



I Mandikiki'

For Guam Families with Children Birth To Eight

Volume 5, Issue 2



Children's Healthy Development Fair set for May 28 at UOG

The First Annual Children's Healthy Development Fair will take place on May 28, 2011, from 9:30am-2:00pm at the University of Guam Humanities & Social Sciences Building and Lecture Hall. The fair is facilitated by Project Kariñu, a project under the Department of Public Health & Social Services, in collaboration with the University of Guam Center for Excellence in Developmental Disabilities Education, Research, & Service (Guam CEDDERS), and will offer family-oriented activities showcasing a Systems of Care approach to children's social, emotional, behavioral, and developmental health free of charge.

The Healthy Development Fair aims to inform families with children, birth to five and the community at large, about the available resources for age-appropriate child activities and the importance of physical, social-emotional, and mental health.

The fair will offer exciting opportunities for the community to access services for their children such as hearing and developmental screenings, immunizations, child car seat inspections, and a basic CPR and Emergency Skills class for the community and more. There will also be games and other fun activities. In addition, the fair will host a series of presentations on childhood mental health disparities, discussions on Down Syndrome and nutrition, and special question and answer panels with the Guam Early Intervention Services (GEIS), Project Kariñu, and other early childhood service providers.

Participating agencies and organizations include: GEIS, the Down Syndrome Organization, Department of Education-Division of Special Education, Head Start, Department of Public Health & Social Services, Guam Foster Families Association, Department of Public Works,



Department of Youth Affairs, Guam Identifies Families Terrific Strengths, Catholic Social Services , Sanctuary, Guam Parent Information Resource Center, Autism Community Together, Educational & Developmental Intervention Services, US Naval Hospital.

For more information on the Healthy Development Fair, call Cheryl De Roca at 735-2466.

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Childcare Licensure Bill Passes Unanimously

Guam Legislative Bill 70-31, which establishes the administrative rules and regulations of the Department of Public Health & Social Services relative to child care centers and group child care homes, has passed!

The bill provides updates to the rules and processes that govern child care licensure that have not been changed since 1978. These updates, that have been in the process of development for the last seven years (yes, seven years!) are the result of the hard work and perseverance of child care directors and caregivers, families, and agency representatives.

Examples of New Requirements

Age of Child	Child:Staff Ratio Current Regulations	Child:Staff Ratio Proposed Regulations
Birth to 12 months	5:1	4:1
13 months to 2 years	8:1	7:1

One of the more controversial parts of the bill has to do with child to staff ratios (see box). Other issues of concern were the space and playground requirements.

The need to update the regulations was largely driven by recent findings of scientific research about how critical the birth to five period is in the development and growth of young children.

As of press time, the bill awaits the Governor's signature to become law. Be on the watch for more information on this landmark bill in the next issues of *I Mandikiki'*.

A New Name...Again

Changes, changes, changes! First, it was "Nene News." Three years later, it turned into "All Eyes On Five." Now, in the fourth year, we are calling this newsletter, *I Mandikiki'*, Chamorro for "The Little Ones." Why the change?

The field of early childhood care and education is receiving more and more attention. Driven by recent scientific findings which repeatedly shows how critical a child's first years are, government leaders and policy makers are devoting more resources and support to provide opportunities to children and their families. In fact, President Barack Obama has identified early childhood education as one of his key initiatives. And leaders across the nation have taken up "the cause."

This newsletter will continue sharing the latest issues and best practices relating to families and providers serving young children, birth, and now up to eight years of age.

The lead organizations in the production of *I Mandikiki'* will continue to be Project Tinituhon, Guam's Early

Childhood Comprehensive System Project and the State Advisory Council, also known as the Guam Early Learning Council, facilitated by the University of Guam CEDDERS. Support will also continue to be provided through partnerships with other local child-serving organizations and agencies, to bring more helpful tips, events, and programs into homes, child care centers, and other places in the local community where young children play, learn, and grow.



The BIG PICTURE

By Christine Calvo, First Lady of Guam



Hafa Adai! As a mother of six children, I can say that I am very familiar with what it takes to bring a child into this world and help him or her grow into happy, healthy, strong, and well-educated human beings. While it is not an easy job by any means, I can truly say that it is probably the most

important job that any of us can undertake. Personally, I can say it is not only the most challenging but also the most rewarding! And it all starts with positive early childhood experiences.

