

# Interaction

VOLUME 25, NUMBER 2, FALL 2011

## Promoting Children's Health in Child Care

Controlling Food  
Safety Issues in  
Child Care Settings

New Research on  
Physical Activity  
and Sedentary  
Behaviour Guidelines  
for Preschool-aged  
Children



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In May 2011, in Montreal, Quebec, twenty health policy experts from across Canada, the US and the UK gathered together to build consensus on how governments should act to protect and promote the health of Canadian children, with a focus on preventing obesity. (see page 23)

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One new resource sheet accompanies this issue:

**#99 – Clean Air for Healthy Children**



The photo for the front cover was photographed by Claire McLaughlin of Wakefield, Quebec.

# Behind the Scenes

As I write this column, Canadians are saddened by the loss of Honourable Jack Layton, the strong and inspirational leader of the NDP as he passed away from cancer at only 61 years of age on August 22<sup>nd</sup>. He had taken his party to new heights in party support, thought to be unattainable to Canadians only a few months before. He brought the party from just a handful of official federal party seats to winning nearly triple that number in the last federal election and becoming the official opposition party for the first time in history. Unlike other political leaders who are addressed by their last names, Canadians of all stripes, just called him "Jack" as one would a friend.

He and his wife Olivia Chow championed for families and child care like no other federal party in Canada. And while he lost his battle to fight cancer, to all Canadians he was the image of health, courage, support and strength. He was often seen cycling around his riding in Toronto, always active, slim and health conscious. And though he did not beat cancer, his last letter, written just days before his death, told all Canadians to remain optimistic. And for those Canadians fighting cancer in their own lives, his message was to not give up in their own struggle to win the battle. His letter states, "My friends, love is better than anger. Hope is better than fear. Optimism is better than despair. So let us be loving, hopeful and optimistic. And we'll change the world."

And so let us start with the children we care for. This issue of *Interaction* explores our need to promote health in our children, encourage active lifestyles, and develop good healthy eating habits. It also looks at ways to keep environmental health in check with tips for child care settings. The *Ideas* section presents an overview and history of child care as it has evolved in Canada over several decades. Take a look also at the winner of the CCCF's Award for Excellence presented in May at the New Brunswick Child Care Conference.

**Claire McLaughlin**, Editor  
cmclaughlin@ccc-fcsge.ca

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# Inside the Federation

## ***Valuing Children: A Canadian Conversation—Conference in New Brunswick***

The Early Childhood Care & Education New Brunswick and CCCF gathered more than 400 leaders in early learning and child care from across Canada in May 2011 in beautiful Sain John, New Brunswick. The pre-conference day brought some 130 participants together to discuss the barriers and benefits of integrating early childhood care and education. This was the beginning of a national dialogue that will be continuing as the issue of integrating the two systems becomes front and centre in many provinces. Stay tuned to CCCF website and facebook page for more opportunities to add to the conversation. CCCF also held their Annual General Meeting. The minutes are posted on the CCCF web site.



CCCF Board of Directors Presenting Certificate of Recognition to Janet Towers. Back Row: Don Giesbrecht, Carol Langner, Marni Flaherty, Christine MacLeod, April Kalyniuk. Front Row: Linda Skinner, Janet Towers, Antoinette Colasurdo.

During the event, Janet Towers, CCCF Board Secretary, was presented a certificate of recognition for her continued contribution to Canadian child care and in recognition of her 10 years of service with the Canadian Child Care Federation.

## **The Canadian Child Care Federation Welcomes Marni Flaherty to the CCCF Board of Directors**

The Canadian Child Care Federation's Member Council elected Marni Flaherty to the Board of Directors, effective August 1<sup>st</sup>, 2011. Marni brings us a wealth of professional experience in the child care sector.



Marni Flaherty

Marni is the C.E.O. of Today's Family Early Learning and Child Care in Hamilton and Burlington. She is a recipient of the Ontario Premiers Award for her work and dedication in the social services sector. Marni is known locally, provincially and nationally for her commitment to early learning and child care.

Marni is an active participant in numerous community initiatives designed to improve the lives of children. Her many professional and voluntary community activities include: 9 years on the board of United Way of Greater Burlington and Hamilton, former member of the McMaster Children's Hospital Family Advisory Committee, board member of the Catholic Children's Aid Society of Hamilton, member of the Best Start Network, co-chair of the Parent and Family Engagement Committee, board president of the Home Child Care Association of Ontario (HCCAO), member of the Ontario Early Years Centres Provincial Network, and member of the Quality Early Learning Network.

Marni is also a Registered Early Childhood Educator. She has fashioned a remarkable career and a lasting legacy for families and children. We welcome Marni in her new role in the Canadian Child Care Federation.



## National Child Day 2011 – November 20<sup>th</sup>

### The Right to the Enjoyment of the Highest Attainable Standard of Health

The Canadian Child Care Federation has selected **Article 24**, *the Right to the Enjoyment of the Highest Attainable Standard of Health*, as the theme for National Child Day this year.

Article 24 of the United Nations Convention on the Rights of the Child states:

**“States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.”**

Please contact Robin McMillan, Senior Project Consultant, about your National Child Day activities so that they can be shared with others. [rmcmillan@cccfc-fcsge.ca](mailto:rmcmillan@cccfc-fcsge.ca).



## Tammy McCormick Ferguson wins CCCF Award for Excellence in Child Care

April Kalyniuk, Chair of the Award selection committee and Don Giesbrecht, President of CCCF, presented Tammy McCormick Ferguson, Executive Director of the Early Childhood Community Development Centre in St. Catharines, Ontario the national award on May 27 at the conference in Saint John, New Brunswick.



Tammy McCormick Ferguson



Tammy and President Don Giesbrecht

Tammy has been working in child care for 27 years. She has a personal passion for child care and the important role that access to quality early learning and care has on the professional and financial future of families and communities. Tammy is creative and innovative, is a strategic thinker with a commitment to quality and excellence. She has an unending dedication to children, families and early learning and care professionals.

The other nominees who also made outstanding contributions to early learning and child care in Canada were:

- **Nathalie Bossé** – Primary Educator, The Ladybug Daycare, Ottawa, ON
- **Andre Davis** – Out of School Care Program Director, Community Options: A Society for Children & Families, Edmonton, AB
- **Kathy Rickett** – Program Director, Edmonton Northwest Day Care, Edmonton, AB

Congratulations to Tammy and sincere appreciation to all of the nominees!



## Meeting the Challenge — An Aboriginal Perspective: A new online course

This fall CCCF will be working with the Aboriginal Head Start Association of British Columbia on the delivery of 6 online training modules for Meeting the Challenge — An Aboriginal Perspective. This initiative will be using the CCCF *Meeting the Challenge* materials developed with and for the Aboriginal Early Learning and Child Care Community. To find out more about this initiative, contact Robin McMillan [rmcmillan@cccf-fcsge.ca](mailto:rmcmillan@cccf-fcsge.ca)

## CCCF Early Learning Leaders Continue to Blaze the Trail!

Our two Early Learning Leader Caucuses from Alberta and Saskatchewan are now over half completed their three year training initiative. The upcoming months will involve more in-person training sessions as well as online training opportunities for both groups. Training topics for year two include such emerging issues as a dialogue on full-day learning and the implications of the integration of early learning and education systems, mentoring, interpersonal communication and working with boards. To find out more about the Early Learning Leader Caucus Project, contact Robin McMillan [rmcmillan@cccf-fcsge.ca](mailto:rmcmillan@cccf-fcsge.ca)

## Welcome to New Member Council Reps

CCCF welcomes five new representatives to its Member Council table, effective August 1, 2011.

- Margaret Golberg representing the Alberta Child Care Association
- Eduarda Sousa representing the Association of Early Childhood Educators Ontario
- Denise Marshall representing the Early Childhood Educators of BC
- JoAnn Gillan representing the Home Child Care Association of Ontario
- Doris Gallant representing the Nova Scotia Child Care Association

We also wish to thank the outgoing representatives Sherill Brown, Laurie Landy, Vi-Anne Zimhelt-Yew, Marni Flaherty, Sue Melanson and Lyn Brown, respectively, on behalf of CCCF during their tenure. Their work to the CCCF has been invaluable.

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## FROM WHERE I SIT

# Interculturalism, Religious Education and Early Childhood Settings

Little children are  
showing the way!

by Suzanne Major

A new directive was tabled December 2010 in Quebec which prohibits religious teachings in early childhood settings affecting families from all denominations. The directive is a logical social and historical fold to the 1960s separation of the church and state in the province. Government subsidized early childhood settings, CPEs, recently came under the scrutiny of these social policies and it was decided that early childhood educators and teachers were not to teach small children to learn or recite prayers, conform to rituals, actively repeat adult beliefs or mimic religious gestures and manners in those specific settings. CPEs are non confessional and accessible to all children even if they are supposed to respond to the needs of the parents using the settings.

I was touched by the sadness on the faces of those among us who believe there is a spiritual path to follow within our cultures and societies and among our varied socioeconomic beliefs. I started to wonder what harm there could be in a small

child praying. There is none of course. Praying is an act of self-communion, mediation and contemplation that can occur within the frame of very different beliefs and through multiple levels of intensity. It can foster child development. The concern of course, is in the early childhood educator or teacher teaching the child to pray, as an act of socialization and cultural identification. Some believe it is an act of indoctrination to which small children who are unable to use critical thought, should not be subjected. Understanding socialization and cultural identification as indoctrination is a simple judgement that cannot be generalised and should be set aside.

The province of Quebec has chosen interculturalism as a guiding orientation that fosters democracy, pluralism, respect of heritage of its majority population, and the use and promotion of the French language as the language of communication for all (Dictionnaire actuel de l'éducation, 1993, p.748). Socialization and cultural identification, (as it is explained in *Accueillir la petite enfance* (2007, p.8), the early childhood education program of the Ministry of Family and the Elderly which oversees CPE's) occurs in two different areas in early childhood. The first area of socialization and cultural identification is the family. The second area of socialization is the educational child care service or the kindergarten classroom. The family, the child care service and the school are three different environments. The first, the family, is an informal domestic environment which belongs to a culture. The second, the child care or kindergarten, is a formal institutionalized environment which belongs to an organised society. The first is a place where a child lives, grows and develops with his family and friends. The second is a place the child attends and where he learns

with friends and peers. The first provides socialization and cultural identification to family heritage. The second provides socialization and cultural identification to the collective heritage.

**Experiencing diversity early  
on in life fosters intercultural  
relations, and diversity, is  
found in ethnicity, culture  
and language.**

Berry Mayall (2007, p.85) makes the very important distinction between people who live with children and those who work with them pertaining to their respective roles and defined

goals. He explains that people who *work* with children are knowledgeable about society and its norms – the second area of socialization-- and how to integrate it. Eunju Kim and Jaetack Lim (2007, p.42) explain that people who *live* with children are knowledgeable about life—the first area of socialization—and how to integrate it. The first requires roads that lead to destinations and the second requires environments





that can foster development in children. Both are necessary and complementary.

It seems to me that early childhood education settings are environments where children live, grow and develop with family and friends but they are also environments where children learn with friends and peers. They are both informal and formal, and both belonging to the first and second areas of socialization.

