Mission Statement
Southern Oregon Head Start prepares all children and their families for success in school and throughout life.

Weekly Memo Submissions
Please send your PDFs, jpegs, and text to Nancy Helms or Ashley Clayton by Wednesdays @ 12 pm.

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Meetings and Trainings

Left: Check out the new playground structure at Park View!

Below: Sadiki Lawson, our Maintenance Assistance, smooths out Park View’s new sidewalk!

Val Erceg, our EHS PFCE Manager, sent in this picture of the recent visitor to her yard!
Tips and Resources for Disability Services Staff

Supporting Children with Disabilities, Families, and Education Staff from a Distance

Ongoing communication keeps parents and families informed while social distancing. It can ease the stress of feeling isolated and alone. Parents and families who have a child with a disability may have additional concerns and questions about their child’s development. Find suggestions and resources to support education staff, children with disabilities, and their families during the coronavirus disease 2019 (COVID-19) pandemic.

Self-care

Staff

Supporting young children and families can be challenging, even at the best of times. Staff may need extra support from each other, mental health consultants, and experts. Here are some self-care strategies to consider:

- Practice deep breathing
- Spend time outside
- Be kind to yourself
- Try a moment of mindfulness or meditation

Connect with the Head Start Disabilities-Inclusion Network community on MyPeers

Families

The well-being of adults has a powerful effect on the children in their care. Children notice when adults are calm, composed, and joyful, and they learn from our examples. Self-care for families and children is especially important when they are stressed or isolated. Staff can support families by:

- Making a phone call or sending an email just to say hello and offer empathy and encouragement.
- Offering to talk to the child, giving the parent a break.
- Asking families how they prefer to communicate. Would they prefer a phone call or an email? Would they like to receive materials sent by postal mail or dropped off at their home?
- Acknowledging the stress of having children at home all day and understanding that we all cope differently.
- Encouraging caregivers to step away or put their baby down when feeling overwhelmed; for example:
  - Place the child in a safe place or position
  - Step away for a moment once you make sure the child is in a safe place with trusted adult supervision
  - Go for a short walk or take a moment to breathe deeply and relax your body
  - Explaining that activity-based mindfulness is a great way for kids and adults to manage their emotions and calmly respond to stressful situations. Share these resources with families:
    - 25 Fun Mindfulness Activities for Children and Teens
    - Well-Being Tips for Children and Families
    - Finger Tracing Practice for Kids
    - Mindfulness for Kids and Families
    - Stop, Breathe, and Think Kids (mobile app)
    - Meditation for Busy Parents
Supporting Educators from a Distance

It is important for disability services staff to regularly connect with education staff, particularly during unexpected program closures and social distancing. Work together to support children with disabilities and their families remotely.

- Start with connection and empathy.
- Acknowledge the additional burden on educators who may also be parents of children home from school or child care.
- Call to just to say hi and to see how things are going.
- Keep communication simple and flexible.
- Offer tips for working from home successfully.
- Share information gathered from early intervention or special education partners.
- Brainstorm strategies that support children with disabilities and their families.

Supporting Families of Children with Disabilities from a Distance

Connect with service providers to make sure children with disabilities and their families receive early intervention, special education, and related services. Reach out to families with additional supports. While distance learning and teletherapy provide some consistency and continuity, those experiences might not be possible depending on internet access and location.

Help Families Support Their Child's Progress from Home

Encourage families to support their child's learning during daily home activities. Start with one or two small goals that are easy to embed into everyday routines, such as mealtime, outdoors, and reading. This approach eases the burden on families who feel the need to plan and implement lessons at home. Ask families what they want to address most and where they believe they need support.

- Validate everything parents are already doing every day to support their child’s progress, no matter how small they may seem.
- Share simple tip sheets and resources (e.g., via phone screenshot, email, mail, reading off tips while they write them down).

