



# PARENT Newsletter

JANUARY/FEBRUARY 2009 | VOLUME 7 NO. 3

## YVY Parents Elect New Policy Council

On Tuesday, December 16, delegates from all of YVY's Head Start and Early Head Start sites convened to elect an agency-wide YVY Policy Council. All delegates had previously been elected to positions in their respective Parent Site Committees. The Policy Council, which consists of elected parents and community representatives, meets monthly to provide input, to be briefed on issues facing YVY, and to vote on possible actions to be taken by YVY to address these issues. The Policy Council is central to the functioning of YVY as an agency, and, therefore, the participation of these parents is very much appreciated.

This year's election was noteworthy for the interest expressed by all the delegates in joining the Policy Council. One after the other, the nominated parents spoke eloquently of the impact YVY has had on the lives of their children and their families and their desire to give back. In fact, a change in the by-laws has made it possible for all of the delegates to attend meetings and be voting members even if they are not elected to a specific office, so representatives of all sites will be able to contribute their insight and knowledge. YVY looks forward to their enthusiastic participation.

The new PC officers are: Yitty Kupferstein, Chairperson and Area Community Representative; Raizy Fried Vice-Chairperson; Simcha Barzilei, Secretary; Elizabeth Avraham, Treasurer; Margaret Alfih, Chairperson Personnel Committee; Shiffy Goldstein, Chairperson Grievance Committee; Nechama Mering, Chairperson By-Laws Committee; Martha Hernandez, Member; Leah Roth, Member; Nurjannah Wahid, Member; Esther Miller, Member; Rivka Marks, Member; Cochava Gajer, Member; Miriam Lipschitz, Member; Charna Katz, Member. YVY is pleased that three former members whose children have aged out of Head Start are returning as Community Representatives: Rebecca Choueka, Mimi Rosenfeld, and Chani Gross.

YVY would like to thank Mindy Meisner, outgoing Chairperson and Area Community Representative, who has so ably represented YVY for the last three years, and the other outgoing members of the Policy Council for their contributions to YVY governance and looks forward to working with the present Council for another productive year.



Council Member Lew Fiedler and Assemblywoman Helene Weinstein pose with teachers and children of the YVY Canarsie Childcare and Community Center at the new traffic light they helped facilitate.

### YVY Head Start and Early Head Start

#### YVY Attends ACF Risk Management Meeting

YVY Head Start executive personnel, management staff, and representatives of YVY's Board and Policy Council attended a Risk Management Meeting early in December called by the Regional office of the Administration for Children and Families prior to their sending out grantee refunding notices.

At the meeting, which was also attended by representatives from the regional office, those involved in the management of YVY Head Start were given an opportunity to present the strengths, challenges, and areas for growth in their areas of responsibility. The exchange was a cordial one, and the outcome was positive. Follow-up information which was requested has already been submitted.

This meeting, the first of its kind, will now be an annual supplement to a federal on-site review which occurs every three years.

#### Two YVY Sites on Road to NAEYC Certification

YVY's Farragut Road site in Brooklyn and Silver Lake II site in Staten Island

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Celebrating the holidays at the YVY Learning Center

## YELED V'YALDA

Early Childhood Center, Inc.  
1312 38th Street | Brooklyn, NY 11218  
www.yeled.org

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### Coordinator, Early Intervention

Batya Moskowicz, MA,TR

### Coordinator, ABA Program

Kreindy Myers, MSEd

### Parent Involvement Coordinator

Shoshie Schapiro

### Policy Council Liaison

Gitty Ziegelman

### Silver Lake Headstart

#### Education Directors:

Melody Lenza, MSEd

Madeline O'Donohue, MAEd

### Director, Day Care Collaboration

Laurie Landa, MSEd

## YVY Health Advisory Committee Meets

Twice a year, YVY conducts a meeting of its Health Advisory Committee, which is composed of relevant YVY staff, representatives from YVY partner Ezra Medical Center, representatives from Maimonides Medical Center — the hospital that serves a large proportion of YVY families, and other community agencies. At each meeting, issues relevant to the community are introduced by any one of the members, and possible solutions are suggested. The Health Advisory Committee also helps set the official health policy for YVY Head Starts.

