2013 FAMILY SLIDING DAY!!

We are very excited to offer Family Sliding Day this year (weather permitting of course)! The event has been scheduled for Friday, February 22nd at the Sand Pitt on Hwy 13 (approximately 8 miles north of Buffalo Bay gas station; location where the sled dog races start and end). ECC staff will meet families there around 10am and end around noon. Families are asked to bring their own sleds and wear warm winter gear! The ECC will provide a lunch and hot chocolate for everyone. If the weather is extremely cold/drastic or there is not enough snow for sliding, the ECC will offer an alternative activity at the ECC. If you have any suggestions please let us know!

See you all there! Please call 779-5030 for any questions, suggestions or info.

Menu Planning @ ECC!!

The ECC will be offering menu planning educational sessions through the UW Extension office. The classes will provide an introduction and hands-on experience creating menus, couponing, buying fruits, veggies and meats, and shopping with grocery ads. The sessions will be every Wednesday throughout February (6th, 13th, 20th and 27th) from 4:30-5:30pm. A light dinner and child care will be provided. If you are interested in attending, please call Nicole (ext 253) at 779-5030 to sign up. The first 15 to sign up and complete a session will receive a $15 gas voucher!
# Namebini-Giizis (Sucker Moon) February 2013 Events

<table>
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<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
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<td><strong>Call 779-5030 ext 258 to sign up for swimming</strong></td>
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<td>Tribal Council mtg 4:30</td>
<td>Johnson O’Malley mtg 3:30pm</td>
<td>GED class 11-2 @ ECC Menu Planning 4:30 @ ECC</td>
<td>10:45 Pow Wow Multi &amp; Historical Trauma 9-5 @ Northland College Language Table 5 -7 @ ECC</td>
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<td>Ecc Swimming 10-12</td>
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<td>6pm Feast @ LW for RC DV Program</td>
<td>TAP starts at Bayfield School Bayfield School Board Mtg 6pm</td>
<td>Policy Council Mtg 12:30 @ ECC</td>
<td>GED class 11-2 @ ECC Menu Planning 4:30 @ ECC</td>
<td>10:45 Pow Wow Language Table 5 -7 @ ECC</td>
<td>Bayfield School Early Release @ 12:45</td>
<td>Ecc Swimming 10-12</td>
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<td>ECC/TRIBE CLOSED President’s Day *Bayfield School Closed</td>
<td>Tribal Council mtg 4:30 @ LW</td>
<td>GED class 11-2 @ ECC Menu Planning 4:30 @ ECC 6pm Cyber bully Presentation BR</td>
<td>10:45 Pow Wow Language Table 5 -7 @ ECC</td>
<td><strong>Family Sliding 10am Sand Pitt</strong></td>
<td>Ecc Swimming 10-12</td>
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<td>Ecc Swimming 10-12</td>
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Angongos News for February 2013

Happy Valentines Day to all
We heart you
Amber, Cindy, Gena

Happy Birthday
On the 17th to Isobel
On the 11th to Jenova
On the 23rd to Mayce
Hope you all have a great day...

Socialization for February
Thursday February 7th We will be talking about the
Importance of Immunizations
With Anna Carlson
At the Early Childhood Center from 5-7 p.m.

Menu Planning
Come Join in the fun of learning how to prepare a menu.
February 6, 13, 20 and the 27, 2013
At the
Red Cliff Early Childhood center
From 4:30 to 5:30.
Presenter: UW Extension and ECC Staff.

Slidding Day
February 22nd 2013
At Sand Pit on HWY 13
Starting at 10:00
(Dates and times may change due to weather)
We will keep everyone posted.
Home Base
Teachers

* Cindy Garrity
  Ext. 238
* Gena Mertig
  Ext 235
* Amber Hanson
  Ext. 236

Home of the Chipmunks
(Amongos)

For more information about the Home Based Program,
Please Call
715-779-5030

The Red Cliff Head Start Home Base Program
89830 Tiny Tot Drive
Bayfield WI.

Red Cliff Early Childhood Home Base Program

Bimaadizijig Nigaani
Families Learning Together

Serving prenatal, mothers and families with children
0-3
Mission
All children will learn, grow and develop to realize their full potential, and our community, families and teachers will build a strong foundation for our children by offering the teachings of our four traditional values that we live by, Honesty Respect, Sharing and Kindness.

“YOU ARE YOUR CHILD’S FIRST TEACHER”

Benefits of Home Base
1. From birth to age 3 children learn more than at any time in their lives.
2. Parents have the most important role of helping their children experience all the things they need during this time.
3. Our program provides information on child development and brain research, and involves you in activities with your child that help encourage all areas of development.
4. The experiences provided to children during the early years of development, help to determine how they learn when they enter school.
5. Studies have shown that doing activities with your baby and child strengthen parent and child attachment.
6. Home visits are 90 minutes long once a week for children. Monthly visits to provide prenatal information from conception to delivery.
7. Two socializations per month. Meet with other families, share ideas, socialize...
8. Our program provides dental varnishing, hearing, and vision for your child.
9. If enrolled, your child is able to participate in our centers Xmas gift exchange, free picture packets in the fall, graduation activities in July, and much, much more.

Eligibility Criteria
Families living in Redcliff
Families living on the reservation who are enrolled in a tribe
Families Enrolled in a tribe and live in Bayfield county
Pregnant women, or families with children ages 0-3
Loyalty trying to crawl.
Warren going up the steps.
Lamiyah playing music.
Henry pulling a toy.
Adena using onaagan.
Silas likes to drum on the deweigan!
Tim kicking and using his hands!
Azalyn likes the omakakii.

A big bezhig to Silas.
We are off to a new year, and really appreciate that our parents are calling in for your child. When sick or gone, or a family day, this helps us with the paper work. We have come to know your child better, with all the help from our parents. Happy belated birthday to Henry!

Karen, Teresa, Fred
Ojibwemowen: niwaj (more)
mī’i w (all done)
Boozhoo, I can’t believe January is here and gone already. How time fly’s when we’re having fun. We are continuing to work very hard on learning and speaking our Ojibwe language with much help from Mr. Jay. We are also continuing to learn to use words to express our feelings, needs, and wants.

Charlotte enjoys drawing on the easel.
Robert enjoys looking at books.
Connor enjoys playing catch.
Maylean enjoys taking care of the babies/dolls.
Zaiden enjoys painting/coloring.
Shaun enjoys exploring the outdoors.
Jose enjoys puzzles.
Caleb enjoys story time.
All the children enjoy Pow Wow on Thursdays

Some Ojibwe to practice at home:
What’s the matter? - Aaniin danaa?
I’ll be back. - Indaa-bi-zhe-giiwe.
Clean up (s.) - Biinichigen

DATES TO REMEMBER

02-14  Valentines Day
02-18  Presidents Day (ECC Closed)

Family Sliding Day
February 22nd
Sand Pitt 10am
Boozhoo!
We hope you all are enjoying your winter. We are learning so many things this year in the Makwa room.

What we did:
We spent the last month exploring outside, storytelling, and talking about books!

What we are doing now:
We are continuing to practice self-help skills, including self-serving at the table. If you allow your child to help while they are at home, it will help them develop this skill even further. We are also practicing taking turns. Remember “niin nitam, giin nitam, wiin nitam” (my turn, your turn, his/her turn).

What we are going to do:
We are going to work on time and clocks, learning what clocks look like, naming numbers and learning how the hands move. We will also learn about “Community Helpers” such as fireman and the mailman.

Chi-miigwech

Please remember if it is above 0 degrees we will go outside.

~Miss Katy and Miss Corky~
Ext 244
The weather has been very cold, please remember that we go outside daily so it is important for your children to have clothes to go outside. We will be having a climbing area in the room. This will keep us busy for when we can go outside due to cold weather.

In March we will be having a grocery store in out room with real items you would find in a store. If you have any empty food containers or any other empty containers at home please bring them in.

We are learning:

- Numbers
- Recognizing our name and the letters in it.
- Counting past 10
- Recognizing numbers
- Counting in Ojibwe past ten
- About what happens in winter

Valentine’s Day is on a Thursday, you are welcome to bring in treats and cards on that day

**Nadine and Amber**

**Ojibwe Words for this month (animals):**

<table>
<thead>
<tr>
<th>Ojibwe Word</th>
<th>English Word</th>
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<tbody>
<tr>
<td>Makwa-Bear</td>
<td>Gookoosh-Pig</td>
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<tr>
<td>Waawaashkeshi-Deer</td>
<td>Animosh-Dog</td>
</tr>
<tr>
<td>Bizhiki-Cow</td>
<td>Bebezhigooganzhii-Horse</td>
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<tr>
<td>Gaazhagens-Cat</td>
<td>Waawaabiganoojiinh-Mouse</td>
</tr>
</tbody>
</table>

Please free to contact us anytime and call if your child is sick, will be absent or is going to be late!

