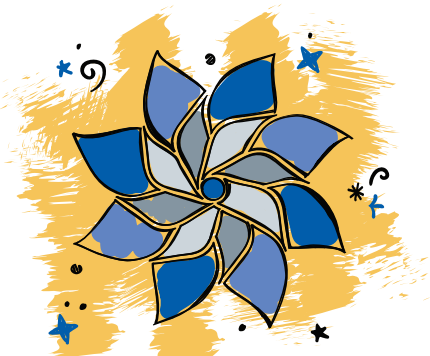




**Positive
Parenting
Guide**



Prevent Child Abuse
Florida™
www.PreventChildAbuseFL.org

Dear Parent or Caregiver:

Like their bodies, children's brains still have a lot of growing to do after they are born. What children learn through their early interactions with parents and caregivers becomes the foundation for all future development. Research shows that nurturing relationships and safe, secure environments improve brain development and child well-being, and that 85% of brain development occurs by the age of 3!

Parents and caregivers who have a social network and concrete support in times of need are better able to provide safe environments and nurturing experiences for their children. All families need a helping hand at some point, so we want to be sure you know that help is available when you need it.

This book provides information about:

- Child development from birth through the teen years
- Tips for creating the stimulating and nurturing environments children need
- Tips for managing the challenges of family life
- Contact information for valuable community resources

Remember, it is also important for you to take good care of yourself physically, mentally and emotionally. When you are feeling good, it is easier to be a positive, loving parent and do all you need to do to care for your child.

We hope you use the resources in the following pages as a guide for what you can expect as your child develops. We also encourage you to talk to your child's doctor or other professionals if you have any questions or concerns about your child.

*This guide is also available as an e-book for smart phones, tablets or other mobile devices. Scan the code with your smartphone to download the free e-book:



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Building Blocks of Child Development



THE FOUR MAIN AREAS OF CHILD DEVELOPMENT are **physical, social, emotional** and **cognitive**. How well a child's physical, social and emotional needs are met affects how the child's brain will grow and develop. Understanding how children grow and learn will help you know what to expect and what you can do to help your child develop.

Physical Development is the growth of the human body including: height, weight, muscles and the five senses (sight, hearing, taste, touch and smell). Coordination of large and small muscle movements is also part of physical development.

Social Development is the ability to connect with others, understand rules and develop values, and cooperate as a member of a family, peer group and society.

Emotional Development is the ability to understand and express feelings and control emotions.

Cognitive Development is the ability to learn and to use logic and reason to solve problems.

Development in each area is tightly connected. For example, learning to talk requires hearing (physical), the ability to understand different sounds (cognitive), the ability to pay attention (social), and the ability to interact with others (emotional). Failing to develop in one area affects the ability to progress in other areas.

Each child will develop at his or her own rate. Developmental milestones show what a child of that age should be doing. If your child was premature, keep in mind that babies born early usually need a bit more time to meet their milestones. Doctors, nurses, daycare workers and home visitors can help you monitor your child's development, identify concerns and make referrals for help when needed. Treating issues early can help prevent more serious problems later.

A Word about Discipline and Safety

As children grow and develop, their needs for discipline and safety will change. Discipline, which means "to teach," is not something infants or toddlers can understand. They also do not understand danger. Babies are curious and will play with just about anything. The only way to discipline an infant is to make sure they are safe in their surroundings so they can explore and learn about the world. For example, if you do not want your baby to stick his finger in the electrical outlet, then you need to cover the outlet with safety caps. More examples of how to meet your child's needs for discipline and safety at each stage of development are included in the following pages of this booklet.

Prenatal

HEARD OF THE BABY BLUES? Becoming a new parent can be stressful, and some difficulty adjusting to parenthood is very normal. Normal postpartum adjustment may involve symptoms similar to Baby Blues. In fact, between 60% and 80% of women experience what professionals describe as “Postpartum Depression.” It’s likely that most new mothers experience feelings of exhaustion, irritation, and sadness after having given birth. Some of these symptoms may appear during the first few months after childbirth, but normal postpartum adjustment is not limited to symptoms of depression. If these symptoms are interfering with a parent’s normal functioning or parenting, something more serious like a Perinatal Mood and Anxiety Disorder (PMAD) may be happening.

These symptoms typically begin anywhere from one to three days post-delivery and may last between two and 14 days. If your feelings persist past two weeks, however, contact a professional; you may be experiencing a PMAD.

WHAT ARE PERINATAL MOOD AND ANXIETY DISORDERS (PMADs)?

These are groups of symptoms that can affect women during pregnancy, as well as in the postpartum period and can cause emotional and physical problems that make it hard to enjoy life and function well. Mood disorders, such as depression or bipolar disorder, can include symptoms of depression but may also reflect an anxiety disorder. These typically include symptoms such as excessive worrying, tightness in the chest, irritability, and obsession.

“I’m feeling sad, irritable, and absolutely exhausted; it’s like I can’t catch a break. Do I have postpartum depression?” Not necessarily! It’s normal to encounter all of those feelings after delivery.

Everyone feels sad sometimes, but these feelings usually pass within a few days. Depression occurs when your feelings of sadness interfere with daily life and may last for weeks or months at a time. Most people, even those with the most severe forms of depression, can get better with treatment.

Postpartum depression is depression that occurs after having a baby. Feelings of postpartum depression are more intense and last longer than those of “baby blues,” a term used to describe the worry, sadness, and tiredness many women experience after having a baby. The baby blues usually go away in three to five days after they start. Symptoms of postpartum depression last longer and are more severe. Postpartum depression usually begins within the first month after childbirth, but it can begin during pregnancy or for up to a year after birth.

If you are feeling symptoms of postpartum depression, you are not alone! About one in nine new mothers will experience this common but serious health condition. Postpartum depression can be treated by your healthcare provider.

Symptoms of Depression Depression doesn’t feel the same for everyone. How often symptoms occur, how long they last, and how intense they may feel can be different for each person.

Symptoms of depression can include:

- Lasting sad, anxious, or “empty” mood
- Feeling hopelessness or pessimistic
- Feeling guilty, worthless or helpless
- Feeling irritable or restless
- Loss of interest in hobbies and activities
- Loss of energy
- Problems concentrating, recalling detail, and making decisions
- Sleeping too much or too little
- Eating too much or too little
- Thoughts of or attempts to hurt yourself
- Aches or pains that do not get better with treatment

Symptoms of Postpartum Depression

The symptoms of postpartum depression are similar to symptoms for depression, but may also include:

- Crying more often than usual.
- Feelings of anger.
- Withdrawing from loved ones.



- Feeling numb or disconnected from your baby.
- Not having any interest in the baby, not feeling connected to the baby, or feeling as if your baby is someone else's baby
- Feeling guilty about not being a good mom or doubting your ability to care for the baby.
- Worrying that you will hurt the baby.

Some women don't tell anyone about their symptoms. New mothers may feel embarrassed, ashamed, or guilty about feeling depressed when they are supposed to be happy. They may also worry they will be seen as bad mothers. Any woman can become depressed during pregnancy or after having a baby. It doesn't mean you are a bad mom. You and your baby don't have to suffer. There is help. Your doctor can help you figure out whether your symptoms are caused by depression or something else.

Causes of Postpartum Depression

Postpartum depression could be triggered by one or more concerns:

- Rapid hormone changes
- Feeling tired after labor and delivery or from a lack of sleep or broken sleep
- Feeling overwhelmed with a new baby
- Doubting your ability to be a good mother
- Stress from changes in work and home routines
- An unrealistic need to be a perfect mom
- Grief about loss of who they were before having the baby
- Feeling less attractive
- A lack of free time

These feelings are common among new mothers. But when they cause deep, prolonged periods of sadness and hopelessness, you should seek help from a health care provider.

Risk Factors for Depression

Depression can occur among women with a healthy pregnancy and birth but some experiences that may put new mothers at a higher risk for depression include:

- Stressful life events, difficult relationships or money problems
- Low support from family and friends
- Previous history of depression or other mental illness
- Family history of depression or other mental illness
- Unplanned or unwanted pregnancy
- Difficulty getting pregnant
- Being a mom to multiples, like twins, or triplets
- Being a teen mom
- Alcoholism or drug use
- Preterm (before 37 weeks) labor and delivery
- Pregnancy and birth complications with current or previous pregnancy
- Difficulty breastfeeding
- Having a baby who has been hospitalized or has special needs

Treatment

Postpartum depression is treatable and most people get better with treatment. The most common types of treatment for postpartum depression are:

- **Therapy.** During therapy, you talk to a therapist, psychologist, or social worker to learn strategies to change how depression makes you think, feel and act.
- **Medicine.** There are different types of medicines for postpartum depression. All of them must be prescribed by your doctor or nurse.

These treatments can be used alone or together. Talk with your doctor or nurse about the benefits and risks of taking medicine to treat depression when you are pregnant or breastfeeding.

Having depression can affect your baby. If you think you may be depressed, the first step to seeking treatment is to talk to your health care provider. Getting treatment is important for both you and your baby. Taking medicines for depression or going to therapy does not make you a bad mother or a failure. Getting help is a sign of strength.

Your body and mind go through many changes during and after pregnancy. If you feel empty, emotionless, or sad all or most of the time for longer than 2 weeks during or after pregnancy, reach out for help. If you feel like you don't love or care for your baby, you might have postpartum depression. Treatment for depression, such as therapy or medicine, works and will help you and your baby be as healthy as possible in the future.

Your Child at Birth



CONGRATULATIONS! YOU ARE NOW A PARENT! Feeling anxious, overwhelmed and exhausted is normal. As you begin to adjust to your new life, try to remember that getting as much information and support as you can now will help you make the best decisions for your family in the future.

Crying All babies cry. The average newborn cries two to three hours a day, and sometimes more. Babies this age may cry for no reason and a parent may not be able to stop the baby from crying. Most of the time this is normal. **For tips on coping with crying, turn to page 6.**

Sleep Newborns may sleep up to 20 hours a day but will not have any sort of sleep pattern for the first two months. It can take up to six weeks for babies to learn to be awake during the day and asleep at night. Let babies form their own schedule by feeding them when they are hungry and putting them to bed when they seem tired. Keeping your baby safe while sleeping is critical at this age. The #1 cause of death for infants under age 1 in Florida is unsafe sleep. **Turn to page 4 for tips.**

Nutrition Newborns need to be fed every two to four hours. The American Academy of Pediatrics and many other worldwide organizations strongly support breastfeeding. Baby formula is a popular alternative to breastfeeding for infants less than one year of age. To meet your baby's nutritional needs, baby formula must be prepared exactly as described on the container.

Physical Development – Many babies lose a little weight (5–7% of birth weight) during the first few days of life. They will usually return to their birth weight within two weeks as they begin to eat more during feedings. After the first two weeks, newborns typically gain around one ounce per day for the first two months, and

- › Have almost fully developed senses of taste and smell
- › See objects best when they are 30 to 40 inches away from their face as their eyes cannot yet fully focus at close range. Thankfully, as nature would have it, this is the typical distance caregivers hold infants when feeding. That's why it's so good to hold them close when feeding and interacting with them.
- › Try to lift their head and look around

Social and Emotional Development – Newborns typically:

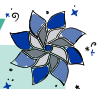
- › Recognize the voices of mom and dad
- › Recognize familiar caregivers
- › Look at parents when they speak
- › Quiet when a voice is heard

Cognitive Development – Babies respond purely through reflexes at birth. Some common reflexes are:

- › Grasp reflex: baby will tightly grasp objects placed in hand
- › Sucking reflex: baby begins sucking when mouth area is touched
- › Startle reflex: baby pulls arms and legs inward after hearing a loud noise
- › Step reflex: baby makes stepping motions when sole of foot touches a hard surface

ACTIVITY TO TRY

Smile while you're interacting with your baby. After a few weeks, your baby will smile back!



Your Newborn's Safety

SAFE INFANT SLEEP

Babies are safest when sleeping **ALONE**, on their **BACKS** in a **CRIB** near their parents' bed for the first year of life. These are what the experts call "the ABCs of Safe Sleep." Suffocation and strangulation in an adult bed is the leading cause of death for infants under one year of age in the state of Florida. The risk of sleeping-related infant death is 40 times higher for babies who sleep in adult beds compared to babies who sleep in their own cribs.

Important Information!

Sleeping with your baby is dangerous. Even if your baby is breastfed and you don't smoke, drink alcohol or use drugs or other medications, sleeping with your baby still increases your baby's risk of suffocation or strangulation while sleeping. The best way to protect your baby from higher risk is to have your baby sleep alone in a crib.

The American Academy of Pediatrics recommends the following:

- ▶ Place babies on their backs (face up) every time they sleep. Sleeping on the stomach or side increases the risk of suffocation. Once an infant can roll from back to stomach and stomach to back, the infant can remain in the sleeping position they choose.
- ▶ The crib mattress should fit tightly in its frame and have a snug fitted sheet.
- ▶ No other objects should be placed in the crib.
- ▶ The crib should always be placed in a room that is smoke-free.
- ▶ Offering a pacifier has also been linked to a decreased risk of sleep-related death.
- ▶ If breastfeeding, wait until breastfeeding is well-established before offering a pacifier.
- ▶ If you bring your baby into bed for feeding or comforting, return them to their own crib or bassinet when done feeding.
- ▶ Keep the room temperature of your baby's sleeping area comfortable for a lightly clothed adult. This will help keep your baby from getting too hot.
- ▶ Over-bundling should be avoided due to the possibility of overheating. Infants are typically comfortable with one layer more than an adult would wear to be comfortable in the same environment.
- ▶ Never prop a bottle.
- ▶ If your baby has a crib, lower the mattress when your baby learns to sit, and again when he learns to stand.
- ▶ Respond to your baby's cries during the night.



SCAN ME

Use your smart phone's camera for additional information



10 TIPS TO HELP YOUR BABY SLEEP AT NIGHT

1. Make sure your baby has active playtime, such as "tummy time," during the day.
2. Respond to your baby's needs quickly during the day to reduce your baby's stress.
3. Ensure skin-to-skin contact during the day.
4. Keep a consistent schedule for meals, naps and bedtime.
5. Use a bedtime routine of three or four relaxing activities to help your baby wind down (giving your baby a bath, gently massaging muscles, and then spending a short period of quiet time together). Research has shown that babies who have a bedtime routine fall asleep 30% faster, wake up 50% less often, and sleep for longer stretches of time!
6. Talk or sing softly to your baby before bed. The sound of your voice is very soothing to your baby.
7. Put your baby in the crib when he or she begins to look tired, but is still awake. Putting babies to bed while they are tired, but still awake, helps them learn to fall asleep on their own.
8. If your baby seems restless at bedtime, put your baby to bed 30 minutes earlier. When babies become overtired, they can become irritable and fight off sleep.
9. Play soft music, turn on a fan or put a ticking clock near your baby's crib. Listening to repetitive sounds lulls babies to sleep. Continuing normal household activities while babies sleep helps them learn to sleep without silence.
10. Place a warm towel down on your baby's sheet and remove it just before you place your baby down.

If you have tried all of these suggestions and your baby is still not sleeping well, talk to your baby's nurse or doctor. There may be a medical reason for your baby's restless nights.



Positive Parenting Activities that Promote Nurturing and Attachment

- › Breastfeeding
- › Responding promptly to your baby's needs
- › Rocking, singing and comforting your baby
- › Maintaining loving relationships with other caregivers
- › Keeping primary caregivers consistent over time so attachments can form

These activities are sometimes referred to as “Positive Childhood Experiences,” or PCEs, and they also serve to build your baby's brain.



OTHER SAFETY TIPS FOR NEWBORNS

A Home Safety Checklist can be a good tool to use at each stage of your child's development. A sample checklist is provided for you on page 70.

Most infant **falls** are from furniture. Help prevent falls by:

- › Never leaving your baby unsupervised on any surface above the floor
- › Always using the safety belts on changing tables, bouncy seats and swings

Most **burns** in children under five are caused by scalding liquids.

Help prevent burns by:

- › Setting your hot water heater to 120 degrees Fahrenheit or below
- › Never carrying hot liquids while carrying your infant
- › Never warming baby bottles in the microwave—microwaves heat unevenly and your baby may be burned by hot spots

Drowning can happen quickly and silently. Help prevent drowning by:

- › Always staying with your baby during bath time
- › Never leaving an older child to watch your baby near the water
- › Having all bath supplies ready and in the room

Many everyday items can cause **choking or suffocation** in infants. Help prevent choking and suffocation by:

- › Removing small objects and plastic bags from your baby's environment
- › Keeping balloons, blind cords and strings away from your baby

You can keep your infant safe and help prevent **motor vehicle injuries** by:

- › Always placing your newborn in a rear-facing infant car seat whenever you travel in a vehicle
- › Never leaving your infant alone in the car—even in mild weather, the temperature inside a car can reach dangerous levels in minutes

Coping with Crying

WHEN YOUR BABY WON'T STOP CRYING, it can be very upsetting. Know that it is normal for your baby to cry. The average newborn cries two to three hours a day, and sometimes more! Sometimes it may seem like your baby never stops crying; and all parents find it hard to cope with crying. **It may seem like your baby cries more than others, but ALL babies cry a lot.**

You can try the following things to help soothe your baby:

- › Check your baby's basic needs: feed, burp or change your baby's diaper if needed
- › Make sure your baby's clothing is not too tight, too hot, too cold, etc.
- › Offer your baby a pacifier, but never force it
- › Gently rock your baby in a rocking chair or in your arms
- › Softly pat your baby on the back
- › Sing or talk softly to your baby
- › Play soft music
- › Take your baby for a walk in the stroller
- › Give your baby a warm bath

Strategies to handle your frustration when your baby is crying:

- › Call a trusted friend, relative or neighbor and ask them to come over to watch the baby and give you a break
- › Sit down, close your eyes and take deep breaths
- › Listen to music
- › Exercise
- › Make sure baby is safe in crib and go to another room

Dealing with a crying baby can be very stressful, but please **NEVER SHAKE YOUR BABY!** Shaking a baby can cause brain damage, blindness or even death. If you are feeling overwhelmed, it is important to reach out for support.



Soothe, Don't Shake Your Baby

Everyone who cares for your child should know about Abusive Head Trauma (AHT). AHT is one of the most common causes of death by physical abuse to infants in Florida. AHT occurs when a frustrated parent or other caregiver loses control and shakes a young child, causing permanent brain damage or death. Crying is the most common reason someone shakes a baby. The outcomes for survivors can include cerebral palsy, blindness, deafness, seizures and learning/behavioral difficulties. Young males who care for a baby alone are most at risk to shake a baby. **Everyone who watches your baby needs to know they should never shake your baby.** The most important thing you can do to prevent Abusive Head Trauma is to understand your baby and how to cope with him when he cries or is irritable.

The Florida Department of Health contributed to the content of this tip sheet. For more information, visit their website at www.floridahealth.gov.

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Use your smart phone's camera for an informative video.



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Use your smart phone's camera for additional information



Your Child at 1 to 2 Months

YOUR BABY IS GROWING VERY QUICKLY AND LEARNING A LOT. Your baby's brain is developing through a series of back and forth interactions sometimes referred to as "serve and return". Babies and young children naturally engage by babbling and making facial expressions. By consistently responding to these efforts in a warm and loving way, you are creating a nurturing environment. At this age, it's important to spend a lot of time cuddling, playing, reading and talking with your baby. Over time, these interactions help infants form strong attachments with their parents. These early attachments create patterns for the way the child connects with people later in life.

Sleep Although your baby may be sleeping for longer stretches of time now, it is still too early to have a set sleep schedule. There are some activities that may help your baby learn to be more active during the day and encourage nighttime sleep. For more information, see Safe Infant Sleep on page 4.

Nutrition At this age, your child only needs breast milk or formula. Your baby is not ready for cereal or any solid food at this age. Babies usually need 4 to 5 ounces of breast milk or formula per feeding, or 20 to 25 ounces per day.