Over the years, this partnership has resulted in significant improvements in the way important health and mental health issues are treated in the community. Cooperation between all these entities has had an impact on the early diagnosis and treatment of post-partum depression in community women and has also resulted in greater community awareness of possible autism in young children, contributing to earlier diagnosis and treatment which are crucial for positive outcomes. The YVY Magazine has served as a forum for the dissemination of information on many of these issues to YVY families.

At the last HAC meeting, Dr. Steven Shelov, Chairman of the Department of Pediatrics at Maimonides Medical Center Infants' and Children's Hospital, introduced two physicians from his department who deal with problems which impact the YVY community. Dr. Jason Perlman, Division of Pediatric Infectious Diseases, talked about the continuing importance of immunizations (see article by Dr. Perlman on page 7), and Dr. Barbara Trommer, the new Associate Medical Director of the Maimonides Develop-

mental Center, discussed the continuing effort of Maimonides to expedite diagnosis and treatment of autism spectrum disorders, among other issues.

YVY is proud of the greater professionalism with which it is able to handle the health and mental health needs of YVY families as a result of the input of the HAC members, whose availability and cooperation are called upon throughout the year.

## YVY Employee Workshop Addresses Time Management and Stress

As part of its enhanced employee training program, YVY's Human Resources Department sponsored a workshop open to all YVY employees on *Managing Your Time and Stress*, facilitated by Andrea Nierenberg of the Nierenberg Group.

YVY's own Karen Kronenberg facilitated a workshop for all YVY managers on *Managing Employee Performance* as part of a Managers' Training Series designed to help YVY managers increase their effectiveness.

## YVY Research Institute Represented at Boston Conference

Dr. Isabelle Barriere, YVY Director of Policy for Research and Education and Co-Director of its Research Institute, gave a poster presentation on the YVY Yiddish language screening tool developed by the Institute at the annual Boston University Language Development Conference, the most important venue in the field.

Along with YVY CEO Solomon Igel, Dr. Barriere represented YVY at the Washington Dual Language Conference. Dr. Barriere has developed the newly-mandated Dual Language Policy for YVY, and she will be training Head Start and Early Head Start teachers on its application this month. 



Dr. Steven Shelov addresses the YVY Health Advisory Committee

## Staten Island

### Silver Lake Children and Families Celebrate Holiday Season

Children at Silver Lake Head Start II began the holiday season with a lesson in sharing and caring. Residents of the local St. Cosmos Nursing Home visited the site and watched a presentation put on for them by the center's children. The children also made Thanksgiving cards for their visitors and baked chocolate chip cookies to share with them. Children, staff, and visitors were all delighted with the event.

Home-Based Head Start families attended a community holiday party where all families brought a covered dish to share. The children played games and received toys donated by Kohl's Department Store.

Center-based children in the Staten Island sites were also recipients of holiday toys, donated by Toys for Tots, as part of their holiday celebrations. SLI children received, in addition, a free book in

connection with their monthly literacy event for parents, "Winter Wonderland of Books." SLII children, including the youngest Early Head Start class, participated in their first-ever School Holiday Fair. Each class performed for the other students and parents. Props and decorations were created by the children of the SLHSII staff as a gift to the center, in an extension of the holiday spirit.

### Parents Attend Ongoing, Special Workshops

Staten Island parents continue to attend ongoing GED and Computer classes in addition to monthly special events. At a Fair Housing Workshop hosted by the centers' parent committee in December, parents learned about tenants' rights and responsibilities, housing regulations, and housing court procedures, and were trained in lead poisoning awareness. At a Father's Breakfast at SLII, children joined participating fathers in the meal. Some fathers stayed to view the special presentation by the fire department that followed.



(top) St. Cosmos visitors share holiday cookies  
(above) Learning about fire prevention



Creating art together

Parents created family collages in a Parent Art Workshop and afterward shared in a cultural pot-luck food celebration.

In cooperation with YVY's Facilitated Enrollment division, both Staten Island sites continue to offer their parents on-site enrollment or recertification for Medicaid or other government-sponsored health care plans.

All transportation staff in Staten Island attended a training session on *Loading and Unloading Bus Students* and other safety procedures.

### Head Start (continued from page 1)

have submitted material necessary for NAEYC certification and have been approved for consideration. Silver Lake II has just undergone an intensive validation visit; Farragut Road will be visited in the near future.