In my role as First Lady of Guam, I have pledged my full support in promoting the importance of early childhood development on our island. How do I intend to do this? I will serve as Co-chairperson of the Guam Early Learning Council (GELC), along with Elaine Eclavea from the University of Guam CEDDERS. This Council, which serves as an “umbrella” for all services that address the needs of young children, was established by former Governor Felix Camacho through Executive Order in 2008. The Council will be continued, and indeed strengthened, during my husband’s administration. In addition, legislative Bill No. 70-31, which aims to provide a legislative mandate for the Council, has been passed and has been forwarded to my husband, Governor Eddie Baza Calvo, for his signature.

The Council is comprised of approximately 20 representatives from families and child serving agencies and meets quarterly to build a coordinated and comprehensive system.

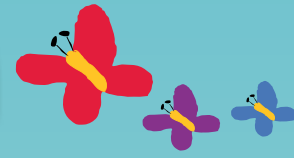
The next meeting is scheduled for May 31, 9am to 12 noon. You are more than welcome to join us as newly appointed members will be provided with an orientation on the work of the Early Learning Council. For more information, please call my staff assistant, Janice Sablan, at 475-9476 or Elaine Eclavea at 735-2466.

GUAM EARLY LEARNING COUNCIL GOALS

- Increase supports and services for young children and their families by strengthening cross-agency coordination, involving public and private entities, to ensure delivery of comprehensive services for young children and their families;
- Expand and refine Guam’s Policy Agenda for Early Learning Birth to Five;
- Strengthen collaboration among governance entities that oversee and coordinate subsystems
- Leverage funding streams to maximize resources;
- Develop and implement a mechanism for cross-agency data collection for monitoring and reporting;
- Create cross-agency standards for child and family outcomes;
- Refine professional development structures to ensure an appropriately skilled systems workforce;
- Expand awareness of and access to parent education and family supports.




Social-Emotional Development in Young Children



Every child and adolescent deserves to experience joy, have high self-esteem, have friends, acquire a sense of efficacy, and believe that she can succeed in life. – Bright Futures Children's Health Center

Age	Social Emotional Milestone	Recommended Activities
Birth to Three Months	<ul style="list-style-type: none"> • Exhibits growing self-regulation and interest in the world. • Begins to develop a social smile. • Enjoys playing with other people and may cry when playing stops. • Looks at faces. • Quiets when picked up (the majority of the time) . 	<ul style="list-style-type: none"> • Look lovingly at baby. • Talk, sing, and smile at baby. • Pick up and soothe crying baby. • Touch baby gently. • Hold and cuddle baby. • Read with baby.
From 3 to 6 months	<ul style="list-style-type: none"> • Responds to other people's expressions of emotion and appears joyful often; enjoys social play. • Gives warm smiles and laughs. • Cries when upset, and seeks and can be comforted. • Shows excitement by waving arms and legs. • Likes to look at and be near special person(s). 	<ul style="list-style-type: none"> • Hold baby when feeding. • Share baby's smiles and laughter. • Notice and pay attention to baby. • Respond to baby's cries and coos. • Hold and read to baby. • Play lovingly with baby.
From 6 to 9 months	<ul style="list-style-type: none"> • Plays games like "patty cake". • Responds to own name enjoys a daily routine and transitions from situation to situation with relative ease. • May get upset when separated from familiar person(s). • May comfort self by sucking thumb or holding special toy. 	<ul style="list-style-type: none"> • Take pleasure in games with baby. • Talk to baby in gentle voice; be predictable and consistent. • Read with baby. • Sing songs and say nursery rhymes.
From 9 to 12 months	<ul style="list-style-type: none"> • Shows feelings by smiling, crying, pointing. • Has a special relationship with parents and caregivers. • Is curious about playthings; imitates others. • Enjoys books. • Trusts that needs will be met. 	<ul style="list-style-type: none"> • Name feelings like happy, mad, sad. • Be available, responsive, gentle and protective of baby. • Encourage baby to explore. • Read books with baby.
By the end of 2 years (24 months)	<ul style="list-style-type: none"> • Imitates behavior of others. • More excited about company of other children. • Begins to be demanding, assertive, independent. • Finds mother still very important. • Plays alone; does not play well with others the same age. • Demonstrates increasing independence. • Separation anxiety increases toward midyear then fades. • Needs warmth, security and attention of a special adult. • Is learning trust; needs to know that someone will provide care and meet needs. • Has temper tantrums. • Is generally in a happy mood, but may become angry when others interfere with child's activities. • May become frustrated because of not being able to put wishes into words. 	<ul style="list-style-type: none"> • Establish clear boundaries necessary to child's safety. Understand that boundaries help the child test limits and divide the world into manageable segments. • Ensure that a special person provides most of the care; make sure an adult is close by during all the child's activities. • Respond to child consistently & sensitively. • Do not give in to child's demands but do not "punish," since the child is expressing herself in the only way she knows how. • Accept the child's reaction as normal and healthy, not as an affront to your authority • Modify the environment to reduce the need to interfere in the child's activities. • Be patient in trying to interpret/ understand the child's wishes.

