THE SEPTEMBER 2004 NEWSLETTER

This newsletter is brought to you thanks to the community services efforts of Wal-M art associates in store #1297 (Chiefland, Florida) and the Wal-M art Volunteerism Always Pays Program.

Participants in the VAP Program for the first half of 2004 include:

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
</table>

Thank you to all of these Wal-M art associates who participated in the VAP program. Thanks to others who participated in other similar company programs and employee contribution matching programs. Any readers who work for Bank of America? Kohls? GE? These corporations have volunteer programs similar to Wal-M art and may (like GE) help with funding for supplies used by volunteers who work on community service projects.
Plan ahead! Consider a Care Wear Volunteers Calendar for gifts for family & friends. See this cover & other pages in color on our website: http://www.hood.edu/carewear

(This is the cover. The background is bright blue. The infants are ADORABLE!)
To order a copy of this fund-raiser calendar: Use the order form on page 43
Care Wear’s handmade clothing is sent to hospitals around the country and worn by countless tiny miracles.
Last call: To order a copy of the Wal-Mart store #1297 spiral-bound cookbook (a fundraiser for Children's Miracle Network), please send $8 ($7.00 for the cookbook and $1 for postage) to JANE ARNEY, 2189 SW 17TH TERRACE, BELL, FL 32619. Jane will mail a copy to you. (Make checks payable to Jane Arney.)

Here is a view of the front cover of the Wal-Mart cookbook. Need a recipe for alligator meat? Yes, there is a recipe for alligator stew in this cookbook!!! Actually there are several recipes that include alligator meat!! Lots of other delicious recipes—some family recipes, some regional favorites, some diabetic recipes, and lots more. Consider this cookbook as a gift for family and friends. Add a copy to your collection of cookbooks. Thank you for your support for the Wal-Mart community service efforts.

Jane as COOKIE THE CLOWN!
You will always recognize Jane as the lady with the big bright smile. I would not have recognized her in her clown make-up and costume.
Hello from Florida!

Here it is, time for another newsletter. I just couldn’t miss this opportunity to thank so many people. Thank you to Bonnie who is always ready to help. She was kind enough to put our Wal-Mart cookbook in the last newsletter. Thank you to all who ordered the Wal-Mart Cookbook. I have had people write back and tell me that they are enjoying using the cookbook. All of the proceeds from the cookbooks go to Children’s Miracle Network. CMN is very important to all of us at Wal-Mart. Most of our promotional team are also Care Wear participants. It’s all about kids!

A special thank you to each and every Wal-Mart associate who takes the time to work for our Volunteerism Always Pays Program. The VAP program provides much needed funds for Care Wear and other organizations that help children in many different ways. It is marvelous that VAP participation grew from one participant (me!) a few years ago to 86 in 2004. It shows how many caring people we have at Store #1297. Thank you to a great bunch of people!

To all who sent green felt holiday stockings ready to be decorated as well as fabric toys (bunnies, bears, cats, etc...) & pillows ready to be stuffed, sincere thanks. Your assistance helped one or more of the associates to participate in the VAP program. All of the items you sent were distributed to store associates who don’t knit, crochet, or sew, but wish to participate in the VAP program. I welcome having more to distribute. Mail to: Jane Arney, 2189 SW 17th Terrace, Bell, FL 32619.

In June my husband & I went to Tennessee on vacation. Before our departure, however, I had to unload my car. On a regular basis my car (back seat and trunk) contains supplies and projects waiting for someone to transform them into donations that will warm and comfort hospitalized children. Whenever anyone needs supplies or a project to work on, we take a walk to my car! My car is also the storage place for completed items waiting for the regular delivery date for delivery to Shands Hospital. There is obviously a lot of love in each and every project. It is refreshing, motivating, and heart-warming to see everything in my car!

So, once again, thank you one and all for the efforts and love you have shown for the many children who are blessed and lucky enough to receive something made with tender loving care. Thank you to the Wal-Mart Foundation for encouraging associates to participate in community service projects that help communities all across the United States.

Thank you to my Wal-Mart friends and family for making a difference.

Jane

Palm Beach Gardens, FL: Make a Difference Day activities on Saturday, October 16th (not Oct. 23) from 10am to 3pm at St. Mark’s Episcopal Church Parish Hall. Stuff bears, make quilts, knit/crochet hats & booties. Contact Marion MacDonald–561-848-2835
Rainbow Classic Felt™
Enchanting Slippers

Designed by Nancy Worrell

Adorn baby's feet with these enchanting felt slippers. Blanket-stitching, buttons, ribbons and appliques are used to create these one of a kind shoes. You'll want to make several pair to complete baby's ensemble. These slippers also make great gifts.

Materials:
- Rainbow Classic Felt™
- 2, 9"x12" (23cm x 30.5cm) rectangles
- 1 skein of DMC Pearl Cotton Thread, size 5
- Tapestry needle

Instructions:

Step 1: From felt cut four each of slipper upper, slipper soles, and slipper straps (Do not cut slipper straps for slippers with ribbon ties.).

Step 2: Place two straps together with edges aligned. Blanket stitch together along all edges. Repeat for other strap.

Step 3: Place two felt soles one on top of other with edges aligned. Blanket stitch together along all edges. Repeat for other sole.

Step 4: Before completing slipper upper, refer to individual directions for embellishments.

Step 5: For slippers with felt straps, straps can be inserted between slipper uppers before stitching together. Refer to photo for placement. Be sure to insert straps on opposite sides for each slipper.

Step 6: Position slipper upper, right side up on top of unembellished slipper upper, aligning edges. Blanket stitch around all edges.

Step 7: Pin slipper upper together, aligning back edges. Lace together at back seam using a whip stitch through blanket stitches.

Step 8: Pin sole of slipper to upper slipper, easing as needed. Lace sole and upper together using whip stitch through blanket stitches. Repeat for other slipper.

Step 9: Refer to instructions for individual slippers for completing. For slippers with felt straps, you can stitch Velcro (or snaps under straps for fastening).

Flower Power Slippers

These slippers are made using Kunin Rainbow Classic Felt™ in #937 Black. You will also need scraps of red and green felt for the flowers and leaves, and four yellow buttons. DMC #498 Red Pearl Cotton, size 5, thread was used for the blanket stitching.

Cut four flowers from scraps of red felt, and four leaves from scraps of green felt. Glue or stitch a flower and two leaves to center upper of each slipper. Stitch button in center of flower. Glue or stitch one flower to end of each strap. Using red pearl cotton, stitch button in center of each flower. Refer to steps 5 through 9 in general directions to complete slippers.
Buttons & Bows

These slippers are made using Kunin Rainbow Classic Felt™ in #678 Royal Blue. You will also need ½ yard (45.5 cm) red grosgrain ribbon, 3/8 inch (1.0 cm) wide and eight ¼ inch (7 mm) white buttons. DMC #444 Yellow Pearl Cotton, size 5, thread was used for the blanket stitching.

Cut two 4 inch (10.0 cm) ribbon lengths and two 3 inch (7.5 cm) ribbon lengths.

Center one 4 inch (10.0 cm) ribbon length on slipper upper. Refer to photo for placement. Position ends of ribbon to inside of slipper upper. Pin or tack in place. Fold 3 inch (7.5 cm) ribbon length to make bow. Pin or tack in place. Using yellow pearl cotton thread, stitch buttons on ribbon and through slipper upper. Repeat for other slipper.

Tack white button to each strap.

Refer to steps 5 through 9 in general directions to complete slippers.

http://www.kuninfelt.com/projectsheets/rainclassic/enchant_slipper.html
Surgical pillows (also called “cough” or “comfort” pillows) are welcomed by many hospitals. This one is very lovely. Maybe it will give you ideas for your own.
PREEMIE PUMPKIN HAT

Reprinted with permission of Ginny L. Queior. Sincere thanks to Ginny for sharing her talents and creativity.

Soon the pumpkin season will be here. I wish that you could see the bright orange and green of this adorable hat.

Enjoy trying this pattern.

Orange sport yarn or 3 ply baby yarn 1.75 ounces (should make 2)
Mint green sport weight or 3 ply baby yarn small amount
# 4 dpn
Size C crochet hook
Pattern is a multiple of 9 sts.

Cast on 72 sts with orange yarn and #4 dpn. Join with out twisting stitches.
K2, P2 ribbing for 2” . Change to K7, P2 for 2 1/4”. Change to mint green and start decreasing as follows:

Row 1: K4, K2 tog to end.
Row 2: Knit.
Row 3: K3, K2 tog to end.
Row 4: Knit.
Row 5: K2, K2 tog to end.
Row 6: Knit.
Row 7: K2 tog to end.

Cut mint green yarn and leave a 24” tail. With a yarn needle, gather all remaining stitches on the needles and pull tight. Knot off but do not weave in end.

With crochet hook, draw yarn through a stitch at the very top of the hat.
Chain 20 sts, turn, and sc on each chain back to the top of the hat. Fasten off and weave in ends.

There should be a “curl” to the top of the hat to look like a stem!!!
Specialists helping children cope with hospital stay

By Rae Deshong
Dallas Morning News

DALLAS

Imagine an ill second-grader who's heading to the hospital for the first time because of an attack of bronchitis, a broken leg or cancer.

That child's life experiences and coping skills may not equip him to deal with the worries and fears that come with that trip and ensuing treatment.

That's where people such as Ellen Holloon and her staff step into the picture.

Ms. Holloon is the director of the Child Life Program at Children's Medical Center of Dallas, Texas, which treats more than 250,000 children each year.

Child life specialists put health care experiences into the context of a child's world — whether he's a second-grader or a high school sophomore who's being treated.

They address misconceptions about the hospital stay and make sure stressful procedures, such as having blood drawn, are explained in easy-to-understand terms.

