



WINTER 2009

Child Care Resource & Referral (CCR&R) core services link families, child care providers and community partners. The role of CCR&R agencies is to coordinate, collaborate, create and implement services that enhance the quality of child care and early childhood programs in our community, utilizing a team of dedicated professionals in the field of child development and early childhood.

Regional specialists are available to enhance professional development opportunities for child care providers and include Infant/Toddler, Behavior, and School-age Specialists funded through the NC CCR&R Council and the NC Division of Child Development.



Spotlighting Randolph County

The Randolph County Partnership for Children is pleased to report some news from the last few months. First, some of our biggest news from this fall came on October 16, when the Partnership celebrated the completion of its building addition with an open house for major donors and the public. The child care services team moved in just prior to the open house, and parents can now visit one location for assistance with finding child care, applying for Pre-Kindergarten classes, and much more. The open house culminated an 18-month Building For Our Future capital campaign conducted by the Partnership to raise funds for the 894 square foot addition.

Two child care centers now have Pre-K classrooms funded by the Partnership: Randleman Enrichment Center, a five star program, in Randleman; and Child Care Network #146, a four star program, in Archdale. Each center will have a new Pre-K classroom with a degreed teacher and teacher assistant serving 18 four-year-old children identified at risk for delays.

Every three years, the Partnership sets benchmarks to gauge the results and effectiveness of its programs and services. These benchmarks are reviewed on an annual basis to ensure that Partnership programs meet the projected goals. One recent result we are particularly proud of is that we exceeded our goal related to star ratings. Our benchmark was that the average child care star rating would increase from 3.28 to 3.6 on a scale of 1-5 stars, and our rating has actually increased to an average of 3.86. In addition, the percentage of children in a 4-5 star program increased from 50 to 58%. 72% of subsidized child care placements are in a 4-5 star programs. Our Randolph County centers have obviously worked extremely hard to exceed this goal and we are so proud of them.

Finally, we have a new member of the child care services team, Tamatha Macherosky. Working as our new program specialist, Tamatha will be providing a full range of technical assistance services along with the rest of our team. In particular, Tamatha will be involved with a mental health consultation model called Successful Kids, which will focus on helping centers, parents and the medical community come together to help children with mental health needs.

Region 14 Cross County Trainings

<u>Date</u>	<u>Training</u>	<u>County</u>
01-03-09	CPR & First Aid	Guilford
01-10-09	Pre-Licensing FCCH	Guilford
01-10-09	BSAC	Guilford
01-15-09	Introduction to Infant-Toddler Foundations	Guilford
01-20-09	Its SIDS	Randolph
01-24-09	Introduction to the FCCERS-R	Guilford
01-24-09	Its SIDS	Guilford
01-31-09	Playground Safety	Guilford
02-7-09	CPR & First Aid	Guilford
02-10-09	Its SIDS	Rockingham
02-16-09	First Aid	Randolph
02-17 & 24-09	BSAC	Guilford
02-21-09	Playground Safety	Guilford
02-21-09	Introduction to Infant-Toddler Foundations	Guilford
03-05-09	Its SIDS	Guilford
03-07-09	CPR & First Aid	Guilford
03-07-09	Pre-Licensing FCCH	Guilford
03-17-09	Inclusion in Your Classroom	Guilford
03-21-09	BSAC	Guilford
03-24-09	Infant-Toddler Zone	Guilford
03-25-09	Get Ready, Get Set, Go!	Guilford
03-28-09	Region 14 FCCH Conference	

Please contact your local CCR&R for more information about these and other workshops.



