

# Quiet Times



Issue 3, 2016

a newsletter for Home-Based Caregivers

## Brain Building in Home Child Care Programs

Submitted by: *The Ontario Early Years Centre: Brant*

Current research has shown us that the brain is the only organ that is unfinished at birth. While the brain is about 25% ready at birth, 75% actually develops during the first five years of life. A child's brain responds directly to the environment in which s/he lives and grows. Children who grow up in enriched environments full of love, emotional and physical stability, and who have meaningful opportunities to explore and learn are at a distinct advantage. This really speaks to the important role we have as educators of young children. It is through the personal day-to-day interactions between adults and children, in a play-based environment, that young children learn best.



The Council of Ministers of Education Canada states that “Experts recognize that play and academic work are not distinct categories for young children: creating, doing, and learning are inextricably linked. When children are engaged in purposeful play, they are discovering, creating, improvising, and expanding their learning. Viewing children as active participants in their own development and learning allows educators to move beyond preconceived expectations about what children should be learning, and focus on what they are learning”. (CMEC, 2012)

In “How Does Learning Happen: Ontario’s Pedagogy for the Early Years” our role as home child care providers is clear. We are to:

- value children as individuals and as active and competent contributors with their own interests and points of view
- recognize the connection between emotional well-being and social and cognitive development and the importance of focusing on these areas holistically
- provide environments and experiences for children to explore ideas, investigate their theories, and interact with others in play

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# Exploring the Theory That Supports Our Practice “Attachment Theory”

Submitted by: *Ginette Wilson, Early Childhood Community Development Centre (ECCDC)*

In the second part of our series, which is looking at theories that support our practice, we will be considering “Attachment Theory” as outlined by John Bowlby, the impact that it has on relationships and our role as child care providers, and the relevance to Ontario’s Early Learning Frameworks.

Dr. Jean Clinton, Child Psychiatrist, asks us to consider “what it means to make a connection to another, and think about the strong connections (we) have with the children in (our) care”.

We make social connections through relationships with others and we feel connected with those that we spend our days with. Many children spend a large amount of time with a caregiver who is not their parent and often spend more of their waking time with those caregivers than anyone else. We develop relationships with the most important people in our lives and for many children this is a child care provider, in either a home or group setting, who becomes their significant adult (a term which comes from the work of John Bowlby.)

## **SO WHAT IS “ATTACHMENT THEORY”?**

John Bowlby defined attachment as “a lasting psychological connectedness between human beings”. Initially, “Attachment Theory” referred to the emotional bond between an infant and his or her mother, however, it was later refined to parent and then caregiver, and is often referred to as significant adult. Bowlby says that infants have a universal need to seek close proximity with their caregiver(s) and that the first five years of a child’s life is a critical period for a child to develop secure attachments with significant adults. If secure attachment does not occur within the first five years, then children are at a disadvantage as it will impact future social relationships, because early attachment provides our “internal working model” or a blueprint to forming relationships. Bowlby’s theory was further developed by Mary Ainsworth, in the 1970’s, who identified three types of attachment; Secure Attachment, Avoidant Attachment, and Disorganized Attachment.

## **WHY IS “ATTACHMENT THEORY” IMPORTANT?**

Children with strong attachments are more sensitive and responsive to others, and demonstrate more social behaviour, which in turn enhances the relationships they develop. *“How Does Learning Happen? Ontario’s Pedagogy for the Early Years”* highlights the importance of positive, caring, and responsive relationships as being the foundations of optimal learning, development, health, and well-being thus supporting the foundation of ‘Belonging’.

Studies have also shown that children who have secure attachments have higher self-esteem and empathy. They are better able to deal with stress, which has a positive impact on children’s mental health and supports the foundation of Well-Being. Those children also have higher impulse control which is a prerequisite for the development of self-regulation skills, which Dr. Stuart Shanker highlights as laying the foundation for a child’s long term physical, psychological, behavioural, and educational well-being. For further information on self-regulation see Dr. Stuart Shanker’s chapter “Calm, Alert and Happy” in *Think, Feel, Act: Lessons from Research about Young Children*. Dr. Shanker is a Distinguished Research Professor of Philosophy and Psychology at York University and is a Doctor of Philosophy.

