



Fruity S'mores

Ingredients:

- 1 tangerine, peeled and segments separated
- 1 graham cracker sheet
- 2 Tablespoons low-fat plain yogurt

Directions:

- 1. Wash hands with warm water and soap. Wash fruit with water before preparing.
- 2. Break graham cracker in half and add the yogurt and 1 or 2 tangerine segments to ½ of graham cracker.
- 3. Top with the other ½ of graham cracker. Enjoy the rest of the tangerine on the side.

Nutrition Facts (Per Serving)

Calories, 130; Carbohydrate, 25 g; Protein, 3 g; Total Fat, 2 g; Saturated Fat, 0.5 g; Trans Fat, 0 g; Cholesterol, 0 mg; Fiber, 2 g; Total Sugars, 16 g; Sodium, 90 mg; Calcium, 92 gm; Folate, 24 mcg; Iron, 1 mg; Calories from Fat, 14%.

Makes 1 serving.

The Supplemental Nutrition Assistance Program (SNAP) provides nutrition assistance to people with low income. It can help you buy nutritious foods for a better diet. To find out more, contact 1-800-352-8401. This institution is an equal opportunity provider and employer. This material was funded by USDA's Supplemental Nutrition Assistance Program - SNAP.

https://www.azhealthzone.org/recipes



Prevent Strategy Transition Warnings



Transition warnings let your child know when an activity is about to end and a new activity is about to begin. Providing transition warnings can prevent challenging behavior by creating a more predictable environment for your child.

Types of Transition Warnings

A verbal warning about how much time is left before the activity ends and/or a new activity begins.



"One more minute and then blocks are all done."

Familiar song used during each transition, such as a <u>clean up song</u>.



"Clean up, clean up, everybody, everywhere..."

Use a visual such as a <u>first-then</u> board or your child's visual schedule.



"First bath, and then watch a movie."

Use a timer to let your child know how much time is left before the activity ends.



"When the timer goes off, it will be time to get dressed."

For older children (who understand time), ask how much more time they need before transitioning. You can provide choices to ensure the time is reasonable.



"How much longer do you think you should have on the iPad? Five minutes or 10 minutes?"



For more information on using other prevent strategies, click <u>here</u>.





Wool roving or shredded old wool sweaters!

Spring has sprung, and the birds are working hard to build intricate little nests for their soon to be laid eggs.

FOR THE BIRDS

Materials:

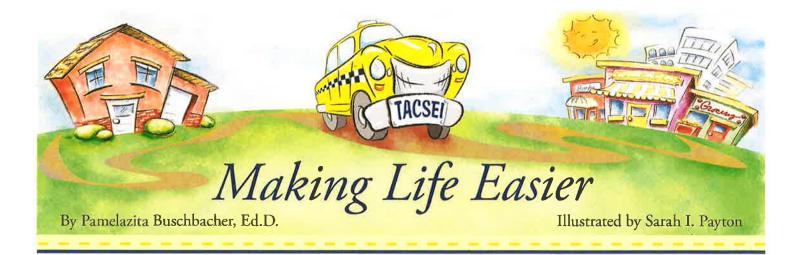
- Some pliable branches (try to collect from the ground, or if you must harvest them take only a little from each tree)
- String

SPRING CRAFT

Directions:

- Make a small loop with one of the branches, and twist to secure.
- Now wind around and around trying to create a spherical shape, threading through when possible.
- Gradually add more branches, winding in and out of the previous ones.
- Once you are happy with your shape gently stuff it with the wool, trying to make sure a few strands are poking out and easily accessible for the birds.
- ed on KidsActivitiesBldg.com

Tie a piece of string to the top of the ball and hang from a tree.

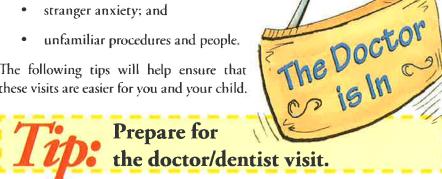


Going to the Doctor/ **Dentist**

octor and dentist visits can be very stressful for young children. Routine check-ups can cause anxiety, fear and distress in toddlers and preschoolers. Some common fears for young children include:

- separation from you;
- pain and discomfort;
- stranger anxiety; and
- unfamiliar procedures and people.

The following tips will help ensure that these visits are easier for you and your child.



