

The Director's Link

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Prevention— The Only Cure for Brain Injury

By Sue Offutt

Children fall all the time; it's part of the pathway to exploration and learning about the world around them. Yet there are times when you and your staff need to be concerned because a fall can also result in a concussion or a serious head injury. When it comes to serious head injury, the first line of defense is prevention.

A Child Falls: Should You Be Concerned?

Did you know that most common injuries for children four years of age and younger result from a fall?

Almost all children will fall and bump their heads when they are learning to roll over, crawl, walk, and explore new opportunities in their environment. At your center, children may fall while trying to jump from your playground climbing structure or swing set. They may trip over another child during circle time or even take a tumble while getting up from a sitting position.

It's easy to panic when a child falls even though we know that most of these head injuries are minor. But as Chief Safety Officer for your center, it is also important to know that that some falls may cause a serious head injury. What is a serious head injury and just when should you be concerned?

A serious head injury is called a *traumatic brain injury* otherwise known as a TBI. A traumatic brain injury is defined as a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. The severity of such an injury may range from mild (a brief change in mental status or consciousness) to severe (an extended period of unconsciousness or amnesia after the injury).

A TBI can cause short- or long-term problems including total or partial functional disability and/or psychosocial impairment. TBI can clearly have an adverse effect on a child's educational performance. Not all blows or jolts to the head result in a TBI, so it is important to know when you should be concerned. On page 3 you'll find more information about the symptoms that will alert you to take action in seeking medical treatment.

When children fall and bump their heads, it can be difficult to tell if they have suffered an injury to the brain because you cannot see the physical damage like you see with a cut, bruise, or scrape on the body. If you know a child has fallen and bumped his or her head, it is important to observe the child for the next 24 hours. Since most likely you will not have the child in your care for that length of time, it is very important to document and inform a family member of the fall.

Concussions Happen All the Time

A *concussion* is considered a traumatic brain injury. Concussions are usually not life-threatening but can cause both short-term and long-term problems. Concussions range from mild to severe and occur when there is a blow to the head without internal bleeding under the skull or into the brain. A mild concussion may involve no loss of consciousness (feeling "dazed") or a very brief loss of consciousness (being "knocked out"). A severe concussion may involve prolonged loss of consciousness with a delayed return to normal.

Continued on page 2



A concussion is the most common type of brain injury sustained in sports. Considering the young age at which many children are beginning to play sports, concussions should be a concern to all those who work with young children. Concussions are not just football injuries. The Teaching Research Institute reports that girls playing soccer sustain concussions at a rate 60% higher than boys. In basketball, the rate is 300% that of boys.

Opinions vary on whether you should prevent a child from falling asleep when you think the child has suffered a concussion. In general it is advised not to let a child sleep for more than five hours if you think he or she has suffered a serious blow to the head. Sleepiness can be a sign of brain injury. If it is regular naptime, wake the child every 30 minutes. If the child is uncontrollably tired and you cannot wake the child, definitely call 911.

Sustaining multiple concussions is particularly dangerous to young children. Even when a blow to the head seems minor, a second equally minor injury can have devastating results. Knowing how to prevent brain injuries helps keep children safe. It is important to inform families that they should keep a record of any injuries to the head that a child sustains. Symptoms of an early brain injury may not appear until a child reaches late elementary or middle school years.

Shaking a Baby Can Also Cause Brain Injury

According to the National Center on Shaken Baby Syndrome, shaking a baby can result in severe brain trauma. *Shaken Baby Syndrome* (SBS) is caused when a child is violently shaken such that the head is subjected to back and forth motion resulting in rapid repeated severe acceleration and deceleration. One shake is all that is needed!

Unfortunately, shaken baby syndrome is all too common. The incidence is estimated to be 1,000 to 1,500 cases per year. According to the Centers for Disease Control and Prevention (CDC), of the almost 2,000 children who die from abuse or neglect each year, SBS accounts for 10–12% of them.

Most commonly, the victim of shaken baby syndrome is between three and eight months old; however, it has been reported in newborns and in children up to four years of age. Cases of shaken baby

syndrome have spiked during the recent recession, further fueling worries about the link between economic stress and this deadly form of child abuse.

If you are looking for a great resource about SBS to educate parents and teachers, check out the National Center on Shaken Baby Syndrome's prevention program *Period of PURPLE Crying*. It includes a full color 11-page booklet and a 10-minute DVD intended to be given to parents of new infants. The *Period of PURPLE Crying* program supports SBS prevention by helping parents and caregivers understand the frustrating features of crying in normal infants that can lead to shaking or abuse.

Keeping Children Safe

You and your teachers will never be able to keep children totally free from falls, but you can implement policies and procedures that help keep children safe.