Teaching a religious or secularist way of life, maternal language, ethnic and cultural identification belongs to the realm of the family. Living a religious or secularist way of life, communicating in your maternal language and freely showing your ethnic and cultural identity when you are two, three, four or five years old is a human right tied to the formation of one's very first identity in life. Because development in little children is gradual and tied to biological and psychological rhythms (Hubert Montagner, 2006, p.232), formation of identity before the age of 5 years old requires specific care and respect. This can only be done in the realm of the complex and interactive environments of those who live with children and see to their integration in life; namely families and early childhood education settings.

Experiencing diversity early on in life fosters intercultural relations, and diversity, is found in ethnicity, culture and language. But it is also found—which helps the issue—in values, beliefs, semantics, rituals, manners and gestures. Hearing and seeing the genuine sadness of those among us

who believe there is a more personal spiritual path and the confusion and disarray of those among us who communicate within a different semantic frame, is being humane.

Understanding the difficulty in deciphering semantics, rituals, manners and gestures in the fragile life cycle of early childhood education is living up to our humanitarian beliefs of respect and fraternity.

Since a line must be drawn, let the first year of schooling set it down as the threshold to formal and institutionalised settings to begin the integration to society. Let us all welcome and teach self-communion, self-reflection, meditation and contemplation while respecting within our early childhood education settings the great diversity of semantics, rituals, manners and gestures needed to express this human competence. There is something to learn about living together that little children are teaching us, and the lesson is about security that comes from identity. It's all about making sense of things in order to take a genuine place among the peoples of a pluralistic society. It's also about permitting an intergenerational transition from the past to the future while insuring social cohesion, peace and happiness. The ones among us who live and work with little children will tell you that they thrive in diversity bringing forth their brave new world. It's our responsibility to give way where it is needed.

Suzanne Major has a master's degree in Child study from Concordia University and is presently writing her PhD thesis in Anthropology of early childhood health and education at the Université de Montréal. She is the director of the certificate Petite enfance et famille: intervention précoce at the Faculty of permanent education of the Université de Montréal and has been a teacher in early childhood education for the same institution for the past 12 years. She is a consultant and has worked 11 years as an early childhood educator and 3 years as a CPE director.





# Dolly Parton's Imagination Library Brings a Love of Reading to Children

by Kim Bosch

Dolly Parton! We all know her as the blond haired songstress and goddess of the country music scene. With twenty-five number 1 hits and 7 Grammys under her belt, music is undeniably a huge part of her life. But what most people don't realize is that Dolly is just as passionate about books as she is about music.

Growing up in poverty in rural Tennessee, with a father who could not read or write, Parton quickly discovered how the educational opportunities given early on in life have a great impact on future successes. Enter *The Dolly Parton Imagination Library*: A program that sends books to children each month in their homes as a way of encouraging a love of reading. The books are all age appropriate and carefully chosen for each stage of development (infant to 5 years old). The premier book for every child is *The Little Engine That Could* (Dolly's favourite) which holds within its pages the important message of perseverance. The books are addressed to the child — which makes children feel like they are receiving a special gift, one that is intended just for them.

Although the program started simply in Parton's hometown, within a short span of time, the program grew throughout the US and eventually came to Canada in 2007. The program now supports 700,000 children in North America and in the UK every month. There are currently over 120 communities participating in the program in Canada. Main sponsors in Canada include school districts, service clubs and other programs that care deeply about the children in their communities. Child cares and early childhood education



**Dolly is just as passionate about books as she is about music**

centres also play a huge role in the program, whether it is through starting programs themselves as a way of giving back, or as catalysts, bringing the program to the attention of local clubs and sponsors, or developing activities and materials that make the books come alive. They also help parents in the registration process as well as through providing additional resources for children surrounding their interests in the various monthly books.

The impact that the Imagination Library has had on communities in Canada has been tremendous. Sharon Brooks of Kids Can Fly in Brantford, Ontario has a co-op nursery school and a child care centre as active partners in her community's Imagination Library program. "We're looking forward this fall to making extended idea sheets for each book that gets mailed to the children. We have a teacher from a community college working with ECE students and giving them homework and having them come back with an activity sheet to in-turn provide to parents." By adding ideas for finger-plays, songs, activities and story-time to each month's book delivery, shared reading becomes a richer experience.

If you or your organization is interested in learning more about The Imagination Library or getting involved, visit [www.imaginationlibrary.com](http://www.imaginationlibrary.com) or contact Catriona Sturton at (613) 882-0575 [csturton@imaginationlibrary.ca](mailto:csturton@imaginationlibrary.ca)



# The Aboriginal Head Start Association of BC Celebrates 10 Years 2001-2011

by Joan Gignac

In 1995, the Canadian government announced and introduced a new federal program for First Nations, Métis and Aboriginal communities across Canada – the Aboriginal Head Start program.

Aboriginal Head Start (AHS) is an early intervention program designed for Aboriginal children. Its primary goals are to support the early childhood development of these children and to instill pride in their Aboriginal heritage, while preparing the children and their families for transitioning into Kindergarten. Aboriginal Head Start programs directly involve parents and the community in their design and implementation. This participation encourages many parents to blossom in their own lives by taking an active role in their child's development and education.

In 1996, the first three AHS programs started up in BC and by the spring of 1998 there were seven. These seven AHS programs, led by Aboriginal Early Childhood Development leaders, began to meet on a regular basis to provide a support network



to each other. As this new program evolved provincially and nationally, there were a lot of questions and a new way of working together was evolving. The relationship between the AHS site program coordinators was an important element in the programs development. This group of AHS Leaders and their regular meetings and networking provided the foundation to what later evolved in 2001 into the incorporated non-profit society of the Aboriginal Head Start Association of BC (AHSABC).

By 2004, there were 12 Aboriginal Head Start programs established in urban communities in British Columbia, which formed the membership of this new Association. BC is currently the only province with a nonprofit organization that is specific to AHS.

Over the years the AHSABC mandate has evolved into today's Vision:

*"We are leaders in Aboriginal Early Childhood Education and we provide support to Aboriginal Head Start sites to promote excellence in programming. The AHSABC is dedicated to the development of Aboriginal children and their families, and works in collaboration with other organizations and government to ensure consistent quality standards".*







The Goals and Objectives of AHSABC are:

- To assist AHS sites in training and professional development;
- To support development of quality AHS programming
- To support parental and community involvement in AHS
- To provide a professional link between the Public Health Agency of Canada (PHAC), the federal department responsible for funding AHS in Urban and Northern Communities, and the existing Aboriginal Head Start sites in BC
- To work in partnership with PHAC and other resource bodies
- To access other funding sources and programs to support AHS sites' developmental needs

Over the past 10 years, AHSABC has grown into an organization that strives to be 'leaders in Aboriginal Early Childhood Education.' All of the 12 member sites work together as a provincial-family network, supporting each other and providing mentoring, guidance, and sharing training opportunities and program resources. Collectively through the work of the Association, many valuable resources have been created FOR the AHS programs BY the AHS programs (in both official languages). These include but are not limited to:

- *Honouring Our Elders* – a guide and DVD that provides information to encourage and inspire increased Elder involvement in AHS programs (an important feature that strengthens the Culture and Language component of our AHS sites).
- *Tips and Tools for Creating Cultural Curriculum* – a guide that acknowledges and celebrates the creative ways in which each of the 12 AHS programs incorporate the Culture and language component into their curriculum.
- *Our Food Our Stories: Celebrating Our Gifts from the Creator* – a cookbook that celebrates the many Cultures of the AHS families across Canada by sharing traditional recipes that capture the uniqueness and similarities that bring our families together.

Along with these and other resources, 'leadership' training was developed in partnership with the Vancouver Community College in 2009-2010. Since 2010, more than 70 AHS leaders have been trained using this *Aboriginal Head Start – Leadership Administration and Management Training*. This resource has also been

translated into both French and Inuktitut. Partnerships with the University of British Columbia have also provided opportunity to bring the *Aboriginal Family and Community Literacy Mixed Mode Training* to all the AHS sites in BC and has also reached other AHS sites nationally. The AHSABC is also collaborating and partnering with the Canadian Child Care Federation to present *Meeting the Challenge – an Aboriginal Perspective Training* to participants across the country in the fall of 2011.

Today there are 128 AHS programs in Canada located in urban and northern communities. In 2010, AHS in Urban and Northern Communities (AHSUNC) celebrated the 15<sup>th</sup> year of AHS programs in Canada. To commemorate this anniversary, AHSABC interviewed friends, families, staff and graduates of AHS. Their stories shared how AHS has made a difference in the lives of parents, children, staff, Elders and community members. The "Valuing AHS – 15 Year Celebration" project is a sharing of stories that is now a part of the AHS history and oral tradition.

Thank you for this opportunity to share our story and who we are. We welcome you to visit us at [www.ahsabc.com](http://www.ahsabc.com) for more information and greater details on these projects mentioned above. In 2011, we are celebrating the 10<sup>th</sup> anniversary of the Aboriginal Head Start Association of BC. We are proud of our journey and excited for what tomorrow will bring.

Joan Gignac is the Executive Director for the Aboriginal Head Start Association of BC (AHSABC).





# Choosing Family Child Care, a Parent's Perspective

by Sue Irwin

Choosing child care wouldn't be a problem for me...I had taught in child care programs, worked with the Child Care Resource & Referral (CCRR), knew what quality aspects to look for, my family's needs, the issues of wait lists and affordability, and so on. What I wasn't ready for was meeting my precious son and now having to drop him off to someone else! I now know first-hand the heart wrenching feeling that all those parents I worked with previously were feeling, and that the importance of a quality program is equal to the importance that my son would be loved. The next hurdle was to find this magic combination...and get in!

My husband and I toured programs during my pregnancy and talked about the aspects that we were drawn to. In the end the choice became increasingly clear. We wanted: our child to socialize but not necessarily in a large group, a quality regulated program, to feel the warmth of a qualified educator, and



**Our family is very happy with our  
Licenced Family Child Care (LFCC)  
program, and more importantly  
our son is thriving and has a  
wonderful bond with his provider.**





some flexibility...For us this path lead us to a licensed family child care (LFCC) program. All child care programs look different (their program, fees, hours, educators, and physical appearance, etc.). All of these differences are wonderful because families need choice. Families need to find the right fit.

Some things to consider if you are a family child care provider include the professionalism that we experienced. Our provider's phone message and email reflect her child care business, she set up a tour for us and was ready with a parent package, explained her philosophy, qualifications posted, and shared specifics of her program as she walked us through her clean, organized setting.

It appealed to us that she had different play centers set up, a parent board near the cubbies/entrance, a daily report sheet, attractive displays on the walls, a variety of materials for the children to play with, and a stimulating outdoor area. Her professionalism and passion were evident. Each space has its unique qualities and limitations to work with, but it can be done...and done well!

Our family is very happy with our LFCC program, and more importantly our son is thriving and has a wonderful bond with his provider. I would encourage families to decide what aspects they are looking for, tour programs, and talk to their local CCRR to obtain a referral list and about how to choose quality child care. I encourage family child care providers to keep doing the incredibly important work that they do, never stop learning, assess their program regularly and don't be afraid to change things up, step out of your routine!

