

The Childhood Scene



A regional newsletter for early childhood professionals, parents and the community provided by Child Care Resource & Referral Region 16 serving Chatham, Harnett, Johnston, Lee and Wayne Counties

Sometimes What Seems Impossible Today Will Become Reality!

How could a three and one-half year old girl who did not talk but constantly screamed and hummed, a two year old boy who did not make eye contact and refused to hug his parents, and an infant who cried constantly then grew into a two year old who would repeatedly bang his head against the wall and when stopped would violently slap his own face and scream, all grow into successful and fully functioning adults?

These may remind you of children currently in your program, or of some you have had in the past. Certainly the descriptors could apply to a large number of children. But for this article they refer to specific children who were diagnosed with autism, but who still went on to lead very successful lives.

I look for success stories. I want to learn from them. I want to know if something that

worked in their lives can work in the lives of children you and I are working with every day. I

hope the readers of this article will be inspired by the following.

“Temple Grandin, Ph.D. is inarguably the most accomplished and well-known adult with autism in the world. She has been featured on many national television shows and in national publications.”¹ In addition an HBO film, *Temple Grandin*, premieres February 6, 2010. Dr. Grandin is well known around the world as a leading animal scientist with special expertise on the design of animal handling facilities. She is also known around the world as an “ambassador for raising awareness of, information about, and insight into autism and Asperger’s.”² Dr. Grandin is currently a professor at Colorado State University.

Dr. Grandin did not talk until she was three and a half years old, communicating instead by screaming, peeping, and humming. In her book, *Emergence: Labeled Autistic*, she writes: “I was a destructive child. I drew all over the walls not once or twice but anytime I got my hands on a pencil or crayon. I had a violent temper, and when thwarted, I’d throw

Continued on Page 2

Region 16 Partners



What’s Inside This Issue?

Infant and Toddler Time	4
The School Age Corner	6
Dear Miss Challenge	will return!
<i>Good News from CACFP!</i>	7
Special Days To Celebrate	8



Sometimes What Seems ...

Continued from Page 1

anything handy—a museum quality vase or left-over feces.” In 1950, she was labeled autistic and her parents were told she needed to be institutionalized. They did not institutionalize her and kept her in typical classroom settings when she went to school.

Throughout her writings and presentations, Temple Grandin gives credit to some very important caring and understanding people in her life, and, in turn, points out the very positive influence that those people around the autistic individual (or savant) can have on that person. One such person in her life was her high school science teacher, William Carlock, whose philosophy is reflected in Temple’s life, and in all of her writings and presentations. That teacher “didn’t see any of the labels, just the underlying talents. Even the principal had doubts about my getting through tech school. But Mr. Carlock believed in building what was within the student. He channeled my fixations into constructive projects. He didn’t try to draw me into his world but came instead into my world.”³

Are we building upon children’s strengths, or are we forcing every child down a single path that we have determined is correct?

Born on a Blue Day is a memoir written by Daniel Tammet, an autistic savant who can perform extraordinary math calculations in his head and can learn to speak foreign languages fluently in a week. Daniel Tammet was born in England on January 31, 1979. As a baby he cried for hours and hours at a time. The only thing that seemed to soothe him was constant motion, through rocking, being

pushed in a stroller, or being swung gently in a sheet held by his parents. Developmentally he seemed to meet most of his milestones at a typical age including sitting, crawling, walking, and talking. As a two year old he would bang his head repeatedly against a wall in a rhythmic fashion. If his parents stopped him, he would have violent tantrums, slap himself in the face and scream. He was a very picky eater, choosing to eat only 3 or 4 things. Bedtime was always a struggle as he fought it by running wildly around the room. Terrible nightmares were common. He was a light sleeper and would often not sleep at all. He began nursery school at 2 ½ years of age, shortly after a new sibling arrived. He has few recollections of nursery school, but the few memories he has involves the sandbox, watching hourglasses, walking on different textures on the floor inside, and walking barefoot on the playground mat. Routines were critical and one day, when he was not yet three, his father took a new route to his nursery school. He screamed so loudly that his father turned around and took the other, well known, route. He loved books, especially those with numbers. He enjoyed art and would draw circles endlessly with colored pencils on paper.

Today, as an adult, Daniel still needs strict routine. He eats exactly 45 grams of porridge a day (he weighs it to make certain). He counts the number of pieces of clothing that he wears. He drinks his tea at the same time every day. New things, bright lights, and scratchy clothing can cause him to become anxious. When he is anxious he closes his eyes and thinks of numbers. He sees them in different colors, with different textures, and in different sizes. He can visualize all the numbers up to 10,000 as unique, different numbers. Numbers calm him. In 2004 he

Continued on Page 3



Sometimes What Seems ...