The rigorous preparation for NAEYC approval will also help these sites to prepare for upcoming federal reviews of both federal and ACS programs this year and next.

## WIC

### YVY WIC Educates Participants and Community in Food Package Changes

After many years, the WIC program has changed the food package for WIC participants. The new package allows participants to purchase more fruits and vegetables and whole grains with their WIC coupons. YVY WIC has been educating its participants on the new package through posters and handouts in the WIC office, mailings, and individual counseling, and

has also disseminated information on this change to relevant community partners and medical providers.

### YVY WIC Classes Address Nursing and Nutrition

YVY WIC continues to offer its popular Mommy and Me classes, facilitated by YVY WIC Breastfeeding Coordinator Svetlana Tennenbaum, MPH, IBCLC, CNS, CDN, every Monday morning at 11:30 a.m. Healthy Start classes, focusing

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## ONGOING PARENT ACTIVITIES: BROOKLYN

### Swimming

Boro Park YM/YWHA  
Tuesdays January 13, 27

### Aerobics

Boro Park YM/YWHA  
Thursdays January 1, 8,  
15, 22, 29  
99 Heyward Street  
Sundays January 4, 11,  
18, 25

### Yoga

99 Heyward Street  
Tuesdays January 13, 27

### Simcha Dancing

99 Heyward Street  
Wednesday November 12

### Focus on Fathers

1257 38 Street  
Tuesday December 2  
99 Heyward Street  
Monday January 19  
Crown Heights  
Tuesdays January 6, 13, 20

## SPECIAL ACTIVITIES: BROOKLYN

### Parenting Workshops

1257 38 Street  
Monday January 12  
6002 Farragut Road  
Thursday January 15  
99 Heyward Street  
Wednesdays January  
14, 28

### Fitness for Men

99 Heyward Street  
Thursdays January 1, 8,  
15, 22, 29

### Expectant Mom's Program: Aerobics & Childbirth Education, Parenting Skills for Postpartum Moms

1257 38 Street  
Sundays January 4, 18  
99 Heyward Street  
Thursday January 8  
Tuesday January 20

## SPECIAL ACTIVITIES: BROOKLYN

### Picky Eaters

99 Heyward Street  
Wednesday January 19

### Childhood Phobias

1257 38 Street  
Wednesday January 7

### Lactation Workshop

1257 38 Street  
Sunday January 4

### Bureau of Immunizations

WIC 1312 38 Street  
Monday January 26

## YVY WIC

### Mommy and Me

1312 38 Street  
Mondays January 5, 12,  
19, 26

### Healthy Start

1312 38 Street  
Tuesday January 26

## ONGOING ACTIVITIES: STATEN ISLAND

### Computers

Mondays January 5, 12, 26,

### GED

Tuesdays January 6, 13,  
20, 27

### Home-Based Infants

Friday January 23

### Home-Based Toddlers

Friday January 30

### Parent Committee

Wednesday January 15

### Fathers in Action

Thursday January 8

## SPECIAL ACTIVITIES: STATEN ISLAND

### Fire Safety Workshop

Wednesday January 14

### Financial Literacy

Wednesday, January 28

### Family Literacy Day

Thursday January 29

## PROFESSIONAL DEVELOPMENT

### Feeding and Swallowing Issues in Children

Young Israel of Midwood  
Sunday January 18

### SEIT Training Hierarchy of Teaching Social Skills

1257 38 Street  
Tuesday January 19

### Staff Medication Administration Training

1257 38 Street  
Monday January 26

### Staff Management Training II

1312 38 Street  
Wednesday January 14

### ACS Family Workers' Meeting

1312 38 Street  
Wednesday January 7

### Dual Language Policy Training

Tuesday January 20

## Policy Council Meeting • Tuesday January 13

# JANUARY 2008

For more information on any of Yeled V'Yalda's services, please call the following numbers:

Headstart..... 718.686.3700 \*3

Early Headstart ..... 718.686.3700 \*3

Special Education ..... 718.686.3700 \*1

ABA Program ..... 718.514.8600

Early Intervention ..... 718.686.3700 \*2

Ezra Medical Center ..... 718.686.7600 \*9

YvY WIC Program ..... 718.686.3799

YvY Facilitated Enrollment

..... 718.686.2189

### YELED V'YALDA STATEN ISLAND:

Silver Lake Headstart,

10 Gregg Place ..... 718.815.4488

Silver Lake Headstart II,

20 Park Hill Circle: ..... 718.720.0090

### YELED V'YALDA SUPPORT LINES:

YvY Parenting Hotline

Fridays, 10-2 ..... 718.686.2402

All calls are confidential. You do not need to give your name.

