Communicating with Language

The ability to communicate with language is uniquely human. Child care facilities are filled with many sights and sounds of communication. In the infant room, babies coo with pleasure or cry to say they are hungry, want contact or need a diaper change. As caregivers get to know the infants in their care, they learn to understand each baby’s special way of communicating their needs. In the toddler room, young children communicate by using one or two simple words, by grabbing or pointing, by crying, or by squealing with joy. By preschool age, children are usually able to use many different words and word combinations to express their different wants, needs, and ideas. They can use words for a variety of purposes. They might ask questions, make up a story or talk with their friends.

Language has rules to follow and is organized into a system of signs and symbols. Children learn to understand and use language(s) when their family members and caregivers talk to them and respond to their efforts to communicate. When a caregiver smiles back to an infant and says, “You like singing!”, the infant feels heard. This encourages the infant to keep using sounds to communicate. Adults expose children to language when they talk and read to them, and when they play with the children. Children hear the sounds and the rhythms of language and begin to learn words and understand how to use them in their language(s). As the brain develops, so does the child’s ability to hear and use the sounds and sound combinations of the language(s) heard on a daily basis. The first sounds most children use are sounds they see others make. The “p” in papa and the “m” in mama are good examples. As the tongue, teeth, mouth, and throat grow larger and longer, the young child gains control over these structures and can form more words. Gradually children learn to use the sounds to form words. Children usually understand more words than they can express. From birth they learn about two words per day. As early as 16-18 months they begin to put words together into sentences. Infants, toddlers, and preschoolers quickly understand how to use nouns, verbs, and words that express their feelings. To find out more about how speech and language develop, see the American Speech, Hearing, and Language Association website: www.asha.org/public/speech/development.

Language involves hearing the words and seeing the gestures, taking in the meaning of the words and gestures, and being able to share thoughts through words and gestures. Young children can understand and use language without speech (talking). Infants and toddlers often use gestures before they talk. When they want to be picked up, children often look at the caregiver and lift their arms. Over time, most children add sounds, then words and finally sentences. They learn that speech is a more effective and efficient way to communicate. Children need the means, opportunity, and motive to successfully acquire speech and language skills. Cognition, motor skills, and health form the foundation, or means, that support the development of language skills. Children are motivated to communicate as they learn to talk and are given opportunities to practice. Caregivers give children opportunities to build language skills when they read, sing and talk with the children. Warm interactions throughout the day help the children understand and use the language(s) they hear.

In This Issue

1 Communicating with Language

2-3 Late Bloomer or Communication Disorder?

4 May is Clean Air Month

5 What Did You Say?

6 Child Abuse and Neglect in Child Care

7 Pedaling and Pretending

8 Ask the Resource Center

References:
Late Bloomer or Communication Disorder?

Each child develops at his or her own pace and most reach milestones within expected age ranges. A developmental milestone, such as talking, is a physical or behavioral sign that an infant or child has developed a skill. Some children say their first words early on, while others take more time to use words. Children who are noticeably behind their peers in learning to speak or understand language may have a communication delay. About half of these “late bloomers” catch up on their own. The others could have a communication disorder.

Children might have a hearing impairment if they understand and respond to body language, such as facial expressions, but do not respond to or comprehend spoken language. If children hear but do not understand what is being said, they may have a receptive language disorder. Children may have an expressive language disorder if their attempts to use language to communicate fail, despite clear pronunciation. Children may have a speech disorder if they are not able to say words clearly enough for others to decipher what they are saying. About 5% of children entering first grade have noticeable speech and language problems. Early intervention helps children reach their full potential.

Common causes of communication disorders include:
- hearing disorders and deafness
- voice problems
- speech problems such as stuttering
- autism

Children with communication disorders are likely to have on-going language problems if they also show delays in:
- social/emotional development
- cognitive development
- use of gestures, sounds and eye gaze
- speaking and understanding words
- the use and manipulation of objects

Children with general delays in several areas of development are at risk for:
- language and learning disorders
- behavior disorders
- mental retardation
- autism spectrum disorders

Language Disorders

Children with language disorders have difficulty interpreting or understanding spoken language, written language, and sign language. Children have specific language impairments (SLI) if they are at least 12 months behind other children their age in meeting communication milestones. These children have trouble with the basic rules of language, such as grammar and word order. SLIs affect 7% of all children.