715-779-5030
Classroom Ext: 241
Office Ext: 242
Boozhoo! This months educational teachings for the children in the migizi classroom will be to help increase memory, recognition, identify the alphabets’ E to H. and numbers from 10 to 20 in ojibwe.

**Ojibwemowin: Numbers**

10. Midaaswi  
11. Midaaswi shi bezhig  
12. Midaaswi shi niizh  
13. Midaaswi shi niswi  
14. Midaaswi shi niiwin  
15. Midaaswi shi naana  
16. Midaaswi shi ningodwaaswi  
17. Misaaswi shi niishwaaswi  
18. Midaaswi shi ishwaaswi  
19. Midaaswi shi zhaangaswi

**Second Step— Identifying Feelings, Safe and Unsafe feelings**

**Alphabets-** E as in elephant, F as in fish, G as in goat and H as in hat.

**Sand and Water Table:** Finding hidden alphabets under dry baby food.

**Cooking:** Jell-O squares with letters

Miigwich From; Ms. Diann, Ms. Tracy and Ms. Patsy
Ma'iingan News

What's Happening...

With the hustle and the bustle of the holiday season behind us, the children are busy settling back into their classroom routine. We are so impressed each day with their ability to follow directions and seamlessly move from one daily activity to another. They are working hard to take care of their own needs and have come a long way since the beginning of the school year. We are working on helping the children put on their own outdoor clothing as well as put it away when we come back in. They are also working hard on putting on their own shoes and rolling up their own mats after nap time. It's great to see them working so hard and they are so proud of themselves when they master these skills.

Unfortunately, there are many viruses circulating right now in our community. We understand that this is affecting many of our children and families. Here are a few tips for cold/flu season:

- Wash hands regularly and often.
- Drink plenty of fluids.
- Rest, rest, rest.

As always, we appreciate that you all call when your child will be absent so we would like to say a big "Thank you!"

What's New...

This month we will be focusing on learning about winter and Arctic/Antarctic animals. We will also do a unit about kindness as we get close to Valentine's Day.

The kindergarten readiness goals we will work on are:

- Cutting with scissors
- Sequencing events

Happy Valentine's Day!

February 2013

Miss Beth, Miss Alicia, Miss Bernice
Ext 245

Reminders:
- Please send your child with the following winter items each day:
  - Snow pants
  - Boots
  - Mittens/Hot
  - Jacket

Ojibwemowin:

To be loved:
zaagichigaade
Kiss me
Ojiimishin
Heart/Strawberry
Ode’imin
Boozhoo. Hopefully everyone is staying warm and enjoying the winter weather. Thank you to everyone who is sending snow pants and other snow gear daily. It is very helpful when everyone has what they need to go outside as we have a limited supply of snow pants and warm snow gloves. Also, a big thank you for your patience with mixed up hats and gloves. Imagine seventeen kids getting snow gear on and off in very close proximity to each other. Things can definitely get confusing. We are really emphasizing to the kids how important it is to put their own stuff away so it doesn’t get mixed up or lost.

Just a little reminder to call if your child will not be in or if they will not be riding the bus. A phone call before your child’s pick up time would be much appreciated. Keith and Harold, as well as the classroom teachers, thank you for your help and cooperation.

Now that we are finished with the Wizard of Oz we will be starting a new chapter book. Mrs. Piggle Wiggle is up next with Stuart Little to follow. Again, the kids are doing great listening to the books and are retaining most of the information that is being shared. Great job to you all for instilling a love of books in your children. Keep up the good work!!

We will also be talking about occupations in the month of February. Don’t be surprised to get a phone call asking for a little help showing the kids what their friends’ parents do at their jobs. We will be planning a field trip to some local businesses to see what goes on in our community.

We will be having a student teacher in our classroom in February, March and April. Linda Defoe is completing her BA in Early Childhood and has been placed in our room for ten weeks. We are very excited to have her and look forward to sharing our classroom experiences with her.

Thank you again for sharing your wonderful children with us. Each day is a new experience and we are so lucky to share it with such great kids!

Ms. Virginia, Ms. J, and Ms. Jenn
“The Wizard of Oz" comes to the Red Cliff ECC!!
News from Mr. Jay...........

Boozhoo Niij-Anishinabedog, Nitam inga-wiindamaage izhikaazoyaan, Manidoo Noodin indizhinikaaz. Bizhiw indoodem. Mii imaa Odaawaa zaaga’iganing ishkonigan debedendaagoziyaan miinawaa dash Miskwaabikong ishkonigan indaa noongom. Indakwe niwii-zhaaganaashii ajina...

Hello my fellow Anishinaabe people, first I shall tell you what my name is, Manidoo Noodin is my name. Bizhiw is my clan. It is there the LCO reservation that I belong to and I also live here in Red Cliff. Now I will speak English for awhile.

I hope everyone enjoyed the holiday season and is staying warm during our recent cold spell. As the Ojibwe language teacher at the ECC I have been busy providing vocabulary and instruction to the staff and children. Below are some of the phrases that we use everyday:

The suffixes listed above are classified as “B” form suffixes and lend themselves to a more complex form of the Ojibwe Language. Learning about these suffixes and other grammar takes place at the Ojibwe language table every Thursday night from 5-7pm at the ECC in the Mikinaak room. It’s a potluck style event that has been very successful. Looking forward, I want to reach out and establish a strong network for our ECC parents and community to have access to Ojibwe language resources that will help everyone re-acquire our language whether it is through language tables or home visits we want to help everyone in this effort.

We have a ton more vocabulary wordlists located on the walls in all of the classrooms so please stop by and see what words we are implementing every day. Keep working hard...enigok!

If you need any translations please do not hesitate to call me at 715-779-5030 ext.228

Weweni go

Jason Schlender (Manidoo Noodin)

IT’S ALL ABOUT MII

Mii azhigwa da-ni-giweyaan- It’s time for me to go home
Mii azhigwa da-ni-wiisiniyaan- It’s time for me to eat
Mii azhigwa da-nibaayan- It’s time for you to go bed
Mii azhigwa da-goshkoziyeg- It’s time for you (pl.) to wake up

GREETINGS

Aaniin ezhi-ayaayin? How are you doing?
Aaniin ezhiwebiziyan? How are you behaving?
Aaniin ezhichigeyan? What are you doing?
Aaniin danaa? What’s the matter?
Aaniin enikamigak? What’s new?
This winter has been a hard season for our kids who have asthma. Although we can’t prevent diseases like pertussis or the flu from coming in the community, there is one thing that we as a community CAN control to help our kids who have asthma feel better and that is to protect all our kids, but especially our kids with asthma, from second and third-hand smoke.

**Secondhand smoke makes asthma MUCH worse.**

Kids with asthma who are around cigarette smoke

- have flare-ups more often and often have worse attacks
- are more likely to have to go the emergency room with severe asthma flare-ups
- are more likely to miss school because of their asthma
- must take more asthma medicine
- have asthma that’s harder to control, even with medication

The developing lungs of young children are severely affected by exposure to secondhand smoke for several reasons including that children are still developing physically, have higher breathing rates than adults, and have little control over their indoor environments. Children receiving high doses of secondhand smoke, such as those who have parents who smoke, run the greatest risk of suffering from the damaging health effects.

**Secondhand smoke can even cause asthma in kids.**

Secondhand smoke is also a risk factor for new cases of asthma in preschool aged children who have not already exhibited asthma symptoms.

Just being exposed to smoke from 10 cigarettes per day may put kids at risk of developing asthma, even if they’ve never had any breathing problems before.

Secondhand smoke contains more than 7,000 substances, including over 70 compounds that are known to cause cancer.

**The Dangers of Secondhand Smoke**

Children who breathe secondhand smoke are more likely to suffer from pneumonia, bronchitis, and other lung diseases.

Children who breathe secondhand smoke have more ear infections.

Secondhand smoke can damage the lungs, leading to long-term breathing problems or worsening existing breathing problems.
Things YOU can do to help protect your child from having worse asthma symptoms this winter.

- Let friends, relatives, and caregivers know that tobacco smoke may cause an asthma flare-up.
- NEVER SMOKE AROUND YOUR CHILD. Don't smoke in your home or car. Insist that others don't smoke in your home or car either. Smoking in another area of the home, even if well ventilated, exposes others to secondhand smoke.
- Ask smokers to go outside if they must smoke
- Ask friends, relatives and caregivers not to smoke around your child.
- Encourage family members who smoke to quit and think about quitting if you smoke

Third hand smoke – just as harmful as secondhand smoke.

Third hand smoke is the term used to describe the chemicals and particles from the smoke that stay on clothes, furniture, countertops, floors and other surfaces. Third hand smoke is full of the same dangerous chemicals as second hand smoke.

Curious children who crawl on the floor, climb over the furniture and cling to our clothes are being exposed to third hand cigarette smoke – even if someone has made an effort to smoke in a different room in the house. Once a person smokes in a room, they leave behind cancer causing chemicals on everything the smoke touches.