Yeled v'Yalda 311

for comments/concerns ..... 718.686.3700 \*311

## WIC (continued from page 3)

on family nutrition and healthy lifestyles, are facilitated by YVY WIC nutritionists, and continue to be offered on the last Tuesday of every month at 11 a.m.

## Special Services

### Parent Seminar on Transition Offered by YVY Special Services

In December, YVY Special Services presented a parent training seminar at 1258 38 Street, the YVY Learning Center. The presentation on *Transition: Bridging the Gap* was geared to parents of children receiving or being evaluated for special education services whose therapy services need to be transferred from the Committee on Preschool Education (CPSE), which services children ages three to five, to the Committee on Special Education (CSE), which services older children. Parents were guided in navigating the paperwork which the

transition requires. YVY's Dr. Rona Miles ended the session with a presentation on *Advocating for your Child*, which complemented the more technical talk.

YVY's Learning Center also houses YVY's ABA program, which now services children both through Early Intervention and the CPSE.

### Professional Development

YVY's Professional Development division is offering a one-day seminar on *Infants and Children with Complex Feeding and Swallowing Issues* on January 18 with Rona Alexander, PhD, CCC-SSLP, BRS-S, a speech-language pathologist specializing in the assessment and treatment of oral-motor, feeding/swallowing, and respiratory-phonatory function in infants and children with neuromotor involvement. The Seminar, which offers CEU credit through Adelphi University, is open to all interested parties, and the fee is waived for YVY parents and staff. ♡

who's  
*afraid*  
of the  
*big*  
BAD

# Bully?

*Does your child come off the school bus crying because somebody kept pushing him out of his seat? Does your daughter complain that the other girls in the class make fun of her because of the way she looks and whisper about her among themselves? If the answer to these questions is yes, then your child may be the victim of bullying.*

**A**CCORDING TO A NOVEMBER 2003 report released by the Center for the Advancement of Health and supported by the National Institute of Mental Health, children are the targets of bullying about once every three to six minutes from the start of kindergarten to the end of first grade and up to half of all children are bullied at some point during their school years.

Bullying can start very early — as early as nursery or preschool. Even toddlers and preschoolers are sometimes subjects of bullying. Pushing in line, making demands of other children, and deliberate exclusion can be early sign of bullying behavior. A five-year-old who habitually taunts or threatens a fearful three-year-old is bullying. A four-year-old who repeatedly teases or acts aggressively toward another four-year-old she perceives as weaker or vulnerable is also bullying.

What exactly is bullying? Bullying, or relational aggression, is at its root a power play among children. It is characterized

by physical or mental intimidation of one child over the other with the intent to harm. Bullying can be:

- Verbal: making threats and name-calling
- Psychological: excluding children, spreading rumors about them
- Physical: hitting, pushing, taking another child's possessions

There are gender differences in bullying. That is, boys and girls bully differently. With girls, bullying is often subtle and indirect and often involves spreading rumors and enforcing social isolation. Instead of snatching a toy from another child, a preschool girl might say, "Give me that toy or I won't be your friend anymore." Older girls will often bully by telling other girls not to be friends with a particular girl, giving a girl the silent treatment, rolling their eyes in class, or making rude noises. When confronted, the bullying girl will say, "Just kidding."

Boys on the other hand, tend to be more physical in expressing their aggression.

They may push another boy out of his seat or take his lunchbox and put it in the garbage. Aggressive bullying can involve physical harm such as punching, choking, kicking or threatening with physical harm. Researchers have found that boys are usually more likely than girls to be involved in bullying.

Bullying can have a very negative impact on children's success in school as well as their emotional development. Children who are victims or witnesses to acts of bullying often suffer from serious emotional problems, including depression and anxiety. Children who bully other children are much more likely to be at risk for engaging in more serious violent behaviors. And children who watch bullying also suffer negative consequences.

