



AGENDA

IRVINE CHILD CARE COMMITTEE REGULAR MEETING

**JANUARY 14, 2020
9:00 AM**

**Heritage Park Community Center
14301 Yale Ave.
Irvine, California 92604**

Speaker's Form/Request to Speak. If you would like to address the Committee on a scheduled agenda item, please complete the Request to Speak Form. Speaker's Forms are located on the table at the entrance to the meeting room. Please identify on the card your name, address and the item on which you would like to speak and return to the Recording Secretary. The Request to Speak Form assists the Chair in ensuring that all persons wishing to address the Committee are recognized. Your name will be called at the time the matter is heard by the Committee. City policy is to limit public testimony to three minutes per speaker (unless extended by the Chair) which includes the presentation of electronic or audiovisual information.

CALL TO ORDER

ROLL CALL

COMMITTEE MEMBER:	Dawn Antis	Council Appointee-Fox
COMMITTEE MEMBER:	Joshua Arnaldo	Parent Representative
COMMITTEE MEMBER:	Imithri Bodhinayake	Community Representative
COMMITTEE MEMBER:	Dr. Seema Choudhary	Council Appointee-Kahn
COMMITTEE MEMBER:	Shelby Clatterbuck	Irvine Unified School District Appointee
COMMITTEE MEMBER:	Emiliano Guzman	Provider Representative
COMMITTEE MEMBER:	Donna King	Irvine Valley College Appointee
COMMITTEE MEMBER:	Dayna Money	Council Appointee-Shea
COMMITTEE MEMBER:	Scott Schultz	Council Appointee-Carroll
COMMITTEE MEMBER:	Jessica Winn	Community Representative
COMMITTEE MEMBER:	Jenny Woo	Parent Representative
COMMITTEE MEMBER:	Michelle Yost	Council Appointee-Kuo
VICE CHAIR:	Wenli Lin	University of California, Irvine Appointee
CHAIR:	Donna Schwartze	Provider Representative

PLEDGE OF ALLEGIANCE

INTRODUCTIONS

PRESENTATIONS

1. Early Years, Parent Visitation and Emotional Wellness Programs

ANNOUNCEMENTS

Announcements, Committee Reports and Committee Comments are for the purpose of presenting brief comments or reports, are subject to California Government Code Section 54954.2 of the Brown Act and are limited to 15 minutes per meeting.

ADDITIONS AND DELETIONS TO THE AGENDA

Additions to the agenda are limited by California Government Code Section 54954.2 of the Brown Act and for those items that arise after the posting of the Agenda and must be acted upon prior to the next Committee meeting.

PUBLIC COMMENTS

Any member of the public may address the Committee on items within the Committee's subject matter jurisdiction but which are not listed on this agenda during Public Comments; however, no action may be taken on matters that are not part of the posted agenda. Public comments are scheduled for 30 minutes and are limited to 3 minutes per person. If you wish to speak, please complete a Speaker's Form and submit it to the Recording Secretary.

COMMITTEE REPORTS

2. Irvine Child Development Center Operating Corporation – Committee Member Winn
3. Irvine Children, Youth and Families Advisory Committee – Committee Member Money

COMMITTEE BUSINESS

4. **APPROVAL OF IRVINE CHILD CARE COMMITTEE MINUTES FOR MEETING HELD NOVEMBER 12, 2019**

RECOMMENDED ACTION:

Approve the minutes of the Irvine Child Care Committee meeting held November 12, 2019.

ADJOURNMENT

Next meeting: IRVINE CHILD CARE COMMITTEE regular meeting, March 10, 2020, 9:00 a.m., Heritage Park Community Center, 14301 Yale Avenue, Irvine, California.

NOTICE TO THE PUBLIC

At 11:30 a.m., the Irvine Child Care Committee will determine which of the remaining agenda items can be considered and acted upon prior to 12:00 noon and will continue all other items on which additional time is required until a future Committee meeting. All meetings are scheduled to terminate by 12:00 noon.

STAFF REPORTS

As a general rule, staff reports or other written documentation have been prepared or organized with respect to each item of business listed on the agenda. Copies of these materials are on file with the Irvine Child Care Committee liaison and are available for public inspection and copying once the agenda is publicly posted (at least 72 hours prior to a regular Irvine Child Care Committee meeting).

If you have any questions regarding any item of business on the agenda for this meeting, or any of the staff reports or other documentation relating to any agenda item, please contact Irvine Child Care Committee liaison at (949) 724-6647.

SUPPLEMENTAL MATERIAL RECEIVED AFTER THE POSTING OF THE AGENDA

Any supplemental writings or documents distributed to a majority of the Irvine Child Care Committee regarding any item on this agenda after the posting of the agenda will be available for public review in the Community Services Department, One Civic Center Plaza, Irvine, California, during normal business hours. In addition, such writings or documents will be made available for public review at the respective public meeting.

SUBMITTAL OF INFORMATION BY MEMBERS OF THE PUBLIC FOR DISSEMINATION OR PRESENTATION AT PUBLIC MEETINGS

Written Materials/handouts: Any member of the public who desires to submit documentation in hard copy form may do so prior to the meeting or at the time he/she addresses the Irvine Child Care Committee. Please provide 15 copies of the information to be submitted and file with the Recording Secretary at the time of arrival to the meeting. This information will be disseminated to the Irvine Child Care Committee at the time testimony is given.

CITY SERVICES TO FACILITATE ACCESS TO PUBLIC MEETINGS AMERICANS WITH DISABILITIES ACT:

It is the intention of the City of Irvine to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the City of Irvine will attempt to accommodate you in every reasonable manner. Please contact Irvine Child Care Committee liaison at 949-724-6647 at least 414 hours prior to the meeting to inform us of your particular needs and to determine if accommodation is feasible. Please advise us at the time if you will need accommodations to attend or participate in meetings on a regular basis.

COMMUNICATION DEVICES

To minimize distractions, please ensure all personal communication devices are turned off or on silent mode.

MEETING SCHEDULE

Regular meetings of the Irvine Child Care Committee are held on the second Tuesday of select months at 9 AM unless otherwise noted. The Irvine Child Care Committee agenda is posted in the Police Department and is also available on the City web site at cityofirvine.org. Meeting agendas and approved minutes are kept current on the City web site at cityofirvine.org.