- Schedule smartly. When you make an appointment for your child, make sure to schedule a time that you believe will work well for him. For example, many children do best early or mid-morning when they are more alert. Avoid skipping naps or meals as this may lessen your child's ability to cope with any negative feelings he might experience.
 - ★ Choose well. Choose a doctor/dentist who has experience working with young children and is open to making adjustments based on your child's special needs. Some doctors and dentists specialize in caring for children with developmental disabilities. This is especially important if your child has medical complications, communication and/or behavior challenges. Certain disabilities are at increased risk for dental problems (e.g., Down syndrome and cerebral palsy) and might need more frequent dental visits.
- Call ahead and inform the staff of any special needs that your child might have (e.g., sensory issues, difficulty waiting, sensitive mouth and gums) and of strategies that work for him. Develop a plan with the staff for the actual

appointment. Be sure to focus on your child's strengths and strategies for success. You might want to have this conversation in person during a pre-appointment visit (see below).

★ Pre-appointment visit. If possible, stop by your doctor/dentist's office before your appointment date. If you are going to bring your child along for the visit, call the office and ask if you can meet the doctor/dentist and take a picture of your child and the doctor/dentist together. During the visit, check out the waiting room. Are there toys/books that your child would enjoy? Are the sights, sounds,

or activity levels too stimulating for your child? If so, speak to the staff about other possible arrangements. Take pictures of people and objects in the waiting and/ or examination rooms (e.g., fish tank, puzzles, books, the light over chair he will be sitting in, stethoscope, exam table, or other features) and create a personal picture story to read with your child in preparation for the actual visit. Read this to your child several times before the visit. Also, make sure to bring the picture story along to the visit as a reminder of what will happen, what the expected behaviors are, and what choices your child has. When children understand what is going to happen, they are less anxious which can increase cooperation and reduce challenging behavior.

Sample doctor/dentist routines are included with these tip sheets for you to use as a template for your child's personal picture story.

- ★ Talk to your child about the appointment in advance. Consider your child's individual needs and developmental level when deciding when to talk to him about the appointment. While some children may do well knowing a few days in advance, others may do better if told on the morning of the appointment.
- ★ Role play the doctor/dentist visit in advance using a doll or stuffed animal. Allow your child to take a turn at being the doctor, nurse or dentist. Show your child how the doctor/nurse will weigh him, measure his blood pressure, check his ears, nose and mouth. Demonstrate how the dentist or hygienist will look in his mouth, count his teeth and clean them. Do this



over and over again so that your child can understand the routine and procedures.

- ★ Tell the truth. Even young children can cope with discomfort or pain more easily if they're forewarned. You child will also learn to trust you if you're honest with him. If your child asks if he will get a shot or need medication, tell him the truth. Let him know what it might feel like and reassure him that you will be there for him. For example, use phrases such as "It will feel like a little pinch (a shot)" and "Daddy will be with you." If you need to leave the room, let him know where you will be.
- ★ Share commercial books, television shows or videos about visiting the doctor or dentist with your child. The pictures can help your child become familiar with what to expect at the visit and with the names of the objects and the people he may see at the office. A sample list of books follows these tip sheets. Your librarian or teacher/interventionist can help you find these as well as other books and videos.
- ★ Pack a Waiting Bag. Waiting in a doctor or dentist's office can be difficult for young children. Many parents find it helpful to take along a bag of favorite things for their child (e.g., books, markers and drawing paper, their personal picture story, doll or action figure, a comfort item or a sticker book). If possible, have your child help pack the bag so he can choose a few of the items himself. Providing choices for your child is a powerful strategy in preventing challenging behavior. You might say, "Do you want to take Mickey Mouse or blankie in your bag?"

★ Read one of the other *Making Life Easier* articles, titled, Running Errands, if getting your child in the car or on the bus for the trip is a challenge.

Remain calm and positive during the appointment.

Doctor and dentist visits can be stressful even for adults. It is important that your child sees that you are comfortable and confident in his doctor/dentist and staff. If your child becomes distressed during the visit, remember to respond calmly. Ask yourself what the meaning of the behavior is and what might have caused his distress. Once you understand the cause of your child's distress, you can respond with the appropriate strategy.

Inform staff of strategies that work.

When you interact with the staff of the doctor or dentist office, let them know that you will be using some strategies to encourage your child's cooperation and reduce the likelihood that your child will have behavior challenges. Office staff are usually more than happy to help make the visit go smoothly for the child.

Use support strategies to decrease the likelihood that behavior challenges will occur.

