



CCR&R Regional Review

Child Care Resource & Referral of Northwest Iowa

July/August/September 2010

Resources for early care and education



CCR&R Invests in PBIS



Program-Wide PBIS (Positive Behavioral Interventions and Supports) began as a Department of Education (DE) / Head Start collaborative effort to strengthen efforts to better address the social-emotional needs of children in early childhood settings. Additionally, PW-PBIS implemented in preschool classroom settings provided a direct link to long-standing School-Wide PBIS practices.

Upon the recommendations and guidance provided by national consultants affiliated with the Center for Social Emotional Foundations of Early Learning (CSEFEL), other Iowa early childhood partners were invited to join DE and Head Start in efforts to spread the benefits of PBIS to all early childhood settings. Iowa Child Care Resource & Referral (CCR&R) was excited to be given the opportunity to join this effort focused on promoting the social emotional development and school readiness of young children birth to age 5 – working to ensure “*Every Child, beginning at birth will be healthy and successful*”.

CCR&R has taken on the challenge of assisting Iowa’s child care providers and businesses in understanding and implementing practices that promote healthy emotional development and resilience in young children, in all child care settings; recognizing that a young child in care full time from birth to entering kindergarten may have spent up to 12,000 hours with a non-parental care giver.

Exactly what has CCR&R participation in Iowa’s PBIS implementation efforts looked like?

Train-the-Trainer — CCR&R staff and instructors from across the state have attended each of the two DE sponsored events, focused both on Preschool and Infant-Toddler PBIS.

Provider Training Opportunities — CCR&R trainers have offered several 18 and 24 hours training series for child care providers, both in partnership with AEA trainers and through CCR&R facilitated efforts.

Center Directors’ PBIS Orientation — in cooperation with DE, one day-long PBIS orientation training for child care program directors has been offered in each of the five CCR&R Regions.

CCR&R Consultation Staff — approximately 120 CCR&R staff statewide has received 18 hours of PBIS training to enable them to offer consultation and technical assistance to child care providers as providers work to implement PBIS strategies.

PBIS: Consultation for Implementation — scheduled for June: two training webinars developed by Iowa State University staff for CCR&R consultants. The goal: staff prepared to support child care providers in implementation of PBIS techniques and strategies that fit well within Iowa’s multiple child care environments.

Regional Review

EARLY LITERACY

Early literacy is what children know about reading and writing before they can actually read or write. Literacy is about connecting spoken language to written words. Today, less than one-third of all third graders can read well enough to learn from reading they do in school.

You're Already Promoting Early Literacy: You are probably already doing many of the things that will help the children in your care with early literacy, reading, and writing. You talk with a high-pitched voice to infants. You count toes. You sing lullabies and tell nursery rhymes. You listen to the sound of dogs barking. You imitate animal sounds. You name people, animals, and objects that you see everyday. You tell stories. You let toddlers explore hard page books, and you read picture books about trucks and Cinderella and animals and families to your preschoolers. You celebrate your children's sense of rhythm and ability to dance. You play with play dough, and you give your children crayons, markers, and paper. You print your children's names on his or her art work. You encourage your children to keep trying when he or she is learning new things that are hard to do. All these daily activities will help children be ready for kindergarten and be able to read by third grade.

What We Know About Early Literacy Development: With federal funds from the National Institute for Literacy, the National Early Literacy Panel recently examined research about how young children develop skills to become successful readers and writers. The panel found the following skills are important: alphabet knowledge, concepts about print, phonological awareness, oral language, writing name/writing, and rapid naming of objects and colors or rapid naming of letters and numbers.

For more information, your local library offers a wealth of material on how to choose books that will interest your children and encourage early literacy development.

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Did You Know???

Registered and licensed child care providers are mandatory reporters. (Iowa Code 232.69)

When you make a report of child abuse to DHS, your name is kept confidential. DHS will not release the name of an abuse reporter unless ordered by a court to do so – and that very rarely happens.

However, if DHS later interviews you during the course of conducting a protective assessment, that interview (including your name) – like all interviews conducted by DHS during the course of the assessment – will be included in DHS's written assessment summary (abuse report) which goes to the parents.

You will not be identified as the initial reporter of the alleged abuse, but you will (like doctors, neighbors, family members, and others DHS has spoken to during the course of the assessment) be mentioned in the abuse report.

Whether you were the person who reported the abuse to DHS or not, Iowa Code 232.71B, paragraph 7a, says: *The department may request information from any person believed to have knowledge of a child abuse case. The county attorney, any law enforcement or social services agency in the state, and any mandatory reporter, whether or not the reporter made the specific child abuse report, shall cooperate and assist in the assessment upon the request of the department.*

So, as a child care provider, remember these things:

- You must report known or suspected child abuse.
- The fact that you were the reporter is kept confidential, unless ordered released by a judge.
- Whether you were the reporter or not, you are required to assist DHS when requested.
- The assistance you provide during the abuse assessment (for example, information provided during an interview is likely to be included as part of the abuse report. This is okay – it is not the same thing as DHS releasing your name as the abuse reporter.