Continued from Page 2

memorized and recited 22,000 digits of pi, thereby setting a record. Daniel is extremely unique in that he has amazing intellectual abilities, but he is able to live normally without the mental retardation that most often accompanies savants. Daniel continues to be studied by scientists around the world. Hopefully his ability to talk about what is happening inside his mind will help scientists unlock some of the mysteries of the brain and also discover more about autism and Asperger's.

Daniel believes that his parents' unconditional love was very important to his development. He also believes that other individuals who helped him little by little and day by day made it possible for him to get through the rough times and helped him find his unique talents.⁴

For the first twelve years of his life, Chris Fitzmaurice couldn't sound out the letters of the alphabet. Like most autistic children, Fitzmaurice lived his early life "in rituals." He ate out of the same bowl every day, drank from the same cup and carried the same dinosaur toy everywhere he went. He rocked back and forth constantly and hit his head against tabletops.⁵

He spoke in high-pitched screeches, did not make eye contact with others and would not hug his parents. He was diagnosed with mild to moderate autism at age two. At five, Fitzmaurice was also diagnosed with encephalomyelitis, which causes inflammation of the brain and spinal cord. The doctors told his family that he would never be normal, never be able to drive or walk normally, and that the left side of his body would always be weak.

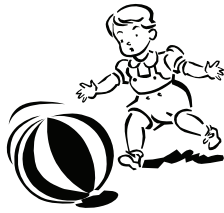
But he proved everyone wrong. In May, 2009 Fitzmaurice graduated with an undergraduate degree in exercise science from the University of North Carolina at Charlotte. Fitzmaurice did not tell anyone except his professors that he was autistic. Though special services such as note-taker and tutor were offered, he did not use any additional services until his junior year when he asked for more test-taking time.

It is extremely rare for an individual diagnosed with autism plus a second debilitating disease to earn an undergraduate degree, and even rarer for them to attend graduate school. In August, 2009 Fitzmaurice started graduate school at UNC-Charlotte. He is seeking his master's degree in clinical exercise physiology and hopes to train physically and mentally disabled patients, passing along the benefits of exercise.

Fitzmaurice considers himself a normal guy, though he still interrupts sometimes and can talk forever. His family and teachers' support in helping him master the alphabet at age twelve enabled his other academic skills to develop quickly. In fact, once the alphabet was mastered he jumped to a grade level higher than children his age. How many of us have given up on the four or five year olds who cannot seem to remember their alphabet or colors?

Every day as early childhood teachers we have the privilege of teaching young children. Some of them present us with very challenging behavior(s). Some, we feel, will never "succeed" in the way we define success. I hope that hearing about these people who have defied expectations will remind us to keep trying and give them every possible opportunity

Continued on Page 5



Infant and Toddler Time

That Valuable Pacifier

Often caregivers ask how they are supposed to clean pacifiers that have been on the floor. The answer is simple. A pacifier that has been on the floor needs to be washed, *sanitized, and allowed to sit with the sanitizer solution on it for at least two minutes.* (It takes 2 minutes for the sanitizing solution to effectively take care of most of the germs that may be on the pacifier.) The pacifier can then be rinsed before it is given back to the child.

Since this procedure is required if pacifiers fall on the floor, good practice would suggest that providers let parents know as part of the orientation process that if a pacifier is important to comfort their child, it is important to have more than one pacifier available at all times. A two minute wait for a comforting pacifier suddenly missing can feel like a very, very long time to a young child. With that in mind, parents should bear in mind that problems may arise with the practice of storing extra pacifiers in the diaper bag. They too often are removed by well-intentioned babysitters or family members only to have caregivers discover them missing in frantic searches. Two or more pacifiers should be kept at child care and this can be difficult to accomplish. Caregivers need to work with parents to ensure that the child who needs and wants a pacifier always has one available.

Many caregivers send home daily information sheets about the child's day.

Some caregivers have a checklist at the bottom of the form that they complete to remind parents when it is time to renew the diaper or wipe supplies. Another line can be added to this checklist to remind parents about the need for another pacifier. It is very important to work on a positive relationship with parents every day so that if you need to remind them about bringing in another pacifier, they understand that you are doing this because you care about their child and want the child's day to go well.

Extra pacifiers need to be stored carefully so that only one child ever has use of the pacifier. Ownership should be clear to anyone providing care.

Caring for Our Children, a respected resource prepared by the American Pediatric Association, American Public Health Association and National Center for Health and Safety in Child Care and Early Education, recommends that pacifiers should not be put on strings or cords that are put around a child's neck or attached to a child in any way. Strings can get twisted or caught on protruding objects or limbs. Pacifier strings may cause strangulation.