Age	Social Emotional Milestone	Recommended Activities
<p>By the end of 3 years (36 months)</p>	<ul style="list-style-type: none"> • Spontaneously shows affection for familiar playmates. • Can take turns in games. • Understands concept of “mine” and “his/hers.” • Still considers mother very important. Does not like strangers. • Imitates and attempts to participate in adult behaviors, e.g., washing dishes, mopping floors, applying make-up. • Can do things with others, such as listening to a story. • Expresses affection openly. • Expresses a wide range of emotions. • Needs to develop a sense of self. Needs to do some things for self; enjoys praise. • Tests his/her powers; says “No!” often; shows lots of emotion, laughs, squeals, throws temper tantrums, cries violently. • Fears loud noises, quick moves, large animals, mother’s departure. 	<ul style="list-style-type: none"> • Don’t force child to relate to strangers. • Allow time to do things for self and to explore. • Provide brief experiences with other children, but don’t expect much socialization. • Provide simple experiences in which the child can successfully do things for self. • Praise often. • Be firm in following through with your instructions, but do not punish the child for expressing feelings and showing independence. • He/she is not deliberately being “bad” but cannot control feelings until he/she has expressed them. • Avoid sudden situations involving these fears. Do not force or ridicule the child.
 <p>By the end of 4 years (48 months)</p>	<ul style="list-style-type: none"> • Interested in new experiences. • Cooperates with other children. • Plays “Mom” or “Dad.” • Increasingly inventive in fantasy play. • Negotiates solutions to conflicts. • More independent. • Can leave mother for short periods but mother is still very important. • Starts to be more interested in others; begins group play; likes company. Is not ready for games or competition; groups are not well formed. • Imagines that many unfamiliar images may be “monsters.” • Views self as a whole person involving body, mind, and feelings. • Often cannot tell the difference between fantasy and reality. • Is sensitive about the feelings of other people toward self. • Is developing some independence and self-reliance. • May have fear of strangers, animals, the dark. • Is anxious to please adults and is dependent on their approval, love, and praise. • May strike out emotionally at situations or persons when having troublesome feelings. 	<ul style="list-style-type: none"> • Express interest in what the child has been doing while away from parent(s). • Model the things you want the child to do, since at the start of gender role development the child will imitate adults. • Provide enough materials so that several children can use them together. Help the child find socially acceptable ways of dealing with others. • Develop a warm relationship with child. Express and show love for and confidence in the child. • Encourage independent activity. • Never force the child to participate in frightening activities. Don’t ridicule. Provide a night light. • Give approval through facial expressions, gestures, and verbal responses. Avoid negative remarks about the child. Emphasize the family’s love for the child. • Offer love, understanding, and patience. Help child work with and understand own emotions. • (Note: Some temporary regression and jealousy are common if a new baby arrives.)

For more detailed information on Social-Emotional Milestones for children up to age eight years and recommended activities, please go to the following websites which are the source for the above information:

<http://www.cdc.gov/ncbddd/actearly/interactive/milestones>

http://www.michigan.gov/documents/Social_Emotional_Development_in_Young_Children_Guide_88553_7.pdf

<http://www.dshs.wa.gov/ca/fosterparents/training/chidev/cd06.htm>



Infant Depression on the Rise



Infant depression is a growing concern across the nation. One of the biggest myths is that infants do not experience depression; however, the onset of infant depression can be as early as their first month of life. Society believes that infants are not capable of showing signs of the common symptoms of depression such as extreme sadness, loss of appetite, sleeplessness, intense irritability and anger, fatigue, loss of interest, mood swings, etc. However, according to a report conducted by ABC News in November 2006 during an interview with Dr. Jess Shatkin,

Director of Education and Training at New York University's Child Study Center, it is possible for

1 out of 40 infants to suffer from depression. Infants can also display sadness through severe periods of crying, problems with sleeping, extreme irritability, lack of social engagement, tantrums, and lethargy. The most severe symptom of depression is failure to thrive.