I hereby certify that the agenda for the Irvine Child Care Committee meeting was posted at the main entrance of City Hall and in the posting book located in the Public Safety Lobby of City Hall, One Civic Center Plaza, Irvine, California on January 7, 2020 by 5:30 p.m. as well as on the City's web page.

, Committee Liaison

ITEM 1 – PRESENTATION

(There is no report associated with this item.)



children'sbureau

all4kids.org



VISION: To significantly change the lives of at-risk children by providing state-of-the-art child abuse prevention and treatment services.

MISSION: To help children succeed and excel at leading happy, healthy, productive lives through a combination of prevention, treatment, research and advocacy.

The EDI

- In Orange County there was a study called the Early Developmental Index, with the first results coming out in 2016
- Although Statewide, OC was the only county with 100% participation from every public school district
- Kindergartners in 5 areas:
 - Physical Health and Well-Being
 - Social Competence
 - Emotional Maturity
 - Language and Cognitive Development
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Kindergartners

- ✓ Developmentally Vulnerable in 1+Areas
8,296(24.2%)
- ✓ Developmentally Very Ready in all 5 Areas*
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Orange County Child Behavioral Health & Mental Health Statistics

- ✓ 37% of child care providers have had to expel a child
- ✓ 21 % of them reported they would refuse a new child with Bx or MH concerns

Great Smoky Mountain Study

- Childhood Trauma Study
- November 2018
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Participants with Trauma Histories (more likely than those without):

- 1.5 times as likely: psychiatric problems, family instability and dysfunction
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ACES

- Adverse Childhood Experiences
 - Original study 1998
 - 10 questions regarding trauma such as
 - Parental separation
 - Parental death
 - Physical/mental illness of caretaker
 - Exposure to domestic violence
 - Natural disasters and political instability
 - Childhood maltreatment: abuse (emotional, physical, sexual); neglect (emotional physical)

Uma Rao, MD- Dept. of Psychiatry, CHOD and UCI

- Trauma can lead to:
 - Physical: impaired development, medical illnesses
 - Behavioral: delinquency, aggression, suicidal thoughts, actions, success
 - Psychological: impaired social competence, impaired emotional regulation and cognition, psychopathology
 - Biological: alterations in autonomic reactivity, stress response and brain structure and function, shortened life span by up to 20 years

California ACEs

- Nadine Burke-Harris a California Leader
- Recent Research Results:
 - Adults: 61.7 % have 1 or more ACEs
 - 16.7% have 4 or more = puts them at risk for 7 of the 10 leading causes of death: heart disease, cancer, Chronic Lower Respiratory Disease, accidents, stroke, Alzheimer's, Diabetes, Influenza & Pneumonia, kidney disease, suicide (30%) and without intervention, a 20 year difference in life expectancy
 - Results are similar across socioeconomic and ethnic groups
 - Children: developmental delays, growth delays, failure to thrive, sleep disruption, asthma, viral infections, obesity, diabetes, headaches, abdominal pain, teen pregnancy, hyperthyroidism, learning difficulties

California ACEs

- Must routinely screen
- Don't just treat the symptoms
- Get at the root cause(s) for proper and all-inclusive treatment
 - Which includes health care and: mental health programs, social programs, prevention

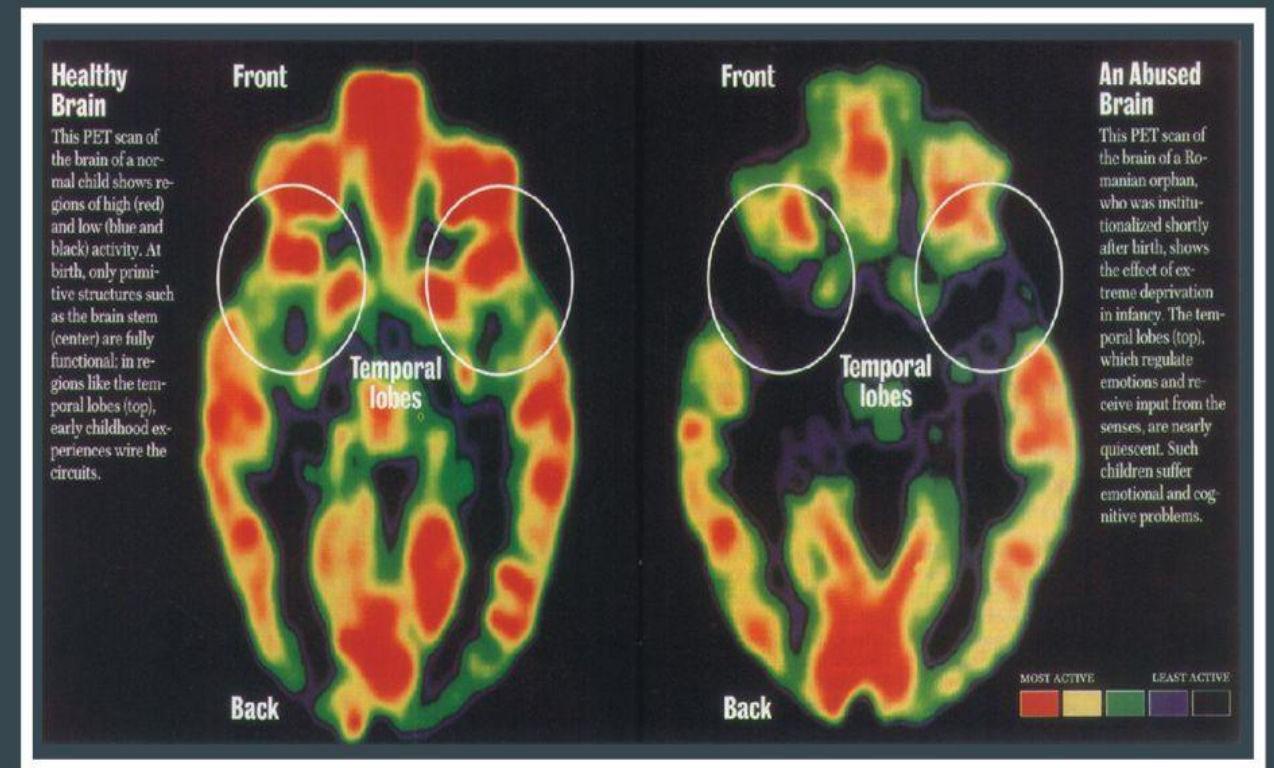
ACEs

- All areas of the brain have been able to function together;
- With trauma and NO Buffering = the areas of the brain stop working together, some parts actually shrink, causing physiological differences
- What is a buffer? A stable and responsive relationship with at least 1 supportive caregiver

