



**Fun
&
Resources
Thursday
5-7-2020**



Baked Tortilla Chips



Ingredients

- 2 whole grain **corn tortillas** (6 to 8 inches)
 1/8 teaspoon **salt** (optional)
 1/4 teaspoon **oil** (optional) or **cooking spray** (optional)
 1/8 teaspoon **seasoning** (try garlic powder, onion powder, cumin, chili powder or a mixture) (optional)

Makes: 16 chips
Prep time: 5 minutes
Cooking time: 10 minutes



Directions

1. Choose a baking temperature (between 375 and 450 degrees) and preheat oven.
2. Choose your version:
 - Plain** - Sprinkle with salt or other seasonings, if desired.
 - Cooking spray** – Spray lightly with cooking spray. Sprinkle with salt or other seasonings, if desired.
 - Oil** – Brush oil on one side of each tortilla. Sprinkle with salt or other seasonings, if desired.
3. Cut each tortilla into 8 wedges. Arrange in a single layer on a baking sheet.
4. Bake for 5 to 10 minutes depending on oven temperature. Watch closely to avoid burning.

For tasty, healthy recipes that fit your budget, visit www.FoodHero.org!

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Nutrition Facts

Serving Size 8 chips (33g)
 Servings Per Container 2

Amount Per Serving	
Calories 70	Calories from Fat 10
% Daily Value*	
Total Fat 1g	2%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 80mg	3%
Total Carbohydrate 14g	5%
Dietary Fiber 2g	8%
Sugars 2g	
Protein 2g	

Vitamin A 0% • Vitamin C 0%
 Calcium 0% • Iron 0%

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

		Calories 2,000	2,500
Total Fat	Less than	65g	80g
Saturated Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
 Fat 9 • Carbohydrate 4 • Protein 4

Nutrition Facts



Backpack Connection Series

About this Series

The Backpack Connection Series was created by TACSEI to provide a way for teachers and parents/caregivers to work together to help young children develop social emotional skills and reduce challenging behavior. Teachers may choose to send a handout home in each child's backpack when a new strategy or skill is introduced to the class. Each Backpack Connection handout provides information that helps parents stay informed about what their child is learning at school and specific ideas on how to use the strategy or skill at home.

The Pyramid Model



The Pyramid Model is a framework that provides programs with guidance on how to promote social emotional competence in all children and design effective interventions that support young children who might have persistent challenging behavior. It also provides practices to ensure that children with social emotional delays receive intentional teaching. Programs that implement the Pyramid Model are eager to work together with families to meet every child's individualized learning and support needs. To learn more about the Pyramid Model, please visit ChallengingBehavior.org.

More Information

More information and resources on this and other topics are available on our website, ChallengingBehavior.org.



National Center for
Pyramid Model
INNOVATIONS

ChallengingBehavior.org

How to Help Your Child Learn to Share

Brooke Brogle, Alyson Jiran & Jill Giacomini

Learning how to share is a big challenge for all children because it often means putting aside one's own needs in order to make someone else happy. Sharing is not a skill children have when they are born—they need to be taught how to share and how to see that their efforts have helped someone else feel happy or solve a problem. In order to learn this skill, children need adults to provide them with many different opportunities where they can practice how to share with others and see other children in the act of sharing. When a child learns how to share with others she feels more confident and is better able to play with other children independently. Additionally, learning how to share gives a child a very important and solid foundation of successful friendship skills she can continue to build on as she grows.



Try This at Home

- ❖ Read books about sharing with your child. Talk about how the characters might feel as the story unfolds. All feelings are healthy and normal. A character might be feeling a variety of emotions—from frustrated and sad to happy and joyful. A good example is the CSEFEL Book Nook based upon the book *I Can Share* by Karen Katz. This resource has many activities that go along with the book to teach about sharing. http://challengingbehavior.fmhi.usf.edu/docs/booknook/BookNook_share.pdf
- ❖ Notice and point out when other children are sharing. "I see that those girls are sharing their snack."
- ❖ Notice and let your child know that you see the many moments in the day when he is sharing. "Thank you for sharing your crayons with me. I feel happy when you share." Or "When I came to pick you up from school, I noticed that you were sharing the toys with Sophie. What a good friend!"
- ❖ Plan ahead if sharing might be a concern. "Avery is coming over to our house today for a play date. I know how special your blankie is to you. We can put your blankie in a special place that is just for you and all the other toys will be shared with Avery."
- ❖ Find opportunities to teach sharing to your child. "Oh no! For desert tonight we only have three cookies left for you, Joey, me, and Daddy. I wonder what we can do?"