This is the perspective of a proud new mommy who has gained valuable knowledge from this experience. As an Early Childhood Educator the shoe is certainly now on the other foot! Caring for our precious little ones is an enormous responsibility, let's do it with professionalism, pride and passion.

*Sue Irwin by profession and passion is the Vancouver Coastal Regional Coordinator, CCRR Programs but obviously her role as a mommy is her most important title.*

This article was originally published in BC Family Child Care Association's, Caregiver E-Connection. For more information about BCFCCA go to [www.bcfcca.ca](http://www.bcfcca.ca).

# How do you know if a child needs early intervention?

The **ndds** is an innovative developmental screening tool that follows a child from one month of age to six years. The simple one-page checklist also features a detachable sheet of activities for enhancing a child's development. Visit **ndds.ca** to order or for more information.

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nipissing district developmental screen







## HEALTH WATCH

# New Canadian Physical Activity Guidelines

In January 2011, the Canadian Society for Exercise Physiology (CSEP) announced new Canadian Physical Activity Guidelines. The new guidelines state children (5-11 years) and youth (12-17 years) require at least 60 minutes of moderate- to vigorous-intensity activity per day while adults (18-64 years) and older adults (65 years and older) must get at least 150 minutes of moderate- to vigorous-intensity physical activity per week. Importantly, Canadians should try and exceed the minimum activity thresholds as the greater the variety, intensity and duration of the physical activity, the greater the health benefit.

The new Physical Activity Guidelines provide a minimum target to gain substantial health benefits and recommend:

## For Children - 5 – 11 Years

For health benefits, children aged 5-11 years should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily. This should include:

- Vigorous-intensity activities at least 3 days per week.
- Activities that strengthen muscle and bone at least 3 days per week.

More daily physical activity provides greater health benefits.

## Let's Talk Intensity!

Moderate-intensity physical activities will cause children to sweat a little and to breathe harder. Activities like:

- Bike riding
- Playground activities

Vigorous-intensity physical activities will cause children to sweat and be 'out of breath.' Activities like:

- Running
- Swimming



## Being active for at least 60 minutes daily can help children:

- Improve their health
- Do better in school
- Improve their fitness
- Grow stronger
- Have fun playing with friends
- Feel happier
- Maintain a healthy body weight
- Improve their self-confidence
- Learn new skills

Parents and caregivers can help to plan their child's daily activity. Kids can:

- Play tag – or freeze-tag
- Go to the playground after school
- Walk, bike, rollerblade or skateboard to school
- Play an active game at recess
- Go sledding in the park on the weekend
- Go "puddle hopping" on a rainy day

For more information about the Canadian Society for Exercise Physiology or to download the guidelines, visit [www.csep.ca](http://www.csep.ca).



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# The Many Roots of Early Childhood Education

*By Jan Blaxall*

Early Childhood Education (ECE) is a young profession, in Ontario it has only recently acquired its autonomy as a self-directing profession and the due respect that comes with coming of age. ECE has had the wonderful privilege and enormous social responsibility of being able to define its own principles, expertise, practice and obligations based on a variety of sources, unlike more traditional professions such as education and health care which build from centuries of tradition and research.

In these times of exciting support and unsettling change for Early Development and Learning, in Canada and internationally, it is a valuable exercise for each of us to consider the roots of ECE wisdom and practice, and the research and theory that has created our common belief system and best practice, as articulated by such organizations as Ontario's College of Early Childhood Educators, the Canadian Childcare Federation and the National Association for the Education of Young Children.

Shared principles have guided the provision of early childhood



programs in Canada for decades since the profession emerged. Through nearly thirty years of my own ECE experiences, I remain convinced that these principles are the best foundation for optimal development and learning for each child. Many of these principles and practices also share roots with other disciplines.

## **The importance of nurturing and responsive relationships as a key component of early education**

When I entered the profession in the early 1980's, the Association of Early



Childhood Educators, Ontario often expressed a core belief that “early care educates, early education cares”. This belief recognizes the emotional dependence of the young child, who is not yet ready to meet her or his own needs independently. This is still a core principle of best practice for ECE, as taught in North America. In her widely used textbook, Carol Gestwicki (2011) reminds us that “Warm, nurturing relationships with responsive adults are necessary for many important areas of children’s development,” including language and communication, self-regulation, cooperation, peer relationships and positive identity. (p. 13) Relationships with adults are an important vehicle for positive development and learning. Our role in acknowledging and admiring the efforts and achievements of the young child, creates a positive emotional state, that enhances the value of the experience for the child, and increases the likelihood that the knowledge gained will be practiced and internalized.

Dr. Stanley Greenspan was an internationally respected developmental expert, prior to his untimely recent death. In the 1970s, while working at the National Institute of Mental Health, he was at the forefront of a movement that saw human interactions and loving relationships as the foundation for a child’s emotional and intellectual growth. Greenspan “encouraged parents, teachers and therapists to get down on the floor with children, even very young ones, and engage them with gestures and words to build warm relationships and expand their world of ideas” (Corcoran, 2010)

### **Attachment Theory and the Establishment of Trust**

As early childhood education and care has been provided more often to infants and toddlers, the relevance of

attachment theory has been identified. In the 1950’s, Erik Erikson identified the first year of life as the time when the child learned whether or not the world was a trustworthy place, based on interactions and relationships with parents. If this trust was not well-established in this important first year, a wary sense of mistrust would haunt the child’s dealing with others in the future. (Erikson, 1950)

What is attachment and why is it so important? Dr. Bruce Perry is an internationally known psychiatrist whose expertise includes the development of the brain and relationships in traumatized children.

### **“Social and emotional development is just as important as literacy, language, and number skills in helping young children prepare for school.”**

He describes attachment as “an enduring form of a bond with a “special” person, [which] involves soothing, comfort, and pleasure”, and “provides a sense of security and safety in context of this relationship... It is these experiences of infancy and early childhood that create the roots of attachment-the capacity to form and maintain healthy emotional relationships. When the infant has attentive, responsive, and loving caregiving, this genetic potential is expressed.” (Perry, 2011a)

While this attachment is established initially in the home, similar predictable and responsive

relationships must exist in child care settings to ensure that the child feels, safe, secure and valued there as well. Early Childhood Educators are necessarily secondary attachment figures whose relationships with young children are crucial for well being and learning. “Social and emotional development is just as important as literacy, language, and number skills in helping young children prepare for school... Those children who are not secure in relating to others are not able to trust adults and, as a result, are not motivated to learn.” (Cohen, 2009)

“Except in the most extreme cases we are all born with the genetic capability to form and maintain healthy emotional relationships.” (Perry, 2011a) There is a great deal of clinical research on mistrusting relationships, known as insecure attachments. Infants who experience inconsistent parenting often show patterns of insecurity and anxiety. Infants who are rejected, neglected or responded to without warmth and empathy can develop avoidant or withdrawn patterns of relating to parents and eventually to others as well. Children who experience the inadequate or even frightening environments of abuse, neglect, domestic violence and substance abuse may demonstrate disorganized attachment relationships, disorganized and unpredictable behaviours and difficulty self-regulating.

### **Early Intervention**

Fortunately, there are protective factors and strategies which can reduce the impact of negative early environments and enhance children’s ability to develop resilience. The most important are the stable relationships that support the child, the child’s ability to self regulate and problem solve, and the child’s optimism, based

on a sense of self worth and positive self concept. Quality early childhood programs have also be shown to be effective environments for prevention of later developmental and behavioural problems (Tremblay, et al., 2008). The Centre of Excellence on Early Child Development is a wonderful source of Canadian and international research which can guide us to form the best possible policies, programs and practice to ensure optimal development and early interventions where needed.

### **The need to protect children from sources of unnecessary stress and risk**

Recognition for support of all the needs of children was prevalent in humanist practice in the 1960's. Maslow identified 6 different levels of need, four of which first occur within the first five years.

- Physiological Needs (oxygen, food, water, and a relatively constant body temperature.)
- Safety Needs (needs for security).
- Needs of Love, Affection and Belongingness, including giving and receiving love and affection, which enable people to overcome feelings of loneliness and alienation.
- Needs for Esteem, including self esteem and recognition from others, which lead to self-respect, self confidence, and a sense of being valued by others. (Simons, 1987)

Risks to development can occur in the context of family and community. One in four young Canadians is vulnerable, for reasons of biology, family or community factors. These vulnerabilities may jeopardize the child's daily experiences as well as long term development and behaviours.

Maslow's Hierarchy of Needs offers a simple, clear and resonant explanation for why children fail:

His four deficiency needs must be fully met before the child is in any condition to benefit from his school experience. He must have nourishing food, a consistent home with heat in the winter, and the feeling of being safe before his mind is free to learn at school. Can you imagine what it is like to be awakened during the night by gunshots in your neighbourhood, get up in an apartment where the heat has been cut off, or walk to school through a neighbourhood of abandoned buildings where someone might pull you in? (Minton, 2008)

Inappropriate expectations and practice can also put young learners at risk. Reflection about professional practice over the years often brings to my mind the cautionary words of David Elkind, who has repeatedly advocated the continuing need for us to deeply understand and protect the needs and vulnerability of young children, when determining our goals and practice.

When we instruct children in academic subjects, or in swimming, gymnastics or ballet, at too early an age, we miseducate them; we put them at risk for short-term stress and long-term personality damage for no useful purpose... If we do not wake up to the potential danger of these harmful practices, we may do serious damage to a large segment of the next generation. (Elkind, 1987 p. 3-4)

### **The necessity for positive guidance to replace the traditional guidance strategies of traditional education settings to ensure positive sense of self, self regulation, social competence and resilience**

A further source of risk in families and early childhood settings comes from out-dated approaches to the management of children's behaviour.



Tactics used with older children have been downloaded onto an age group for whom they are developmentally inappropriate and potentially harmful to emotional and social development. There are many experts who advocate for a gentler form of guidance that:

- respects and addresses the child's feelings,
- seeks solutions for the child's needs,
- preserves the child's dignity, autonomy and self-esteem and
- does not jeopardize the child's view as a trustworthy source of support
- avoids punishment and withdrawal of affection and attention.

One of the strongest set of principles comes from Dan Gartrell (2004, 2011). He urges educators to reframe their understanding of children's behaviour to avoid seeing a child's behaviour as unwanted or "bad". Rather, we need to view the child's behaviour as mistaken, due to inexperience, social influence or strong unmet needs; or in other words as aspects of the developmental challenges of awareness, self-regulation, social skills and emotional well-being. The role of the adult is not to discipline or punish the child for making mistakes and immature choices, but to "guide the child to develop the personal strength and understanding to make ethical, intelligent decisions." (2011, p. 4)

### **The necessity of considering and planning for the holistic development of the child in all domains of development (the "whole child"), recognizing the interrelationship between all domains of development**

When I began teaching in an ECE program in one of Ontario's community colleges almost thirty

years ago, the often used textbook was *The Whole Child*, by Joanna Hendrick. Her pedagogy was clear. A quality early childhood education program planned for and enhanced development and learning in all domains of development. This is still the foundation of her writing three decades later. (Hendrick & Weissman, 2010)

### **There seems to be an assumption that young children are always accepting and "just know" how to play together, share and sort out problems with peers.**

This holistic approach to ECE is also recommended as one of the principles of developmentally appropriate practice. "All domains of development and learning are important, and they are closely interrelated...a program that strives to nurture development optimally supports all domains as having equal importance." (Gestwicki, 2011, p 11-12)

This principle is crucial to advocate as early childhood education integrates into the education system across Canada, where typically the focus is more academic.. While literacy and numeracy are important skills for success in school and life, so are physical health, self regulation, emotional well-being, oral communication and language skills,

social competence and creativity. Many risks face today's children - obesity, inactivity, poor nutrition, stress, self identity, anxiety, depression, bullying, rejection, and worries about the future. The protective factors which protect children emerge in the first five years of life – social awareness and empathy, self esteem, sense of belonging, tolerance of diversity, physical and psychological well being, stress management - all contribute to resilience. Each of these domains must be thoughtfully addressed by knowledgeable professionals if early learning is to be a preventative time of development.