Child's Impact due to Family Trauma

- Family stressors prevent brain from functioning properly:
 - Amygdala is activated → no support from parents or nurture → toxic stress → changes in epigenetic regulation and how genetic codes are expressed
- Child may stay in fight or flight model which may prevent children from developing at the same level as children their age who are growing without family trauma

Impact of the Trauma on the Brain



2019 NCTSN, National Child Traumatic Stress Network

Children 0-5

- ✓ 1 in 6 children has had 2 or more Adverse Childhood Experiences (ACEs)
- ✓ HMG recent data demonstrates an increase in contacts for behavioral health concerns
- ✓ HMG recent data demonstrates an increase in mental health counseling referrals



<https://www.youtube.com/watch?v=KoqaUANGvpA>



Early Childhood Trauma

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- Infants and young children reactions may be different from older children since they are unable to verbalize their reactions to threatening or dangerous events (people think that the young age protects them from the impact of witnessing the traumatic event)
- These traumas can be a result of intentional violence such as natural disasters, accidents, war, child physical/sexual abuse, or domestic violence.

Areas of Development That Are Affected By Trauma?

2003 CDHS, College Relations Group, BSC Research Foundation

- **Behavioral and emotional**
- Cognitive functioning
- Physiological

Behavioral and Emotional:



You may see an increase in acting out behaviors
(Learning and behaviors problems are the most common manifestations in children)

Examples:

- Aggressiveness
- Behavior problems in school (symptoms or behaviors that are sometimes seen in ADHD)
 - ❖ Temper tantrums
 - ❖ Fights

Behavioral and Emotional

You may see an increase of:

- Depression
- Suicidal thoughts/behaviors
- Anxiety
- Fear
- Phobias
- Insomnia
- Bed-wetting
- Low self-esteem



Problems Affecting Thinking, and Reasoning

- Impaired ability to concentrate in everyday activities
- Difficulty with assignments for school
- Lower scores in verbal, motor and thinking skills



Physiological

More risk of an infection

Unsettled sleep

Disrupted physical
growth

Long Term Implications

Negative effects may continue into adulthood with increased rates of:

- Depression
- Poor self-esteem
- Violent practices in the home
- Criminal behavior

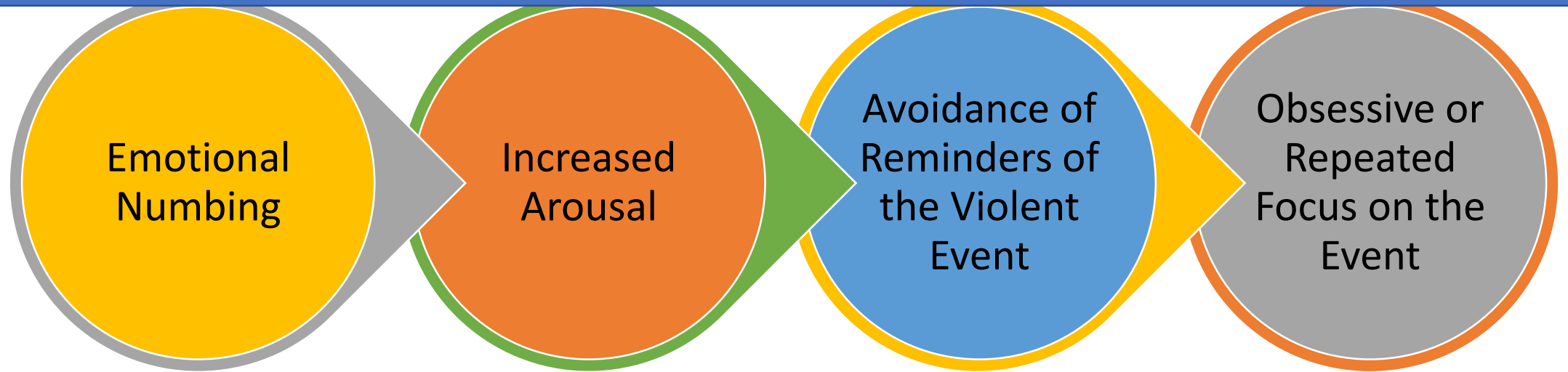
Fantuzzo and Mohr 1999

Witnessing Domestic Violence & Post Traumatic Stress Disorder

- Study by Kilpatrick, Litt and Williams (1997) showed that 85% of children ages 6-12 who witnessed IPV had moderate to severe PTSD symptoms
- Compared to 0% of the control group who had witnessed no violence

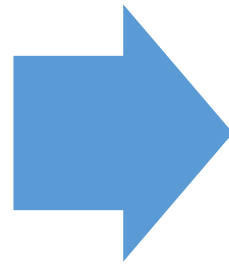


What Does Post Traumatic Stress Disorder Look Like on Children?



What is Social-emotional Development?

Social and emotional development is a child's ability to understand the feelings of others, control his or her own feelings and behaviors, get along with other children, and build relationships with adults.



Children need social-emotional skills in order to develop the basic skills of cooperation, following directions, demonstrating self-control and paying attention.

Why is a Positive Social-emotional Development Important ?

Having positive social and emotional skills is important because it can have effect how children function at home, school and in the community.

Children's chances for school success and healthy relationships is impacted when young children are faced with social, emotional or behavioral challenges.

Children's positive relationship with adults they can trust and care about is the key to a successful social and emotional development.