They looked at some of the specific chemicals that are left behind in third hand smoke and found the following: hydrogen cyanide which is used to make chemical weapons; butane which is used in lighter fluid; toluene which is found in paint thinners; and also arsenic, lead, carbon monoxide, and even polonium-210, the highly radioactive carcinogen that was used to murder former Russian spy Alexander V. Litvinenko in 2006.

So again, please, if you have to smoke, smoke outside. Even if it is really cold – it is the only way to help our children stay healthy. Or smoke in a building where children never go and then change out of your smoking jacket before coming into the house.

Miigwech for helping to keep our most vulnerable children away from cigarette smoke!

-Anna V. Carlson, DNP, RN, CPNP, CLC, ECC School Pediatric Nurse Practitioner
Adapted from Kidshealth.org and NYTimes.org
ECC FAMILY SLIDING DAY

*Friday, February 22nd*
*10am-12pm*
*Sand Pitt on Hwy 13 N*
(8 miles north of Buffalo Bay Gas Station; where sled dog races start and end)

Lunch & Hot Chocolate!

AN ALTERNATIVE ACTIVITY WILL BE PLANNED AT THE ECC IF THE WEATHER DOESN'T ALLOW US TO SLIDE! A NOTICE WILL BE SENT OUT AS SOON AS WE KNOW.
ECC Family Swimming

*Open to families with children ages 0-8*

Where: Bayfield Area Rec Center
When: EVERY Saturday thru March 16th
Time: 10:00am-12:00pm
Food: Light lunch at 11:30am

Reservations needed! Only 40 spots available.

Please call Maureen at 779-5030 ext 258 to reserve your spot.
If you have reserved a spot and are unable to make it, please call to let us know so another family may take your place.

*Sponsored by ECC/LAUNCH*
GED/HSED COURSES offered at the ECC

If you or someone you know is interested in retrieving their GED or HSED, WITC will be offering basic education classes at the Red Cliff Early Childhood Center.

Every Wednesday 11am-2pm @ ECC

No pre-registration is required, simply call or stop at the ECC to sign up.

Completing a TABE assessment is the first requirement, developing a personal plan is the next, and completing the official test is the final step!

Please bring a form of identification with you.

Any questions, call Nicole Boyd @ 779-5030 ext 253.
## February 2013

### Red Cliff GED/HSED Schedule

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**All GED/HSED Students MUST** First Pass Practice GED Tests and Register with Theresa Beckman or Sue Hopkins Before Official GED Testing at WITC Ashland CALL 715-682-4591 Ext. 3118 - Sue Hopkins or Ext. 3430 - Theresa Beckman
ECC EMERGENCY CLOSING POLICY

When the Bayfield Public School and/or the Red Cliff Tribal Office are closed due to inclement weather, the ECC will also be closed. **ECC staff do not need to report to work.**

Due to the age and vulnerability of ECC children, the Center Administrator or designee has the discretion to close the facility. If the ECC is closed while the Bayfield School and/or the Red Cliff Tribal Office remain open, staff need to report to work.

If an emergency or unexpected event should occur during the day, parents will be notified. If parents can’t be reached, emergency contacts will be called.

**Emergency closings will be announced on the radio, 96.7 FM and on WDIO TV Channel 10.**

For HSF 46 Group Child Care purposes, “inclement weather” means stormy or severe, heavy rain, temperatures above 90°F, wind chills of 0°F or below for children age 2 and above, and wind chills of 20°F or below for children under age 2.
Anti-Violence Community Feast

Valentine’s Day is a time to celebrate healthy relationships. Come to the Red Cliff Family Violence Department’s first event in 2013: a community feast and gathering where we will come together against domestic violence and sexual assault!

Speakers * Raffles * Food * Music * Discussion

Sunday, February 10 - 6:00 pm
Legendary Waters Event Center

Musical Guests:
Oshkii Giizhik Singers
Women’s Hand Drum Group from Cloquet, MN

FREE and open to the public (proceeds from raffles will benefit Red Cliff’s family violence program)

Domestic Violence is not an Anishinaabe tradition

For more information, contact Linda Gokee-Rindal,
Family Violence Department Director
Phone: 715-779-3826
Email: linda.gokee@redcliff-nsn.gov
“Let us sit together, and create a healthier community”

Come and join the first event of this series:

Dr. Justin Patchin

This presentation provides a broad overview of your family’s cyber footprint, including social networking, Web site history and cyber bullying.

Wednesday, Feb. 20 6:00 P.M
Bad River
Casino Convention Center

Any Questions, please contact Luis Salas at NNAHA@badriverhealthservices.com
**Carseats 101**

**INFANT CARRIER:**
Typically 5-22lbs and 19-29 inches. Use with or without base. Always check angle of seat for accuracy. Never use add-on items that didn't come with the seat (such as head support inserts and other car seat accessories). Shoulder straps should be at or below the child's shoulders. Do not dress infants in bulky clothing. Straps should be snug enough so there is not slack.

**CONVERTIBLE SEAT:**
Rear-facing harness seat: 5-35lbs. Always check angle of seat for accuracy (use a swim noodle or rolled-up towel to assist with installation). It is recommended to keep children rear-facing as long as possible due to their neck, spine, and head support (until age 2 or 35lbs).
Forward-facing harness seat: Converts to a forward-facing seat as your child grows (up to 35lbs).

**COMBINATION SEAT:**
Forward-facing 22-40lbs. (in 5 point harness). Seat should be buckled in tight and not move while on the seat. Child should be buckled in tight with no slack in the straps. Shoulder straps should be at or above child's shoulders.

**BOOSTER SEAT**
High-Back (top): typically 30/40-100lbs. Do not require head rests. Must have shoulder seat belts (no lap belts).
Low-back booster: typically 30/40-80/100lbs. MUST HAVE HEAD RESTS. Must use shoulder seat belt.
Always buckle a booster seat in when it is not being used to prevent it from becoming a projectile.

The seats you see above are the most common seats distributed in Red Cliff either through the Clinic or ECC. If you have a question about your child being in the right seat, installation or anything at all relating to car seats, please call the ECC (779-5030) or Clinic (779-3707) and ask to speak to a Car Seat Technician (there are several in Red Cliff).
LATCH & Installation tips...

LATCH (Lower Anchors and Tethers for Children) is a form of installation for installing car seats. Most car seats come with the strap bolted to the seat. USE ONLY THE SEAT BELT OR LATCH SYSTEM, NEVER BOTH.

Always hook from the top-down, never from the bottom-up.

Lower LATCH symbol (often located toward the crease of the seats). Always check owners manual to verify location of LATCH in your vehicle.

Top Tether Symbol. For forward-facing only. ALWAYS USE TOP TETHER IF YOU HAVE THE SYSTEM IN YOUR VEHICLE.

Graco Nautilus 3-in-1 Multi-Use Car Seat

Can be used as a harness seat, a high-back booster and a backless booster.

Can only be used as forward-facing car seat

Extended 5-point harness (20 - 65 lbs.)

Converts into high-back belt positioning booster (30 to 100 lbs.)

Converts into backless booster (40 to 100 lbs.)

Great seat for a heavier child who has outgrown the 40lbs harness but is not ready to go into a booster. Cost around $130
Birthing Cost Information

To: Red Cliff Tribal Members and Tribal Programs

From: The Red Cliff Child Support Program
      Betty Kerr, Director

Date: January 22, 2013

Attached: Birth-Cost Satisfaction of Judgments-Red Cliff Band of Lake Superior Chippewa

The Red Cliff Child Support Program is in its planning phase. Currently, we are not providing direct child support services; however, we are working towards the goal of receiving federal approval to open a full service Child Support Services Program by April of next year. We will begin having community informational sessions to explain the program and request community input.

One thing we have done thus far is requested a waiver from the State of Wisconsin to have all current and future birthing costs that have been assessed to Red Cliff Tribal Members eliminated. This process has been completed and our request has been granted.

What does this mean?

In the past if the mother and father of a child were not married and received Badger Care during the pregnancy, the State of Wisconsin would assign (charge) birthing costs to the non-custodial parent of the child.

As of December 3, 2012 the State of WI will no longer take this action against Red Cliff Tribal Members. All current debt for birthing costs will be removed and in the future birthing costs will no longer be charged to Red Cliff Tribal Members. This also means that your taxes will not be intercepted for birthing costs (this does not mean that they will not be intercepted for child support arrears).

We have worked with the State of WI to automate the removal of Red Cliff Tribal Members birthing costs; however, we are not certain that we have gotten everyone with birthing costs assigned to them. You may have received a letter from the county where your Child Support Order originated saying your birthing costs have satisfied (paid off). If you did receive a letter from the county, you are fine and everything has been taken care of. If you know you have birthing costs (not child support costs) assigned and have not received a letter, please call the county where the costs are assigned, inform them you are a Red Cliff Tribal Member and refer them to the attached letter. If you do not get satisfaction from the county, please call our office and we will assist you (715) 779-3769.