There may be several factors which can contribute to an infant's diagnosis of depression. Goodman and Gotlib (1999) suggest four pathways through which mothers may pass on depression to their babies:

- inherited at birth;
- medical problems due to a neurological deficiency in the mother or to the mother's stress-related hormones;
- exposure to the mother's negative thoughts, behaviors, and attitudes;
- and exposure to a stressful environment.

In some cases, biological factors do play a role in an infant's likelihood to inherit depression. However, the most common factor is the environmental conditions that the mother and the fetus experience during pregnancy. According to "From Neurons to Neighborhoods: The Science of Early childhood Development" by Shonkoff and Phillips (2002), depression during pregnancy impacts the development of an infant. When an infant or mother is diagnosed with depression, immediate action must take place. It is advisable that she seeks help, form a

network of support, and educate herself on the impact of depression on herself and her baby.

There are many other

courses of treatments for handling depression. The most immediate and obvious is seeking professional consultation. The easiest and most cost-effective solution is to rebuild and establish a close relationship with the infant and the mother or another primary caregiver. The mother or primary caregiver is the key to an infant's social and emotional well being. Social-emotional well being is the developing capacity to experience, regulate and express emotions; form close, secure relationships; explore the environment; and learn. Social-emotional well being is promoted by positive early environments and nurturing relationships.

Understanding an infant's cues for seeking comfort, reading books that talk about emotions, creating a supportive environment, and staying close emotionally

"It is possible for 1 out of 40 infants to suffer from depression."

- Dr. Jess Shatkin, Director, New York University Child Study Center

Signs of Infant Depression

- Severe periods of crying
- Problems with sleeping
- Extreme irritability or crankiness
- Lack of social engagement; avoids people
- Tantrums; very loud screaming, crying, kicking
- Lethargy or lack of energy
- Failure to thrive

and physically to the infant are some ways to help nurture and support babies. Increasing social-emotional interactions not only increase an infant's emotional health but also increase a mother's confidence for relating to her child.

For more information about depression, please contact your primary physician or Project Kariñu (see box at bottom). You may also access information on social-emotional development on the web at www.zerotothree.org and www.csefel.vanderbilt.edu.

Caring for Every Child's Mental Health: Childhood Trauma and PTSD

When exposed to traumatic events, toddlers as young as 18 months may have serious emotional and behavioral problems later in childhood and in adulthood. More than 35 percent of children exposed to a single traumatic event will develop serious mental health problems.

Research has shown that caregivers can decrease or lower the negative impact of trauma and help get better outcomes for children even under stressful times when the following Strengthening Families Protective Factors are present:

- Parental resilience: ability to bounce back from stressful times
- Social connection; relationships
- Knowledge of parenting and child development
- Having access to supports, such as financial and social services, in times of need
- Children who feel safe, loved, cared for, and are confident

Source: http://www.samhsa.gov/children/social_media_may2011.asp



Kariñu Services to Children Start June

Project Kariñu has announced that beginning June 2011, the project will provide screening, assessment, and other services to eligible children and their families free of charge.

Kariñu is a new early childhood program under the Department of Public Health & Social Services that serves children, ages birth through five, with social, emotional, and behavioral concerns.

For more information about Kariñu, please contact:

Florence Sgro Blas, Project Director at 478-5400
or email: florence.blas@dphss.guam.gov

Children's Healthy Development Fair

9:30am-2pm, Saturday, May 28, 2011

Humanities & Social Sciences Building, University of Guam

FUN & FREE Activities for your Family!

- Featuring: Division of Special Education's "Check Me Out" Developmental Screenings.
- Hearing Screenings by Guam Early Hearing Detection & Intervention.
- Free Immunizations from Department of Public Health & Social Services While Supplies Last. Please bring your child's current shot record. Children under 18 must be accompanied by a parent/guardian or an adult with written authorization and a valid photo ID.
- Child Car Seat Inspections by Department of Public Works, Office of Highway Safety from 10am-12pm.
- Basic CPR and Emergency Skills Class.
- Food, Free Goodies, and Much More!

For more information, call 735-2466.



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