Thirty years ago, research about how hospital stays affected children was just emerging. Holloon said a cutoff in child life programs in the late 1980s and early 1990s followed a growth period in the 1970s and '80s.

The field is growing again in part because of nursing shortages and hospital expansions.

Ms. Holloon, who has taught college courses and served as president of the Child Life Council, was hit by a car when she was 10 years old and spent three months in a hospital.

"There were lots of things that happened to me that I didn't understand," she said. "When I found out there was a job that helped children through that process, I thought that would be a cool job."

She's been doing it for 26 years.

Many large children's hospitals and smaller hospitals with pediatric wards employ child life specialists. Most of those professionals have an educational background in child development or family studies, and all go through a rigorous certification process that includes a 80-hour clinical internship and a written exam.

There are 28 staff positions at Children's, where 256 beds are filled on a recent Thursday. Professionals there work with children in various ways.

For example, Ms. Holloon said that a 9-year-old does not have the same concept of time that a teen has. For that child, a child life specialist might explain that a procedure will not last as long as an episode of Barney but might take as long as the drive to the grocery store.

The child life professional might help other children get ready for a surgical process by showing them actual medical equipment, including anesthesia masks and finger sensors.

Some might partake in art sessions that relate to medical conditions: making pictures by blowing paint to help an asthmatic understand respiratory function.

Vicki Kelley has been in the profession for about 20 years and recently started working at Cook Children's Medical Center in Fort Worth, Texas.

"We take a child's way of thinking and use it to help them cope and understand," she said.

Ms. Kelley holds a master's degree in human development and family studies. She has worked with children ranging from those who are staying overnight for a short illness to children living with HIV.

She said that when working with HIV-positive children at another hospital, she started a family camp that was one of the first places some families got to meet others dealing with the challenges of the disease.

"There is so much for a parent to understand about an illness," Ms. Kelley said. "We also have to help parents understand. Someone going into child life has to have very strong communication skills — both listening and talking."

She and Ms. Holloon recommend that someone considering the field volunteer in a clinical setting. Ms. Holloon said that when hiring, she looks for someone who's had an internship. She also said that being a child life specialist requires stamina and a support network both inside and outside the hospital.

The Child Life Council is a professional group that sets the standards for education, clinical training and certification.

The group's mission, research information, educational resources and certification information can be found at www.childlife.org.

"You may be working with a child who is HIV-positive, but if you've gotten them to understand the importance of taking their medicine every day, you've impacted the rest of their life," Ms. Kelley said.
Edward Hospital has been home to Zoe Koz, with mom Tammy, since birth, but she'll go home to Plainfield Wednesday.

Small infant making big strides

Born at 10.8 ounces, girl has a heavyweight's spirit

By James Kimberly
Tribune staff reporter

Hailed as a miracle for being one of the smallest babies ever delivered in the United States and certainly the tiniest at Naperville's Edward Hospital, Zoe Koz is going home Wednesday.

Her 22-week journey from a 10.8-ounce, 9.5-inch perilously premature infant to a 6-pound, 17-inch healthy baby girl is a testament to modern neonatal medicine and a family's unflappable faith that, despite the potential for horrendous setbacks, things would turn out all right.

"I was convinced she was going to be fine," said her mother, Tammy, 25, of Plainfield.

It is too soon to say for certain how Zoe's low birth weight and early delivery will affect her development. Doctors will keep a close eye on her over the next two years, but so far there is nothing to indicate serious future problems.

Born Jan. 6 at just 27 weeks—10 weeks shy of full term—Zoe was a bundle of medical challenges.

Her skin was not yet ready to protect her from even the hospital's temperate environment; her lungs and central nervous system were not quite ready to breathe; her immune system was not quite ready to fend off infection; her intestinal tract was not quite ready to digest.

There were potentially far more serious complications. Immature blood vessels in the brain could leak and cause damage, a common intestinal infection could cause damage, or a condition known as retinopathy of prematurity could cause blindness.

Zoe dodged them all.

"It is uncommon at her size to escape all these things," said Dr. Bob Coviet, director of the neonatal intensive care

Tribune photo by Alex Garcia

Tribune photo by John Lee

Zoe Koz's dad, Eric, displays a photo of the newborn wearing his ring around her arm.
Care Wear Volunteers received notes and letters from the following hospitals:

1. Vanderbilt Children’s Hospital (NICU, 2200 Children’s Way, Nashville, TN 37232-9004) sends thanks for “…your donations of many needed items… Caring people such as yourselves make our little one’s stay much nicer!”

2. Children’s Hospital (1 Children’s Place, St. Louis, MO 63110-1077) sent thanks to Dot Crum for her donations to the NICU. “We are so grateful for organizations like this that contribute their talent and time to make our job more satisfying and easier. Again, we salute Dot Crum and all of the Care Wear volunteers.” Signed: Danine Watson, RN, NICU.

3. Carolinas Medical Center (CMC Neonatal Services, 7th floor surgical tower, Charlotte, NC 28232) wrote to thank Anne White for her shipment. “These shipments mean a lot to us all…and know that every item we receive from people/friends such as yourself and Anne are greatly appreciated. You are both angels.” Signed: Tami Braswell, PCL.

4. Jefferson Memorial Hospital (JMH-OB Dept, 300 South Preston Street, Ranson, WV 25438) wrote “…to thank you all for the work you do, as Care Wear Volunteers. Many smiles are brought to the faces of families and nurses when we are presenting them with homemade/heart-made items. Please let everyone know how much you all are appreciated. Thank you and bless you.” Signed the OB Staff at Jefferson Memorial.
5. Kline Hospice House (7000 Kimmel Road, Frederick, MD 21702) sent thanks for a gift of 8 knitted shawls in memory of Mrs. Veronica I. Hahn. Signed: Laurel Cucchi, Director.

6. Tacoma General Hospital (Multi-Care Project/The Baby Project, 315 Martin Luther King Jr. Way, Tacoma, WA 98415) sent thanks for the donation of blankets. Volunteer Coordinator Pat Semon wrote, “The parents of our babies who receive your gifts are always amazed that someone so far away is giving them a lovely hand made item. They are truly appreciative, as are we.” Another letter sent thanks to Irene Moots for donated flannel quilts that were much appreciated.

7. Georgetown University Hospital (NICU 3 Main, 3800 Reservoir Rd NW, Washington, DC 20007) wrote, “Who could have imagined the treasures we’d find in our package from you? The items are all priceless—from the beautiful gowns and snuggly blankets to the lovely sweaters, caps, and booties. Signed: Laurah Folk, RNC/NICU.

8. Lincoln Medical & Mental Health Center (234 149th Street, Bronx, NY 10451) wrote, “Thank you for the fiber-filled ponies donated for our pediatric patients here in Lincoln Hospital. You (Marva Legel) are a blessing to our children who sometimes have very little and sometimes nothing. God love and bless you always.” Signed: Sister Mary Caulfield, Associate Director. Sister Mary Caulfield also sent thanks to the Residents of Creekside (c/o Mary Kay Huber-Leslie) for soft fabric toys.

9. The Cleveland Clinic Foundation (Social Work Dept. P87., 9500 Euclid Avenue, Cleveland, OH 44195) sent thanks to Irene Moots for beautiful infant outfits and blankets sent for the sick and premature babies.

10. Saint Mary’s Health Network (235 West 6th St, Reno, NV 89503) sent thanks to Marva Legel for donated knitted ponies for the NICU and Pediatric Units. “Your caring heart & hours of time are very much appreciated in our medical center. You are truly what the mission of Saint Mary’s is all about.” Signed: Carolyn Stumbaugh, Volunteer Services.

NOTE: If you don’t have the pattern for these lovely knitted ponies, please send me a SASE and I will send you a copy. This is a great pattern (KNITTING) for leftover “adult” colors of 4 ply yarn. You can make grey ponies or black ponies or navy ponies or rust-color ponies—with a bright mane or tail! It’s an easy pattern. Stuffed with fiberfill, it’s very huggable!

Saint Mary’s also thanked Margaret Bullock for her beautiful blankets and hats for the NICU and adult hats for the Oncology Unit. They thanked Erin Murray for her fleece hats. They sent thanks to Vera Dameron for her knitted blankets, hat, and booties sets. And they thanked the Residents of Creekside for fabric/fiberfill toys.

11. Beth Israel Hospital sends thanks to the Presbyterian Ladies from Fanwood, NJ for their deliveries of hats, afghans, burial garments, sweaters, booties, dolls, etc... One of the members is a nurse at Beth Israel and she is kind enough to deliver the completed items.

12. Emerson Hospital (133 Old Road to Nice Acre Corner, Concord, MA 01742) sent thanks to Joan Priest for her delivery of wheelchair bags. The Director of Community Services wrote, “It is amazing how much these bags get used as we move patients around...
the hospital with their medical needs and belongings. Everyone has taken notice of your colorful patterns and designs.”

14. Danine Watson, Manager, NICU, Children’s Hospital, (1 Children’s Place, St. Louis, MO 63110-1077) wrote to thank Ms. Moreland for the items donated to the infants in the NICU in honor of Hannah Winters. Danine wrote, “We are so grateful for organizations and volunteers like you that continue to contribute their talent and time to make our jobs easier and rewarding.”

15. The Volunteer Services Office, Women & Infants’ Hospital, (101 Dudley Street, Providence, RI 02905) sent thanks for hats donated earlier in 2004. In January we received a message that their supply of hats was very low. Within just a few days they began to receive donated hats. Thanks to all who answered their plea.