Parents should never take bullying lightly. "Being bullied is not just an unpleasant rite of passage through childhood," said Duane Alexander, M.D., director of the NICHD. "It's a public

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## **Bullying** *(continued from page 5)*

health problem that merits attention.” Bullying is not something benign like playful teasing or innocent childhood conflicts that children will outgrow. Whereas conflict is a natural and necessary part of growing up and learning to develop negotiation skills, bullying is a harmful, repetitive situation where there is an imbalance of power, and one child deliberately abuses another. It can

### **EMPATHY:** *The Secret Ingredient*

Children are not born mean. Some experts feel that bullying is a learned behavior and, as such, it can also be unlearned. A key ingredient to the success of this process is the teaching of empathy. Empathy is defined as the ability to identify with another’s feelings and emotions and to put oneself in another’s place. It implies sensitivity and compassion to what another person is going through.

Empathy is the one key ingredient that bullies seem to be missing in their emotional make up. If a bully could empathize with the victim of his bullying and identify on an emotional level with the pain he is putting his victim through, it would probably make him think and prevent the bullying from being carried out.

Experts say that while teaching empathy is tough, it is not impossible. Parents can help their children learn empathy by modeling empathetic behavior themselves. For example, if children overhear their parents gossiping to other adults, they might get the impression that this is acceptable and so is bullying at school.

On the other hand, if parents include their children in acts of kindness towards others, children may make the connection between their actions and being sensitive to the needs of other human beings.

Adults need to model compassion and empathy for children on a daily basis, supervise children’s activities properly, establish firm limits and expectations for behavior, and demonstrate that there are consistent, appropriate consequences for bad behavior. These steps will instill a sense of empathy in young children.

have serious negative consequences for a child’s success in school and his self-esteem in everyday life.

If you think your child may be the victim of bullying, remember that early intervention can help prevent lasting problems — such as depression, anxiety and low self-esteem. Don’t let your child handle it alone. As a parent, you are your child’s primary advocate. Look for the following warning signals:

- Damaged or missing clothing or other personal belongings
- Increased passivity or withdrawal
- Frequent crying
- Recurrent complaints of physical symptoms such as stomach- or headaches with no apparent cause
- Trouble sleeping, nightmares, bedwetting
- Increased nervousness and anxiety
- Trouble eating, loss of appetite, or bouts of nausea
- Unexplained bruises
- Sudden drop in classroom participation or other learning problems
- Not wanting to go to school or fear of getting on the school bus
- Significant changes in social life — suddenly no one is calling or extending invitations
- Sudden change in the way your child talks — calling herself a loser, or a former friend a jerk
- Feelings of depression and low self-esteem — sometimes so severe that professional help may be required

If you establish that your child is being bullied, it is your duty as a parent to intervene in a productive way before the situation gets out of hand. Here are some of the things you can do:

Encourage your child to share his or her concerns. Remain calm, listen in a loving manner and support your child’s feelings. Express understanding and concern. You might say, “I understand you’re having a rough time. Let’s work together to deal with this.” Remind your child that you believe her or him and that he or she is not to blame for being bullied.

Learn as much as you can about the situation. Ask your child to describe how and when the bullying occurs and who is involved. Ask if other children or adults have witnessed any bullying incidents.

Find out what your child may have done to try to stop the bullying.

Teach your child how to respond to the bullying. Don’t promote retaliation or fighting back against a bully. Instead, encourage your child to maintain his or her composure. He or she might say, “I want you to stop now,” and then simply walk away. Suggest sticking with a friend or group of friends while on the bus, in the cafeteria or wherever the bullying seems to happen. Remind your child that he or she can ask teachers or other school officials for help.

Boost your child’s self-confidence. Help your child get involved in activities that can raise self-esteem, such as sports, music or art. Encourage your child to make contact with friendly students in his or her class and develop his or her social skills.

Be sure to contact school officials. Talk to your child’s teacher and the school counselor. If your child is older, contact the school principal. Don’t contact the bully’s parents yourself. After you’ve made the first contact, follow up and keep in contact with school officials to make sure something is being done about the problem. If the bullying seems to continue, be persistent.