Impacts of Violence on Social-Emotional Child Development

Infancy

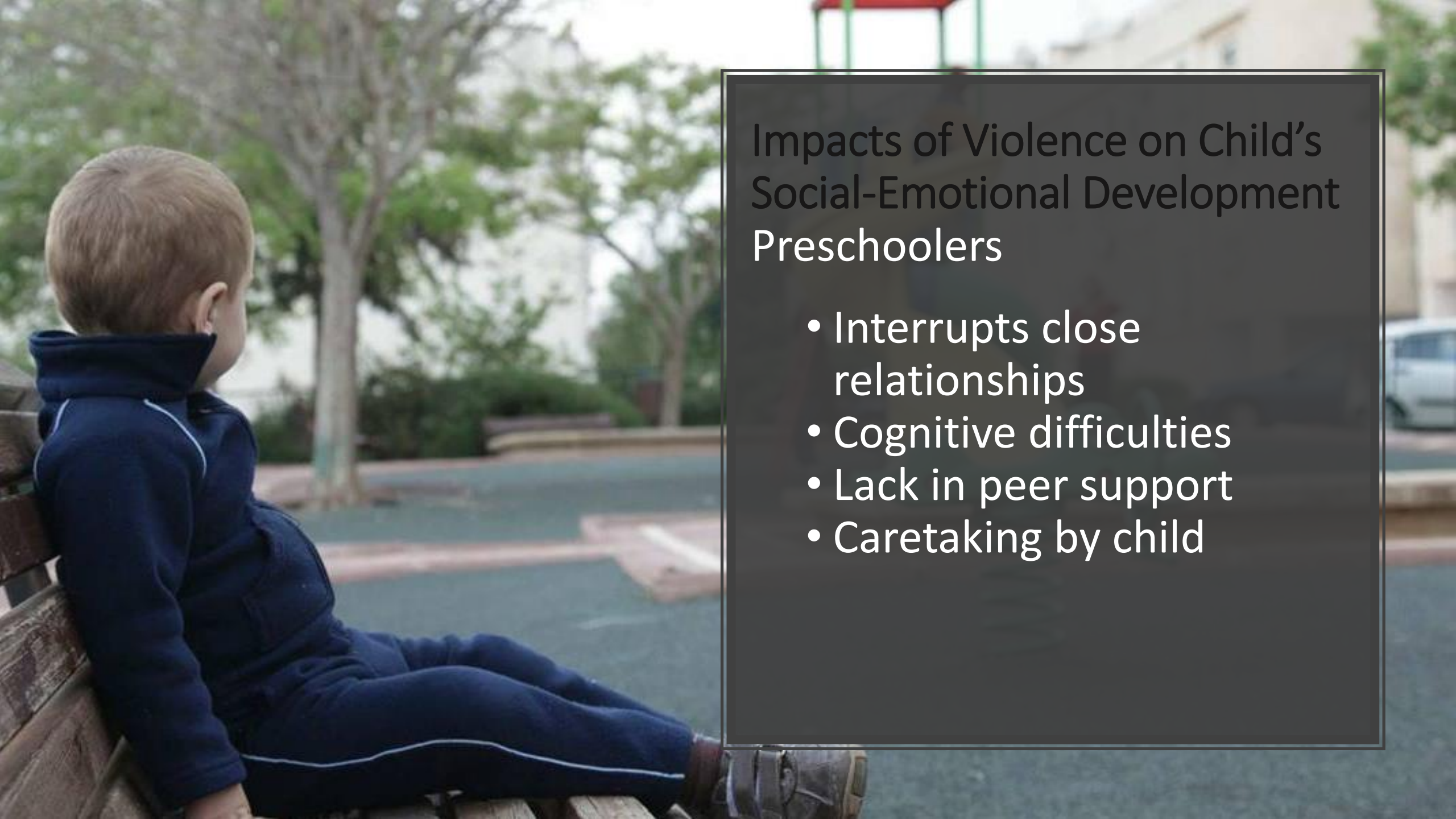
- Insecure attachment
- Demonstrate poor verbal skills
- Exhibit memory problems
- Scream or cry excessively
- Have poor appetite, low weight, or digestive problems

Impacts of Violence on Social-Emotional Child Development

Toddlers

- Hesitancy to explore
- Separation anxiety
- Aggression
- Withdrawal
- Reduced ability to cope with frustrations
- Communication problems





Impacts of Violence on Child's Social-Emotional Development Preschoolers

- Interrupts close relationships
- Cognitive difficulties
- Lack in peer support
- Caretaking by child



Impact of Violence on Social-Emotional Child Development School-age and Adolescents

- Aggression, delinquency
- Self-destructive behaviors
- Interpreting others' behaviors as an attack
- Depression, anxiety, fear
- Limited competent social responses
- Post-Traumatic Stress Symptoms
- Hypervigilance, hyperarousal

Disruptions at one stage might contribute to the next stage further disrupting the natural flow of children's cognitive and social- emotional developmental stages

What Does this Mean?

What can I do?

Recommendations Will Depend on:

- Child's age
- Stage of development
- Nature and duration of symptoms
- Child's functioning
- Child's perception of and experiences with the violence
- Current Environment
- **Presence of adults for emotional support**
- Cultural and ethnic definitions of violence





Early Years Emotional Wellness Program

An Early Childhood Mental Health Program designed to:

-
- 1) Identify children with behavioral issues at the earliest age possible;
 - 2) Provide Developmental & Mental Health Screenings for further resources;
 - 3) Provide case management services to link children with behavioral issues to clinical interventions as soon as possible;
 - 4) Provide parents with brief parenting education and supports (generally 2 to 12 weeks);
 - 5) Provide trainings to educate the community on resources available for young children with behavioral issues including assisting providers in working with the target population;
 - 6) Provide educational trainings to families regarding the importance of positive parenting on children's emotional well-being.



Early Years Emotional Wellness Program

- Early Years Emotional Wellness Program
 - Reducing Barriers to Services:
 - 7 languages designed to meet the needs of the Orange County Population
 - Morning, evening and Saturday appointments
 - Meeting participants at home or other convenient location
 - Providing Services to reduce some Adverse Childhood Experiences and to assist in mitigating negative effects of others
 - Enhancing the buffers – support system
 - Increasing readiness for school at any age newborn through age 8 for 2-12 weeks
- Free services – funding is through HCA and the Mental Health Services Act (MHSA/Prop 63)

Goal:

To promote healthy parent-child interactions, healthy child development & increased resilience for children in at risk families.

What defines “at risk” families?