Care Wear Volunteers receives many special notes and letters from participants. I sincerely thank all who have written to say that you enjoy receiving the newsletter. I am most touched when I hear that Care Wear Volunteers’ newsletters (projects) have helped you through difficult times, such as illness or the loss of a loved one. One recent letter recounted the loss of a loved one in May and the energizing effect of the June newsletter. I have heard this over and over again and I am reminded that volunteer efforts help the volunteer as much as the recipient of the volunteer’s work. We all need a reason to get up in the morning! We all need to feel useful in this world. It is good use of time and talents to help those in need.

In a recent meeting of a neighborhood chapter of the American Sewing Guild, the group dedicated the evening to community service. They were making surgical dolls for Children’s National Medical Center (DC) and the leader distributed the pattern—which happened to be the Johns Hopkins Children’s Center pattern that I distributed in an earlier newsletter and now include in the new edition of the pattern & information booklet. The Care Wear Volunteers stamp (name & address) was clearly visible. A colleague asked if I was angry that the group was using “my” pattern. I smiled broadly because I was THRILLED and VERY PLEASED to see how good deeds spread and grow. That is not “my” pattern—but was mine to share with others and I am delighted that others are using the patterns to help hospitalized children. Please feel free to photocopy patterns for anyone who will use them for charitable purposes. Give prospective volunteers my name and address so that I can send them the pattern book and add them to the mailing list for the newsletter.

Sincere thanks to generous donors who responded to the June newsletter by sending or pledging donations for Make A Difference Day here on the Hood College campus on October 23rd. A very generous Care Wear Volunteers participant who lives in the midwest has sent a check to pay for the sandwich buffet lunch on October 23rd. Another volunteer has pledged 125 pounds of fiberfill for the event. She will help me haul it to campus, too! Another participant added $50 to her check for the purchase of a 2005 calendar to apply to needed purchases for Make A Difference Day. THANK YOU VERY MUCH!
Still needed: funding ($161.56) for the already ordered 100 yds of 36” white polyester felt we will use as quilt batting and for breakfast snacks, thread, pins, needles, etc.

Bring your crochet hooks &/or knitting needles and a pair of scissors. Bring your sewing machine & extension cord, if possible. Patterns, quilt fabric, yarn, etc. provided. We will assemble simple yarn-tied quilts, stuff fiberfill into pre-sewn bunnies, medical dolls, neck pillows, and bears, and there will be yarn, patterns, and comfortable seating for those who knit & crochet. Stay for an hour or the entire time. A sandwich buffet lunch will be served to all who participate. Work on several projects or just one. BRING SCISSORS.

If you are unable to attend, but wish to assist, you may mail completed items to me. Be sure that you plan in advance so that packages arrive before October 23. Thank you. I will keep your name and address with your items so that the hospital will acknowledge receipt.

By the way, I invited Laura Bush to attend Make A Difference Day. I also invited Tyne Daly, who loves to knit and makes baby caps for her friends, colleagues, and family. I also invited representatives from Frederick Memorial Hospital, Johns Hopkins Children’s Center, and Children’s National Medical Center. I invited Kathleen Matthews (Channel 7 news anchor) to follow donated items from the work tables of Make A Difference Day to Children’s National Medical Center where they will be distributed to young patients. Dr. Gloria from Children’s National Medical Center (Mobile Health Project) has replied that she will attend. I know that I am a dreamer, but maybe you will see photos of Laura Bush, Tyne Daly, and Kathleen Matthews in the December newsletter coverage of Make A Difference Day!!!!!!!!!

Care Wear Volunteers received a generous donation in honor of
Gail Newton from
Jennifer Cofone

This is a very helpful chart of measurements.

Loma Linda University Hospital sends thanks to all of the ladies of the La Sierra Heights Relief Society of the Church of Jesus Christ of Latter Day Saints for the large quantity of hats, booties, and blankets that were donated. The hospital appreciates receiving chemo hats for cancer patients of all ages.

You may be interested to learn more about The Shawl Ministry (www.shawlministry.com)—an organized effort to knit prayerfully to help ease suffering or celebrate joyous events. The website includes the pattern instructions for knit and crochet designs, yarn suggestions, and other information. A similar concept is the Minneapolis-based Silent Witness National Initiative’s program called “Sheila’s Shawls” and “Paul’s Scarves” (www.silentwitness.net) to
honor MN senator Paul Wellstone and his wife Sheila, who died in a plane crash in 2002. Completed shawls are donated to individuals who have lost loved ones to domestic violence.

Knitting suggestion from Eileen Corrigan (MA).

“When I am knitting a row, say for a seam, I always knit in back of the 1st stitch. It makes a better seam when you join it.”

**Crochet for Caring & Sharing** by Carol Alexander

Available from Annie’s Attic (item #C104017 for $23.97 plus shipping ($6.75)

This is a book for gift-giving to family members of all ages—lap robes, shawls, shrugs and heat pack for seniors, afghans for family of all ages. There’s a chapter on domestic items, including pot holders, rugs, etc... Patterns are rated beginner to advanced. One reader thought that the afghans were “... elaborate for my taste, but could be down-sized for lap robes.” Tote bag patterns might be used for walkers or wheelchairs. A preemie wardrobe of 3 sweaters and a pair of pants, plus blankets & a toy were among the items in the Tiny Treasures chapter.

Does anyone have a pattern for an IV wrist cover for CROCHET?

Using the pattern from the February page from the 2005 Care Wear Volunteers calendar (To my Sweetheart crochet blanket), Dolores Salomone created a new, beautifully textured hat. (See photo of Dolores’ sample hat at right)

**Supplies:**
Worsted weight yarn/J or G crochet hooks

**Directions:**
Chain 25 and follow pattern (Feb calendar) for 30 rows.
Whip stitch up side to top of hat
Run needle around hat one inch from the top and pull yarn tight to make gathers.
Wrap yarn around the gathered top of the hat—four times and then, run needle through the gathers and tie off.
Fold up bottom 1” of hat as a brim.

**Knit & Crochet Therapy Balls** (June 2004 newsletter)

Hospitals that request fabric/fiberfill toys usually appreciate having these balls, too, even though they are not specifically listed in the items requested. Ask your hospital or send one as a sample and ask if the hospital would like to receive more. I bet that you will hear, “YES!”
Rainbow Shaggy Plush Felt™
Sheep Pillow

Designed by Sheila Haynes Rauen

Materials:

- Two 18” x 22½” Creamy White Rainbow Shaggy Plush Felt™ for Body and Top of Head
- Two 9” x 12” Black Rainbow Felt™ for Face Ears, and Legs
- One 9” x 12” Coffee brown Rainbow Felt™ for eyes
- Brown Embroidery Floss to outline eyes, nose, and mouth
- Fusible webbing to iron face, eyes, and fur for top of head into position
- 14 inch square pillow form or 1 lb. Fiberfill stuffing

Instructions:

Step 1: Cut two 14 inch squares of Creamy White Shaggy Plush Felt for the front and back of the pillow and one piece for the top of the head. Nap should be in the downward direction.

Step 2: Cut one face, four ears, and four legs from black Rainbow Felt. Cut two eyes from Coffee Rainbow Felt. Also, cut fusible webbing and apply to backs of face and eyes.

Step 3: Sew two ear sections together, stitching close to edges by hand or machine. Sew a one inch dart at base of ears to give them some dimension.

Step 4: Using picture as a guide, position ears, then face in position on front of pillow. Iron down then stitch around face by hand or zig zag stitch on machine.

Step 5: Fuse Shaggy Plush Felt over face and ears and stitch around edges by hand or machine.

Step 6: Fuse eyes into position and stitch around with blanket stitch in matching embroidery thread. Embroider or paint face details.

Step 7: Stitch legs together AT SIDES ONLY using a ¼ in. seam allowance. Turn right side out. Do not stuff yet. Position legs with upper edge lined up with edge of front of pillow and lower edge of legs going toward the center of the pillow.

Step 8: With right sides together, sew pillow front and back together, being sure not to catch the ears in the stitching. Leave an opening about 7 inches long for turning and insertion of stuffing or 14 inch pillow form. Stitch opening closed after stuffing.

Step 9: Stuff legs from the bottom with Fiberfill and stitch closed.

“Cough” or “Surgical” pillows are requested by many hospitals. OK to adjust this pattern to 10” to 12” square.
Check measurements on the patterns and adjust using a photocopier, if necessary.
Crochet Hat for Adults (Sent by Susan Avery)  Thanks to Susan!

Supplies:
Caron Simply Soft (1 skein makes 2 hats) or
Micro Spun
Size H (5mm) crochet hook

Directions:
Chain 4, join with sl st.
Rnd 1: 8 sc in ring
Rnd 2: 2 sc in each stitch (16)
Rnd 3: * 1 sc in next st, 2 sc in next st * Repeat from * around~
Rnd 4: * 1 sc in next 2 sc, 2 sc in next sc*, repeat around.
Rnd 5: 1 sc in next 3 sc, 2 sc in (4th) next sc, repeat around.
Rnd 6: 1 sc in next 4 sc, 2 sc in next (5th) sc, repeat around.
Rnd 7: 1 sc in next 5 sc; 2 sc in next sc, repeat around.
Continue to increase 8 sts every round until there are 60 sts.
Now work 10 rounds of dc even. Join with sl st, ch 1, turn,
Work 4 rnds of sc.
Join on last rnd.
NOTE: If you prefer a more tight hat, work the even rnds in sc, but do 16 rnds because 10 would make it too short to cover the ears.
SUGGESTION: Experiment with a stripe of a contrasting color—maybe at the edge of the brim or up higher into the hat.