Examples:

- **Highly Individualized Teaching and Learning 15-minute In-service Suites**
- **Visual supports** families can easily recreate or draw at home
- **Family Engagement:** [Backpack Connection and Making Life Easier](#)
- **Brain Building Resources**
- **Supporting Families in Uncertain Times: Social Media Messages**
- **COVID-19 and the Head Start Community:** [Engaging Families and Children](#)

- Offer a couple of suggestions per week. Keep it simple so families do not feel overwhelmed or guilty that they aren't doing more to support their child. For example: Suggest families try using a “first-then” schedule:
  - "First we'll read a book, then you can play on the tablet."
  - "First get dressed, then we can watch a show together."
  - "First I need a break, then I can help you."
- Individualize for each family based on their needs and their child’s needs.
- Send links to videos and online resources related to the child's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) goals.
- Suggest caregivers reach out to trusted friends and family members via phone or online video calls to spend time with children. This can include working on IFSP or IEP goals that don't require physical prompting.
- Mail simple instructional materials home and then follow up with a phone call to see how families are doing and discuss how they might use the materials (e.g., visual supports or schedule).
- Coordinate a pick-up/drop-off location to swap materials with families while ensuring a safe distance.
Resources from Federal and Lead Early Childhood Agencies

Many national and state early childhood agencies have developed websites to coordinate information during these uncertain times. These sites offer information that help you support children, families, and education staff.

Office of Head Start: Responding to COVID-19
Office of Child Care: COVID-19 Resources
Early Childhood Technical Assistance Center: Coronavirus Disease (COVID-19)

U.S. Centers for Disease Control and Prevention: Caring for Children: Help Stop the Spread of COVID-19
National Center for Pyramid Model Innovations: Emergencies and National Disasters: Helping Children and Families Cope
Zero to Three: Tips for Families: Coronavirus

- Child Care Aware® of America: Coronavirus News and Resource Hubs
- Child Care Resource & Referral (CCR&R) Agencies and Child Care Providers
- Families/Policymakers
- Division for Early Childhood: Resources to Support Early Intervention and Early Childhood Special Education During the COVID-19 Outbreak

Guidance Documents

School districts and early intervention providers use these resources to clarify service delivery expectations during the COVID-19 pandemic.

- U.S. Department of Education:
  - Questions and Answers on Providing Services to Children with Disabilities During the Coronavirus Disease 2019 Outbreak
  - American Occupational Therapy Association: Information Pertaining to Occupational Therapy in the Era of COVID-19

Resources for Tele-Intervention

Many special education and early intervention programs are reaching out to families with tele-intervention. These resources can help ease the stress of isolation during this period. Remember, while distance learning and teletherapy opportunities provide some consistency and continuity, those experiences may or may not be possible depending on internet access and location.

- Resources for Teaching Remotely
- Telehealth Service in Infant Mental Health Home Visiting
- Remote Service Delivery and Distance Learning
- Tele-Intervention 101 Learning Courses for Families, Providers, and Administrators
- A Practical Guide to the Use of Tele-Intervention in Providing Early Intervention Services to Infants and Toddlers Who Are Deaf or Hard of Hearing
- American Speech-Language-Hearing Association: Telepractice
- Planning for the Use of Video Conferencing for Early Intervention Home Visits During the COVID-19 Pandemic
- Learning at Home During Trying Times

Sent in by Lisa Farlin, Head Start Director. For the web version of this NHSA article, please click the link.
How can you know if your child has allergies? What are the symptoms usually seen first in very young children, and how does this change over time?

The Progression of Allergies in Children
Allergies present in different ways in different age groups. In infants and young children, allergic disease occurs as atopic dermatitis (eczema) or as food allergies. Children with atopic dermatitis are at increased risk of developing allergies and asthma, which are more likely to occur in the toddler years to school-age. This pattern of progression from one form of allergic disease to another is referred to as the “atopic march.” Atopic is a term that physicians use to mean that someone is allergic to various things (foods, environmental triggers such as pollens, molds and pet dander, for example).