In Ontario, the *Early Learning Framework* (OELF) identifies five domains of development including emotional, social, physical, communication and cognition (including knowledge, thinking and creativity). The practice recommended in the OELF is that the development of each child will be observed, documented and discussed by educators, parents and any developmental specialists so that everyone shares the some understanding of each individual child's path, diversity and inter-connectivity of achieving or struggling to achieve developmental tasks in all domains. Parent support, early development support, early intervention and group curriculum planning all reflect this in-depth understanding of each child's unique developmental journey. Planning ensures that each child gets **equity of attention, interaction, and support as needed**, for any areas of special need or delay, so that **opportunities remain equally accessible**, as much as possible. (Expert Panel on an Early Learning Framework, 2007)

### **The Importance of Inclusion and Belonging**

Social inclusion and being valued as an important member of the group are



areas often neglected when planning components of an early learning curriculum (Hall & Rhomberg, 1995).

The need for belonging is such an essential human need that Maslow and others have argued that children are less likely to learn and form relationships when adults and/or peers do not value them. On the contrary, research has demonstrated that the social domain of development is worthy of detailed attention: research indicates that children who display disruptive behaviour in school receive less positive feedback from teachers, spend less time on tasks, and receive less instruction. They lose opportunities to learn from their classmates in group learning activities and receive less encouragement from their peers. Finally, according to Raver, children who are disliked by their teachers and peers grow to dislike school and eventually have lower school attendance. (Smith, 2010)

There seems to be an assumption that young children are always accepting and “just know” how to play together, share and sort out problems with peers. Such assumptions can lead to a failure to intervene, resulting in a differential experience among popular, neglected and rejected children. Building attitudes of tolerance, respect, and empathy require deliberate planning by Early Childhood Educators. (Hall & Rhomberg, 1995; Perry, 2011c) The same is true for the social skills essential for participation in a positive and inclusive environment.

Social skills that have been identified as essential for academic success include:

- getting along with others (parents, teachers, and peers),



- following directions,
- identifying and regulating one's emotions and behaviour,
- thinking of appropriate solutions to conflict,
- persisting on task,
- engaging in social conversation and cooperative play,
- correctly interpreting other's behaviour and emotions,
- feeling good about one and others. (Smith, 2010)

### The Value and Necessity of Play

Play is an extremely important element in the lives of children ...while our society does not fully understand what play is and why it is so essential to children, it is apparent that children who are not given opportunities to engage in “real” play are being deprived of a vital and essential aspect of their childhood. (Rowlands, 1997, p.23)

This is a period in children's lives and development when the present is more relevant than the past or future, when the concrete is more understandable than the abstract, when the literal overrides the symbolic and “logic” includes fantasy and magical thinking. Moving, exploring, manoeuvring, constructing, deconstructing, debating, challenging, achieving, failing, practising are all competencies to be mastered. Mastery will come more quickly and remain in mind longer, when the child is active and personally engaged in experiences of the curriculum that are meaningful to the child.

Play is often defined as an activity done for intrinsic and personal reasons. (Rowlands, 1997) It includes challenging and recreating reality to suit one's own purposes, in order to understand and construct meaning. It is most playful when there are choices and options for the child to direct and participate in her/his own play. This doesn't mean that the adult remains distant to the play. Rather, the adult has very important roles as the audience,

the prop, the cheerleader and the supporting role-player in a play where the child is the director, producer and lead actor.

There is an explosion of research and theory affirming the value of play for this period of development. When the child engages in this type of play, many emotional tasks are practiced and strengthened – self regulation, self competence, emotional expression and mastery. When the child engages in social play, these tasks must also be balanced with oral language, communication, negotiation, behaviour regulation, social problem solving and perspective taking. A wide variety of cognitive goals are also supported by long blocks of play– exploration, inquiry, creativity, divergent thinking, development of knowledge and concepts, physical properties, relationships between events, etc.

Play is recognized by experts as “a complex phenomenon, with many forms, and an intrinsic pedagogical value. Play nourishes every aspect of children’s development, building the foundation of intellectual, social, physical and emotional skills necessary for success in school and in life”.

Play, then, is the dominant and directing mode of learning during this age period [roughly 2-6], and children learn best through self-created learning experiences. *This was understood by those who invented early childhood education...* (italics added, Elkind, 2007, p. 7)

## Mental Health

My first employment was in a mental health setting where my role was to observe, intervene and carry out psychological assessments of young

children, when there were concerns with development and behaviour. There, I learned about the appropriate use and value of scientifically developed tools as a window into the development of children, particularly when these were combined with careful and detailed observation. From expert clinicians, I learned about the necessity of considering the child’s unique temperament and developmental characteristics, within the context of family and social relationships and experiences. I have continued to enhance my understanding of children’s development and practice through learning from experts in the field of psychiatry and clinical psychology.

## “Play nourishes every aspect of children’s development, building the foundation of intellectual, social, physical and emotional skills necessary for success in school and in life”

The Zero to Three organization fulfills an essential role for early years professionals through its advocacy that early education programs need to meet children’s mental health needs. According to the National Research Council & Institute of Medicine, young children’s healthy social and emotional development is critical to school readiness and positive long term outcomes, such

as academic success. (Cohen, 2000) Stanley Greenspan explained that ‘our emotions serve as the orchestra leader for getting the whole mind and brain working together. (Corcoran, 2010).

Cohen (2009) defines “Early childhood mental health” as the developing capacity of infants, toddlers, and young children to

- experience, manage, and express emotion;
- form close, secure relationships; and
- actively explore the environment and learn.

The Zero to Three website clarifies that early childhood mental health is “essentially synonymous with healthy social and emotional development,” demonstrating the integration of understanding from different discipline perspectives. (Early Childhood Mental Health, 2011)

## Self Regulation

Recent attention has been given to the importance of self regulation as a key component of mental health as well as for optimal development, satisfying relationships and learning. (Perry, 2011b, Shanker, 2010) “School-age children who cannot calm themselves or be calmed enough to respond to teaching may not benefit from early educational experiences and will fall behind their peers.” (Cohen, 2009)

Shanker explains that the ability to self-regulate is the foundation for self-control and self-discipline. The child who is unregulated experiences significant difficulty managing emotions, attention and behaviour. He may need to move constantly or avoid over-stimulation by tuning out or withdrawing. Often, children who are unsuccessful at self regulation are viewed as having behaviour challenges since they cannot always

meet expectations to stay calm, focused or inactive. Until they achieve self-discipline, children need ongoing empathy, external guidance and support from adults to manage.

A child who has difficulty engaging in these critical social experiences because of the drain on his nervous system can indeed be helped; but only if s/he is first understood.  
(Shanker, 2010)

Greenspan (1985) advised parents of the importance of supporting self-regulation from the earliest weeks. Parents need to observe to understand what strategies are effective in soothing an upset infant and restoring the baby to a state of calm alertness. Programs such as *Kids Have Stress Too!* and *Second Step* include valuable strategies for supporting children's ability to identify emotions, learn strategies for developing self-control, reducing stress and controlling reactive behaviour in social interactions.

## Brain Research

In 1999, Margaret McCain and Fraser Mustard enhanced and changed our perceptions about early learning dramatically with the publication of *The Early Years Study: Reversing the Real Brain Drain*. The theories and practices of developmental psychology, children's mental health and early childhood education could be tested scientifically through new processes which studied the functioning and development of the young child's brain. These were exciting times for ECE. The research affirmed some of the best practices of early childhood education.

I remember still hearing that "the marriage of brain research and early

childhood practice" is very workable, due to its similar foundations at the NAEYC conference in Toronto in 1998. It was a time of great professional pride as the public recognition of our field emerged.

I count among the superstars of neuroscientific research Dr. Bruce Perry, who has been able to articulate the complexity of brain research for educators and clinicians in a way that supports very basic essentials of early relationships and development. Recently, Dr. Perry spoke in London, Ontario to a multi-disciplinary audience who were universally enthralled with his incredible work, and reminded us of both the simplicity and the incredible complexity of our responsibility to provide children with trustworthy relationships, psychologically secure and predictable environments, and support in finding strategies for self-regulation as the foundation of all behaviour, relationships and success in learning and life. Several of my colleagues and ECE students were in attendance. It was amazing to hear their comments about the compatibility with his expertise and their understanding of excellent ECE philosophy and practice.

## Conclusion

In order to ensure that we keep our focus as we make this unique and challenging journey over the next several years, it is important to keep in mind our foundations. First and foremost is our obligation to children, to provide the best possible relationships and programs, while ensuring protection from risk and harm. I remember hearing Elkind say that the responsibility of advocating for the needs of young children "is a battle we might never win, but if we don't fight it, we will surely

lose". Those words echo in my head still, many years later. Understanding and sharing the reasons for our values and practice is more necessary now than ever, as we debate the goals and methods of an integrated program and of early learning and care.

Secondly, there are obligations to families and society to ensure that we are utilizing the best research, theory and practice available. There is a solid knowledge base drawn from interdisciplinary research, theory and practice.

Early Childhood Educators are a profession in transformation, a movement of like-minded professionals. We all draw strength from each other as we reflect and recommit to remain true to our personal and professional ethics in day-to-day practice. How well the wisdom, values and practice of members of this young profession of ECE will stand up as we collaborate and integrate with the more traditional systems and other professions remains to be seen.

## Post Script

Several organizations have taken on the complex task of pulling together the research, and making it available, complete with guidelines for practice. All of these internet resources are excellent resources for both research and practice.

*Canadian Council of Learning  
Early Childhood Knowledge  
Centre* <http://www.ccl-cca.ca/CCL/AboutCCL/KnowledgeCentres/EarlyChildhoodLearning/index.html>

*Centre of Excellence for Early  
Childhood Development* <http://www.excellence-earlychildhood.ca/home.asp>



*Centre for the Emotional and Social Foundations of Early Learning*  
<http://csefel.vanderbilt.edu/>

*ZERO TO THREE*  
<http://www.zerotothree.org/>

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#### Author's Note

Unlike many of my colleagues who graduated from ECE programs in community colleges, I did not become an ECE through the route of the ECE diploma. I began in the field of Psychology and mental health in the late 70's, and quickly recognized the similarities in core concepts that we share. I achieved ECE Equivalency in 1982, through the Association of Early Childhood Education, Ontario.