Janine also suggested some books that may be of interest:
1. Crochet for Babies & Toddlers by Betty Barnden
2. Adorable Crochet for Babies & Toddlers
3. Weekend Knitting by Melanie Falick (EZ baby sweater on page 150)
4. Adorable Knits for Tots by Zoe Mellor
5. Bright Knits for Kids by Debbie Bliss
6. Nursery Knits by Debbie Bliss
7. Baby Knits by Debbie Bliss
8. Baby Knits for Beginners by Debbie Bliss

Helpful Hints from Janine Stephens:
Janine and a friend discovered that they are eligible for library cards in their own as well as neighboring counties. They found a large collection of knitting & crochet books at their area libraries. If you don’t have access to Internet for patterns, Janine suggests that you visit your library. She added:
1. Go to more than one library
2. Go back a few times to check returns
3. Get more books than you think you need because you may find some patterns to advanced.
4. Look at the photos and patterns and you may be able to adapt patterns for preemies or come up with new ideas!
Finger Puppets

Body: ch 2

* Rnd 1: 6 sc in 2nd ch from hook
Rnd 2: 2 sc in each sc around
Rnd 3: Work even on 12 sc
Rnd 6: Work 3 sc tog around - 6 sc.
Rnd 7: 2 sc in each sc around

Rnd 8: sc in 3rd, ch 7 for arm, sc in 2nd ch from hook * next 2 ch, sc in next 5 sc, ch 7 for 2nd arm, sc in 3rd from hook * next 2 ch
pc in next 4 sc.

Rnd 9: pc in 3 sc, sc in 3 ch, sc in 3 sc of arm, sc in 5 sc, 6 sc around 2nd arm, sc in 7 sc.
Rnd 10: Work even on 34 sc.
Rnd 11: sc in 3 sc, st 6 sc of arm, sc in 6 sc, st 6 sc of arm, sc in 3 sc.
Rnd 12-16: Work even on 32 sc and off.

Finger Puppet patterns & samples sent by Peggy Smith. Thanks to Peggy.
Reindeer, work body with brown for 15 rnds
Earl (make 2) w/brown-ch 2
Row 1: sc in 2nd ch from hook ch 1 turn
Round 2: * sc in each ch - ch 1 turn
Round 4: dec 1 sc
Row 5: work 2 sc tog rem 2 sc - head
Antlers (make 2) w/large yarn ch 6, sc in 2nd ch from hook and in next ch; ch 3, pl st in
1st ch from 9 in next ch; sl st in last 3 ch
End off - sew to head

Use a small red yarn for yarn nose & put on eyes

Snowman: w/white work body thru rnd 7
Rnd 8: (sc in next sc, 2 sc in next sc) 6 x's
Rnd 9: sc in 4 sc, ch 3, sc in 2nd ch from hook and
in next ch, sc in 9 sc, ch 3; sc in 2nd ch from
hook and in next ch, sc in 5 sc.
Rnd 10: sc in 4 sc, 4 sc on arm, sc in 9 sc, 4 sc on arm, sc
in 5 sc
Rnd 11: work even for 1 rnd
Rnd 12: sc in 4 sc, ch 4 ties of arm, sc in 9 sc, ch 4 ties of arm,
sc in 5 sc
Rnd 13: work even for 1 rnd
Rnd 14: working over doubled #30 rubber band (3 1/2"
long)
sc in each sc around 'End off

Hat: w/black ch 2
Rnd 1: 5 sc in 2nd ch from hook
Rnd 2: 2 sc in each sc around
Rnd 3: sc in back loop of each sc
Rnd 4-5: sc in each sc around
Rnd 6: sc in front loop of each sc
End off

Stuff hat w/scrapes of
black yarn & sew to
head, add eyes, nose,
butter.
Most hospitals welcome finger puppets. Johns Hopkins Children’s Center (Child Life), 600 N. Wolfe Street, Blalock 174, Baltimore, MD 21287-4174 specifically requests them.

Instructions:

**Cat**
- Chain 4
- 5C in 2nd chain from hook
- 2 HDC in next 2
- Leave enough yarn to tie to head of puppet

**Dog**
- Chain 6
- 5C back along chain
- Leave enough yarn to tie to head of puppet

**Bunny**
- Chain 5 - 5C back along chain
- Tie off
- 5C around pink
- Use two to attach
- (Tie white off of hand new can go they stand up nicely)

**Miscellaneous**
- Use quilting thread (cat & bunny)
- Nose & eyes I used felt punches & glue on with fabric glue.
<table>
<thead>
<tr>
<th>State</th>
<th>Hospital Name</th>
<th>Address</th>
<th>Phone</th>
<th>Needs</th>
<th>Additional Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td>Balboa Naval Medical Center, Attn: Cherri Barnswell ASVMECA</td>
<td>34800 Bob Wilson Dr., Suite #2 San Diego, CA 92134-5000</td>
<td>619-532-8156</td>
<td>Need Lap robes (knit or crochet) for terminally ill patients. (30 to 34 inches by 48 to 55 inches) E-mail for Cherri is <a href="mailto:cebarnswe@navsdmedmed.navy.mil">cebarnswe@navsdmedmed.navy.mil</a></td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td>Georgetown University Hospital Attn: Director, Perinatal Services 3 Main Labor &amp; Delivery</td>
<td>2 North 3800 Reservoir Rd NW Washington, DC 20007</td>
<td>202-444-4306</td>
<td>Requesting burial garments for infants of all gestational ages. Contact Linda Ali, MS, RNC, Director of Perinatal Services. E-mail: <a href="mailto:LUA@gunet.georgetown.edu">LUA@gunet.georgetown.edu</a></td>
<td></td>
</tr>
<tr>
<td>FL</td>
<td>North Florida Regional Medical Center, Patient Relations Office</td>
<td>6500 Newberry Rd Gainesville FL 32680</td>
<td>352-333-4065</td>
<td>NICU and Labor &amp; Delivery request burial garments and blankets. Hats &amp; booties are already provided. Contact Susan Thompson.</td>
<td></td>
</tr>
<tr>
<td>MA</td>
<td>Emerson Hospital, Director-Community Services</td>
<td>131 ORNAC at Route 2 Concord, MA 01742-4159</td>
<td>978-287-3200</td>
<td>Ft &amp; Phats, burial gowns. Blankets. Contact Sharon Knox. FAX 978-287-3651. E-mail: <a href="mailto:sknox@emersonhospital.org">sknox@emersonhospital.org</a></td>
<td></td>
</tr>
<tr>
<td>MD</td>
<td>Frederick Memorial Hospital Volunteer Services</td>
<td>400 West Seventh St Frederick, MD 21701</td>
<td>301-698-3567</td>
<td>Blankets/quilts, fabric/feather toys, burial gowns, kimono, hats &amp; booties for infants 2-12 lbs. Neck &amp; &amp;nough pillows. Contact Sharon Hammahy, Director, Volunteer Services.</td>
<td></td>
</tr>
<tr>
<td>MD</td>
<td>Johns Hopkins Children's Center, Child Life Services</td>
<td>Attn: Director; Blalock 174 600 North Wolfe Street Baltimore, MD 21287-4174</td>
<td>410-955-6276</td>
<td>FT/children's hats, kimono/sleepers, 5 burial gowns/month for NICU 1-2 lbs (some full-term—open back). Quilts, medical dollies w/gowns.</td>
<td>Needs hats w/traids or ponytail for teens &amp; pre-teens. IV covers. Jerriann Wilson fax 410-955-6777</td>
</tr>
<tr>
<td>MI</td>
<td>Hutzel Women's Hospital Patricia Johnson-Walker, RN c/o Nursing Office</td>
<td>3980 John R Brush Basement #721 Detroit, MI 48201</td>
<td>966-2455</td>
<td>Booties, hats, &amp; burial gowns for I-8 lb infants. Most needed 1-3 lb sizes—white or pastel. Burial wrap will be used. Hats to fit golf ball &amp; larger. Blankets 12 inch square to 20 inch square. Fabric/feather toys.</td>
<td></td>
</tr>
<tr>
<td>NJ</td>
<td>St. Mary's Hospital Attn: Center for Senior Care Andrea Weigel, RN</td>
<td>211 Pennington Avenue Passaic, NJ 07055</td>
<td>973-470-3050</td>
<td>Need hats, booties, blankets, sweaters, jackets, and used apparel in good condition for infants up to two years of age. Preemie to full-term burial garments. Fabric/Feather toys. Contact: <a href="mailto:weigel@aahm-pasaa.org">weigel@aahm-pasaa.org</a></td>
<td></td>
</tr>
<tr>
<td>NY</td>
<td>Albany Medical Center, Volunteer Services Mgr Mail Code 110 43 New Scotland Ave. Albany, NY 12208-3478</td>
<td>518-262-3491</td>
<td>Preemie apparel &amp; blankets, burial garments, single layer printed flannel squares: 16x16, 14x24, or 12x16. Low supply of hats for 3.4 lbs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td>Rogue Valley Medical Center, Family Birth Center 2825 E. Barnett Rd. Medford, OR 97504</td>
<td>541-608-4218</td>
<td>Preemie (up to 5 lbs) &amp; blankets, burial garments, single layer printed flannel squares: 16x16, 14x24, or 12x16. Low supply of hats for 3.4 lbs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA</td>
<td>St Luke's Hospital, Perinatal Loss Coordinator 801 Osram Street, Rm. 366 Bethlehem, PA 18010</td>
<td>610-954-3024</td>
<td>Burial gowns and blankets. Contact: Ranne Walter, RN E-mail: <a href="mailto:walterr@slh.org">walterr@slh.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA</td>
<td>Lankenau Hospital Director, Volunteer Office 100 Lancaster Ave Wynnewood, PA 19096</td>
<td>610-645-2000</td>
<td>Burial garments. Contact regarding other needs. Contact Laurie Watson, Director of Volunteers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA</td>
<td>Gettysburg Hospital, Maternity Bereavement Coordinator 147 Gettys Street Gettysburg, PA 17325</td>
<td>215-710-2139</td>
<td>Preemie hats, booties, kimono, burial gowns. Blankets &amp; quilts, small cloth animals, full-term burial gowns. Contact: Patricia Crocker, RN E-mail: <a href="mailto:pcrocker@che-east.org">pcrocker@che-east.org</a> fax: 215-710-5223</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA</td>
<td>St Mary Medical Center, Nurse Mgr, Maternal Child Langhorne-Newtown Rd Langhorne, PA 19047</td>
<td>610-954-3024</td>
<td>Burial sets for 8 to 21 inch infants-colors or gender neutral. Contact Rosemarie Rolins: <a href="mailto:rolins@wellspan.org">rolins@wellspan.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SC</td>
<td>Greenville Memorial Hospital Volunteer Services 701 Grove Road Greenville, SC 29605</td>
<td>864-455-7994</td>
<td>Preemie to full-term hats, booties, kimono, blankets, &amp; burial gowns. Contact Vicki Grice-fax: 864-455-4182 E-mail: <a href="mailto:gricev@gsb.org">gricev@gsb.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TN</td>
<td>St. Jude Children's Research Hospital, Attn: Director, Donor Services 595 North Parkway Memphis, TN 38105-1942</td>
<td>800-822-6344</td>
<td>Requesting quilts, hats, totebags &amp; bibs--no stuffed animals, cloth toys, or used items. Contact Sherry Larr-Park, Donor Services Director.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TX</td>
<td>Methodist-Willowbrook Hospital c/o Coord. Of Volunteers 18220 Tomball Pkwy. Houston, TX 77070</td>
<td>281-440-5425</td>
<td>Stuffed animals, shirts, hats, booties and blankets. Isolate blankets 40 x 40 or 43 x 43—two layers of cotton. Kangaroo blankets requested. Contact: Daniel Wiseman.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TX</td>
<td>Hemophilia Federation of America, Attn: Christy Argo 8116 Yacht Street Frisco, TX 75015</td>
<td>214-597-7182</td>
<td>30&quot;x 10&quot; knit or crochet blankets or quilts to give to families of newborns with hemophilia. MOSTLY BOYS. See website: <a href="http://www.hemophiliafed.org">www.hemophiliafed.org</a> They will use your name tag on donated items. Christy is working for the Lafayette, LA headquarters.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TX</td>
<td>Medical Center Hospital Labor &amp; Delivery 500 West 4th Odeas, TX 79761</td>
<td>432-640-1781</td>
<td>Hats, booties, and layette items for preemie, full-term, and older infants. Blankets. Burial Garments. Contact Sheila Dowlen, RN.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TX</td>
<td>Memorial Hermann Northwest Hospital, Level II Nursery Attn: Clinical Mgr 1635 North Loop West Houston, TX 77009</td>
<td>713-867-4336</td>
<td>White bereavement gowns &amp; hats in preemie &amp; full-term sizes. Blankets. Contact Lori Woods. E-mail: <a href="mailto:lori.woods@mhth.org">lori.woods@mhth.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WI</td>
<td>March of Dimes, Wisconsin Chapter 2675 N. Mayfair Rd. #306 Wauwatosa, WI 53226-1305</td>
<td>414-778-3509</td>
<td>Full-term layette items &amp; preemie items for Stork's Nest Program. Contact Marie Crist</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
About The Tiniest Babies

