding, try reducing the amount in the bottle over the course of a week.
5. Toddlers need 16 oz. of milk per day. It may be difficult for your child to drink that much from the sippy cup at first. Yogurt and cheese are great sources of calcium as well.
6. Try different types of sippy cups. You may need to remove the spill proof valve if it is too difficult for your child to drink from.
7. Toddlers like to assert their independence. Allow your child to choose his very own sippy cup.
8. Give lots of praise and encouragement. Every time your child drinks from the sippy cup, clap and cheer! Lots of positive attention can go a long way.

So, how long does weaning to a sippy cup take? It varies, but generally, anywhere from a couple weeks to a couple of months. It depends on your child's age and stage of development as well as the consistency of all caregivers. This may be a difficult time for both you and your child but hang in there! A little patience and a lot of love and attention will help baby through the transition from bottle to cup.

Go Ask Linda

Dear Linda,

My child who just turned three-years-old is attending one of your preschools. I was wondering when he will have a friend. It seems that whenever I come to pick him up, he is playing by himself. Should I be concerned? He seems happy. He's involved but he is often alone.

Signed,
Worried

Dear Worried,

The key phrase in your letter is; "he seems happy" playing by himself. Did you know that children go through various developmental milestones with social skills as they do in other areas of development? I'd like to share these with you in hopes that you will feel more comfortable with where your child is at developmentally and feel okay that he is playing alone sometimes. I will also provide you with ideas on how to encourage friendships.

Children in the toddler years (2 to 3 -years-old) are aware of other children but often prefer to play alone or beside them. They also look at their world egocentrically. Everything is "Mine!!!!" So conflicts over toys, materials, food even people are a natural course of the day. Play at this age is often parallel. There is also a lot of imitation of each other's actions, sounds, and laughter.

Children who are three-years-old and older will make friends with everyone. Their friend today however may be someone different tomorrow. Throughout the day you may see your child involved in various types of play. They may choose to wander around the room, or observe children in play, or play with one or two others, or be involved with an entire group of children. At this age children's play is more cooperative. They are interacting with each other and having conversations with each other. They are also beginning to understand feelings. Because of this your child may be capable of sharing. You may also hear them come up with solutions to problems. Remember though this is a work in progress throughout the preschool years. Play at this age can also be somewhat aggressive. Some children are trying on behaviors of others or they haven't yet learned more appropriate negotiation skills. Play for three-year-olds is also more imaginative. You may see children playing house, restaurant, construction worker etc.

Four-year-olds develop strong friendships but again these can be short lived. This can also be the age of exclusion. "You can't sit next to me," "You can't play here," "You're not invited to my birthday party," can often be heard in four-year-old situations.

With four-year-olds you will see the level of play being much more sophisticated than at three. Socio dramatic play where language is rich and creativity is abundant often occurs at this age. Children take on roles, assign jobs, and create various make believe scenarios. These play scenes often get repeated over the course of time. At four, conflict resolution skills continue to develop. Four-year-olds are using their words more often in problem solving and are generating more creative solutions to problems. Sharing is also more prevalent.

At any age friendships are important to everyone. You can encourage your child to have friends by exposing them to other children. You are already doing this by sending them to preschool. You can also reach out to other families at school or in your neighborhood to arrange play dates and other social activities. You can encourage social skills by role modeling and direct teaching when opportunities arise that require turn taking, sharing, identifying feelings, problem solving, verbalizing feelings etc.

By starting now you are influencing and supporting your child's social development that will continue through life.

Linda Feller
Program Coordinator
Preschool Enrichment Center

Editor's Note: Do you have a problem or question about your child? If so, please send it to Linda Feller, Cole-Harrington Children's Center, 605 Neponset, Canton, MA 02021.