In the future if you are called by a County Child Support Agency, inform them that you are a Red Cliff Tribal Member and birthing costs should not be assigned to you. This action does not apply to all Tribes in Wisconsin so you have to be clear and tell the Child Support Agency you (or the other parent) are a Red Cliff Tribal Member.
Date: January 9, 2013

To: Child Support Agency Directors

From: Jackie Scharping
Director, Bureau of Child Support

Subject: Birth Cost Satisfaction of Judgments-Red Cliff Band of Lake Superior Chippewa

The Red Cliff Band has requested a waiver of birth cost judgment amounts owed by their members.

In recognition of the arrangement between the Red Cliff and the federal government for the provision of health care services to American Indians, BCS and the Department of Children and Families (DCF) have agreed to expunge arrearages on Medicaid paid cost debts owed by members of the Red Cliff Band.

Under this agreement, CSAs must not obtain birth cost judgments for enrolled members of Red Cliff. The tribe or tribal member must notify the CSA of their status as an enrolled member of the tribe.

If an order for a birth cost judgment has been entered for an enrolled member of the Red Cliff, a satisfaction of judgment must be entered for balances owed. The balances must be expunged on these sub-accounts by January 30, 2013. Please follow your current administrative or judicial process for satisfying the birth cost judgment. A sample judgment is attached.

Any payments that were applied to birth cost debts in these cases since December 3, 2012 have been adjusted off the birth cost debts and reapplied to other child support debts, or refunded to the individual if there were no other child support debts. BCS made these adjustments and closed the birth cost sub-accounts so that additional payments cannot be applied. Notes have been added behind the adjustments.

If there is an income withholding (IW) in place with a birth cost amount, the IW must be amended to remove the birth cost amount. If the case is eligible for closure, the CSA may enter the appropriate closure code and put the case in PNDC.

Attached is the list of cases that are eligible for a satisfaction of judgment for birth cost debts.

If you have questions regarding this information, please submit your questions to BCS via KIDPOL Request form.

Enclosures

cc: DFES Administrator
    BRO Regional CS Coordinators
    Directors Unit
    Betty Kerr, Red Cliff Band
    Phyllis Fuller/Patti Reuter

   DCF-F-1-E (R. 04/2011)
Help Prevent Asthma: Keep Your Home Smoke-Free

Why Is It Important?
- Children should be in places that are smoke-free, all of the time.
- Secondhand and thirdhand smoke are triggers for asthma, but you can avoid them.
- Cigarette smoke contains chemicals, including some that can cause cancer.

What Is Asthma?
Asthma is a condition that causes swelling and narrowing of the airways. Asthma can cause chest pains and tiredness, and make people wheeze and cough.

What Is Secondhand Smoke?
Secondhand smoke is tobacco smoke in the air. It is the smoke that people breathe in from cigarettes, pipes, and cigars.

Things You Can Do to Help Your Child

- The most important thing you can do to help a child with asthma is to have a smoke-free home.
- Secondhand smoke is never safe.
- Secondhand smoke can cause infections.
- Because children are smaller and still growing, secondhand smoke is even more dangerous for them than it is for adults.
- Children are in the hospital for asthma more often than for most other health problems.
- Children with asthma miss more days of school than children without asthma.
- If a child has asthma, breathing in secondhand smoke can cause more severe asthma attacks.
- Being near secondhand smoke can cause children without asthma to have asthma-like symptoms.
- Chemicals from tobacco smoke (thirdhand smoke) may stay in the air and on your clothes for days or weeks after a cigarette is put out.
- Thirdhand smoke is never safe.
- Your pediatrician can help you or others quit smoking.
Wisconsin Family Child Care Association Presents:

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Open to all regulated family child care providers, this overview of the NAFCC Accreditation process will answer your questions:

⇒ What are the NAFCC Standards?
⇒ How does Accreditation give me an alternate route in earning 4-5 Stars in YoungStar?
⇒ What can I expect during the Observation Visit?
⇒ What are the benefits of Accreditation?
⇒ What does it cost?
⇒ Is it hard to achieve?

Understanding the accreditation process can help you take steps to make the process flow smoothly, allow you to focus on your growth as a quality family child care provider, and experience the full benefits of being accredited.

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How to Treat Cold and Flu Symptoms

Cold and Flu: Keeping Your Child Hydrated

When your children have a cold or flu, they need to drink. Fluid prevents dehydration and thins mucus, which helps unclog stuffy noses. Here are tips on getting your sick kids the fluids they need.

What Fluids Will Help?

According to the experts, almost any fluids will help sick children. Good choices include:

- Water. If plain water seems boring to your sick child, add a little juice to liven it up.
- Fruit juices. Most kids love juice. But keep in mind that juices from citrus fruits -- like orange juice -- can irritate a sore throat. Apple or grape juice may be more soothing.
- Dilute the juice with water so your child drinks more water and less sugar. If your child is dehydrated, get an oral rehydration solution like Pedialyte or Infalyte instead. Fruit juice doesn't have the right mix of sugar and salts to treat dehydration.
- Decaffeinated tea. Warm beverages can be soothing and help break up mucus. Just make sure the tea is not hot enough to scald or burn. Add some honey to soothe your child's sore throat and ease cough -- as long as your child is at least 1 year old.
- Milk. Despite what you may have heard, milk is fine for children with colds or flu. Milk does not cause mucus build-up. In fact, the protein, calories, and fat in milk can help keep up your sick child's strength.

What shouldn't sick children drink? Skip caffeinated drinks -- sick kids don't need it. As a rule, avoid sugary drinks or sodas. However, if a sweet drink is all your sick kid is willing to swallow, it may be OK to make an exception for now.

What If Your Sick Child Won't Drink?

Colds and flu can sap the appetite. Your sick child may not feel like drinking. If that happens, think of some tempting alternatives to a glass of water or juice. You could try:

- Popsicles. If possible, get popsicles with real fruit juice instead of sugar water. Or, make your own popsicles from juice.
- Gelatin. Use a cookie cutter to make fun shapes.
- Soups. Again, the warmth may help break up congestion in your child's airways. Some studies also show that chicken soup -- your grandmother's home remedy -- really may fight inflammation and help with colds.

Also, try offering your sick children drinks in new, fun ways. Put a drink in a cup they don't usually use. Use a straw. Pour some juice in a bowl and have them eat with a spoon. Try any tricks you can think of to make drinking a bit more interesting to a sick child.

How Much Fluid Do Children Need?

It really depends on the weight and age of your child. Some experts say that children over age 1 need as many as 4 to 5 cups of fluid a day -- from both drinks and foods. If your child is older or weighs more, she will need more. Also, a dehydrated child will need more fluid. Ask your doctor for advice. Watch for these signs of dehydration:

- not playing as much as usual
- not urinating as much as usual
- dry mouth
- crying without tears
- sleepiness or listlessness
- fussiness or crying more than usual

If your child has any signs of dehydration, call a doctor and get advice. It's best to err on the side of caution.
High Flu Activity Continues Nationwide

At this point flu vaccine may be harder to find now than it was earlier in the season. You may need to contact more than one provider (pharmacy, health department, or doctor) to find available vaccine. The flu vaccine locator may be helpful to you in your search.

What to Do about Flu

The 2012-2013 influenza season started early and activity remains high in the United States. This may continue for some time. With that in mind, there are steps you can take to protect yourself and your family from the flu. CDC recommends a three-step approach to fighting influenza.

1. Get a flu vaccine.
2. Take everyday preventive actions to stop the spread of germs.
3. Take flu antiviral drugs if your doctor prescribes them.

Flu Can Be Serious

Influenza, commonly called the "flu," is a contagious viral infection that affects the respiratory system — your nose, throat and lungs. Symptoms of the flu can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people may also have vomiting and diarrhea.

Influenza is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently. CDC estimates that from the 1976-1977 flu season to the 2006-2007 season, flu-associated deaths each season ranged from a low of about 3,000 people to a high of about 49,000 people.

Get a Flu Vaccine

The first and most important step is to get a flu vaccination each year. If you haven't gotten vaccinated yet, you should still try to. With very few exceptions, everyone 6 months of age and older should get an annual flu vaccine as soon as vaccines are available. Vaccination is especially important for people at high risk to decrease their likelihood of getting sick and possibly having serious illness. People at high risk of serious flu complications include young children, pregnant women, people with chronic health conditions (like asthma, diabetes or heart and lung disease), and people 65 years and older.

At this point flu vaccine may be harder to find now than it was earlier in the season. You may need to contact more than one provider (pharmacy, health department, or doctor) to find available vaccine. The flu vaccine locator may be helpful to you in your search.