Having recently had the privilege of serving on the Expert Panel for an Early Learning Framework for the Province of Ontario, I have realized again just how many different sources of expertise come together when we consider the role early childhood professionals carry out in supporting development and learning in a vulnerable population of young children. The experience of listening and contributing to this essential discussion with other early childhood educators, teachers, special needs and family support professionals, and advocates for cultural respect reminded me of the common dedication ECE's have within the diversity of sources of knowledge and tradition.

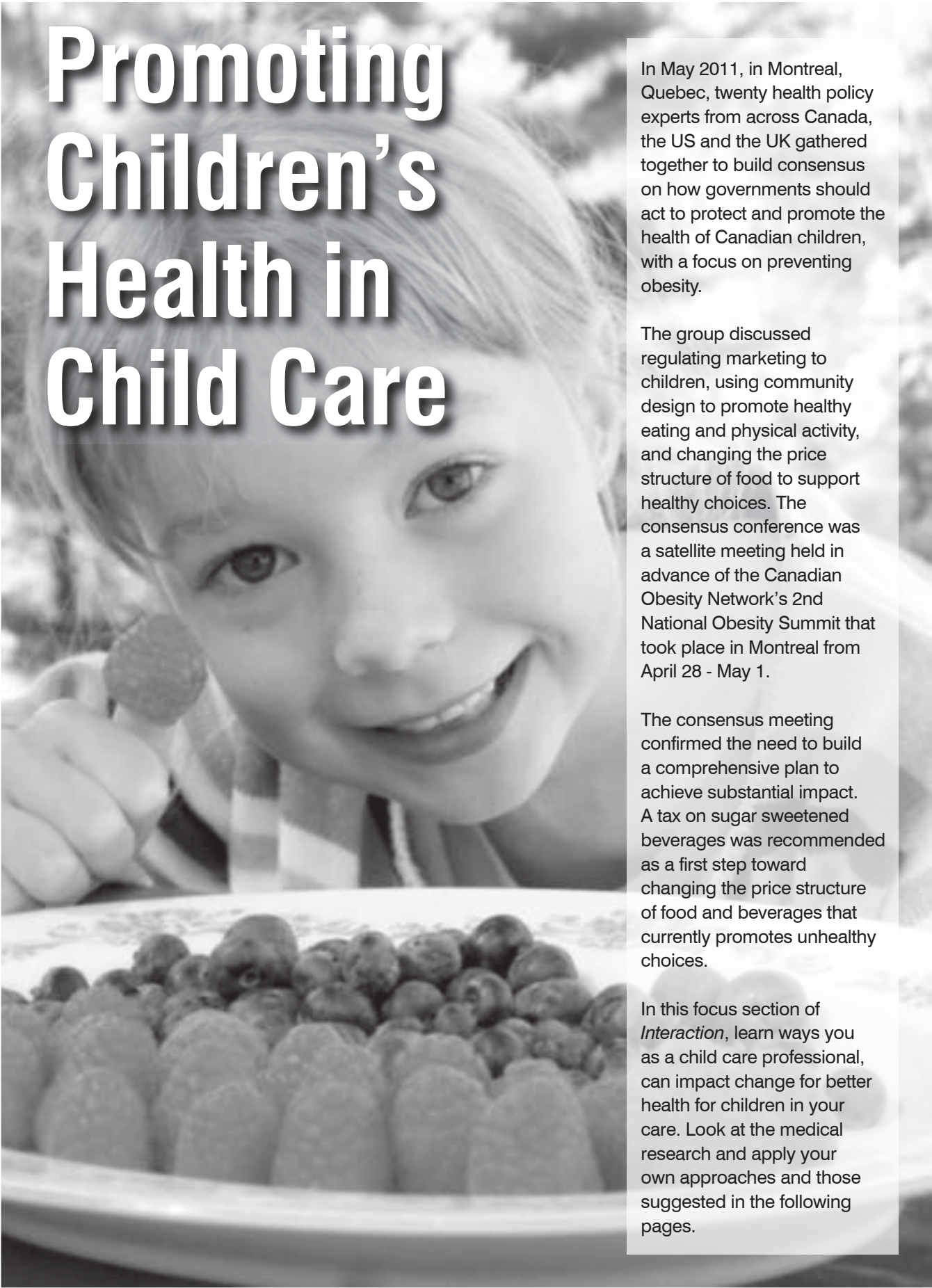
I currently teach in the Early Childhood Education and Early Childhood Leadership programs at Fanshawe College in London Ontario.



The Canadian Child Care Federation publishes IDEAS twice a year in partnership with George Brown College's School of Early Childhood and the Child Development Institute. For submission to IDEAS please contact Connie Winder. Phone [416] 415-5000 extension 3018, fax [416] 415-2565, email [cwinder@georgebrown.ca](mailto:cwinder@georgebrown.ca)

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# Promoting Children's Health in Child Care

In May 2011, in Montreal, Quebec, twenty health policy experts from across Canada, the US and the UK gathered together to build consensus on how governments should act to protect and promote the health of Canadian children, with a focus on preventing obesity.

The group discussed regulating marketing to children, using community design to promote healthy eating and physical activity, and changing the price structure of food to support healthy choices. The consensus conference was a satellite meeting held in advance of the Canadian Obesity Network's 2nd National Obesity Summit that took place in Montreal from April 28 - May 1.

The consensus meeting confirmed the need to build a comprehensive plan to achieve substantial impact. A tax on sugar sweetened beverages was recommended as a first step toward changing the price structure of food and beverages that currently promotes unhealthy choices.

In this focus section of *Interaction*, learn ways you as a child care professional, can impact change for better health for children in your care. Look at the medical research and apply your own approaches and those suggested in the following pages.



## PROMOTING CHILDREN'S HEALTH IN CHILD CARE

# Promoting Healthy Eating Habits in Children

by Karen McLaughlin

### The Food System Battle

Have you spent lunch time in a typical Canadian elementary school lately? At clean-up time you will see lots of packaging thrown out, such as empty granola bar wrappings, empty sweetened yogurt containers, empty cheese “product” and cracker packages, empty juice cocktail boxes and chip bags, empty chocolate milk cartons – all with cartoon characters and super heroes on them. You will also see whole sandwiches with fish, meat, egg or cheese in them, with maybe a few bites taken. You will see whole bags of fresh veggies that had been painstakingly chopped by Mom being discarded as well as scores of beautiful uneaten fresh fruit thrown out. Despite the best efforts of parents, it seems that the corporate processed food and junk food factories and their corporate children’s entertainment sponsors are winning the battle to control the eating habits of our children.

Despite the growing awareness that children need to be steered away from processed foods, and that obesity and many other chronic health problems are brought on by unhealthy eating habits and are causing our healthcare system costs to skyrocket, we haven’t made much progress changing the way our children eat. I have seen significant progress being made in many licensed child cares, but I believe centres *can* and *should* go further.

Most child care regulations state that food should never be used as a reward or punishment, and also that whatever is offered to one child must be offered to all other children. That puts early



**Providing *only* healthy food choices at the same regular times throughout the day, and taking into account the likes and dislikes of the children and providing more than one healthy choice is all that is needed.**

childhood educators in the position that if a child does not eat any of her lunch, she must still be given a cupcake with icing if that is what the other children are having for desert. Child cares are increasingly opting out of providing deserts at all, but the trend to have sugary muffins or yogurts for afternoon snack remains a common one, since they are quick and easy to provide. Children who are particularly fussy learn to reject their lunch and hold out for afternoon snack. Even two-year-olds have figured this out.

### Partnering with Parents

Child cares can be more innovative when planning snacks. Asking the parent for advice on quick no-fuss healthy snacks can often provide a wealth of new ideas and provide a window





into what particular children will eat that is healthy. A cook at one child care I know of had trouble getting the children to eat vegetables so she asked parents what they ate at home. The parents named typical vegetables that were already being served at the daycare. The cook was confused and asked the parents how they served them. It turned out that the children liked them only if they were raw or lightly cooked. It was easy for the cook to no longer bother cooking the vegetables, and to simply put them out on plates. We should always remember that parents often possess a wealth of information.

Child cares often provide salty crackers made with white flour, or commercial breads at lunchtime so that children who repeatedly refuse to eat their lunch will at least have eaten something. With careful planning, two food choices (eg. two forms of protein) can be offered without breaking the food budget. Making less of two choices instead of more of one choice does not have to translate into extra work. Canvassing the parents for healthy no fuss lunch ideas (especially the parents of fussy eaters) can again result in new and innovative lunch menus.

## Taking Time to Eat and Respect Our Food

Like elementary schools, child cares often have short eating periods in order to meet a diverse range of daily programming requirements. This means that children may be rushed, and may not have the opportunity to sit and talk with their friends at the table, and to enjoy their food by eating it slowly, or take the time to decide to try something new by looking at it, smelling it, touching it, and watching others eat it. It can take children up to 14 times to try a food before getting used to it. Food should be respected and not wolfed down. The natural mechanism in our brains that tells us when we are full becomes compromised when we consistently eat too fast, and consequently mean we may eat too much. Child cares that allow longer, leisurely lunch times, allow children to serve themselves, but only small amounts at a time. When they have finished one amount, they can wait a minute and decide if they are still hungry and then they can serve themselves another small amount. This also promotes respect for food, by not wasting it. Scraping uneaten food off of plates does not.

Respect for food can be fostered in other ways. Many centres have children growing and harvesting food in small gardens, and preparing and serving it themselves. They learn to value the work and energy that went into getting the food on their plates. They also tend to actually eat it. Exposing children

to many types of foods from around the world is another way to foster respect for food, but also other cultures. Many centres tie celebrations such as Chinese New Year with cooking activities. For example the children can go on a field trip to Chinatown to buy ingredients for spring rolls, then prepare them back at the child care. Parents and children who celebrate Chinese New Year will have their culture respected as well.

## Provide Food Choices – But Only Healthy Choices

ECE's know that the most important aspect of teaching children to eat properly is to allow them the autonomy to decide what and how much they will eat. Providing *only* healthy food choices at the same regular times throughout the day, and taking into account the likes and dislikes of the children and providing more than one healthy choice is all that is needed. If children don't want to eat their lunch, that's okay. They can eat at snack time, but make sure there is something substantial for those fussy lunch eaters. Work with them not against them. Engaging in power struggles, begging or bribing children to eat, and using food as a reward or punishment sets the child up to have a psychologically unhealthy relationship with food and can lead to eating disorders down the road such as anorexia nervosa, eating addictions, bulimia and over-eating. Rewarding a child with desert for eating his lunch will only teach a child that junk food is to be valued but real food is not. Recent data collected from parents indicate that they believe their children are eating more balanced diets than they actually are. The full recycling bins in elementary schools are proof of that. In order to make any splashes against the tidal wave of the junk food industry, it may be time for parents to consider what many child cares have done, that is to boycott all junk and processed foods entirely from the premises. After all, prehistoric humans passed on to us the genetic disposition to crave excessive fat, salt and sugar to prevent starvation.

It is crucial that ECE's communicate regularly with parents to find out whether or not the same eating habits and routines at the centre are being practiced at home. If not, ECE's need to discuss with parents what they can do at home to ensure that there is consistency for the child around practices that promote healthy eating which work well. Parents will have valuable ideas to contribute as well if we listen.