From Your Behavior Specialist

Tips on Working with Children that are Placed in Foster Care

By: Hortense Manley Region 14 Behavior Specialist

Many early child care providers have experienced an increase in enrollment of children that have been placed in foster care. When children are removed from their families due to abuse and or neglect there are five emotions that most children who are in foster care seem to experience:

- **Confusion**– During this stage the child has a lot of unanswered questions. Most children are in shock and may not be able to hear or comprehend the explanations given to him or her. The child is unlikely to verbalize confusion, but we can assume they are experiencing it.
- **Anger** – When a child recovers from the shock of the move, the child is most likely feel angry. The anger may be directed towards themselves, the foster or adoptive family, the caseworker or others. Most children cannot acknowledge anger towards their primary parents. At times the child may make an angry statement about his primary parents. If this happens, it is important not to agree or disagree with them but to acknowledge how the child is feeling.
- **Ambivalence and mixed feelings**- The mixed feelings that a child may experience can range from rejection and attachment, love and hate, trust and mistrust. Most children have mixed feelings about everyone involved in their lives and current situation.
- **Fantasizing and wishful thinking**-The truth about what has happened in the life of a child in foster care can be painful and overwhelming. Therefore, it is easy to see how a child can fantasize. At times the child may seem to be lying about their situation, but the story they tell may simply be wishful thinking, or the child's lack of understanding about the situation.
- **Identification with birth family**-Despite all the feelings described above, the child will always have identification and a longing to be with their family. Even if they were living in an abusive or neglectful situation most children would like to return to live with their family.

Suggestions for Helping a Child:

Confusion

- Give factual information about the child's situation
- Retain as much of child's old schedule as possible
- Use stories, dolls, puppets, and pictures to explain
- Be aware of child's attention span
- Be non-judgmental

Anger

- Teach acceptable ways to express feelings
- Evaluate your acceptance of angry feelings
- Get support from caseworker, other foster parents, and GA (Guardian at Litem)

Ambivalence and mixed feelings

- Teach that ambivalence is natural
- Encourage positive feelings while acknowledging negative feelings
- Fantasizing and wishful thinking
- Consider that the child may be fantasizing instead of lying
- Give factual information
- Be aware of reactions of other children in the home
- Agree that it would be nice if the fantasy were true
- Check with the caseworker about the facts of the situation about which the child is fantasizing

Identification

- Support family ties when possible
- Learn about the child's family traditions and incorporate them into yours if possible
- Get pictures of the child's family for his/her room, cubby etc.

- Help the child to remember family birthdays, and special occasions
- Point out positive ways in which the child is like family members
- Don't change the child's hairstyle without permission from the primary parent
- Keep the child's old clothes
- Keeping the child's given name (in adoption)
- The GAL (Guardian at Litem) office ensures that the Department of Social Services which has custody of children in care is truly advocating for the best interest and rights of the child.
- Child care providers need to make sure that children are not allowed to be removed from their programs during key times like lunch, nap, and other special times. The GAL office can assist with ensuring that DSS does what is in the best interest of the child when it comes to school/child care schedules.
- Children in care are transported and to various appointments and visits at the convenience of the caseworker or technicians assigned the task and it may seem that a child's best interest has been overlooked.
- A constant disruption in the child's schedule can be harmful and the child may begin to exhibit challenging behaviors such as aggression and emotional coping.
- Make sure that DSS is aware of the child's schedule and upcoming field trips and special activities. Children that are not allowed to participate in fun activities may rebel to rules and classroom regulations.

Adapted from <http://www.cwti.org/FF/resourcesess5.htm>

From Your School-age Specialist

Welcome to 2009. I want to take a moment to thank you and to remind you that you are changing the world of children and of families every day, every moment. In November 2008 *Educational Leadership* published a wish list from young people in grades K-11. I thought you might like the perspective. It wasn't about money but rather about intentional attention and guidance. It was titled, "**What Students Want From Teachers**"

1. Take Me Seriously
2. Challenge Me to Think
3. Nurture My Self-Respect
4. Show Me I Can Make A Difference
5. Let Me Do It My Way
6. Tell Me I Can Do It
7. Let Me Move At My Own Pace
8. Show Me How
9. Point me Toward My Goals
10. Help Me Feel Important
11. Build On My Interests
12. Tap My Creativity
13. Bring Out My Best Self



As I reread this I find that the heartbeat of young people is not that different from my own. And I would imagine that you too see yourself in this mixture of wishes. We are all in this together, day to day...choosing our attitude, choosing to grab just one of the above and apply it and then one more and then another until we become the change we hope to see in this world. As always if I can be of service to you and your AFTERSCHOOL program then please give me a call at 336-369-5028. Happy New Beginnings. Robin Sink, Regional School-age Specialist

You Never Know

You never know when someone
might catch a dream from you.
You never know when a little word
or something that you might do,
May open up a window
of a mind that seeks the light.

