



CDC KID CONNECTION

Prince George Child Development Centre

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WHAT'S HAPPENING?

Inside This Issue...

Farewell to Les Smith

After 15 years of dedicated service at the CDC, Les Smith will be leaving at the end of March 2008. Les will now begin his newly created position as the Regional Coordinator of Rehabilitation Services at the Northern Health Authority.

Good luck Les. We will certainly miss you and we wish you all the best in your new adventure!

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A great informative website for parents:

www.makechildrenfirstpg.org

Child Safety Resources:

Car seat questions, car seat inspections clinics, safety recalls:

- **Safe Start** BC Children's Hospital
604-675-3273.
- **BCAA** Traffic Safety Foundations Child Seat Information Toll Free Line: 1-877-247-5551 www.tsf-bcaa.com
- Buying and installing, child seat calculator, ease-of-use ratings: www.icbc.com
- Safe recalls, air bags: **Transport Canada**
1-800-333-0371 www.tc.gc.ca

Keeping Babies and Toddlers Out of Emergency: Reducing the Risk of Childhood Injury



• Preventing Falls :

Falls are the most common cause of child injury and most falls occur at home. Always stay with your baby when he or she is laying on a high surface such as a change table, bed, sofa or counter. Place car seats, baby chairs and bassinets on the floor instead of on a counter, bed or other furniture.

MESSAGE FROM THE EXECUTIVE DIRECTOR: *Darrell Roze*

Hello everyone,

Welcome to our spring edition of the Child Development Centre's Kid Connection! As I sit in my office and see snow flying outside, I am sure spring will come soon. I have a few items to update you on this month:

Registered Disability Savings Plan (RDSP): I briefly discussed RDSPs in our last newsletter. RDSPs should be available by the end of 2008. If you plan to participate, please ensure that the Plan's beneficiary has qualified for a Disability Tax Credit. RDSPs promise substantial benefits, including contributions from the federal government.

Board of Directors: I recently realized that I haven't provided information regarding our Board of Directors in our previous newsletters. Our Board is as follows: Phil Foucher (President), Al Clark (Vice President), Val O'Connor (Secretary), Calvin Joe (Treasurer), Helen Chipman, Kristina Nelles, Jack Pinder, Glenda Prkachin, Gary Russell, and Jos Van Hage. I would like to thank all of our Board members for the work they have undertaken, and continue to undertake, on behalf of our Centre and the region's children.

Best Practices Project: I would also like to offer my sincere appreciation to all of the parents and caregivers that participated in our Best Practices Project for our Early Intervention Therapy Program. Survey and focus group participants provided us with a tremendous amount of information. Your input provided us with an additional measure of how effective our services are, as well as providing information to allow us to adapt our operations to meet your needs.

Thank you for making this project a success.

Until next time, have a wonderful spring.

Tummy Play Time Tips:

Anna-Maria Tancredi, BHSc. PT

Why is tummy time important?

Babies who lay on their tummies have the opportunity to develop the muscles that lift the head and trunk. These muscles are important to the development of movement.



When should I start putting my baby on her tummy?

Babies can be placed in their tummies while awake, beginning in the newborn period and always with supervision.

My baby screams when I put him/her down. How can I help her adjust?

Babies who have not been prone will object. Comfort and soothe your child but keep providing the experience. Make it a fun time! Get down on the floor with your child, use toys or a mirror to entice your baby to lift her head and play. Incorporate tummy time every time you put your baby down.

Where should I put my baby during tummy time?

Tummy time can take place on any firm surface covered by a non-fuzzy fabric like the crib, playpen, or on the floor (if other young children and pets are not an issue). Many babies enjoy the comfort of being slanted slightly upright on the parents' chest or knees. Remember, *"Back to Sleep, Tummy to Play"*.

Therapy Talk:

“ What’s wrong with W-Sitting?”

A guide for Parents and Teachers...

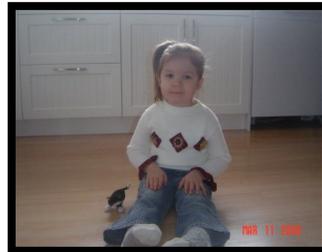
The ‘W-position’ (shown at right) is one of many sitting positions that most children move into and out of while playing, but it’s a four letter word to some parents. W-sitting is among several positions frequently chosen by children to sit in. Other positions include:



- side sitting;



- long sitting;



- tailor sitting;



When playing in these other sitting postures, children develop the trunk control and rotation necessary for midline crossing (reaching across the body) and separation of the two sides of the body. These skills are needed for a child to develop refined motor skills and hand dominance.