In her article “The Power of Positive Adult Child Relationships: Connection Is the Key”, Dr. Jean Clinton highlights that quality relationships between adults and children have a lifelong impact because children who have experienced positive child-adult interactions do well in later life. This is because they develop important life skills such as good communication skills, being more cooperative members within teams, being effective leaders, and being caring and concerned members of communities.

As mentioned above, Dr. Clinton talks about strong connections between adults and children. In *“How Does Learning*

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## Exploring the Theory That Supports Our Practice (continued)

*Happen?*” she highlights the relationship between “connectedness” and the foundation of Belonging, and the importance of authentic, caring relationships between adults, children, and the world around them.

### HOW IS “ATTACHMENT THEORY” RELEVANT TO HOME CHILD CARE?

One of the three types of attachment that Mary Ainsworth identified was “secure attachment”. This is where young children are able to play away from their caregiver because they are confident that the caregiver is available if needed. Secure attachment is important in a play-based learning environment; it gives a young child the freedom to explore materials because they are secure in the knowledge that the significant adult will be there for them. This in turn will help children to focus and become involved, thus reflecting the foundation of Engagement. As securely attached children get older they become confident, independent, and develop a sense of autonomy.

Both “*Early Learning for Every Child Today (ELECT)*” and “*How Does Learning Happen? Ontario’s Pedagogy for the Early Years*” highlight the importance of relationships. So what can home child care providers do to support authentic relationships with the children in their care?

You can:

- be attuned to and respond positively to children’s cues and respond in a calm and sensitive manner
- interact in a warm and responsive way at the child’s level
- utilize a reciprocal approach when interacting with children and engaging in their play and exploration
- respect children’s individuality and unique characteristics
- give age appropriate, meaningful praise rather than empty praise by explaining what and why the praise is being given
- develop authentic relationships with families and the children’s community
- model positive relationships by listening to children and encouraging them to listen to others
- optimize opportunities throughout the day to connect with the children in your care rather than directing and controlling them
- individualize the care and play opportunities that you provide for children.

### THINGS TO CONSIDER:

- How can I prioritize the development of authentic relationships with the children in my care?
- How can I support sustained periods of play to enable me to build meaningful relationships with the children in my care?
- Consider how you see your role as an educator in relation to your view of children.

### Sources:

Bowlby, J. *Attachment and Loss, Volume 1: Attachment*. Basic Books, 1969

Clinton, J. *The Power of Positive Adult Child Relationships: Connection is Key* from “*Think, Feel, Act: Lessons from Research*”. Queen’s Printer for Ontario, 2013.

Ministry of Education. *How Does Learning Happen? Ontario’s Pedagogy for the Early Years*. Queen’s Printer for Ontario, 2014.

Shanker, S.G. *Calm, Alert and Learning: Classroom strategies for self-regulation* from “*Think, Feel, Act: Lessons from Research*”. Queen’s Printer for Ontario, 2013



# Relationships in Home Child Care

*Submitted by: Jennifer Schooley, R.E.C.E, Early Years Facilitator, HN REACH/ OEYC H&N*

The importance of relationships has never been lost on those of us working with children and families. It is something we have always known, valued, and nurtured. It's importance is something that now has become increasingly apparent to researchers and government ministries.

According to the first principle of the ELECT document (Early Learning for Every Child Today) "positive experiences in early childhood set the foundation for lifelong learning, behaviour, health and well-being." The document also states that "children begin life ready for relationships that drive early brain development". "The ability of children to regulate their own emotions, behaviours and attention increases over time with maturation, experience, and responsive relationships". Undoubtedly, these statements speak to the need for strong and healthy relationships with the children we work with.

Establishing positive, responsive relationships with children and their families is a repeated theme across current research, theories, and practices. The "How Does Learning Happen?" document has included it as one of its four foundations (**Belonging:** Cultivating Authentic Relationships and Connections), stating that "fostering good relationships with children and their families is the single most important priority for educators in early years programs".

It is a good time to reflect on how we can strengthen the relationships with the children we work with directly. As home child care providers, we have a wonderful chance to create some very strong, caring, and healthy relationships with the children and families in our care. Home child care can be seen as an extension of the family's home for several reasons; it's a home environment, attention can be focused to meet each child's individual needs, and the home child care provider is a consistent caregiver with that particular child and family until a natural transition occurs (entering school, moving to another community, etc.) and not just during the child's toddler or pre-school years.

