



Head Start Gazette

C o o r d i n a t e d C a r e f o r C h i l d r e n
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Veterans Day
November 11, 2020



Veterans' Day honors all members of the Armed Forces who served this country valiantly, and in a very big way. They served and fought to protect us, to keep our country safe, and to preserve our way of life. Veterans gave their time, and risked their lives for you and me. In some cases, they made the ultimate sacrifice.

Thanksgiving Day
November 26, 2020



Thanksgiving is a very important holiday, especially in the busy lives of Americans. It is a time to kick back and relax, watch a football game or go to a movie, and enjoy a huge feast. It's also time for us to give thanks to our God, for the things he has bestowed upon us and upon this great nation. There is no nation in the world that has more to be thankful for than us.

10 Fun Activities to Do with Your 3 - 5 Year Old

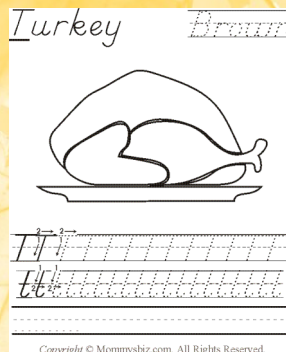
1. Trace letters together
Buy paper meant for this purpose with red dotted lines where the middle of the letters will lie. This will help your little one learn the shape of each letter. Draw letters in pencil and have your children go over your writing with markers.

2. Do puzzles
Children can gain fine motor skills as they move puzzle pieces and place them in the correct spots. Look for puzzles with pieces that have pegs to make it easy for little hands to use them. This activity also teaches patience, a key attribute at all stages in life.

3. Throwing games
Another great way to help little ones gain control of their motor skills is to play throwing games. Hopscotch is a perfect option because kids must toss a rock or a bean bag onto a particular square. This tests their aim and is a fun game to play together!

4. Matching shapes
Make flash cards resembling these shapes. Create two circles, squares, hearts, ovals etc. Mix up the cards and encourage your kids to match the correct shapes together.

5. Play bingo
Create bingo cards that reflect the letters and numbers your kids are learning and then



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play, offering help when necessary. Make sure to reward the winners!

6. Create a tin can phone
Teach your kids about vibration and sound waves by making a tin can phone. 7. Do a color scavenger hunt

Another basic ability that preschoolers should understand is to identify the colors of the rainbow. Send your kiddos into the yard to find something from every shade of the rainbow. It's a fun way to get kids into their environment while thinking about color identification.

8. Try an information game
Parents can help their kids learn full names, addresses, parents' names and phone numbers by playing games. Cut out cards with the letters of your kids' names and then have them rearrange the cards until they make the correct name.

9. Play with sensory toys
Play-Doh is a great toy to encourage purposeful sensory play. Shaping it is fun for kids of all ages.

10. Notice the seasons
Kids often love going outside no matter the weather! Make use of this to teach your children about the seasons. Talk about what happens as spring turns to summer or winter snow falls. <https://www.mom365.com/preschool/development/10-fun-activities-to-do-with-your-preschooler>

P a p e r B a g T u r k e y

- Googly eyes
- Construction Paper
- Feathers
- Paper Bag
- Tacky Glue

Directions:
First, you will need to cut out the beak with the construction paper and get the googly eyes ready. Glue on the googly eyes,



beak, and use the tacky glue specially to glue the feathers to the back of the bag. We liked using the colors red, orange, and yellow for the turkey feathers, but you could use any color combination and it would turn out fun! Or better yet have your child choose a mix of colors! Now that your paper bag turkey craft is complete, you can have your kids put their hands inside to make a puppet and talk like a turkey! <https://www.thebestideasforkids.com/paper-bag-turkey-craft/>

Six Steps to Creating an Emergency Fund

It's a big mistake. Bankrate's 2019 survey on financial security found that just 40% of Americans can cover a \$1,000 emergency out of savings. And, of those who faced a financial emergency, 36% said it cost \$5,000 or more. The Federal Reserve's Survey of Household Economics and decision making found that more than 60% of adults skipped medical, mental health, or dental care in 2018 due to being unable to afford the cost.