- ★ Use your child's personal picture story. The personal picture story can be read as you and your child are sitting in the waiting room and during the actual appointment with the doctor/dentist/hygienist as a reminder of what is going to happen next and his expected behaviors and choices. When children understand what is going to happen they are more likely to be calm which can reduce behavior challenges.
- Give clear directions. Give your child a positive direction that assumes he will cooperate. For example, instead of saying "Manuel,

- do you want to go see the dentist?" it is better to say, "We are going in the room to see the dentist. Let's go see what interesting things are in his room."
- ★ Use "wait time." A wait time of about 4 to 20 seconds is often all that is needed for a child to process and respond to a request. If your child hesitates, give him the wait time before you give another direction or demand that your child comply.
- ★ Provide transition warnings. Most young children need help transitioning from one activity to another, especially if they are engaged in an activity that is enjoyable. It's difficult for a child to move from an activity he really enjoys to one that he is uncertain of or does not like. To help your child transition, you might:
 - Give your child a verbal warning. If he is playing with a puzzle, say "Maleek, I see the nurse. She called your name. I'll help you clean up. Let's go see Dr. Fares."
 - Use a visual (picture) warning along with verbal directions. You might show a picture of the doctor/dentist or refer to your child's personal picture book and say, "Cooper, it's time to see Dr. Kind. Let's clean up and go see him."
 - Use a countdown or count up strategy and say, "Lei, it's time to see Dr. Ortez. Let's count (pause). 1...2...3...4...5. Okay, let's go see Dr. Ortez."

★ Provide choices, whenever possible.

Providing limited choices (two or three) for a child in a difficult situation can be a powerful strategy in preventing challenging behavior and redirecting a child to more acceptable behavior and cooperation. Choices help give children a sense of control over their surroundings and activities while still doing what needs to be done! Be sure

that ALL the choices you offer are helping reach that goal! For example, if your child has to be examined or take medicine, you might say, "Charlie, let's help Dr. Care. You can sit on the table or sit on my lap. Then he will look in your ears."

★ Provide frequent and specific praise. Let your child know when he is being cooperative and helpful by praising him specifically for what he is doing. For example, you might say, "Danny, you played and waited so nicely in the Waiting Room. Let's tell Daddy." "You were so brave. Now the shot is all done. No more shots."

- ★ Empathize with your child's feelings. If your child cries, hits, bites, screams or runs out of the waiting room or examination room, provide a label for how he might be feeling and reassure him. Avoid punishment or threats (e.g., "If you don't sit still, I am going to spank you." and negative, and usually, untrue comments "Big boys don't cry." or "There is nothing to be afraid of." Let your child cry and comfort him by hugging, patting or using a soothing touch.
- ★ Follow the appointment with an activity that your child likes (e.g., a visit to the library or local park). Make sure this is something you can both enjoy together.
- ★ Brag about your child's behavior to a family member or a friend in front of your child.
- ★ Encourage your child to share his experience with another adult such as a parent, grandparent, or friend.

Celebrate the little successes along the way.

In closing, please remember that the team of professionals that support you and your child will have additional specific ideas about how to help your child. Don't forget to ask them! Your child's speech and language therapist, physical therapist, occupational therapist, teacher, or other professionals should be able to help you think about the best way to support your child in their daily routines and community activities. They are usually more than willing to help you make any needed specific supports (for example, a waiting bag, a personal picture story, etc.). If your child is having persistent challenging behavior, you should ask the professionals who work with you to help develop a behavior support plan that will provide more specific strategies to prevent challenging behavior and help your child develop new social and communication skills.

Children's Books to Prepare Your Child for Doctor/Dentist Visits

Your library and bookstore have many books that help children predict and understand what might happen during a doctor or dentist visit. These are some good examples.

Going to the Doctor by Terry Brazelton, MD. Cambridge, MA: Perseus Publishing, 1996.

Going to the Dentist (Mr. Rogers) by Fred Rogers. New York, NY: Putnam Juvenile, 1989.

The Doctor's Office by Gail Saunders-Smith. Mankato, MN: Capstone Publishers, 1998.

Next! Please by Christopher Inns. Berkley, CA: Tricycle Press, 2001.

The Berenstein Bears Go to the Doctor by Stan & Jan Berenstein. New York, NY: Random House, 1981.

I'm Going to the Doctor by Willabel L. Tong. New York, NY: Ladybird Books, a Division of Penguin USA, 1997.

I'm Going to the Dentist by Willabel L. Tong. New York, NY: Ladybird Books, a Division of Penguin USA, 1997.