Physical Development – Your baby will:

- › Wiggle and use body language to tell you how he feels
- › Use muscles in her arms and legs to grab or kick at toys or people
- › Hold his head up on his own, but still need your careful support when being held

Social and Emotional Development – Your baby should:

- › Smile at you when he wants to play
- › Frown or cry to show sadness
- › Respond with pleasure when her primary caregiver arrives
- › Copy your movements and facial expressions
- › Like to be around other children

Cognitive Development – Your baby will:

- › Use taste, touch, smell, sight and sound to learn about his environment
- › Cry when hungry, needing to be changed or wanting attention
- › Make cooing sounds to get your attention, and will coo even more when you respond
- › Make different sounds to tell you if he is hungry, wet, tired or wants a change of position
- › Recognize mother or primary caregiver
- › Follow moving objects with her eyes

ADDITIONAL SAFETY TIPS FOR YOUR BABY AT 2 MONTHS

- › A Home Safety Checklist can be used at each stage of your child's development. A sample checklist is provided for you on page 70.
- › Help prevent fires by keeping nightlights at least three feet away from the crib, bedding and draperies; never heat your home by leaving the oven on or use candles for light.
- › Help prevent poisoning by keeping all medicines out of reach.
- › When the car is parked, help prevent burns from hot car seat surfaces by using window shades or covering your baby's empty car seat with a light blanket. Consider, if possible, putting a shoe or other necessary object in the back seat next to your baby as a reminder.

Positive Parenting Activities that Promote Nurturing and Attachment

- › Always respond to your baby's cries and try to figure out what your baby is trying to say to you.
- › When you hear your baby cooing, coo, sing or talk in return.
- › Hold and touch your baby as much as possible.
- › Look into your baby's eyes and talk to your baby during feedings and diaper changes.
- › Practice being patient. Having patience is very important for your child's overall development. Babies are just learning what is in the world; it will take time before they know how to behave in it!



When to be Concerned

While each baby develops at his or her own pace, you should be aware of certain milestones your child should be reaching. Failure to reach certain milestones may be a sign of medical or developmental problems requiring special attention. You should let your baby's doctor know if your child:

- › Doesn't seem to respond to loud sounds
- › Doesn't notice their hands by 2 months
- › Doesn't smile at the sound of your voice by 2 months
- › Doesn't follow moving objects with eyes by 3 months
- › Doesn't grasp and hold objects by 3 months
- › Doesn't smile at people by 3 months
- › Cannot support head well by 3 months
- › Doesn't reach for and grasp toys by 4 months
- › Doesn't babble by 4 months

Choosing a Responsible Caregiver

WHEN YOU LEAVE YOUR CHILD WITH YOUR BOYFRIEND/PARTNER OR BABYSITTER, you expect them to care for your child just like you would, BUT that is not always the case! Every year, children are abused, neglected and even killed by temporary caregivers. Sometimes, these are boyfriends of mothers of young children, but other temporary caregivers, including friends of the parents who may be ill-equipped to care for these young children, are also guilty of committing these offenses.

When young children are placed in the hands of caregivers, with little or no child care experience, the results can be life-threatening. In fact, children who live with adults not related to them are several times as likely to die of inflicted injuries as children living with two biological parents. It's crucial for parents to have a responsible adult or licensed child care facility to care for their young children. If you need help finding child care, please visit www.myflfamilies.com/childcare.

People who are under the influence of drugs or alcohol can get angry over minor things that all children do, like crying or spilling something. Some things to know and consider when deciding whether to leave your child in the care of a babysitter or caregiver are listed below, but the only way to gauge this person's reaction to your child's behavior is to spend significant time observing them around your child.

Consider, does your partner/babysitter:

- Expect your child to do things that are unrealistic for his/her age?
- Show impatience or even anger when your child cries or has a tantrum?
- Overreact when your child breaks rules or refuses to follow directions?
- Call your child bad names?
- Think it's funny to scare your child?
- Say you are a bad parent and not strict enough with your child?
- Hurt your child? Blame you and say it's no big deal?
- Make all the decisions for you and your child?
- Tell you that your child is a nuisance?
- Drink alcohol or use drugs around your child?
- Handle guns and knives around your child?
- Treat pets harshly or in an abusive or neglectful manner?

If you answered "yes" to even one of these questions, your child may be at risk of injury. Never let a person you do not know very well have access to or babysit your children. Get to know the person before you let them care for your child...**your child's LIFE depends on it!**

WHAT YOU CAN DO

Besides knowing the answers to the questions above, take these additional steps to ensure you are choosing a responsible caregiver.

Know if your partner/boyfriend has a criminal history

1. Check the Florida Department of Corrections Offender Information Search at www.dc.state.fl.us/offendersearch
2. Check the Florida Sexual Offenders and Predators Database via direct link at: offender.fdle.state.fl.us

Also consider:

- How do they treat other women in the family and neighborhood?
- How do they treat other children in their family (nieces, nephews, friend's children)?
- If they have children, what is their relationship with them? Their mother?
- How have they treated former lovers, spouses and partners?



Before you leave home:

- › Be sure to leave your cell number and another emergency contact number
- › Let your partner know that it's okay to call for help
- › Talk to your partner about ways to soothe your baby

When or after you leave:

- › Check in often while you are away

When you return home:

- › Ask your partner/babysitter what your child did while you were away.
- › If your child is old enough, ask how they liked being babysat by this person.
- › Observe your child's appearance, condition and behavior. Do they seem peaceful and happy?
- › If your baby is asleep, wake them up to check for alertness or signs of discomfort.

For assistance in finding childcare: www.floridaearlylearning.com/ccrr.aspx

SCAN ME

Use your smart
phone's camera
for additional
information



Your Child at 3 to 6 Months

THIS IS AN EXCITING PERIOD OF DEVELOPMENT because your baby will begin to show his or her unique personality. Babies this age also begin to establish regular eating and sleeping patterns. Continue cuddling, playing, reading and talking with your baby as much as you can because **every interaction will continue to stimulate brain development**. Your baby needs an interested audience and a chance to use his or her social skills!

Sleep At this age, babies sleep about 15 hours per day. Your baby may be taking two or three daytime naps and may be waking twice per night for feedings. Although babies can now roll over on their own, you should still place your baby to sleep on his or her back. It's fine if babies roll over on their own during sleep. Now is a good time to lower the crib mattress to its lowest level to prevent falls. Remember, it is still not safe to put toys, pillows or blankets in the crib with your baby. Continue to practice the ABCs of Safe Sleep for EVERY sleep.

Nutrition Discuss your baby's nutritional needs with your medical provider during your baby's four-month well-child visit. Breast milk and formula are still the main sources of nutrition.

Physical Development

- › Rolls over from back to stomach and stomach to back
- › Tries to grab objects with hands
- › Opens and closes hands and brings hands to mouth
- › Wiggles arms and kicks legs
- › Sits with support
- › Begins to cut teeth

Social and Emotional Development

- › Enjoys social play and will become more active in getting your attention
- › Responds differently to an unfamiliar voice than to the voice of a familiar person
- › Shows interest in mirror images and begins to smile at mirrors
- › Responds to other people's expressions of emotion and often appears joyful
- › Cries when upset or scared

Cognitive Development

- › Uses eyes and hands together
- › Uses verbal and non-verbal cues to signal needs
- › Explores objects with mouth
- › Begins to reach for objects such as rattles, caregiver's face and mobiles

ADDITIONAL SAFETY TIPS FOR YOUR BABY AT 3 TO 6 MONTHS

A Home Safety Checklist can be used at each stage of your child's development. A sample check-list is provided for you on page 70.

- › Prevent strangulation by removing or shortening any cords that your child can reach
- › Prevent electrocution by installing protective covers on all electrical outlets
- › Prevent poisoning by moving all poisonous liquids, such as cleaning supplies, to upper cabinets and shelves
- › Prevent falls by keeping babies away from open windows and installing window guards on all upper-level windows

Positive Parenting Activities that Promote Nurturing and Attachment

- › Singing while interacting with your baby, such as patty-cake and peek-a-boo
- › Rocking your baby while singing lullabies
- › Repeating sounds your baby makes like “mm” or “ee” and letting them touch your mouth to feel you making the sounds



When to be Concerned

While each baby develops at his or her own pace, you should be aware of certain milestones your child should be reaching. Failure to reach certain milestones may be a sign of medical or developmental problems requiring special attention. You should let your baby's doctor know if at 4 months your child:

- › Doesn't bring objects to mouth
- › Doesn't push down with legs when feet are placed on a firm surface
- › Has trouble moving one or both eyes in all directions
- › Crosses eyes most of the time (occasional crossing of the eyes is normal in these first months)

Your Child at 6 to 9 Months

STIMULATING YOUR OLDER BABY REQUIRES NEW ACTIVITIES that will help improve their development in all areas. At this age, babies are very social and interact with others by smiling, waving, babbling and entertaining anyone they know. Babies this age are increasing skills like grasping, rolling over, sitting up, and possibly even crawling. Set up a safe environment for your baby to explore; mobility will improve every day and your baby will try to reach any objects that look interesting.

Sleep At this stage, your baby still needs two or possibly three naps a day. Put your baby down to sleep for the night between 6 and 8 pm, and expect 11 to 13 hours of sleep. However, some babies, especially those who are breastfed, may still wake for a night feeding.

Nutrition The American Academy of Pediatrics recommends waiting to introduce solid foods until six months of age. Some basic ways for starting solids are:

- › Mix single-ingredient solids like rice cereal with equal amounts of breast milk or formula.
- › Start with one feeding of these solids a day, then add a second feeding after your baby eats two to three tablespoons per feeding.
- › It is important to start with vegetables, then introduce one new food at a time, and wait two to three days to make sure your baby is not allergic to a specific food.
- › Encourage veggies and fruits to help your baby develop healthy eating habits.

Physical Development

- › Develops eye-hand coordination
- › Sits with, and eventually without, being supported
- › Reaches for a bottle or spoon when being fed
- › Transfers objects from one hand to the other
- › Begins to crawl (some infants never crawl; however, by 9 months, most will)
- › Starts to stand (this developmental stage varies for each child; however, some infants are able to pull themselves up and hold onto furniture by 9 months, commonly referred to as “cruising”)

Social and Emotional Development

- › Talks or babbles while looking in a mirror
- › Becomes upset if a toy is taken away
- › Responds to own name and recognizes family members' names
- › Shows mild to severe anxiety when parents leave (separation anxiety)

Cognitive Development

- › Develops a better awareness of the world around them
- › Begins to look for and find partially hidden objects, watches a ball rolled out of sight
- › Tries to get objects that are out of reach
- › Makes noises to show displeasure or satisfaction
- › Explores with hands and mouth
- › Recognizes primary caregiver(s)

ADDITIONAL SAFETY TIPS FOR YOUR BABY AT SIX TO NINE MONTHS

A Home Safety Checklist can be used at each stage of your child's development. A sample checklist is provided for you on page 70.

- › Prevent injuries by repairing wobbly furniture or putting it in a room your baby does not enter, by using toy chests without lids or with supports that hold a lid open in any position, and by securing televisions, dressers and other heavy objects to the wall
- › Prevent choking by keeping potential hazards like keys, coins, rings, loose buttons and other small items out of baby's reach
- › Prevent falls by using child safety gates at the top and bottom of all stairs
- › Prevent poisoning and other injuries by keeping purses and bags out of baby's reach
- › Always supervise your child when she is in and around water, both inside and outside the home. Young children can drown in tubs, sinks, mop buckets, shallow ponds and rain barrels.

Positive Parenting Activities that Promote Nurturing and Attachment

Help your baby cope with separation anxiety by:

- › Explaining that you are going to leave, but that you'll return
- › Always saying goodbye when you leave your baby to help teach your baby that you will come back
- › Providing a comfort object that will help your baby feel close to you while you are away
- › Playing "peek-a-boo" while covering and uncovering your face with your hands. Also try: covering the baby with a light sheet or clean dishcloth ("Where is she?") and then uncovering ("There she is!")



When to be Concerned

While each baby develops at his or her own pace, you should be aware of certain milestones your child should be reaching. Failure to reach certain milestones may be a sign of medical or developmental problems requiring special attention. You should let your baby's doctor know if at 6 months your child:

- › Seems stiff, with tight muscles
- › Seems floppy, like a rag doll
- › Refuses to cuddle
- › Cannot sit with help
- › Consistently turns one or both eyes in or out
- › Doesn't seem to enjoy being around people
- › Doesn't laugh or squeal
- › Doesn't actively reach for objects

Your Child at 9 to 12 Months

BY THEIR FIRST BIRTHDAY, your baby's body weight should have tripled and body length should have doubled. Babies this age are very good at expressing their feelings with their gestures, sounds and facial expressions. They can engage in "conversation," for example, handing things back and forth or imitating sounds and actions. They also understand "cause and effect"—that they can make something happen: "If I drop this food from my highchair, it will fall on the floor," or "If I cry, mom or dad will come get me." Following a consistent routine helps babies know what to expect, how to behave, and helps form a healthy attachment.

Sleep The sleep habits of older babies differ. Some may sleep all night and take one or no naps during the day. Others may wake up in the night but take several naps during the day. By nine months, your baby may be sleeping up to 12 hours at night. Some babies skip a morning nap altogether and start taking one long nap later in the day.

During this stage of development, it is normal for babies to cry at bedtime because they feel scared when a primary caregiver leaves the room. Establishing a bed time routine that includes quiet activities together will help lessen fear and stress. Set a bedtime and give them some time to fall asleep on their own. If crying continues, check in on your baby, but do not pick your baby up. Instead, rub your baby's tummy and talk softly to help your baby relax and fall asleep. For more nighttime tips, turn to **Safe Infant Sleep on page 4**.

Nutrition

- › Can pick up food and feed themselves
- › Learn to drink from sippy cup
- › Can be weaned after 1 year old
- › Three meals a day with breastmilk/formula
- › Have your baby join the family for meals

Serve foods that offer new tastes and textures; but be sure they are soft, easily gummed and digestible. Examples include Cheerios® with small pieces of bananas; pieces of cheese and well-cooked pasta; and steamed vegetables such as zucchini, peas and carrots. Cut foods into safe, bite-sized pieces and avoid any foods that need to be chewed. It is very important to supervise your child constantly during feeding times. Family members may want to learn CPR.

Some babies have food allergies. Signs of an allergic reaction include rashes, hay fever-like symptoms or breathing difficulties (sometimes severe). If your baby shows these or any other symptoms, call your doctor or 9-1-1 immediately. Foods to avoid until after your baby's first birthday include:

- › Eggs
- › Shellfish
- › Citrus fruits such as oranges, grapefruits, lemons and limes
- › Corn
- › Peanuts
- › Chocolate
- › Wheat
- › Honey

Physical Development

- › Crawls forward on belly
- › Sits up without assistance
- › Pulls self up to stand
- › Walks two or three steps without support
- › Walks holding onto furniture
- › Takes objects out of containers
- › Pokes with index finger

Social and Emotional Development

- › Offers toys or objects to others but wants them back
- › Pushes away toys or foods when not wanted
- › Becomes attached to a favorite toy or blanket
- › Cries when mom or dad leaves

Cognitive Development

- › Responds to “no”
- › Babbles with inflections, changes in tones
- › Makes sounds like “mama” and “dada”
- › Finds hidden toys and other objects
- › Begins to use things correctly (drinks from cups, listens in a phone)
- › Explores items in different ways (banging, shaking, throwing, etc.)

ADDITIONAL SAFETY TIPS FOR YOUR BABY AT 9 TO 12 MONTHS

A Home Safety Checklist can be used at each stage of your child’s development. A sample check-list is provided for you on page 70.

- › Prevent cuts by keeping sharp objects out of reach (for example: cooking knives and other tools, scissors, razors, plastic wrap boxes, glass bottles or drinking glasses, knitting needles)
- › Prevent injuries by keeping children away from lawn mowers and power saws
- › Prevent electrocution by putting stereos, computers and other electrical equipment out of reach and making sure that children cannot get to the back of television sets
- › Prevent poisoning by storing medications where children cannot get them

Positive Parenting Activities that Promote Nurturing and Attachment

- › Play games like hide-and-seek and peek-a-boo to help your baby learn to cope with separation and feel secure that you always come back.
- › When saying “goodbye,” tell her you will miss her and that you will return.
- › When your baby does something you don’t like or that may be dangerous, distract him or her from the activity by quickly providing something else to do. For example, as your child reaches for a lamp, you quickly pick your child up and say, “Let’s go read this book.”
- › Redirect unwanted behavior by modeling the right way to use something. For example, if your child is drawing on books, take the books away and say, “Books are not for drawing on.” At the same time, give the child paper saying, “If you want to draw on something, draw on this paper.” If your child is throwing blocks, you can take away the blocks and give him a soft ball to throw.



When to be Concerned

While each baby develops at his or her own pace, you should be aware of certain milestones your child should be reaching. Failure to reach certain milestones may be a sign of medical or developmental problems requiring special attention. You should let your baby’s doctor know if at 9 months your child:

- › Doesn’t babble
- › Drags one side of body while crawling
- › Doesn’t point to objects or pictures
- › Doesn’t search for objects that are hidden while he or she watches
- › Shows no interest in games like peek-a-boo
- › Shows no affection for primary caregiver
- › Doesn’t seem to enjoy being around people



PARENTING & CHILD DEVELOPMENT

Your Child at 12 to 18 Months

AT 12 TO 18 MONTHS, your child is still growing quickly, but not as noticeably as during the first year. This developmental stage will be filled with firsts. Some babies will learn to say their first words or take their first steps, while just about all toddlers will begin to make their first efforts at independence. As children begin to walk, run and climb, they will gain confidence and a greater sense of independence. Children this age are also curious about the nature of people and things. Your child needs encouragement and freedom to explore, as well as clear boundaries and limits to feel safe.

The developmental milestones typically reached at this age allow children to start placing things, people and actions in categories. For example, when you say you're going to the store, your toddler is beginning to create a mental picture of the supermarket, and of you in it.

Sleep At this age, your child needs about 14 hours of sleep in a 24-hour period. As children adjust to less napping, they may be ready for bed a little earlier.

Nutrition

At 12 months, babies should eat a balanced diet of healthy foods such as: squash (vegetable), bananas (fruit), cheese (dairy), and chicken (protein). All foods should be cut into small pieces so children can feed themselves without the risk of choking. Foods you should still **AVOID** include:

- › Raw carrots
- › Popcorn
- › Nuts
- › Hot dogs
- › Hard candy
- › Whole grapes

Babies are still exploring most foods and probably won't eat a lot at a single sitting. Try to provide five or six small meals a day instead of three larger ones and avoid eating meals or snacks while watching TV.

By 12 months, your baby is ready to stop drinking formula and begin drinking up to 24 ounces of whole milk a day. Give your baby milk from a cup rather than a bottle. Don't forget to offer water throughout the day.



Keep in mind:
Now that your child has teeth, you should brush them daily with a baby toothbrush and water

Physical Development

- › Walks without help
- › Enjoys holding objects while walking—often one in each hand
- › Holds a crayon and scribbles (but with little control)
- › Gestures or points to things they want
- › Turns pages in a book
- › Likes to push, pull and dump things

Social and Emotional Development

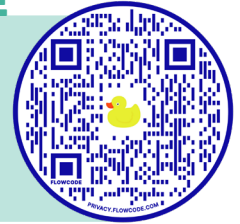
- › Enjoys being held and read to
- › Imitates sounds and facial expressions
- › Plays alone with toys

Cognitive Development

- › Understands and follows simple, one-step directions
- › Says about 8 to 20 words, including “hi” and “bye”
- › Identifies objects in a book when asked

SCAN ME

Use your smart phone's camera for additional information



ADDITIONAL SAFETY TIPS FOR YOUR BABY AT 12 TO 18 MONTHS

Your child can move quickly and is able to get into many dangerous situations. Pay attention to your child's surroundings and **always provide adult supervision**. A Home Safety Checklist can be used at each stage of your child's development. A sample checklist is provided for you on **page 70**.