Practice at School

At school, children are taught how to share and learn about how sharing makes friends feel. Children learn about sharing through stories, role-playing and puppets. One way teachers help children learn how to share with each other is by pointing out how a friend looks and feels when a child does, or does not, share. Teachers also encourage children to begin to solve problems by themselves. "I see you have five cars and Ryan has none. I wonder what we can do?" Or "I wonder which car Ryan can use?" Most importantly, teachers congratulate children when they solve sharing problems and recognize how proud they must feel after they share.

The Bottom Line

Sharing is a skill that your child will use throughout her life to get along with others during activities and build friendships. Children who learn how to share are better able to understand other's feelings, negotiate difficult situations with confidence and feel secure in their ability to solve problems by themselves.



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Office of Special
Education Programs



Homemade Hand Sanitizer

Make your own homemade hand sanitizer to disinfect against germs.

Prep Time 5 minutes

Active Time 5 minutes

Total Time 10 minutes

Difficulty easy

Materials

- 1/3 cup aloe vera gel
- 2/3 cup 91% isopropyl alcohol

Tools

- bowl
- spoon
- small jar or container

Instructions

1. Add the aloe vera gel to a bowl.
2. Stir in the isopropyl alcohol until the mixture is well-blended.

Notes

You can adjust the ratio of alcohol to aloe vera gel to account for different levels of alcohol content:

- For 91% isopropyl alcohol, you need 2 parts alcohol to 1 part aloe vera gel, or a 2:1 ratio.
- For 70% isopropyl alcohol, you will need 9 parts alcohol to 1 part aloe vera gel, or a 9:1 ratio.



Follow ratio guidelines closely to avoid injury or illness.

CAN I USE 70% RUBBING ALCOHOL INSTEAD?

Don't have 91% isopropyl alcohol at home? It's OK! If you need to use 70% rubbing alcohol, you just need to change the ratio of the ingredients to adjust for the lower alcohol content.

Remember, the CDC recommends at least 60% alcohol in hand sanitizer. When you are mixing that alcohol with aloe vera gel, it will become even more diluted, so we have to use a higher ratio.

With 91% isopropyl alcohol, you need 2 parts alcohol to 1 part aloe vera gel, or a 2:1 ratio. When using 70% isopropyl alcohol, you will need 9 parts alcohol to 1 part aloe vera gel, or a 9:1 ratio.

HOW TO USE HAND SANITIZER EFFECTIVELY

The number one mistake people make when using hand sanitizer is not letting it dry completely. So many times — especially with kids — we squirt some in our hand and rub it around, then move on before it even has the chance to dry.

To ensure hand sanitizer is effective against germs, squirt some in the palm of one hand. Rub the product all over the surfaces of your hands until your hands are dry. Studies show that covering all areas with hand sanitizer and letting it dry completely has the same effectiveness as providing detailed steps for rubbing-in hand sanitizer.

Store your DIY hand sanitizer in an air-tight container at room temperature. I used an empty mason jar that I already had at home for ours.



10 Common Childhood Illnesses and Their Treatments



All children deserve high-quality medical care. As a parent, it is important to be aware of the most up-to-date treatment guidelines so you can be sure your child is getting the best care possible.

The following information from the American Academy of Pediatrics (AAP) lists some of the most common childhood illnesses and their approved treatments. The treatments discussed here are based on scientific evidence and best practices. However, there may be reasons why your pediatrician has different recommendations for your child, especially if your child has an ongoing medical condition or allergy. Your pediatrician will discuss any variations in treatment with you. If you have any questions about appropriate care for your child, please discuss them with your pediatrician.

1. Sore Throat

- **Sore throats are common in children and can be painful.** However, a sore throat that is caused by a virus does not need antibiotics. In those cases, no specific medicine is required, and your child should get better in seven to ten days. In other cases, a sore throat could be caused by an infection called streptococcal (strep throat).
- **Strep cannot be accurately diagnosed by simply looking at the throat.** A lab test or in-office rapid strep test, which includes a quick swab of the throat, is necessary to confirm the diagnosis of strep. If positive for strep, your pediatrician will prescribe an antibiotic. It's very important that your child take the antibiotic for the full course, as prescribed, even if the symptoms get better or go away. Steroid medicines (such as prednisone) are not an appropriate treatment for most cases of sore throat.
- **Babies and toddlers rarely get it strep throat,** but they are more likely to become infected by streptococcus bacteria if they are in child care or if an older sibling has the illness. Although strep spreads mainly through coughs and sneezes, your child can also get it by touching a toy that an infected child has played with.