Karen McLaughlin is an ECE in the Full Day Kindergarten program of a Toronto Elementary School. She has over 23 years experience in child care centres and home child care in Toronto.



## PROMOTING CHILDREN'S HEALTH IN CHILD CARE

# Controlling Food Safety Issues in Child Care Settings

by Paul Medeiros

Playing games with food safety is one type of play best left out of child care centres. By fully grasping and adopting key food safety principles, child care operators and food caterers who serve child care centres can help to ensure the food they provide for young children is consistently and predictably safe. If not, they're rolling the dice with every meal they serve.

Thankfully, serious food borne illness outbreaks linked to child care centres are relatively rare, but a quick search will easily reveal several disheartening child care related outbreaks where well meaning operators failed to meet key food safety principles.

As a food safety consultant with the Guelph Food Technology Centre (GFTC), I work with many types of food operations to help them mop up after an incident or to prevent one from happening in the first place. Regardless of the size or type of operation, it's the commitment to the following principles that seems to reduce risk and consistently improve food safety performance, regardless of the industry or size of operation.

The principles are:

- Know it
- Own it
- Measure it

### Know It:

Is 'local' or 'organic' food safer? What are the microbial hazards facing the products I serve? (What *are* microbial hazards?) What are the risks associated with parent-supplied foods or ingredients?

What is HACCP? What is the 'Danger Zone'? What are priority allergens? What should I wash my produce with?

The extensive knowledge required to prepare food safely and consistently cannot be adequately obtained just through self-study or through a one day general food safety course. Food Safety requires knowledge of specific food safety tools, methods and fundamentals. "Wash your hands and keep fridges cold?" – that's the easy stuff to learn (although still critical), but it's insufficient to ensure adequate food safety.

Real food safety knowledge needs to encompass Risk Management tools such as HACCP - Hazard Analysis Critical Control Points. HACCP is an internationally used risk management method that identifies specific food safety hazards in your food preparation process and establishes robust controls over the critical points (referred to as CCP's or Critical Control Points) in your process. HACCP is a prime requisite for food safety. Food Safety knowledge also needs to encompass areas such as Supplier Quality Assurance, Allergen Control, Microbiology, Toxicology, pest control, and Quality / Process Management principles, to name a few.

**So, who within a child care setting should receive food safety training? Everyone – but the extent of the training depends on the person's role within the centre**

In addition to the personnel who are involved in preparing foods every day, the child care operator or owner *and* the centre's supervisory team should undertake a one day overview course so that they are familiar with food safety principles. This familiarity will enable them to verify and (when necessary) challenge or support the food safety work being conducted by the caterer or the primary centre cook. This familiarity will also enable them to assess food safety competency when designating or hiring kitchen staff or approving a caterer; this also helps to build leadership level understanding of the reasons behind providing food safety resources and tools, so that they can be reinforced on an ongoing basis with all staff.

Typically the centre's cook functions as the **internal food safety expert** within the child care centre. This person should undertake a variety of food safety courses that include elements around those listed earlier in this article (such as HACCP, microbiology, etc...). The learning that is necessary cannot be accomplished through a single course. It typically requires different courses with different foci. Some good courses I'm familiar with include TRAINCAN Inc.'s ADVANCED *fst* and ServSafe®. In addition, many local colleges offer food safety diploma programs. Participation in such courses is as important to the food handler as is participation in courses on pedagogy



and early childhood development is to the early childhood educator. Just like it would be for the ECEs in your program, participation in food safety professional development should be part of your performance expectations for staff who are handling food to be served to young children.

Finally, assistant and backup food handlers should take a basic food handler training program. On-line courses can work for these “back up” cooks as can shorter one-day basic courses. It will be important to support staff’s ongoing learning by offering (at least) semi-annual in-house refresher training that could be conducted by the centre’s cook (remember, the cook is the “internal food safety expert”).

Aside from formal training, the centre’s internal food safety expert should stay abreast of food safety developments by liaising with local public health and joining food safety list serves or user groups such as *Linked In ‘Food Safety and Traceability Resource Centre.’*

### Own It:

I once addressed senior managers from a large food manufacturer and asked them one of my favourite questions: How do you know your food is safe? Their response “We know it’s safe because our food safety staff tell us it’s safe” revealed that they were blissfully passing food safety responsibility on to someone else.

Food borne illness outbreaks are rarely the result of an isolated, unforeseen incident, but *are* often the result of ‘management’ and ‘systems’ failures. Failure to ensure food safety in large food manufacturing plants typically arises from lack of ownership and commitment by senior management. This same phenomenon applies to child care centre leaders too.

With respect to food caterers, keep in mind a recent news story of a Toronto based food caterer that provided more than 1 million meals to child care centres across Ontario. It was shut down by government inspectors for following unsafe and misleading food handling practices. This serves as a glaring reminder that the responsibility for food safety in your centres is yours.

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### What does it mean for the child care centre leaders to ‘own’ food safety?

*Owning* food safety means that the operators and supervisors are leading the development and maintenance of a food safety culture in the centre. They are ensuring that they have received adequate training and that their staff have as well. It means understanding the key food safety indicators (which I address later in this article). Owning food safety means understanding the resources required to ensure food safety and then providing them. It also means being ready to make tough decisions that may include discarding expensive food or ingredients that are past their expiration date or of

questionable quality or making tough decisions in the face of upset parents with respect to the use of parent-supplied foods. Ultimately, owning food safety means being able to answer the question: “How do I know the food in my centre is safe today?”

### Measure It:

Measuring Food Safety means establishing indicators that help you know that your food is safe or that tell you when food safety levels may be slipping (child care personnel are typically very familiar with scales and measures for quality practices in early childhood education – this is just one more).

Food Safety Indicators need to be assessed regularly and acted upon immediately. They’re typically divided into (1) Leading Indicators and (2) Lagging Indicators.

Lagging Indicators happen ‘after the fact’. They include indicators such as public health inspection results/scores or documentation of complaints but don’t fully predict your likelihood of causing an outbreak since they occur ‘after the fact’.

Leading Indicators are process-based. They are designed to measure the effectiveness of your food safety *systems*. Keeping the systems and processes on track minimizes the risk of an outbreak. Establishing and measuring key leading indicators takes time and effort (plus commitment).





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It also implies that a centre has already established formal food handling practices such as:

- solid policies that refer to how parent supplied food is handled in the centre and for how food is rotated for optimum freshness or maintained at correct temperatures;
- ingredient receiving (if food is delivered to your program) checklists or purchasing protocols;
- internal inspections (or walks-throughs);
- pest control;
- housekeeping/sanitation programs;
- HACCP; etc...

Food Safety Leading Indicators are typically focused on key food safety risk areas. While child care centres may differ in the kinds of risk areas they need to consider (part time programs, full time, licensed capacities), some common "Leading Indicators" could include:

- Results of daily food safety walk-throughs (or self-inspections);
- Completion rates for staff training and refresher training (keep these on file, just as you would any other certificates or documents showing staff training);
- Number and severity of outstanding food safety items requiring correction (such as repairs or identified food handling issues);
- Supplier or caterer food safety performance checks. With respect to caterers, keeping track of their food safety performance is critical (and note: merely passing a public health inspection is NOT sufficient);
- Percentage of critical food safety checks (including CCPs) being performed adequately, such as temperature monitoring and performance of cooking and cooling processes.

You may want to consider developing a Food Safety Score Card that helps your staff to track their indicators and monitor trends over time (better yet, work with your child care networking groups and resource centres on this one). As with other food safety program elements, it requires a fully trained operator and internal food safety expert to adequately establish these indicators.

## Conclusion

Knowing it, owning it and measuring it are three principles that cannot exist separately. Safe food is a vital characteristic of high quality child care programmes that support children's healthy growth and development. Living the food safety principles allows child care centres to establish measurable and predictable food safety systems; to maintain them and even more importantly, to use the information to continuously improve them resulting in safe children thriving in a safe environment.

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## PROMOTING CHILDREN'S HEALTH IN CHILD CARE

# Creating Healthy Environments for Kids

## Simple Actions Can Reduce Children's Exposures to Toxic Chemicals

by Erica Phipps

Brain-damaging lead in old paint, Bisphenol A (BPA) in water bottles and food can linings, phthalates in soft plastic toys, toxic flame retardants in electronics and upholstered furniture, mercury in fish. You've probably heard of some of these toxic chemicals and wondered what you can do to protect the children in your care – or your own kids – from harm. While the health effects associated with these and other common toxic chemicals can be scary – disruption of normal hormone function, permanent effects on the brain, behaviour disorders, asthma and even cancer – the good news is that there are some simple steps we can all build into our daily lives that will significantly reduce the risk to children.

One of the easiest ways to get started is to get your hands on a copy of *Advancing Environmental Health in Child Care Settings: A Checklist for Child Care Practitioners and Public Health Inspectors*, produced by the Canadian Partnership for Children's Health and Environment (CPCHE). The Canadian Child Care Federation, one of the founding partners of CPCHE, led the development of the *Checklist*, which provides practical tips for reducing children's exposures to toxic chemicals/pollutants in all areas of the child care centre.

Child care practitioners can track their progress in making positive changes, such as getting rid of toys made of risky materials such as PVC or "vinyl," selecting less-toxic cleaners for routine cleaning tasks, avoiding the use of fragranced products and antibacterial soaps, and dealing appropriately with play structures made of arsenic-containing pressure-treated wood.

In addition to taking steps to reduce environmental health risks in the child care centre, child care practitioners can also play a valuable role in modeling best practices and sharing information with the families they serve. The scope of possible changes can be overwhelming, so parents often want to know where to start. Drawing upon their diverse expertise, the CPCHE partners recently released the "top 5" priority recommendations for reducing children's exposures to toxic chemicals in and around the home. They are:

- Bust that dust
- Go green when you clean
- Renovate right
- Get drastic with plastic
- Dish safer fish

Simple, low-cost tips in these five priority areas are outlined in our new brochure *Creating Healthy Environments for Kids* (online at [www.healthyenvironmentforkids.ca](http://www.healthyenvironmentforkids.ca)). For example, to prevent the chemicals in plastic from migrating into food and drinks, parents are advised against using plastic containers and wrap in the microwave, even if the label says "microwave safe." Frequent dust-busting with a vacuum, wet mop and/or damp cloth will help protect kids from the toxic chemicals that settle into dust from old leaded paint, upholstered furniture, electronics and numerous other sources. This is especially important in homes with babies or toddlers who are often on the floor and who explore their world with their hands and mouths.

"Go green when you clean" can be as simple...and inexpensive...as using baking soda to scour tubs and sinks, and vinegar mixed with water for floors, windows and surfaces. Avoiding air "fresheners" and fragranced cleaning and laundry detergents will reduce exposures to chemicals that can interfere with normal hormone function. Just look for products without "fragrance" or "parfum" on the label.

CPCHE is currently working to turn the top 5 recommendations into a YouTube-style video, which will be posted on the CPCHE website in early 2012. In addition to serving as an easy-to-understand resource for the public, the video is being designed for use by public health units, clinics and community centres in prenatal classes and other educational programs for parents. Child care centres may



wish to use it to increase staff awareness and/or share it with families.