- Unrealistic expectations about child development /discipline
- Low parent resilience
- Low educational level for primary caregiver
- Poor parent child interactions (insufficient bond)

New parent at-risk of forming poor attachments including:

- Inadequate prenatal care
- Insufficient income / unstable housing
- Social Isolation
- History of maltreatment/DV
- Maternal depression

*What might
this look like in
the families
you see?*

- Maternal anxiety/depression
- Unrealistic expectations about child development and behavior
- Acting out behaviors
- Poor parent-child interactions
- Missed / delayed check ups and immunizations
- Delayed or slow child development
- Signs of poverty
- Young maternal age
- Poor nutrition (parent and/or child)
- Single marital/partner status

Early Years Emotional Wellness Program Assessments



Developmental Screenings: ASQ & ASQ SE

Parent & Child Emotional/Behavioral Assessments

- Eyberg Child Behavior Inventory
- Mental Health Assessment Tool
- Heads Up Check Up
- DC 0-5 Dimensions of Caregiving; Dimensions of the Caregiving Environment; Infant's/Young Child's Contributions to the Relationship
- As needed: Depression Anxiety Stress Scale and Post Partum Depression Screening



Program Services

- **2 – 12 weeks; program provided in home at no cost to family**
- **Children newborn through age 8**
- **Languages:** English, Spanish, Vietnamese, Farsi, Arabic, Korean, Mandarin
- **Time:** Available during the evenings and Saturdays
- **Case management and linkage** to community resources including mental health therapists
- **Triple P (Positive Parenting Program)**
 - Promote positive parent-child interaction and encourage positive behavior with hands-on practice sessions
 - Learn effective, age-appropriate communication strategies to increase healthy child outcomes
 - Provide positive, consistent, and decisive ways to manage problem behavior

Individualized plans and goals

	Date:
Contact Name:	Contact Telephone:
Child Name:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Child DOB:	Number of Children in Home:
Parent/Caregiver Name:	Mother Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent DOB:	(If marked yes) Due Date:
Address:	City: Zip code:
Telephone:	Language:

Reason for Referral in Caregiver's Own Words:

Primary reason for referral?

<input type="checkbox"/> Unrealistic expectations of children	<input type="checkbox"/> Managing Child's Behavior
<input type="checkbox"/> Aggression	<input type="checkbox"/> Insufficient bonding or poor Parent-Child Interactions
<input type="checkbox"/> Sleeping Problems	

Feeding/Nutrition:

Breastfeeding Concerns

Referral and Linkage:

<input type="checkbox"/> Multiple Siblings	<input type="checkbox"/> Aggression
<input type="checkbox"/> Limited Knowledge of Common Resources	<input type="checkbox"/> Isolation
<input type="checkbox"/> Limited Literacy Education	<input type="checkbox"/> First Time Mom
<input type="checkbox"/> Limited Experience with Child's Age	<input type="checkbox"/> Teen Mom
<input type="checkbox"/> Limited Family Support	<input type="checkbox"/> Anger/Stress

Referral Form

AlinaOchoa@all4kids.org / appointment@earlyyearsoc.org

Please submit this form via email to:
 Judyth Arevalo
 Email: judytharevalo@all4kids.org
 Phone: (714) 785-3558



Community Partner Contact Information

Contact Name:	Title:
Phone Number:	Email:
Organization Name:	Address:
Phone:	
Fax:	

Social Emotional Workshops

Below you can find a description of workshops available that may be 30 min-1 hr. Please select two dates and times available that the presentation can be conducted in case the first option is not available.

Parent Workshop(s) request
 Community Partner Workshop(s) request

Workshop Description	Dates	Time
Social Developmental of Children 0-8: Provides an understanding of children's development and the changes in their wellbeing. Please specify age group.		
Using Effective Positive Parenting: Explores alternative approaches to increase positive parenting behaviors such as quality time and self-care.		
3 Class Series Promoting Children's Life Skills: Promoting independence, high self-esteem, respect, and problem-solving in the child.		
Supporting Your Child in Managing Emotions: Understanding the importance of self-expression in children and healthy coping mechanisms parents can teach them.		
Parent-Child Communication: Introduce new habits of communication with children to support your child's social/emotional growth		
Discipline vs. Punishment: Increase understanding of the different parenting styles approaches between discipline and punishment and how this prepares your child for the future.		
5 Class Series: topics include positive parenting, why children behave as they do, helping children develop, managing misbehavior and family survival tips. Please note: this series can be provided to just parents or interactive between parent & child		
Don't see a topic of interest? Let us know what type of training you would like:		

Additional Information Required

Languages Available

Spanish English
 Vietnamese Korean
 Mandarin Arabic

Please select materials available in your facility

Projector Childcare
 Parking Snacks

Requests of Social Emotional Workshops

To Refer:

1-800-917-6940



❖ appointment@earlyyearsoc.org

❖ judytharevalo@all4kids.org

- ❖ Program Director/Manager: Julie Potet, MS
- ❖ Program Supervisor: Jorge Cortez Medina, MSW
- ❖ Community Educator: Judyth Arevalo (714)785-3558

Workshops for Professionals/Providers and Families

- General Mental Health & Program
- Social Emotional Development
- Parent-Child Communication
- Positive Parenting
- Discipline vs. Punishment
- Power Control: The Effects of Family Trauma on Children
- Helping Children Build Self-esteem and Strong life skills
- Managing Misbehavior
- Don't see a topic? Please request



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Questions?





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© Data Source: OCCHM, April 2019

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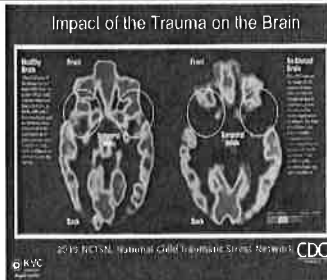
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Problems Affecting Thinking, and Reasoning

- Impaired ability to concentrate in everyday activities
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Unsettled sleep

Disrupted physical growth

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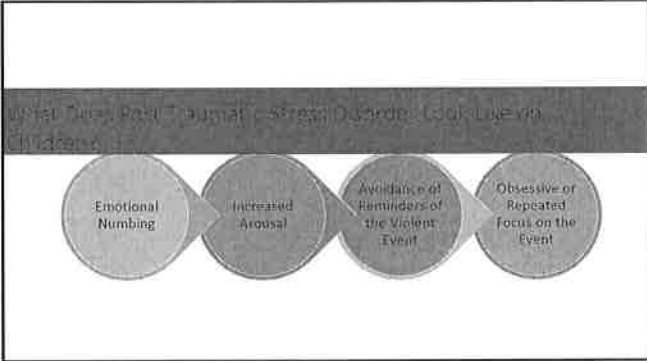
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Impacts of Violence on Social-Emotional Child Development