- › Most toddler falls are from windows and balconies. Help prevent falls by moving furniture away from windows, installing window guards and securing balcony doors with child-resistant latches.
- › Prevent motor vehicle injuries by placing your baby in an appropriate rear-facing car seat. Infants and toddlers should ride in a rear-facing car seat until they reach the highest weight or height allowed by the car seat manufacturer. Never leave your child alone in the car. The temperature inside a car can reach deadly levels in minutes, even in mild weather.
- › Prevent burns by blocking the kitchen with gates and keeping hot liquids out of reach.
- › Prevent drowning by installing safety latches on toilets, emptying buckets and keeping pet water bowls out of your child's reach.
- › Prevent poisoning by installing latches on drawers, cabinets and anyplace where medications or cleaning materials are kept. Call Poison Control immediately if you think your child has swallowed something poisonous: 1-800-222-1222.

Positive Parenting Activities that Promote Nurturing and Attachment

- › Your child saying “no” or “mine” shows her ability to see herself as separate from her caregiver.
- › Children's first rules should help protect their safety. You can also try these age-appropriate discipline techniques:
- › Stay one step ahead. Distract or redirect your child from unsafe objects or activities.
- › Save “no” primarily for safety issues. If children hear “no” too often, they start to tune it out.
- › Use non-verbal communication. Give a stern or firm look for minor incidents.
- › Allow time for your child to play alone. Independent play allows him or her to choose and direct the activity, and helps build confidence.
- › Never use spanking or physical punishment. Spanking is not an effective form of discipline.



When to be Concerned

According to the American Academy of Pediatrics, you should let your doctor know if at 12 months your baby:

- › Does not crawl
- › Drags one side of body while crawling
- › Cannot stand while supported
- › Doesn't search for objects that are hidden while he watches
- › Doesn't say any words
- › Does not point to objects or pictures
- › Does not use gestures such as waving or shaking head

Teaching Your Child to Use the Potty

POTTY TRAINING IS SOMETHING YOU DO WITH YOUR CHILD. You are helping your child learn a very important skill. Teaching your child to use the toilet takes time, understanding and patience. You should not rush your child into using the toilet.

Are YOU ready for potty training? A few things you should think about include:

- › Do you have enough time to help your child with this difficult job?
- › Are you already under a lot of stress? For example, do you have a new home, job or relationship? If so, you may need to wait for a better time to begin potty training.
- › Consistency during potty training is very important. Is your child's daycare willing to help with potty training?

Is your child showing signs that he or she is ready to learn how to use the toilet?

When your child is ready, you'll see the following signals:

- › Child has bowel movements at regular times each day.
- › Child's diaper stays dry for 2 hours or more.
- › Child can follow simple instructions such as, "Pick up your truck and put it in the toy box."
- › Child shows an interest in using the potty or asks to be changed when diaper is soiled or wet.
- › Through words, facial expressions or a change in activity, your child shows you that he or she knows when a bowel movement is coming.

Most children reach this stage sometime between 18 and 36 months, but it's also normal for it to occur a little later. Early learning is possible, but not always best. It may be stressful for a child who does not have good bowel or bladder control, or the ability to take clothes off quickly to use the toilet. If your child is not ready, you can still teach him or her what a potty chair is and how it works.

When you and your child begin potty training, praise him or her for trying. Do not be upset when "accidents" happen. Punishing a child for having an "accident" will only make the child feel bad, and training will take longer. The best way to teach your child about using the toilet is to let him or her watch other family members of the same sex (watching people of the opposite sex may be confusing). Boys usually learn to urinate in the sitting position but slowly transfer to standing after watching the "older boys" do it that way.



FIRST STEPS

Put a potty chair in your child's room or in the bathroom. (Both girls and boys may be able to use adult toilets outfitted with training seats.) Then do the following:

1. Let your child sit on the potty with clothes on while you explain what the toilet is and when to use it.
2. Once your child is used to sitting on the potty, try it with the diaper off. Make the potty part of the daily routine, slowly increasing from one time to several times each day.
3. Dropping the contents of a solid bowel movement diaper into the potty helps your child understand what the potty is for.
4. Children may forget or miss at first, but don't get angry. Wait until he or she goes correctly and reward and praise your child.

Like most children, your toddler will take a little longer to complete nap and nighttime control. Have your toddler use the potty right before going to bed and as soon as he or she wakes up. Using training pants instead of diapers at nap-time and bedtime may help. There will be a few accidents, but a plastic sheet or shower curtain between the mattress and the bedding will keep the mattress dry. All children have these accidents. Praise your child whenever he or she makes it through the nap or night without wetting. Tell your child to call for you if he or she wakes up in the middle of the night and needs help to use the toilet.

Positive Parenting Tips that Promote Good Behavior in Early Childhood

KEEP A SCHEDULE

Young children need a regular schedule. They behave better when they know what to expect. Try to have them eat, nap and play at the same times each day. When planning their daily schedule, include active time and quiet time; time playing together and time for children to play by themselves.

OFFER ENCOURAGEMENT

Encouraging words help your child build confidence. The key to encouraging your child is to be a coach more than a cheerleader. A cheerleader says: "What a great job!" or "What a beautiful picture!" A coach uses specific praise. For example, when your child sets the table, you might say, "You did such a good job setting the table! You put the spoons and forks in the right place and remembered the napkins!" When you look at a child's painting, you might say, "This painting just glows with color. You used blue, green, red, yellow and orange. Tell me how you did this!" Specific praise helps a child understand why that behavior is so important.

Additional Tips:

- ▶ Tell your child what they can DO instead of telling them DON'T
- ▶ Provide children with simple explanations for your rules or limits and offer alternatives
- ▶ Parents should work together so that children get a set of consistent limits. Whether parents are living together or apart, having the same rules is important to avoid confusing children.



FAST FIX

Change Your Approach

Instead of: "Don't leave your toy there."

Try: "Take your toy back to your room."

Instead of: "Don't touch anything."

Try: "We are just looking at these things."

Instead of: "Don't kick her."

Try: "Kicking hurts, use your words to tell her you are upset."

Use Simple Explanations and Alternatives

"It is 8:00 and time for bed; you may play with the markers tomorrow."

"You may not have popcorn now because it is dinnertime. You may have some Jell-O for dessert after you are finished with your dinner."

Practice Giving Choices*

Ask your children if they would like a banana or applesauce for their snack. Would they like to play with blocks or books?

**Avoid asking if your child is ready to go to bed, or if they would like to put on their jacket before going outside because it is cold. These activities are not optional.*



Your Child at 18 to 24 Months

IMITATION AND INDEPENDENCE ARE BIG THEMES when it comes to the end of your child's second year. At 18 to 24 months, children are more aware of themselves as individuals. Their sense of independence grows as they start to walk, run and climb more easily. Your young child is developing thinking skills and has an increased curiosity about the nature of people and things. You may notice your child's problem-solving and memory skills improve. He or she may also be finding it easier to understand and respond to simple requests.

At this age, children will identify with their toys and will not want to share them. They may begin to show frustration when they cannot do what they want, but can usually be redirected to other interesting alternatives. It can help to offer choices rather than having to always say "no."

Sleep Most toddlers sleep about 14 hours a day. They often take one nap a day, usually from about 1 to 3 pm, and go to bed between 6 and 8 pm. It is still important to sleep during the day. If children are well rested, they fall asleep easier and sleep longer during the night.

Nutrition By 18 months, toddlers should eat most table foods cut into small pieces, drink from a sippy cup and be fully weaned from a bottle. Because toddlers may not be interested in sitting still for meals, you can make sure your toddler gets enough food by:

- › Giving five to six small meals per day
- › Offering finger foods toddlers can feed themselves
- › Making meals fun by serving foods with a variety of colors, textures and tastes

Physical Development

- › Walks well and runs, though may not always stop and turn well
- › Tosses or rolls balls
- › Enjoys moving on small-wheeled riding toys
- › Feeds self with a spoon
- › Begins to gain some control of bowels and bladder

Social and Emotional Development

- › Imitates actions
- › Gets angry and may have temper tantrums
- › Acts shy around strangers
- › Has trouble sharing
- › Shows signs of independence, like saying "no" and trying to do many things on his or her own

Cognitive Development

- › Refers to self by name and uses the words “me” and “mine”
- › Says 30 to 50 words
- › Copies single words spoken by someone else and uses the words “please” and “thank you” if asked
- › Chooses between two objects
- › Enjoys humming or trying to sing familiar songs
- › Uses two- to three-word sentences

ADDITIONAL SAFETY TIPS FOR YOUR BABY AT 18 TO 24 MONTHS

A Home Safety Checklist can be used at each stage of your child’s development. A sample checklist is provided for you on page 70.

- › Prevent climbing accidents by using “L” brackets to secure large objects and furniture and installing window guards to prevent your child from falling out
- › Reduce the risk of injuries from falls by seeking out playgrounds with soft surfaces like sand, woodchips or rubber
- › Prevent poisoning by never referring to vitamins or medicine as candy
- › Prevent burns by keeping matches and lighters out of children’s reach and avoiding use of portable heaters in rooms where children play or sleep

Positive Parenting Activities that Promote Nurturing and Attachment

- › Praise good behavior
- › Ignore small incidents and accidents, such as spilled milk
- › Give your child the opportunity to correct misbehavior by giving a second chance
- › Never use spanking or other physical punishment and limit your use of the word “no”
- › Model the behavior you want and they will follow
- › Talk and read to your child every day to encourage language development
- › When you leave, give your child an object that will soothe him and make him feel close to you
- › Be patient and consistent with rules and consequences
- › Remember, behaviors are the language of a child’s emotions



When to be Concerned

According to the American Academy of Pediatrics, you should let your doctor know if at 18 months your child:

- › Cannot walk
- › Fails to develop a mature heel-toe walking pattern after several months of walking, or walks exclusively on toes
- › Does not speak at least 15 words
- › Does not seem to know the function of common household objects (brush, telephone, fork and spoon)

Your Child at 24 to 36 Months

TWO-YEAR-OLDS ARE LEARNING SO MUCH ABOUT THE WORLD AROUND THEM. They begin to ask lots of questions, and they love to imitate adults. They are learning to share and take turns. Sometimes they want to play with others, and sometimes they want to be alone. Toddlers this age like to make choices and do more things on their own.

Sleep For many children this age, it's time to leave the crib and move on to a bed.

- › Make the transition exciting by talking about the big bed and the items that might go in it, such as new bedding or a favorite stuffed animal
- › Stick to the same bedtime and continue with your normal bedtime routines like reading, singing and bathing
- › If your child gets out of bed, quietly and calmly take him or her back to bed until he or she learns to stay there.

Nutrition At this age, children often become picky eaters and lose interest in food. You may find that some days, your child might not be interested in food at all, and other days, he might only want to eat a certain type of food. Be assured, when your child is hungry, he will want to eat—it is your job to ensure you are providing healthy options by offering a variety of healthy foods.

- › Avoid the use of food as a reward
- › Avoid withholding food as a punishment

Physical Development

- › Runs, jumps and climbs
- › Walks on tiptoes
- › Throws and kicks balls
- › Learns to zip and unzip
- › Drinks from a small cup without spilling (in the beginning, a cup with a sippy top)
- › Undresses self
- › Dresses with help
- › Uses a fork and spoon correctly
- › Helps to put things away

Social and Emotional Development

- › Likes having familiar stories read to them over and over again
- › Begins to enjoy playing alone
- › Starts playing whenever they wish (no need for a prompt)
- › Doesn't like changes in routines
- › Watches other children at play and joins in

- › Has a hard time sharing things
- › Shows independence and wants to do things alone
- › Follows simple rules such as taking turns

Cognitive Development

- › Calls self by own name
- › Speaks 900 or more words
- › Points and names own body parts when asked
- › Uses phrases and three- to five-word sentences
- › Repeats simple rhymes and songs
- › Begins to develop a longer attention span
- › Carries out simple one, two or three-step requests

ADDITIONAL SAFETY TIPS FOR YOUR CHILD AT 24 TO 36 MONTHS

A Home Safety Checklist can be used at each stage of your child's development. A sample checklist is provided for you on page 70.

- › Prevent choking by choosing toys that do not have small parts
- › Prevent burns by keeping hot foods in the middle of the table and testing the temperature of foods before giving them to your child

Positive Parenting Activities that Promote Nurturing and Attachment

- › Try to remain patient, breathe and model remaining in control of your emotions.
- › Rather than using physical punishment, create consequences that relate to the behavior. For example, if your child colors on the wall, take away all the crayons and explain that he can try again later to play with crayons.
- › When children are upset, allow time for both you and them to calm down before trying to talk to them about their behavior. Let them know you understand how they feel, and help them understand their emotions, but that certain behavior is not acceptable.
- › Avoid problem situations. If your child is likely to become unreasonable when he's hungry, remember to carry snacks with you.



When to be Concerned

According to the American Academy of Pediatrics, you should let your doctor know if at 24 months your child:

- › Cannot push a wheeled toy
- › Doesn't follow simple directions
- › Doesn't imitate actions or words
- › Fails to develop a heel-toe walking pattern after several months of walking or walks exclusively on toes
- › Doesn't speak at least 15 words
- › Doesn't use two-word sentences

Your Child at 3 Years Old

WITH YOUR CHILD'S THIRD BIRTHDAY, the “magic years” of 3 and 4 begin—a time when your child’s world will be dominated by fantasy and vivid imagination. During the next two years, your child will mature in many areas.

Sleep Your child should sleep anywhere from 9 to 13 hours each day. As a way of gaining control of their world, children sometimes try to resist bedtime. You can help make bedtime easier by:

- › Sticking with the bedtime routine
- › Allowing your child to make some choices, like picking out pajamas or books to read
- › Providing a sense of security with night lights, security blankets or stuffed animals

Nutrition At this age, your child’s eating habits should be similar to yours. He or she should eat the same foods at the same times as you, and use child-size utensils. Choking is still a hazard because your child has not yet mastered chewing and swallowing. Avoid foods such as hard candies and cherries with pits and make portion sizes small, especially when serving:

- › Grapes (cut them in half)
- › Hot dogs (slice in half across and lengthwise)
- › Raw vegetables, such as carrots and celery
- › Peanut butter (avoid spoonfuls)

Physical Development

- › Throws and kicks balls
- › Draws circles and squares
- › Begins to copy capital letters
- › Dresses and undresses

Social and Emotional Development

- › Engages in fantasy play/pretend
- › Understands there are ways to solve problems

Cognitive Development

- › Identifies “same” and “different” objects
- › Talks in short sentences others can understand
- › Tells and remembers parts of stories

ADDITIONAL SAFETY TIPS FOR YOUR 3-YEAR-OLD

A Home Safety Checklist can be used at each stage of your child's development. A sample checklist is provided for you on page 70.

- › Children who have outgrown their rear-facing car seat should use a forward-facing car seat with a five-point harness. They should use this car seat until they outgrow it.
- › Now is also a good time to get your child swimming lessons and to teach playground safety, such as not running in front of or behind swinging children.

Positive Parenting Activities that Promote Nurturing and Attachment

Set a good example for your child. If you want children to be nice to each other or have good eating habits, show them how these things are done. Tell your child why you do things a certain way. Children may not understand everything you say, but they will begin to understand that you have reasons for doing things a certain way.

Provide children with simple explanations for your rules or limits and offer alternatives.

- › It is 8:00 and time for bed; you may play with the markers again tomorrow.
- › You may not have popcorn now because it is dinnertime, you may have some Jell-O for dessert after you are finished with your dinner.



When to be Concerned

According to the American Academy of Pediatrics, you should let your doctor know if at three years old your child:

- › Cannot throw a ball overhand
- › Cannot jump in place
- › Cannot ride a tricycle
- › Cannot grasp a crayon between thumb and fingers
- › Has difficulty scribbling
- › Cannot stack four blocks

Your Child at 4 Years Old

FOUR-YEAR-OLDS MAY NOT BE GROWING PHYSICALLY AS FAST AS THEY DID AS AN INFANT, but they are making leaps and bounds both socially and emotionally. Your child can be easily frustrated, but is learning to gain self control. You can help by providing encouragement and support while maintaining patience during those frustrating moments.

Sleep Four-year-olds need at least 12 hours of sleep a day. They may or may not be napping; it all depends on the child. It is common for four-year-olds to get out of bed at night with many excuses not to go to sleep. The best thing to do is stick to the bedtime routine, be calm and let them know it is bedtime and that you will see them in the morning.

Nutrition Proper nutrition includes:

- › Three meals a day, plus two nutritious snacks
- › Limiting high-sugar and high-fat foods
- › Eating fruits, vegetables, lean meats and low-fat dairy products

Physical Development

- › Walks backwards
- › Jumps forwards many times
- › Walks up and down stairs
- › Somersaults
- › Uses safety scissors
- › Cuts on line continuously
- › Copies squares and crosses
- › Prints a few capital letters
- › Draws a stick-figure person

Social and Emotional Development

- › Enjoys playing with other children
- › Takes turns and shares (most of the time)
- › Seeks out adult approval
- › Understands and obeys simple rules (most of the time)
- › Likes to talk and carries on detailed conversations
- › May fear the dark and monsters
- › Begins to understand danger
- › Has difficulty separating make-believe from reality
- › Feels anger and frustration and may still throw tantrums
- › Enjoys pretending
- › Has a vivid imagination and sometimes imaginary playmates

Cognitive Development

- › Groups and matches objects
- › Organizes materials
- › Asks “why” and “how”
- › Tells their own name and age
- › Pays attention for longer periods of time
- › Learns by watching and listening
- › Shows awareness of past and present
- › Follows a series of two to four directions
- › Points to and names colors
- › Understands order and process
- › Counts to five
- › Knows the names of their street and town

ADDITIONAL SAFETY TIPS FOR YOUR CHILD AT 4 YEARS OLD

A Home Safety Checklist can be used at each stage of your child's development. A sample checklist is provided for you on page 70.

- › Always supervise while your child is in and around water—both in and outside of the home
- › Teach pedestrian behavior such as crossing streets and using sidewalks and crosswalks
- › If you must have a gun in the house, keep it separate from the bullets in a different locked place

Positive Parenting Activities that Promote Nurturing and Attachment

They are beginning to solve problems and learning to follow rules. They are imitating the adults around them as they begin to understand many different functions in their world.

- › Give your child a simple chore in the house that needs to be done, like feeding the fish, helping set the table, cleaning up toys or checking the mail.
- › Encourage and model saying please and thank you.
- › Teach the importance of not interrupting others when they are speaking unless it is something important.

Children this age need to learn healthy ways to deal with anger and the importance of self-control. Children may feel very angry and not understand how to let it out. Help them label their emotions and explain that it is ok to feel that way, but that we must still follow all the rules.



When to be Concerned

According to the American Academy of Pediatrics, you should let your doctor know if at four years old your child:

- › Still clings or cries whenever his parents leave him
- › Shows no interest in interactive games
- › Ignores other children
- › Doesn't respond to people outside the family
- › Doesn't engage in fantasy play
- › Resists dressing, sleeping or using the toilet
- › Lashes out without any self-control when angry or upset
- › Cannot copy a circle
- › Doesn't use sentences of more than three words
- › Doesn't use "me" and "you" appropriately
- › Can't tell the difference between fantasy and reality
- › Cannot understand two-part commands using prepositions ("Put the cup on the table"; "Get the ball under the couch.")
- › Can't correctly give first and last name

Your Child at 5 Years Old

FIVE-YEAR-OLDS WANT TO KNOW MORE ABOUT HOW THE WORLD WORKS and are usually excited about going to school. They ask more complex questions and offer creative ideas for how to solve problems. They are also more social and prefer active games that involve other children.

Sleep Five-year-olds still need lots of sleep and many will still take a nap.

Nutrition The best nutrition advice is to set a good example! Keeping your children healthy includes encouraging them to:

- › Eat a variety of foods
- › Balance the food you eat with physical activity
- › Choose a diet with plenty of grain products, vegetables and fruits; moderate amounts of sugar and salt and little fat, saturated fat, and cholesterol
- › Choose a diet that provides enough calcium and iron to meet their growing body's requirements

Physical Development

- › Assists in making own bed
- › Colors within the lines
- › Ties own shoes
- › Jumps rope

Social and Emotional Development

- › Is aware of gender
- › Separates fantasy from reality
- › Is sometimes demanding, sometimes eagerly cooperative
- › Comforts friends and others when they are sad
- › Understands there are rules when playing games
- › Expresses feelings
- › Wants to please
- › Likes to sing, dance and act
- › Shows more independence

Cognitive Development

- › Uses past, present and future tenses correctly
- › Groups similar objects together
- › Understands the idea of today, tomorrow and yesterday
- › Identifies most letters and numbers
- › Retells a story from a picture book

ADDITIONAL SAFETY TIPS FOR YOUR 5-YEAR-OLD

A Home Safety Checklist can be used at each stage of your child's development. A sample checklist is provided for you on page 70.