No one knows why preterm birth happens. Each year nearly one-half million babies are born prematurely. Today, in the United States, 159 babies are born weighing less than three and one-third pounds. Premature babies are 14 times more likely to die in their first year than full-term babies.

Did you know?

- Premature birth means a baby is born at less than 37 weeks gestation
- Premature birth strikes people you know and it's on the rise.
- Preterm birth and low birth weight make up the second leading cause of infant death in the U.S. and leading cause of death among black babies.
- Fifty percent of premature babies develop mild or severe disabilities.
- Healthcare costs for premature babies are about 10 times higher than for babies born full-term.
- The March of Dimes is funding research into how stress and other factors may trigger premature birth.
- The March of Dimes Resource Center provides access to information about pregnancy and birth defects at 1-888-MODIMES or online at marchofdimes.com.

Source: March of Dimes

Hospital Update that just arrived:

Minnesota Visiting Nurse Agency
Attn: Susan Anderson, RN, Director of Volunteer Services
3433 Broadway Street, NE
Suite 300
Minneapolis, MN 55413

telephone: 612-617-4658
fax: 612-617-4647
E-mail: andersons@mvna.org

Needs: clothing for full-term newborns (sleepers, onesies, & bunting (outerwear), receiving blankets, baby sweaters, caps, and booties. Modest quantity of these items in preemie sizes. Also, a few preemie & full-term burial garments.

Andrea Weigel, RN, Wellness Nurse Coordinator, St. Mary's Hospital, 211 Pennington Avenue, Passaic, NJ 07055 sent thanks for baby hats and sweater sent to her. She wrote, “I have already brought them up to the nursery and the staff was grateful.”

I received a thank you note from Hudson Cradle (Kennedy Blvd, Jersey City, NJ—my home town!!!!) for handmade baby items. No names were mentioned and Hudson Cradle is not currently on the hospital list. If the donor will send me the details (full mailing address, needs, etc.) I will be happy to add Hudson Cradle.
Basic Baby Sweater - Raglan Style, without cuffs

Use size #5 knitting needles with fine baby yarn such as Red Heart's Fingering Weight or Caron's Cuddle Soft. Use size #5 needles with heavier 3-ply baby yarn such as Jamie by Lion Brand or Bernat's Softee baby yarn or Red Heart's Soft Baby. Of course, other yarns may be used as long as they **do not contain any wool**, but these brands are widely available at Wal*Mart, Rag Shop and other craft shops. The weight of the yarn chosen determines which size needle to use. Usually 2-3 oz. is enough for a sweater.

First numbers are for #5 needles, changes for #6 are in parentheses.

Starting at the neck edge, cast on 57 (51) stitches. Knit 7 rows for the neck band.

Row 8: Wrong side row - K4, P9 (8), place a marker on the needle (hereafter called M), P6 (5), M, P19 (17), M, P6 (5), M, P9 (8), K4.

Row 9: Knit, increasing 1 stitch (To increase, knit in the front and in the back of the same stitch) in the stitch before and in the stitch after each marker, moving markers as you go.

Row 10: K4, P to last 4 stitches, K4. Repeat rows 9 and 10 until the diagonal line of increases measures 4 ½ inches from the neck band - don't stretch it. Knit to M, put these stitches on a holder to be worked later for the left front. Break yarn. Pick up the stitches to the next M for the sleeve. Place remaining stitches on a holder to be worked later.

Starting with another yarn, add on 3 stitches at the beginning of each of the next 2 rows for an underarm gusset. Work sleeve in stockinette stitch (knit a row, purl a row, alternating) until sleeve measures 5 inches from the added on stitches. Knit 7 rows for a garter stitch border. Bind off, leaving a yarn tail to sew the sleeve seam later. Move the back stitches to a holder while you make a matching sleeve. For accuracy you will need to count the rows of the first sleeve, as measuring will not be accurate due to stretching as you work.

With knit side facing, place the left front stitches on one needle and the right front and back stitches on the other needle. Attach yarn at the end of the last row of the left front. Pick up 6 stitches in the 3-3 underarm stitches, knit across the back stitches, pick up 6 stitches, knit across the right front. (Rights and lefts refer to the sweater as the baby wears it.)

**Body of sweater:** Keeping a button band of K4 at the beginning and end of each P row, work in stockinette stitch for 5 inches, ending with a K row. Knit 7 rows for a garter stitch band. Bind off. Make 3 buttonholes (with knitting needle, poke a hole in the center of the button band, stretch the hole to button size and whip stitch around the opening.)

Buttonholes are on the left for boys and on the right for girls. For a sacque style they should be placed: one in the neck band, one level with the armhole, and 3rd in between.

This basic style can be changed endlessly to suit your mood or the yarns available:

1. Change to a pattern stitch or change color of yarn after the yoke is completed.
2. Add 2, 4, or 6 row stripes of contrasting color(s) several times, evenly spaced on the yoke. Pastel colors look great, but do so bright colors, or textured yarn, or print yarn, or --
3. Place stripes, or wide bands of color changes, on the sleeves and/or body after the yoke is complete. Plan ahead so the stripes on the sleeves match any body stripes.
4. Shorten sleeves if you decide to add a cuff - will also need to taper the sleeve width.

Marion MacDonald
648 Anchorage Dr.
North Palm Beach, FL 33408

Thanks to Marion MacDonald for sharing her expertise.
Lazy Knitting with Cathy

HOW TO WEAVE IN ALL LOOSE YARN ENDS

In order not to bore “experienced” knitters (or save space), patterns for all knitters use many abbreviations and terms that a “newbie” knitter doesn’t know. Usually there is a section which explains the symbols and abbreviations, but it is assumed that all knitters know lots more than they really do. The result is that many “experienced” knitters – meaning those who have made scads of scarves, sweaters, slippers, hats, socks, etc., etc., manage to turn out items that, alas, look homemade not hand made. These often molder away in dark closets, unused by giftees.

Many knitting patterns end blithely with, “Weave in all loose ends.” With all the good will in the world, a knitter who doesn’t know how to “weave in all loose ends” neatly and invisibly may spoil all the beautiful knitting that was done before that dreaded phrase was reached.

When we showed something we made to our mother, she always looked at the inside first. Unfinished seams, dangling threads, obvious knots, etc. were immediately apparent, although before they came under Mom’s scrutiny they looked OK to us. We learned to respect all the hard work we did, whether it showed on the outside or not.

