Uncommon Childhood Diseases
Contributors

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Editorial

R. Brian Watson

In a perfect world, there would be no diseases, no pain and children would be free to laugh and play carefree. Sadly, this isn’t the case. In this issue, we take a look at some of the more uncommon childhood diseases to help bring awareness to them and create a little understanding.

The first uncommon disease we look at is Kawasaki Disease on page 6. The story was penned by Courtney Sucato and titled; Kawasaki Disease: My Story. It’s the story of her son Ty and their struggle in first diagnosing the disease and then dealing with the effects.

In an effort to raise more awareness about Kawasaki Disease, we have another firsthand account about a family and their struggle with the disease: Zoe’s Story with Kawasaki Disease by Sara MacDougall on page 13. Sara re-counts what she went through as her daughter Zoe became ill and how she came to realize what actually may be wrong with her little girl.

Our guest contributor, Chantalle Parthenais, gives us a personal account dealing with Turner Syndrome on page 12 titled; What is Turner Syndrome? Chantalle explains what Turner Syndrome is and what she has gone through living with the disease. She is truly an inspiration!

A Glance at William Syndrome by Jean Nicol, on page 14, is a look at a rare disease that is a neurodevelopmental disorder that is non-hereditary and, like many rare diseases, has no cure. Jean’s article strives to bring awareness and breaks down the symptoms and tells us what to look for in this very thorough look at the disease.

For teachers, Lisa Cheaney-Hogan’s article on Cystic Fibrosis on page 16, looks at what you can do if you should happen to have a child in your class afflicted with the disease. For the rest of us, Lisa gives us some background on the disease and explains what it is.

As always, we try to include a little something extra for daycare providers with a Lesson Plan on page 20, and some easy fall recipes for kids on page 22. We also have some Fall Activities on page 21 that may be of interest. Try one or try them all and get creative with them, add your own twists. It’s all about engaging, learning and playing so have fun doing it.

And, speaking of food, we have another Food Review on page 18 by Sarah Butland and she compares Holy Crap Dragon Blend vs Nature’s Path Qi’a Superfood.

Starting on page 8, Lorna d’Entremont reviews Four Fabulous Parenting Books. Check these books out, we highly recommend them!

Of course, fall means Hallowe’en, and on page 20, we look at how it all began as Judy Rose explains the origin of this ghoulish night of candy hunting.

October 30th is Childcare Worker and ECE Appreciation Day. This is a day to recognize the hard work our childcare workers do to help our children grow and meet developmental milestones.

Don’t forget that November 20th is National Child Day. Celebrate our National treasures with pride!

Let’s hope the fall season keeps you all healthy and happy, filled with love and the laughter of little children. Big ones too! Happy Fall everyone!
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Kawasaki Disease: My Story

By Courtney Sucato

My son was diagnosed with Kawasaki Disease on day 5, June 12, 2013. Did it start 5 days before that? I'm not sure.

Ty has always been a hyper child. Even when I was pregnant with him, he had always been in constant motion. In mid-May our family got a stomach virus. All 4 of us were sick for at least 12 hours. My husband didn't bounce back for about 3 days after. It seemed to hit my husband and my son the worse. My daughter and I only had it 8-12 hours. Ty's teacher came to me just a couple of days before we all got sick and said she had notice that he had been going to the bathroom a lot in the last 2 days and wanted me to be aware of it. I had asked him why and he told me his penis hurt when he urinated. Off to the Dr. we went. When we got there he told me that he had lied about it hurting. Not knowing what the truth was, I still took him in and they tested for a UTI. That came back clear.

Fast forward the first week in June. Ty had been complaining of stomach pains. With the family we had in town and some traveling we did, I assumed it was due to diet and gave him gas drops. He started summer camp that week and one afternoon when I picked him up he took his swim shirt off. I thought I saw what looked like a rash going away. I assumed that it was the heat (we live in Arizona and temps were already at 110) and being outdoors. By the time we got home, the rash was gone. On that Friday June 7th, my sister-in law & I had taken our kids to a waterpark. Before we left, Ty laid down on my bedroom floor and said his stomach hurt. I told him that if hurt that bad then we couldn't go to the water park. I should have known then something was really going on because my son does not just lie down. He immediately got up and never said another word about the pain the rest of the day. After the waterpark we met up with my husband for dinner. While at dinner Ty complained of a headache. I could tell it was really bothering him. Next door was a pharmacy and I went over and got him some chewable Ibuprofen. His head was not getting any better, so we boxed up our food and took him home and put him to bed. Around 11:30 that night, he started vomiting and did so 3 more times until morning. Around 7 a.m., I saw a rash all over his belly, legs, back and face. His fever was at 102F. I took him to the pediatrician and she diagnosed him with Hand Foot and Mouth Disease. She said that we caught it before the pal-ups formed on his
palms, mouth and feet. She also did a Strep test and it turned out to be negative. I continued with the Ibuprofen but his fever did not go down. The next morning his fever was at 103.6 and his tongue was white. I called the emergency line for the pediatrician and the nurse said it seemed to be Scarlett Fever. She told me to continue doing what I was doing and that it could take 3 - 5 days for the fever to break. So that’s what I did. I continued and was getting nowhere.

On Monday, Ty was extremely cranky and just laid on the couch moaning from the pain emanating from his abdomen. His lips seemed to be really chapped. I helped him up to the bathroom and when he urinated it looked orange, so off we went to the ER. They started with fluid, blood work, a urine sample and then X-Rays. The nurses gave him Tylenol and his fever went down to 99F. The doctor came in and told me he wanted him checked for appendicitis, the ultra sound and the CT scan. Both of those came back negative for the appendicitis, but he did notice that there was fluid around his intestines and that they were inflamed. So with some rest, relaxation and a bland diet he should be ok, so back home we went. The next morning the fever was back at 102F. Then came uncontrollable diarrhea and the vomiting. Back to the ER we went.

They immediately hooked him up to an IV and told us they were going to admit him. Appendicitis was back on the table as a possibility. As we were waiting for transport to take him to his room, I checked Facebook and my girlfriend had posted have them check for Kawasaki Disease and to Google it. My husband was next to me and I said “Google Kawasaki Disease”. He read down the list and even though Ty didn’t have all those symptoms, I knew in my heart this was what we were dealing with. As soon as we go to his room the doctor came in. I said I wanted him checked for it. Immediately he gave me 100 reasons why it wasn’t Kawasaki’s. Two hours later, another doctor came in and said I may be right but they had to rule out everything else first. His lips still were very chapped and Chap Stick was not working. About that time, the swelling in his hands and feet started and his eyes became red. The doctor ordered another ultra sound - this time of his liver and gallbladder. When the results came back the levels were elevated, I don’t remember as to what the numbers were or the details of it all. That night we stayed in the hospital. By the next morning the Kawasaki eyes set in. I remember reading another child’s story and the mother referring to how heartbreaking the Kawasaki eyes are. She was so right. It was like all the life that was once there was gone from him. His eyes were just dark and unrecognizable and blank. Also his lymphoid in the back of his neck were now very swollen and his lips were cracking because they were so dry. My husband called me that morning to tell me something funny was going on with his face. He said Ty couldn’t move the right side of his face. When he went to the doctor, they said he developed a cause of Bell’s Palsy. The doctors think there might be a link that triggered the Kawasaki and the Bell’s Palsy but there is just no way of knowing.

Mid-morning I met the Infectious Disease doctor who tells me that he’s pretty sure this is Kawasaki’s, and it’s time to treat it with the IVIG and 647mg of aspirin since we are at day 5 of the fever. So that’s what we did. The IVIG lasted 12 hours and we did 48 hours of the aspirin. His fever broke just a couple hours after starting the IVIG. There was cheering in the room when the nurse said that it was 98.6! It was like hearing my baby cry for the first time! We were all so excited! We were fever free for 21 hours. Then the fever came back and Ty lost movement in his neck. That was a tough, tough, tough night. He was in excruciating pain, and by this time, he wanted nothing to do with any more medicine. He was done with having the IV in him. Every time a nurse walked into the room, she had to show her hands to let him know that she didn’t have any needles. In order to get him to take the aspirin, we had to use applesauce, chocolate pudding, whipped cream and finally crushed it up in orange juice. Due to the loss of movement in his neck, they wanted him checked for viral and bacterial meningitis. Everything looked clear and they said that he had Aseptic Meningitis that could have been caused by the IVIG and they wanted to do it again along with 567mg of aspirin again for 48 hours. So that’s what we did. Then they did the Echocardiogram and everything looked ok. His fever broke but he had a lot of pain in his belly from the aspirin, his back and his head because of the Spinal. All I could do was just lie with him and massage him. The pain came in waves and the poor little guy would just cry and cry. It was heartbreaking. He finally agreed to let them give him some pain medication.

We had to keep his room dark because the light really hurt his eyes and he developed photophobia. I kept the TV and iPad off for 2 days because I felt the bright colors of the cartoons and games helped contribute to his pain. Once they were turned off and stayed off, he did much better. I was proven right when I had a weak moment and let him get on the iPad to play a game. After 3 minutes he handed it back to me and told me I was right, it wasn’t a good idea. I also only allowed one family member in the room at a time with him; the less distraction the better. He was released 7 days after being admitted.

We brought him home and he was doing great for the first 2 days. The pain came back and then he lost movement again in his neck. So back we went to the ER and of course they admitted us. The doctor thought it was the aseptic meningitis that had flared up, but she wanted to do another spinal tap just to make sure that a viral or bacterial meningitis hadn’t formed. Luckily it hadn’t. So with some pain medicine, muscle relaxers and some physical therapy, we left 3 days later. He continues to have red eyes on and off and is still sensitive to light. We had the peeling rash lasted for a week.

However he developed a rash 24 hours after starting it and the physical therapist came and massage his neck and back and that helped. Each day he regains more and more. We had some good days and we had some bad days. His pediatrician felt like he possibly got an infection in his lymphoid and put him on an antibiotic. It really seemed to help. It brought the swelling down and he has regained most of his neck movement. I also had a massage therapist come and massage his neck and back and that helped. However he developed a rash 24 hours after starting it and the rash lasted for a week.

Our first cardiologist appointment was July 8th. The doctor said that his heart looks perfectly normal. We will continue the aspirin until the end of the month and then follow up in mid-August. If all goes well at that appointment then we will see him again in 6 months, then a year. 🍁
Four Fabulous Parenting Books

By Lorna d’Entremont

Parenting is a difficult but rewarding job. How to raise happy, confident and successful children should be the goal of all adults who have a role in bringing up a child. The books I recommend in this issue are to help families have a smoother ride in their parenting journey. These books explain effective parenting strategies and how to set realistic goals. They also remind parents to find the right balance between being a parent and caring for their own health and relationships. Sometimes a different approach or just taking a moment at the end of each day to appreciate the good things we have makes all the difference. Each of the following books have numerous, practical, parenting tips that will help you find solutions for many of your problems.

Happy Mealtimes with Happy Kids: How to Teach Your Child About the Joy of Food! Practical and Surprising Tips from a Pediatric Feeding Specialist By Melanie Potock, MA, CCC-SLP -Publisher: My Munch Bug Publishing

Do you have a picky eater? Do you have an overweight child who does not eat the right foods? Perhaps your child’s mealtime problems are not that serious but you are looking for advice on positive parenting. You would like to know how to praise and motivate your child in any area and you want to make sure you’re setting the stage for your child’s success. These are all reasons to read this wonderful parenting book written by Melanie Potock. Her advice is educational, functional and fun! Her twelve years’ experience in the field shows through by the effective coping strategies she offers. Her book is a mother and/or father’s guide to parenting in the kitchen.

A mom herself, Melanie has parenting tips that are beneficial to all parents. The topic is timely and timeless and Melanie knows how to drive her point across. She keeps the reader entertained with humor and delightful play on words. Her practical parenting tips are easy to follow, require no equipment and can be done by parents right in their home or dinner table… and IN the child’s chair. Chapter 11. High Chairs are for Eating. Mommy’s Lap is for Her Napkin

Melanie is also executive producer of the music CD, Dancing in the Kitchen: Songs that Celebrate the Joy of Food. This is a collection of old favorite tunes to new words and five original songs for kids about food. On the CD she collaborated with children's songwriter Joan H. Langford and they have created a very entertaining way for families to talk and in this case “sing” about the various aspects of food. “Gimme’ Something to Chew!” will surely help your child be a more adventurous eater by introducing new foods or food combinations by singing about them.

What Children Need to be Happy, Confident and Successful: Step by Step Positive Psychology to Help Children Flourish

By Jeni Hooper Publisher -Jessica Kingsley Publishers

Need help steering the child under your care in the right direction? Jeni Hooper's step-by-step guide is a wonderful resource for professionals working with children, including counsellors, social workers, educators, and psychotherapists, as well as parents. Ms. Hooper’s parent-friendly, step-by-step guide has all one needs to nurture a child to his full potential while balancing his personal and social wellbeing and fulfilment. Ms. Hooper writes that the motto for this book is, “You can make a difference – every adult matters in a child’s life.”

Jeni Hooper is a Child Psychologist and Parent Coach. Her message and methods will fill anxious caregivers with hope. She lets you know in her first pages that the real and lasting difference in the wellbeing of your child now and for the future is in your hands but her practical guide book brimming with effective, simple suggestions reassures you and shows you the way.

The author says every adult has the tools to help a child achieve psychological wellbeing. Her ideas are simple; require no material, equipment, or money. Your time, your common sense and your love for your child will make following her suggestions possible.

The book explores what can move a child forward. There are various questionnaires that are basically assessment tools which can be used to explore where a child is currently. The activities recommended are practical and non-technical designed for any interested adult to put into practice without any special training. Because the focus is positive you can be confident that it will not have an adverse effect. All activities are safe and fun as well.

Ms. Hooper’s book does not describe fairy tale childhoods but real children with their ups and downs. Here are a few of the subtitles that show this:

- Are Rewards Always Rewarding?
- Setting Realistic Goals
- See mistakes as signposts not problems
- Praise effort not achievements
- Turn negatives into positives
- How to avoid roadblocks and bounce back from setbacks

What I especially like about Jeni Hooper’s book is how the focus is always on the whole child. She shows how quality adult support works to create the ideal condition to build a child’s capacity to flourish emotionally, socially and educationally. She explains how to discover and build a child’s unique personal talents. Readers learn about the psychological strengths children need for an enriching, meaningful and fulfilling life.


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From Rattles to Writing: A Parent’s Guide to Hand Skills
By Barbara A. Smith, OTR/ -Publisher: Therapro, Inc

Barbara Smith's book brings out the importance of providing the right developmental activities at each stage of your young child's life. Barbara's parenting guide to hand skills takes you from birth to 5 yrs. We could say from cradle to kindergarten, from cooing and babbling to reading and writing.

This guide book has all parents need to do, how to do it, when to do it, and why do it. Barbara's fun sensorimotor activities that get your child moving and touching helps your child's brain to organize sensory information and learn. The gross motor skills and fine motor skills your child learns in the first five years will promote the visual-motor skills necessary for writing and reading. To develop hand dexterity and coordination takes years of "playing" with the right toys and games to eventually be able to zip his jacket, use a scissor, control paint brushes, and marking tools (pencils, crayons, markers).

Are you thinking it sounds a bit too much like work? Oh no, what Barbara cannot emphasize enough, is that all this is done through play. Barbara writes, "Children learn best when they are having so much fun that they do not realize they are developing new skills."

What are the goals parents should be striving for? You want your 5 year old to be “Ready” to learn to read and write. And getting him ready, starting at birth, is what Barbara Smith's parenting book is all about. You can read the complete review of this book on our Special Needs Book Review site: http://www.specialneedsbookreview.com/2012/04/28/from-rattles-to-writing-a-parents-guide-to-hand-skills/

BLOOM: Helping Children Blossom
By Dr. Lynne Kenney and Wendy Young, LMSW, BCD, -Publisher: Comprehensive Counseling & Consulting

What parenting method can parents implement with their toddlers and continue using as their children grow up to be teenagers? BLOOM is filled with simple, immediately doable parenting strategies that will change the way you parent, teach or relate to children, tweens, and teens. Both authors have five children between the two and have more than 50 years of clinical expertise working with families. In BLOOM caregivers will find the words, thoughts and actions to help the child under their care reach optimal growth so he can reach his full potential.

First, I must emphasize that BLOOM is written for YOU, the ordinary parent looking for the best way to raise your children towards growth and maturity. The authors say, “Real parents with real problems, that’s for whom BLOOM was written.” The authors kept the caregivers in mind also and have some incredible ways to help manage your own reactions to some of the biggest, upsetting behaviors kids can throw your way.

Dr. Lynne Kenney and Wendy Young show you how to understand what thoughts and feelings lay underneath your child’s behavior. They feel giving consequences falls short because consequences tell a child what NOT to do, not what TO DO. The authors say, “We cannot punish children out of undesirable behaviors. We teach them into more pro-social behavior.”

You will learn how to help your children develop critical thinking skills. BLOOM raises thinking children who can identify how they feel and then choose new behaviors. BLOOM uses role-play, modeling and practice to help children make better choices. The skills learned in each chapter for a specific topic are all transferable to other aspects of the child’s life and for kids of any age.

BLOOM is written in an easy-to-use, easy-to-read, easy-to-remember format. From the little girl on the cover happily embracing all that the world holds for her to the many quotes, resources, lists, charts, quick tips, etc. the reader knows this book was written with care to be read and reread often as a parenting resource.

Here are some of the topics and why the authors say they are important:

- **The Organized Home** - When our children live in homes where tasks of daily living are consistent, items they need are easily found and everything has its place, the brain says, “Oh, yes, I know how to do this, we live in a predictable environment where we learn, grow and behave.”
- **Room Rehab - Clean His Room** - Break down tasks in parts providing your children with the skills to preview, plan, problem solve and practice builds smarter more capable kids.
- **Agression Alley** - When Children Hit - Teach them new words and behaviors to help them become a more successful social being.

Definitely if you work with children or are a parent you will want to have a copy of BLOOM: Helping Children Blossom. You can read the complete review of this book on our Special Needs Book Review site: http://www.specialneedsbookreview.com/2013/08/08/bloom-helping-children-blossom-by-dr-lynne-kenney-and-wendy-young-lmsw-bcd/
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Wikipedia describes Turner Syndrome: “Turner syndrome or Ullrich–Turner syndrome (also known as “Gonadal dysgenesis”[1]:550), 45,X, encompasses several conditions in human females, of which monosomy X (absence of an entire sex chromosome, the Barr body) is most common. It is a chromosomal abnormality in which all or part of one of the sex chromosomes is absent or has other abnormalities (unaffected humans have 46 chromosomes, of which two are sex chromosomes). In some cases, the chromosome is missing in some cells but not others, a condition referred to as mosaicism[2] or “Turner mosaicism”.

People with Turner Syndrome have characteristic physical abnormalities such as short stature, broad chest, low hairline and low-set ears. There is also the absence of menstrual cycle and sterility in girls due to non-working ovaries. Other health issues may be present such as congenital heart disease, diabetes vision and hearing problems.

Turner syndrome is named after Henry Turner, the endocrinologist who first described it in 1938. The following is a first-hand account of someone with Turner Syndrome.

Living life with Turner Syndrome can be challenging. Turner Syndrome is an X chromosome disorder that affects 2000 girls every a year. Turner syndrome can be mild to severe; in my case I have mild classic Turner Syndrome. There are two forms of Turner Syndrome which classic TS, which you’re missing your X chromosome and mosaic TS, which is your X chromosome deformed.

My story begins when I was turning 16. I hadn’t started my period and my mom was worried, so I went to the doctor who referred me to a doctor in Ottawa. The genetics there told my family and me that I have Turner Syndrome. They told me that one of X chromosomes is missing and that I cannot have any children. They told me that I was very tall for a girl with Turner Syndrome because we are only supposed to be 4 feet tall, but it all depends on how bad you have it. Once I found out I had Turner Syndrome, things started to make sense - like why I wear glasses and hearing aids, why my hands get swollen, why I have poor circulation, why I have a hard time with spelling, why it takes me long to do homework, and why my ears are lower than others. Since I found out about Turner Syndrome, I have regularly been going to Ottawa for appointments, getting my bones, heart, thyroid and kidneys checked. I also found out that I have no ovaries and that my kidneys are on my side and not in the back. I take calcium and Vitamin D for my bones and birth control to give my body the estrogen it needs.

I grew to accept Turner Syndrome as a part of me because I had friends and family that supported me and encouraged me. I pushed myself in school and eventually went to college to become an early childhood educator. I pushed myself in college and learned so much and graduated with honors! I never gave up on myself and I keep busy. Some days I am in pain and sore because of my circulation, but I keep going.

In high school, it was hard to fit in because I didn’t look like most girls. I was very flat and tiny, but my friends where there for me and still are; high school can be hard for anyone. Since I graduated from college I found an amazing man that understands Turner Syndrome and loves me for me, encourages me and supports me through everything. I also will be going back to school. I am taking an online course to study Autism and Behavioral Science while I work in a ready to learn program for one year. My life keeps looking brighter because I believe in myself. Anyone with a disability can do anything they put their mind to. It isn’t easy having a disorder or disability, but you just need to look at the positives and keep trying. Believe in yourself!
My daughter Zoe was diagnosed with Kawasaki Disease on July 5, 2013. The morning of Canada Day, she seemed more tired than she normally is and napped (usually naps in the afternoon). When she got up she had energy and was acting herself. We went and took part in the local Canada Day festivities for the afternoon. That night at around 10:30 when I checked on her, she had a fever. Her fever would drop a little when I gave her Advil but as it wore off the fever would rise.

On Wednesday morning, July 3rd, I took her to the family doctor. We were told that her throat looked red and that it could be Strep throat (no swab was taken). When she woke from her afternoon nap she had a rash almost covering her entire body, and her hands and feet were swelling. Her hands and feet were also itchy so we called the doctor we saw that morning. We were told it was a virus and to not fill the prescription. By 11 p.m., Zoe was awakened due to her fever spiking again. Her eyes were bloodshot and the left side of her neck was very swollen.

On Thursday afternoon, when I took Zoe to a clinic, the intern doctor asked the on-call doctor if it was Kawasaki. He immediately said no with no discussion of symptoms. They told me they did not know what was wrong and they sent us home. Her fever continued and all of the symptoms remained. Friday morning Zoe woke with a fever higher than it had been all week. She also would not stand or walk. Her family doctor saw her in the morning, and without looking in her mouth, diagnosed her with strep and scarlet fever. Zoe was prescribed an antibiotic and we were sent home.

While Zoe had her afternoon nap, Kawasaki Disease popped into my head, so I decided to research it as I was unfamiliar with the disease. I was shocked when I read the symptoms – Zoe had them all! I called the pediatric clinic at the hospital and they asked if her eyes were red. When I said they were, they said that she needed to go to the emergency department. They suggested I tell them I am not leaving until something is ruled out.

At emergency, the first doctor I saw thought it was scarlet fever. I said I would not leave until something was ruled out (as directed). Zoe was given Advil and Tylenol at the same time to see if she would walk. She would not walk even after two hours. Finally a pediatrician was sent in to see us. She was very thorough and diagnosed Zoe with Kawasaki. IVIG was administered and high dose aspirin was started. Many of Zoe’s symptoms started to go away when the IVIG was finished. Her fever persisted though. Zoe took about 20 steps but had very little energy.

By Sunday, Zoe still had a fever. Her pediatrician consulted with the rheumatologist on her case and they agreed to wait a little while longer before administering another round of IVIG. Zoe’s energy level was better Sunday; she was playing in the playroom. It was such a wonderful sight to see. Her appetite started to come back Sunday night. Late Sunday night her fever broke so a decision was made not to give her another round of IVIG. Monday July 8th, Zoe had her first echocardiogram. The results were good. Zoe was sent home on Tuesday to continue her recovery. Her second echocardiogram was on August 19th. This one showed that Zoe had dilation in her left coronary artery. She is being referred to the IWK Children’s Hospital to see a cardiologist.
A Glance at WILLIAMS SYNDROME

By Jean Nicol, BSc Nutrition, BEd

This syndrome was first identified in 1961 by Dr J.C.P. Williams who was from New Zealand. It has an incidence of 1 in 10,000, occurring equally in boys and girls across all cultures.
A rare, non-hereditary, neurodevelopmental disorder, it is caused by the deletion of 26 genes on chromosome 7 and is best diagnosed with a genetic blood test called FISH. Although there is no cure for Williams Syndrome, early detection, awareness, acceptance and intervention will better ensure that a child with a diagnosis has a better chance at reaching their potential.

**Early signs and symptoms may include:**
- Unusual facial features: wide mouth with a large, slack lower lip, A small upturned nose with flat bridge, irregular widely spaced teeth, chubby cheeks, puffy eyes and sometimes squinting
- Low birth weight and failure to gain weight in infancy; difficulty breastfeeding, excessive vomiting, reflux
- Restless sleeping
- Irritable
- May be heart defects caused by slight narrowing of the aorta
- Hypersensitivity to noise
- Visual processing difficulties, developmental delays, language abilities, gross and fine motor skills,
- Overly sociable, especially with strangers

**Physical problems may be displayed as:**
- Heart murmurs
- Narrow blood vessels, especially aorta
- Gastrointestinal: colic, abdominal pain, diverticulitis, urinary difficulties (bed wetting), feeding problems related to low muscle tone
- Defective tooth enamel, irregular tooth spacing, abnormal bite
- High levels of blood calcium
- Increased evidence of diabetes in young adults
- Auditory nerve damage
- Eye misalignment, squinting, cross eyed, depth perception
- Hypothyroidism

**Developmental disabilities may include:**
- Delayed language skills except vocabulary
- Gross and fine motor skills
- Below average height and weight
- Muscle tone and joint limitations
- Visual processing and visuospatial relationships
- Intellectual challenges

**Nervous System difficulties may show in:**
- Visual-spatial disabilities
- Behavioral timing
- Overactive motor reflexes
- Hyperactive, involuntary eye movement
- Hypervocal
- Absence of social inhibition
- High anxiety and fear
- Sense of rhythm and enjoyment of music

**Social and Psychological implications:**
- Higher incidence of anxiety and phobias
- Poor concentration
- Hyperactivity, impulsive
- Lack of social inhibition
- Wide range of intellectual abilities, but often low especially visual skills
- Very social, empathetic, caring, unselfish
- Often good verbal skills
- Strong auditory memory skills
- Difficulty with making and maintaining friendships

Treatment suggestions are welcomed and necessary since there is no cure for this syndrome. Early dietary interventions based on need, accessing professional assistance would be recommended so that the child can have the maximum benefit of a nutritious diet. Early intervention with specialists to address developmental delays on an individual basis would best prepare any child for optimum peer interaction at school age: cognitive, speech & language, social, emotional and physical.

As with any child experiencing areas of delay it is of the utmost importance to also identify their strengths. This will definitely support skill development and provide for opportunities for a child to excel. One such area for children with Williams Syndrome might be in music; making music therapy an important choice. Children with Williams Syndrome would be best provided for in school with an IEP based on their individual needs and strengths. Assistance as needed for academic development plus encouragement and support in maintaining and enjoying peer relationships would be very beneficial.

As adults, depending on their abilities and skill levels they may be employed and active members of their communities. Some may need a supported living program. All those with Williams Syndrome as with other disorders can and should be supported to enable them to achieve their potential and enjoy life to its fullest! 🍁

Resources:  http://www.caws-can.org/  http://www.williams-syndrome.org/

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![Kid Companions](image)

ASD, ADHD, SPD sensory-seeking behavior?
Give them a wearable item to chew.

New Blue

www.chewelry.ca
In our classrooms we are presented with a wealth of personalities, needs, learning styles and abilities. As educators, it is our job to arrive prepared to meet and challenge the needs of these young lives. Sometimes, we have the prior knowledge to assist our students but then there are times when we find ourselves at a loss of knowledge to support our little ones.
Throughout our fall issue of uncommon diseases, one in particular stands out, “cystic fibrosis (CF) is the most common fatal genetic disease affecting Canadian children and young adults” (www.cysticfibrosis.ca, 2011).

According to the 2011 Canadian Cystic Fibrosis Report:

- One person dies from cystic fibrosis in Canada each week
- One in every 3,600 children born in Canada has cystic fibrosis
- 50% of Canadians with cystic fibrosis are diagnosed by six months of age, and 73% are diagnosed by the age of two
- One in 25 Canadians carries a defective version of the gene responsible for cystic fibrosis

In the 1960’s, most children with cystic fibrosis did not live long enough to attend kindergarten

16% of all Canadians with cystic fibrosis have CF-related diabetes (CFRD), and 38% of CF patients 35 years of age and older have CFRD. (www.cysticfibrosis.ca, reviewed in 2013).

These statistics may come as a shock to many and right fully so. With focuses in our education system on autism, Asperger’s, ADHD, ADD, food allergies, learning disabilities, etc. diseases, such as CF are often a secondary discussion throughout special education. At the present time there is currently no cure for cystic fibrosis.

CF is a multi-system disease, primarily affecting the lungs and digestive system. In the lungs, where the effects of the disease are most devastating, a build-up of thick mucus causes increasingly severe respiratory problems. It may be difficult to clear bacteria from the lungs, leading to cycles of infection and inflammation, which damage delicate lung tissue. (www.cysticfibrosis.ca, 2011)

Other medical challenges that could result as of CF include: allergic bronchopulmonary aspergillosis (ABPA), arthritis, congenital bilateral absence of the eves deferens (CBAVD), cystic fibrosis-related diabetes (CFRD), Distal Intestinal Obstruction Syndrome (DIOS), liver disease, nasal polyps, osteoporosis, and pancreatitis. To gather more information about these additional ailments please visit: www.cysticfibrosis.ca or www.sickkids.ca

As an upcoming new mom, I was impressed to learn about the newborn screening process. With these diagnostic tools in place, families can begin to receive support immediately upon diagnosis. Although CF and other diseases are not always present immediately upon birth, an initial screening process is completed by taking a small blood sample by a prick in the newborns heel. This screening process is conducted throughout Canada but the screening process varies throughout provinces. If you have questions regarding the CF newborn screening process contact your local hospital maternity ward to discuss current practices.

Why screen newborns?

- Early diagnosis and treatment for cystic fibrosis
- Reduces hospital stays
- Increases longevity
- Improves height, weight and lung function
- Provides a better start in life

(www.cysticfibrosis.ca, 2012)

I have a child with CF in my class….now what?

- Frequent communication is a must with the families to ensure all medical documentation and medication is updated and present at school.
- Tap into your resource team, social workers, nurses, and dieticians to support the family unit.
- Although physical activity is encouraged, note that it may need to be modified to be accommodate for respiratory reasons.
- Students with CF often have excellent attendance according to www.cysticfibrosis.ca
- Cognitive abilities are not compromised.
- Extreme weather temperatures may result in an alternate outdoor play schedule/plan.
- These students share the same interests and ideas as the rest of your class! Remember that they are and should be treated just like every other child!

With the dedication and passion many of us feel towards professional learning, we can begin to meet as many students as possible by educating ourselves on all the abilities that walk through our door.

When working with students with an ailment, physical exceptionality or academic challenge we often rely on an ‘expert’ in our schools and centres to guide and prepare material to assist these students. As educators, we need to educate and prepare ourselves so we ensure that our students are receiving exceptional care and programming that best suits their needs.

On the web

canadianchildmagazine.ca
Past issues plus advice on current child-care trends and product reviews.

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twitter.com/#!/canadianchildma
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We tried Nature's Path Qi’a first with my husband initially being the one to try it. He didn’t mind it but expressed how it was a bit different and wouldn’t say more. I had my son try one bite while I ate the rest and expressed my satisfaction with it to encourage my son to try it.

He did but immediately spit it back out, not used to the texture of the chia seeds, hemp and buckwheat.

Holy Crap, a product developed in Canada, contains the same basics as Qi’a, but with a few extras. They are both organic, GMO and gluten free but Holy Crap Dragon's Blend also has organic raisins, organic dried cranberries (organic sugar, organic sunflower oil), organic apple bits, organic cinnamon which all complete this breakfast meal.

With just a teaspoon of cereal added to 4 teaspoons of milk, Holy Crap Dragon’s Blend offers alternatives to make a complete breakfast with its healthy goodness. Holy Crap Dragon’s Blend is the perfect breakfast food. This slow-burning protein-rich rocket fuel leaves you satisfied until lunch. Mix with yogurt or your choice of milks.

All natural ingredients (non-GMO): organic chia, organic buckwheat, organic hulled hemp seeds, organic raisins, organic dried cranberries (organic sugar, organic sunflower oil), organic apple bits, organic cinnamon. The three main seed ingredients are some of the oldest perfect foods known to humans.

The key ingredient, chia or salvia hispanica l. is a recently revived oil seed crop from the Americas that was once more valuable than gold to the Aztecs. The Tarahumara, the greatest long distance runners on the planet, have had a long history of using this slow burning rocket fuel for both athletes and warriors alike.

Included on their website are recipes for a Mango Carrot Smoothie, an Iced Coffee and a Margarita Pizza! Nature's Path offers recipes on their website as well including smoothies, cookies and more!

Although some of these are not so child friendly, it really goes to show how flexible these bags of goodness are and how easy they are to adapt to you and your child’s taste buds. You can always add your own apple pieces and cinnamon to Nature’s Path Qi’a to improve its bland flavour, I love supporting the Canadian Holy Crap Cereal and I am pleased that they already have flavour added.
Each bag is 8 ounces (225 grams) and contains 8 full servings:

- non-GMO
- organic
- kosher
- gluten free
- lactose free
- salt free
- nut free
- all-natural
- vegan
- high in fiber and iron
- source of calcium
- source of omega-3 and -6
- no cooking required

Contains: natural chia seed oil, natural hulled hemp seed oil, chia seeds and hulled hemp seeds. Although chia seed oil, hulled hemp seed oil, chia seeds and hulled hemp seeds are not known allergens some individuals may have an allergen to either the natural oil or seeds.

Nature’s Path Qi’a

Ingredients:
Chia seeds*, buckwheat groats*, hemp seeds*. *Organic. Produced in a facility that uses soy, peanuts, dairy and tree nuts.

Comparatively, both of these are much more expensive than a regular instance cereal but when it comes to your child’s health, money should be of no expense.

Be creative with your breakfast choice and let your child decide what fruits to add to their cereal to give them independence. In no time, you will find you are buying more bags of natural than boxes of ingredients you can’t wrap your tongue around.

Thanks for reading.

Nature’s Path Qi’a Superfood

Holy Crap Dragon’s Blend

Nature’s Path Qi’a

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Thanks for reading.
The Origin of Hallowe’en

By Judy Rose, R.E.C.E.

The American tradition of “trick-or-treating” probably dates back to the early All Souls’ Day parades in England. During the festivities, poor citizens would beg for food and families would give them pastries called “soul cakes” in return for their promise to pray for the family’s dead relatives.

The distribution of soul cakes was encouraged by the church as a way to replace the ancient practice of leaving food and wine for roaming spirits. The practice, which was referred to as “going a-souling” was eventually taken up by children who would visit the houses in their neighborhood and be given ale, food, and money.

The tradition of dressing in costume for Halloween has both European and Celtic roots. Hundreds of years ago, winter was an uncertain and frightening time. Food supplies often ran low and, for the many people afraid of the dark, the short days of winter were full of constant worry. On Halloween, when it was believed that ghosts came back to the earthly world, people thought that they would encounter ghosts if they left their homes. To avoid being recognized by these ghosts, people would wear masks when they left their homes after dark so that the ghosts would mistake them for fellow spirits. On Halloween, to keep ghosts away from their houses, people would place bowls of food outside their homes to appease the ghosts and prevent them from attempting to enter.

Leaves

**Objective:** To provide an activity that lends itself to many different areas of creativity and activity, such as Gross/Fine motor skills, Co-operation, Concepts of colour, shapes, number and sizes.

**Tools Needed:** Leaves

Brooms and Rakes (child size)

**Preparation:** Collect the leaves from various trees and bring them to the area you have designated as the activity area. Explain to the children that they are able to hop and jump in the leaves.

**Evaluate:**

Not only did the children achieve all of my directions but they were, excited to bring some of the leaves inside and continue the experience in the art room and at circle time, by learning the names of some of the leaves and painting with the leaves.
Fall Activities

Way Up High In the Apple Tree

Way Up High In the Apple Tree, (Finger/hand/arm play)

Way up high in the apple tree, (Stretch your arms up over your head)

Two little apples (Using both hands make two circles)

Smiled at me, (Using your index finger pretend to draw a smile on your face)

I shook that tree as hard as I could. (Clasp hands together and shake)

Down came the apples. (Raise hand up and drop them in your lap)

Hmmm, were they good (Rub your tummy with open hand)

Sink or Float

Materials
Tub or Water Table
Water
Various articles that will sink or float:
Socks, rocks, styrofoam, sugar cube, paper, wood, popsicle stick, plastic plate, tennis ball, golf ball, marbles, chalk to name a few. Allow the children to come up with a few thoughts as well.

Children are always drawn to water, and what better way to help them learn than through such a beloved activity. Introduce the idea of sinking and floating. Is it because some things are heavier than others...let's experiment.

Have a number of items for the children to experiment with. Then ask the children to find a few objects that they might think would sink or float. They will be amazed.

What I am Thankful for Wreath

Materials
Construction paper in fall colours red, yellows, orange, gold, brown to cut into leaf and acorn shapes.
Black construction paper to make a wreath circle to paste on leaves and acorns.
Other harvest materials may also be added to fill in the wreath such as string or ribbons, tissue paper or feathers.
Glue
Glue brushes
Pen and scissors

This is the perfect time to introduce Thanksgiving and help young children understand why we are so thankful for what we have. This activity does require an introduction, perhaps through discussion at circle time or just at home reading time. It will cause each child to pause and think of what they have in their young lives, that others may not. As the children produce their thoughts, write them down on the leaves and acorns and have them glue them to their own wreaths. Then they can proudly be displayed on that special Thanksgiving Day.
Edible Drinks

What you’ll need:

For the cup:
- Apple
- Melon baller or spoon (to scoop the inside of the apple)
- Lemon juice

For the beverage:
- Cranberry juice
- Apple cider
- Seltzer water
- Cinnamon stick

Directions:
To make the cup, slice off the top of an apple. Hollow it with a melon baller or spoon, making sure to leave 1/4-inch-thick walls all around. To prevent browning, brush the cup’s edge with lemon juice.

Combine 1 part cranberry juice, 1 part apple cider, and 1 part seltzer water. Garnish each drink with a cinnamon stick. Makes a great Hallowe’en party drink.

Mini Caramel Apples
A great bite sized version for kids!

What you’ll need:
- 4-inch lollipop sticks
- Melon baller
- Granny Smith apples (one apple makes about 8 mini apples)
- Butterscotch chips
- Chopped nuts
- Sprinkles or any topping your child likes, small paper candy cups

Directions:
With the melon baller, scoop little balls out of the apple. Make sure each ball has a section of apple peel. Push half of a lollipop stick into the peel of each ball. Pat the apple pieces dry.

Melt the butterscotch chips according to directions. Dip and swirl the mini apples in the melted chips. Roll the apples in nuts, sprinkles, or topping of your choice. Place the mini apples in paper candy cups to set.

Banana Ghosts and Tangerine Pumpkins

What you’ll need:
- Bananas
- Tangerines
- Chocolate chips – one small bag, one large bag,
- Celery

Directions:
Cut bananas in half. Insert small chocolate chips for the eyes, and one chocolate chip for the mouth. Peel the tangerines. Cut celery into small strips for the pumpkin stem. Insert in top of tangerine.

The kids are sure to enjoy this scary treat!
Get awesome meals everyday!

Created by Jean Nicol of Nova Scotia, Canada to support people with a broad range of eating challenges, The Eating Game™, is a resource filled with planning tools, food pictures and suggestions for use that support and encourage people in making optimal, healthy food choices.

Based on Canada’s Food Guide, The Eating Game™ is the ideal starting point for making healthy food choices. With assistance from those who prepare household meals, The Eating Game™ helps you create a plan for what will be eaten throughout every day. It is filled with planning tools, food pictures and suggestions for use that support and encourage people in making optimal, healthy food choices.

The The Eating Game™ is used around the globe by individuals, families, Occupational Therapists, Psychiatrists, Psychologists, Speech Therapists, Nutritionists, Early Interventionists, schools, preschools/daycares, Public Health, and Group Homes.

To find out more and to order, visit www.theeatinggame.ca
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