A basic savings or money market account is a good option. Ideally it can be linked to your checking account. You want the money accessible in a day, but not in an instant. You want this money to stay safe and liquid. It should not be invested in stocks or even bonds, where it would be subject to market risk*.

Look for an account that pays you back. Many savings vehicles offer a small annual yield of around 1%. It's important to note that some of those may have minimum deposit or balance requirements. Shop around. Make sure there are no annual fees.

Stash away enough to cover three to six months of expenses. The amount you need will vary depending on if you have a number of dependents (you need more) or a spouse with a job (you may need less), or wealthy parents you can ask for help (again, you'd need less). If you have one income, are self-employed and have a family to support, you may want up to eight months in an emergency fund (and don't neglect health and disability insurance).

If you don't have that kind of cash on

hand, set up an automatic transfer of, let's say \$100 a month, into the account until you reach your target.

Only tap it for true emergencies. This could include your car breaking down, losing your job, the roof starting to leak, or a large medical bill.

Replenish the account if you draw on the funds. Unplanned expenses aren't one and done. They may even come in threes.

Setting up a fund like this may not be a thrill, but I'm confident that you'll be glad you did. Even if you are the rare individual who doesn't incur an unplanned expense for years, you'll still benefit from peace of mind, knowing you have cash at the ready in case something goes wrong. <https://www.morganstanley.com/articles/emergency-funds>

Alarming Effects of Children's Exposure to Domestic Violence

Domestic violence (DV) takes many forms, including chronic arguing and yelling, controlling behaviors, intimidation, threats of suicide or murder, threats involving weapons, and serious injuries. There is always, however, a destructive undercurrent of power and control, with offenders commonly and compulsively grasping for in a surrogate the control that is lacking within themselves. Any pattern of behaviors in intimate relationships marked by coercive control can be a signal or foreshadowing of abuses.

The Centers for Disease Control and Prevention have reported that in homes where violence between partners occurs, there is a 45% to 60% chance of co-occurring child abuse, a rate 15 times higher than the average. Even when they are not physically attacked, children witness 68% to 80% of domestic assaults. These numbers are a sobering reminder of the toll a violent environment takes on kids.

The psychological aftermath of exposure to DV can include fear of harm or abandonment, excessive worry or sadness, guilt, inability to experience empathy or guilt, habitual lying, low frustration tolerance, emotional distancing, poor judgment, shame, and fear about the future.

The attention given, emotions felt, and memories imprinted onto a child's brain in moments of stress become inextricably linked together and forever taint—or else filter—feelings, beliefs, and choices in relationships and so many other facets of life. These children are victims.

Parents who are themselves batterers are more irritable, less involved in child rearing, more likely to use severe and erratic physical punishment, and less able to distinguish their children's needs from their own.

Compared with other kids, those who have witnessed DV experience far greater incidence of insomnia, bed wetting, verbal, motor, and cognitive issues, learning difficulties, self-harm, aggressive and antisocial behaviors, depression and anxiety, as well as, most troubling, adult domestic violence, with boys often becoming offenders, victims, or both, and girls more likely to become victims (Brown and Bzostek, 2003).

A growing body of literature has revealed that children who have been exposed to DV are more likely than their peers to experience a wide range of difficulties, from anger and oppositional behavior, to fear, low self-worth and withdrawal, to poor sibling, peer, and social relationships. Studies have found evidence of much higher rates of pro-violence attitudes, rigid stereotypical gender beliefs involving male privilege, animal abuse, bullying, assault, property destruction, and substance abuse.

Children who witness fewer incidents of violence and experience positive interactions between caregivers may be, for instance, less detrimentally impacted than those exposed to frequent and extreme aggression. Younger children exhibit more



concerning levels of psychological distress than older, more developmentally mature children.

It nearly goes without saying that children who are exposed to DV and are also physically or sexually abused are at a higher risk for emotional and psychological problems than those who witness such violence and are

not physically or sexually abused.