- Make sure your playground equipment is properly maintained and includes sufficient protective surfacing to help reduce injury if a child does fall.
- Encourage children to wear helmets when bike riding, skating, or playing active sports.
- Educate parents about the importance of home improvements to reduce the incidence of falls—stair gates, guard rails, and guards on windows above ground level.
- Make sure your teacher-child ratios provide sufficient supervision of the children in your care at all times.

For Further Information

Brain Injury Association of America (www.biausa.org)

Consumer Product Safety Commission's Public Playground Safety Handbook (<http://www.cpsc.gov/cpscpub/pubs/325.pdf>)

National Center on Shaken Baby Syndrome (<http://www.dontshake.org>)

National Program for Playground Safety (www.playgroundsafety.org)

Teaching Research Institute. (2009). *The fact of the matter: Sports concussion—Not just a bell ringer*. Monmouth, OR: Western Oregon University.

Dr. Sue Offutt is Executive Director of the McCormick Center for Early Childhood Leadership.

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Our Mission

The McCormick Center for Early Childhood Leadership is dedicated to enhancing the management skills, professional orientation, and leadership capacity of early childhood administrators. The activities of the Center encompass four areas: training and technical assistance, program evaluation, research, and public awareness.

<http://cecl.nl.edu>



Taking Action to Prevent Head Injury

Working in a child care environment means you will witness many falls and bumps on the head. Because falls are the leading cause of traumatic brain injury in children birth to four years of age, your actions can make the difference in the severity of a child's injury. Here are some important guidelines to follow. Remember brain injury looks different in every child.

Dial 911 immediately if the child:

- can't stop vomiting
- is not speaking clearly, seems confused, or does not know you
- has trouble with vision (seeing double, blurry vision)
- has a severe headache
- has blood or clear fluid coming from the nose or ears
- has a seizure (convulsions, eye fluttering, body going stiff, staring into space, or a sudden onset of a fixed stare)

A doctor should examine a child if any of the following changes persist after a blow to the head:

- decreased strength or coordination
- changes in sucking or swallowing
- decreased appetite
- decreased smiling, vocalizing, or talking
- frequent rubbing of the eyes or head
- decreased ability to focus the eyes
- unequal pupil size
- increased sensitivity to light or sound
- extreme irritability

Playground surfaces can help reduce injury

- Playground fall areas should be loosely filled with materials like wood chips, mulch, sand, pea gravel, or shredded rubber. Surfacing mats made of safety-tested rubber or rubber-like materials are also safe.
- Loose-fill surface materials 12 inches deep should be used for equipment up to 8 feet high. The material should not be packed down because this will reduce any cushioning effect.
- If there is loose-fill over a hard surface (like asphalt or concrete), there should be 3 to 6 inches of loose-fill such as gravel, a layer of geotextile cloth, a layer of loose-fill surfacing material, and then impact mats under the playground equipment.
- The cushioned surface should extend at least 6 feet past the equipment. Additional coverage may be needed, depending on the height of a slide and the length of a swing chain.
- No surfacing materials are considered safe if the combined height of the playground equipment and the child (standing on the highest platform) is higher than 12 feet.

Adapted from resources published by the Nebraska Brain Injury Task Force for Children and Youth and the Texas Brain Injury Project.

Planning Ahead

Professional Development Opportunities

Fall Management Institute—Managing Infant-Toddler Programs

October 7–9, 2010

Managing infant-toddler programs is different from managing preschool and school-age programs. This institute, designed for center owners, directors, assistant directors, supervisors, and education coordinators, will focus on the components of program planning, implementation, and evaluation that are different for infant-toddler programs. You will find out how the demands on the director differ and how to adjust your leadership and management style to fit these realities. Presenters for this institute are Dr. Kay M. Albrecht, author of the *Innovations* series of infant, toddler, and preschool training materials, and Toni Christie, founder of Childspace Early Learning Centres and director of the Childspace Early Childhood Institute in Wellington, New Zealand.

Content: Day 1: Embracing the challenges of managing infant-toddler programs
Day 2: Creating inspiring indoor and outdoor environments
Day 3: Implementing the unique components of an infant-toddler curriculum

Format: 8:30 am – 4:30 pm

Location: McCormick Center for Early Childhood Leadership, National-Louis University, 6310 Capitol Drive, Wheeling, IL 60090

Fee: \$100 per day includes texts, materials, continental breakfast, and lunch
Register for one, two, or all three days

Participants may receive two semester hours of graduate credit from National-Louis University (ECE582J, The Administration of Infant-Toddler Programs) by paying an additional fee and completing course assignments. This course is applicable to the core competency requirements for the Illinois Director Credential.