SERVICES AVAILABLE TO PARENTS

HOT LINES

Fuel Assistance

508-588-5440

Citizen's Energy Heating Assistance

1-877-563-4645

Good Neighbor Energy Fund (Salvation Army)

1-800-334-3047

Utility Discount

1-800-392-6066

Serve New England Food Cooperative

508-436-7663

Canton Food Bank

960 R. Washington Street
(rear of Rodman Building)
Canton, MA

How to Detect Red Flags for Your Child's Mental Health

By Stephanie Taylor & Alaina Leonard, Clinical Social Workers

Although we tend to associate mental illness with adolescent or adult populations, many children can suffer from clinical depression, anxiety, and even Bipolar disorder. In fact, following attention deficit/hyperactivity disorder, depression is the second most common childhood mental health problem. How can parents differentiate between normal sadness or a bad day and clinical depression? There are many warning signs and they fall into four basic categories: emotional signs, cognitive signs, physical complaints, and behavioral changes. Keep in mind that not all children experience every symptom and the severity of the symptoms may vary.

The first category of warning signs is *emotional*. This describes the typical moods or emotions that are experienced and expressed by children with depression.

- Sadness: Your child may cry very easily or may hide their tears by becoming withdrawn.
- Loss of pleasure: Your child may stop participating in activities that they previously enjoyed.
- Anxiety: Your child may become anxious, tense or panicky.
- Turmoil: Your child may also feel irritable and worried and may outwardly appear angry.

The next category of warning signs is *cognitive*. Being depressed can cause negative, self-defeating thoughts.

- Difficulty organizing thoughts: Your child may have problems remembering and this may be exhibited by problems in school.
- Negative views: Your child may view themselves and the world in general in a negative light.
- Worthlessness or guilt: Your child may become fixated on perceived inadequacies and failures.
- Hopelessness and helplessness: Your child may feel that there is no relief from feelings of depression.
- Suicidal thoughts: Your child may have thoughts of death or dying.

The third category of warning signs is *physical* signs. Depression can cause changes in both the mind and body.

- Changes in weight or appetite: Your child may have a sudden weight gain or loss.
- Sleep disturbances: Your child may begin having difficulty sleeping or being asleep too much.
- Sluggishness: Your child may move more slowly.
- Agitation: Your child may be fidgety.

The fourth and final category of warning signs is *behavioral changes*. These are the easiest to detect.

- Avoidance and withdrawal from activities: Your child may withdraw from friends and family.
- Clinging and demanding: Your child may become more dependent and insecure.
- Activities in excess: Your child may begin overeating.
- Self-harm: Your child may cause themselves physical pain.

For younger children who have not yet fully developed language, there are warning signs for mental health problems that can be observed in your child's tantrum. Be aware that normal children may display these warning signs from time to time as well; however, children with mental health issues will display these signs in almost every tantrum. The signs are as follows:

- Aggression towards caregivers and/or objects could be a sign of a disruptive disorder. The aggression would need to be present in at least half of the tantrums.
- Self-injury signals possible depression.
- Frequent tantrums—preschoolers who have 10 to 20 tantrums a month at home.
- Tantrums lasting 25 minutes or more.
- Inability to soothe or calm oneself following the tantrum.

If you have observed your child exhibiting some of the warning signs listed above, you should seek help from a child psychologist who can evaluate and assess your child for possible causes for the behavior. If you have difficulty finding the resources on your own, ask your pediatrician for a referral.

References:

"5 Tantrum Red Flags: Warning signs your child's tantrum might signal a mental health disorder" by Daniel J. DeNoon on WebMD.com
 "Childhood Depression" from Your Guide to Depression by Nancy Schimelpfening on About.com:Depression

Dental Care for Infants and Toddlers When Does It Begin?

By Karen Heavey, Program Coordinator Infant Toddler Enrichment Center

A commonly asked question from parents of infants is 'when and how do I care for my baby's teeth?' Primary teeth help infants and toddlers bite and chew food. They also save space for and guide permanent teeth into place. That is why it's important to begin dental care as soon as the first tooth appears. The American Dental Association (ADA) recommends that you should begin brushing your infant's teeth as soon as the first tooth appears. Another way to begin caring for that first tooth is by rubbing a soft, clean, wet washcloth on it and the gums.

When the next few teeth start coming in you should then begin brushing your infant's teeth and gums twice a day. Using a child-size toothbrush with soft bristles gently brush up and down on the teeth to remove any food debris. The ADA recommends brushing teeth with water the first several times, using a very small amount of toothpaste until age three and then adding a pea-size of toothpaste with fluoride to the brush.