- Practice water safety by teaching your child to swim or sign them up for swimming lessons. Do not let your child play around any water (lake, pool, ocean, etc.) without adult supervision (even if he is a good swimmer). Be sure they wear a life preserver or personal flotation device when on a boat and childproof the pool by enclosing it in a fence with a self-closing, self-latching door. Add door alarms for an added layer of protection and consider learning CPR.
- Teach your child how to dial 9-1-1
- Set a good example for your child by always using a seat belt, helmet, etc.

Positive Parenting Activities that Promote Nurturing and Attachment

Expressing appreciation for kind and thoughtful behavior is another way to set a good example for children. By reinforcing children's kind behavior, you are helping them to understand that their kindness makes a positive difference. For example, "Emily, I'm really glad that you shared your toy with Ryan. See how much he likes playing with it?" Children need to know that the adults in their lives care about them and about others. Children who experience respect and appreciation from adults are more likely to demonstrate caring toward others.

Research shows that harsh physical punishment can weaken children's trust in adults. Physical punishment does not help children learn self-control. When adults use physical punishment, children feel angry at adults and ashamed of themselves. When young children experience consistent and positive guidance, they are more likely to act kindly toward others.



When to be Concerned

According to the American Academy of Pediatrics, you should let your doctor know if at 5 years old your child:

- Has trouble eating, sleeping, dressing or using the toilet
- Is extremely fearful or timid
- Is extremely aggressive
- Is unable to separate from parents without major protest
- Is easily distracted and unable to concentrate on any single activity for more than five minutes
- Shows little interest in playing with other children
- Refuses to respond to people in general, or responds only superficially
- Rarely uses fantasy or imitation in play
- Seems unhappy or sad much of the time
- Doesn't engage in a variety of activities
- Avoids or seems distant with other children and adults
- Doesn't express a wide range of emotions
- Cannot build a tower of six to eight blocks

Healthy Social Development and Bullying Prevention

TEACHING CHILDREN HOW TO INTERACT WITH OTHERS IN HEALTHY WAYS will benefit them not only at school, but also throughout their lives. It will also help them recognize inappropriate behaviors such as bullying. Bullying is a pattern of aggressive behavior that makes another person feel hurt, degraded, threatened or humiliated. Some examples of bullying include name calling, pushing, leaving others out of an activity and vandalizing personal possessions. Cyberbullying occurs when these activities take place through the internet and cellular devices.

It is important to help your child understand what bullying is and what they can do if they are bullied or see others being bullied. All kids involved in bullying—whether they are bullied, bully others, or see bullying—can be affected. It is important to support all kids involved to make sure the bullying doesn't continue and effects can be minimized.

You can help your children develop social skills and form healthy relationships with their peers by:

- › Providing a safe and healthy atmosphere at home
- › Keeping the lines of communication open between family members
- › Encouraging them to play with other children outside school hours, hosting sleepovers, and joining clubs and groups
- › Teaching your child what qualities to look for in a friend, such as someone who makes them feel comfortable and likes them for who they are
- › Practicing conversation skills like asking questions and listening and explaining the kinds of comments that might upset others, lead to teasing and get in the way of making friends—for example, “Your hair is always messy.”
- › Talking about how different situations at school and with friends might be handled—for example, “Maybe if you shared your new toy it might help.” or “Smiling makes people feel happier. It helps if you smile when you first meet people.”
- › Talking with your child about what bullying is, why bullying is wrong and what they can do if they witness their peers being bullied
- › Teaching children not to participate in teasing or hurting other children
- › Teaching children that reporting bullying is different from tattling on someone; bullying hurts someone and can be stopped
- › Encouraging children to seek help from teachers or other adults if they see someone being bullied. If they are scared to tell by themselves, they should seek help with a friend or even an older sibling.



Is Your Child Being Bullied?

Many times kids won't ask for help, so it is important to know what to look for. If your child is at immediate risk of harming himself or others, get help right away.

Children react to bullying in different ways. Some signs that a child is being bullied may include:

- › Shy, insecure, suffers from low self-esteem
- › Torn articles of clothing or missing belongings
- › Unexplainable bruises, cuts or scrapes
- › Fear of going to school or participating in organized activities
- › Anxious or depressed when returning home from school
- › Quiet or seems withdrawn
- › Complaint of illness such as stomachaches
- › Changes in eating or sleeping habits
- › Has trouble sleeping or often has bad dreams

Here are some tips to help your child if he or she is being bullied:

- › Listen to what your child says
- › Support your child by talking about how to solve the problem
- › Avoid blaming your child for provoking the situation; this can make the child feel further victimized and may close the lines of communication
- › Ask specific questions about what, who, where, and how long the bullying has been happening
- › Encourage your child to continue being themselves
- › Teach your child how to step away from the bullying situations instead of fighting back, which may make matters worse
- › Contact the school, principal or teacher immediately

**Avoid these mistakes:**

- › Never tell the child to ignore the bullying.
- › Do not blame the child for being bullied.
- › Do not tell the child to physically fight back against the kid who is bullying. It could get the child hurt, suspended, or expelled.
- › Parents should resist the urge to contact the other parents involved. It may make matters worse. School or other officials can act as mediators between parents.

Follow Up. Show a commitment to making bullying stop. Because bullying is behavior that repeats or has the potential to be repeated, it takes consistent effort to ensure that it stops.

Is Your Child Bullying Others?

Signs a Child is Bullying Others Kids may be bullying others if they:

- › Get into physical or verbal fights
- › Have friends who bully others
- › Are increasingly aggressive
- › Get sent to the principal's office or to detention frequently
- › Have unexplained extra money or new belongings
- › Don't accept responsibility for their actions
- › Are competitive and worry about their reputation or popularity



Finding out your child is a bully may come as a shock. As a parent, you may feel disappointed or angry. Feelings of denial are also common. It is important to remember children act differently in different social settings. Guiding children and teaching them appropriate behavior is a big responsibility.

Here are some useful tips to help STOP your child from bullying others:

- › Tell your child that it is unkind to make others feel unhappy
- › Tell your child that bullying is inappropriate and explain how you expect their behavior to change (making expectations clear helps children recognize desired behavior)
- › Help them recognize appropriate social skills and learn the kind of behavior that is appreciated and accepted by praising them for kind acts offered to other children
- › Spend more time with your child and monitor his or her behavior
- › Surround your child with positive role models
- › Teach your child other ways to make and keep friends
- › Seek help from school counselors

Follow Up. After the bullying issue is resolved, continue finding ways to help the child who bullied to understand how their actions affect other people. For example, praise acts of kindness or talk about what it means to be a good friend.

What Can Your Child Do to Help Stop Bullying?

Bystanders Even if a child is not directly involved in bullying, they may be contributing to the behavior. Witnessing the behavior may also affect the child.

Here are some things bystanders can do to stop and prevent bullying:

- **Be a friend to the person being bullied.** Reaching out to the person being bullied by talking to them, sitting with them at lunch or inviting them to play during recess helps them know they are not alone.
- **Tell a trusted teacher, family member or coach.** Adults can help stop bullying, but only if they know about it. If your child has already talked to an adult and it appears nothing has changed, you may need to get more adults involved. Teachers, counselors, custodians, nurses and parents can all help to address and prevent bullying.
- **Lend a hand.** Bystanders can sometimes help the person being bullied by causing a distraction to draw attention away from the bully, or giving the person being bullied a reason to leave the scene. For example, a bystander could say, "Come on, we need to get to class" or "Mr. Smith needs to see you right now."
- **Speak up and walk away.** Let those who bully know that it is not funny or entertaining. Don't provide an audience because that often encourages bullying behavior.
- **Set a good example.** Get involved in anti-bullying campaigns and projects.

Cyberbullying

Using the internet, cell phones, or other electronic means to send or post text or images intended to hurt or embarrass another person is called cyberbullying. Cyberbullying affects almost half of all American teens, but most victims say they have never told a parent or other adult about their negative online experiences.

Like other forms of bullying, teens may engage in cyberbullying because they think that it is harmless or funny, or because the behavior is encouraged by their friends. Teens who might not engage in other forms of bullying may engage in cyberbullying because they believe that their online behavior cannot be tracked or because they are unaware of the serious consequences of their actions.

Children who are cyberbullied are more likely to use drugs and/or alcohol, skip school, experience in-school bullying, receive poor grades, have lower self-esteem, and experience depression or suicidal thoughts.



Some other early warning signs that a child may be a target of cyberbullying are:

- Unexpectedly stop using their devices
- Seem anxious when using their device or receiving a notification
- Appear angry, depressed or frustrated
- Lose interest in things that matter most to them
- Become unusually secretive, especially when it comes to online activities

If your child is being cyberbullied, save all the evidence of the bullying and report the abuse to the website moderator or your internet or cell phone provider. Many websites have a tool to report abuse. This link provides a list of commonly used websites and their individual report links: cyberbullying.org/report/. If bullying continues, alert school officials and the parents of the other children involved so they can help stop it.

Your child could be involved with cyberbullying if they display some of these behaviors:

- Quickly switches screens, or hides their device when you are nearby
- Laughs indecently at their device, but refuses to show you what is so funny
- Appears to be using an account that is not their own
- Demonstrates insensitivity towards other teens
- Appears overly concerned with maintaining their status in a particular social circle



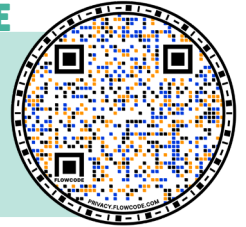
It is important to address cyberbullying with your child.

Victim or perpetrator, it is up to us to provide the guidance and support our kids need. For more information, visit:

- › StopBullying.gov
- › www.pacer.org/bullying/
- › preventingbullying.promoteprevent.org/cyberbullying/
- › www.childrenssafetynetwork.org/injury-topics/bullying-prevention

SCAN ME

Use your smart
phone's camera
for additional
information



Keeping Kids Drug-Free

PARENTS CAN MAKE A BIG DIFFERENCE IN THE CHOICES THEIR CHILDREN MAKE.

Open communication with your children is key to keeping them drug free. It is important to start talking with your children early and to continue emphasizing strong values throughout their teenage years. Here are some tips to help you address substance abuse with your children from an early age.

AGES 5 – 8

Children of this age need rules to guide their behavior and information to make good choices. They are eager to please and still look to parents for their opinions. Let your children know how you feel about drugs.

As kids spend more time out in the world, at school and with their friends, they begin to gather messages from lots of new places. They are also more aware of what they hear and read in advertisements, on television and in the movies. Children will need your help as they try to make sense of new information.

- ▶ Model good listening skills by paying attention, allowing your child to speak without being interrupted and repeating back to your children what they said to be sure you understood.
- ▶ Help your child practice saying “no” by describing situations that may make them uncomfortable, such as someone inviting them to ride their bikes in an area you have set as off-limits or someone asking them for help to cheat on a test.

AGES 9 – 11

They value their friends’ opinions much more and they need to feel accepted by peers. Children need a clear no-use message, factual information and strong motivation to resist peer pressure.

Children will copy the behavior of their parents. It is hard for children to listen to their parents tell them not to drink or smoke when they see their parents doing it. While children can understand and accept that there are differences between what adults may legally do and what is appropriate and legal for children, do not let your children be involved in your drinking by mixing you a cocktail or bringing you a beer. Never allow your child to have sips of your alcoholic drink.

- ▶ Teach your kids what to say if they are offered drugs or alcohol by someone. “No thanks, I’m not into that.”
- ▶ Prepare yourself with the facts so you are able to answer questions about alcohol, tobacco and drugs.

AGES 12 – 14

Since fitting in with peers matters now more than ever, kids are easily influenced by what their friends feel is suitable behavior and are exposed more and more to drugs and drug use. Talking to your child about the direct unpleasant consequences of tobacco and marijuana use, such as bad breath, smelly hair or clothes or yellow teeth, will be more valuable than discussing the long-term consequences. Kids in this age group are more likely to see older kids doing drugs without seeing immediate consequences, so they are less likely to believe a simple statement that drugs are bad.

Kids this age are establishing their own sense of identity; counteract peer influence with parent influence and let them know:

- ▶ Alcohol and drugs can cause them to make poor decisions that can prevent them from being accepted into college, being accepted by the military or being hired for certain jobs.
- ▶ Alcohol and drugs harm judgment and coordination—give real examples, such as consequences from having unprotected sex or being involved in a car accident that causes permanent injury.



WHAT PARENTS NEED TO KNOW

Staying informed about commonly used drugs can help parents talk to their children about staying safe and drug-free.

ALCOHOL Alcohol affects the central nervous system and brain. It can make users relax and feel more comfortable, or it can make them more aggressive. Unfortunately, it also lowers their inhibitions, which can set them up for embarrassing or dangerous behavior. In fact, each year approximately 5,000 young people under the age of 21 die as a result of underage drinking.

TOBACCO AND NICOTINE Nicotine, the main drug in tobacco, is one of the most heavily used addictive drugs in the United States. Nicotine is highly addictive and acts as both a stimulant and a sedative to the central nervous system. Exposure to these harmful drugs has been known to cause lung cancer, bronchial disease, emphysema, cardiovascular disease and respiratory problems. Research also shows that youth who smoke cigarettes are 14 times more likely to try marijuana as those who don't.

Youth are using **E-CIGARETTES OR VAPING** more than any other tobacco product. Chances are pretty good that your child or children know what vaping is, have seen someone vaping, or have friends or classmates that vape. There's no question that movies, music and TV affect teens' choices, but research from the CDC tells us that parents actually have the greatest influence when it comes to tobacco use.

MARIJUANA The marijuana of today is stronger than ever before. More teens are in treatment with a primary diagnosis of marijuana dependence than for all other illegal drugs combined. Smoking marijuana leads to changes in the brain that are similar to those caused by cocaine, heroin, or alcohol. It affects alertness, concentration, perception, coordination and reaction time, many of the skills required for safe driving and other tasks. Marijuana can also lead to bad grades, broken friendships, family problems, trouble with the law, etc.

COCAINE Cocaine is sniffed or snorted but can also be injected and smoked. Health risks exist regardless of the method of use. These risks include: collapse of the nasal septum, paranoia, aggression, anxiety, seizures and cardiac arrest. When combined with alcohol, there is an increased risk of sudden death.

HEROIN Users can inject it, smoke it or snort it, causing more kids under 18 to use it. No matter which way it is used, heroin causes severe effects on the human body. Heroin abuse is associated with serious health conditions that include: fatal overdose, spontaneous abortion, liver disease, collapsed veins, HIV/AIDS and hepatitis.

INHALANTS AND HUFFING Inhalants are common products found right in the home and are among the most popular and deadly substances kids abuse. Inhalant abuse can result in death from the very first use. According to the annual Monitoring the Future national poll, approximately one in six children will use inhalants by eighth grade. The same report notes that inhalants are most popular with younger teens. Teens use inhalants by sniffing, huffing or "snorting" fumes from containers; spraying aerosols directly into the mouth or nose; bagging, (inhaling a substance inside a paper or plastic bag), huffing from an



HOW TO TALK TO YOUR TEEN

One of the most important things parents can do is talk to their kids. Before you do, though, take the time to learn about the substances they may be offered and the dangers of substance use and abuses for youth. Talking to pre-teens and teens is sometimes easier said than done, right? Here are some tips for talking to your kids:



FIND THE RIGHT TIME TO TALK.

The sooner you start talking, the better. Bring up the subject when you see it on TV, in movies or in magazines.



BE DIRECT.

Say, "I don't want you to use drugs." Tell them your reasons. They'll appreciate your honesty and guidance.



TALK ABOUT THE REAL FACTS.

Just saying "Vaping is bad for you!" isn't enough. Young people are more likely to listen if you give them facts. Don't just talk about substances in general – give them facts about the dangers of drug use and abuse.



FOCUS ON THE SOCIAL ISSUES.

Young people may care more about the social implications of substance abuse rather than about the health risks. Help them understand the financial costs as well. Remind them that most teenagers do not smoke, use drugs and drink alcohol.



TEACH THEM TO SAY NO.

Help them to think of what to say if they are offered drugs, alcohol, cigarettes, etc. Practice with them. Pretend you are a classmate asking them to participate. Ask them to come up with several responses and teach them when to walk away. Remember to praise their efforts.

Along with sitting down to talk, one of the best things you can do to help your kids is to set a positive example by being drug- and tobacco-free.

inhalant-soaked rag; or inhaling from balloons filled with nitrous oxide. Hazards associated with huffing include: hearing loss, brain damage, blood oxygen depletion, limb spasms and depression.

CLUB DRUGS Club drugs are being used by young adults at all-night dance parties such as “raves” or “trances,” dance clubs, and bars. MDMA (Ecstasy), GHB, Rohypnol, ketamine, methamphetamine, and LSD are known club or party drugs. It is likely that club drug use can cause a variety of behavioral and cognitive consequences as well as impair memory. Some of the physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth and tremors.

OPIOIDS Fentanyl, Hydrocodone, Dilaudid, Methadone and Oxycodone are drugs commonly prescribed for pain and are only legally available by prescription. Brand names include: Vicodin, Tylenol with Codeine, OxyContin, and Percocet. Opioid abuse can be dangerous, even deadly with too high a dose or when taken with other drugs, like alcohol. Short-term effects of painkiller abuse may include drowsiness, inability to concentrate, apathy, lack of energy, constriction of the pupils, flushing of the face and neck, constipation, nausea, vomiting, and most significantly, respiratory depression. If a teen abuses painkillers for a period of time, he can become addicted to the drug and experience withdrawal symptoms when he stops taking the drug. Associated with addiction is tolerance, which means more and more of the drug, or a combination of drugs, is needed to produce the same high or euphoric feeling, possibly leading to overdose.

Preventing Prescription Drug Abuse and Misuse

Think about your home. What prescription and over-the-counter (OTC) drugs do you have? Where are they kept? Would you know if some are missing?

Some prescription drugs like Adderall and Ritalin, along with central nervous system depressants like Xanax and Valium are being abused and misused by youth seeking to stay awake for long periods of time or overnight. These drugs can have serious side effects and even long term brain damage and should not be consumed by anyone without a prescription. The good news is that you can take steps immediately to limit access to these drugs and help keep your teen drug-free.



1. Safeguard all drugs at home. Monitor quantities and control access. Take note of how many pills are in a bottle or pill packet, and keep track of refills. This goes for your own medication, as well as for your teen and other members of your household. If your teen has been prescribed a drug, be sure you control the medication and monitor dosages and refills.

2. Set clear rules for teens about all drug use, including not sharing medicine and always following the medical provider's advice and dosages. Make sure your teen uses prescription drugs only as directed by a medical provider and follows instructions for OTC products carefully. This includes taking the proper dosage and not using with other substances without a medical provider's approval. If you have any questions about how to take a drug, call your family physician or pharmacist.

3. Be a good role model by following these same rules with your own medicines. Examine your own behavior to ensure you set a good example. If you misuse your prescription drugs, such as share them with your kids, or abuse them, your teen will notice. Avoid sharing your drugs and always follow your medical provider's instructions.

4. Properly conceal and dispose of old or unneeded medicines in the trash. Unneeded prescription drugs should be hidden and thrown away in the trash. To discourage teens or others from taking them out of the trash, you can mix them with an undesirable substance (like used coffee grounds or kitty litter) and put the mixture in an empty can or bag. Do NOT flush medications down the drain or toilet because the chemicals can pollute the water supply. Also, remove any personal, identifiable information from prescription bottles or pill packages before you throw them away.

5. Ask friends and family to safeguard their prescription drugs as well. Make sure your friends and relatives, especially grandparents, know about the risks too. Encourage them to regularly monitor their own medicine cabinets. Follow up with your teen's school administration to find out what they are doing to address the issue of prescription and over-the-counter drug abuse in schools.