Whether a child is given a pacifier or not, is a decision that should only be made by parents. Sucking is a comforting sensation for young children. Many prenatal pictures show babies sucking on their fingers. Sucking is a natural reflex. It is an activity that allows the child to self-soothe, relax, and sometimes sleep. Many children enjoy sucking on their fingers or a pacifier. Having a pacifier may help a young child wait more patiently while waiting for his/her bottle. Sucking on a pacifier may help a child stay calm while the caregiver helps another child.

Continued on Page 5



Infant and Toddler Time

Continued from Page 4

But plugging a pacifier into the mouth of a crying or whining child's mouth should never be the end of the situation. The caregiver should always try to interpret the needs the child may be expressing through the crying or whining communications. If a child is crying or needs the comfort of sucking, quality caregivers want to know why. Giving the child a pacifier should not substitute for taking care of the child's needs in a timely manner. Children tend to need pacifiers when they are tired, hungry, need a diaper changed or if they are overwhelmed by too much stimulation. It may also be that they are missing a significant person, feeling stressed, bored by under-stimulation, frustrated by others having exceedingly high expectations of them or if they desire a little down time.

Often, by addressing the child's communication and needs, the caregiver is able to help the child reduce his/her dependence on a pacifier or thumb. Most children stop thumb sucking or pacifier use on their own between the ages of 2 and 4. The decision to end thumb sucking or pacifier use before a child decides on his/her own is one that the parent(s) should make. If parents ask you for your opinion or ideas, it is a good idea to suggest they talk to their own doctor or dentist. You could also give them a copy of the article prepared by the American Dental Association found on line at: <http://jada.ada.org/cgi/reprint/138/8/1176.pdf>.

References used in preparing this article:

"Thumb Sucking and Pacifier Use," Journal of the American Dental Association 2007: 138; 176. (cited above.)

References Continued:

American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education (2002). *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 2nd edition*. Elk Grove Village, IL: American Academy of Pediatrics and Washington, DC: American Public Health Association. Available on line at <http://nrckids.org>, this is a wonderful resource that is offered in html and pdf formats by the National Resource Center for Health and Safety in Child Care and Early Education. This resource is a primary resource used by both NC DCD and NCRLAP in which you will find many answers to your questions about how to provide the best care for children.

*Submitted by Jacquelin Montgomery
Region 16 Infant Toddler Specialist*

Sometimes What Seems ...

Continued from Page 3

for success, because *sometimes what seems impossible today will become reality in the years to come.*

¹<http://www.templegrandin.com/templehome.html>

²http://www.wisconsinmedicalsociety.org/savant_syndrome/savant_profiles/temple_grandin.

³http://www.wisconsinmedicalsociety.org/savant_syndrome/savant_profiles/temple_grandin.

⁴**Born on a Blue Day, A Memoir**, Daniel Tammet, 2007.

⁵http://www.newsandobserver.com/news/health_science/v-print/story/37160.html.

*Submitted by Pam Pace
Region 16 Behavior Specialist*



The School Age Corner



Cultural Enrichment in Your After School Program ... Beyond Sombreros

Mul~ti~cul~tur~al~ism (noun) {def}
More than one culture, ethnic group or religion. Advocating the integration of people from different countries, ethnic groups and religions into areas of society.

Multiculturalism is certainly a term providers hear about and need to provide for, but what does it really mean? How is it achieved? Why do we need it? Is it the same thing as diversity? It is important that our after school environments reflect the reality of a global community which our young charges will one day enter to make their own mark. The more we can increase their understanding and appreciation of differences as well as commonalities between people, the better off we *all* will be.

We can do better than stocking the usual sombreros in our dress up center; we need to use visuals and materials that help diminish stereotypes of gender, race, and ethnicities. We can do this easily and inexpensively in *each* center by providing items such as those suggested in the following centers:

Art

- ~Multi-colored sand to make sand designs such as those done by Tibetans and Native Americans
- ~Feathers and ethnic paint colors to make various masks
- ~Dried gourds to make bird houses
- ~Make individual "passports" (can be worked into other centers as children "visit" each country")
- ~ "people colored" crayons (available from Kaplan), markers and clay

- ~ yarn and sticks to make dream catchers

Dramatic Play

- ~ ribbon twirlers and scarves
- ~ bongo drums
- ~ masks
- ~ international music recordings
- ~ hats and accessories from other countries (often available in thrift shops)
- ~ Kimonos, dashikis, moo-moos, grass skirts, etc. (available sometimes in thrift shops)

Games (which can incorporate Math and other learning areas)