2. Ear Pain

- **Ear pain is common in children and can have many causes**—including ear infection (otitis media), swimmer's ear (infection of the skin in the ear canal), pressure from a cold or sinus infection, teeth pain radiating up the jaw to the ear, and others. . To tell the difference, your pediatrician will need to examine your child's ear. In fact, an in-office exam is still the best way for your pediatrician to make an accurate diagnosis. If your child's ear pain is accompanied by a high fever, involves both ears, or if your child has other signs of illness, your pediatrician may decide that an antibiotic is the best treatment.
- **Amoxicillin is the preferred antibiotic for middle ear infections**—except when there is an allergy to penicillin or chronic or recurrent infections.
- **Many true ear infections are caused by viruses and do not require antibiotics.** If your pediatrician suspects your child's ear infection may be from a virus, he or she will talk with you about the best ways to help relieve your child's ear pain until the virus runs its course.

3. Urinary Tract Infection

- **Bladder infections, also called urinary tract infections or UTIs, occur when bacteria build up in the urinary tract.** A UTI can be found in children from infancy through the teen years and into adulthood. Symptoms of a UTI include pain or burning during urination, the need to urinate frequently or urgently, bedwetting or accidents by a child who knows to use the toilet, abdominal pain, or side or back pain.
- **Your child's doctor will need a urine sample to test for a UTI before determining treatment.** Your doctor may adjust the treatment depending on which bacteria is found in your child's urine.

4. Skin Infection

- **In most children with skin infections, a skin test (culture or swab) may be needed to determine the most-appropriate treatment.** Tell your doctor if your child has a history of MRSA, staph infection, or other resistant bacteria or if he or she has been exposed to other family members or contacts with resistant bacteria.

5. Bronchitis

- **Chronic bronchitis is an infection of the larger, more central airways in the lungs and is more often seen in adults.** Often the word "bronchitis" is used to describe a chest virus and does not require antibiotics.

6. Bronchiolitis

- **Bronchiolitis is common in infants and young children during the cold and flu season.** Your doctor may hear "wheezing" when your child breathes.
- **Bronchiolitis is most often caused by a virus, which does not require antibiotics.** Instead, most treatment recommendations are geared toward making your child

comfortable with close monitoring for any difficulty in breathing, eating, or signs of dehydration. Medicines used for patients with asthma (such as albuterol or steroids) are not recommended for most infants and young children with bronchiolitis. Children who were born prematurely or have underlying health problems may need different treatment plans.

7. Pain

- **The best medicines for pain relief for children are acetaminophen or ibuprofen.** Talk to your pediatrician about how much to give your child, as it should be based on your child's weight.
- **Narcotic pain medications are not appropriate for children with common injuries or complaints such as sprained ankle, ear pain, or sore throats.** Codeine should never be used for children as it's been associated with severe respiratory problems and even death in children.

8. Common Cold

- **Colds are caused by viruses in the upper respiratory tract.** Many young children—especially those in child care—can get 6 to 8 colds per year. Symptoms of a cold (including runny nose, congestion, and cough) may last for up to ten days.
- **Green mucus in the nose does not automatically mean that antibiotics are needed; common colds never need antibiotics.** However, if a sinus infection is suspected, your doctor will carefully decide whether antibiotics are the best choice based on your child's symptoms and a physical exam.

9. Bacterial Sinusitis

- **Bacterial sinusitis is caused by bacteria trapped in the sinuses.** Sinusitis is suspected when cold-like symptoms such as nasal discharge, daytime cough, or both last over ten days without improvement.
- **Antibiotics may be needed** if this condition is accompanied by thick yellow nasal discharge and a fever for at least 3 or 4 days in a row.

10. Cough

- **Coughs are usually caused by viruses and do not often require antibiotics.**
- **Cough medicine is not recommended for children 4 years of age and younger, or for children 4 to 6 years of age unless advised by your doctor.** Studies have consistently shown that cough medicines do not work in the 4-years-and-younger age group and have the potential for serious side effects. Cough medicines with narcotics—such as codeine—should not be used in children.

If Symptoms Change:

Occasionally, mild infections—viral or bacterial—can develop into more serious infections.

Call your pediatrician if your child's illness appears to change, becomes worse, does not go away after a few days, or if you are worried about any new symptoms that develop. If your child's illness has worsened, or if he or she develops complications, your pediatrician may recommend a new treatment.

Have More Questions?

If you have any questions or concerns about appropriate care for your child, please discuss them with your pediatrician. While it may be tempting to go to a nearby after-hours clinic if your child is ill, your pediatrician knows your child best, has your child's medical records, and is the best place to start for advice. Ask your pediatrician how he or she would like to be contact when the office is closed.

In fact, the AAP does not recommend retail-based clinics, telehealth services outside of the medical home, or acute care services without pediatric expertise for children younger than 2 years.



