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Fall 2009 P Provider P R E S S



CHILD CARE
RESOURCE NETWORK
Serving Parents, Providers & Community in
Josephine, Jackson, Klamath and Lake County.
A program of The Job Council

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Helping Kids Get Ready for School – A New Opportunity for Jackson County Providers

Currently, 25% of Jackson County's children are already behind when they arrive at kindergarten. Through a generous grant from the Anna May Foundation, Child Care Resource Network is partnering with child care programs to screen as many children as possible to identify children needing additional assistance. Some children do well in many areas, but may lag behind in one or two. Identifying these lagging areas as early as possible makes it more likely they will catch up and be successful in school. Screening also provides an opportunity for teachers to talk with parents about their child's development and the role the program plays in supporting it. Jackson County programs will be contacted soon with more information. If you would like to sign up or have additional questions, please call René Wold at 842-2593 or email ReneW@jobcouncil.org



Although we are only able to serve Jackson County programs this year, we are seeking funds to expand into Josephine, Klamath and Lake in the future.

Child Care Resource Network has expanded into Klamath and Lake Counties

Child Care Resource Network has been awarded a generous As of September 1, Child Care Resource Network has extended our service and delivery area to include Klamath and Lake Counties, replacing Klamath/Lake Resource and Referral. We are excited to be partnering with the families, child care providers, and agencies in that region

and look forward to doing great work together. Melinda Collier is in our new Program Coordinator in the Klamath Falls office. She is a Klamath Falls native with strong ties in Lake County as well. She is already busy meeting providers, parents and partners.

Klamath and Lake County providers will be hearing from Melinda soon, as she is updating our database to make sure every provider's information is current so we can connect the parents needing care with the providers who offer the type of care the family is looking for.

Our new office is located on the third floor of the Public Health Building in Klamath Falls, 403 Pine Street. The phone number remains the same, 541-882-2308. The email address is ccrnservices@jobcouncil.org Please call, email, or stop by if you have any questions or needs. We look forward to meeting you!

Mentoring Assists Programs in Reaching Their Goals

The CCRN is able to offer mentoring services free of charge to providers in Jackson and Josephine Counties, partially funded through a grant from the Oregon Community Foundation. Mentors can assist you in a wide variety of areas, from setting up your child care environment, ideas to encourage language and literacy skills for the children in your care, connecting you with training opportunities for professional growth and development as well as assistance in identifying children with possible delays. Incentives for participants completing the Partnering with Providers program are available. Please call Patty at 842-2590 to find out more about these exciting opportunities!

Child care providers in Klamath and Lake Counties will soon have access to mentoring as well. Please call Melinda at 882-2308 for more information.

Please help us find Glo Bug!

CCRN has loaned out two of the Glo Bug Handwashing Kits to providers but they have not yet been returned. With cold and flu season quickly approaching, we have had several providers asking if they can borrow the kits. Please look in your closets and cabinets to see if you may have borrowed one of them.

Thank you!

As mandatory reporters of child abuse and neglect, there are a few things to keep in mind

Your responsibilities under the law:

- Report abuse or neglect if you suspect it.
- Report it right away.
- Reporting to a supervisor does not fulfill your responsibility; whoever sees, hears, or suspects abuse or neglect is the one who needs to make the report. Programs may have an internal policy that employees notify supervisors, but this must be in addition to making a report.
- Failure to report suspected abuse or neglect is a violation of Oregon law and can result in fines up to \$1,000 and mandatory reporters have been successfully sued in civil court for failure to report.

Your rights under the law:

- You are protected from prosecution for making a good faith report.
- Your report is confidential and your name can only be released by a court order.
- When you make a report, you can be told by DHS whether there is enough information for an assessment to be done.
- DHS is required to notify the reporter, in a follow up call, whether contact was made, whether the department determined that child abuse or neglect occurred, and whether services will be provided. However, the reporter may not be told confidential details of the situation.

What is the Oregon Registry and why should I care?

The Oregon Registry was created for professionals in the field of early childhood care and education to be recognized for their educational achievements. It is organized into 12 steps. Step 1 is awarded to individuals who have 12 hours of training in childhood care and education. Step 12 is awarded to those having a doctorate degree. There is a lot of room in between! Newly Registered providers are automatically awarded Step 1 and are awarded Step 2 upon renewal. Beyond Step 2 an application is required.

There are several reasons why enrollment and advancement on the Oregon Registry is important. It may be used as a marketing tool for your business. Sharing your educational accomplishments with perspective clients can be very powerful. Who would not be impressed with a provider who is committed to continuing education in an effort to offer high quality child care? Although you may not be able to charge more for care, you will probably have fewer openings. Parents are increasingly looking at quality, as well as price, when choosing care.

In 2009 the Child Care Division began collecting data from certified centers and certified family providers. In 2010 they will begin collecting data from registered providers. The data collected falls into seven "quality indicators," training, as reflected by the Registry, being one of the seven. The other indicators are: ratio of children to adults, group size, staff turnover or stability in provider/child relationship, staff compensation, and program accreditation. The data for

each provider is analyzed and a report sent to the provider. The report contains the quality indicator information for that program, as well as how the program compares with others. The provider may choose to allow the information to be distributed to parents and the community.