Here is a story from my own personal experiences with a home child care provider, to help illustrate the importance of building relationships. My son, Owen, started with a home child care provider shortly after his first birthday. He was, and still is, an intense young man who has difficulties with transitions. When we first started, the home child care provider (who I will call Angela, though that is not her real name) noticed that Owen was refusing to eat. She contacted me and we maintained open communication about his behaviour, which I appreciated even though it didn't change the fact that this toddler was absolutely not going to take in any food while at Angela's. In fact, it was more like a protest for him. Angela was quick to recognize this, and she worked hard at building rapport with him in hopes that he would eat for her when he trusted her and felt comfortable at her home. Sure enough, grooming that relationship paid off and Owen became her biggest fan. In fact, I believe that because of that nurturing relationship he had with her, his ability to cope with transitions now is far better than it would have been had he not had that caring connection.

**Relationships: We know and understand their inherent importance as care providers, and we have research and theories to back that up. Best of all, we have the stories and memories to support it as well!**

**Sources:**

Ontario Ministry of Children and Youth Services, Best Start Panel on Early Learning. *Early Learning for Every Child Today*. <http://www.edu.gov.on.ca/childcare/oelf/continuum/continuum.pdf>. 2007

Ontario Ministry of Education. *How Does Learning Happen? Ontario's Pedagogy for the Early Years*. <http://www.edu.gov.on.ca/childcare/HowLearningHappens.pdf>. 2014

# Why Are Transition Objects Important?

Submitted by: *Ginette Wilson, Early Childhood Community Development Centre (ECCDC)*

Why do we say “Now that you are in the toddler room (or a certain age) you don’t need your soother any more”? Why do we say that “toys from home need to stay in cubbies or backpacks”? How appropriate is it to take children’s self-chosen possessions away from them at a time of transition? Transitions occur when moving between rooms, settings, or at the time of separation from a parent at the beginning or end of the day.

Donald C. Winnicott studied children who were evacuated from London to the country-side, during World War Two, and identified children’s need for transition objects. He identified a transition object (or security object) as a special, valued item chosen by the child which serves as a soothing function that lessens a child’s anxiety.

Not all children develop an attachment to a security object, but those who do can from as early as six months of age. These items provide emotional and tangible comfort between the ages 18 and 30 months. This comfort peaks at around two and a half years of age and supports a child’s transition to independence.

## How do transition objects reflect the foundations of “How Does Learning Happen? Ontario’s Pedagogy for the Early Years?”

**Well-being:** Transition objects serve as a soothing function as they reduce potential anxiety, provide comfort and predictability, and act as a defence against separation, which will support emotional well-being in children. They can also help to develop self-regulation in children as the security objects, particularly soft toys, are often used in play with children articulating themselves and their feelings through self-talk.

**Belonging:** Transition objects can also enhance the feeling of connectedness between the home and child care, child and adults, and among children.

## As educators how can we support/promote the use of transition objects?

Ask parents if their child has a favourite item which acts as a transition object and encourage children to bring them to child care with them, particularly when they are new and settling into the environment. Dispel any myths that parents may have about security/transition objects, such as “it looks babyish”, by explaining their importance and reassure them that it is developmentally appropriate.

Lastly think about the “sacred keepsakes” that you have; special photos, records, and mementos that make us feel connected and the items that you took with you when you moved away from your childhood home. Think about how you feel if you forget to put on your jewelry or leave your cell phone at home. These are adult transition objects that connect us to a secure base. If we as adults have these needs, then surely children have them as well.

### Sources:

*Ontario Ministry of Education. How Does Learning Happen? Ontario’s Pedagogy for the Early Years. Queen’s Printer for Ontario, 2014*

*Winnicott, D. W. Transitional Objects and Transitional Phenomena through Paediatrics to Psychoanalysis: collected papers. Basic Books, New York, 1951*



# Children's Mental Health

Submitted by: Jan Smith, Affiliated Services for Children and Youth (ASCY)



As an early years and child care practitioner, I have always done my best to support children's physical, cognitive, language, and social-emotional development. Social-emotional development for our youngest children can also be referred to as infant mental health. Cohen, Oser, and Quigley define infant mental health as the "developing capacity of the child from birth to five years of age: to form close and secure adult and peer relationships, to manage and express a full range of emotions, and to explore the environment and learn; all in the context of family, community, and culture".