Source: http://www.cdc.gov/features/fluactivity/
If you’ve already been vaccinated this season, you have taken the most important step to protect yourself and those around you from flu. Unfortunately, there are a couple of reasons why it’s still possible to get the flu despite being vaccinated. First, people may be exposed to a flu virus shortly before getting vaccinated or during the two-week period it takes the body to develop an immune response following vaccination. Second, there’s a possibility of catching a different flu virus not included in the vaccine. Most of the viruses characterized by CDC have been like the viruses in the vaccine, but the flu vaccine is not likely to protect against other viruses. And last, sometimes the flu vaccine doesn’t work as well for some people, which means that some people can get sick with the flu despite being vaccinated. The ability of flu vaccine to protect a person depends, in part, on the health and age of the person being vaccinated. In general, the flu vaccine works best among young healthy adults and older children. Some older people and people with certain chronic illnesses may develop less immunity after vaccination. For that reason, it’s important to know what else you can do to help keep you from getting sick, and what to do if you do get sick with flu.

Take Everyday Preventive Actions to Stop the Spread of Germs

Everyday preventive actions are steps that people can take to help slow the spread of germs that cause respiratory illness, like flu. They are not a substitute for vaccination. These include the following personal and community actions:

- Try to avoid close contact with sick people.
- If you or your child gets sick with a respiratory illness, like flu, limit contact with others as much as possible to help prevent spreading illness. Stay home (or keep your child home) for at least 24 hours after fever is gone except to seek medical care or for other necessities. Fever should be gone without the use of a fever-reducing medicine.
- If an outbreak of flu or another illness occurs, follow public health advice. This may include information about how to increase distance between people and other measures.
- Cover your nose and mouth with a tissue when you cough or sneeze. This will block the spread of droplets from your mouth or nose that could contain germs.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.

Take Flu Antiviral Drugs if Your Doctor Prescribes Them

If you do get the flu, there are antiviral drugs that can treat your illness. They are a second line of defense. This type of medication is not available over-the-counter so you will need a prescription, but antiviral drugs can make your illness milder and shorten the time you are sick. They are most effective when started within 2 days of getting sick, though starting them later can still be helpful, especially for those with high risk conditions. Early treatment is especially important for people who are at high risk of flu complications. Your doctor will decide whether you need antiviral drugs and CDC has provided guidance on who should be treated.

Let’s all do our part to prevent the flu.

Source: http://www.cdc.gov/features/fluactivity/
Your Child's Growth:
Developmental Milestones

The American Academy of Pediatrics is an organization of 55,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

Now available from the American Academy of Pediatrics...Guide to Your Child's Symptoms. More than 100 common symptoms are listed alphabetically and designed to enable a parent to quickly identify a symptom, learn its possible cause, and determine how best to proceed. To order this 266-page deluxe hardcover edition, send a check or money order for $15.95, plus $3.95 shipping and handling, to AAP Publications - Symptoms, PO Box 747, Elk Grove Village, IL 60009-0747. Or visit the AAP Web site at www.aap.org to order online.

Other parenting guides from the Academy include Caring for Your Baby and Young Child: Birth to Age 5, Caring for Your School-Age Child: Ages 5 to 12, and Caring for Your Adolescent: Ages 12 to 21. Caring for Your Baby and Young Child and Caring for Your School-Age Child are available in softcover each for only $15.95, or in hardcover for $24.95, plus $3.95 shipping and handling. Caring for Your Adolescent is available in hardcover for $24.95, plus $9.95 shipping and handling.

Additional copies of this brochure are available for purchase in packs of 100. To order, contact:
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DEDICATED TO THE HEALTH OF ALL CHILDREN™
Watching a young child grow is a wonderful and unique experience for a parent. Learning to sit, walk, and talk are some of the more major developmental milestones your child will achieve. But your child’s growth is a complex and ongoing process. Young bodies are constantly going through a number of physical and mental changes.

Although no two children develop at the same rate, they should be able to do certain things at certain ages. As a parent, you are in the best position to note your child’s development, and you can use the milestones described in this brochure as guidelines.

At the ages noted in this brochure, observe your child for 1 month. (This lets you take into account any days when your child may be acting differently because she is sick or upset.) Use the milestones listed for each age to see how your child is developing.

Remember, a “No” answer to any of these questions does not necessarily mean that there is a problem. Every child develops at his own pace and may sometimes develop more slowly in certain areas than other children the same age. Keep in mind these milestones should be used only as guidelines.

Plan to talk about these guidelines with your pediatrician during your next office visit if you note the following:
- Major differences between your child’s development and the milestones.
- Your child does not yet do many of the things usually done at her age.

### 3 Months

When your baby is lying on her back, does she move each of his arms equally well? Check “No” if your baby makes jerky or uncoordinated movements with one or both of his arms or legs, or uses only one arm all the time.

- Yes  No

Does your baby make sounds such as gurgling, cooing, babbling, or other noises besides crying?

- Yes  No

Does your baby respond to your voice?

- Yes  No

Are your baby’s hands frequently open?

- Yes  No

When you hold your baby in the upright position, can she support her head for more than a moment?

- Yes  No

### 6 Months

Have you seen your baby play with his hands by touching them together?

- Yes  No

Does your baby turn her head to her immediate area?

- Yes  No

Has your baby rolled over from her back to stomach?

- Yes  No

When you hold your baby under her weight on her legs? Check “Yes” on feet and support some of her weight.

- Yes  No

When your baby is on his stomach, can she stretch her arms outstretched?

- Yes  No

Does your baby see small objects?

- Yes  No

Does your baby produce a string?

- Yes  No

Does she react to the emotions of a baby?

- Yes  No

Does your baby begin to relax when she hears a bedtime story?

- Yes  No

Does your baby notice herself in a mirror?

- Yes  No

Does your baby reach out for you?

- Yes  No

### 9 Months

When your baby is playing and you talk to her, does she sometimes turn her head? (Loud sounds do not count.)

- Yes  No

Can your baby sit without support and hold her body with her hands?

- Yes  No

Does your baby crawl or creep on all fours?

- Yes  No

Does your baby hold his bottle?

- Yes  No

Does your baby deliberately drop objects?

- Yes  No

Does she bang, strike, and shake objects?

- Yes  No

When you show your baby a book, does she try to grab and take it?

- Yes  No

Is your baby wary of unfamiliar people?

- Yes  No

Does your baby make sounds that are more complex?

- Yes  No
12 Months

When you hide behind something or around a corner and then reappear, does your baby look for you and eagerly plan for you to reappear?
- Yes  No
Does your baby pull up to stand?
- Yes  No
Does your baby walk holding on to furniture?
- Yes  No
Does your baby make "mama" or "dada" sounds? Check "Yes" if she makes either sound.
- Yes  No
Does your baby say at least one word?
- Yes  No
Is your baby able to locate sounds by turning his head?
- Yes  No
Does your baby imitate familiar adult behavior, such as using a cup or telephone?
- Yes  No
Does your baby turn her books face up, but turn several pages at once?
- Yes  No
Does your baby look for and find toys?
- Yes  No
Does your baby eagerly explore objects and spaces?
- Yes  No

18 Months

Can your child hold a regular cup or glass without help and drink from it without spilling?
- Yes  No
Can your child walk all the way across a large room without falling or wobbling from side to side?
- Yes  No
Does your child take off his shoes by himself?
- Yes  No
Does your child feed herself?
- Yes  No
Does your child clearly look to his parents in stressful situations?
- Yes  No
Does your child have temper tantrums?
- Yes  No
Does your child say at least 4 to 10 words?
- Yes  No
Does your child point to a picture that you name in a book?
- Yes  No
Does your child pretend to talk?
- Yes  No

2 Years

Can your child say things like "a"
- Yes  No
two-word sentences?
Does your child say about 50 w
- Yes  No
does?
Can your child take off clothes str
- Yes  No
tens) or pants? (Diapers, hats, i
Does your child run without fall
- Yes  No
Does your child look at pictures
- Yes  No
Does your child carry around a
Does your child tell you what sh
- Yes  No
does?
Does your child repeat words ot
- Yes  No
Does your child point to at least 4
- Yes  No
Does your child participate in pla
- Yes  No
Does your child show increasing
things his way?
- Yes  No
Does your child like to collect ot
- Yes  No

3 Years

Can your child name at least one
animal book together?
- Yes  No
Can your child enjoy sitting leg
- Yes  No
together for story time?
Can your child answer "what" qu
- Yes  No
you have just read together?
Can your child throw a ball over
- Yes  No
hand) toward your stomach or cl
Is your child easily understood b
- Yes  No
Does your child help put things i
- Yes  No
Can your child answer the questi
- Yes  No
4 Years

Can your child pedal a tricycle at least 10 feet forward?
- Yes
- No

Does your child play hide-and-seek, cops-and-robbers, or other games where she takes turns and follows rules?
- Yes
- No

Does your child turn paper pages in a book one at a time?
- Yes
- No

Does your child retell stories that are familiar?
- Yes
- No

Can your child tell you what action is taking place in a picture?
- Yes
- No

Does your child use action words (verbs)?
- Yes
- No

Does your child play pretend games, such as with toys, dolls, animals, or even imaginary friends?
- Yes
- No

Can your child copy a circle?
- Yes
- No

Does your child pretend to write, making marks on a page that only he can read?
- Yes
- No