W-sitting is not recommended for anyone. Parents should be aware that the excessive use of this position during the growing years can lead to future orthopedic problems.

WHY DO CHILDREN W-SIT?

Children who are frequent W-sitters often rely on this position for added trunk and hip stability to allow easier toy manipulation and play.

WHO SHOULD NOT W-SIT?

For many children, W-sitting should be discouraged. This position is contraindicated (and could be detrimental) for a child if one of the following exists:

There are orthopedic concerns. W-sitting can predispose a child to hip dislocation, so if there is a history of hip dysplasia, or a concern has been raised in the past, this position should be avoided.

If there is muscle tightness, W-sitting will aggravate it. This position places the hamstrings, hip adductors, internal rotators and heel cords in an extremely shortened range.

There are neurological concerns/developmental delays. If a child has increased muscle tone (hypertonia, spasticity), W-sitting will feed into the abnormal patterns of movement trying to be avoided (by direction of the child’s therapist). Using other sitting postures will aid in the development of more desirable movement patterns.

W-sitting can also discourage a child from developing a hand preference. Because no trunk rotation can take place when W-sitting, a child is less inclined to reach across the body and instead picks up objects on the right with the right hand, and those placed on the left with the left hand.

HOW TO PREVENT W-SITTING

The most effective (and easiest) way to prevent W-sitting is to prevent a problem it from becoming a habit in the first place. If a child discovers W-sitting anyways, help them to move to another sitting position, or say “Fix your legs.” It’s very important to be as consistent as possible.

When playing with a child on the floor, hold his knees and feet close together when kneeling or creeping on hands and knees. It will be impossible to get into a W-position from there. The child will either sit to one side, or sit back on his feet; he can then be helped to sit over to one side from there (try to encourage sitting over both the right and left side). These patterns demand a certain amount of trunk rotation and lateral weight shift and should fit with a child’s therapy goals.

If a child is unable to sit alone in any position other than a W, talk with a therapist about supportive seating or alternative positions such as prince and sidelying. Tailor sitting against a couch may be one alternative; a small table and chair is another. The therapist(s) working with the child will have many other ideas. Caregivers should ask if W-sitting is now, or may in the future, be a problem.



Food For Thought; by Marylynn Brown

In the past, I've written about the importance of breakfast with regard to improving concentration, memory, mood and energy levels. Children who skip breakfast or eat sugary cereals, donuts, or 'fast foods' are often tired, apathetic, irritable, hyperactive and can't focus well at school. Breakfast is often eaten 'on the run' because there isn't time to prepare a nutritious meal, let alone eat it before leaving for work, daycare, etc. The secret to providing a 'brain booster breakfast' is: plan and prepare the night or the weekend before.

Fruits (your child's favorites) can be chopped and mixed, then chilled the night before in a container. Add in a zip-loc bag, some dry cereal containing no added sugar, e.g., puffed rice, millet, amaranth, multigrain or pancakes (1 or 2, can be reheated at daycare). This can all be mixed together or eaten separately. Buckwheat or spelt flour pancake mix can be purchased at Save-On Foods at Parkdale. These grains have not been readily linked to allergies as what (gluten) has been. Healthier choices in dry cereal are at Save On as well.

Child Care & Language Development

Preventing Language Impairment:

Most children's language abilities will flourish under the right circumstances, which include a secure home that encourages verbal interaction. Talking and reading to children as well as encouraging them to express themselves verbally and playing word games that emphasize the structure of language are all good ways to encourage the development of language skills. During these instructional interactions, adults should be non-controlling, sensitive and responsive to the children.



Scent Free Work Environments: things to remember!

In Canada today more than one in four individuals suffers from respiratory disease. A full 40 of these individuals have allergic triggers to their disease. Medical evidence clearly shows that scented products are harmful to the health of sensitive individuals. In sufficient concentrations scented products may be harmful to those with allergies, environmental sensitivity or chronic heart or lung disease. There is an added concern of exposing people with potentially compromised immune systems to additional stressors. Please keep this in mind when visiting a school, hospital or any other facility and ask if the environment is a "Scent Free" environment. Many establishments will have 'Scent Free' signs posted, but it is always a good idea to ask. * **The CDC is a scent sensitive working environment which avoids the use of perfumes and colognes.**