The child care *Checklist* and the new “top 5” tips brochure are recent additions to the growing suite of educational materials produced by the CPCHE partnership. CPCHE (pronounced “kip-chee”) is a collaboration of 11 environmental, medical, public health and child-focused groups that came together more than a decade ago to advance the protection of children’s environmental health in Canada. A main focus for CPCHE has been to work with child care professionals and others who interact with children and their families on a daily basis to increase awareness and empower protective action.

Underpinning this outreach and health promotion work is a solid foundation of substantive knowledge and evidence-informed priorities. The public health officials, physicians, legal experts, environmental advocates, community organizers and child care professionals who comprise the CPCHE partnership routinely pool their expertise to stay abreast of the latest scientific information and policy issues related to children’s environmental health – and then make that information available to others.

A new report produced through a multi-year collaboration between CPCHE and the Ontario Chronic Disease Prevention Alliance does just that. It summarizes the scientific evidence linking early (i.e., preconception, prenatal and childhood) exposures to toxic chemicals/pollutants and the later development of major chronic diseases, such as diabetes, heart disease, asthma and cancer. Released by the Canadian Environmental Law Association and two other CPCHE partners in June 2011, the report underscores the importance of reducing early exposures as an investment in lifelong health.

One of the key issues addressed through this work is the potential for certain chemicals to interfere with the critical signaling provided by the body’s hormone system. Exposure to such “endocrine-disrupting chemicals” is of particular concern



**Go green  
when you clean**



**Get drastic  
with plastic**



**Dish safer fish**



**Bust that dust**



**Renovate right**

in the womb and early in life, given the vital role of hormones in orchestrating the dynamic growth and development of the brain, other organs and bodily systems.

Bisphenol A (BPA) is one such chemical. There is emerging evidence that exposure to BPA, a synthetic chemical widely used in hard, polycarbonate plastics and the linings of nearly all food and drink cans, may play a role in obesity, due to its endocrine-disrupting properties and related effects on how fats and sugars are metabolized, among numerous other health effects. These links have been demonstrated largely through animal studies, but the potential implications for human health are worrisome. Scientists are voicing concerns about the possible role of “obesogens” such as BPA in the burgeoning obesity epidemic. Obesity, in turn, is a risk factor for numerous chronic diseases, including diabetes, heart disease and Alzheimer’s.

Based on concerns about health effects associated with early life exposures, thirteen health and environmental organizations, including the full CPCHE partnership, released a statement on BPA and other endocrine-disrupting chemicals in October 2010 calling for decisive action to reduce population exposure to BPA via food and drink cans and other consumer products.

The scientific research on the role of toxic chemicals in chronic diseases, learning and behavioural challenges and other health problems is daunting and complex. The good news is that we can all take actions now that will significantly contribute to safer and healthier environments for children. Check out the *Checklist*, start building the “top 5” actions into the daily routine at your centre and at home and, perhaps above all, consider ways to show support for more protective laws and policies and less-toxic consumer products.

To order copies or access free downloads of the above-mentioned resources (available in English and French), or to find out more about creating healthy environments for kids, please visit the CPCHE website at [www.healthyenvironmentforkids.ca](http://www.healthyenvironmentforkids.ca)

Erica Phipps is Partnership Director, for the Canadian Partnership for Children’s Health and Environment (CPCHE).





## PROMOTING CHILDREN'S HEALTH IN CHILD CARE

# Physical Activity and Sedentary Behaviour Guidelines for Preschool-aged Children

**What we know, what we  
don't know, and what we're  
doing about it**

**by Brian W. Timmons, Allana G. LeBlanc,  
Valerie Carson & Mark S. Tremblay**

### Introduction

In the media today, we are hearing more about the physical activity and sedentary behaviour of children. For years, this conversation has excluded preschool-aged children, which we define as 3 to 5 years of age, because of a long standing belief that preschoolers were 'active enough'<sup>1</sup>. Unfortunately, this point of view is not necessarily reality, because we are seeing unprecedented levels of obesity in children under the age of 5 years. Canadian preschoolers are not immune to obesity. Approximately 1 in 5 Canadian children between the ages of 2 to 5 years may be overweight or obese<sup>2</sup>. There is little doubt that both lack of physical activity and too much sedentary behaviour contribute to obesity, but these terms do not refer to the same thing. The term "physical activity" can be defined as any bodily movement that produces energy expenditure above resting levels and is usually reported as the number of minutes per day spent performing moderate-to-vigorous intensity physical activity (called MVPA). The term "sedentary behaviour" can be defined



as a distinct class of behaviours (e.g. sitting, watching TV, driving), which are characterised by little physical movement and low energy expenditure<sup>3</sup>. A child who is very physically active may also accumulate several hours of sedentary behaviour, so addressing both variables is essential, because one is simply not the absence of the other. In this article, we provide current scientific thinking about physical activity and sedentary behaviour guidelines for preschoolers and describe some of the Canadian contribution to this important area of child health.

### What we know

#### *Physical Activity*

Preschoolers usually accumulate their daily physical activity through active play rather than structured activities such as team sports or sustained fitness activities. As any parent knows from spending time at the playground, the physical activity of preschoolers is often characterized by short, intermittent bouts of intense movement between longer bouts of lower intensity movement; this was recently demonstrated in a Canadian



study that found 95% of MVPA occurred in chunks of time that lasted 15 sec or less<sup>4</sup>. Based on several preschooler studies from the literature, young children engage in 2 to 4 h of total physical activity (not just MVPA) during a typical 12-14 h day, although estimates of time spent in MVPA ranges from only 3 to 13% of the day<sup>5-11</sup>.

### **Sedentary Behaviour**

Much of what we know about sedentary behaviour comes from research involving children older than 6 years of age. Clearly, more time spent being sedentary is strongly related with a wide range of negative health indicators, such as obesity, in children. The problem is that these negative health indicators are known to track into adulthood, meaning if a child has these conditions he/she is more likely to keep them as an adult. Based on several preschooler studies from the literature, young children typically spend a lot of time in sedentary behaviours, with estimates ranging from 74% to 84% of the day<sup>5,7,8,11</sup>. One of the most common types of sedentary pursuits is 'screen time' or time spent watching television, playing video games, and using the computer. Canadian research finds that approximately 25% of children ages 2-5 years are already watching more than 2 hours of television per day<sup>1</sup>.

### **What we recommend**

#### **Physical Activity**

Unlike evidence-based recommendations for school-aged children, Canada does not yet have physical activity or sedentary behaviour guidelines for preschoolers. However, the most recent physical activity recommendations for preschoolers come from Australia and the United Kingdom. They state that preschoolers be physically active for at least 3 hours (180 min) every day, but with no mention of how much should be MVPA<sup>12,13</sup>. In our own comprehensive review of the literature<sup>14</sup>, we found that as little as an additional 1 h of physical activity per week may improve bone health, aerobic fitness, and motor skills in some children. More general recommendations related to physical activity are as follows:



1. Promotion of physical activity for preschool children should consider their natural activity patterns, which are typically spontaneous and intermittent;
2. Physical activity for preschool children should focus on gross motor play and loco motor activities that children find fun;
3. Physical activity experiences for preschool children will be enhanced by adult facilitation (including modeling) that provides mastery experiences and contingent feedback about those experiences;
4. Whenever possible, preschool children should be given access to play spaces and equipment outdoors
5. In general, the more (amount, variety) physical activity opportunities, the better

#### **Sedentary Behaviour**

Useful resources related to sedentary behaviour for preschoolers come from Australia and the United Kingdom<sup>12,13</sup>. These reports did not find enough good scientific evidence to support specific recommendations about sedentary behaviour but stated that preschoolers should avoid long periods of being sedentary. Recommendations from the American Academy of Pediatrics and the Canadian Paediatric Society say that preschoolers should limit their screen time to less than 1-2 h per day<sup>15,16</sup>. These recommendations also suggest that television viewing



should be discouraged for children under the age of 2 years<sup>15</sup>. From current evidence in preschoolers as well as evidence from older school-aged children, we recommend the following:

1. Limit screen time to no more than 1-2 hours per day
2. Limit the amount of time children are restrained (e.g. car seats, strollers), unless required for safety reasons
3. In general, the less sedentary behaviour time, the better.

## What we don't know

### Physical Activity

We have a pretty good idea about how much physical activity preschoolers typically get on a daily basis, but we still know virtually nothing about how this physical activity is related to health during the early years. For example, if a preschooler currently engages in 40 minutes per day of MVPA, what health benefits could be expected if this child increased his/her activity to 60 minutes per day? Likewise, if child care facilities offer physical activity programs for their children how many minutes should the program offer and does it need to be offered every day? We also don't know the relative health and wellness benefits of sustained activity (e.g. 15 minutes continuously) compared to the natural intermittent movement pattern (e.g. 1 minute periods of activity repeated 15 times) of preschool children – or the differences in possible side effects (e.g. injuries).

### Sedentary Behaviour

Sedentary behaviour is a relatively new area of study in preschoolers and has gained a great deal of attention in recent years. In school-aged children, sedentary behaviour is believed to have health effects that are different from those caused by a lack of physical activity. However, the health consequences of sedentary behaviour in a preschooler are less clear. Moreover, we need to better define what sedentary behaviour means for a preschooler, because sedentary activities such as reading or other educational activity could be considered beneficial from a developmental perspective. There is a need for research studying the types, amounts, and patterns of sedentary behaviours associated with undesirable health

**Researchers at the Children's Hospital of Eastern Ontario are studying the role of child care facilities as a venue for increasing physical activity levels among preschoolers. Together, this research represents important Canadian contributions to define appropriate levels of physical activity and sedentary behaviour for preschoolers.**

outcomes, such as obesity. This area is especially important given the increasing use of technology (e.g. tablet computers) to entertain small children. It is important to understand if sustained early screen time has lasting consequences later in life.

## What we are doing about it

Given the clear need to fill critical gaps in our understanding of physical activity and sedentary behaviour, we are working on a number of projects that will help provide public health guidance in Canada. For example, we are conducting systematic reviews for both physical activity and sedentary behaviour and their relationship to health outcomes in preschoolers. A systematic review looks at all the scientific literature available and

determines what the best research says on the topic. This effort, led by the Canadian Society for Exercise Physiology, will produce Canada's first guidelines for physical activity and sedentary behaviour for preschoolers. To accomplish this goal, we are following a process that our team members implemented successfully for other age groups, including a rigorous process of critical evaluation and appraisal of the available evidence<sup>17,18</sup>. Members of our team are also engaged in research programs that address key questions in preschooler health. For example, McMaster researchers are conducting the first Canadian study that will follow the same preschoolers over several years with measures of physical activity, sedentary behaviour, and health to establish the relationship between these important variables.

## Summary and conclusion

The statement that preschoolers are 'active enough' is quickly losing credibility. Thanks to recent research, we now know that obesity is affecting a significant portion of children under the age of 5 years. We also know that sedentary behaviour and lack of physical activity are not the same things, and their relationship to poor health among preschoolers deserves attention. The solutions to lack of physical activity and excessive sedentary behaviour among preschoolers will undoubtedly involve early childhood





education. Parents, teachers, health professionals, and child care providers will have critical roles in alleviating these challenges.