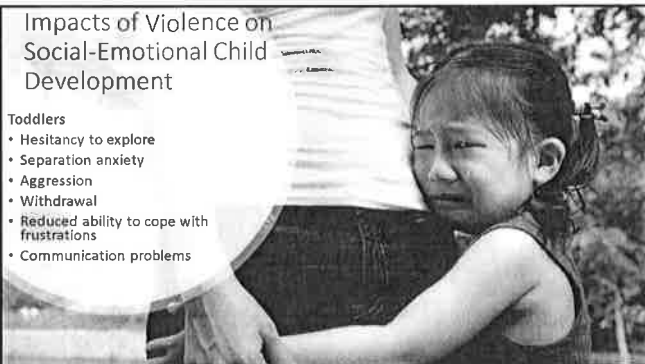
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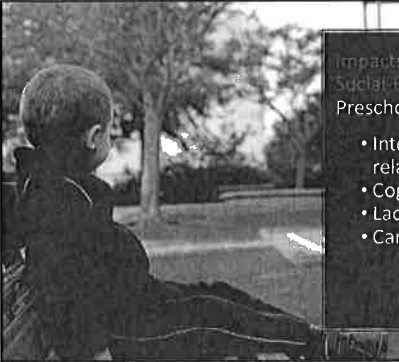
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- Struggle with excessively
- Have poor appetite, low weight, or digestive problems

Impacts of Violence on Social-Emotional Child Development

Toddlers

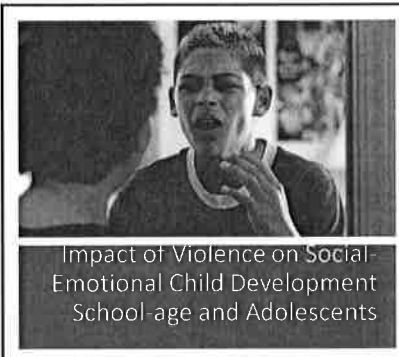
- Hesitancy to explore
- Separation anxiety
- Aggression
- Withdrawal
- Reduced ability to cope with frustrations
- Communication problems





Impacts of Violence on Child's Social-Emotional Development
Preschoolers

- Interrupts close relationships
- Cognitive difficulties
- Lack in peer support
- Caretaking by child



Impact of Violence on Social-Emotional Child Development
School-age and Adolescents

- Aggression, delinquency
- Self-destructive behaviors
- Interpreting others' behaviors as an attack
- Depression, anxiety, fear
- Limited competent social responses
- Post-Traumatic Stress Symptoms
- Hypervigilance, hyperarousal

Disruptions at one stage might contribute to the next stage further disrupting the natural flow of children's cognitive and social- emotional developmental stages

What Does this Mean?

What can I do?
Recommendations Will Depend on;


- Child's age
- Stage of development
- Nature and duration of symptoms
- Child's functioning
- Child's perception of and experiences with the violence
- Current Environment
- **Presence of adults for emotional support**
- Cultural and ethnic definitions of violence





Early Years Emotional Wellness Program
An Early Childhood Mental Health Program designed to:

- 1) Identify children with behavioral issues at the earliest age possible;
- 2) Provide Developmental & Mental Health Screenings for further resources;
- 3) Provide case management services to link children with behavioral issues to clinical interventions as soon as possible;
- 4) Provide parents with brief parenting education and supports (generally 2 to 12 weeks);
- 5) Provide trainings to educate the community on resources available for young children with behavioral issues including assisting providers in working with the target population;
- 6) Provide educational trainings to families regarding the importance of positive parenting on children's emotional well-being.



Early Years Emotional Wellness Program

- **Early Years Emotional Wellness Program**
 - **Reducing Barriers to Services:**
 - 9 languages designed to meet the needs of the Orange County Population
 - Morning, evening and Saturday appointments
 - Meeting participants at home or other convenient location
 - **Providing Services to reduce some Adverse Childhood Experiences and to assist in mitigating negative effects of others**
 - **Enhancing the buffers – support system**
 - **Increasing readiness for school at any age newborn through age 8 for 2-12 weeks**
- **Free services – funding is through HCA and the Mental Health Services Act (MHSA/Prop 63)**


Goal:
To promote healthy parent-child interactions, healthy child development
& increased resilience for children in at risk families.
What defines "at risk" families?

<ul style="list-style-type: none"> • Unrealistic expectations about child development /discipline • Low parent resilience • Low educational level for primary caregiver • Poor parent child interactions (insufficient bond) 	<p>New parent at-risk of forming poor attachments including:</p> <ul style="list-style-type: none"> • Inadequate prenatal care • Insufficient income / unstable housing • Social Isolation • History of maltreatment/DV • Maternal depression
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What might this look like in the families you see?

- Maternal anxiety/depression
- Unrealistic expectations about child development and behavior
- Acting out behaviors
- Poor parent-child interactions
- Missed / delayed check ups and immunizations
- Delayed or slow child development
- Signs of poverty
- Young maternal age
- Poor nutrition (parent and/or child)
- Single marital/partner status

Early Years Emotional Wellness Program Assessments



EARLY YEARS

Developmental Screenings: ASQ & ASQ SE

Parent & Child Emotional/Behavioral Assessments

- Eyberg Child Behavior Inventory
- Mental Health Assessment Tool
- Heads Up Check Up
- DC 0-5 Dimensions of Caregiving; Dimensions of the Caregiving Environment; Infant's/Young Child's Contributions to the Relationship
- As needed: Depression Anxiety Stress Scale and Post Partum Depression Screening

To Refer:
1-800-917-6940



❖ appointment@earlyyearsoc.org

❖ Program Director/Manager: Julie Potet, MS (714)454-9753
❖ Program Supervisor: Jorge Cortez Medina, MSW (714)785-2998
❖ Community Educator: Judyth Arevalo (714)785-3558



Questions?



SUPER SATURDAY

Saturday, March 14
7:45 a.m.–2 p.m.

Staff Development Day for School-Age Care and Education Professionals

This one-day professional development conference for individuals working with school-age children (5–12 years) offers four one-hour workshop sessions with eight to 10 different workshop topics to choose from, including:

- Science, Technology, Engineering, and Math (STEM)
- Effective Communication Strategies
- Guiding Behavior
- Supporting Children's Social Emotional Development
- Working with Children Having Special Needs
- Creative Art and Outdoor Education Activities

\$16 for Irvine residents; \$21 for nonresidents.
Light lunch provided.



Register online at yourirvine.org with course #27856. Registration is on a first-come, first-served basis. Reserve your space today.