Good practice is: Tell parents when they first bring children to you for care that you are a mandatory reporter. Tell parents this means you have to report any possible abuse. Tell them that you are legally required to assist DHS when requested during the course of an abuse assessment.



Regional Review

Childhood Obesity - Screen Time - Physical Activity

Studies show that approximately one in five children are overweight or obese by the time they reach their 6th birthday, and over half of obese children become overweight at or before age two. Even babies are affected. Between 1980 and 2001, the number of overweight infants under six months almost doubled, from 3.4% to 5.9%. More can and must be done to ensure our youngest children begin life on a healthy path. As is well known, obesity can lead to chronic health problems such as diabetes, high blood pressure and high cholesterol levels. These conditions may be even more serious if obesity develops at younger ages. Regular physical activity seems to help protect against obesity during the preschool-age period. Physical activity also contributes to a child's motor development and provides a foundation for health benefits during childhood and into the future.

More than 3.5 million children under age five are cared for in child care centers, and many more are cared for in home child care settings while a parent works. Children in child care centers spent an average of 33 hours a week in those settings. Parents and child care providers are sharing the responsibility for a large and growing number of children during important developmental years. Early childhood settings present a tremendous opportunity to prevent obesity by making an impact at an important time in children's lives.



The American Academy of Pediatrics (AAP) recommends that children two years old and under should not be exposed to television, and children over age two should limit TV exposure to only 1-2 hours of quality programming each day. One study found that 43% of children under age two watch television daily, and 26% have a television in their room.

Preschool aged children are also watching more television than recommended by the AAP. Ninety percent of children ages 4-6 use screen time for an average of two hours per day. Over 40% of children in this age group have a television in their bedroom, a third have a portable DVD player, and a third have a portable handheld video game player. Children from lower income families and children of color spend more time watching television and are more likely to live in a home where it is left on most of the time.

Studies show an association between television viewing and risk of being overweight in preschool children. Body Mass Index (BMI) is a comparison between a person's height and weight. In children, a BMI over the 85th percentile is considered to be overweight, and a BMI over the 95th percentile is considered to be obese. For each additional hour of television viewing, the increased rate of children having a BMI that showed they were overweight was about 6%. Having a television in the bedroom had an even stronger association, with an increase of about 31%. One study noted that preschool children who watched television for more than two hours a day were more likely to be overweight than children who watched television two hours or less daily.

Young children need opportunities to be physically active through play and other activities. Physical activity assists children in obtaining and improving fine and gross motor skill development, coordination, balance and control, hand-eye coordination, strength, dexterity, and flexibility—all of which are necessary for children to reach developmental milestones.

The preschool years, are crucial for obesity prevention due to the timing of the development of fat tissue, which typically occurs from ages 3-7. During these preschool years, children's BMI typically reaches its lowest point and then increases gradually through adolescence and most of adulthood. However, if this BMI increase begins before ages 4 to 6, research has suggested that children face a greater risk of obesity in adulthood.

The child care environment, and policies about activity and provider training influence the amount of physical activity children engage in while at child care. Many training programs are available to help early education providers improve physical activity in child care settings. Contact your Child Care Resource and Referral office to learn about some of these trainings that might be available in your area.



All of us working together can improve the health of the children in our care. Healthy children mean healthy communities. Healthy communities contribute to the well being of all of us!



Regional Review

Why do Toddlers Bite?

Biting is very common among toddlers; it happens for different reasons and under different circumstances. Understanding why the child is biting is the first step to stopping the behavior. Below are some common reasons:

- Not able to verbally express important needs or strong feelings like anger, frustration, joy, etc. Biting is a substitute for the messages he can't yet express in words like:
 - I am so mad at you*
 - You are standing too close to me*
 - I am really excited*
 - I want to play with you*
- Over stimulated or overwhelmed by sounds, light or activity level in this setting
- Cause and effect, "What happens when I bite Susie?"
- Overly tired
- They are teething

If you see a child might be on the verge of biting:

- Distract your child with a toy or book. Suggest looking out the window or take a walk to another room or outside. The goal is to reduce the tension and shift your child's attention.
- Suggest how your child might handle the situation that is triggering the need to bite. For example: *Marcus, you can tell Ana: "You are a little too close to me. I don't like it when you touch my hair."* If you think your child might be biting due to a need to chew, offer your child something he can safely bite and chew—a cracker, some carrot sticks, or a tether.
- Suggest ways to share. Take out a kitchen timer to give children a visual reminder of how long they can each play with a particular toy. In a group care giving setting, you will want to make sure that the classroom has more than one of the most popular toys. Sharing is one of the most common triggers for biting.