## INFANT ATTACHMENT

This includes the development of attachment, self-regulation, resilience, and optimal brain development. Self-regulation is the ability/willingness to calm, settle, or adjust to how they are feeling physically or emotionally and to environmental conditions. From birth, infants will embed all experiences, good or bad, into the wiring of their brain. This affects the development of the child.

Infants attach to any caregiver (usually the mother and/or father) regardless of the quality of care. Positive attachment develops when that caregiver consistently responds to an infant's distress, when they respond to the infant's emotional needs, and when they are the child's overall protector.

Infants and children have the ability to form bonds with many people. Most will bond with people who take care of their physical needs and spend time interacting with and having fun with them.

## OUR ROLE IN INFANT MENTAL HEALTH

All caregivers of infants and toddlers have a profound influence on the children they care for, including their long-term mental health. By responding to infants needs, especially when they are distressed, you build a feeling of trust. Building relationships with others is the way infants and children experience the environment and begin to develop their own ideas of the world. Positive relationships help children feel protected and are essential for the development of self-regulation. These types of relationships allow you and the child to bond with each other.

Home child-care providers will care for children with varying backgrounds and temperaments. We may care for children from families who have been consistently responsive to their needs and distresses, who have built a foundation of trust and attachment with their baby and who have responded to their children's attempts to form language, their physical development, and their cognitive development. These children will generally have good social-emotional development.

Unfortunately, we may also have children who have had less responsive experiences. A parent may have experienced depression as a result of child-birth and therefore they haven't been responsive to all of their babies needs. The health of a pregnant mom can affect the infant's mental health. Good nutrition, avoidance of alcohol or non-prescription drugs and trying to maintain healthy stress levels are beneficial for the unborn child. If a mother has had a less healthy pregnancy, for whatever reason, this can affect the child's mental health. It may be that a parent is not aware of the critical need for nurturing interactions with their infant and, while their physical needs may have been met, they haven't had the "serve and return" type of interactions that are so vital to a baby's healthy emotional development. "Serve and return" refers to a caregiver's

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## Children's Mental Health (continued)

responses to a child's attempts to make sounds. When the infant first makes a sound, the caregiver needs to respond to the attempt by repeating the sound and expanding on that sound as the child repeats it. The infant can then respond and the cycle continues. The more "serve and return" infants are exposed to, the greater the development of brain connections.

### EPIGENETICS

Epigenetics is a mental health term and is defined as the way in which inherited or genetic traits are modified or changed by environmental influences (without a change to the DNA sequence). This tells us that positive experiences can influence how genetic predispositions can be changed for the better. If we care for children who have had less than optimal experiences while in utero or in their first months of life, we can help to lessen the effects of those experiences by providing loving and stimulating care. These experiences may help improve the child's long-term mental health. This shows how impactful our role is in the lifelong development of mental health.

Positive experiences include regular physical activity. Many adults I encounter in my work express how going to the gym, going for a walk, running, or playing sports helps them to feel better physically and mentally. This also applies to the young children in our care. This demonstrates how important it is for the children in our care to have daily energetic play outdoors while in our care.

### Risky Play

In the article, [The Importance of Children's Risky Play](#), there is a discussion around the research of Brussoni et al. The researchers looked at the health benefits of risky play. Risky play in this article was defined as including play at height and rough-and-tumble outdoor play. Play at height referred to climbing (ie. on rocks, tires, or playground equipment). Risk was defined as "situations where children recognize the challenge and decide on a course of action" as opposed to hazards which was defined as "things that children may not recognize as potentially dangerous such as play equipment with loose bolts; or situations where children may not have the capacity to manage the dangers".

The authors reported that "the evidence indicated that risky play was associated with less sedentary behavior, higher levels of physical activity, and more social behaviors". They also determined that "there are also indications that physical activity has positive benefits on mental health including self-concept, anxiety and depression".

I interpreted the article about risky play to mean that we need to allow children to explore where there is some minor risk but not where there would be great risk of injury. Certainly the children's ages, abilities, and previous experiences must be taken into account when allowing any risky play. I believe that risk is everywhere; a child could fall just by walking. There is a risk of accident every time you get in a car. Children and adults need to take some risk in order to grow in their physical, cognitive, and social skills. It is up to us as caregivers to watch for hazards and to help children assess what is manageable risk to gradually build upon their current abilities.