Speech Disorders

Speech sound disorders

Speech disorders have to do with making sounds (articulation) and processing sound patterns (phonological processes). Most children make some mistakes as they learn to say new words. A speech sound disorder occurs when mistakes continue past a certain age. People use many different kinds of sounds when they talk. Some sounds are easier to master than others. Most children can say “h” as in “he” by 3 years of age, but many are 8 years of age before they can clearly make the “th” sound as in “this”. For information about typical speech development go to http://members.tripod.com/Caroline_Bowen/acquisition.html

Stuttering

Children who stutter have problems with speech fluency. Their speech sounds are disrupted and do not flow smoothly and naturally. Most people occasionally repeat words, or say “um” or “uh”. Stuttering is when these speech patterns interfere with communication. Stuttering usually begins between the second and fourth birthday. During this time, just as many girls stutter as boys. Girls often recover without intervention. For every 3 boys who persist in stuttering, only one girl continues to stutter. For some, stuttering lasts throughout life.

Childhood apraxia of speech (CAS)

Children with childhood apraxia of speech (CAS) have trouble saying sounds, syllables and words. Their brains have problems planning how the lips, jaw, and tongue should work together to form sounds and words. Children know what they want to say, but their brains have difficulty coordinating the muscle movements necessary to say those words.

Hearing Disorders

Many problems with hearing can be recognized in very young infants, often during newborn or infant hearing screenings. Others do not become evident until later in childhood. Toddlers and older children with hearing impairments are usually able to use hand gestures to let people know what they want or need, but they do not use or understand words.

Hearing impairments cause delays in speech and language development. They might also lead to learning problems, social isolation, and a poor self-concept. When children can not hear or be heard they are at risk for behavior problems resulting from the frustration and isolation that comes from not being able to communicate.

Early intervention services can provide a range of services to help these children learn to communicate. Hearing aids and other devices that amplify sound can prevent or minimize problems with communication. These and other interventions are most effective in promoting speech and language development when they are received by 6 months of age.

Otitis Media

Middle ear infections are common in infants and young children. When the ear is infected it fills with fluid, which muffles sounds and makes it hard for children to hear clearly. As with any hearing loss, chronic ear infections can result in language delays. Children with frequent or long-lasting middle ear infections during the first 5 years of life are at risk for language delays, which can lead to reading delays.

Autism

Autism, a developmental disorder, is linked to biology and brain chemistry that is not typical. Children with autism have difficulty with social interactions, and with verbal and nonverbal communication. They also have problems processing the information they receive through their senses. Autism affects four times as many boys as girls and is now estimated to occur in one out of every 166 children in the U.S.
Early Intervention

In one way or another, communication underlies almost every aspect of daily life. Early interventions can reduce and sometimes prevent the long-term problems with learning and behavior that often go along with communication disorders. The signs and symptoms of different disorders often overlap, making it hard to know the cause of the problem. If caregivers recognize any of the signs of communication disorders in the children in their care, they should refer them to their primary health care provider for screening. If necessary, a full assessment will be recommended.

Information about North Carolina's Early Intervention Services can be found at: www.ncei.org.

Contact the Family Support Network at 800-852-0042 for information about disabilities and local and statewide resources.

Communication - Developmental Milestones

<table>
<thead>
<tr>
<th>4 months</th>
<th>9 months</th>
<th>12 months</th>
<th>15 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>- imitates/turns towards sounds</td>
<td>- responsive smile</td>
<td>- says “dada”, “mama”</td>
<td>- uses 2-5 words or more</td>
</tr>
<tr>
<td>- coos and babbles</td>
<td>- understands simple commands, e.g., “no”</td>
<td>- uses gestures</td>
<td>- uses many gestures, sounds, simple phrases</td>
</tr>
<tr>
<td>- responds to name</td>
<td>- uses voice to get help and attention</td>
<td>- responds to simple verbal requests</td>
<td></td>
</tr>
<tr>
<td>- social smile</td>
<td>- uses babbling like real speech</td>
<td>- plays peek-a-boo</td>
<td></td>
</tr>
<tr>
<td>- watches people’s faces</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Concerns

- no social smile  
- no focus on faces  
- no response to loud noises  
- no babbling

<table>
<thead>
<tr>
<th>18 months</th>
<th>21 months</th>
<th>24 months</th>
<th>36 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>- uses 10 words or more</td>
<td>- uses 25 words or more</td>
<td>- uses 50 words or more</td>
<td>- uses 400 words or more</td>
</tr>
<tr>
<td>- makes more than 5 different sounds</td>
<td>- learns a few new words each week</td>
<td>- says simple sentences; “Mommy go outside.”</td>
<td>- says own name</td>
</tr>
<tr>
<td>- imitates spoken word</td>
<td>- combines words</td>
<td>- follows simple instructions</td>
<td>- says 4-5 word sentences</td>
</tr>
<tr>
<td>- identifies body parts</td>
<td>- identifies several objects when named</td>
<td>- recognizes pictures in books and listens to simple stories</td>
<td>- follows 2-3 part commands</td>
</tr>
<tr>
<td>- engages in pretend play</td>
<td></td>
<td>- enjoys peers</td>
<td>- answers what, where, why questions</td>
</tr>
</tbody>
</table>