Workshop location:

Lakeview Senior Center

20 Lake Road, Irvine

For more information: 949-724-6632

To view workshop titles, visit cityofirvine.org/supersaturday.





The State of Early Childhood

Three Things That Have Changed Since I Became an Early Childhood Consultant



Early childhood educators tell me a lot of stories when I keynote or train. And since I've been speaking and training for almost four decades, you can imagine just how many stories there have been. Lately, though, I keep hearing the same three stories from teachers throughout the country.

Here's the first of what they're telling me:

1. More children are unable to cross the midline of the body.

Sadly, this isn't surprising, considering one pediatrician's contention that infants are spending upward of 60 waking hours a week *in* things, like car seats, high chairs, and such. One of my colleagues calls this "containerized kids." Another refers to it as "bucket babies." Funny names for a not-so-funny situation.

In some ways the problem dates back to 1994, when the American Academy of Pediatrics created the Back to Sleep campaign to reduce the incidence of Sudden Infant Death Syndrome (SIDS). Happily, the suggestion that babies be put on their backs to sleep had the desired effect. Unhappily, people seemed to forget that the second part of the campaign slogan was "Tummy to Play." As a result, fewer babies are spending time on their tummies, meaning that, among other things, they're not developing the muscles necessary for

crawling and creeping, cross-lateral movements that promote the ability to cross the body's midline.

Another factor is the busyness of daily life in our society. Parents are in a hurry, and manufacturers and marketers have presented such solutions as car seats that can be carried from the car to the home and used indoors while moms and dads get dinner and take care of the many other chores awaiting them at the end of the day. Mostly gone are the days of the playpen, which may have seemed to some to be "cage-like," but which at least offered the baby freedom of movement! She could roll over, slide on her belly, move on hands and knees, pull herself to standing, and bounce—without the aid of a confining bouncy chair. She could even practice walking while holding on.

As a result of today's sedentary behaviors, children are not only unable to cross the midline; also, they grow up lacking confidence in their movement skills. And children who feel "clumsy" or "klutzy" are children who won't take part in any physical activity, let alone the recommended minimum of 60 minutes daily. This has a grave impact on their physical and social/emotional health.

Additionally, Dr. Marjorie Corso conducted research in which she discovered that there's a correlation between body-space awareness and paper-space awareness. One example of this is that children unable to cross the midline of the body were sometimes reading and writing down the vertical center of the page. Sometimes they even wrote halfway across the page, turned the paper over, and started again!

The question now, of course is: what are we to do about all this?

The answer is simple, really: we let children be children! They're born with a love of movement. If we give them the time, the space, and the opportunity to move, nature will take its course!

But we can also be a bit more intentional. We can encourage cross-lateral movement by inviting children to get on the floor and move like kitties, puppies, snakes, seals, and spiders, and by playing "mirror" games using movements that cross the body's midline.

Mostly, we can refuse to buy into the myth that the mind and body are separate! What impacts the body's development impacts the brain's

development, and the sooner we acknowledge that, the better off our children will be.



Tummy time for babies is critical for developing the muscles necessary for cross-lateral movements.

2. Children don't know how to play anymore.

When I did my first professional development training in 1981, never in my wildest imaginings could I have foreseen teachers complaining that children don't know how to *play*. Yet this is the second thing I'm hearing from educators on a regular basis.

This is especially shocking because pretty much every young animal on the planet *plays*. It's how they learn to be who they are! Kittens stalk each other in preparation for stalking birds and mice. Puppies and fox cubs engage in rough-and-tumble play to learn social skills. When ground squirrels play, they go on to be more coordinated and better mothers. Many animals, it seems, play simply because it feels good.

Play is an essential part of nature's plan. And if children are at a loss as to how to play, then something is seriously wrong.

Think back to your own childhood. I'm betting that a great many of your memories involved playing—much of it outdoors. I remember games of pretend (frontier woman comes first to mind) that engaged me for days on end. I couldn't wait to get outside to continue the saga. The dramatic play stimulated my imagination and has served me well in the years since.

I remember learning how to do cartwheels down the middle of the road. I didn't go on to become a gymnast, but mastering that particular skill after

much, much hard work demonstrated what could be achieved with determination and persistence.

And I remember the friends I played with. Interacting, negotiating, and creating with them absolutely taught me how to be part of society.

So it's worrisome when teachers tell me that children only know how to imitate characters they've seen on screens, or that they go outside and simply stand around because they don't know what else to do.

Some of the reasons behind this aberration are painfully clear. Between digital devices and television, children have a multitude of images at their fingertips. They have no need to *imagine* because marketers and video producers have already done all the imagining for them. As a result, when asked to expand their minds and be inventive, children can't get beyond what they've previously seen. Thus, their dramatic play involves characters and scenarios already familiar to them.

And, of course, there's the *structure* of their lives. The days of today's children are scheduled beyond anything most of their predecessors experienced. Children in earlier times had downtime and faced boredom, learning how to use both to their benefit.

Beyond the lack of downtime, over-scheduled kids simply don't know how to make decisions for themselves, because they're used to being told what to do. It's no wonder, between school and organized sports and lessons, that when set free upon a playground, they're at a loss as to what comes next. It's simply not possible to switch from being adept at taking and following orders to being a self-starter.

So, what are early childhood professionals to do when they discover that the children in their care don't know how to play? The same thing they do with every other aspect of early childhood education: they facilitate learning.

Part of that facilitation comes in the form of offering children the space, time, and materials necessary to explore. If children aren't overscheduled in the classroom, and they have a variety of materials that stimulate the imagination, dramatic or constructive play are the likely outcomes. When there are plastic hoops, a variety of balls, and plenty of loose parts outdoors,

active play is more likely to occur. But, even then, they may need more from you.

When a child is “stuck,” imitating a character or standing motionless on the playground, you can join the play, modeling the possibilities for taking the play further and asking questions that provoke new responses from the children—for example, “What do you think I should do with these twigs?” Once they’re engaged, you can simply step away, avoiding the temptation to make the play adult-directed, and the possibility that the children will come to rely on you for what comes next.

Yes, it’s incredibly sad that today’s children are failing at something so basic—something that’s a biological imperative. But if early childhood professionals understand the role of play in child development—as every early childhood professional should—we can ensure that this sad trend fails to continue!



Children need to be given the time, space, and materials to encourage play.