Atopic Dermatitis
Atopic dermatitis, which literally means "skin allergy" is typically the earliest manifestation of allergies. Atopic dermatitis is seen in 10 to 20 percent of all children and is frequently seen during infancy. Atopic dermatitis, or eczema, is characterized by itching, with rash formation at the sites of scratching. The rash is typically red and dry, may have small blisters, and can flake and ooze over time.

In infants and very young children, this rash involves the face (especially the cheeks), chest and trunk, back of the scalp and may involve the arms and legs. This distribution reflects where the child is able to scratch, and therefore usually spares the diaper area. The location of the rash changes in older children to classically involve the skin in front of the elbows and behind the knees. Food allergies and environmental allergies have been shown to worsen atopic dermatitis.

Food Allergies
Food allergies can also present in infants and young children and usually occur after the introduction of solid foods. Almost all children with food allergies will have some form of skin symptoms as a result of eating the culprit food, such as hives and swelling, itching or redness of the skin. These symptoms typically occur within a few minutes of eating the food in question, although can be delayed up to a couple of hours.

Sometimes it can be hard to tell if a reaction to food is a food allergy. It's important to learn about the differences between food allergies and food intolerance.

Other symptoms of food allergies in young children can include nausea, vomiting, stomach aches, diarrhea, breathing difficulties (asthma symptoms), runny nose, sneezing, and lightheadedness. In some cases, children can experience a severe allergic reaction, called anaphylaxis, which can be life-threatening.

Food Allergies Doctor Discussion Guide
Get a printable guide here.
Nasal Allergies

**Allergic rhinitis** (also called hay fever) will occur in about 50 percent of those children with atopic dermatitis. While most children won’t start to experience allergic rhinitis until grade school age, some children develop it sooner. Most children with allergic rhinitis experience symptoms from pets, dust, and mold at an earlier age and from pollens at a later age.

Symptoms of allergic rhinitis include sneezing, runny nose, itchy nose and eyes, and nasal congestion. Some children may also experience post-nasal drip, allergic shiners (dark circles under the eyes), and a line across the nasal bridge from an upward rubbing of the palm of the hand on the nose, a sign called the “allergic salute.”

Asthma

Asthma occurs in about eight percent of all people and is the most common chronic disease in children. The majority of cases of asthma are due to allergies. In fact, 1 in 4 children with allergic rhinitis will develop asthma. Asthma can occur at any age, although is most often seen in males in the pre-teen years and in females in the teenage years. Sometimes asthma is difficult to diagnose in very young children and may require a physician who is an asthma specialist.

Symptoms of asthma may include:

- **Coughing.** This can be the only symptom in some children who have “cough-variant asthma.” The cough is often dry, hacking, and worse at night and after exercise. Some children cough so hard that it causes them to vomit. Keep in mind that there are many causes of a cough, and not all coughing is due to asthma.
- **Wheezing.** Wheezing is a high-pitched, musical-like sound that can occur with breathing in and out in children with asthma. This usually gets worse with other asthma symptoms, and flares with exercise and other asthma triggers. Keep in mind that not all wheezing is due to asthma.
- **Shortness of breath.** Some children may get out of breath faster than their friends, and as a result, become less active. Children with more severe asthma have shortness of breath at rest or wake-up with this during the night. As with wheezing, not all shortness of breath is due to asthma, and causes in children can range from a foreign body in the airways to acid reflux.
- **Chest tightness.** A child may describe this as a feeling of someone squeezing or hugging them. Other children say that the chest hurts or feels “funny”.
- **Other symptoms that are not specific to asthma** include infants with feeding difficulties, children who are tired all of the time or who avoid sports and other activities, and children who have difficulty sleeping.

If You Suspect That Your Child Has Allergies

If your child is experiencing any of the above signs or symptoms, he or she may have allergies. It is recommended to see your child’s doctor so that a diagnosis can be made, or a referral sent to an allergist/immunologist for specialized allergy testing.

By Daniel More, MD, board certified physician on [https://www.verywellhealth.com/how-do-i-know-if-my-child-has-allergies-82730](https://www.verywellhealth.com/how-do-i-know-if-my-child-has-allergies-82730)