Concerns

- has trouble imitating sounds  
- communicates with gestures, not words

<table>
<thead>
<tr>
<th>24 months</th>
<th>36 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>- says less than 15 words</td>
<td>- makes poor eye contact</td>
</tr>
<tr>
<td>- does not use 2-word phrases on his/her own</td>
<td>- does not engage in pretend play</td>
</tr>
<tr>
<td>- does not follow simple instructions</td>
<td>- cannot communicate</td>
</tr>
<tr>
<td></td>
<td>- does not understand simple instructions</td>
</tr>
<tr>
<td></td>
<td>- has limited interest in toys</td>
</tr>
</tbody>
</table>

Loss of any language or communication skills at any age is a concern.

References for pages 2 and 3:
First Words Project. Retrieved Feb. 27, 2008 from http://firstwords.fsu.edu
April is
Injury Prevention Month
April 19th-26th National Infant Immunization Week

May is
Healthy Vision Month
National Physical Fitness and Sports Month
Melanoma/Skin Cancer Detection and Prevention Month
May 11th-17th Food Allergy Awareness Week
May 24th-31st Cover the Uninsured Week
May 9th National Child Care Provider Appreciation Day
May 21st National Employee Health and Fitness Day

June is
Cancer from the Sun Month
Home Safety Month
June 1st-7th Sun Safety Week
June 9th-15th National Men's Health Week
June 22nd-28th Helen Keller Deaf-Blind Awareness Week
June 15th Family Awareness Week

**Bulletin Board**

**TV Turnoff Week is April 21-27**

Turnoff TV Week raises awareness about the harmful effects of excessive television watching. Watching TV often keeps people from being physically active or engaging in productive and rewarding community activities. Turnoff TV Week encourages people to reduce the amount of TV viewing and replace it with other activities. Why not take advantage of the extra time.

- Take a walk.
- Read a book.
- Have a meal with the family and “catch up”.
- Simply enjoy the company of other human beings, pets and nature.

For more information go to www.tvturnoff.org

**National Women's Health Week is May 11-May 17th**

National Women's Health Week will kick off on Mother's Day, May 11th. This national initiative encourages women to make their health a top priority. Simple steps can make for a longer, healthier and happier life. Families, businesses, government and community groups will work together to improve women's mental and physical health, and to prevent disease. Focus on these Four Key Factors:

- Engage in regular physical activity.
- Make healthy food choices.
- Get recommended health check-ups and preventive screenings.
- Avoid risky behaviors such as smoking and not wearing a seat belt.

For more information go to www.4women.gov/whw.
People communicate with someone almost every day. They may write a note or have a conversation over the fence, but people usually use language to communicate. Children begin to absorb language in infancy. When babies babble they reflect the rhythms and inflections of the language spoken at home.

Young toddlers understand and use body language, gestures and some words. They point to their glasses to ask for more milk. Children from 2-5 years of age continue to increase their vocabulary and begin to understand that words can be heard, said, gestured, written and read. Children's ability to understand and use language affects their ability to succeed in school. Children with speech and language disorders often have trouble learning basic skills such as reading, writing and reasoning. Speech and language therapy are more effective when they are received early in life.

What did you say?
Most infants have their hearing screened before they leave the hospital. Passing this screening does not mean the child will never have a hearing problem. Children's hearing should be screened anytime they show signs of a hearing disorder.

Signs of hearing problems:

**Infants**
- do not startle at sudden loud noises soon after birth
- do not recognize a parent's voice by 3 months
- do not turn their heads toward sounds by 6 months
- can not say a few simple words by one year

**Toddlers and preschoolers**
- have limited or poor speech
- are frequently inattentive
- fail to respond to conversation-level speech
- frequently increase the volume on the TV

Talk to me!
Before children can use language, they must understand it. It is normal for children to make some mistakes when learning new skills. With language, most children are able to understand words, speak clearly and communicate with others by the time they are preschool age. Children who continue to have speech problems, should be screened.