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#### Suggested Websites

Child Health & Exercise Medicine Program <http://fhs.mcmaster.ca/chemp>

Healthy Active Living and Obesity Research Group <http://www.haloresearch.ca>

Canadian Society for Exercise Physiology <http://www.csep.ca>

Active Healthy Kids Canada <http://www.activehealthykids.ca>

Centre of Excellence for Early Child Development <http://www.excellence-earlychildhood.ca>

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Philosophy: The North American Montessori Centre subscribes to the view that education should be progressive and needs to provide an open ended view of the Montessori approach to Early Childhood Development. It seeks to harmonize the classical Montessori methods with contemporary psychological, educational and social wisdom. Blending Early Childhood Education with the Montessori method has been proved to be sensitive, intelligent and fruitful.



## RESEARCH UPDATES



### **From desk to couch: Canadian children and youth missing out on prime physical activity time after school**

#### ***Active Healthy Kids Canada 2011 Report Card on Physical Activity for Children and Youth***

The 2011 Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth reports that during the after-school period, from approximately 3 to 6 p.m., Canadian children and youth are sitting idle indoors – getting a mere 14 minutes, out of a possible 180, of moderate- to vigorous-intensity physical activity. The Report Card was released by Active Healthy Kids Canada and its strategic partners, ParticipACTION and the Children's Hospital of Eastern Ontario (CHEO) Research Institute – Healthy Active Living and Obesity Research Group (HALO). Full copies of the short form and long form Report Card, plus free presentations, articles and media materials, can be found at [www.activehealthykids.ca](http://www.activehealthykids.ca).



### ***A Citizens for Public Justice (CPJ) Backgrounder on Childcare***

*by Mariel Angus*

This background research paper on early childhood education and care in Canada, is written by CPJ's former public justice intern Mariel Angus. In it, Mariel explores the current policy landscape of childcare and early childhood education in Canada, the history of child care policy in Canada, current policy options and their advocates, and related issues of gender equality and poverty. Mariel also deconstructs the underlying values that frame our options on child care. This paper provides an excellent introduction to the issues at play in the state of child care and early childhood education in Canada. It is available at: <http://www.cpj.ca/en/cpjs-early-childhood-education-and-care-policy>.

### **Researchers Use Video Game To Study Infant Language Learning**

Researchers have found a promising new way to study how infants learn language, utilizing a video game narrated in an “alien language,” according to the Acoustical Society of America. According to the researchers, this emulates how a baby hears and learns language more effectively than most methods. Visit [www.gamasutra.com](http://www.gamasutra.com) to read the study.

## ACROSS CANADA AND BEYOND

### **National**

The Federal government election May 2<sup>nd</sup> brought a majority to the Progressive Conservative Government, and the NDP into its first official opposition in history. Sadly to Canadians, Honourable Jack Layton, leader of the NDP passed away in late August, leaving the party to self reflect under the interim leadership of Nycole Turmel. As the party and leader that fought for families and child care, Jack Layton will be missed.

The Harper Government has announced that they will be phasing out funding for the 30 existing sector councils by 2013. Among them the Child Care Human Resources Sector Council which addresses pressing human resources issues in the child care sector will lose its funding. CUPE and Child Care Organizations are appealing to the Government of Canada to continue its financial support.

### **Alberta**

Alberta parents can now view online summaries of inspection reports for all licensed child care programs and contracted family day home agencies. The online Child Care Look-Up Tool provided by the Government of Alberta, helps parents search for quality child care programs, providing information on location, ages of children served, maximum number of children that can be served in a program, the program's accreditation status and recent inspection results.

The Alberta Government has provided Professional Development funding for Child Care Supervisors of \$350.00 per person, which is down from last year's \$500.00 per person.

### **British Columbia**

Full day kindergarten for all five-year olds is available throughout the province starting in September 2011. Child care subsidy rates have been adjusted for full day kindergarten. Approximately 54,000 children are supported through the subsidy program.



The province has continued to support Aboriginal children in 2011 through investing \$5 million for continuation of programs and projects that support health and well-being. This includes program enhancements, service planning and capacity building, capital grants, and language and culture.

## Manitoba

As part of Budget 2011, the Province of Manitoba announced that it will be reimbursing child care employees for half of their pension contributions, up to 2% of employee gross salary, for a two year period. As the Province already reimburses employers for the 4% employer contribution, this means that child care centre employees will only have to contribute 2% of their income to receive a total contribution of 8% towards their pension.

A comprehensive, one-stop tool called [manitobaparentzone.ca](http://manitobaparentzone.ca) and Canada's first province wide online child-care registry were launched in June by Manitoba's Family Services and Consumer Affairs office.

The Manitoba Child Care Association has circulated a Briefing Note, *Planning for the Future, Nursery and Full Day Kindergarten in Public Schools*. A provincial election was held October 3, 2011 and MCCA hosted a town hall forum on ELCC.

## New Brunswick

The Francophone school districts in New Brunswick will be implementing the Francophone Early Learning Curriculum (Curriculum éducatif) and learning through play objectifs into their programs starting in September 2011.

New Brunswick's 2026 Program - Learning: Everybody's Project is being rolled out in New Brunswick. This project is a citizen engagement initiative with the goal to connect and engage citizens in discussion on learning in New Brunswick.

## Newfoundland

In April 2011 the provincial Government announced that they would be funding a two year Family Child Care Initiative. The Family Child Care Initiative 2011-2013 is a two-year pilot project aimed at increasing the number of regulated family child care spaces. During this two year pilot, the financial supports include

A \$5,000 - \$7,500 start up grants available to family child care providers who are licensed/approved after April 1st 2011, Infant Stimulus Grants, and Equipment Grants to help offset the costs of equipment and play materials for their family child care home. Under this two year initiative the Association of Early Childhood Education Newfoundland will be developing a series of online workshops that will be tailored to Family Child Care (some workshops will focus on infant care in the family child care home).

## Nova Scotia

Nova Scotia's *Day Care Act's* new regulations for day care facilities and family home day care programs came into effect on April 1, 2011 and two new key standards are came into effect as of July 1, 2011. The Standards for the Daily Program in Licensed Child Care Facilities ensure that licensed child care facilities in Nova Scotia offer programsto children that are developmentally appropriate, inclusive and successfully meet the needs of all children. The Standards for Food and Nutrition in Regulated Child Care Settings state that allchild care facilities and family home day care programs must follow the standards and develop menus that meet the Food and Beverage Criteria.

## Ontario

The Ontario budget reaffirmed the Government's commitment to full day early learning for four and five-year-olds by adding 200 new schools as of September 2011 and including a promise of 900 more in September 2012. The budget did not address the stabilization funding of \$100 million in 2011 and \$200 million in 2012 called for by early learning and child care advocates to help raise the wages of early childhood educators and limit parent fee increases.

## Quebec

The Government of Quebec announced plans to ban religious instruction in subsidized daycares last year after a news report revealed that daycares run by religious groups were receiving subsidies. Quebec's new regulations banning religious instruction from subsidized daycare centres came into effect in May 2011. Under Quebec's new rules, subsidized daycares must

become religion-free zones devoid of any activities that teach "a belief, a dogma or the practice of a specific religion. A coalition of Jewish and Catholic daycare providers and parents launched a legal challenge to the new rules, claiming they infringe on freedom of religion guaranteed by the Canadian and Quebec Charters of Rights and Freedoms. The coalition is seeking an injunction to prevent the government from imposing the regulations. Child Care staff may not lead children in prayers, religious songs and sacred texts or have a member of the clergy do so. The rules also forbid arts and crafts, role-playing and songs that could influence religious beliefs. Staff providers are worried as to what constitutes religious teachings, as It is almost impossible to figure out what constitutes religious instruction under the regulations.

## CALENDAR

### OCTOBER

12-14

#### Barrie Ontario

***Licensed Home Child Care: An Ontario Conversation – Creating a vision to support children and families (HCCAO).***

Home Child Care Association of Ontario Provincial Conference. Information: [www.hccao.com](http://www.hccao.com)

14-15

#### Winnipeg, Manitoba

***Learning Together with Infant and Toddler***

Manitoba Child Care Association (MCCA) is hosting a two day institute. It will be presented by Deb Curtis, Anne Marie Coughlin and Lorrie Baird. Information: [www.mccahouse.org](http://www.mccahouse.org)

14-16

#### St. John's, Newfoundland

***Valuing Early Childhood Education & Care***

The Association of Early Childhood Education of Newfoundland's (AECENL) 19<sup>th</sup> annual provincial conference. Information: [www.aecenl.ca](http://www.aecenl.ca)

20-22

#### Ottawa, Ontario

***Evolution and Revolution in Early Childhood Education Programs.***

The Association of Canadian Community Colleges's 6<sup>th</sup> Early Childhood Education (ECE) Faculty Forum. Information: [www.ACCC.ca](http://www.ACCC.ca)





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## NOVEMBER

11-12

### Richmond, BC

#### *Embracing our Children's Spirit*

The BC Aboriginal Child Care Society (BCACCS) will host its 14<sup>th</sup> annual conference *Embracing our Children's Spirit*. Information: [www.acc-society.bc.ca](http://www.acc-society.bc.ca).

19

### Red Deer, AB

Alberta Resource Centre for Quality Enhancement's National Child Day Conference. Information: [www.arcqe.ca](http://www.arcqe.ca).

20

### National

#### *National Child Day*

## 2012

## MAY

24-26

### Winnipeg, Manitoba

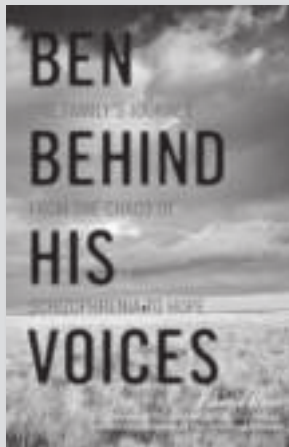
Manitoba Child Care Association (MCCA) will host its 35<sup>th</sup> Annual Provincial Conference. The conference committee is currently inviting workshop proposals for the conference and you can download the RFP form and info from MCCA's website at: [www.mccahouse.org/conference.htm](http://www.mccahouse.org/conference.htm). Deadline for proposals is October 10, 2011.

27-30

### Waterloo, Ontario

The Canadian Association for Studies in Education (CSSE) is holding their conference at the University of Waterloo and Wilfrid Laurier University (Waterloo, ON). This bilingual conference provides an opportunity for the discussion of educational issues among educational scholars from across the nation. Information: [www.csse-scee.ca](http://www.csse-scee.ca).

## RESOURCES



### **Ben Behind His Voices: One Family's Journey from the Chaos of Schizophrenia to Hope**

By Randy Kaye

Rowman & Littlefield Publishers, Inc.

ISBN 978-1-4422-1089-9

*"What's wrong with me, Mom?" sobbed 15-year-old Ben Kaye. "Please, please, find me someone to talk to. I don't know what's happening."*

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### **Preventing reading difficulties—It spells success**

The Centre for Excellence in Early Childhood Development and the Strategic Knowledge Cluster on Early Child Development (SKC-ECD) has produced, *Preventing reading difficulties—It spells success!* The publication is part of the key messages from its Encyclopedia on Early Childhood Development providing ideas on how to identify problems and prevent difficulties in reading. Visit <http://www.excellence-earlychildhood.ca/> and click on the Encyclopedia series.

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