In conclusion, caregivers optimize the growth of children's mental health when they meet their physical needs, when they respond calmly to their distresses, when they engage in play with them both indoors and outdoors, and when they allow them the chance to take risk in order to further their social-emotional, physical, and cognitive development.

### Sources:

Kulkarni, Dr. Chaya. *2016 Infant Mental Health-Community Training Institute, Session 1 and Session 14. The Hospital for Sick Children, Toronto, 2016.*

Yates M. and Mariana Brussoni. *The Importance of Children's Risky Play (article). Green Teacher, Spring 2016.*



## Children's Mental Health Resources

Submitted by: Jan Smith, Affiliated Services for Children and Youth(ASCY)

### BOOKS FOR CHILDREN

- **Daniel's Day** Author: Mary Gordon  
A book about feelings and attachment.
- **Everything I Need Is In Me** Author: Kelly Vaillancourt  
This book explores the positive characteristics of children that will support their mental health growth.
- **How Are You Peeling "Foods with Moods"** Authors: Saxton Freymann and Joost Elffers  
A book about feelings.
- **How I Feel** Author: Mary Gordon  
A book about feelings.
- **Jamaica Tag-Along** Author: Juanita Havill  
A book about belonging and feeling left-out.
- **On Mother's Lap** Author: Ann Herbert Scott  
A book about the feeling of security.
- **Whoever You Are** Author: Mem Fox  
Although we may look different, and live with different traditions and homes, we all smile, we all bleed and we all have the same feelings.
- **A Screaming Kind of Day** Author: Rachna Gilmore  
This book for school aged children talks about a child's need for being in the outdoors to increase their sense of well being.

### BOOKS, VIDEOS, AND WEBSITES FOR ADULTS

- **The Bounce Back Book Birth to 2 Years**  
This book of activities helps increase resiliency in infants and toddlers, thus supporting good mental health.
- **The Bounce Back Book**  
This book of activities helps increase resiliency in preschoolers thus supporting good mental health.
- **Calm, Alert, and Learning** Author: Dr. Stuart Shanker  
Classroom strategies for self-regulation
- **A Simple Gift: Comforting Your Baby** (Book and DVD)
- **A Simple Gift: A Guide for Professionals**  
Infant Mental Health Promotion Project, The Hospital for Sick Children  
These resources support the development of attachment.
- **Infant Mental Health Promotion (IMP)**  
<http://www.imhpromotion.ca>
- **Child and Youth Mental Health Program (CYMHP)**  
[www.mcmasterchildrensmentalhealth.ca](http://www.mcmasterchildrensmentalhealth.ca)

Check your local Professional Resource Library, Public Library, or Hospital for further resources that support children's mental health.

## CAREGIVER ASKS: I think that I have too many rules. Do you have any suggestions to help me?

Submitted by: *The Ontario Early Years Centre: Brant*

Recently I spent some time at my neighbourhood park. There I observed a home child care provider who had brought five children, of varying ages, with her to play. The children seemed happy to be there but very cautious at the same time. Wondering why, I took a few minutes to observe the interactions between the provider and her charges.

I was surprised to discover that every time one of the children started to run she loudly reminded them to use their “walking feet”. It seemed that it was a rule of hers. I also heard her say that swings could only go as high as a few feet off the ground and that no one could sit on the grass in case they sat on a twig or something else equally dangerous. I noticed the children were only allowed to go up the lower set of stairs and down the lowest slide when climbing on the park’s new climber and all at a snail’s pace. Hands that got a little mucky were quickly cleaned and disinfected so that no dirt could be found anywhere on the children. As I witnessed this, all I kept thinking was that we were in a playground. Running, sitting/rolling/jumping on grass, and trying all of the areas of the climber (as this was a toddler climber and very safe) is what a trip to a park is all about.



When trying to decide on rules and guidelines for your program, safety must always be the primary concern. However, in order to develop new skills and abilities beyond what children are already able to do it is important to encourage them, with your support, to try new things that they are not yet quite comfortable with. One good “rule of thumb” is to ask the question, “If the activity can’t hurt anyone or anything do you need a rule for it?”

In answer to your question, we often make rules that we do not need. Parks were made for running but most daycare playrooms are not. Having feet stay on the floor is a good rule for toddlers who want to climb your toy cupboard. However, climbing is a developmentally appropriate activity for toddlers. As educators we need to find appropriate experiences to channel the toddlers’ need to climb.