Does your child mostly use four-word or five-word sentences when talking?
- Yes
- No

5 Years

Can your child button some of her clothing or her doll’s clothes? (Snaps do not count.)
- Yes
- No

Does your child react well when you leave him with a friend or sitter?
- Yes
- No

Can your child name at least three colors?
- Yes
- No

Can your child walk down stairs alternating her feet?
- Yes
- No

Can your child jump with his feet apart (broad jump)?
- Yes
- No

Can your child point while counting at least three different objects?
- Yes
- No

Can your child name a coin correctly?
- Yes
- No

Does your child like to relax together with you for 10 to 20 minutes of story time?
- Yes
- No

6 Years

Can your child tie her shoes?
- Yes
- No

Can your child dress himself or herself?
- Yes
- No

Can your child catch a small ball, using only her hands? (L)
- Yes
- No

Can your child skip with both feet?
- Yes
- No

Can your child tell his age correctly?
- Yes
- No

Can your child repeat at least one sequence?
- Yes
- No

Can your child recognize and name?
- Yes
- No

Does your child know the year?
- Yes
- No

Can your child recognize and write?
- Yes
- No

Can your child copy a few similar letters?
- Yes
- No

As a parent, you are in the best position to recognize any deviations from your child’s normal behavior. If you notice any signs of mental problems in children, your pediatrician can be of great help.

If you have any questions, please contact your pediatrician. The information contained in this publication is based on the medical care and advice of your pediatrician and circumstances.
Focus on Infants & Toddlers

Cultural Influences on Emotional Development in Infant and Toddlers

by Nuz Tanyel, Ph.D., University of South Carolina Upstate

Maya and her mother arrive at the toddler room in the morning. Maya is holding her favorite teddy bear and she clutches the back of her mother’s pants as Laura, the teacher, asks about Maya’s night and early morning. Mom picks up Maya, gives her a big kiss and a hug, and wishes her a good day. Knowing that it is time to say goodbye to Mom, Maya begins to whine. While she does not resist when her mother hands her to Laura, she continues to whine. Laura subtly reassures Maya, saying, “Mommy will be back after your nap and snack.” Maya ignores Laura and begins to cry as her mother blows goodbye kisses and walks out the door. Laura softly acknowledges Maya’s concern and continues to reassure her by saying, “Maya, I know you will miss your mommy, but she will be back.” Laura reaches for Maya’s favorite book. They settle into a rocking chair together and Maya begins to interact with the illustrations and enjoy the one-on-one intimate time with Laura. As Laura and Maya reach the end of the book, Maya hands her precious teddy bear to Laura and walks to the box filled with toys. After picking up the red car, she begins to explore the movements of the car on different surfaces.

The trusting relationship between Maya and her primary caregivers makes her morning transition a relatively smooth one. Laura acknowledges and validates Maya’s feelings. This strategy will strengthen Maya’s affectionate bond with her caregiver and her mother. Daily experiences such as this one become Maya’s secure base for developing other relationships. Also, Maya learns to expect that attachment figures will be available to provide support during times of stress.

Adults play an important role in children’s emotional development and emotional regulation through the development of trusting relationships (Frost, Woughton, & Reifel, 2008). Thus, the emotional domain blueprint that young children develop is based on their relationship with adults. Additionally, how a child communicates and expresses emotions is determined by the culture of the adults caring for the young child. Research indicates both variations and similarities among cultures in emotional expressions. Likewise, the emotional behaviors, the appropriate occasions, and the intensity of demonstrated emotions are determined by the culture. Therefore, a young child’s emotional domain blueprint is also influenced by the cultural environment.

This article examines cultural influences on attachment, autonomy, and expression of emotions of young children and offers strategies to help caregivers recognize cultural differences and thereby develop trusting relationships with children and parents.

Attachment and Culture
Attachment is a complex and crucial emotional bond that develops between the child and caring adults during the early years of life. These strong, affectionate bonds then become a secure base—an emotional scheme or set of expectations—that

From the Editor
The care of infants and toddlers is full of diapers, food, and constant vigilance to keep them safe. Sometimes, it is difficult to stop and “listen” to what they have to say; they may not be using words that are easily interpreted. However, when parents or caregivers do stop and attend to nonverbal cues, it is possible to determine an infant’s emotional feelings and react in a manner that promotes positive growth. For caregivers who are not family, it is important to understand infant cues that may be unique to the child’s family. This can be accomplished by partnering with parents and working together to understand a child’s needs, and by creating an environment that lets children know they are special, supported, and valued.

—Laura M. Hooks, Co-editor

Call for Manuscripts
The editors of Focus on Infants & Toddlers are seeking manuscript submissions. Send submissions to Laura Hooks at LHOOKS@uscupstate.edu
will ultimately create the blueprint for future relationships and social competence (Tinyl, 2009; Trevathan, 2011). Through these responsive relationships, young children learn how to identify their own feelings and how to recognize them in others. In turn, young children begin to learn the value of affection and empathy (Calkins, Gill, Johnson, & Smith, 1999).

Although this reciprocal bond develops earlier in the adult, the young baby's emotional development takes a significant leap after six months of age as synapses develop among neurons in the lower limbic region of the baby's brain (Porges & Purman, 2011). This growth of high-level activity indicates that the baby is beginning to process emotional information in the frontal lobe of the brain (Elliot, 1999), which is when he or she will begin to feel emotions, make sense of those emotions, and relate them to his or her social environment. Furthermore, the baby will begin to put that collected information to use in order to understand emotional expressions and behave in ways, such as a smiling and cooing, that will elicit a response from the adults.

Recent studies indicate that some parental behaviors and responses to the baby's emotional advances are influenced by culture and traditions (Elliot, 1999). Although research suggests that warmth, responsiveness, and basic attachment processes are universal, variations exist in the way parents and caregivers nurture this attachment process as well as how they respond to young children (Trawick-Smith, 2010). Ainsworth (1967) concluded in her classic study of infancy in Uganda that responsiveness and warmth are important caregiving behaviors in all cultures, but there are great variations in how that responsiveness is expressed. Ainsworth argued that each family possesses a unique cluster of attachment behaviors that are necessary for strong emotional bonds. Therefore, behaviors of one culture may be irrelevant in another, and there may not be one best way to create positive relationships with young children (Trawick-Smith, 2010). Consider the two vignettes below:

Jessie and her mom walk from the car to the sidewalk. As they look at each other, her mom says, “Do you want to race to your class?” Jessie begins to run. All of a sudden, the classroom door opens; Jessie changes her pace to a very fast walk, knowing that running is not allowed in the classroom. Mom picks her up and hugs her tight; making a loud “Grrrr” sound, she twirls Jessie around. Jessie expresses her feelings with a loud laugh and by hugging her mom back. Mom puts Jessie down, says “See you later, alligator,” and leaves. Jessie stands in the middle of the room, looking at the door. Her caregiver approaches her and says with assurance: “Your mom will be back to take you home.” Jessie turns around, picks up a car from the shelf and begins to play.

Niki and her mom, Tamara, quietly walk through the door. Niki, holding her mom’s hand tightly, pulls her to a quiet corner of the room. Tamara squats down to Niki’s eye level and gives her a hug and kisses on her two cheeks. Niki protest with a little squiggle. Then, Mom picks Niki up, hugs her tight right one more time, and gives two kisses in each of her palms, saying, “Hold on to my kisses until I come back to take you home.” She then puts Niki down and waves goodbye to Niki. Niki holds her fists tight.

Professionals working with infants and toddlers must remember that the expressions of affection in their own cultures may be different from those expressed by the families with whom they work. It is critical not to misinterpret the cultural expression of emotions, since some demeanor may seem to be lacking a great deal of affection or, in contrast, be excessive. Nonetheless, all are effective interactions.

Development of Emotions and Culture

Cross-cultural research suggests that basic emotions are universal. All human beings are born with the capacity for feeling happiness, fear, and anger, and express such feelings with similar facial expressions. Throughout their daily routines, adults demonstrate various emotional states through different facial expressions, touch, and vocal intonations. Babies learn to discriminate among such differences from the very early days of their lives. Responsive adults
who accurately recognize young children’s emotions and respond appropriately help infants and toddlers not only to recognize and label their own emotions but also to express them within the cultural context. Interestingly, abusive parents who themselves were abused could not read children’s emotional cues and emotional distress. Consequently, these parents’ deviating reactions result in delays in emotional development, as well as brain development—especially in the development of the lower limbic region of the brain. Abused children often demonstrate inappropriate expression of emotions and lack emotional regulation (Tanyel, 2009; Trawick-Smith, 2010).

Cultural influence determines the intensity of emotional expression. Some cultures encourage children to express their negative emotions intensely, while others avoid outward expressions of anger. According to a study that compared Asian cultures and American culture in terms of the expression of anger and shame found that the expression of anger is discouraged in Asian cultures, as a threat to the harmony of relationships and a challenge to authority. In contrast, anger is more tolerated in American culture, where it is perceived as self-assertion and protection of individual rights and freedoms; nevertheless, the expression of anger is limited to socially acceptable behaviors (Cole, Bruschi, & Tamang, 2002; Raval, Martini, & Raval, 2007).