In so many cases, it is difficult for those outside of these family systems to know with sufficient clarity what is going on, and it is often difficult to know how best to intervene. And unfortunately, the reality is that in many cases, meaningful intervention occurs only after a child has endured direct and continued exposure to DV.

Thank goodness there are protective factors that can mitigate the worst impacts, including a child's literacy and overall intelligence, the extent to which the child is outgoing and socially competent, and whether the child has safe and supportive relationships with at least one influential adult (Carlson, 2000; Edleson, 2011; Hughes, et al., 2001).

As a society, we have an opportunity and responsibility to inject resiliency through academic, emotional, and social support. We must all grapple with whether there are ways we might more effectively intervene within our families, schools, and communities to instigate help and healing.

<https://www.psychologytoday.com/us/blog/progress-notes/201902/alarming-effects-childrens-exposure-domestic-violence>

A n n o u n c e m e n t s

November is Diabetes Awareness Month. In 2017, the National Institutes of Health reported that 208,000 children and teens under 20 years had a diagnosis of either type 1 or type 2 diabetes in the United States.

The signs and symptoms of type 1 diabetes in children usually develop quickly, and may include:

- Increased thirst
- Frequent urination, possibly bed-wetting in a toilet-trained child
- Extreme hunger
- Unintentional weight loss
- Fatigue
- Irritability or behavior changes
- Fruity-smelling breath
- Risk factors for type 1 diabetes in children include:
 - Family history. Anyone with a parent or siblings with type 1 diabetes has a slightly increased risk of developing



the condition.

- **Genetics.** Certain genes indicate an increased risk of type 1 diabetes.
- **Race.** In the United States, type 1 diabetes is more common among white children of non-Hispanic descent than among children of other races.
- **Certain viruses.** Exposure to various viruses may trigger the autoimmune destruction of the islet cells.

Contact the Central Florida office at 2301 Maitland Center Pkwy Suite 126 Maitland FL, 32751 (407) 660-1926 or ADAFL@diabetes.org for more information.

P r o t e c t Y o u r s e l f a n d O t h e r s

The best way to prevent illness is to avoid being exposed to this virus. You can take steps to slow the spread. Stay at least 6 feet away from others, whenever possible. This is very important in preventing the spread of COVID-19.

- Pandemics can be stressful. During times of increased physical distancing, it is still important to maintain social connections and care for your
- mental health.
- Cover your mouth and nose with a mask when around others. Masks should not replace other prevention measures.
- Wash your hands often with soap and water. If soap and water are not available, use a hand sanitizer that con-



tains at least 60% alcohol.

- Stay home and isolate from others when sick.
- Use air purifiers to help reduce airborne germs in indoor spaces.
- Routinely clean and disinfect frequently touched surfaces.

https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Findex.html

W h o N e e d s a F l u V a c c i n e a n d W h e n

Who should get vaccinated this season?

Everyone 6 months and older should get a flu vaccine every season with rare exceptions. Vaccination is particularly important for people who are at high risk of serious complications from influenza. People at High Risk of Developing Flu-Related Complications has a full list of age and health factors that confer increased risk.



children as young as 6 months old and flu shots approved for use in adults 65 years and older.

Flu shots also are recommended and approved for use in pregnant women and people with certain chronic health conditions.

The nasal spray flu vaccine is approved for use in non-pregnant individuals who are 2 years through 49 years of age. People with some certain medical conditions should not receive the nasal spray flu vaccine.

There are many vaccine options to choose from. CDC does not recommend one flu vaccine over another. The most important thing is for all people 6 months of age and older to get a flu vaccine every year.

If you have questions about which flu vaccine to get, talk to your doctor or

other health care professional.

When should I get vaccinated?

You should get a flu vaccine before flu viruses begin spreading in your community, since it takes about two weeks after vaccination for antibodies to develop in the body and provide protection against flu. Make plans to get vaccinated early in fall, before flu season begins. CDC recommends that people get a flu vaccine by the end of October. However, getting vaccinated early (for example, in July or August) is likely to be associated with reduced protection against flu infection later in the flu season, particularly among older adults. Vaccination should continue to be offered throughout the flu season, even into January or later. Children who need two doses of vaccine to be protected should start the vaccination process sooner, because the two doses must be given at least four weeks apart.