Going to school should be a positive experience for your child and your child’s school is responsible for providing a happy and safe classroom atmosphere where children can thrive and learn. Teasing and bullying create a classroom atmosphere that affects children’s ability to learn and teachers’ abilities to teach.

If you are concerned that your child is being bullied, let your child’s school be your ally and partner.

- Share with the teacher what your child has told you; describe any teasing or bullying you may have witnessed.
- Ask the teacher if she sees similar behavior at school and enlist her help in finding ways to solve the problem.
- If the teacher hasn’t seen any instances of teasing, ask that she keep an eye out for the behavior you described.
- If the teacher says your child is being teased, find out whether there are any things the child may be doing in class to attract teasing.
- If the problem persists, or the teacher

*(continued on page 8)*

# Vaccines and Your Child

By Dr. Jason Perlman, Division of Pediatric Infectious Diseases, Maimonides Medical Center Infants' and Children's Hospital

**W**e all know how important it is to vaccinate our children. Parents do not look forward to taking their child to the doctor to get the many required shots, but they know this is a necessity. In fact, since children have begun to be vaccinated for diphtheria, mumps, pertussis, and tetanus, there has been a 92% decline in cases of these diseases and a 99% or greater decline in deaths. Vaccination has eliminated the endemic transmission of polio, measles and rubella viruses in the United States, and smallpox has even been eradicated worldwide. Vaccine-preventable diseases that were targeted after 1980 — including Hepatitis A, acute Hepatitis B, Haemophilus type B (a common cause of meningitis and death), and Varicella (the cause of chicken pox) — have shown an 80% or greater decline in cases and deaths.

Unfortunately, despite the enormous achievements made through immunizations, infectious diseases are still among the leading causes of illness and death worldwide, and epidemics of new and old infectious diseases periodically emerge. For example, since measles were eliminated in the United States in 2000, sporadic importations of measles cases continue to be reported. In the first half of 2008, for example, 131 cases were reported, including 27 cases in New York City. This represents the highest number of cases reported since 1996. Complications of measles infection include pneumonia, brain inflammation, and even death. While those who are vaccinated are protected against any measles outbreak, the infection can spread among those who are unvaccinated.

Similarly, in 2006 there was an outbreak of mumps in 11 states, the largest number of cases since 1991. Common complications from mumps include meningitis and inflammation of the genitalia. Other complications in-

clude deafness, heart disease, pancreatitis, and arthritis.

Pertussis, the cause of whooping cough, has been on the rise over the past decade, resulting in severe illness, hospitalizations, and even death, especially among infants, those least likely to be protected by immunization. In the majority of cases, immediate family members have been documented to be the source, as their acquired immunity from childhood immunization or natural infections has waned.

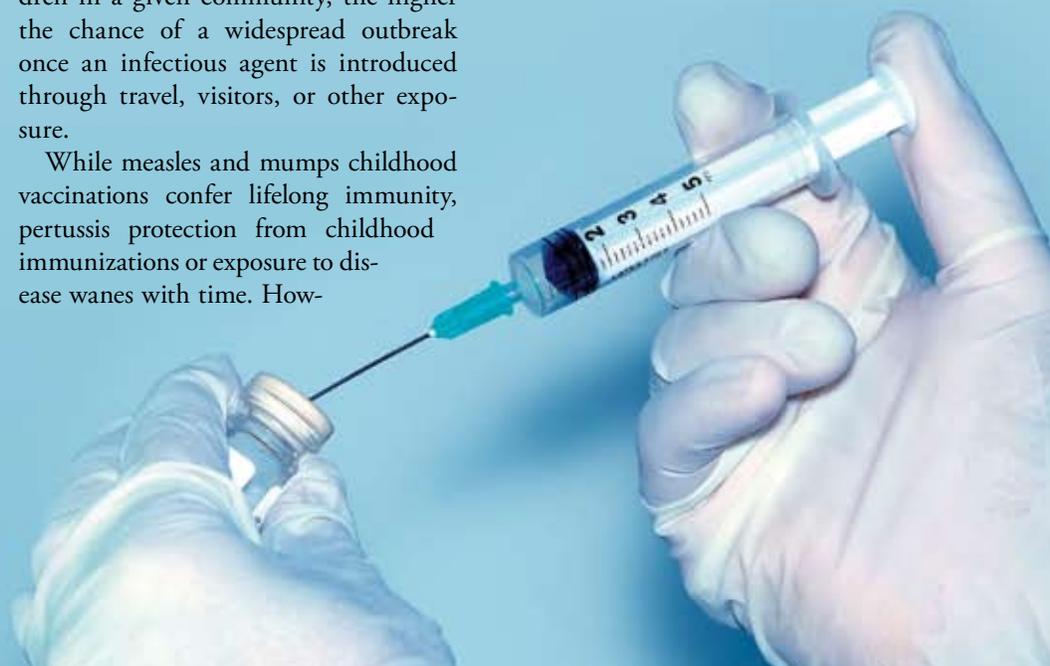
All babies are temporarily protected against infections to which the mother is immune through passive antibody transfer from the mother to the infant. However, once these are cleared from the child's body at 12-15 months of age, children are no longer protected. These children have not yet completed their primary immunizations and so have not yet build up the "acquired immunity" necessary for protection from infectious agents. The implications of this are that babies who are too young to be immunized or children with lapsed immunizations are susceptible to infection if there is an outbreak of any of these diseases. The higher the rate of unvaccinated children in a given community, the higher the chance of a widespread outbreak once an infectious agent is introduced through travel, visitors, or other exposure.