With infants it is important to be aware of baby bottle decay. Infants who are given sugary liquids, including milk, formula, and fruit juices through a bottle at nap time or bedtime can develop baby bottle decay. This decay occurs because the sugary liquids pool around the teeth and gums for a long period of time. This then leads to cavities that develop in the upper and lower front teeth. Therefore, it is recommended that you give your infant their bottle before nap or bedtime.

Your child's first dentist appointment should be made within the first 6 months of their first tooth or by their first birthday, according to the ADA. Others may recommend a first dentist visit between the ages of two and three. Either way, when searching for a dentist make sure they welcome young children and/or have training in working with toddlers and preschoolers. It is important that your child's first trip to the dentist be a positive experience. On the first visit the dentist will check your child's primary teeth to make sure they are healthy and properly spaced. When at the first visit ask

the dentist or hygienist to demonstrate proper brushing and flossing with your child.

Dr. Laura Sullivan, a general dentist who has been in practice in Norwood for the past ten years encourages parents to be the role model for proper dental care, "the main thing is parent involvement. When parents practice good dental care their child will want to." Dr. Sullivan went on to say that she often suggests that parents read a story about visiting the dentist before their first visit. She also suggests to parents that during their routine check-up they bring their toddler to show them that the "dentist is not a scary place to go to." Dr. Sullivan visited the Cole-Harrington Infant Toddler Enrichment Center last February to introduce and encourage the children to brush their teeth.

The Department of Early Education and Care recognizes the importance of tooth brushing and early dental hygiene. In January all programs licensed in the state of Massachusetts are required to add tooth brushing to the daily routine at childcare. In addition to brushing teeth to keep them healthy, it is important to choose nutritional foods for your child such as fruits and vegetables, and a diet that contains vitamins and minerals. It is also recommended that you limit your child's sugar and fat intake. This not only helps your child grow but will also promote good oral health. By teaching your baby dental care early on you will pave the way for a lifetime of healthy teeth. Happy Brushing!

Recommended Stories for Infants, Toddlers, and Preschoolers:

[Show Me Your Smile! A Visit to the Dentist](#)

Christine Ricci

[Molly at the Dentist](#)

Angie Sage

[Does A Tiger Open Wide?](#)

Fred Ehrlich

[Just Going to the Dentist](#)

Mercer Mayer

[A Visit to the Dentist](#)

Eleanor Fremont

The mother loves her child most divinely,
not when she surrounds him with comfort
and anticipates his wants, but when she
resolutely holds him to the highest
standards and is content with nothing less
than his best.

– Author Hamilton Wright Mabie

How to Have Safe Winter Adventures

By Brenda Lee Boris, Program Coordinator
School Age Enrichment Program

"Brenda! Saturday I went ice skating and now I can stop without falling!"

"Brenda, Brenda! Me and my brother went sledding down the Hansen hill and we made this awesome jump and went flying!"

"Hey Brenda! This week I'm going skiing and I can't wait because my sister and I are going all the way to the top and on the way down I'm sure we'll go over at least three jumps and..."

As I sit in my office listening to the children's weekend adventure stories, I can't help daydreaming about my own childhood and the excitement of the season's first midweek snow storm.

No school! The snow pants, boots, mittens and hat never went on faster; the slap of Vaseline on the cheeks actually felt good. No sch00l!

Sled in hand, I headed towards the woods. Life was at its best! The first job at hand was making the trail and jumps. Then came the thrill of sliding in and out of trees at a great clip and being whisked to the bottom of the hill in seconds. The walk back up the hill was a time of excitement, claiming the glory "Did you see me? I was flying; I hit that jump and went ten feet into the air."

Returning home I realized how cold and wet I was, but I knew mom would have the grilled cheese, soup and hot chocolate waiting. While I ate, clothes would be turning in the dryer, so that after lunch I could head right back out again.

As I returned from my daydream, the children continue telling me their stories. As the adult I felt it was necessary to interrupt and share my sledding adventure that almost turned into tragedy.