The easiest way to weave in all loose yarn ends is to eliminate them before they occur. If you really, really, have to knit flat, instead of circular, do not knit across a row unless you have enough yarn to finish the row. The yarn tail can be used to sew the seams later. Start the next row with a new skein or ball. Make the tail of the new yarn long enough to finish the seam going in the opposite direction.

In circular knitting there aren’t any seams to sew later but we have ways to take care of that, too. The simplest way is to overlap the new and old ends.

For same color yarn: When you have about 4 or 5 inches of yarn left, lay the new yarn end over it, allowing enough yarn so the end extends a few inches past the stitches just knitted and you can hold the old and new yarn together. Knit the next four or five stitches with both strands of yarn. Drop the old end and continue knitting with the new yarn.

Do not cut off the extra yarn, yet. After a few rounds, revisit the join and lovingly adjust the tension of both yarn ends so they look as if only one strand of yarn were knit. It will be thicker over those three or four stitches made with the yarn doubled but will usually not be noticeable in the finished garment.

However, if that bothers you, use the method for joining a new color. You knit with the new color and at the same time twist the old color around the new one. For continental style knitting, separate the two yarns in the left hand.
with the old yarn over the index finger and the new one over the middle finger. **English style knitters:** put the old yarn over the left index finger and hold the new yarn in the right hand as usual. Both styles: Put the right hand needle through the stitch on the left hand needle as if to knit and go under the old yarn and catch (or throw, English style) the new yarn to complete the stitch. For the second stitch do the opposite. Put the right hand needle through the stitch on the left hand needle but this time pass the needle over the old yarn and catch (or throw) the new yarn to complete the stitch. Work the third stitch as you did the first one and the fourth stitch as you did the second one. Look at the back and you will see you have wound the new yarn around the old very cleverly and the old yarn does not show on the right side. It looks as if you had woven the yarns with a needle. As always, gently readjust the tension of the yarn ends.

**Note:** This method is my personal preference and, in general, can be used whenever two yarns are joined.

Do not cut off the tails until the garment is completely finished because you may want to know the total number of balls or skeins used or how many inches were knit from a skein so you know if you have enough of the original yarn to finish or should you start thinking of adding stripes or designs in another color to complete the item.

The most elegant, and invisible, way to join a new yarn is to splice the two ends together. This method is used when working with fine yarn and delicate stitches, especially doing lace knitting (making “holes” or yarn-overs every other row) or knitting lace (making holes every row). Separate the ply at the ends for an inch or two, depending upon the thickness of the yarn, the item being made, the location of the splice, etc. Twist together one half of the plies of one yarn end with half the plies of the second yarn end. Moisture on your fingers helps to make this process easier. (You may keep a container of water handy for this purpose or personalize the method by licking your fingers with your own tongue.) When you have tested the splice by gentle tugging, carefully snip off the unused plies at an angle and twist them in, too.

Seamen use a fib to splice ropes and you can do almost the same using a needle as the fib. Once again, untwist the plies of the new yarn for several inches: long enough so you can thread a yarn needle with half of the plies of the new yarn and work the needle in and out of the full ply old yarn several times, at least for the length of the needle until you feel it is anchored securely. Pull the needle through and the end of the “thread” with it. Clip this as close to the yarn as you can safely without nipping the yarn you’re knitting with. Do the same at the other end, which will be bulkier. Use moistened fingers to tame wisps of yarn. I have never had occasion to use this method, and probably never will because it’s cumbersome and not for this lazy knitter.

In reality, many knitters do not know any of the above methods and the wrong side of the work has dangling yarn ends and (horrors!) knots all over. That’s all right…..we have means for fixing that, too.

The method illustrated can be used for weaving in any two ends. When a
new color is added at the cuff of a hat, if the method for weaving in a new color as you knit is not used, leave enough yarn to thread through a blunt end tapestry needle. Turn the item to the inside, thread the needle with one color and twist it once around the other color. Then insert the needle into the bumps of the purl stitches only of the same color, as shown below. Pull the needle through all stitches at once and snug up where the two colors are twisted. If the needle doesn’t come through smoothly and easily, you have split a stitch with the needle point. Pull out and redo. Do not cut yarn end yet.

Finish the second end in the same manner, turning the item in the opposite direction, of course.

While the needle is still on the yarn, pull the yarn ends in opposite directions to make sure there is no loose yarn where the two colors were twisted. Check the right side to make sure the stitches at the join are normal size…not too loose, not too tight. Then stretch the hat horizon-

tally and watch yarn disappear into the stitches. Now you may snip off the ends close to the last stitch. If you skip this last step, when the hat, etc. is stretched for the first time the yarn woven in will be woven in too few stitches and may pop out on the right side. Also, the end will not be as secure as you planned.

Now that all yarn tails have been neatly corralled as you went along, the only dangling ends left to tame are the last bound off stitch at the cuff end(s) and the cast on yarn tail. If you cast off shoulder stitches, allow enough yarn to sew the seam as you did at the sides or Kitchener stitch (weave) the shoulders together.

At the cuff end, leave the last stitch on the needle and cut the yarn about 5 or 6 inches from the end. Thread this end on a blunt end tapestry needle. Insert the tapestry needle back through the last stitch as shown below.

More venturous knitters may remove the knitting needle, but some yarns are slippery and the knitting needle keeps it from skidding away.
Pull the yarn up and through the last stitch, dropping it off the knitting needle. Then insert the tip of the tapestry needle under the first bound off stitch...the one that is leaning against the second bound off stitch. Be sure it is under both strands of the knit stitch and not up and through just one strand.

Pull the yarn through until there is a stitch length of yarn between the last and the first bound off stitches. Insert the needle down through the last bound off stitch, pulling the yarn until it looks like another knit stitch.

Turn the cuff to the inside, or the side that won’t show if the cuff is to be turned up. Weave the yarn end through several stitch edges. They can be seen more easily if you fold the cuff at the knit rib.

For items that end with a gathering of stitches to be pulled in, such as hats, mittens or slippers, I use the following system: When the last decrease round is completed, lay the yarn in front of the first stitch at the start of the round of a circular item. For a flat knit item, you will have to transfer the stitches to a double pointed needle or slip the stitches onto the other straight needle. Then bring the yarn around and lay it over the needle so it completes a circle with the first stitch of the last row of decreases at the knitting needle point. Gently pull the stitches over this yarn end one by one. After the last stitch you are left with a single loop. Allow for a tail of about 4 or 5 inches for a circular knit item. For a flat knit item, allow enough for sewing the final seam. Cut the yarn, thread it on a blunt end tapestry needle, and pull it through this last loop. Drop the needle through the circle to the inside. Turn the item inside out. Draw the yarn up tightly to close the hole. Thread the needle through the stitches which form the circle, a few stitches at a time, twice. Finish as for the cuff.

********************

My sincere apologies for the goof in the Hourglass Eyelets hat on page 37 of the March 2004 newsletter and super kudos to the eagle eyed, nimble fingered, alert knitters who caught it. It should be:

Rnd 7: (K2 tog, yo, K1, yo, sl1, K1, psso, P1 around.

The new column name is inspired by the man who invented the automobile self starter, Charles Kettering. When a new item had to be made, he put the laziest men on the prototype because he said, they always find the most efficient way.

?? comments to Cathy Gilroy, PO Box 456, Port Jefferson, NY 11777-1206 Phone/FAX (631)473-7825
Dear Friends,

Fall is a great time for us crocheters. The gray, rainy days give us a wonderful excuse to stay indoors and do something we love—crochet! And it’s a great time to fill a box with tiny baby clothes for your favorite hospital.

The Gown included here will keep any baby snug and warm. And the Dress, Jacket, Bonnet, and Booties will make a special coming home outfit. And the good news is that all of the items are quick and easy to make, especially since the Gown, Dress, and Jacket all use the same basic pattern.

The Gown has an open back with ribbon woven through the waist to tie in back. This is fine if the Gown is to be used as a burial gown. However, if you decide to use a length of ribbon that is longer than 6", please take the time to sew it securely in place every few inches. This will avoid a choking hazard for baby and it also prevents the aggravation of the ribbon pulling out and having to be woven back in. The mothers and nurses will thank you!

I wish you all well and hope that you enjoy the patterns.

Terry

Abbreviations used:
ch(s) chain(s)
dc double crochet
Rnd(s) Round(s)
sc single crochet
st(s) stitch(es)

Materials
Bernat Softee Baby or any sport weight baby yarn that will work to gauge
1/4” satin ribbon
Buttons or appliqués, if desired
Crochet hook, size H or size needed for gauge

Finished Chest Size: 11”

Try using fingering weight baby yarn for a smaller preemie size, or a very soft worsted weight for a full term baby size. Never hesitate to change a pattern or adapt it to work with the supplies you have on hand and the yarns you love to use. Just remember to keep it nice and soft for baby and always attach any buttons or trims securely.

GAUGE

Working in pattern of one row of sc and one row of dc:

20 sts = 4”

If your swatch is smaller than 4”, change to a larger size hook and try again.
If your swatch is larger than 4”, change to a smaller size hook and try again.