When we encourage toddlers to play on a climber then they can safely explore their abilities to see what they can do. An educator can then look for ways for children to build their climbing skills.

Food for thought: If we want to foster future gymnasts who are confident in their developing abilities then we need to encourage children to try to do somersaults under our watchful support... and it all starts in early childhood environments such as yours!

Richard Branson says: *“You don’t learn to walk by following rules. You learn by doing, falling over, and trying again”.*



# Supporting Children to Take Emotional Risks

Submitted by: *Ginette Wilson, Early Childhood Community Development Centre (ECCDC)*

When we think of risk, physical risk generally springs to mind and examples of appropriate physical risk are easy to think of. When in discussion with fellow educators they are usually confident to talk about appropriate physical risks and give developmentally appropriate examples. However, when asked about emotional risk they struggle with the concept. So what is an emotional risk and how do we support children to take emotional risks?

Traditionally, risk has been thought of negatively, in terms of danger, however, we are now thinking of it in a more positive light. There is a lot of research and articles that discuss the benefits of appropriate risk for children. It is helpful to define risk as “an intentional interaction with uncertainty” (Wikipedia), which is very fitting when considering emotional risk. Bob Hughes, a British play theorist, developed 12 play types, one of which is “deep play”. He suggests that when children engage in deep play they can “conquer fear” that can be physical, but is often both physical and emotional. Conquering fear develops a sense of bravery in children. An example of emotional risk for an infant can be leaving a primary caregiver. Examples for an older child include answering a question in front of their classmates which can elicit a fear of getting the answer wrong, or allowing a younger child into their play knowing that they may disrupt the play.

Providing new experiences for children and encouraging them to explore and learn, will enable the children to feel a sense of achievement. This supports children to become more resilient and to develop a sense of self. It also nurtures children’s healthy development and emotional well-being.

## HOW CAN EDUCATORS SUPPORT THE CHILDREN IN THEIR CARE TO TAKE EMOTIONAL RISKS?

One of the roles of an educator is to scaffold children’s learning and to provide a supportive environment in which children have a variety of opportunities to explore, to try new experiences, and to learn through trial and error. These opportunities are often out of the child’s comfort zone. For the younger children in our care, this can be by providing new experiences for children to engage in such as walking on an unbreakable mirror, or setting up “invitations to play” that will challenge the child. For older children, this can be providing opportunities to speak, sing, perform in front of a group, by giving them the time and space to acquire new skills, or by simply encouraging them to try new things. It is supportive to remind children that acquiring new skills takes practice.

I recall a time when I was observing an older child who was trying to spin a plastic plate on a wooden stick. He persevered, trying again and again until he mastered this new skill and once he had succeeded, he was able to do it every time. The sense of achievement on his face was amazing. The adults around him provided a supportive environment in which they acknowledged his accomplishments and encouraged him to keep trying.

When thinking about emotional risk taking for younger children, the image that often comes to my mind of an older infant who is learning to take their first steps. They walk around a sofa grasping the edge. Then, they try to move between the sofa and coffee table, which is a little out of their reach, so they need to take that step. Then, they let go of the sofa (which is a safe place), balance briefly with arms outstretched, and then sit down onto their bottom with a thud. They will do this several times until they master walking, then away they go onto developing the next new skill.

When we reflect on how we support emotional risk taking in children, it is helpful for educators to also consider:

- How do children develop bravery?
- What experiences can you offer to children that support emotional resilience and daring?

### Source:

*NPEA, Best Play: What Play Provision Should Do For Children. National Playing Fields Association, Wakefield (UK), 2000.*

# Sparkle Up Your Day

Submitted by: Elizabeth Van Every R.E.C.E, Early Literacy Specialist, HN REACH/ OEYC H&N

“Experts in literacy and child development have discovered that if children know eight nursery rhymes by heart by the time they’re four years old, they’re usually among the best readers by the time they’re eight.” (Fox, 2001)

## WHY NURSERY RHYMES?

Songs and rhymes for young children have been passed down for generations, providing a warm, nurturing experience between children and their educators as well as children and parents.

### LANGUAGE DEVELOPMENT

- When children hear nursery rhymes, they hear the sounds vowels and consonants make. They learn how to put these sounds together to make words.
- They also practice **pitch, volume, and voice inflection**, as well as the rhythm of language. They are listening to how you sound when you ask a question.
- They learn new words that they would not hear everyday, such as “*fetch a pail of water*” in the rhyme Jack and Jill.
- Nursery rhymes are short and easy to repeat, so they become some of a child’s first sentences.