Signs of speech or language disorders:
- have trouble speaking: say "wabbit" instead of rabbit, or “tup” instead of cup; or stutter.
- have trouble understanding the meaning of words and how to use them. Children with receptive language disorders find it hard to understand what is being said. Children with expressive language disorders find it hard to communicate their needs, feelings and thoughts.
- have trouble with the practical use of language: say inappropriate or unrelated things in conversations; express little variety in their use of language; are not able to take turns in conversations; are not able to adjust their tone of voice or the topic to match a change in audience. These are signs of a pragmatic speech disorder.

Autism
Many young children struggle as they learn to communicate and interact socially. Children who have a very difficult time interacting with and communicating with others should be screened for autism.

Signs of autism
- have speech that sounds "robotic" or is high-pitched
- do not pay attention to things they see or hear
- have unusual attachments to objects
- have difficulty expressing basic wants and needs
- have poor eye contact
- have problems making friends
- cry, become angry, laugh for no known reason or at the wrong time

References:
Child Abuse and Neglect in Child Care

Child abuse and child neglect can happen in any setting, including a child care facility, where the responsible adult does not protect the child. Abuse of a child can be physical, sexual or emotional. Child neglect is serious disregard for a child's supervision, care or discipline. The Division of Child Development's (DCD) Child Abuse/Neglect Unit investigates such instances in child care settings, along with the local Department of Social Services (DSS) and sometimes local law enforcement.

Many child care providers are familiar with the signs of abuse and neglect in children. They suspect child abuse or neglect if they see children come in to the facility with unexplained bruises in various stages of healing. As mandated reporters they typically report this to the local Department of Social Services. What child care providers often miss, or do not realize, is that abuse or neglect can and does occur in their own setting.

What about in child care?

Providers are responsible for the supervision, care and discipline of children. To provide adequate supervision caregivers should always know which children are in their care and where they are. Children must be supervised at all times: in the classroom, in the hallways and bathrooms, in the outdoor learning environment, during transportation and while on a field trip. Keeping the sign-in/out sheet close at hand, ensures that the providers know who is present and in their care. Before moving to a different area, upon arriving at a different area, and about every 15 minutes, caregivers should account for each child in attendance. When a child is left behind on the playground, in the classroom or on a field trip, he or she is unsupervised, possibly in danger and possibly traumatized. This disregard for a child's supervision is a serious sign of child neglect.

Child care providers are required to follow the discipline policy of their center or family child care home. They must also follow the requirements in the NC General Statute 110-91 (10) and NC Child Care Rules .1722, and .1801. They specify actions, such as corporal punishment and other harsh treatments that are not allowed. These requirements support discipline that is age and developmentally appropriate. The sample Discipline and Behavior Policy found in the child care handbooks includes lists of discipline DOs and DON Ts. Discipline outside these requirements could be considered abuse or neglect. For example, if a caregiver is frustrated with a child she might tell the child to stand in the corner for half an hour. When the child refuses to do this, the provider spanks her on the bottom. The child might tell her parents what happened. If the parents suspect abuse, for either the excessive time out or the spanking, they might contact law enforcement and press charges or file a report with the DCD or DSS.

Attitudes and behaviors can help a child develop a sense of self, or cause serious damage to the child's emotional and psychological health. For example, a provider may use a harsh tone to call a young boy "a mean little brat" and follow it up with the statement "and no one likes you." Hearing these negative messages repeatedly will damage the child's emotional health.

Co-workers who witness abuse or neglect can help each other make better choices for words and discipline. They can ensure adequate supervision and care of children. As mandated reporters they must also report their suspicions of the abuse and neglect they see in the facility to the local DSS's child protective services intake unit. Reports can be made by calling the DCD's intake unit, at (800) 859-0829 or (919) 962-4499.

Special thanks to Andrea Lewis
Assistant Section Chief
Child Abuse/Neglect Unit, Regulatory Services Section
NC Division of Child Development

Reference:
Pedaling and Pretending

**Brown Bear, Red Bike and Me**
Pedaling knees bend up and down
Red wheels turning round and round
Glittery streamers fly in our wake
Brown Bear pilots, as now we take
A turn down a path, he leads us on
Knights on horses dash over the lawn
Bright fairies light under shady trees
Sing sweet lullabies in the cool soft breeze
We're asleep under stars now Brown Bear and me
More dreamy adventures tomorrow we'll see!

—Lucretia Dickson

Spring is here and with it comes warmer weather! Take advantage of children's abundant springtime energy and enthusiasm and offer them different ways to use their bodies and express their creativity. Riding tricycles expends energy as it takes children on pretend journeys. It develops their coordination, and strengthens leg and hip muscles. It also reduces their risk for obesity and increases their heart rates. Enhance the experience by providing props for building an obstacle course.