I was going down one of those carefully carved tracks in the woods at such a speed that my sled went out of control and I scraped my left cheek against the bark of the tree. I was sure my cheek had fallen off. I remember the horrible stinging medicine and how it took a week to heal. I was lucky, it could have been a lot worse. I go on to tell the children that yes, winter adventures are fun but safety must also be considered.

The MSPCC is mounting a campaign to keep children safe during the winter months. They suggest that adults enforce the following rules to keep children out of danger.

- Have children wear helmets when sledding, skating and skiing.
- Teach children to skate only in places known to be safe and to call for help if they see a child fall through the ice.
- Make sure children sled or skate with friends and in areas that axe away from traffic and obstacles.
- During extreme cold, limit time spent outdoors. Never leave children unattended in a vehicle, the temperature can plummet in a short period of time.
- Dress children in layers. Babies need extra care.
- So continue enjoying the winter and play safe!

(Source: Joshua Trudell, Globe Correspondent, The Boston Globe, January 13, 1997)

Cole-Harrington

Winter 2010

“It’s Humpty Dumpty”

Artwork brought to you by Katherine, 2 years, 10 months
Early Learning Center

“Glue, paint, and sparking letters”

Artwork brought to you by Surnee, 20 months
Infant Toddler Enrichment Center

What's A Friend?

Brought to you by Cole-Harrington's Preschool Enrichment Center.

The other day at the Front Room's large group time the children were asked the question; "What's a friend?" We also asked them to list qualities one needs to be a good friend. Here's what they came up with.

"What's a friend?"

- | | |
|------------------------|---|
| Samantha (3 years) | "They are for playing." |
| Connor D. (4 years) | "They are people who play with each other." |
| Connor James (4 years) | "Friends hold hands and help each other." |
| Sean (3 years) | "You're nice to each other." |
| Brianna C. (4 years) | "Friends are at my school." |

"What do you do to be a 'good friend'?"

- | | |
|---------------------|--|
| Trinity (4 years) | "You save each other." |
| Maeve (5 years) | "Friends care for each other and don't bug each other." |
| Bridget (4 years) | "Friends help you clean-up." |
| Grace (4 years) | "Friends share toys." |
| Gabriella (4 years) | "Friends are nice and polite and they don't tease." |
| Connor D. (4 years) | "Friends give compliments." |
| Sam (4 years) | "Good friends don't yell." |
| Roman (4 years) | "If you don't be nice to them, they won't be your friend." |
| Brian (3 years) | "Don't wake up friends who are sleeping." |

Curriculum Corner

Doreen McGregor and Kelly Cavanaugh
Program Co-Coordinator, Children's Place

KOOL AID PLAYDOUGH

Recommended Age 3+

Materials Need:

- 2 cups flour
- 1 cup salt
- 2 packages unsweetened Kool-Aid
- 3 tablespoons vegetable oil
- 2 cups water

Procedure:

In bowl, mix together all dry ingredients. In saucepan, bring water to boil. Turn off heat and add oil. Pour oil and water mixture into bowl, blend and knead.

This play dough lasts for months when stored in an airtight plastic container or refrigerator.

Do You Know? Whine Busters

By Linda Feller

When a young child whines it does not mean he is overindulged or spoiled. It is just a normal way he communicates to get attention when he's tired, hungry, wet or soiled, uncomfortable, or frustrated.

Try not to lose your temper when your child starts whining. Instead, follow this advice to minimize it:

- Look for an obvious physical cause which may require your attention. Your child may be hungry or overtired, have an ear infection or cold, or need a diaper change.
- Limit frustration. Be aware of your child's motor skills and provide age-appropriate toys which he can master.
- Encourage your child to express his feelings in words instead of whining.
- Demonstrate appropriate behavior. When both you and your child are in good humor, demonstrate the difference between a whiney voice and a normal voice and see if he can tell which is more pleasant.
- Ignore whining. Avoid communications and eye contact after you firmly remind your child that you will not respond until his whining stops.
- Avoid labels. Don't call your child a "whiner" as it may be a self-fulfilling prophecy.
- Try to avoid situations which are likely to bring about whining.
- Despite your best efforts, you still may need to accept a little whining. Your calm and firm response to your child will help insure that he will someday outgrow this stage.

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