I need a friend to share my leftovers! When I finish a design project, I often have yarn and test pieces that need the finishing touches added. If you would like to have these items (at no charge to you, of course), please write to me at the address below.
Terry Kimbrough
PO Box 114 Romance, AR 72136
Or email: tmorris@futura.net

©Terry Kimbrough 2004
GOWN

Ch 27 loosely.
Row 1 (Right side): 2 Dc in fourth ch from hook, (dc in next ch, 2 dc in next ch) across to last ch, dc in last ch: 37 dc.
Row 2: Ch 1, turn; sc in each sc across.
Row 3: Ch 3 (counts as first dc, now and throughout), 2 dc in next sc, (dc in next sc, 2 dc in next sc) across, dc in last sc: 55 dc.
Row 4: Ch 1, turn; sc in each sc across.
Rows 5 and 6: Repeat Rows 3 and 4: 82 sc.
Row 7: Ch 1, turn; skip first sc, sc in next 12 sc, skip next 16 sc (for Armhole), sc in next 25 sc, skip next 16 sc (for Armhole), sc in last 12 sc: 49 sc.
Row 8: Ch 4, turn; dc in first sc, (ch 1, skip next sc, dc in next sc) across, ch 1, dc again in last sc: 26 ch-1 sps.
Row 9: Ch 1, turn; sc in first dc, 5 dc in next dc (Shell made), (sc in next dc, 5 dc in next dc) across, sc in third ch of turning ch: 13 Shells.
Row 10: Ch 3, turn; 2 dc in first sc, skip next 2 dc, sc in next dc, work (5 dc in next sc, skip next 2 dc, sc in next dc) across to last sc, 3 dc in last sc.
Row 11: Ch 1, turn; sc in first dc, 5 dc in next sc, skip next 2 dc, (sc in next dc, 5 dc in next sc, skip next 2 dc) across to turning ch, sc in top of turning ch.
Repeat Rows 10 and 11 for pattern until Gown measures approximately 14" from beginning or until desired length, ending by working a right side row; do NOT finish off.

Edging: Working in end of rows along back, sc evenly across to neck edge, sc in free loops of each ch across neck, working in end of rows along other edge of back, sc evenly across to last row, slip st in last row; finish off.

Sleeve
Rnd 1: With right side of Gown facing, join yarn with sc in underarm, skip next 2 sc, 5 dc in next sc, (skip next sc, sc in next sc, skip next sc, 5 dc in next sc) 3 times; join with slip st to first sc:
4 Shells.
Rnd 2: Ch 3, turn; 2 dc in same st as joining, skip next 2 dc, sc in next dc, (5 dc in next sc, skip next 2 dc, sc in next dc) around, 2 dc in same st as joining; join with slip st to first dc.
Rnd 3: Ch 1, turn; sc in same st as joining, 5 dc in next sc, skip next 2 dc, (sc in next dc, 5 dc in next sc, skip next 2 dc) around; join with slip st to first sc.
Repeat Rnds 2 and 3, 4 times or until Sleeve measures desired length, ending by working a right side row; finish off.
Repeat for second sleeve.
Weave ribbon through spaces at waist and tie in back (see Note on page 1).
Add ribbon or snap or Velcro closure at neck edge.
Weave in all yarn ends.

Note: You can sew the back seam part of the way, but if you are using this as a burial gown, most hospitals prefer that the back is left open.
**DRESS**

Work same as Gown until Dress measures approximately 7" from beginning or until desired length, ending by working a right side row; do NOT finish off. Work single crochet edging around back and neck the same as for Gown. Do not work.

Add a bow or other decorative touch to the front of the dress and use ribbon, Velcro or snap closure at the back neck and waist of Dress. Weave in all yarn ends.

**JACKET**

Work same as Gown until Jacket measures approximately 6" from beginning or until desired length, ending by working a right side row; do NOT finish off. Work single crochet edging around front and neck the same as for Gown.

Work Sleeves the same as for the Gown. Add ties to front neck edge (Jacket opens in the front). Weave in all yarn ends.

**BONNET**

Ch 4; join with slip st to form a ring.

Rnd 1: Ch 3, work 11 dc in ring; join with slip st to first dc: 12 dc.

Rnd 2: Ch 3, dc in same st as joining, 2 dc in each dc around; join with slip st to first dc: 24 dc.

Rnd 3: Ch 3, 2 dc in next dc, (dc in next dc, 2 dc in next dc) around; join with slip st to first dc: 36 dc.

Rnd 4: Ch 3, dc in next dc, 2 dc in next dc, (dc in next 2 dc, 2 dc in next dc) around; join with slip st to first dc: 48 dc.
Row 5: Slip st in next dc, work (slip st, ch 1, sc) in next dc, work (skip next 2 dc, 5 dc in next dc, skip next 2 dc, sc in next dc) 7 times, leave remaining sts unworked: 7 Shells.

Row 6: Ch 3, turn; 2 dc in first sc, skip next 2 dc, sc in next dc, (5 dc in next sc, skip next 2 dc, sc in next dc) across to last sc, 3 dc in last sc.

Row 7: Ch 1, turn; sc in first dc, (5 dc in next sc, skip next 2 dc, sc in next dc) across.

Rows 8-11: Repeat Rows 6 and 7 twice.

Neck Edge: Ch 4, working in end of rows, skip first row, (dc in end of next row, ch 1, skip next row) 3 times, (skip next dc, dc in next dc, ch 1) 3 times, dc in end of next row, (ch 1, skip next row, dc in next row) 3 times; finish off: 10 ch-1 sps.

Weave ribbon through ch-1 sps on Neck Edge.
Weave in all yarn ends.

**BLANKET**

Note: Make a Blanket any size you like by making a chain (very loosely) a few inches longer than the desired width. Work Row 1 across, ending with an sc. When you are finished with the blanket, unravel the extra chains and weave in the end. Or you can figure the exact starting chain, by making the chain a multiple of 6 + 2.

Row 1 (Right side): Sc in second ch from hook, (skip next 2 chs, 5 dc in next ch, skip next 2 chs, sc in next ch) across.

Row 2: Ch 3, turn; 2 dc in first sc, skip next 2 dc, sc in next dc, (5 dc in next sc, skip next 2 dc, sc in next dc) across to last sc, 3 dc in last sc.

Row 3: Ch 1, turn; sc in first dc, (5 dc in next sc, skip next 2 dc, sc in next dc) across.

Repeat Rows 2 and 3 for pattern until blanket is desired length, ending by working a right side row; do not finish off.

Edging: Sc evenly around entire blanket; join with slip st to first sc, finish off.
Weave in all yarn ends.

Thank you for making the world a better place with your loving hearts and busy hooks. God Bless.
Prenatal Care

Information in the womb influences development. The most important factor is the parents’ activities. The embryo grows and develops every day. Each cell and tissue grows according to its environment. Every decision made in the womb affects the child’s development. (DOE, “Smart From the Start,” 2005)

Problems

Reduced and delayed development of any developmental or health problems increases awareness of the need for intervention. The role of the parent is to listen to their child’s needs to provide early intervention and support. This can be achieved by providing resources and support to parents and other caregivers. (DOE, “Smart From the Start,” 2005)

Stages of Development

pregnancy, she receives health guidance and corrective measures, if necessary. She learns about the value of vitamins and other nutritional and medical interventions critical to her unborn baby’s health. One example is folic acid, a B vitamin that helps prevent birth defects of the brain and spinal cord when taken very early in pregnancy (March of Dimes, 2003).

Adequacy of prenatal care is measured with the Kessner Index, which incorporates information from three items recorded on birth certificates: the length of gestation, timing of the first prenatal care visit, and number of visits. Although this index measures quantity of care better than either the number or timing of prenatal visits alone do, it does not measure quality of care. A pregnant woman could have several prenatal visits but still receive substandard care.

Additionally, the index does not consider the relative risk of the mother. A high-risk mother could receive an intermediate amount of care as measured by the index, but the quantity of her care may be inadequate given her condition. In many cases the index relies upon accurate recall of onset of care and number of visits. Despite the shortcomings, the Kessner Index remains a good comparative measure of prenatal care adequacy.

In addition to the specified number of visits indicated for adequate care, the interval to the first prenatal visit has to be 13 weeks or less (first trimester). The number of visits indicated for inadequate care includes all women who started their prenatal care during the third trimester (28 weeks or later). For this gestation group, care is considered inadequate if the time of the first visit is not stated.

Inadequate prenatal care can contribute to low-birthweight babies. And these babies are often both physically and developmentally behind their
disabilities and are at increased risk of long-term and severe health problems and complications.

Low-birthweight babies may have a lower percentage of the population in Tennessee. It is a problem in every 11 women of the population. Low-birthweight babies are a significant health issue in Tennessee, but they are not only a problem in Tennessee. Babies born at less than 36 weeks of gestation are at increased risk of preterm birth and have a higher risk of mortality and morbidity. Low-birthweight babies and their potential health risks and costs are not well understood.

Maternal risk factors, like obesity, use of illegal drugs, and poor health care access, also increase the risk of low birthweight babies. For the year 2010, 15% of all live births were low birthweight babies. The national goal for low-birthweight babies is to reduce this percentage to less than 10% of births. The majority of low-birthweight babies are born to mothers who are underweight or overweight.

In Tennessee, the percentage of low-birthweight babies is 9%. In comparison, the national percentage is 7%. However, the percentage of low-birthweight babies in Tennessee has decreased over the years, from 10% in 2000 to 9% in 2010.

Source: Kaiser Family Foundation 2009

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>Percent 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>56%</td>
</tr>
<tr>
<td>MediCare</td>
<td>4%</td>
</tr>
<tr>
<td>MediCare</td>
<td>18%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>31%</td>
</tr>
</tbody>
</table>

In conclusion, the rate of low-birthweight babies in Tennessee is decreasing, which is a positive trend. However, there is still room for improvement to reach the national goal of 10% or less. Further efforts are needed to ensure that all mothers have access to quality care and education to prevent low-birthweight births.
According to the Department of Health, birthweight (March of Dimes, 2003) for many problems linked to low-birthweight results from shortage of oxygen restricted (may be full-term but underweight). They are at high-risk for many health problems, newborns, especially among Hispanic children.

The report shows a significant increase in the number of women receiving prenatal care, especially among Hispanic and African American children. Prenatal care is crucial for the health of the mother and the baby.

Prominent Births: also called prematures births, occur before the end of the 37th week of pregnancy. More than 50% of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of preterm infants will die of prematurity. More than half of prematur
Family Supports

Infant deaths.