Professionals working with young children must take into account the feelings and the cultural orientation of the children’s families. Instead of insisting on open expression of emotions, teachers should work on recognizing and labeling emotions as well as avoiding emotional disagreement between home and school culture.

Temperament and Culture

The intensity of children’s emotional reactions is largely determined by their temperament—the traits children are born with and that are influenced by adult interactions. Adults who model the expression of emotions in acceptable ways within the families’ social and cultural contexts help children develop awareness of different emotions. This awareness makes it possible for toddlers to eventually identify, control, and express those emotions in culturally acceptable ways (Martin & Berke, 2007; Tanyel, 2009).

Maternal health, nutrition during and after pregnancy, and parent and caregiver interactions all contribute to temperament and emotional development of young children. For example, if a baby has a difficult temperament, suffers from poor prenatal development, and the parent is not responsive to the baby’s needs, then an extremely challenging personality type may emerge in the young child. If any one of these factors changes, then a less difficult pattern of personality may emerge. Although a difficult temperament is considered a risk factor in many cultures, babies with difficult temperament in Kenyan society were more likely to thrive and survive the physical environmental conditions. In a cross-cultural comparison, Navajo and Puerto Rican babies were found to be more easily consolable and less active than African American babies. Consequently, certain personality types may be more valued in one culture than in another (Trawick-Smith, 2010).

Professionals working with young children need to understand the temperament of the child by keenly observing and adjusting to the individual child’s emotional needs. Children with a slow-to-warm-up temperament may need more one-on-one time and a calm environment, as compared to other types of temperaments.

Autonomy and Culture

As children develop trusting relationships with responsive caregivers and feel more competent in their abilities, they begin to explore their physical and social environments. Adults who create safe, consistent, and predictable environments for young children foster and encourage independency and autonomy. Children-friendly environments with developmentally appropriate toys and furniture will help toddlers gain confidence in their abilities and feel in control of their environments.

Cultural beliefs and practices may influence toddlers’ autonomy. During a parent/teacher conference, one parent may define toddler assertiveness as his/her autonomous behavior as the “terrible twos,” while another parent may describe his or her toddler as quiet and compliant. In some cultures, toddlers are discouraged from being independent. It is quite common for children of such cultures to be carried and fed by adults, and some may even sleep with adults throughout infancy and toddlerhood. These children may not assert their independence, in contrast to other cultures that encourage independency and autonomy during these early years (Cole, Bruschi, & Tamang, 2002; Kochanska, Coy, & Murray, 2001).

After finishing his food, Alex climbed onto his chair and looked at his teacher with a proud expression as she showed off his newly discovered ability to stand and balance himself on his chair. His teacher, Lisa, calmly acknowledged Alex’s achievement, saying, “I see that you can climb and stand on your chair looking tall. Now, can you show me how you can stand up from your chair all by yourself? I will be standing right here just in case you need help.” Alex smiled, accepting her challenge and slowly climbed down from his chair. Lisa recognized his accomplishment with a short cheer and asked Alex to clean his plate and wash his hands.

In this vignette, Lisa acknowledges Alex’s initiative and fosters his autonomy by giving him the option to climb down from the chair. By standing next to him, Lisa also gives Alex the emotional support he may need through this challenge.

Professionals who are working with young children need to understand and appreciate some toddlers’ need to become independent. By recognizing toddlers’ assertiveness and sometimes negative behaviors, the appropriate degree of freedom and choices can be given so as to foster their independence.

Strategies to Develop Trusting Relationships with Children and Families With Diverse Backgrounds

Professionals who are working with young children and families with diverse backgrounds need to remember that their recognition
and expression of emotions may be different from their own. Understanding the child's temperament and emotional needs is essential for a young child's emotional developmental trajectory.

The following suggested strategies will promote healthy emotional development among infants and toddlers:

• **Nurturing and responsive care.** Caregivers who provide warmth by holding, snuggling, and touching will encourage secure attachment. Responding quickly to crying and/or expression of need will promote sense of security in young children.

• **A consistent and predictable environment.** Providing a developmentally appropriate environment that has a predictable routine can help young children develop a sense of trust. Caregivers need to ensure that they play, snack, nap, and go home routines are relatively fixed every day so that infants and toddlers will feel secure in a predictable environment.

• **Modeling positive emotional and social interactions with children and parents.** Caregivers can help young children to recognize their own emotions as well as others' emotions by modeling the emotion with an exaggerated facial expression. Using children's books, such as *The Pigeon Has Feelings, Too* by Mo Willems and *Lot's Feeling* by Sheila Rorer, will help children to label their emotions.

• **Parent-teacher communication.** Effective communication between the parents and teachers is critical for early childhood professionals. Professionals who are working with young children can take advantage of formal and informal interactions with parents throughout the day. Such exchanges can help the teachers better understand parents' perceptions of their children, parents' expectations of the program, and parents' feelings as well as their concerns.

The use of active listening skills plays an important role in effective communication with parents. They help build a working relationship that supports home and school collaboration in a cultural context (McNaughton, Hamlin, McCarthy, Head-reeves, & Schreiner, 2007). Active listening can be achieved by paying attention, paraphrasing, reflecting, clarifying, and encouraging.

• **Paying attention:** Facing the other person indicates your undivided attention. Focus on the speaker's body language, vocal intonation, and facial expressions, and whether each matches what he/she is saying.

• **Paraphrasing:** Restating the basic ideas and facts of the conversation will help ensure you have made an accurate interpretation. By saying, "It sounds like..." or "So in your opinion what happened was..." or "Is it correct that...", you will show that you were listening and understanding what has been said.

• **Reflecting:** Reflect the feelings of the parent by saying, "Are you saying you are angry/glad/disappointed because...?" or "It sounds like you feel..." Hearing someone else express their emotions will help parents evaluate those feelings. Moreover, this approach validates mutual understanding of the communicated feelings.

• **Clarifying:** In order to clarify what is said, asking open-ended questions will elicit more information. "How do you think...?" or "Why do you think...?" will help not only to explain but also to communicate different points of views.

• **Encouraging:** Making empathetic comments, such as, "Can you tell me more about that..." or expanding the conversation by saying, "Really?" or "Is that so?" will demonstrate interest in conversation and encourage parents to openly communicate.

In conclusion, responsive care and respect for family culture and traditions are critical to establishing trusting relationships with young children and parents. Such relationships become the blueprint for future relationships and support emotional competence in infants and toddlers. Responsive adults who tune into each child's emotional cues not only help children learn how to recognize their feelings, but also help them learn to express them in appropriate social and cultural contexts, which will lead to emotional competence.

**References**


Books for Infants and Toddlers

It is never too early to share books with children. Board books are a great way to introduce infants and toddlers to literature. When toddlers see themselves and their families within a text, they are better able to relate to the text. The following are examples of board books that represent diverse families:

*Carry Me: Babies Everywhere*  
by Rena Grossman

*Global Babies*  
by Global Fund for Children, Keren Su (Photographer), Frans Lemmens (Photographer)

*Ten Little Fingers and Ten Little Toes*  
by Mem Fox, illustrated by Helen Oxenbury

*Whoever You Are*  
by Mem Fox, illustrated by Leslie Staub

Picture books are a great way to help young children identify and deal with their emotions. The following are examples of books that address emotions and can help parents and caregivers teach children acceptable ways to deal with emotions:

*When Sophie Gets Angry—Really, Really Angry...*  
by Molly Bang

*The Peace Book*  
by Todd Park

*Pigeons Have Feelings, Too!*  
by Mo Williams
Paper Plate Banjo

Spend an afternoon with your little ones transforming ordinary paper plates and plastic utensils into entertaining craft projects.

Indulge your kids' musical fantasies with this simple banjo made from paper plates and a few well-tuned rubber bands. Making music was never this much fun!

Make it: Stack two thick-weight paper plates and staple them together for durability. Let your kids paint the stacked plates their favorite colors and decorate them with stickers. Attach a paint stick to the back of the stacked plates and glue beads to the end as the pegs. Finally, add strings by stretching rubber bands around the stacked plates.

Egg-citing Color Match Game

Color theory doesn't have to be boring with this activity!