3. The children have no fine motor control.

“The children can’t grip a crayon or paintbrush. The children can’t use scissors. The children don’t know how to hold a pencil.”

On and on it goes—much of it coming from kindergarten and first-grade teachers. And the sad part is, this isn’t a surprise at all.

There are two major reasons why. The first is that the little ones are far more likely to be holding a digital device these days than a crayon or pair of scissors. Go to any restaurant where families dine—or to a doctor’s office, or anywhere else parents and kids gather—and you won’t see a child coloring

while the family waits. They're not even talking to each other because they're all too busy engaging with their own cell phones or tablets. If they're using any muscles at all it's simply to swipe a screen.

Children who grow up swiping instead of coloring, cutting, and painting do not develop the fine motor skills they need to hold a pencil and write. To button and unbutton their clothes. To properly hold a utensil for eating. To use a stapler, a bottle of glue, or a toothpaste tube.

The second reason this trend isn't surprising is that children are spending so little time crawling, running, jumping, and climbing these days. To those unfamiliar with motor skill development, that might seem like a strange connection. But the fact is that control over the body develops from the top to the bottom of the body, from the inside (trunk) to the outside (extremities), and from the large muscles to the small muscles. That means that until the trunk and large muscles are matured, the small ones in the hands won't fully develop. This is nature's plan. This is immutable. And this is why many experts have said that the best way to help children learn to write is by letting them climb trees or swing on monkey bars.

This pattern of development doesn't mean that children can't *practice* their fine motor skills until their large muscles are ready. On the contrary, young children should have *plenty* of opportunity to practice and grow their fine motor skills; and they should have plenty of appropriate materials and objects with which to do it. According to occupational therapist Christy Isbell, in her book, *Mighty Fine Motor Fun*, these include "a wide variety of open-ended materials such as paper, drawing utensils, glue, clay, and small blocks." Christy also tells us that the children "should spend more time playing with manipulatives than practicing writing skills"—because if young children are pushed to write before their hands are physically ready, it may have a negative impact.

Naturally, while they're doing all of this fine motor practice, children should also have plenty of opportunity to crawl, run, jump, and climb!

If the children themselves were allowed to choose how to spend their time, they would be *playing*, as they were meant to do. And that play would involve and improve both large and small muscles, as it simultaneously developed their brains, resilience, problem-solving skills, and all the other wonderful attributes they were meant to learn through play. Instead, adults—either

because they don't truly understand, or are in too much of a hurry—are ignoring the laws of child development. And, sadly, children are paying the price.



Children need to be given lots of opportunities to develop both large and fine motor skills.

By Rae Pica

Topics: Physical Development, Importance of Play, Advocating for Young Children

Date: April 03, 2018

ABOUT THE AUTHOR

Rae Pica

Rae Pica has been an education consultant specializing in the education of the whole child since 1980. Check out her YouTube channel, *Active Learning with Rae*, and learn more about her keynotes, consulting, and books, including *What If Everybody Understood Child Development?* and *Active Learning Across the Curriculum*, at www.raepica.com.



ITEM 2 – COMMITTEE REPORTS

Irvine Child Development Center Operating
Corporation

(There is no report associated with this item.)

ITEM 3 – COMMITTEE REPORTS

Irvine Children, Youth and Families Advisory
Committee

(There is no report associated with this item.)

**ITEM 4 – COMMITTEE BUSINESS
MINUTES**



MINUTES

IRVINE CHILD CARE COMMITTEE REGULAR MEETING

November 12, 2019

Heritage Park Community Center
14301 Yale Avenue
Irvine, California 92604

CALL TO ORDER

A regular meeting of the Irvine Child Care Committee was called to order on November 12, 2019, at 9:05 a.m. by Chair Schwartz.

Roll Call

Present: 8	Committee Member:	Shelby Clatterbuck
	Committee Member:	Linda Hunter
	Committee Member:	Donna King
	Committee Member:	Dayna Money
	Committee Member:	Scott Schultz
	Committee Member:	Jessica Winn
	Vice Chair:	Wenli Lin
	Chair:	Donna Schwartz
Absent: 5	Committee Member:	Dawn Antis
	Committee Member:	Joshua Arnaldo
	Committee Member:	Dr. Seema Choudhary
	Committee Member:	Jenny Woo
	Committee Member:	Michelle Yost

PLEDGE OF ALLEGIANCE

Chair Schwartz lead the Pledge of Allegiance.

INTRODUCTIONS

There were no Introductions.

PRESENTATIONS

Supervisor Stubbler presented a video “A Study on Praise and Mindsets” and distributed two articles “ Praise that Builds a Child’s Self Esteem” and “How to Give Praise that Builds a Child’s Self Esteem.”

ANNOUNCEMENTS

Supervisor Stubbler announced the following:

- Super Saturday for School Age providers is March 14, 2020. A request for workshop proposals will go out today.
- The Community Services Commission has approved the appointments of Imithri Bodhinayake and Jessica Winn to serve as Community Representatives and Emiliano Guzman and Donna Schwartze to serve as Center based Child Care Providers on the Child Care Committee.
- The documentary film “Like” was introduced as a possible topic for a parent education forum.

Committee Member King distributed a flier for an upcoming class “HD 160: Advanced Curriculum Planning.”

ADDITIONS AND DELETIONS TO THE AGENDA

There were no additions or deletions.

PUBLIC COMMENTS

COMMITTEE REPORTS

1. Irvine Child Development Center (ICDC) Operating Corporation – Committee Member Winn reported the school hired a new Assistant Director.
2. Irvine Children, Youth and Families Advisory Committee - No Report.

COMMITTEE BUSINESS

1. MINUTES

ACTION: Moved by Committee Member Schultz, seconded by Committee Member Money to approve the minutes of the regular meeting of the Irvine Child Care Committee held October 13, 2019.

The motion carried as follows:

Ayes: 8 Committee Members: Clatterbuck, Hunter, King, Lin, Money, Schwartz, Shultz, Winn
Absent: 5 Committee Members: Antis, Arnaldo, Choudhary, Woo, Yost

ADJOURNMENT

Moved by Committee Member Winn, seconded by Committee Member King, and unanimously carried to adjourn the meeting at 10:00 a.m.

DONNA SCHWARTZE
CHAIR

TRACI STUBBLER
CHILD CARE COORDINATION SUPERVISOR

Date Approved: _____