### COGNITIVE DEVELOPMENT

- Since nursery rhymes are patterns, they help children learn easy recall and memorization.
- They tell a story with a beginning, middle, and an end. This teaches children that events happen in sequence, and they begin to learn how to understand stories and follow along.
- Children learn about setting, characters, the problem of the story, and the solution.

### SOCIAL/EMOTIONAL DEVELOPMENT

- Sharing stories and rhymes provides a safe and secure bond between adults and children.
- Positive physical touch during interactive rhymes is important for social development.
- Funny stories allow children to develop a sense of humour.
- The characters experience many different emotions. This can help children identify their own emotions and understand the real emotions of others.
- When children act out the stories they hear, they learn to imagine, be creative, and express themselves.
- Classic stories/rhymes teach history and connect children to the past.

### PHYSICAL DEVELOPMENT

- Children develop their mouth and tongue muscles by using the different sounds in the rhyme.
- Rhymes that involve movement can help with coordination.
- Children can use their whole bodies to act out the nursery rhymes in dramatic play.

### MATH CONCEPTS

- There is frequent use of counting in both forward and backward direction.
- Children learn to add as they count forward and subtract as they count backwards.
- Math-related words introduce concepts such as many, few, plenty, and so on. This builds a basic math foundation, which will later help in math.

## WHAT TO DO?

**READ** age-appropriate books

**DO** an activity that reinforces the concept or skill and allows children to practice what she or he has learned:

- Share treats that go with the story, such as cheese curds after you learn Little Miss Muffet.
- Make flannel pieces, cards, or rocks with pictures to retell.
- Make blocks with each side showing a picture that represents part of a nursery rhyme. Children can stack them to tell the rhyme, or can mix them up to create their own. Be silly!
- Use instruments (or clapping, snapping, stomping, etc.) to enhance the story.
- Play games like Jack Be Nimble and JUMP over something that represents a candle stick.

**Nursery rhymes, songs, and oral story telling can be used anywhere at any time. They are one of the most transportable forms of play.**

**Source:**

Fox, M. *Reading Magic*. San Diego, CA: Harcourt 2001



# Professional Resource Centres

## ASCY

Resource Library & Program Support:  
 JAN SMITH, RECE, AECEO.C  
 SHANDA LICOP, RECE  
 (ext. 222) library@ascy.ca



Affiliated Services for Children and Youth  
 526 Upper Paradise Rd., Unit-A, Hamilton, ON L9C 5E3  
 Tel: 905-574-6876, ext 222  
 Fax: 905-574-8843  
 www.ascy.ca

## ECCDC

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### As stated in the “Early Years and Child Care Act (EYCCA), ratios as of August 31, 2015 are as follows:

A home child care provider contracted with a licensed home child care agency can care for a maximum of 6 children under the age of 13. They must:

- Count their own children under the age of 6
- Care for a maximum of only 2 children under the age of 2 including their own children

An informal (unlicensed) child care provider can care for a maximum of 5 children under the age of 13. They must:

- Count their own children under the age of 6
- Care for a maximum of only 2 children under the age of 2 including their own children

Please visit the Child Care and Early Years Act website at [www.ontario.ca/laws/statute/14c11](http://www.ontario.ca/laws/statute/14c11)

\*The Professional Resource Centres are sponsored by different agencies in each of the four communities. Affiliated Services for Children and Youth (ASCY) in Hamilton, the Early Childhood Community Development Centre in Niagara and the Ontario Early Years Centres: Brant and Haldimand & Norfolk provide these services in their respective communities. Quiet Times is published three times a year. Affiliated Services for Children and Youth, Hamilton; The Early Childhood Community Development Centre, Niagara; the Ontario Early Years Centre: Brant, Brantford; and Ontario Early Years Centre: Haldimand-Norfolk assume no responsibility for any errors and/or omissions. Opinions expressed in this publication are those of the contributors and do not necessarily reflect those of the sponsoring organizations. All articles submitted will be subject to editorial review. For information on reprinting material from Quiet Times, contact your area representative at the location listed on the cover of this publication.

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We are interested in hearing your comments. Your input is important to us to ensure we are providing information that is useful to you. Please feel free to contact us.

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