Program Administration Scale—Assessor Reliability Training

October 19–22, 2010

The *Program Administration Scale* (PAS) measures leadership and management practices of center-based early care and education programs. The PAS Assessor Reliability Training includes an overview of the instrument, how to relate indicators and score items, the protocol for interviewing and collecting data, and procedures for verifying documentation. Individuals who successfully complete the training are eligible to become certified PAS assessors. This four-day training is designed for technical assistance specialists, quality monitors, management, consultants, researchers, and other professionals interested in using the PAS to reliably assess early childhood leadership and management practices.

Format: Intensive four-day training with evening sessions

Location: McCormick Center for Early Childhood Leadership, National-Louis University, 6310 Capitol Drive, Wheeling, IL 60090

Fee: \$1,025 includes all texts, materials, and meals

Space is limited to 18 participants. Priority is based on date of registration. Participants may receive two semester hours of graduate credit from National-Louis University (ECE582C, Early Childhood Program Evaluation) by paying an additional fee and completing course assignments.

Is Social Networking Really for Me?

Facebook as a Marketing Tool for Early Childhood Programs

October 22, 2010

Social networking isn't just for teenagers anymore! Kara Lehnhardt, Director of Technology Initiatives at the McCormick Center for Early Childhood Leadership, will explain how Facebook can be a powerful tool to help you market your program and communicate with stakeholders. You'll learn how to create a Facebook page for your program, post photos, set permissions for visitors, and track the effectiveness of the page. You will also have an opportunity to discuss the implications of social networking tools and how to establish policies and procedures that ensure the privacy of families and staff. *No past social networking or advanced computer skills required.*

Format: 9:00 am – 4:00 pm

Location: Danville Area Community College, 2000 East Main Street, Danville, IL 61832

Fee: \$45



Become a fan of the McCormick Center for Early Childhood Leadership on Facebook!

Professional Development Opportunities

Phun with Photos Mastering the Art of Digital Photography in Your Program

December 2–3, 2010

Learn how to make digital photography an integral part of your program. Presented by Kara Lehnhardt and Giovanni Arroyo, this institute will cover the essentials of how to upload, edit, and organize your photos. Explore the many ways to use photos as a way to communicate with parents and other stakeholders in your program. Participants may attend one or both days. Individuals attending both days will receive a certificate of completion documenting 14 clock hours of training towards the Illinois Director Credential (IDC). *No past photography or advanced computer skills required.*

Content: Day 1: Uploading, editing, and organizing digital photos

Day 2: Photo sharing

Format: 9:00 am – 4:30 pm

Location: McCormick Center for Early Childhood Leadership, National-Louis University,
Chicago campus, 120 S. Michigan Avenue, Chicago, IL 60603

Fee: \$45 (one day), \$80 (both days)

For more information about these professional development opportunities and a list of local hotels, please contact Debra Trude-Suter at (800) 443-5522, ext. 5056 or debra.trudesuter@nl.edu. You can also register online at <http://cecl.nl.edu>.

Just Published

A Great Place to Work

Creating a Healthy Organizational Climate

Ann Hentschel and Jill Bella joined Paula Jorde Bloom in writing an updated and expanded edition of this NAEYC bestseller. *A Great Place to Work* looks closely at how ten dimensions of organizational climate help shape the quality of work life for staff. Through thought-provoking questions and engaging exercises you'll learn how to assess the climate of your program, consider the unique role perspective plays in shaping work attitudes and behavior, and implement specific strategies that will help you create a truly great place to work.

This is the sixth volume in the Director's Toolbox Management Series. The books in this series are perfect self-paced guides. ISBN: 978-0-9827082-0-0, \$22.00, soft-cover, 120 pages.

Available from New Horizons (www.newhorizonsbooks.net), NAEYC, and Gryphon House.



Be the change you want to see in the world . . .

Mahatma Gandhi

Malisa Rader of ISU Child Development Laboratory School in Jewelle, Iowa attended our 2010 Leadership Connections conference. Inspired by the message of Dr. Sharon Lynn Kagan, the Visionary Award recipient and Public Policy Forum keynote speaker, Malisa took steps to become an agent of change and was pleasantly surprised by the result. In her own words...

I wanted to let you know how inspired I was at Leadership Connections by the Public Policy Forum. Dr. Kagan's session encouraged me to write to my state legislators regarding some of my concerns around Universal Pre-K for the state of Iowa. I received a surprise phone call from one of the state representatives and we had a pleasant chat. I'm meeting, in person, with a state senator to better help him understand the perspective of the early childhood community programs and my concerns. I'm nervous, but excited! I wanted to thank you for the excellent conference, and the change in me—a feeling of empowerment and inspiration.

Save the Date!



May 2011

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	28	29	30	31

11th Annual Leadership Connections conference

For more information contact Donna Jonas: 800-443-5522 ext. 5058 or donna.jonas@nl.edu.

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