Give Them More
of the
Good Stuff!

Milk Basics

Types of Milk

Fat-free, 1%, 2% and whole milk have increasing amounts of fat and calories but the same nutrients including protein, calcium, potassium, phosphorus and vitamins A, D, B2, B3 and B12. Other forms of milk have the same nutritional value as fresh milk:

Lactose-free milk is fluid milk with lactose removed.

Evaporated milk is canned milk with some water removed. This changes the flavor and color slightly.

Powdered milk has all the water removed so it stores for much longer.

Cultured buttermilk has reduced lactose. It is slightly thicker and has a tart taste.

Plant Based Milks:

Soy milk is made from soy beans. It is lactose-free, non-dairy, and most like cow's milk nutritionally.

Other plant-based milks (**almond, cashew, rice, coconut or hemp**) are lactose-free, soy-free and non-dairy so they may be helpful for people with some allergies. All are low in protein and not a good source of other nutrients unless fortified. They may be low in calories and added sugar if unsweetened.

Shop and Save

- Look for a date on the package to help you know how soon to use it.
- Milk sold in larger cartons and jugs is usually cheaper per ounce. Buy only the amount you can use before it spoils, or plan to freeze any extra.
- Powdered milk may cost the least.



Milk is rich in calcium which helps
build strong bones and teeth.



Store Well Waste Less

- Keep fresh milk refrigerated as much as possible - as soon as you take it home and right after each use.
- Ultra-high temperature pasteurization and sterilized packaging allows shelf-stable milks to be stored at room temperature for up to 6 months. Once opened, refrigerate and use within 7 to 10 days.

- Store powdered milk and canned evaporated milk in a cool, dry place.
- Refrigerate evaporated milk after opening. Use within 3 to 4 days.

Freeze extra milk:

- Leave space in containers for milk to expand during freezing.
- Thaw in the refrigerator then shake well.
- Flavor and texture change slightly so use it in cooking.



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Share on:



Cooking with Milk

Orange Delight

Ingredients:

6 ounces frozen **orange juice concentrate** (about $\frac{3}{4}$ cup)
4 cups non-fat or 1% **milk**
1 teaspoon **vanilla extract**

Directions:

1. Place all ingredients in a blender.
2. Blend for about 30 seconds or until smooth. Serve and enjoy.
3. Refrigerate leftovers within 2 hours.

Notes:

✿ If you don't have a blender, mix the ingredients well in a bowl or shake in a container with a tight lid until frothy.

Makes 5 cups

Prep time: 5 minutes

Skillet Corn Chowder

Ingredients:

$\frac{1}{2}$ small **onion**, diced
2 teaspoons **vegetable oil**
1 can (15 ounces) **cream style corn**
2 cups nonfat or 1% **milk**
 $\frac{1}{2}$ cup (2 ounces) **cheddar cheese**, grated

Directions:

1. Saute onion in oil until transparent.
2. Stir in corn and milk.
3. Heat until just bubbly.
4. Stir in cheese until melted.
5. Refrigerate leftovers within 2 hours.

Notes:

✿ Add any other veggies you have on hand - fresh, frozen or canned.

✿ Add pepper, cumin, Italian seasoning or chili powder for extra flavor.

Makes 4 cups

Prep time: 5 minutes

Cook time: 20 minutes

Magical Fruit Salad

Ingredients:

4 cups **fruit** (fresh, frozen or canned/drained)
1 package (makes 4 servings) **instant lemon or vanilla pudding mix**
 $1\frac{3}{4}$ cups cold nonfat or 1% **milk**

Directions:

1. Cut fruit into bite-sized pieces.
2. In a medium bowl, combine pudding mix and cold milk. Add the fruit and stir gently. Refrigerate for 5 minutes then serve.
3. Refrigerate leftovers within 2 hours.

Makes 4 cups

Prep time: 15 minutes

Go to
FoodHero.org
for easy, tasty
milk recipes

**Kids
Can!**

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

- ✿ pour milk into glasses to drink with a meal.
- ✿ shake or blend a smoothie.
- ✿ stir milk into pudding mix and add fruit.

Make the Switch!

Help your family adjust to lower-fat milk by mixing their current 2% or whole milk with a lower-fat version for a few days. Keep working toward less fat until you reach fat-free or 1%.

Tips for Using Powdered Milk

- ✿ Serve powdered milk cold for better flavor. Mix and refrigerate the night before use.
- ✿ Blend equal parts fluid milk and mixed dry milk for good flavor and lower cost.
- ✿ Add 1 to 2 tablespoons dry milk powder to make milkshakes and smoothies thicker.
- ✿ Stir dry milk powder into soups and skillet meals to boost protein and calcium.