Family supports have been important in decreasing infant deaths. However, significant progress in reducing infant deaths has been made over the past few years. In 2000, the infant mortality rate was 6.7 per 1,000 live births. This rate has decreased to 5.8 per 1,000 live births in 2001. The decrease in infant deaths is a result of increased access to health care and education, improved prenatal care, and better nutrition and health education programs.

Low Birthweight

Low birthweight is a major concern in early childhood development. In 2000, 16.2 per 1,000 live births were of low birthweight. This rate has decreased to 15.7 per 1,000 live births in 2001. The decrease is due to improved prenatal care, better nutrition, and increased access to health care.

Other significant findings from the report include:

- There were more than 4 million babies born in 2001.
- The teen birthrate decreased for the third consecutive year in 2001.
- Births to unmarried women accounted for 33.5% of all births.
- The teen birthrate decreased in 2001, for the first time in two years between 2000 and 2001.
- The teen birthrate declined from 1.7 births per 1,000 population from 2000 to 2001.
- More than 4,000 babies were born to women under the age of 20 in 2001.
- The teen birthrate is the highest recorded in 1988 and 1994.
- The teen birthrate decreased for the third consecutive year in 2001.
- Births to unmarried women accounted for 33.5% of all births.

The State of the Child in Tennessee 2003

The State of the Child in Tennessee 2003

The State of the Child in Tennessee 2003

The State of the Child in Tennessee 2003
healthy development, including good prenatal care, reducing childhood trauma, and opportunities for early learning to lay the foundation for future success.

The Tennessee Healthy Start Program, located in 26 counties across the state, provides families and their children the opportunity for a good beginning. Healthy Start is an intensive home visiting program for first-time parents. Its goals are health promotion and child abuse prevention. Eligible families may begin the program from the third trimester of pregnancy through the child's fourth month of age. Families may remain in the program until the child is five years of age. The major components of Healthy Start are as follows:

Family Needs Assessment, including:
1. Screening of hospital records;
2. Assessment interview;
3. Referrals and follow-up.

Home Visiting, including:
1. Intensive, home-based family support and education;
2. Creative outreach;
3. 24-hour availability;
4. Parent support/lay counseling under professional supervision;
5. Parent-child interaction curriculum and interventions;
6. Linkage with a medical home;
7. Referrals and advocacy;
8. Parent groups;
9. Participant levels with varied intensity of service, based on need;
10. Long-term follow-up to age 5;
11. Child development screening;

Healthy Start and similar programs provide families with support during a child's early years of development. They incorporate a system for early detection and appropriate interventions for developmental or health problems, should they arise.

Brain Development
Scientists have discovered the growth of a child's brain is greatest between birth and three years of age. During these critical years the majority of a child's hard wiring is occurring in the vast network of neurons in the brain. This wiring process sets the stage for future capacity for language, intelligence, and response to external stimuli. Understanding the foundation of the circuitry of the brain and its significance to human development gives professionals working with children concrete evidence for intervention strategies and planning.

By the time a baby is three, she/he will have formed 1,000 trillion connections, about twice as many as adults have. A baby's brain is super-dense and will stay that way for the first decade of life. At around age 11, a child's brain begins eliminating connections that are rarely used, making order out of the thick tangle of "wires." Connections used repeatedly during a child's early years become the foundation for the brain's organization and function for the rest of his or her life. This process makes it easy to see how a child's environment shapes the brain and creates the foundation for success, or less desirable outcomes.
healthy development, including good prenatal care, reducing childhood trauma, and opportunities for early learning to lay the foundation for future success.

The Tennessee Healthy Start Program, located in 26 counties across the state, provides families and their children the opportunity for a good beginning. Healthy Start is an intensive home visiting program for first-time parents. Its goals are health promotion and child abuse prevention. Eligible families may begin the program from the third trimester of pregnancy through the child's fourth month of age. Families may remain in the program until the child is five years of age. The major components of Healthy Start are as follows:

Family Needs Assessment, including:
1. Screening of hospital records;
2. Assessment interview;
3. Referrals and follow-up.

Home Visiting, including:
1. Intensive, home-based family support and education;
2. Creative outreach;
3. 24-hour availability;
4. Parent support/lay counseling under professional supervision;
5. Parent-child interaction curriculum and interventions;
6. Linkage with a medical home;
7. Referrals and advocacy;
8. Parent groups;
9. Participant levels with varied intensity of service, based on need;
10. Long-term follow-up to age 5;
11. Child development screening;

Healthy Start and similar programs provide families with support during a child's early years of development. They incorporate a system for early detection and appropriate interventions for developmental or health problems, should they arise.

Brain Development
Scientists have discovered the growth of a child’s brain is greatest between birth and three years of age. During these critical years the majority of a child's hard wiring is occurring in the vast network of neurons in the brain. This wiring process sets the stage for future capacity for language, intelligence, and response to external stimuli. Understanding the foundation of the circuitry of the brain and its significance to human development gives professionals working with children concrete evidence for intervention strategies and planning.

By the time a baby is three, she/he will have formed 1,000 trillion connections, about twice as many as adults have. A baby's brain is super-dense and will stay that way for the first decade of life. At around age 11, a child's brain begins eliminating connections that are rarely used, making order out of the thick tangle of “wires.” Connections used repeatedly during a child’s early years become the foundation for the brain’s organization and function for the rest of his or her life. This process makes it easy to see how a child’s environment shapes the brain and creates the foundation for success, or less desirable outcomes.
The Task of the Child in Tennessee 2003

It is a public responsibility to ensure that all families have access to the services and high-quality early childhood programs (NAEYC, 2003) to prepare their children to meet school expectations and economic security. Early childhood programs provide a foundation for academic success before children enter school. Families who lack economic stability before entering school are more likely to experience poverty and economic security. Many children are at risk for educational failure before they enter school. The presence of basic early care and education services in preschool programs can protect at-risk children from further harm. Every child, regardless of race, gender, or socioeconomic background, deserves the opportunity to succeed in life. A portion of the NAEYC Position Statement follows:

<table>
<thead>
<tr>
<th>Actual Differences in Quality of Words Heard</th>
<th>Professional Class</th>
<th>Working Class</th>
<th>Welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,151 words</td>
<td>Professional</td>
<td>Working Class</td>
<td>Welfare</td>
</tr>
<tr>
<td>616 words</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a typical hour, the average child would hear:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: NAEYC; 2003.
Although a long report, I thought that you would be interested in this information. What is true for Tennessee is also true for other states! The Kids Count Program is in place in other states and does report this information each year. Exhaustion of Temporary Assistance to Needy Families (TANF) surplus funding and state budget reductions resulted in a reduction in the number of children who are served. An estimated 38,000 children meet the financial eligibility requirements for this pre-kindergarten program; however, approximately 15,000 are served by Head Start Programs in Tennessee, and approximately 2,500 are served through the Early Childhood Education Program. This leaves an estimated 20,500 at-risk 4-year-olds who are unable to access the program.

**Conclusion**

In summary, school readiness begins before infancy with adequate prenatal care. It involves the entire family and the community and requires multiple service systems and social structures. Communities able to provide adequate supports for families with a wide range of service needs are better equipped to prepare children to learn and become productive adults. Systems stretched by fiscal deficits and gaps in services offer what they can, but too often fall short of providing what a child needs to succeed.

Children who are able to access essential physical and mental health care and needed language or rehabilitative services are more likely to establish lifelong learning patterns, leading to academic and economic success.

Today’s research tells us what we need to do to help children succeed, but today’s fiscal constraints and service gaps mean as Tennesseans we are not providing the opportunities necessary for our children to succeed.

We are doing a lot of things right in a few places, but Tennessee does not offer comprehensive, statewide programs with seamless service delivery systems for children and families. Due to inadequate funding, most state programs fall short by providing pilots in a small number of locations, even when a service has proven it saves dollars in the long term.

So, to go back to the opening question: **What does it take to ensure a child is ready to succeed?** It takes a system-wide, comprehensive approach to health, education and welfare that values children and families. A starting place for Tennessee policy makers would be fully funding the Early Childhood Education Pre-Kindergarten Program for at-risk 4-year-olds and expanding the Healthy Start Program statewide. The long-range benefits offer a more educated and stable workforce with fewer health and other related problems. If Tennessee wants its youngest citizens to be successful, Tennessee must take an active role in ensuring all requirements for school readiness are provided.
Please send me address corrections for the mailing list for this newsletter.

Thank you to all who contributed to this newsletter. Special thanks to Cathy and Terry for their expertise and creativity. Best wishes to everyone reading this newsletter. Have a happy, safe, and healthy fall. The next newsletter will be mailed in early December. Until then, thank you for all that you do to comfort hospitalized children and families in need. I hope to see you on October 23rd for Make A Difference Day here on the Hood College campus.

Sincerely,
Bonnie

The 2005 Care Wear Volunteers Calendar Order Form:

Mail this order form to:
Care Wear Volunteers, Inc.
Bonnie Hagerman
c/o Hood College
401 Rosemont Avenue
Frederick MD 21701-8575

Care Wear Volunteers Calendar-$10 each
--Full-color
--Full page (8 1/2" x 11") monthly calendar with full page (8 1/2" x 11")
photos of infants, layette items, individuals, and groups.
--Calendar blocks for appointments and important dates
--Great gift idea!
--This is a calendar for the year 2005.

Send ______ calendars to: $10 for each calendar enclosed.
(quantity) (Send cash, check or money order payable to Care Wear Volunteers.)

Name ___________________________________________

Address ________________________________________
I shall pass through this world but once. If, therefore, there be any kindness I can show, or any good thing I can do, let me do it now; let me not defer it or neglect it, for I shall not pass this way again.