CACFP

What's Really in the Foods We are Eating?

If you had the option to choose one of the drinks listed below, which would you choose for you and your children? Both have about the same total calories and are similar in taste. The cost of both of these products are pretty comparable.

Drink #1: Water, high fructose corn syrup, concentrated juice of orange tangerine, apple, lime, and/or grapefruit, citric acid, ascorbic acid, beta-carotene, thiamin hydrochloride, natural flavors, modified food starch, canola oil, cellulose gum, xanthan gum, sodium hexametaphosphate, sodium benzoate, yellow dyes #5 and #6.

Drink #2: Fresh-squeezed orange juice or 100% orange juice.

If you picked drink #2 you'd be getting three times the vitamin C and about one-eighth the sodium and some calcium as well. But if you picked drink #1 you'd be getting a drink primarily made up of water and high fructose corn syrup, with a variety of ingredients, surprise included (canola oil).

Yet many of us pick drink #1 on a regular basis. The list of ingredients for drink #1 comes from the original Sunny Delight. Because this drink is not a 100% juice and high in fructose corn syrup, it is considered a non-creditable food item for the Child and Adult Care Food Program. Sunny Delight is considered an empty drink that is full of gut-busting ingredients that we can't even pronounce. Even if you have it as a weekly treat you could be adding an extra pound or two of belly fat a month.

We need to become a society that is more aware of the foods, ingredients, and chemicals we are putting into our children and our own bodies. Label reading is an effective way to learn about a product before we purchase it and decide if it is actually as healthy as the manufactures make it out to be in their packaging and marketing of it. We all need to become active label readers and make healthier choices for our children.



Regional Review

Proposed Changes to Iowa's Quality Rating System

Why changes to the Quality Rating System (QRS)?

Iowa's QRS, administered by the Iowa Department of Human Services, has been in place since March, 2006. Licensed child care centers and preschools, Head Start programs, school-based child care programs, and child development homes are eligible to participate in this voluntary system. Currently, over 800 child development homes and over 500 licensed child care centers, preschools, and school-based programs are participating, with 29% of participating homes and 75% of participating centers achieving Levels 3-5. After four years of operation, certain areas within QRS have been identified as needing "recalibration". While the system has been successful, some changes are needed to provide more options for participating programs and to assure more equitable service throughout the state. The proposed rules may be viewed at:

<http://www.dhs.state.ia.us/policyanalysis/RulePages/RuleDocuments/RulesInProgress/arc%208757b.pdf>

What are the proposed changes?

- Each category contains new criteria, giving programs more options to choose from the menu of quality improvement efforts.
- The total number of points available has increased and more points are required to achieve each level. This allows for more points to be awarded for more labor intensive and costly measures, such as accreditation and staff achieving higher educational levels.
- Programs may be rated at Level 1 for only 2 years. After that, if they wish to remain in QRS, they must increase to a higher level.
- In order to earn a level 5 QRS rating, programs must achieve a minimum over-all Environment Rating Scale assessment score of 5.0 on a 7.0 scale.
- The health and safety-related tools have been removed as pointable items and options have been added for programs to improve their health and safety practices. The new options include trainings, enhanced health and safety policies, and emergency preparedness plans. The Departments of Public Health and Human Services are collaborating to provide guidance to programs regarding these new options.
- Points awarded for the following criteria have been increased:
 - Accreditation
 - Iowa Quality Preschool Program Standards participation
 - Meeting Head Start Performance Standards
 - Attaining higher levels of education
- Programs may now earn points for parent meetings and parent satisfaction surveys used to inform program practices.
- Child Development Home providers may now earn more points for completing specific trainings (i.e., Program for Infant Toddler Care, Positive Behavioral Interventions and Supports).
- Child Development Home providers may earn points for meeting more rigorous provider: child ratios.
- The method for calculating professional development points in centers has been streamlined. Points will now be averaged among all staff.

When will the changes happen?

- Public comment will be accepted through July 9, 2010, and should be directed to Mary Ellen Imlau, Bureau of Policy Coordination, Iowa Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by E-mail to policyanalysis@dhs.state.ia.us
- In response to comment received regarding the proposed rule changes to the Quality Rating System, DHS has scheduled a public hearing for the purpose of receiving comments on these proposed rules. The hearing will be held on Friday, July 9, 2010, from 10am till noon in First Floor Southeast Conference Rooms 1 and 2, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa.
- The current anticipated effective date for QRS changes is November 1, 2010. Programs may apply or re-apply under either option until March 31, 2011. As of April 1, 2011, all programs must apply or re-apply under the new rules. QRS programs may keep their current rating until their expiration date.

If you would like more information about Iowa's Quality Rating System or would like to request an application, please contact Anna Letsche, your Regional QRS Specialist for more information at 800-859-2025 or aletsche@midsioux.org



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