Going to the Dentist by Fred Rogers. New York, NY: Putnam's Sons, 1989.

Going to the Dentist (Usborne First Experiences) by Anne Civardi, 2010.

Show Me Your Smile!: A Visit to the Dentist (Dora the Explorer). New York, NY: Nickelodeon Publishing, 2013.

Harry and the Dinosaurs say "Raahh!" by Ian Whybrow. New York, NY: Random House Books for Young Readers, 2004.



Technical Assistance Center on Social Emotional Intervention for Young Children www.challengingbehavior.org



Making Life Easier: Going to the Doctor/Dentist

- Prepare for the doctor/dentist visit.
 - Schedule a time that will work for your child.
 - Choose doctor/dentist who has experience working with children with special needs.
 - Call ahead to inform staff of child's special needs.
 - Visit the office in advance.
 - Role play the doctor/dentist visit
 - Tell your child what to expect.
 - Pack a bag of favorite items to take with you.
 - Create a personal story.
 - Remain calm and positive during the appointment.
- Inform staff of helpful strategies.

- Use strategies to decrease likelihood that behavior challenges will occur.
 - Give clear directions.
 - Use "Wait time."
 - Provide transition warnings.
 - Provide limited choices.
 - Provide frequent and specific praise for acceptable behavior.
 - Empathize with your child's feelings.
 - Follow the appointment with an activity your child enjoys.
 - Encourage your child to share his experiences.
- Celebrate the successes along the way.



Your Child and Ear Infections

Middle-ear infections, which doctors call *otitis media*, are less common during middle childhood than at younger ages.

When the Ear is Infected...

When an ear is **infected**, the eustachian tube—the narrow passage connecting the middle ear (the small chamber behind the eardrum) to the back of the throat—becomes blocked. During healthy periods this tube is filled with air and keeps the space behind the eardrum free of **fluid**; during a cold or other respiratory infection, or in children with allergies, this tube can become blocked, fluid begins to accumulate in the middle ear, and bacteria start to grow there. As this occurs, pressure on the eardrum increases and it can no longer vibrate properly. Hearing is temporarily reduced, and at the same time the pressure on the eardrum can cause pain.

Your pediatrician should examine your youngster's ears with an instrument called an otoscope, with which inflammation and fluid behind the eardrums can be detected. If an infection is present, your physician may prescribe antibiotics to destroy the bacteria and diminish the buildup of fluids. Antibiotics are not always necessary. Acetaminophen or ibuprofen can help ease the pain.

About Ear Tubes

Occasionally, when a child has repeated ear infections, and when fluid in the ears tends to persist despite medication, the doctor may suggest inserting small drainage tubes through the eardrum to help remove the trapped fluid. To date, however, the research examining the potential benefits of these tubes is inconclusive, and there are clearly some drawbacks to them—namely, anesthesia is required for insertion, and the tubes can sometimes come out by themselves.

Treatment for Recurrent Ear Infections

If your child has recurrent ear infections (4 or more ear infections in the past 12 months with at least 1 in the past 6 months), your doctor may decide to place your child on low doses of antibiotics on a long-term basis to prevent infections. This therapy has been shown to decrease the frequency of ear infections. However, this therapy can increase the risk of resistant infections. Some doctors may also suggest surgical removal of the adenoids (adenoidectomy) if they are blocking the child's eustachian tube.

When to Return to Child Care or School

Ear infections are not contagious. Your child can safely return to child care or school after the pain and <u>fever</u> subside. However, he should continue taking the antibiotics as prescribed until the pills or liquid are used up.





Give Them More Good Stuff!

Cheese Basics

Shop and Save

- Watch for sale prices and coupons.
- Compare cost per ounce to decide which package is the best buy.
- Sliced or grated cheese may cost more than cheese in a block.
- Check the *Best if Used By* date and select a package size that you can use while the cheese is at its best quality.
- Avoid cheese that looks dry or cracked.

Cheese Math

I cup shredded cheese

= 4 ounces

Cheese provides protein, calcium, and vitamin Bra



More About Cheese

- Some cheeses are made with mold that is safe to eat (Brie, Camembert or blue cheese). Mold that is not part of the cheese-making process can cause illness. If you see mold on sliced, shredded, crumbled or soft cheese, throw away all of the cheese. On firm cheeses, like Cheddar or Swiss, cut away at least an inch around and under the mold you can see. The remaining cheese is safe to eat.
- ** Processed cheeses (American cheese, cheese spreads) are made of natural cheeses mixed with other ingredients.
- ** You can choose cheese with fewer calories from fat. Reduced fat cheese has 25% less fat than the original natural cheese. Low fat cheese has no more than 3 grams of fat per ounce. They may taste and cook differently than the original natural cheese.
- Non-dairy cheeses made with soy or nuts are available but may not taste or cook the same as dairy cheese. They may also contain different nutrients.