What You'll Need: 1 egg carton; scissors; tempera paint (red, yellow, orange, blue, green, purple, black); paintbrushes

Make It: Cut off the top half of the egg carton, leaving just the bottom. Select one color for each cup and paint the inside of each egg cup until there are 12 different colors, or repeat a few favorite hues. While the egg tray is drying, have a scavenger hunt around the house and let your child search for and collect small items of various colors. Then match each item with an egg cup of the same color and place the items inside. Have a race to see how quickly your child can place the correct item with its coordinating cup!
Sweet-Potato Chips

From Parents Magazine

Yield: about 70 chips Bake 400°F 25 mins

Ingredients

- 2 medium sweet potatoes
- 2 teaspoons vegetable oil
- 1 teaspoon sugar
- 1/2 teaspoon cinnamon

Make It

1. Heat oven to 400 degrees F. Coat a baking sheet with vegetable cooking spray.

2. Wash potatoes. Cut into thin slices, and place in large bowl. Pour oil onto the palms of your hands. Gently rub oil onto sweet-potato slices, tossing to combine. Sprinkle with sugar and cinnamon, tossing in bowl to coat evenly.

3. Place slices in a single layer on prepared baking sheet. Bake 20 minutes. Turn chips over and bake until slightly crisp, about 5 minutes. Transfer to plate; cool 5 minutes and serve.

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After School Dip

Ingredients

- 1 package (8 ounces) nonfat cream cheese
- 1 tablespoon nonfat milk
- 3 tablespoons packed dark-brown sugar
- 1/4 teaspoon pumpkin pie spice
- 1/3 cup raisins
- Apples wedges, pear wedges, carrot and celery sticks, for dipping

Make It

1. Place cream cheese and milk in food processor or blender. Pulse until creamy; do not overbeat. Add brown sugar and pumpkin pie spice. Whirl until blended.

2. Remove mixture to small bowl; stir in raisins. Serve with dippers. Refrigerate unused portion of dip.
Spaghetti Pepperoni Pie

Makes: 6 servings  Prep 10 mins  
Bake 350°F 40 mins  
Cook 8 mins

Ingredients

- 1/2 pound spaghetti, broken up into thirds
- 1/3 cup dry seasoned bread crumbs
- 2 cups bottled chunky pasta sauce
- 1 cup shredded mozzarella cheese
- 4 ounces sliced pepperoni, chopped
- 4 large eggs, lightly beaten
- 3 tablespoons grated Parmesan

Make It

1. In large saucepan of lightly salted boiling water, cook spaghetti 1 minute less than directed on package. Drain.

2. Heat oven to 350 degrees F. Coat 10-inch nonstick skillet with nonstick cooking spray. If skillet handle is not ovenproof, wrap with aluminum foil. Coat with crumbs.

3. In bowl, combine spaghetti, pasta sauce, mozzarella and pepperoni. Stir in beaten eggs. Spoon mixture into prepared skillet.


Parents.com

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POSITION: Hotel/Marina Manager

RESPONSIBLE TO: 1. General Manager

EMPLOYMENT QUALIFICATIONS: Must be 18 years of age or older. High School Diploma or G.E.D. required within one year of employment. Shall not have been convicted of a felony in the last 10 years or any gaming related offense, fraud or other misrepresentation of kind or a violation of any rule promulgated by the Lottery Board or Red Cliff Tribal Ordinance governing gaming. Applicants should be advised that the Tribe reserves the right to disqualify applicants whose prior activities pose a threat to the public interest. Friendly, professional attitude required at all time. Must be willing to work weekends, nights and holidays. Neat, clean, appearance is a must. Red Cliff Tribal member preferred but all qualified applicants will be considered.

JOB QUALIFICATIONS: At least 2 years experience as a hotel manager of a similar size casino/resort facility. Must have knowledge and understanding of various hotel operating systems and player tracking system preferred. Possesses excellent customer service, organizational, communication and multi-tasking skills.

JOB DUTIES:

1. Responsible for the planning, operation, and management of the Hotel Guest Services.
2. Responsible for the planning, operation, and management of the Campground and Marina.
3. Responsible for the quality, consistency, and presentation of all services delivered to guests.
4. Develop and adhere to budget.
5. Review financial reports and statements to determine how business is performing. Develop strategies and executes activities to continually improve financial results.
6. Ensure hotel is well maintained and operational.
7. Evaluates and addresses employee job performance, providing praise, motivation, and counseling appropriately.
8. Other duties as assigned.

DEADLINE: Open until filled.

LWRC has a drug free work place policy and adheres to the intent of the drug free work place act. All new hires are subject to a drug test prior to starting.

APPLICATION DEADLINE:
Applications available at cashier booth or contact Personnel department for further information. 715-779-3712 ext 9401
VACANCY ANNOUNCEMENT

POSITION: EMPLOYEE BENEFIT SPECIALIST

SALARY: GS GRADE 5 STEP 1 TO GS GRADE 6 STEP 1
        $25,737 TO $28,689

SUPERVISOR: REPORTS TO DEPUTY ADMINISTRATOR

LOCATION: GREAT LAKES INDIAN FISH & WILDLIFE COMMISSION
          ODANAH, WISCONSIN

Posting Date: January 21, 2013
Closing Date: February 16, 2013

Duties & Responsibilities:

Responsible for new employee orientation, retirement application, health insurance, worker's compensation claims, review cafeteria plans/life insurance and other benefit plans. Coordinate meetings with benefit consultants, insurance brokers and representatives regarding various employee benefit plans. This position will also be trained on Payroll, Accounts Payable, Fixed Assets and Accounts Receivable.

Qualifications:

Degree in Accounting - Experience with Accounting Systems - Knowledge of Federal Grants - Knowledge of Spread Sheets - Good Communication Skills.

This position has been classified as 50% tax exempt to qualified individuals under IRS Code 7873.

Native American Preference will apply consistent with GLIFWC policies and ISDEAA PL 93-638.

SUBMIT RESUME/APPLICATION TO:

Gerald F. DePerry
Deputy Administrator
P.O. Box 9
Odanah, WI 54861
Telephone: 715/682-6619 ext 2140
Subs Needed.....

Do you like working with children?

**The ECC is always looking for subs in the classroom and kitchen.

Stop by the ECC and get a sub packet from the main office.

*A current physical and TB is required
*Current back ground check
*SIDS and Shaken Baby Syndrome training
*Confidentiality training
*Shadow in the classrooms

All this is set up and arranged with potential subs.
Call 779-5030 for additional info or stop in anytime.
Red Cliff Early Childhood Center (ECC)
Regular Policy Council Meeting Minutes
Tuesday, December 18th, 2012
12:00 (noon) @ Memengwaa Trailer

Policy Council Members Present: Sierra Christiansen, Autumn Montano, Angela Defoe, Amanda Cadotte, Gerri Gordon, Liz King

Others Present: Nicky Gumoe, Head Start Director; Lori Duffy, Head Cook; Dee Gokee-Rindal, Education Administrator; Mike Christiansen, Accounting; LaVonne Goslin, Early Head Start Director; Sue Haas, Health and Mental Wellness Manager; Nicole Boyd, Family Services Manager

Meeting called to order by Gerri at 12:14pm
Sign In Completed

November Financial Reports
Mike and Directors presented the reports. No action needed.

ECC 2012-2013 Nutrition Plan
Lori presented the plan along with changes. Sierra motioned to approve with small typo changes, Angie seconded, all in favor, motion carried.

Minutes: November 20th, 2012
Nicole noted that Gerri and Amanda still have to complete confidentiality training with Rick Wygonik and this can be set up for them to complete together. Sierra motioned to approve the November 20th, 2012 minutes, Angie seconded, all in favor, motion carried.

Self-Assessment Results
Nicky presented the results of the 2012 ECC Self-Assessment completed by managers, teaching staff and Policy Council member. Liz motioned to approve, Autumn seconded, all in favor, motion carried.

ECC School Readiness Goals
Marianne presented a fact sheet on school readiness goals and also a copy of the ECC’s school readiness goals and data from last school year. No action needed. Marianne also extended an invitation to PC members to join the ECC School Readiness Team; Sierra, Gerri and Angie are all interested and Marianne will get the dates of future meetings to them.

ECC 2012-2013 Social-Emotional Plan
Sue presented the Social-Emotional Plan (formerly Mental Health Plan) to Policy Council members. Liz motioned to approve, Sierra seconded, all in favor, motion carried.

Distribute ECC Program Summary Report
Policy Council was provided the most recent (September-November) program summary report. No action needed.

ECC Gun/Threatening Behavior Policy
Feedback was provided by PC as to some recommendations to keep students and staff safe during emergencies. This feedback will be used along with staff and other partners (RCPD) to develop a thorough plan of action.

ANA Ojibwe Language Teacher
Dee shared that one of the Language teachers resigned and the position has been posted. Interviews are expected to occur January 2, 3 or 4th. Sierra is interested in participating. Nicole will let Sierra know when interviews are.

Adjourn
Sierra motioned to adjourn at 2pm, Angie seconded, all in favor, meeting adjourned.
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| 26B Rice Crispy, Peanut Butter, Toast, Peaches, rice, fruit, chili | Closed |
| 26B Corn Chowder, Corn Sticks, Beef Sticks, rice, fruit, chili | Closed |
| 25B Oatmeal, strawberries, peaches, rice, fruit, chili | Closed |
| 25B Oatmeal, strawberry, rice, fruit, chili | Closed |

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