- ~Mancala
- ~Backgammon
- ~Chinese checkers
- ~ puzzles with scenes from other countries that can be framed art when done
- ~ Parcheesi

Outdoor Play

- ~ ribbon twirlers
- ~ sheets for making nomadic tents
- ~ Bocci ball
- ~ Badminton
- ~ International World Games Book

Sand Play

- ~ Seashells from around the world
- ~ Metric measuring cups

Reading/Chill Area

- ~ Non-fiction books and materials to include famous works of art
- ~ Travel books (from travel agencies or thrift shops)
- ~ National Geographic magazines (pre-screened for appropriateness- also look for the free maps inside that can be laminated and hung on walls)
- ~ CD/tape player with head phones for playing international music or listening to stories from other countries



Continued from Page 6

~ Guinness Book of World Sports and World Records

~ World Sport Games

With a bit of imagination you can use these and a multitude of other resources to develop your multicultural program. Both "Nomad Press" and "Chicago Press" offer fantastic planning books with topics such as "Great Ancient Egypt Projects," "Mexico & Central America, a Fiesta of Cultures, Crafts, and Activities for Ages 8-12," "A Kids Guide to African American History, More than 70 Activities," "The Kids Multicultural Cookbook," and much, much more. The FREE "Teaching Tolerance" publication also has excellent ideas and articles and is available by calling 334/956-8200.

You are welcome to visit the Resource Library at your local Partnership for Children or Child Care Resource & Referral to check out world music CD's, bongo drums, and other props. With what you can borrow, a little creativity, and shopping at local thrift shops, you can easily enrich your program.

Be sure to use your back drop, walls, etc., as a way to display images of various peoples, events, and animals from around the world. And do not overlook the importance of having a world map which can be found pre-laminated at Walmart for \$10.00. The activity spin-offs using maps are unlimited. For instance, children could place little flags on places where they have traveled or would like to travel. If the map is low and placed in the cozy area, the children can spend time just lounging and looking at far off places. Who knows what ideas are being hatched for their future as they gaze at the world? How can increasing a child's awareness of where countries are located be anything but helpful while preparing to take his or her place in the world?

The message will be clear: if our programs reflect the real world and those in it, everyone will benefit from such enrichment.

*Submitted by Jan Waugh
Region 16 School Age Specialist*

Tax Credits!

Be sure to remind parents that working parents are due state and federal tax credits!

FREE help is available!

IRS: 800-TAX-1040 or

www.irs.gov/individuals/topic

NC Dept. of Revenue: 877-252-3052

Newsflash!

Good News from CACFP!

Child Care Networks Food Program has gone through some substantial changes in the last few months. We have upgraded our services and now have the ability to serve centers as well as homes. We are now using *ChildWatch® Web CACFP software* to process claims. All providers under our sponsorship, whether homes or centers, have the option to use our software and tools completely free of charge. With our new software program, it will be easier to maintain your records and file your claims. Most of your paperwork will be filed electronically instead of having to send us paper copies each month.

Additionally, we have brought on a new employee, Tammy Matthews, to be our new Food Program Monitor. Tammy has experience with the software and will be able to help you with any questions you may have. Please call Tammy at extension #15 to sign up to use the software. Deborah Cade is our Food Program Specialist and will be heading up our expansion. If you have any questions, please call her at extension #21.

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**Child Care Networks, Inc. CCR&R of
Chatham County**

P.O. Box 1531
Pittsboro, NC 27312
(919) 542-6644



**Harnett County
Child Care Resource & Referral**

P.O. Box 1089
Lillington, NC 27546
(919) 893-7597



**Partnership for Children of Johnston County
Child Care Resource and Referral**

1406-A S. Pollock Street
Selma, NC 27576
(919) 202-4893



**Coalition for Families
CCR&R Lee County**

507 N. Steele Street, Box 3
Sanford, NC 27330
(919) 776-7157



**COALITION
FOR FAMILIES
IN LEE COUNTY**

**Partnership for Children of Wayne County
Child Care Resource & Referral**

800 N. William Street
Goldsboro, NC 27530
(919) 735-3371



Spring into Action!



March:

- National Craft Month
- National Nutrition Month
- National Women's History Month
- Poetry Month
- 5 Employee Appreciation Day
- 14 Daylight Saving Time Begins
- 17 St. Patrick's Day
- 18 First Day of Spring
 - National Agriculture Day
 - International Earth Day

April:

- Keep America Beautiful Month
- National Humor Month
- Stress Awareness Month
- 1 April Fool's Day
- 2 Children's Book Day
- 4 Easter Sunday
- 16 National Librarian Day
- 19 Patriot's Day
- 21 Administrative Professionals Day
- 22 Earth Day (US)
- 30 Arbor Day