Contributions by Oregon Dairy and Nutrition Council

Store Well Waste Less

- Store cheese in the refrigerator. Soft cheeses may only keep for a week. The harder the cheese, the longer it can be stored.
- Cover cheese to prevent it from drying out. Wrap with plastic wrap or use an airtight container. Shredded cheeses store best in the original packaging or re-closable plastic bags.



Firmer cheeses can be frozen, but the texture will become crumbly. Grate before freezing and divide into recipe-sized amounts. Thaw just the amount you need in the refrigerator and use for cooking.



This material was funded by USDA's Supplemental Nutrition Assistance Program (SNAP), SNAP provides nutrition assistance to people with low income. SNAP can help you buy nutritious foods for a better diet. To find out more, contact Oregon Safe Net at 211. USDA is an equal opportunity provider and employer.









Cooking with Cheese

Top soups or

casseroles with

cheese during the

last minutes of

cooking. Cheese

may become

rubbery if it is overcooked.

Broccoli Cheddar Soup

Ingredients:

1 cup **onion**, chopped

1 cup **carrot**, shredded

1½ teaspoons margarine or butter

2 cups **broth**, any flavor

2 cups **broccoli**, chopped (fresh or frozen)

1 cup nonfat or 1% milk

1/4 cup flour

4 ounces (1 cup) shredded reduced fat

cheddar cheese

1/8 teaspoon **pepper**

Directions:

- 1. In a medium saucepan over mediumhigh heat, sauté onion and carrot in margarine or butter until onions begin to brown. Add broth and broccoli. Simmer until broccoli is tender, 5 to 7 minutes.
- 2. In another container, slowly stir the milk into the flour until smooth. Stir the milk mixture into the soup. Bring to a boil and continue stirring until slightly thickened, 3 to 5 minutes.
- 3. Add cheese and pepper. Heat over low heat until cheese is melted. Serve hot.
- 4. Refrigerate leftovers within 2 hours.

Makes 4 cups

Prep time: 10-15 minutes Cook time: 15 minutes

Making Quesadillas

- Choose the filling: shredded cheese plus fruit, veggies, fish, meat or beans.
- Layer filling on a tortilla; cover with another tortilla or fold in half.
- Warm until the cheese melts. Use a skillet, griddle, oven or grill.
- Serve 'as is' or with a fruit or veggie salsa.

Try these recipes from FoodHero.org:

- · Veggie Quesadillas with Cilantro Yogurt Dip
 - Turkey Cranberry Quesadilla
 - Tuna Ouesadilla
 - Pear Quesadilla

Skillet Mac and Cheese

Ingredients:

2 cups water

1½ cups uncooked macaroni

1 teaspoon margarine or butter

2 Tablespoons flour

1/4 teaspoon salt

1/4 teaspoon dry **mustard**

11/4 cups nonfat or 1% milk

1¹/₄ cups (5 ounces) grated **cheddar** cheese

Directions:

- 1. In a 10-inch non-stick skillet or medium saucepan, bring water to a boil.
- 2. Add the macaroni and margarine or butter. Stir a few times to prevent sticking.
- 3. Cover the pan and reduce heat to low. Simmer for 5 minutes. (Do not drain the
- 4. Meanwhile, mix flour, salt and mustard in a small bowl. Add 1/4 cup of milk and stir until smooth. Add remaining milk. Set
- 5. Remove the lid and cook macaroni until most of the water is gone.
- 6. Stir and add milk mixture and cheese. Mix well. Cook and stir until all the cheese melts and the sauce is bubbly and thick.
- 7. Refrigerate leftovers within 2 hours.

Note: Add your favorite fresh or frozen vegetables in step 2. Try onions, celery, carrots, zucchini or others.

Makes 4 cups

Prep time: 10 minutes Cook time: 20 minutes



When kids help make healthy food, they are more likely to try it. Show kids how to:

- grate cheese with a box grater.
- measure and mix ingredients.
- sprinkle cheese and filling on tortillas.
- 😻 cut quesadillas with a pizza cutter.