The way you teach may not matter at all,
but you never know, it might.

And just in case it could be
that another's life through you
might change for the better
with a broader, brighter view.
It seems it might be worth a try
to do what you know is right.

The way you teach may not matter at all,
but you never know, it might.

-author unknown

Just for Family Child Care Providers

The Region 14 Family Child Care Conference (formerly the Central Region FCC Conference) will be held on Saturday, March 28, 2009 in Greensboro. Contact Melanie Cook at 369-5023 if you have any comments or suggestions to make this a dynamic conference. Look for your registration packet in the mail in January.



For more information about Region 14 services contact your counties CCR&R:
Guilford 336-369-5097, Randolph 336-629-2128, Rockingham 336-342-9676

From Your Infant-Toddler Specialist

Building Relationships through Primary Caregiving

Barbie Moore, Infant-Toddler Specialist Region 14



Through close, nurturing interpersonal relationships with parents and other caregivers, infants and toddlers learn what people expect of them and what they can expect of other people. By creating a Primary Care System in your program you are ensuring that each child has a “special” person who is principally responsible for that child’s care as well as giving each parent a primary contact.

A primary caregiver’s relationship with the child and their family should begin on or before the first day the child is enrolled in the classroom. While the child is adjusting to all of the new changes; it is easier for him to get to know one new person well rather than several different teachers. This does not mean that the care of the child is limited to the child’s primary caregiver, but much of the caring, nurturing and communicating with parents is done by the child’s primary caregiver.

The role of the primary caregiver is as follows:

- ⊗ Building a relationship through routines and other activities with each child.
- ⊗ Meeting the child’s physical or emotional need.
- ⊗ Working closely with each child’s family to develop a partnership beginning at the time of enrollment.
- ⊗ Learning about the child’s care at home and provides information about the program.
- ⊗ Supporting the child’s relationship with his or her family culture.
- ⊗ Sharing information with the family on a daily basis, during regular parent conferences, and as needed.
- ⊗ Working as a team with another primary caregiver (or other caregivers).
- ⊗ Being the main resource and a member of a team with the family and other adults involved with the child, such as other primary and secondary caregivers, the program manager, and specialist for a child with disabilities or other special needs.

Decisions about primary care assignments should be made in accordance with each child’s unique needs and abilities in mind, as well as the needs of the whole group. These priorities include:

- ⊗ Matching of staff and children’s schedules
- ⊗ Maintaining low ratios and group sizes
- ⊗ Supporting goodness of temperament fit between child and caregiver
- ⊗ Creating a comfortable balance of temperament types in a group.
- ⊗ Matching home language and culture of the child.
- ⊗ Responding to family preferences
- ⊗ Supporting continuity with a family when the caregiver has cared for a sibling.
- ⊗ Providing a comfortable range of ages within the group.
- ⊗ Providing peer companionship for children of different ages
- ⊗ Child’s preference of caregivers
- ⊗ Caregiver’s preferences
- ⊗ Caregiver’s ability to meet the needs of a child with a disability or other special needs.
- ⊗ Appropriate placement with respect to age and stage of the child.

Once assigned, children should not be reassigned while they are in the group unless staff changes or other pressing issues make it necessary. The goal of Primary Care is to promote a security and build a relationship through continuity.

Sources: Greenman, Jim & Stonehouse, Anne, Prime Times, Redleaf Press, 1996 & The Program for Infant-Toddler Care, Module II, Group Care