Talk to your teen about the dangers of abusing prescription and over-the-counter drugs. These are powerful drugs that, when abused, can be just as dangerous as street drugs. Tell your teen the risks far outweigh any “benefits.”

ADDITIONAL TIPS

- › Eat dinner together on a regular basis to stay connected with your kids and communicate your family values. Among teenagers who eat dinner with their parents six or seven times a week, 93 percent have not smoked a cigarette in the last month and have not attended drinking parties in the last six months.
- › Let your children know that you do not approve of them trying drugs, alcohol or tobacco. Set clear expectations and be consistent in enforcing consequences.
- › Educate yourself on the names of drugs and the effects they have on a person so you can give your children the facts. Giving them misleading information will only discredit you as a source of information on these topics.
- › If your children come home from school with information about keeping kids drug-free, ask them about it and reinforce the message at home. More importantly, listen to what your children have to say.
- › Promote positive decision-making. Letting your children make age-appropriate decisions will help them feel good about themselves and the choices they make. This will help your children develop self-confidence, which will help them reject peer pressure.
- › Be involved in your children's lives. Get to know their friends, their friends' parents, who they hang out with and what they talk about. Work with the parents of your children's friends to set up rules about curfews, unchaperoned parties and other social activities.

For more information and tips, visit www.drugfree.org.

Information gathered from: Parents. The Anti-Drug. Sponsored by the National Youth Anti-Drug Media Campaign.



Your School-Age Child (6 to 12 Years Old)

ALTHOUGH SCHOOL-AGE CHILDREN SEEM SO GROWN UP, their social skills are not yet well developed. They may argue and fight with friends and family. School-aged children need a lot of help learning social skills like how to make friends, trust others, work in a team and resolve conflicts. Children also need to be taught how to use good manners, ask for help and negotiate with others. Often they have to be reminded to carry out homework responsibilities or household chores. Learning self-discipline is an ongoing process that improves each year.

Children this age have not had much experience in setting and achieving goals or in measuring their own strengths and weaknesses. They need adults to provide experiences that are challenging, yet achievable.

Physical Development

- › Needs vision, dental, and hearing to be checked starting in the first grade
- › There is a huge range of weight and height differences among their peers
- › Needs parents to provide a healthy diet as obesity sometimes becomes a problem during middle childhood; fast food should be limited
- › Develops coarser skin; freckles and moles may begin to appear
- › Begins to lose baby teeth
- › Coordinates many motor skills (jumping, skipping and running)
- › Begins to focus on “competition” rather than “cooperation”

Social and Emotional Development

- › Develops a greater understanding of themselves and their role in the family, at school and in the community
- › Gains greater control of their emotions and becomes less fearful
- › Learns to value themselves and develop an overall sense of self-worth

- › Has opportunities for socializing outside of the family
- › Begins to worry about making mistakes, being ridiculed or failing in school
- › Interacts in a give-and-take fashion when playing with peers
- › Interacts more effectively when parents have been affectionate, warm and accepting with them, and less effectively when there is stress in the family

Cognitive Development

- › Needs clear, concrete and specific directions (there are still limitations in their thinking and parents need keep that in mind)
- › Uses visual cues and objects to help them solve problems
- › Uses reason in logical steps in order to solve problems
- › Has improved memory
- › Understands cause and effect
- › Understands what is real and what is not real

ADDITIONAL SAFETY TIPS FOR YOUR SCHOOL-AGE CHILD

Parents need to provide education and supervision to prevent passenger and pedestrian accidents, drowning and serious burns, which are the leading causes of death for school-age children.

- ▶ All children whose weight or height is above the forward-facing limit for their car seat should use a belt-positioning booster seat until the vehicle seat belt fits properly. This is typically when they have reached 4 feet 9 inches in height and are between 8 and 12 years old. Children under the age of 13 should always ride in the back seat.
- ▶ Texting, talking or listening to music through earbuds is distracting and prevents students from seeing and responding to dangerous situations. Make sure your children put away their phones and other electronics when walking, biking or using other forms of transportation so they can pay attention to their surroundings.
- ▶ Make sure your child's bicycle, skateboard, scooter or skates are the right size for your child and that your child knows traffic and pedestrian rules and always wears a helmet.
- ▶ Teach your children how to swim and remind them about water safety around the home and while visiting friends and neighbors.
- ▶ Teach your children about the dangers of playing with matches and lighters and the safety rules for using grills and stoves.

Positive Parenting Activities that Promote Nurturing and Attachment

Parents and caregivers can develop or maintain close bonds with their school-age children by playing an active role in their children's lives. Being involved in their activities, education and friendships and providing positive and developmentally appropriate discipline are important to bonding and attachment.

- ▶ When your child wants to talk, turn off the television, put your phone down and give your child your undivided attention.
- ▶ Attend your child's sporting events, chaperone a class field trip or volunteer together in the community.
- ▶ Take advantage of *The Most Important 8 Minutes of the Day*. This idea comes from Gary Benton, a parent trainer in Washington. The first 4 minutes of the day and the last 4 minutes at night are a time to reconnect. Make those minutes count by making eye contact and providing reassuring touch, such as a pat on the hand or a kiss.
- ▶ Dad and award-winning author of *Love Limits*, Bill Corbett, suggests that you make bonding a part of the bedtime routine by asking kids three questions while tucking them into bed: 1. What is the best thing that happened to you today? 2. What is the worst thing that happened to you today? 3. What is the silliest thing that happened to you today? "Accept whatever they provide as answers, and don't say anything that might devalue them," he says. "If they struggle in the beginning with coming up with answers, just let it go. If they detect you're doing something different, it might feel uncomfortable to them and they might answer 'nothing' [but], this simple exercise will bring the parent and the child closer together."



When to be Concerned

Children develop at various rates, but if your child's physical, emotional or cognitive development appears to be outside the normal range, talk to a healthcare provider. Talking to your child, their teachers and their friends' parents will help you learn about any possible problems your child may be having. Pay attention to your child's behavior. Children often show you more than they tell you. You may need to seek help for your child if he or she:

- ▶ Has trouble paying attention and concentrating
- ▶ Often disrupts classroom activities
- ▶ Does poorly in school
- ▶ Frequently gets into fights with other children at school
- ▶ Reacts to disappointments, criticism or teasing with extreme, intense anger, blame or revenge
- ▶ Has few friends and is often rejected by other children because of his or her behavior
- ▶ Withdraws socially
- ▶ Makes friends with other children known to be unruly or aggressive
- ▶ Is not sensitive to the feelings of others
- ▶ Is cruel or violent toward pets or other animals

Positive Parenting Tips that Promote Good Behavior in Middle Childhood

NATURAL AND LOGICAL CONSEQUENCES

Natural and logical consequences are effective in helping children see the connection between their actions and the results of their behavior. Natural consequences include the results of a child's actions without any adult interference. For example, the natural consequence of refusing to eat is hunger. Playing in rain puddles will result in wet socks and shoes.

Natural consequences are sometimes dangerous or impractical. For example, it would be dangerous for a child to experience the natural consequence of running into the street because the child might be hit by a car.

When natural consequences are unsafe for a child, you can use logical consequences to help the child correct behavior. Logical consequences require adult intervention. A logical consequence for an 8-year-old not studying for a test because he/she was talking on the phone with friends could be losing the privilege of talking to friends on the phone until grades improve.

The following examples also illustrate the use of logical consequences:

- Not cleaning up toys may result in the toys being taken away for a short period.
- Not being able to get up for school in the morning may result in an earlier bed time.



Additional tips for positive, age-appropriate discipline:

- ▶ Interact with all children in a warm, accepting, yet firm manner at all times. When you talk with your child, get down on their level, kneel, sit or squat to their level or sit beside them on a bed, chair, etc. When you speak with them, use a gentle touch on their arm, shoulder or back, depending on the child and his/her comfort level with being touched.
- ▶ Since middle childhood brings about a better understanding of reasoning, parents may have to give more detailed explanations for expected behaviors. Be sure the child clearly understands the undesirable behavior. It is not enough to say, “Your room is messy.” Messy should be specified in terms of exactly what is meant: “You’ve left dirty clothes on the floor, dirty plates on your desk, and your bed is not made.”
- ▶ Children in middle childhood need to feel they have done a job well to build healthy self-confidence. Helping out at home gives school-age children a sense of belonging, mastery and confidence.
- ▶ Praise behavior that comes close to the desired goal. Don’t expect your child to accomplish all your expectations at once.
- ▶ Reward desirable behavior frequently through the use of verbal praise, appropriate touch (pat on back) or something like a toy, the child’s favorite food, family time (board game or movie with the family) or money.
- ▶ Remember that your behavior serves as a model for your children’s behavior.



Managing Your Child's Use of Multimedia

From television and radio to video games, social media and cell phones, our kids are “plugged in” more than ever before. Multimedia tools can be a valuable source of information, entertainment and communication. However, excessive use of media can lead to obesity, interfere with sleep and school, and lead to aggressiveness and other behavior problems. Education and parent involvement can help kids benefit from technology while also protecting them from danger. Here are some ideas you can use to help your child use media responsibly, followed by a few websites you can visit for more ideas and information.

1. SET GROUND RULES. Agree on what is reasonable for each child, from the amount of time they can spend online each week, to which sites they can visit without permission. The American Academy of Pediatrics recommends limiting entertainment screen time to no more than two hours a day.

2. EXPLAIN SAFETY RULES. When children know what you expect of them and have clear, consistent consequences for not following rules, they are more likely to follow rules and avoid dangerous situations.

If young children are searching for information online, it is a good idea to assist them during the search process and then let them navigate the sites once you are sure they are safe.

Personal Information Let your children know that it is dangerous to reveal any personal information about themselves to someone they meet online. This includes their names, where they live, their ages, the school they attend or where their parents work. Tell them to let you know if someone is asking for this information while they are online. Be sure to praise them when they follow through with this rule. Also, tell your children it is never a good idea to share user names, logins or passwords with friends or people they chat with online. This is personal information and should not be shared.

Pictures Do not allow your children to send any pictures of themselves to someone online without your permission.

Meeting in Real Life Tell your children never to get together with someone they meet online without your permission. If your children make a friend online they wish to meet in person, go with them to a public place to meet the person.

Cyberbullying Have your child agree never to post anything that is mean to another person online. If someone sends your child a nasty message, tell them to let you know so that you can report it to the website.

3. KEEP THE COMPUTER IN A COMMON ROOM. When everyone in the house can see the screen, there is a better chance kids will follow the rules of online safety. Children who have computers with internet access in their bedrooms are more likely to come across inappropriate content online.

4. SUPERVISE. Just as we want to know where our children are physically, who they are with and what they are doing, we need to know where they are going on the internet and whom they are meeting there. When kids are first learning about the internet, use the internet with them.

5. RESPECTFULLY MONITOR ONLINE ACTIVITY. Online activities are unrestricted and open for your review. Checking up on children online for their safety is very different from looking through their rooms for their private diaries. What is available about your children online could place them at risk, while personal thoughts they journal and keep to themselves allow for healthy self-expression and reflection.

Social Media Talk to your children about the dangers of social media, as well. Predators of all types surf social media channels looking for vulnerable youth. They may start out with benign conversations in chatrooms but can rapidly



progress to asking for pictures. Predators may use bribes and false promises or threats to get them to comply. Children with low self-esteem are particularly vulnerable to this type of abuse. Remind your children that anything they post online is discoverable, data lasts forever!

Browser History Check your computer's history. This will tell you what websites were viewed recently. However, many children and adolescents know how to clear a browser history or delete records of certain websites. Fewer children will clear cookie files. If the history is consistently empty, your computer may be set to automatically delete the history each time you exit out of the internet. This is a feature that you can easily disable.

Filtering/Monitoring Software Check with your Internet service provider to see what free filtering and monitoring options are available. Software can track how much time kids spend online, allow them to access the internet during only certain times of day when you know you will be home, and filter content so children aren't accidentally exposed to inappropriate content while doing a search on the internet. Software programs can be a big help, but there is no substitute for adult supervision.

Smartphones If your child has a smartphone, ask your cell phone service provider how to filter your child's internet usage, limit usage and block certain content or phone numbers. You should also password protect your child's phone and have the screen automatically lock after a few minutes of non-use. Teach them to use the caller ID and not to respond to calls or texts from anyone they do not know.

6. TALK TO YOUR CHILDREN. Music, television, magazines, and the internet are all sending messages to your children. Balance these messages with what YOU want them to know about different issues. If your children tell you about something they found online that is a concern, DO NOT OVERREACT. Talk to your child about what you know and believe about the issue. Remember to praise your child for coming to you with this information!

By establishing clear expectations with your children, and supervising and monitoring their online activity, you are being a responsible parent. If you feel your children are hiding their online activities from you, or you believe they might be in danger, it is up to you to find out what is going on.

Websites with additional information about keeping kids safe online:

Web Safety Guides	Safe Sites for Kids & Tools for Adults	Supervision Tools
www.getnetwise.org	www.mymobilewatchdog.com	www.netlingo.com
www.cybertipline.com		





PARENTING & CHILD DEVELOPMENT

Your Teenager

MANY PARENTS WHO HAVE RAISED TEENAGERS say the two hardest times in life came when they were a teenager and when they raised a teenager. Adolescence, the period from 13–17 years of age, is a time of energy, passion and emerging identity. During this stage, teenagers' bodies and minds are growing. As they grow, heredity, culture, health and nutrition will influence developmental changes. Parents and caregivers need to accept that maturing is a natural process. This process helps youth grow toward independence so that as adults, they will be prepared to manage their own feelings, thoughts and actions. Parents often struggle with how to deal with their adolescents. Although your child seems to want little to do with you right now, teenagers still need nurturing, support and guidance to become independent adults.

Sleep Even if your child used to wake up fresh and energetic to start the day, you may have noticed that your young teen now finds it difficult to fall asleep at night and is extremely drowsy and difficult to wake in the mornings. Researchers have found that this is because the biological clock of teens shifts forward, creating a “forbidden” zone for sleep around 9 or 10 p.m.

Putting good sleep habits into practice is difficult for teenagers, but not impossible. Sleep experts say getting lots of daylight in the morning and exercising during the day, then dimming the lights at night and sticking to a routine bedtime of 10 p.m., can help to reset the body clock. It may also help to sleep in a cool environment and turn off all electronic devices at least two hours before going bed. While an extra hour of sleep on the weekends can be helpful, if a student is used to getting up at 6:30 a.m., they shouldn't sleep until noon on the weekend because that will simply confuse their bodies and disrupt their sleep pattern for the following week.

Nutrition The body demands more calories during early adolescence than at any other time of life. Calorie needs vary widely based on size and activity level. On average, boys require about 2,800 calories per day and girls require about 2,200 calories per day. Typically, the ravenous hunger starts to decrease once a child has stopped growing, though not always. Kids who are big and tall, or who participate in physical activity, will still need increased amounts of energy into late adolescence. These calories should come from nutrient-rich foods, including grains, fruits, vegetables, protein and dairy products. The amount of fat, especially saturated and trans fat, and sugar should be limited.

Specific nutrients, like iron and calcium, are especially important during the teen years because of the special roles they play in development. Lack of iron can lead to anemia and sluggish feelings during the day, negatively affecting alertness in school, at work and even during athletic participation. Iron intake is especially important for teenage girls, as menstruation depletes iron. Calcium is important for building bone mass during the teen years, which will help prevent osteoporosis and other health problems in the future.

Practicing teen vegetarians can still get adequate nutrition. Calcium sources include calcium sulfate-processed tofu,

leafy green vegetables and soy milk and orange juice fortified with calcium. High-iron vegetables include broccoli, spinach, watermelon and raisins. Vegans should find a vitamin B-12 supplement, although some soy milk has this fortification. You may want to have your teen meet with a nutritionist to learn how to plan well-balanced vegetarian or vegan meals.

Physical Development occurs at different rates for everyone. In early teens there is a rapid increase in physical growth. Typically, females mature two years earlier than males. By late teens, both male and female bodies are close to adult size.

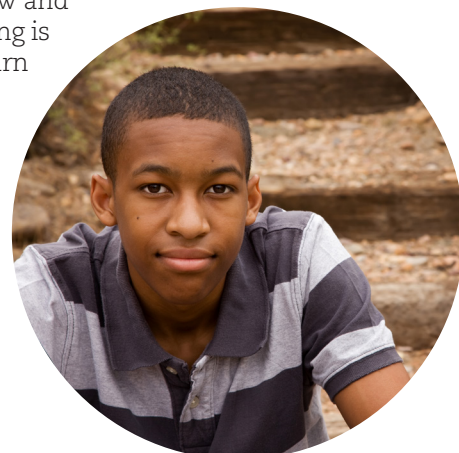
► As puberty begins, girls have body growth along with the growth of breasts, pubic hair, and underarm hair and may also start menstruating. Boys will have body growth along with the growth of testes, penis, underarm/facial hair, and will have a change in their voice.

Social and Emotional Development occurs as teens build a sense of themselves. Typically, teens build relationships with others outside of the family. Teens normally feel great pressure to identify with their peers. To help prevent poor choices due to peer pressure, parents and teens need to be aware of this influence. Research shows that as time spent with family decreases, the amount of conflict with parents increases (Larson & Richards, 1994). Conflict with parents stays high for a few years. Do not take this personally. This is a natural step to independence.

► Teens feel greater pressure to develop social relations with peers, and when these social relations happen, teens move further away from their parents, which can create conflict and tension at home
► Struggle with self-doubt such as “What am I good at?”

Cognitive development is the ability to think and reason. The part of the brain that deals with decision making while considering options, facts and setting goals continues to grow and mature into our 20s. Teens may not always make the best decisions. Decision making is a skill learned over time. As the saying goes, practice makes perfect. Teens often learn by watching others. Teens need good guidance and direction from their support system. They can use step-by-step planning and are able to learn from mistakes. This allows them to make changes to their plans. Involvement in positive activities can help reduce risky behaviors. At this age, teens:

- Think more flexibly
- Think through several solutions to a problem
- Suspend judgement until receiving all information
- Learn how to seek information
- Anticipate the probable consequences of alternative actions before choosing them
- Have a tendency to misinterpret the behavior and motives of others
- Tend to exaggerate or oversimplify matters
- Engage in argumentative and rebellious behavior
- Have trouble with indecisiveness
- Find fault with authority figures



SAFETY TIPS FOR TEENS

Parents and caregivers should be aware of special health and safety concerns facing teenagers, such as eating disorders, depression and suicide, and motor vehicle safety.

Eating Disorders

Many teens try to lose weight by eating very little, cutting out whole groups of foods (like “carbs”), skipping meals, and fasting. These methods can leave out important foods their bodies need and negatively impact their health and development. Other weight-loss tactics like smoking, self-induced vomiting, or using diet pills or laxatives can also lead to health problems.

In some cases, eating disorders develop because a teen participates in an activity that values extreme thinness—gymnastics, ballet, or swimming, for example. In other cases the eating disorder is a manifestation of underlying psychological issues, including low self-esteem, poor self-image, family problems, stress, or feelings of not being in control.

Signs of eating disorders include unusual weight loss, preoccupation with food, peculiar eating habits, and menstruation that ceases for three or more consecutive months. These disorders are difficult to treat, often because the person denies that anything is wrong and hides the behavior from friends and family. Nutritional and psychological counseling are required. The earlier treatment is begun, the better the chances for recovery.

Depression and Suicide

It can be difficult to tell the difference between the ups and downs that are just part of being a teenager and teen depression. Talk with your teen. Try to determine whether he or she seems capable of managing challenging feelings, or if life seems overwhelming. Some signs that your teen may be struggling with depression include:

- › Feelings of sadness, which can include crying spells for no apparent reason
- › Irritability, frustration or feelings of anger, even over small matters
- › Loss of interest or pleasure in normal activities
- › Loss of interest in, or conflict with, family and friends
- › Feelings of worthlessness, guilt, fixation on past failures or exaggerated self-blame or self-criticism
- › Extreme sensitivity to rejection or failure, and the need for excessive reassurance
- › Trouble thinking, concentrating, making decisions and remembering things
- › Ongoing sense that life and the future are grim and bleak
- › Frequent thoughts of death, dying or suicide
- › Tiredness and loss of energy
- › Insomnia or sleeping too much
- › Changes in appetite, such as decreased appetite and weight loss, or increased cravings for food and weight gain
- › Use of alcohol or drugs
- › Agitation or restlessness—for example, pacing, hand-wringing or an inability to sit still
- › Slowed thinking, speaking or body movements
- › Frequent complaints of unexplained body aches and headaches, which may include frequent visits to the school nurse
- › Poor school performance or frequent absences from school
- › Neglected appearance—such as mismatched clothes and unkempt hair
- › Disruptive or risky behavior
- › Self-harm, such as cutting, burning, or excessive piercing or tattooing

If these symptoms continue or begin to interfere in your teen's life, talk to a doctor or a mental health professional trained to work with adolescents. Your teen's family doctor or pediatrician is a good place to start. Or your teen's school may recommend someone.

Depression symptoms likely won't get better on their own—and they may get worse or lead to other problems if untreated. Depressed teenagers may be at risk of suicide, even if signs and symptoms don't appear to be severe. Take all talk of suicide seriously.

If your teen is having suicidal thoughts, get help right away. Here are some steps you can take:

- › Call the National Suicide Prevention Lifeline at 800-273-TALK (800-273-8255) or TTY800-799-4889 to reach a trained counselor, or encourage your teen to do so.
- › Seek help from your doctor, a mental health provider or other health care professional.
- › Reach out to family members, friends or spiritual leaders for support as you seek treatment for your teen.

If you think your teen is in immediate danger of self-harm or attempting suicide, make sure someone stays with him or her. Call 911 or your local emergency number immediately. Or if you think you can do so safely, take your teen to the nearest hospital emergency department.

Motor Vehicle Safety

In the United States, car accidents are the leading cause of death in teenagers. Parents and caregivers should make sure that teens wear safety belts at all times whenever they travel in a car, and should set a good example by wearing their safety belt as well.

The following tips can help reduce the risk for a serious or fatal crash involving teenagers:

- › Consider enrolling your teen in an additional driving instruction program.
- › Limit unsupervised driving for the first six months after your teen gets his or her license (e.g., restrict teen passengers, night driving, and driving in adverse conditions).
- › Provide plenty of opportunities for your teen to practice driving with supervision under different conditions (e.g., parking lots, side streets, busy streets, highways, daytime, nighttime or light rain) and continue to ride with your teen to monitor his or her progress.
- › Institute a zero tolerance policy for drinking and driving. Tell your teen never to ride with a driver who is impaired by alcohol or other drug use. Instead, instruct him or her to call you for a ride. Let your teen know that they can call you for a ride at any time.

› Avoid distractions while driving including:

- **Texting** Texting on a cell phone or a handheld device is the most alarming practice because it involves all three types of distraction: visual, mental and manual.
- **Talking on cell phones** Research shows even drivers who use hands free devices have dramatically reduced field of vision and slower response times while driving.
- **Talking to passengers** For teen drivers, the more passengers in the car, the higher the chances of distraction.
- **Teens should also avoid:**
 - Grooming (e.g., putting on makeup, shaving, combing your hair, etc.)
 - Eating and drinking (e.g., a cup of coffee, sandwich, etc.)
 - Reading, including maps
 - Using a navigation system, such as a GPS without a voice command
 - Changing the radio station, CD, or Mp3 player
 - Listening to a video playing in the backseat



Positive Parenting Tips that Promote Good Behavior in Teens

Teens need positive, caring adults to provide consistent support, guidance, praise and encouragement, as well as a safety net. By supporting them as they mature, you allow teens room to develop their own sense of identity. Teens will gradually gain confidence in their ability to make decisions, but they need to know they can still turn to you for advice.

To help your teen develop and become independent, parents and caregivers should:

- › Listen to their teens and try to understand their feelings
- › Talk to teens in a friendly open way
- › Help teens set and achieve realistic goals
- › Expose teens to diversity and demonstrate how to accept differences
- › Help identify possible issues while encouraging teens to practice their decision making skills by:
 - Encouraging teens to consider the consequences of their actions, both good and bad
 - Discussing pros and cons of specific decisions
- › Help teens bounce back from poor choices

It is vital to have good communication with teens. Good communication builds strong relationships. It takes effort to communicate so that everyone is understood. Research from Penn State shares the acronym **RECIPE** for better communication with adolescents:

R - REFLECTIVE LISTENING. Truly listen to what the other person is saying. Repeat back what you think they said, either exactly or in your own words. By repeating or rephrasing what the speaker said, the speaker knows they have been heard.

E - ENCOURAGE AND UNDERSTAND EACH OTHER. Consider what they are trying to express to you by putting yourself in their “shoes.”

C - COMPROMISE AND COOPERATE WITH EACH OTHER. Find ways to work together rather than argue.

I - “I” MESSAGES KEEP PEOPLE FROM FEELING BLAMED. They help you express your own feelings rather than focusing on the behavior of the other person. For example: “I get very worried when you don’t answer your phone when I call” is better for maintaining healthy communication than “You NEVER answer your phone when I call”.

P - PRACTICE, PRACTICE, PRACTICE! Good communication is difficult to learn. Expect it to take time to get it right and allow other family members to get it right as well.

E - ENGAGEMENT. Pay full attention to the person speaking to you. It is difficult to hear what is really said if you are doing something else. (Can you really watch television and listen to someone?)

What Can Parents Do to Prevent Dating Violence?

Teen dating violence is a pattern of abusive behaviors that one partner uses to gain power and control over another. The abusive behavior may include, but is not limited to physical, emotional, verbal and/or sexual violence. Teen dating violence does not discriminate; the violence occurs consistently across racial and ethnic backgrounds. Dating relationships begin younger than most parents and guardians might think; in fact, almost half of 11-to-14-year-olds report already being in a dating relationship. Among 11-to-14-year-olds in dating relationships, 62% report they have a friend who has been verbally abused by a partner.

While significant levels of abusive behaviors are reported in tween dating relationships, abusive behavior increases dramatically in the years 15 through 18. One in four adolescents report being verbally, physically, emotionally, or sexually abused by a dating partner.

It is never too early to have a conversation with your child about healthy boundaries in relationships.

WHAT IS A HEALTHY RELATIONSHIP? Healthy relationships include behaviors and attitudes that promote mutual respect and equality. An example of this may include assertive, non-violent communication and appropriate responses to conflict. Having conversations with your teen about healthy behaviors is just as important as recognizing the warning signs of an unhealthy relationship. Talking with your teen about everything from healthy relationship boundaries, the potential abuse of technology in dating relationships, and that you are there for them to talk to about healthy relationships will increase their knowledge and safety.

Some conversation starters for parents/guardians to approach teens about their ideas of relationships include:

- › If you have a problem with your partner, how would you let them know how you feel?
- › Is it ok to have your own time and space away from your partner?
- › What are some ways your partner shows you they care about you?

Creating an environment where teens feel like they are heard can make the difference between them keeping a potentially dangerous situation to themselves, or trusting you.

WHAT IS AN UNHEALTHY RELATIONSHIP? There are many different ways that an unhealthy relationship may begin. Teen dating violence is different than a conflict where both parties can voice how they feel and there is a solution or agreement. In an abusive relationship, one partner is not looking for a solution, but rather to assert power and control, often through fear and intimidation.

Warning signs of an unhealthy relationship may include, but are not limited to:

- › Calls or texts excessively
- › Makes the other person ask, "Have I done something wrong?"
- › Uses guilt to control or manipulate
- › Isolates from family and friends
- › Monitors technology use and access
- › Embarrasses the other person in public and on purpose
- › Threatens self-harm if the person threatens to leave the relationship

There are things you can do if you suspect your teen may be in an unhealthy relationship. Adults and teens often use different terms to define relationships and these terms have different meanings. Additionally, adults and teens may have varying expectations about the acceptability of certain behaviors within a relationship.



Being empathetic can help when addressing teen dating violence with youth. Empathetic phrases may include:

- › I hear you saying...
- › I wonder if...
- › Do you feel...
- › You must have felt...
- › I don't understand, can you explain more...

These phrases show empathy without judgment and allow teens to share their thoughts in their own way. Teens are more likely to confide in their friends if they are being abused. To create an environment where teens feel comfortable, it's important that you ensure they are heard, listen without judging, and provide clear information about what you may be able to do to help them.

Teens often deny, minimize and feel confusion about the violence in their relationships. They may feel embarrassed, ashamed or fearful about the consequences of disclosing an unhealthy relationship. Below are common responses from teens and open-ended statements for adults to use to provide support and resources.

Teen statements:

- › It's not that bad, it's not like he hits me.
- › I know he gets mad when I hang out with my guy friends. He told me not to and I did anyway. I guess I deserved it.
- › I am scared of what will happen if he knew I told someone.
- › I don't want him to get in trouble. I just want it to stop.

Adult statements:

- › I am worried about you. Emotional and verbal abuse is serious too.
- › It is not your fault. No one can make another person use violence.
- › No one deserves to be hurt. There is nothing that you could say or do that would make it okay for someone to hurt you.
- › I understand that this may be scary for you. It took a lot of courage to talk about it. Let's talk about next steps to keep you safe.
- › I understand that you want to feel safe. Let's talk about your options.

Avoid phrases that may come off as blaming or judgmental like:

- › Why don't you just break up with him?
- › You shouldn't have let this happen to you.
- › Why do you let him treat you this way?

The abuser is responsible for their actions. Dating abuse is a choice by one partner to hurt another to gain power and control.

FOR MORE INFORMATION

For more information, training or services such as confidential counseling or referrals, go to www.myflfamilies.com/service-programs/domestic-violence or call the Statewide Domestic Violence Hotline at 1-800-500-1119 or TTY 1-800-621-4202, 24 hours a day/7 days a week to speak to a trained advocate.



Understanding Healthy Sexual Development: What to Expect as Your Child Grows and Matures

Sexual development is an important part of healthy human development. Having an understanding of normal sexual development helps parents and caregivers understand and nurture children as they grow and move through different developmental stages. Children who are nurtured and understand healthy sexual development are less likely to become victims of sexual abuse.

You can nurture healthy sexual development by:

- › Meeting emotions with understanding, acceptance and respect
- › Fostering a positive view of the human body
- › Reinforcing children's strengths and abilities
- › Promoting a positive self-image and respect for others
- › Responding honestly and accurately to children's questions
- › Providing information about bodies and sexuality
- › Promoting clear and open communication

AGES BIRTH TO 2 YEARS INFANTS AND TODDLERS WILL:

- › Learn about love and trust through loving relationships with parents and their caregivers
- › Explore their bodies in general and touch their genitals as a form of self-soothing—touching their genitals is just as common as when they pull on their ears, suck on their fingers or touch their toes
- › Notice differences between the bodies of boys and girls, children and adults
- › Develop either a positive or negative body image

AGES 3 TO 5 PRESCHOOLERS WILL:

- › Learn to name body parts—teach children the actual terms for the parts of their body, especially their genitals—penis and vagina, etc.
- › Become more aware of the genital area through toilet training and develop positive and/or negative attitudes toward elimination and urination depending on toilet learning (for more information, see Teaching Your Child to Use the Potty on page 19)
- › Establish a firm certainty about being male or female
- › Sometimes get pleasure from touching their genitals and may begin to masturbate. **It is important to know** that children do not have the same feelings adults have when masturbating during this age. Parents and caregivers can set limits as to when and where it is appropriate to engage in this activity. For example, “It is ok to touch your penis in your bedroom, but not in the grocery store.” It is also important not to instill too many rules, because it may result in children feeling ashamed of their bodies.
- › Show an interest in the differences of boys and girls
- › Be curious about the physical differences between the genders and make comments or ask questions about these differences
- › Enjoy nudity
- › Be interested in privacy for themselves, yet be very interested in the bathroom activities of others
- › Be curious and aware of their navels
- › Sometimes grab their genitals when under stress or when they need to urinate
- › Have fun with bathroom humor and like to use toilet language (bathroom talk) like, “You’re a yucky poo-poo.” Or “poopy-head.”
- › Be curious about where they came from. **Teach children correct information** instead of letting them believe misinformation. How much information and how specific varies depending on the person teaching and the need to know. It is perfectly appropriate to tell children at this age that babies come from mommies and daddies. That may be just enough for them before they are interested in another topic.
- › Learn what is socially appropriate, about respecting the personal boundaries of others, and about public and private behaviors
- › Be interested in babies—usually more about how a baby is born than how one is conceived



- Show curiosity about pregnancy and nursing
- Likely to play house, doctor or other forms of body exploration or “sex play” with friends. ***These games are universal and help children understand gender differences. This can be a good opportunity to say to your child, “I know you are wondering about each others’ bodies. Let’s talk about what you want to know.” It is also a good opportunity to say, “Your body belongs to you. You can tell someone, ‘No’ if you don’t want to be touched.” You also need to be aware of safety issues. Although it is normal for children of the same ages to engage in this exploratory play, there is cause for concern if one of the children is older.***
- May learn words related to sex and try using them.
- May imitate adult sexual roles, for example, your preschoolers may talk about having a boyfriend or girlfriend or who they are going to marry when they grow up. These conversations are normal fantasies for preschoolers.

AGES 6 TO 8 It is important to be open and honest during this stage of development and to have home be the first source of sexual information given to children. You want to be a credible source of information to keep the lines of communication open between you and your child. Always remember, it is OK to say, “I don’t know, but we can find out together.” This is a better approach than making an answer up and having your child find out later it wasn’t true.

Children ages 6 – 8 will:

- Need to learn to set personal boundaries
- Need to understand actual terms for body parts and be able to talk about all body parts without a sense of shame
- Need to be able to ask trusted adults questions about sexuality, and know that sexuality has private aspects
- Begin to insist on increased privacy for getting dressed and using the bathroom
- Sometimes use sexual and obscene language to test adults’ reactions
- Become more sensitive to gender differences—same sex friendships tend to be more dominant and development of male/female roles becomes stronger
- May continue masturbation and sex play

AGES 9 TO 12 Sexual development is very active during this age, with rapid physical, emotional and behavioral changes in children. Children begin looking more grown up, but it is important to remember they are still children. Children ages 9 – 12 are about to experience many changes to their body that may make them feel self-conscious, embarrassed or awkward. It is important to talk with your child about sexual development and assure them that these changes are normal and that they will be experiencing many changes in their bodies over the next several years. Children at this age can gain a clearer understanding of sexuality through education. By the end of this stage children should be aware of the following: the life cycle and sexual development at all ages, anatomically accurate terms to talk about body parts for both sexes, non-stereotyped gender roles, and the basic facts about personal hygiene.



Children ages 9 – 12 will:

- Experience changes in voice and the penis and testicles mature (boys)
- Begin having periods and develop breasts (girls)
- Experience increased sweating requiring the use of deodorant
- Notice changes in skin complexion, including getting pimples
- Begin to grow pubic hair
- Sometimes masturbate to orgasm
- Sometimes engage in some mutual, same gender exploration and sex play, but less than earlier
- Begin to have an interest in the details of their own organs and functions and seek out pictures in books
- Feel uncomfortable undressing in front of others, even a same-sex parent
- Continue to value same-sex friendships—may share information about sexuality with friends of the same gender
- Enjoy being like their peers and dressing and speaking the same, which can make them feel less different in times of rapid change
- Sometimes experiment with peeping, sexual jokes, name calling and teasing
- Often engage in swearing and conversations with sexual content—may also use sexual terms to insult each other
- Experience increased sexual feelings and fantasies
- Develop crushes on friends, older teens, teachers, etc.—romantic feelings may be directed toward the same sex and/or the opposite sex
- Have to face decisions about sex and drugs

AGES 13 TO 18 This is a time of big change. Teenagers begin to think, feel and interact with others differently than they did as pre-teens. Your teen is developing their own unique personality, including opinions! They are also becoming more familiar with how their bodies grow. Most girls will be more physically mature by now than boys the same age. Boys might still be maturing physically during this time and your teen might have concerns about their body size, shape or weight. Eating disorders are more common during this time, especially among girls. Relationships with friends are very important, but most teenagers begin to develop other interests as they develop a clearer sense of identity. This is also an important time for them to prepare for more independence and responsibility. Some teenagers start working, and many begin making plans to leave home.

Children ages 13 to 18 will:

- › Complete the changes of puberty
- › Menstruation occurs in almost all girls by age 16 and ovulation is established in girls 18 – 24 months after menarche, the first menstrual period or bleeding
- › Value independence and rely less on parents as the sexual authority figures
- › Experience increased sexual feelings and desire physical closeness with a partner
- › Begin to face peer pressure to be sexually active whether or not they feel ready
- › Likely masturbate and engage in sexual fantasies more often
- › Favor romantic relationships over close friendships
- › Be faced with choices which may lead to pregnancy or sexually-transmitted diseases—set expectations and limits about sexual behavior with your child

ADDITIONAL TIPS

Let your children know they can come to you with questions. Starting early with sexual development education can help you communicate with your child now and during the teen years. Some guidelines to help you keep the lines of communication open include:

- › Letting your child know he or she can come to you for information
- › Always being honest with your child
- › Being willing to repeat information until your child understands
- › Checking out what your child already knows by asking what he or she thinks
- › Keeping your answers simple and thinking about what your child can and can't understand
- › Realizing it's OK to say, "I don't know, but I will find out!"

Contributing authors: Jessica Dunn with Judith A. Myers-Walls and Dee Love

Child Passenger Safety

Children should always be buckled up or in a proper child restraint for their age, size and weight. Read on to make sure you know the Florida safety belt law and important safety tips for children of all ages.

Car Seats and Booster Seats:

The best child seat is one that fits your child, fits your car and that drivers will use correctly every time. The National Highway Safety Traffic Administration has resources to help parents and caregivers including an easy-to-use tool that lets you find the right car seat to fit your child found at www.nhtsa.gov/equipment/car-seats-and-booster-seats. Read the car seat's instruction manual and the portion of your vehicle's owner manual when you install a car seat. Remember to check regularly for car seat and booster seat recalls.

Florida law requires:

- › Children age 5 and under to be secured properly in a crash-tested, federally approved child restraint device.
- › Children ages 0 to 3 must be in child restraint devices or a vehicle manufacturer's integrated child seat.
- › Children age 4 and 5 must be in an integrated child seat or booster seat.

The American Academy of Pediatrics and many child safety experts urge parents to exceed the requirements of the law and follow these guidelines:

- › Infants and toddlers should ride in a rear-facing car safety seat as long as possible, until they reach the highest weight or height allowed by their seat. (This changes previous guidance that children should ride rear-facing until age 2.)
- › Once they are facing forward, children should use a forward-facing car safety seat with a harness for as long as possible, until they reach the height and weight limits for their seats.
- › When children exceed these limits, they should use a belt-positioning booster seat until the vehicle's lap and shoulder seat belt fits properly. This is often when they have reached at least 4 feet 9 inches in height and are 8 to 12 years old.
- › When children are old enough and large enough to use the vehicle seat belt alone, they should always use lap and shoulder seat belts for optimal protection.

Children under the age of 13 should ride in the back seat of the vehicle whenever possible for additional safety. Front-seat air bags can be dangerous to children.

Florida Highway Patrol (FHP) has certified troopers who can help ensure your child is in a suitable seat and you are using it properly. Visit <https://www.flhsmv.gov/florida-highway-patrol/troop-boundaries-information/> to find the FHP station near you and call to set up an appointment.

Safety Belts

- › Buckle up! A seat belt is your vehicle's most important safety feature, but it only works if you use it.
- › Florida law requires the use of seat belts or child restraint devices by drivers of motor vehicles, all front seat passengers and all children riding in a vehicle under 18.
- › Children should be in the rear seats until at least age 12, since deployed front seat air bags can be dangerous to children.





Never Leave a Child in a Hot Car

- › Never leave a child unattended or unsupervised in a motor vehicle. It is extremely hot, especially in Florida during the summer and can result in the child's injury or death.
- › Florida law states that children under six should never be left in a motor vehicle for longer than 15 minutes or for any period of time if the motor is running, the health of the child is in danger or if the child appears to be in distress. A violation of this law is a second-degree misdemeanor and can result in a fine of up to \$500. If a child is injured, the violation becomes a third-degree felony.



Many children may need booster seats beyond the age required by law, depending on the size of the child and where the seat belt crosses the body.

Use this checklist to determine if your child is ready to wear a seatbelt without a booster seat:

-  The child is at least 4'9" tall.
-  The child can sit all the way back in the seat and bend knees at the edge of the seat.
-  The shoulder belt lays across the child's chest, not the neck.
-  The lap belt lays across the child's upper thighs, not the stomach.

When all recommendations are met, your child is likely ready to wear a seatbelt without a booster seat.

Encouraging Development in a Child with a Disability

This information is not a substitute for medical advice. Please talk to your family doctor if your child is not meeting their developmental milestones.

NO TWO CHILDREN ARE EXACTLY ALIKE. Children with disabilities—even those who have the same type of disability—have unique needs. From the moment they are born, children begin learning about the world around them. The earlier a child’s disability or need is diagnosed, the earlier they can have access to supports, services, physical therapy and/or communication tools to help them learn and grow.

The Role of Parents

Children progress best when their parents function as advocates for them, choosing the most appropriate educational settings, setting reasonable goals and providing a warm and nurturing environment.

Provide love and support. The primary need of any child is the love and support of parents. Sometimes parents of children with disabilities become so concerned about stimulating their child to compensate for a disability that they forget the most important task is to love their child as a human being. When children see that their parents enjoy being with them, their sense of self-worth is nourished. That growing sense of self-worth is an important measure of a parent’s success in raising a child.

Foster independence. Parents can teach their children independence and help them develop a sense of self-worth and personal fulfillment. Through therapy, interaction and play, children with disabilities can realize their full potential.

Focus on short-term goals. All children reach plateaus in their development—times when they seem to stop moving forward, or when they may even take a step back. When your child reaches a plateau, it is helpful to look back and focus on how far he or she has progressed. This may also be a good time to focus on short-term rather than long-term goals—finger feeding, getting dressed, repeating the first intelligible word or phrase, or mastering toilet training. When parents focus all their energy on a single, short-term goal, a child with a disability may begin to move forward again. Stopping to observe how your child copes with challenges and how he or she adapts to new and greater demands will help you develop realistic expectations for your child.

Use play to explore. Play is an important way of learning for all children. Include children in errands or trips with the family. Encourage them to use their senses to experience toys, nature, books, musical instruments, art, etc.

Consider the best communication method for the child. If a child is hard of hearing or deaf, it is recommended that they learn sign language, even if they also learn speech. Some children might use hearing aids or choose to have a cochlear implant. Some children who have low vision or are blind learn Braille. If a child is deaf-blind, they may use tactile sign language. Some children with disabilities use communication boards or tablets. Sign language may also be the best method of communication for children who have a disability unrelated to hearing. It's important to include the child in conversations and activities in a family or group. Whatever method that is best for the child should be used so that they feel involved.

Respect and trust them. Children with disabilities should be taught that their bodies are their own. Family members, friends, teachers and others must respect their space and treat the child's walker, cane, crutches, wheelchair, cochlear implant, hearing aid or other mobility or communication aid as an extension of the child's body. Never force any child to hug or kiss – or force them to accept a hug or kiss – when they don't want to; this teaches them that they should allow unwanted touching. More than 90% of individuals with a developmental delay or disability will be sexually assaulted at least once in their lifetime, but there are steps to take to help prevent abuse. Teach children the appropriate names of their body parts. Explain to them the difference between a fun surprise like a birthday present and a secret that they are told to keep from other adults. If a child tells you something happened, believe them and report the abuse. Abuse can be reported by phone or online. To report an allegation in English, Spanish or Creole, please call 1-800-962-2873; for TTY use 711 or 1-800-955-8771.

Resources

- Family Doctor/Pediatrician
- Local Public School/School District
- Early Steps through the Florida Department of Health



- Bright Expectations through the Florida Department of Health



- Local Family Care Council



- Children's Medical Services



- Florida Abuse Hotline (1-800-962-2873)



Some information gathered from the following website: <https://www.howstuffworks.com/hsw-contact.htm>



TOOLS & TIPS FOR PARENTS & CAREGIVERS

Choosing Child Care

WHEN CHOOSING CHILD CARE, PLAN AS FAR IN ADVANCE AS POSSIBLE. Choosing the right child care and finding help with child care expenses can take some time. Call your local Child Care Resource and Referral agency for help, or contact **Florida's Office of Early Learning** at www.floridaearlylearning.com.

You may also want to ask your employer, family members, friends, place of worship or school for recommendations. Consider all your child care options. After you find a few child care programs that meet your family's budget, schedule and special needs, call to arrange an appointment to visit the child care centers or family homes you have selected.

At the same time you set up your regular child care, look at your options for back-up care. Consider which of your relatives, friends or neighbors might be available to help you out on an emergency basis. Talk to them about when it might be okay for you to call on them. It is best to identify more than one back-up arrangement if possible.

An overview of the types of child care typically available and a checklist of things to look for in quality child care providers is provided on the following pages. For additional tips on quality child care settings and programs, please visit the Florida Children's Forum at www.thechildrensforum.com. For additional information on child care standards and licensing requirements, visit www.myflfamilies.com/childcare.

Types of Child Care

IN-HOME CARE PROVIDERS

In Florida, when one adult cares for one family's children other than their own, there are no state guidelines or inspections.

Relative Care. Parents may choose a relative caregiver because...

- ▶ Their children are comfortable with the relative.
- ▶ Parents trust the relative.
- ▶ Relative caregivers may be more flexible and willing to work around their schedule, especially for parents who work non-traditional hours.

Relative child care may raise unexpected and sensitive issues...

- › **Discipline:** Clearly outline your ideas about discipline with your relative, including rules you want them to use to guide your child.
- › **Daily routines:** Discuss your feelings about television, reading, friends and chores.
- › **Child safety:** Use a safety checklist to assess the safety of your relative's home and educate relative caregivers on the dangers of shaking babies and children.

Signed agreements that cover when and how payment will be provided and how sick days and vacations will be handled will help eliminate misunderstandings.

Nannies and Au-pairs. Parents may choose these in-home care providers because they believe their children will be safer and more secure in their own home. They believe that if they employ the caregiver to work in their home, they have more control over the kind of care their children will receive. Some parents find in-home care is a more convenient arrangement for the family and may provide more flexibility. If there are several children involved, they may find that in-home care is not significantly more expensive than other forms of care.



Family Child Care Providers. Family child care is regulated care that takes place in a caregiver's home. (Florida law also recognizes large family child care homes with two adults providing care. All large family child care homes must be licensed.) The age of children in care often varies, although some caregivers service only a specific age group, such as infants, toddlers, preschoolers or school-agers.

Parents may choose family child care because they want to keep their children in a home-like environment, they prefer to relate to a single caregiver, or they believe that children are healthier, happier and more secure in smaller groups.

Some parents like having all their children in the same group. Parents may also find family child care is closer to home, less expensive or more flexible than other care options.

Registered Homes. Registered child care homes must meet state statute requirements, and must:

- › Register annually
- › Complete screening/background checks of all adults in household
- › Keep current immunization records of children on file
- › Complete a 30-hour family child care course

Licensed Homes. Licensed child care homes must meet all requirements for registration and must pass an initial state inspection to ensure that all standards required by statute have been met. In addition, they must:

- › Follow health, safety and nutrition guidelines
- › Maintain admissions and record keeping
- › Maintain current certification of a CPR and first aid course
- › Receive an initial inspection prior to receiving a license
- › Comply with two routine inspections per year
- › Allow access to children in care
- › Adhere to all other standards in statute

CHILD CARE CENTERS

Parents may choose child care centers because they believe that larger groups, multiple caregivers, and state inspections make programs safer for their children and make the arrangement more dependable; or because they respect the reputation of the child care program or the institution sponsoring the program. Many parents believe that more staff, space, equipment, toys and organized activities provide a better learning environment for their children.

Key Ingredients

No matter which options you are considering for your child, you should always visit a home or center more than once before deciding to place your child there. Important features to look for in any child care program include:

- **Supervision:** Children should be supervised at all times, even when sleeping.
- **Sanitation:** Caregivers should wash their hands often, especially after diapering and before handling food. Children should also wash hands before eating.
- **Discipline:** Discipline should be positive, clear, consistent and fair. Florida law prohibits any form of discipline that is severe, humiliating, frightening, or associated with food, rest or toileting. Spanking or any other form of physical punishment is prohibited by all child care personnel.
- **Safety:** Toxic substances and medications should be clearly labeled and stored out of child's reach. Caregivers should know first aid and CPR. The child care location should be free of radon, lead and asbestos. Indoor and outdoor play areas should be inspected regularly for safety hazards.
- **Responsiveness of the caregiver:** Caring staff should adapt their approach to meet your child's needs.
- **Appropriateness of the learning activities:** Activities should be appropriate to your child's age and stage of development.
- **Ratio of children to adults:** Good staff-to-child ratios allow for individual attention and help build strong relationships with caring, consistent adults.
- **Qualifications of teachers and caregivers:** Ask about the background and experience of all staff. Is the program accredited? Accreditation means the home or center voluntarily measures up to national standards of quality beyond the minimum licensing requirements. Caregivers in accredited programs take part in on-going child development training and are more likely to provide positive guidance for children.
- **Turnover rate for staff and families:** Why do families leave? How does the program help children adjust to staff turnover?
- **Transportation:** Appropriate child restraints and seat belts must be used when transporting children and a log must be kept of children being transported to ensure all children have arrived safely at the destination and have exited the vehicle. Logs are required to be maintained for 12 months. All programs must have an alarm system installed in each vehicle used to transport children.

Staff-to-Child Ratios

Florida Statutes require child care providers not exceed the following staff-to-child ratios

(Note: Some counties may have more restrictive ratios than those required by the state.)

For licensed child care facilities:

Children under 12 months:	1 to 4
Children age 12 to 23 months:	1 to 6
Children age 24 to 35 months:	1 to 11
Children age 36 to 47 months:	1 to 15
Children age 48 months to 59 months:	1 to 20
Children age 60 months (5 years old) or older:	1 to 25

A family child care provider may care for one of the following groups of children:

1 to 4:	from birth to 12 months of age
1 to 6:	if no more than three are under 12 months
1 to 10:	as long as at least five children are school-age and no more than two are under 12 months of age
2 to 8:	if more than 4 children under 24 months old
2 to 12:	if no more than 4 children are under 24 months old

After you have placed your child in care, continue to visit your child care provider unannounced from time to time.



The following checklist will help you measure the quality of a child care home or center:

- Do the children look happy and appear well-cared for?
- Are the children involved in age-appropriate activities?
- Are there plenty of clean, safe toys within reach of children?
- Is the program in a safe and clean environment?
- Is the space decorated in an inviting way?
- Is there a fenced outdoor play area?
- Are nutritious snacks or meals provided?
- Do children get a chance to make choices about their activities, allowing them as much independence as they're ready for?
- What is the typical daily schedule?
- How often do children play outdoors?
- How do caregivers resolve conflicts between children?
- What is the discipline policy?
- Do caregivers listen and talk to children individually?
- Do caregivers play with children?
- Do children receive individual attention?
- Are there opportunities for parents to help with the program, and are parents encouraged to drop in at any time?
- How long has each caregiver worked there?
- Are reference and background checks performed on all staff?
- Is the program licensed or accredited?
- What are the rates?
- Are there any additional fees?
- Is there any financial assistance available?

SPECIAL CONCERNS FOR INFANTS AND TODDLERS

- Are infants' and toddlers' toys washed and disinfected regularly?
- Are all infants put to sleep on their backs?
- Are daily progress reports provided to parents?
- Will the caregiver make accommodations to support you if you wish to continue breastfeeding?

What is VPK?

VPK stands for the Voluntary Prekindergarten Education Program. If you live in Florida and your child turns four years of age by September 1, your child is eligible to participate in Florida's FREE Voluntary Prekindergarten Education Program. Parents have the option of choosing from a wide range of participating providers that meet their family's needs including private and faith-based child care centers, private and public schools and licensed family child care homes. Parents can enroll their children in either the school-year program, which provides a total of 540 instructional hours, or the summer program, which provides 300 instructional hours. Instructor ratios for VPK are 1 instructor to 10 children with class size not to exceed 18 children in the school-year program or 10 children for the summer program. To learn more about the VPK program, visit **www.floridaearlylearning.com**.



Choosing After-School Care

Children in quality after-school programs tend to do better academically in school and have fewer problems with delinquent behavior, alcohol and drugs. Effective after-school programs offer a different environment from the regular school day and differ significantly from child care services for younger children. To find the after-school program that is right for you and your child:

- › Ask family members, friends and school personnel for recommendations.
- › Call the programs and ask about availability, hours and fees.
- › Visit the programs and interview staff.

Look for these features in a quality after-school program:

- › Well-trained staff that:
 - › Have all been cleared through a Level II background screening and drug test.
 - › Are certified in CPR and First Aid.
 - › Engage children and youth in positive and respectful ways through listening, acceptance and appreciation while adhering to clear limits and consistent rules.
- › A system for documenting the arrival and departure of all children and youth.
- › Written policies and procedures for transporting children and youth safely, if applicable.
- › Adequate adult supervision of children and youth at all times.
- › Indoor and outdoor activities adapted to suit children of varying ages.
- › A daily schedule that is flexible, allowing children and youth to transition smoothly from one activity to another.
- › Availability of homework help, tutoring, and other engaged-learning activities from communication with local teachers or school administrators.
- › Drinking water is available at all times and healthy snack options are offered.
- › Resources, such as a library, sports equipment and enough art, craft and reading materials to keep children interested.
- › Activities that develop personal and interpersonal social skills and promote respect for cultural diversity. For adolescents, activities that foster an appropriate sense of independence based on their level of maturity.



ALSO ASK:

- › Can children come before school and on holidays as well as in the afternoon? Is there an extra fee for that? Is there a late fee if you must pick up your children after the program is over?
- › Can children attend only a few times a week instead of every day—to accommodate parents' schedules, to save on costs, or to allow for partial sibling care?
- › What are the costs? Are there extra fees for trips, personal tutoring and lessons?
- › Are there opportunities for family involvement?

For more tips, contact the Florida Afterschool Network at flafterschool.com.

**Your children can help you evaluate their after-school care.
Remember to talk with your child about the program and each day's activities.**

Choosing a Summer Camp

There are many different kinds of summer camps. Traditional camps offer a little bit of everything, while specialty camps focus on one main area such as academics, adventure, creative arts, sports, or faith-based activities. Some camps cater to children and youth with special needs, such as those living with a serious illness or a physical disability.

A few things parents and caregivers should consider when choosing a summer camp:

- ▶ Are you interested in a day camp or a sleepaway camp? Consider your child's age and maturity level as well as your family's schedule and budget.
- ▶ How far away is the camp? If there is a problem, how long will it take you to get to the camp and pick up your child? What is the refund policy if your child is unable to attend or must leave early?
- ▶ What is the duration of the camp? Do day camp hours fit within your family's schedule? If you need a camp that lasts two, four, or six weeks, will you sign up for multiple sessions at the same camp, or send your child to a few different camps? If your child is under 12 and this will be his or her first time at a sleepaway camp, four or five nights away from home is probably long enough.
- ▶ How big is the camp? Would your child prefer a big camp with lots of kids and a variety of activities, or a smaller camp with just a few dozen campers who will do most everything together?
- ▶ What activities would your child enjoy? If your child is a good swimmer and would really love to go canoeing, swimming, and fishing, then you'll want to look for a camp that's on a lake and offers those activities. If arts and crafts are more important to your child, then look for a camp that has these programs and don't worry so much about a lake.
- ▶ Is the camp co-ed or single sex? This may not matter to everyone, but if your child has a preference, or you want your son and daughter to attend the same camp, it will affect your choices.
- ▶ How structured is the camp experience? Some camps fill up the days and nights with scheduled, structured activities, while others allow campers more free time. Which type of atmosphere is better for your child?
- ▶ What can you realistically afford? Camps run by non-profit or community organizations may be less expensive. Many camps offer scholarships or financial aid to deserving campers, so be sure to explore this option too!



The best way to proceed with your comparison and to narrow your choices is to take a careful look at some of the promising camps you have identified. Review the brochures and videos with your child. Then you can choose the ones you're most interested in and arrange to speak or meet with the camp directors or representatives. They'll give you more detail and you can ask specific questions like:

1. What is the director's age and background? How long has the director run this camp?
2. What are the camp's goals and philosophy?
3. What kind of camper is most likely to have a good experience at this camp?
4. What facilities does the camp have and how convenient are they for campers to get to?
5. What is the schedule like? Is it a structured program or one that emphasizes a lot of free choice?
6. What is the camper-counselor ratio and what are the characteristics of most of the staff?
7. What kind of staff training is provided?
8. What percentage of campers return each year?
9. What is the total cost of the camp including extras?
10. What are the sleeping arrangements and what toilet and shower facilities exist?
11. What is the swimming instruction program like?
12. How does the camp ensure the safety and security of its campers?
13. What is the food like and who prepares it?
14. What is the policy about food packages, letters home, TV, trips to town, and so forth?
15. What medical facilities are available and what medical staff is on campus?
16. Is there a refund policy if the camper leaves early?
17. Will the director supply references?
18. What happens when the weather is bad?
19. How does the camp program meet individual needs and differences?
20. What kind of insurance coverage is there?

For more information to help you find a camp that provides activities that are of interest to your child and meets your family's needs, check out the following websites:

- ▶ National Camp Association's CampQuest: www.campquest.org.
- ▶ American Camp Association: www.acacamps.org
- ▶ My Summer Camps: www.mysummercamps.com

When to Leave Your Kids Home Alone

Eventually every parent is faced with the question of whether his or her child is old enough to begin staying home alone. When older children are placed in situations of independence that they can handle, it can help them learn responsibility. However, asking too much too soon is dangerous and holds consequences for the child and the parent.

Children left unsupervised or in the care of young siblings are at increased risk for accidental injury and behavioral and academic problems. Florida law does not have a hard and fast rule about when children can be left home alone, but instead expects parents to take all of the circumstances into account when deciding what level of supervision is needed.

Because children mature at different rates, there is no single, pre-set age at which children are considered “old enough” to stay home by themselves for short periods. Parents must evaluate their child’s individual development and physical capabilities.

The National SAFE KIDS Campaign recommends that children not be left alone before the age of 12. Many other children will not be ready until later than that. Also, experts caution that older siblings are generally not ready for the responsibility of supervising younger children until the age of 15 or older.

The following are some questions families should answer before making this important decision:

- › Is my child comfortable, confident and willing to stay home alone?
- › Does my child consistently follow my rules and guidelines?
- › Has my child demonstrated good independent judgment and problem-solving skills in the past?
- › Is my child able to stay calm and not panic when confronted with unexpected events?
- › Have I brainstormed with my child about what unexpected situations could possibly come up while he or she is alone, and how to handle them?
- › Is my child consistently truthful with me? Does he or she readily come to me with problems and concerns?
- › Does my child understand the importance of safety and know basic safety procedures?
- › Will my child make decisions to stay safe, even at the risk of seeming rude or overly cautious to other children or adults?
- › Does my child have the ability to calmly provide his/her name, address, phone number and directions to our home in an emergency?
- › Can my child lock and unlock the doors and windows of our home?
- › Can my child tell time?
- › Is my child able to work independently on homework?
- › Have my child and I established a clearly structured routine for when he or she is home alone, with defined responsibilities and privileges?
- › If I have more than one child staying home, have the children demonstrated the ability to get along well and solve conflicts without physical fighting or adult intervention?
- › Have my child and I had some “dry runs” to allow him or her to practice self-care skills while I am at home, but purposefully “not available”?
- › Is our neighborhood safe?
- › Do we have neighbors that my child and I know and trust?