While measles and mumps childhood vaccinations confer lifelong immunity, pertussis protection from childhood immunizations or exposure to disease wanes with time. How-

ever, tetanus boosters, which are normally given every ten years, now include pertussis components to boost immunity and account for waning antibodies levels.

The influenza (flu) vaccine differs from other immunizations because it must be administered every year. The vaccine must be changed on a yearly basis to account for the mutating nature of the influenza virus. As with all immunizations, the flu vaccine does not only protect the person vaccinated, but also prevents the spread of the illness to those who are most vulnerable and may not be vaccinated, the very young and old as well as those with underlying medical conditions.

In order to protect their children, parents must be sure to have them vaccinated in a timely way. However, parents must also be sure that caregivers and visitors do not expose vulnerable children, particularly infants, to these preventable diseases. Keeping careful records assures that the proper course of action can be taken if disease is diagnosed. Prevention is, of course, preferable. Adults who are fully immunized protect not only themselves, but also those they come in contact with.



**Bullying** (continued from page 6)

ignores your concerns, ask to meet with the school principal and ask for a referral to the appropriate school mental health professional.

- The school staff should never have a joint meeting with your child and the child who bullied him or her. This could be very embarrassing and intimidating for your child.
- The teacher/principal should meet with your child to learn about the bullying that he or she has experienced and to assure your child that they will work hard to see that the bullying stops.
- School personnel should meet with the children who are suspected of taking part in the bullying. They should make it clear to these children that bullying is against school rules and will not be tolerated. If appropriate, they should administer consequences to the child who bullied and notify their parents.

Long viewed as a rite of passage, bullying is now recognized as a serious social and mental health problem in need of a lasting solution. Parents need to work hand-in-hand with their children's school to assure a lasting solution. 



# The Faces of Bullying

## *The Bully, the Victim and the Bystander*

Bullying situations involve more than just a bully — they also involve the bully's victim as well as onlookers or bystanders who witness the bullying behavior.

The common perception of a bully is that of a child who has little empathy or understanding of the feeling of others, a lack of self-control, serious immaturity issues and difficulties with establishing positive peer relationships. Bullies often exhibit other antisocial and violent behaviors, and studies show that they are more prone to antisocial behavior later in life as well.

The victims of a bully are usually seen as targets because they are often children who tend to be anxious or timid, socially awkward, cry frequently, or are physically small, which makes them appear weaker to other children. Overweight children or children with disabilities are vulnerable to bullying. Bullies consider these children safe to target because they usually don't retaliate.

Bystanders to bullying experience anxiety out of fear that that they could be bullied if they intervene or say anything to an adult. They can be as traumatized as the victims because they fear becoming victims themselves. In addition, they feel guilty for not doing something to help.



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NYC Department of Mental Health, Mental Retardation and Alcoholism Services  
New York City Administration for Children Services/Agency for Child Development

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