Create an obstacle course. Offer the following props over a few days and watch how the children use them to change their play.

- Orange cones or plastic buckets turned upside down can create the basic obstacle course.
- Children can use sidewalk chalk to draw roads, paths, bridges, stoplights, stop signs, rivers, and trees along the way. They might decide to draw a restaurant, a bank or a store with a drive through window so they can "drive through" on their bikes. They might create a meandering path to an imaginary land.
- Jump ropes laid side by side can represent a bridge. They can be placed by the roadside for an additional physical activity on the way to their destination.
- Provide a supply of construction paper and crayons for making arrow signs, stop signs, caution signs, and street signs. Give children tape so they can post their signs.

Skills developed during pedaling activity

- Large motor skills as they navigate the obstacle course
- Creativity as they build their obstacle course and pedal down the path to “never- never land”
- Artistic skills and early literacy skills as they create symbols and signs
- Social skills as the children work together to make their signs, and create their obstacle course

For their safety, supervise children closely when they are building and riding through their obstacle course. This is a good time to go over bicycle safety rules. Make sure the first aid kit is handy for the occasional bare-kneed boo-boo!

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**Tricycle Safety**

- Pay attention to “traffic signs” on the playground. "Beep! Beep! Coming through!"
- Always put on a helmet and buckle the chin strap before riding.
- Always remove the helmet after riding. Helmets worn while playing on equipment increase a child’s head size, which increases the risk for injury from entrapment or strangulation.

**Fun Facts about Bicycles!**

- 1493 - Leonardo da Vinci drew sketches of a contraption that looked like a bicycle.
- 1690 - The Frenchman De Sivrac built the first bicycle-type vehicle. It was referred to as a hobbyhorse.
- 1817 - The German, Baron von Drais, built the first bicycle. It was called the Draisienne hobbyhorse. It did not have pedals. How did people get it to move?
- 1849 - The Scottish blacksmith, Kirkpatrick Macmillan added pedals. He is credited with inventing the real bicycle.
- 1861 - Ernest Michaux invented the modern bicycle with pedals and cranks.
- Today there are twice as many bicycles as cars.
- One billion people in the world ride bicycles - 57 million are Americans and 400 million are Chinese.

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**Literary Corner**

**Bicycle Safety (Stay Safe!)**
by Sue Barraclough 2007

**Bear on a Bike**
by Stella Blackstone 2001

**Franklin's Bicycle Helmet**
by Paulette Bourgeois 2000

**The Bear’s Bicycle**
by Emilie W Mcleod 1986

**Stella and Roy 1993**
by Ashelly Wolff

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Reference:
Q: I use automatic air fresheners in my home. One of my parents doesn’t want me to use them in the rooms where I care for the children. She is worried that they may be harmful to the children. I like the way they make the room smell and want to keep using them. Are they safe to use or should I stop using air fresheners?

A: This question was raised with the N C Division of Child Development and the Children’s Environmental Health Branch, too. Problems can arise from the combination of chemicals found in automatic air fresheners and from improper installation.

Air fresheners **are not allowed** in child care
- if the product label indicates that **direct inhalation can be fatal**
- if they are installed to **blow directly into the breathing zone**.

Air fresheners, of any type, contain volatile organic compounds like formaldehyde, phthalates, petroleum distillates, p-dichlorobenzene, and aerosol propellants. These are organic solvents that easily evaporate into the air. Exposure to these chemicals may cause negative short term and long term health affects.

Air fresheners are **allowed** if all of the following are true.
1. The product label does not indicate that direct inhalation can be fatal **AND**
2. They are installed correctly according to manufacturers directions **AND**
3. They do not blow directly into the breathing zone.

To minimize potential health problems:
- Only use air fresheners when children are not in child care.
- First, read the label. Note the product’s ingredients. Consider an alternative method to freshen the air if organic compounds such as phthalates, petroleum distillates and aerosol propellants are listed on the label. Heed all warnings for use.
- Always use the product for the intended purpose and always install it according to the manufacturer’s instructions.
- Use the product in a well-ventilated area.

Try other ways to freshen the air.
- Open windows for 20 minutes to bring in fresh air.
- Keep draperies and carpets clean.
- Make a mist solution with water and lemon.
- Place a cup of baking soda in problem areas such as the fridge or the trash cabinet.
- Make potpourri with dried flowers and fruits.

Reference: