



Kremmling Preschool Newsletter



January 15-21, 2020



© Cliff Stock Photo

If **ANY** of your contact information (work number, cell number, emergency contacts info, address, etc.) has changed, please **UPDATE** this information in the preschool office with Michele ASAP.

PICKUP TIMES - Please note the following pickup times:

Morning Class	11:00 am	Afternoon/Full Day	3:45 pm
----------------------	-----------------	---------------------------	----------------

Please make note of these times as late fees will be enforce. Thank you in advance for your cooperation.

Incredible Years Parent Program still has a few spots open! If you want to build a positive relationship with your child, are looking for effective discipline when you child says "no", hits or refuses to listen, or need new ideas for helping your child to grow and learn...this is the class for you! This is a FREE opportunity to attend an AWARD-WINNING PROGRAM with proven results! They will provide dinner for you and your children as well as FREE child care while you attend! IT'S ALL FREE! Please contact Jennifer Vance at (970) 724-1000 for more information or register.



CALENDAR of EVENTS:

- Feb. 13 Valentine's Day Parties
- Feb. 17 President's Day, Preschool Closed
- Mar. 6 Preschool Screenings (for children not yet enrolled in preschool; more information to come)
- Mar. 8 Daylight Saving Times Begins - "Spring" forward
- Mar. 16-22 Spring Break, Preschool Closed
- Mar. 25/26 Parent Teacher Conferences
- April 14 Picture Day
- April 13 Early registration for morning preschoolers currently enrolled
- April 20 Preschool open enrollment

Please do not hesitate to call or stop by with any questions or concerns!
Michele DeSanti, Director (970) 724-9483.

OVER -->-->-->

Media and Young Minds

COUNCIL ON COMMUNICATIONS AND MEDIA, From the American Academy of Pediatrics

Abstract: Infants, toddlers, and preschoolers are now growing up in environments saturated with a variety of traditional and new technologies, which they are adopting at increasing rates. Although there has been much hope for the educational potential of interactive media for young children, accompanied by fears about their overuse during this crucial period of rapid brain development, research in this area still remains limited. This policy statement reviews the existing literature on television, videos, and mobile/interactive technologies; their potential for educational benefit; and related health concerns for young children (0 to 5 years of age). The statement also highlights areas in which pediatric providers can offer specific guidance to families in managing their young children’s media use, not only in terms of content or time limits, but also emphasizing the importance of parent–child shared media use and allowing the child time to take part in other developmentally healthy activities. Abbreviations: app — application & PBS — Public Broadcasting Service

Introduction: Technologic innovation has transformed media and its role in the lives of infants and young children. More children, even in economically challenged households, are using newer digital technologies, such as interactive and mobile media, on a daily basis and continue to be the target of intense marketing. This policy statement addresses the influence of media on the health and development of children from 0 to 5 years of age, a time of critical brain development, building secure relationships, and establishing health behaviors.

Infants and Toddlers: Children younger than 2 years need hands-on exploration and social interaction with trusted caregivers to develop their cognitive, language, motor, and social-emotional skills. Because of their immature symbolic, memory, and attentional skills, infants and toddlers cannot learn from traditional digital media as they do from interactions with caregivers, and they have difficulty transferring that knowledge to their 3-dimensional experience. The chief factor that facilitates toddlers’ learning from commercial media (starting around 15 months of age) is parents watching with them and reteaching the content.

The interactivity of touchscreens enables applications (apps) to identify when a child responds accurately and then tailor its responses, thereby supporting children at their levels of competence. Emerging evidence shows that at 24 months of age, children can learn words from live video-chatting with a responsive adult⁷ or from an interactive touchscreen interface that scaffolds the child to choose the relevant answers.⁸ Starting at 15 months of age, toddlers can learn novel words from touchscreens in laboratory-based studies but have trouble transferring this knowledge to the 3-dimensional world. However, it should be noted that these experiments used specially designed apps that are not commercially available.

Many parents now use video-chat (e.g., Skype, FaceTime) as an interactive media form that facilitates social connection with distant relatives. New evidence shows that infants and toddlers regularly engage in video-chatting, but the same principles regarding need for parental support would apply in order for infants and toddlers to understand what they are seeing.

In summary, for children younger than 2 years, evidence for benefits of media is still limited, adult interaction with the child during media use is crucial, and there continues to be evidence of harm from excessive digital media use, as described later in this statement.

Preschool Media and Learning: Well-designed television programs, such as Sesame Street, can improve cognitive, literacy, and social outcomes for children 3 to 5 years of age and continue to create programming that addresses evolving child health and developmental needs (e.g., obesity prevention, resilience). Evaluations of apps from Sesame Workshop and the Public Broadcasting Service (PBS) also have shown efficacy in teaching literacy skills to preschoolers. Unfortunately, most apps parents find under the “educational” category in app stores have no such evidence of efficacy, target only rote academic skills, are not based on established curricula, and use little or no input from developmental

specialists or educators. Most apps also generally are not designed for a dual audience (i.e., both parent and child). It is important to emphasize to parents that the higher-order thinking skills and executive functions essential for school success, such as task persistence, impulse control, emotion regulation, and creative, flexible thinking, are best taught through unstructured and social (not digital) play, as well as responsive parent–child interactions.

Digital books (also called “eBooks,” books that can be read on a screen) often come with interactive enhancements that, research suggests, may decrease child comprehension of content or parent dialogic reading interactions when visual effects are distracting. Parents should, therefore, be instructed to interact with children during eBook reading, as they would a print book.

Health and Developmental Concerns

Obesity: Heavy media use during preschool years is associated with small but significant increases in BMI, may explain disparities in obesity risk in minority children, and sets the stage for weight gain later in childhood.²⁰ Although many studies have used a 2-hour cutoff to examine obesity risk, a recent study of 2-year-olds found that BMI increased for every hour per week of media consumed. It is believed that exposure to food advertising and watching television while eating (which diminishes attention to satiety cues) drives these associations.

Sleep: Increased duration of media exposure and the presence of a television, computer, or mobile device in the bedroom in early childhood have been associated with fewer minutes of sleep per night.

Even infants exposed to screen media in the evening hours show significantly shorter night-time sleep duration than those with no evening screen exposure. Mechanisms underlying this association include arousing content and suppression of endogenous melatonin by blue light emitted from screens.

Child Development: Population-based studies continue to show associations between excessive television viewing in early childhood and cognitive, language, and social/emotional delays, likely secondary to decreases in parent–child interaction when the television is on and poorer family functioning in households with high media use. An earlier age of media use onset, greater cumulative hours of media use, and non-PBS content all are significant independent predictors of poor executive functioning in preschoolers. Content is crucial: experimental evidence shows that switching from violent content to educational/prosocial content results in significant improvement in behavioral symptoms, particularly for low-income boys. Notably, the quality of parenting can modify associations between media use and child development: one study found that inappropriate content and inconsistent parenting had cumulative negative effects on low-income preschoolers’ executive function, whereas warm parenting and educational content interacted to produce additive benefits.

Child characteristics also may influence how much media children consume: excessive television viewing is more likely in infants and toddlers with a difficult temperament or self-regulation problems, and toddlers with social-emotional delays are more likely to be given a mobile device to calm them down.

Parental Media Use: Parents’ background television use distracts from parent–child interactions and child play. Heavy parent use of mobile devices is associated with fewer verbal and nonverbal interactions between parents and children and may be associated with more parent-child conflict. Because parent media use is a strong predictor of child media habits, reducing parental media use and enhancing parent–child interactions may be an important area of behavior change.

Conclusions

Clinical Implications: In summary, multiple developmental and health concerns continue to exist for young children using all forms of digital media to excess. Evidence is sufficient to recommend time limitations on digital media use for children 2 to 5 years to no more than 1 hour per day to allow children ample time to engage in other activities important to their health and development and to establish media viewing habits associated with lower risk of obesity later in life. In addition, encouraging parents to change to educational and prosocial content and engage with their children around technology will allow children to reap the most benefit from what they view.

As digital technologies become more ubiquitous, pediatric providers must guide parents not only on the duration and content of media their child uses, but also on (1) creating unplugged spaces and times in their homes, because devices can now be taken anywhere; (2) the ability of new technologies to be used in social and creative ways; and (3) the importance of not displacing sleep, exercise, play, reading aloud, and social interactions. Realistically, pediatric providers will need to know how to help parents find resources finding appropriate content, tools for monitoring or limiting child use, ideas for play or activities in which to engage rather than digital play, and how parents can limit their own media use (see HealthyChildren.org for examples); each of these can be built into the Family Media Use Plan (see the American Academy of Pediatrics guide to developing a plan at www.healthychildren.org/MediaUsePlan).

Recommendations

Families:

Avoid digital media use (except video-chatting) in children younger than 18 to 24 months.

For children ages 18 to 24 months of age, if you want to introduce digital media, choose high-quality programming and use media together with your child. Avoid solo media use in this age group.

Do not feel pressured to introduce technology early; interfaces are so intuitive that children will figure them out quickly once they start using them at home or in school.

For children 2 to 5 years of age, limit screen use to 1 hour per day of high-quality programming, covie with your children, help children understand what they are seeing, and help them apply what they learn to the world around them.

Avoid fast-paced programs (young children do not understand them as well), apps with lots of distracting content, and any violent content.

Turn off televisions and other devices when not in use.

Avoid using media as the only way to calm your child. Although there are intermittent times (eg, medical procedures, airplane flights) when media is useful as a soothing strategy, there is concern that using media as strategy to calm could lead to problems with limit setting or the inability of children to develop their own emotion regulation. Ask your pediatrician for help if needed.

Monitor children's media content and what apps are used or downloaded. Test apps before the child uses them, play together, and ask the child what he or she thinks about the app.

Keep bedrooms, mealtimes, and parent-child playtimes screen free for children and parents. Parents can set a "do not disturb" option on their phones during these times.

No screens 1 hour before bedtime, and remove devices from bedrooms before bed.

Consult the American Academy of Pediatrics Family Media Use Plan, available at:
www.healthychildren.org/MediaUsePlan.