<https://www.cdc.gov/flu/prevent/vaccinations.htm>

Different flu vaccines are approved for use in different groups of people.

There are flu shots approved for use in

Sweet potato facts

One of the oldest vegetables known to man, sweet potatoes have been eaten since prehistoric times.

They were brought to Europe by Christopher Columbus after his 1492 voyage to the New World and were grown in the southern United States from around the 16th century.

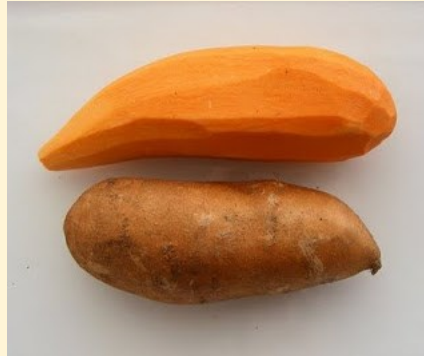
Sweet potatoes are root vegetables and some people call them "yams", although they are not true yams at all. In fact, they are not even distantly related to yams, which are bigger, with scaly skin and pale pink flesh.

One theory explaining the confusion is that African people brought to America began calling American sweet potatoes "nyamis" and the name was taken from there.

Sweet potatoes are available all year round in most places and may have yellow or orange flesh. The skin can be orange, yellow, red, purple or white.

Some sweet potatoes are very soft and moist when cooked and others can be

somewhat drier - we find that the white variety can be quite dry, for example, but has a distinctive, earthy flavor.



Are sweet potatoes good for babies?

Absolutely - in fact, in 2014 the CSPI ranked the sweet potato "tops in nutrition of all vegetables"... so we should all be eating them as often as possible!

Sweet potatoes are an excellent source of vitamin A and a very good source of vitamin C and manganese. They also

contain vitamin B6, potassium, iron, copper, dietary fiber and manganese.

The "orange nose" phenomenon...

Your baby's body uses the beta-carotene in sweet potatoes to make vitamin A, which is essential for cell growth, good vision and also has an *antioxidant effect.

But your baby only converts as much beta-carotene to vitamin A as he needs - the rest is deposited in his skin and is responsible for the orange hue (particularly around the nose) often seen in babies who eat lots of yellow or orange veggies.

This side effect is harmless and will fade as your baby begins to enjoy a wider variety of foods (although you should consult your doctor if you are at all concerned, or if the whites of your baby's eyes appear yellow).

Sweet potatoes with dark orange flesh are richer in beta-carotene than yellow varieties.

<https://www.homemade-baby-food-recipes.com/sweet-potato-baby-food-recipes.html>

Fruits and Vegetables in season



Apples	Cucumbers
Lettuces & greens	Pears
Radishes	Summer & Winter Squash
Beets	Eggplant
Okra	Pecans
Rutabagas	Tangerines
Broccoli	Figs (early)
Oranges	Persimmons
String beans	Tomatoes
Brussels sprouts	Grapefruit
Paw paws	Pumpkins
Sweet potatoes	Turnips
Cabbage	Grapes & Muscadines
Peas	Quince
Sweet corn	

Mashed Sweet Potatoes

Ingredients

6 small sweet potato, peeled and cubed
 $\frac{3}{4}$ cup milk
 $\frac{1}{2}$ cup butter
 $\frac{3}{4}$ cup maple syrup
 Add all ingredients to shopping list

Directions

Instructions Checklist

Step 1

Bring a large pot of salted water to a boil. Add potatoes and cook until tender, 20 to 30 minutes.

Step 2

With an electric mixer on low, blend potatoes, slowly adding milk, about 1/2 a cup at a time. Use more or less to achieve desired texture. Add butter and maple syrup to taste. Blend until smooth. Serve warm.

<https://www.allrecipes.com/recipe/21220/mashed-sweet-potatoes/>



"Thanksgiving is a time to give, a time to love, and a time to reflect on the things that matter most in life."

– Danielle Duckery