Another appealing reason for advancement on the Registry is the Education Award. This new program offers a monetary award for providers at Step 3 or above on the Registry. Providers from Step 3 thru Step 6 could be eligible to receive \$100.00. Providers from Step 7 thru Step 8.5 could receive \$250.00. Providers Step 9 and above could receive \$500.00. The Education Awards are part of EQUIP (Education and Quality Investment Partnership). To find out more about EQUIP, please call Patty at 842-2590.

Enrollment on the Oregon Registry is a convenient way to showcase the amount of training you have taken, but the most important thing is the training itself. Through continuing education, providers are able to offer higher quality care, supporting children's healthy social/emotional development, helping them learn how to identify their feelings, empathize with others, share emotions appropriately, and problem solve. Children take these skills home, which affects the ways they interact with their families. Social/emotional competence is one of the five protective factors that strengthen families and protect children. High quality child care benefits the children, their families, and our communities. You do make a difference!

The following guidelines are from the Centers for Disease Control and Prevention. These are recommendations to use now, during the 2009–2010 flu season, assuming that the severity of influenza in the Fall and Winter will be of similar severity to that seen during spring and summer 2009. If we experience a more severe flu season, additional information will be shared with child care providers immediately.

Recommended Policies:

- Examine and revise, as necessary, illness policies and procedures
- Develop contingency plans to cover key positions when staff are absent from work and communicate with families under what circumstances your program will close
- Encourage families to arrange for back-up care, and remind them that licensed facilities cannot care for sick children who have more than mild cold symptoms
- Update contact information for families and staff
- Review and revise, if necessary, sick leave policies to remove barriers to staff staying home while ill or to care for an ill family member
- A doctor's note should not be required for children or staff to validate their illness or to return to the early childhood setting
- Share educational materials (for example, posters) to enhance parent understanding and compliance with recommendations. They should be visible in the child care setting.

Recommended Practices:

- **Get vaccinated against the flu:** The best way to protect against the flu – seasonal or 2009 H1N1 – is to get vaccinated. A vaccine will be available this year, as it is each year, to protect against seasonal influenza. Vaccine to protect against the 2009 H1N1 flu virus is currently in production, and initial doses are expected to become available later in the fall. The five primary target groups for vaccination against 2009 H1N1 flu include pregnant women, people who live with or care for children younger than 6 months of age, healthcare and emergency medical services personnel, people age 6 months through 24 years, and people age 25 through 64 years who have underlying medical conditions that put them at higher risk of complications from influenza. All children and many staff in early childhood settings will fall within these groups and should be among the first to receive the 2009 H1N1 flu vaccine. Visit <http://www.cdc.gov/h1n1flu/vaccination> for more information.
- **Stay home when sick:** Children and caregivers with flu-like illness should remain at home and away from others until at least 24 hours after they are free of fever (100° F or greater when measured orally). Symptoms of 2009 H1N1 flu virus can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, and fatigue, and sometimes diarrhea and vomiting. To the extent possible, sick individuals should stay at home and avoid contact with others until they have been without fever for 24 hours, except when necessary to seek medical care.
- **Conduct daily health checks:** Early childhood providers conducting daily health checks should observe all children and staff and talk with each child's parent or guardian and each child.

He or she should look for changes in the child's behavior, a report of illness or recent visit to a health care provider, and any signs or symptoms of illness. During the day, staff also should identify children and other staff who may be ill. Ill children and staff should be further screened by taking their temperature and inquiring about symptoms.

- **Separate ill children and staff:** Children and staff who develop symptoms of flu-like illness while at the early childhood program should promptly be separated from others until they can be sent home. While this may be challenging for some home-based providers, they should provide a space where the child can be comfortable and supervised at all times. Staff members who develop illness while at work should wear a surgical mask when near other persons when possible and if they can tolerate it. Early childhood providers who care for persons with known, probable, or suspected influenza or flu-like illness should use appropriate personal protective equipment.

- **Encourage hand hygiene** and respiratory etiquette of both people who are well and those who have any symptoms of flu: Wash hands frequently with soap and water when possible; keep hands away from your nose, mouth, and eyes; and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available) and remind children not to share cups or eating utensils.

- **Perform routine environmental cleaning:** Areas and items that are visibly soiled should be cleaned immediately, and all areas should be regularly cleaned – with a particular focus on items that are more likely to have frequent contact with the hands, mouths, and bodily fluids of young children (for example, toys and play areas).

- **Encourage early treatment** for children and staff at high risk for flu complications: Parents and staff should be encouraged to talk with their health care provider to determine if they or a member of their family are at high risk for flu complications. Staff at high risk for flu complications and parents of children under age 5 who become ill with flu-like illness should call their health care provider as soon as possible to determine if they need antiviral treatment. Early treatment (within 48 hours of the onset of illness) with antiviral medications can decrease the risk of severe illness from influenza.

- **Consider selective early childhood program closures:** If flu transmission is high, some communities or early childhood programs may consider temporary closures with the goal of decreasing the spread of flu among children less than 5 years of age. The decision to selectively close should be made locally in partnership with public health officials and should balance the risks of keeping the children in early childhood programs with the social and economic disruption that can result from closing these programs.