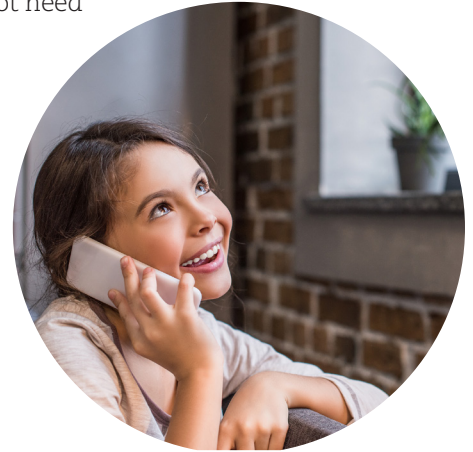
After reviewing this list of questions, you’ll have a better idea of how ready your child is to stay home alone. These are only general guidelines. Parents and other caregivers must also consider other factors specific to their individual child and family circumstances in order to make the best decision.

Parents and caregivers should begin leaving children home alone progressively—for only a short time, at first, and stay relatively close to home.



To help ensure a child's safety when staying at home alone, follow these safety tips:

- › Place all emergency numbers (doctor, hospital, police department, fire department, poison control center, emergency medical services) and the phone number of a friend or neighbor in a visible place near all phones.
- › Make sure your child knows your fire escape plans. Remind your child to get out of the house immediately if the smoke alarm sounds and to call the fire department from a neighbor's house.
- › Show your child where the first-aid kit is and how to use the items in it.
- › Prepare a snack or meal for your child in advance, preferably one that does not need to be heated.
- › Tell the child where you will be, how you can be reached, and when you will return home.
- › Make sure your child has your cell phone number and/or that it is programmed into the phone he/she would use to call you in an emergency. Knowing your child can reach you in an instant will help you, and your child, feel more at ease.
- › If your child arrives home to an empty house, have him or her call you to check in.
- › Set ground rules for:
 - › leaving the house
 - › having friends over
 - › cooking
 - › answering the phone/door
 - › using the internet



If self-care is not appropriate for your child at this time, you may want to consider your child care options. Read the Choosing Child Care section of this booklet for information on how to select child care that best meets the needs of your family.

Dealing with Deployment

UNDERSTANDING THE IMPACT OF DEPLOYMENT ON CHILDREN

The deployment of a parent can be a very emotional and stressful time for families.

Children may find it very difficult to adjust to the absence of a parent who is called to duty. Some children may not understand why a parent has to leave, while others may be afraid for their parent's safety. Some children may even be angry with a parent for leaving.

Children may cope differently with the stress of deployment. Some children may react by trying to bend the rules when one parent is away, while others may have trouble sleeping or feel lonely. Children who are sensitive or who have experienced previous social or emotional problems are at increased risk for more serious reactions to the stress of deployment. Pay attention to the child's behavior and look for any changes that may indicate he needs some help coping.

The American Academy of Pediatrics suggests these steps to help families work through the stress of a deployment:

- 1) **Educate yourself before deployment.** Be prepared for the range of feelings and emotions each family member could expect to feel. Know the resources available to help military families during times of separation. Identify your circle of support.
- 2) **Share and listen.** One of the most important things you can do to help alleviate some of your child's deployment-related stress is to talk about it with them—and listen. Answer your child's questions in a straightforward and age-appropriate way.
- 3) **Monitor what your kids see.** When a parent is deployed in response to a disaster or specific event, children may hear or see about it in the news or at school. It is best to share basic, factual information with children and avoid unnecessary details about tragic circumstances. Try to limit exposure to repetitive graphic images and sounds that may appear on television, radio, social media, etc.
- 4) **Maintain closeness.** Although the deployed parent is far away, he or she can remain close in the child's heart. A stuffed animal from mom or a t-shirt with dad's photo on it can help the child feel closer to her deployed parent. The family can also hang a map showing the deployed parent's location, send emails and care packages, or keep a journal to share when the deployed parent returns.
- 5) **Stick to your routine.** Children thrive on routines. Your family is already experiencing a huge change with the absence of a parent. Changing or ceasing normal routines may increase your child's stress levels.
- 6) **Know when to call for help.** If you or your child have extreme feelings of anxiety or exhibit excessive or prolonged behavior changes in response to a parent's absence, it is time to seek help from a medical or mental health professional. Deployments are stressful for everyone, and getting the help that's needed will benefit the entire family. Although it may seem the child's stress should disappear when the deployed parent returns home, it may actually increase if the parent returns with physical or mental health issues. A child may also be reluctant to get too close to the parent to avoid the pain of saying goodbye again. If you notice your child's stress remains or increases after a deployed parent returns, individual counseling and/or family counseling may help.



A child's ability to cope with the stress of deployment will depend on her age, developmental stage and personality. If your child displays these symptoms, he may need help coping with the stress:

- Babies: Feeding and/or sleeping difficulties, increased irritability, low energy
- Toddlers and Preschoolers: Aggressiveness, clinginess, changes in eating or sleeping habits, crying more often
- Elementary age: Regression (reverting back to baby talk or bedwetting), changes in eating or sleeping patterns, physical complaints like stomachaches or headaches
- Adolescents: Anger, moodiness, loss of interest in normal activities, risky behavior

Managing Stress

Reducing stress is important, for your sake as well as for your children. Reducing your stress gives you time and energy to be the best parent you can be.

Recognizing the signs of stress:

- › Feeling tired most of the time
- › Snapping at family and friends
- › Not being able to make decisions
- › Changes in sleeping habits—either sleeping a lot or not sleeping enough
- › Not wanting to eat, or overeating
- › Headaches/stomachaches
- › Muscle tension leading to pain in the neck, shoulders or back
- › Not being able to concentrate

Although some stressful tasks can't be avoided, changing the way we do them can help reduce stress. Try to plan your day the night before using a to-do list, and schedule the most important or unpleasant tasks first.

Making Errands Less Stressful

Running errands with a child can be stressful, but these simple tips can make time out of the house more enjoyable for both of you:

- › Plan to run errands right after breakfast, when children are not tired or hungry.
- › Be prepared to meet your child's needs. Pack a bag with a few diapers, wet wipes, diaper ointment, a change of clothes, a zip lock bag for soiled clothes, a pacifier and a small toy.
- › If you are not breastfeeding, bring along a bottle with powdered formula and a bottle of water so you can mix it when needed.
- › For older children, bring a healthy snack. Granola bars, raisins, Cheerios, Goldfish crackers or other favorites will hold them over until you can all get some lunch.
- › A removable sunshade for the vehicle's side windows will protect your baby's skin and eyes from the sun and make the ride more pleasant.
- › Limit the number of errands you try to accomplish in a day. Babies can be over stimulated by too many sights and sounds and may become fussy, while toddlers get bored having to sit still for long periods of time.
- › Be flexible! Take care of the most urgent matters first, so if children get tired or fussy, you can head home and leave the remaining errands for another time.
- › If you have several children to keep up with, ask a friend or family member to come along for your outing and help with the children.



FAST FIX: Managing and Controlling Anger

Experiencing anger is not good for your health. It causes your adrenaline and blood pressure to rise above normal levels. Even worse, you could end up hurting someone or doing something that you will regret later. Below are some tips to help you calm down and control your anger, especially when you are with your children. Remember, children imitate ways to solve problems.

- 1. Relax and breathe.** Calm yourself down. Take a deep breath. As you exhale, imagine your anger leaving you with your breath. Release it and be free. Repeat this step over and over until you feel peace inside.
- 2. Release your anger through safe outlets.** Exercise regularly, call a friend and vent, clean your house or water your plants. Just make sure you know what your safe outlets are.
- 3. Forgive and forget.** Learn to forgive those who have caused you pain and suffering. This doesn't mean you have to contact them and make a big deal over it, this is meant to give yourself inner peace by releasing emotional pain.
- 4. Exercise.** Engaging in exercise increases your endorphins. Your angry mood can change to a happy one if you get involved in exercises that you enjoy doing.
- 5. Listen to soothing music.** This helps calm your soul. Take 20 minutes to relax and listen to music while you take some deep breaths.

If you find these tips do not work and you are having trouble controlling your anger, please talk to your nurse or doctor about other ways to deal with anger.

Ways to Reduce Everyday Stress

DO...

- › Get up 15 minutes earlier
- › Keep things in perspective and accept what you cannot change (the other line always moves faster, etc.)
- › Learn to say NO to extra activities
- › Join a parent support group
- › Spend time with friends—have a potluck supper to make it easier on yourself
- › Set realistic goals
- › Prioritize tasks, putting your energy into things that bring the most benefit
- › Simplify meal times by making out your shopping list with easy meals in mind, and cooking enough one day for leftovers the following day
- › Ask friends or family for help with errands, cleaning or child care
- › Eat well-balanced meals and drink plenty of water every day
- › Get enough sleep
- › Exercise because regular exercise relieves stress, lowers the risk of depression and anxiety, boosts your immune system, increases energy, and sets a good example for your children
- › Attend worship services, if religious
- › Break big jobs into sections and focus on one section at a time
- › Combine activities when possible. For example, walk the dog with the children and talk to them about their day while you walk.
- › Chose a hairstyle that is easy to maintain and clothes that don't need special care
- › Have a desk, table or other place where all bills and important papers can be organized and addressed at a regular time
- › Follow a set schedule. When children know what to expect, mealtimes, bedtimes, chores and homework are less stressful for the whole family
- › Keep a small calendar with you at all times to keep up with appointments, or use your phone if so equipped
- › Make duplicate keys for home and car
- › **Remember, your children need your unconditional love**

DON'T...

- › Self-medicate
- › Try to be perfect
- › Try to "fix" other people
- › Feel guilty for asking for help

When your **children** grow up, they will not **remember** the perfectly clean house or elaborate meals, but the **time** spent **together** sharing love and laughter.

Home Safety Checklist

Today's Date:

Check the time you are conducting the home safety check based on your child's age:

<input type="checkbox"/> Prenatal or less than 3 months old	<input type="checkbox"/> 3-years-old
<input type="checkbox"/> 4 to 6-months-old: Getting ready to crawl	<input type="checkbox"/> 4-years-old
<input type="checkbox"/> 9 to 12-months-old: Getting ready to walk	<input type="checkbox"/> New home
<input type="checkbox"/> 2-years-old	<input type="checkbox"/> Other:

Check "yes," "no" or "N/A" (for not applicable), based on what you see.

HOME SAFETY

Walk around to check the safety of the home (bathroom, kitchen, bedroom, etc.) by answering the questions below.

- ☐ Yes ☐ No ☐ N/A Are electrical cords intact and away from the reach of children?
- ☐ Yes ☐ No ☐ N/A Are electrical appliances away from a filled tub, sink or running water?
- ☐ Yes ☐ No ☐ N/A Are painted surfaces (including walls and furniture) free from chalking, flaking and peeling, which could indicate the presence of lead-based paint?
- ☐ Yes ☐ No ☐ N/A Are all exterior doors, including pet doors if applicable, childproofed (latches, high locks or alarms, etc.)?
- ☐ Yes ☐ No ☐ N/A Are all stairways and floor space for walking clear from obstruction and in a non-slippery condition?
- ☐ Yes ☐ No ☐ N/A Is there railing protecting all stairways and elevated landings (top and bottom of stairs)?
- ☐ Yes ☐ No ☐ N/A If there are railing slats greater than 2-3/8 inches apart, are they covered with a piece of wood or hard plastic?
- ☐ Yes ☐ No ☐ N/A Is there a safe place for the child to sleep?
- ☐ Yes ☐ No ☐ N/A If there is a crib, are the gaps between the slats on the crib 2-3/8 inches or less?
- ☐ Yes ☐ No ☐ N/A If there is a child under 1 year of age, is the sleeping area free of soft bedding (including bumper pads), pillows, blankets and stuffed animals?
- ☐ Yes ☐ No ☐ N/A If there is a crib, does the crib sheet and mattress fit tightly to avoid entrapment and suffocation?
- ☐ Yes ☐ No ☐ N/A Are all houseplants out of the reach of children?
- ☐ Yes ☐ No ☐ N/A Are all ashtrays out of the reach of children?
- ☐ Yes ☐ No ☐ N/A Are emergency numbers readily accessible? (See list of phone numbers)
- ☐ Yes ☐ No ☐ N/A Are knives and other sharp objects out of the reach of children or in a childproofed drawer?
- ☐ Yes ☐ No ☐ N/A Are plastic bags out of the reach of children?
- ☐ Yes ☐ No ☐ N/A Are sharp edges and corners covered (e.g., fireplace, tables, etc.)?
- ☐ Yes ☐ No ☐ N/A Are there safety plugs in all unused electrical outlets?
- ☐ Yes ☐ No ☐ N/A Are hair dryers and curling irons out of the reach of children?
- ☐ Yes ☐ No ☐ N/A Are the iron and ironing board out of the reach of children?
- ☐ Yes ☐ No ☐ N/A Are all chemicals and cleaning supplies stored in original containers? (Some examples of dangerous products include paint thinner, antifreeze, gasoline, turpentine, bleach, insect spray, fertilizer, poison.)
- ☐ Yes ☐ No ☐ N/A Are all chemicals and cleaning supplies stored out of the reach of children or in a childproofed cabinet?
- ☐ Yes ☐ No ☐ N/A Are all vitamins, over-the-counter and prescription medications stored out of the reach of children or in a childproofed drawer/cabinet?
- ☐ Yes ☐ No ☐ N/A Are all alcoholic beverages stored out of the reach of children or in a childproofed cabinet?

- | | | | | |
|-----|------------------------------|-----------------------------|------------------------------|--|
| 25. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Are cosmetics stored out of the reach of children or in a childproofed drawer/cabinet? |
| 26. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Are curtain and blind cords kept out of the reach of children? |
| 27. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | If residence is not on the ground floor, is furniture that a child could climb on away from windows, or are there window guards installed? |

FIRE SAFETY

- | | | | | |
|-----|------------------------------|-----------------------------|------------------------------|---|
| 28. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Are smoke alarm(s) in working order and located on every floor? |
| 29. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Are space heaters in good repair and are they at least 4 feet from clothing, curtains/drapes or any flammable material? |
| 30. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Are there two unrestricted exits (windows or doors) that can be used in case of fire? |

WATER SAFETY

Look at all outdoor areas with water (pool, hot tub, retention pond and/or fountain). Measurements are based on current Florida Building Code 424.2.17.

- | | | | | |
|-----|------------------------------|-----------------------------|------------------------------|--|
| 31. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | If there is an in-ground pool, is there at least a 4-foot barrier with gaps of no more than 4 inches? |
| 32. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | If there is an in-ground pool, is there two inches or less between the ground and the bottom of the pool barrier? |
| 33. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | If there is a door from the house that leads into an area with water, is there an exit alarm or a lock located at least 54 inches above the floor? |
| 34. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | If there is a barrier around the pool, are large objects outside of the barrier (such as tables, chairs or ladders) far enough away from the barrier to prevent children from using them to climb over the barrier and into the pool area? |
| 35. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | If there is a gate into the area with water, is there a latch on the gate that closes automatically? Is the latch located on the side with the water? Is the latch located at least 54 inches above the bottom of the gate? |
| 36. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | If there is a window that is accessible to the area with water, is there an exit alarm and/or is the base of the window at least 48 inches from the interior floor (can be 42 inches if there is a cabinet beneath a screened or protected pass-through window)? |
| 37. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Are toys and objects that may attract children kept out of the water when not in use? |
| 38. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Are there life-saving devices near the pool such as a hook, pole or flotation device? |
| 39. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Are pool chemicals kept away from heat sources and out of the reach of children? |
| 40. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Is the property free from containers of water or other fluid left uncovered or accessible to a child (e.g., inflatable "kiddie pool", buckets, etc.)? |

This Home Safety Checklist was developed by Healthy Families Florida.

HOW YOU CAN HELP PREVENT CHILD ABUSE AND NEGLECT



BE A GOOD NEIGHBOR

BEING A PARENT ISN'T EASY. OFFER TO BABYSIT SO PARENT(S) CAN RUN ERRANDS, TAKE A TIME-OUT OR SIMPLY SPEND TIME TOGETHER.



LEARN THE SIGNS OF ABUSE AND NEGLECT.



ENCOURAGE LOCAL SCHOOLS OR COMMUNITY ORGANIZATIONS TO OFFER PARENTING EDUCATION.



START A PARENT SUPPORT GROUP

SOMETIMES IT HELPS TO HAVE SOMEONE TO TALK TO WHO HAS BEEN THERE BEFORE.



TAKE CARE OF YOURSELF

WHEN BIG AND LITTLE PROBLEMS BECOME TOO MUCH, TAKE A TIME OUT! DON'T TAKE IT OUT ON YOUR CHILD.



KNOW THE RISK FACTORS.

SUBSTANCE ABUSE
SOCIAL ISOLATION
STRESS
ECONOMIC PROBLEMS

ALL INCREASE THE LIKELIHOOD OF ABUSE OR NEGLECT.



LEARN HOW TO COPE WITH CRYING.

CRYING IS NATURAL FOR BABIES BUT IT CAN BE VERY FRUSTRATING WHEN YOUR BABY WON'T STOP!



LEARN WHAT SERVICES ARE AVAILABLE TO SUPPORT PARENTS IN YOUR COMMUNITY AND SHARE THE INFORMATION WITH YOUR NEIGHBORS AND FRIENDS.



VOLUNTEER IN YOUR COMMUNITY.

FIND OUT ABOUT OPPORTUNITIES TO BE INVOLVED WITH PREVENTION PROGRAMS, CONTACT YOUR

LOCAL CHILD ADVOCACY CENTER, BECOME A GUARDIAN AD LITEM OR USE YOUR VOICE TO ADVOCATE FOR FAMILY FRIENDLY PROGRAMS AND SERVICES.

HELP DISTRIBUTE PARENT EDUCATION MATERIALS.

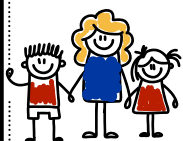


MAKE A DONATION

TO AN ORGANIZATION THAT WORKS TO PREVENT ABUSE.

DONATE YOUR TIME, MONEY OR OTHER RESOURCES TO SOCIAL SERVICES AGENCIES IN YOUR COMMUNITY THAT SUPPORT PARENTS.

PROMOTE RESPECT

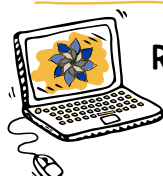


TREAT CHILDREN THE WAY YOU WOULD LIKE TO BE TREATED. THIS WILL SERVE AS A MODEL TO EVERYONE WHO SEES YOU.

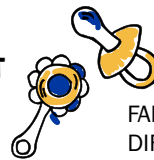


MENTOR A NEW PARENT

CHILDREN DON'T COME WITH INSTRUCTION MANUALS.



REPORT SUSPECTED ABUSE OR NEGLECT.



ADOPT A FAMILY.

FAMILIES NEED HELP WITH LOTS OF DIFFERENT ISSUES. BUSINESSES AND INDIVIDUALS CAN HELP GET FAMILIES THROUGH STRESSFUL TIMES.



HOW TO GET HELP



2-1-1
COMMUNITY HELP LINE



MyFloridaMyFamily (Partnership with AuntBertha)
COMPREHENSIVE DIRECTORY OF LOCAL RESOURCES



Hope for Healing
RESOURCES FOR FOR MENTAL HEALTH AND SUBSTANCE ABUSE



Hope Florida - Pathway to Prosperity
UNITING COMMUNITIES THROUGH 'CARE NAVIGATORS' TO GUIDE
FLORIDIANS ON AN INDIVIDUALIZED PATH TO PROSPERITY,
ECONOMIC SELF-SUFFICIENCY AND HOPE

Great childhoods begin at home.



Promoting positive parent-child relationships

Healthy Families Florida is a home visiting program for expectant parents and parents of newborns experiencing stressful life situations. The program empowers parents through education and community support. Parents voluntarily participate in Healthy Families so they can learn how to recognize and respond to their babies' changing developmental needs, use positive discipline techniques, cope with the day-to-day stress of parenting in healthy ways, and set and achieve short- and long-term goals.



Circle of Parents® is a mutual support and self-help program that promotes positive parenting and helps prevent child abuse and neglect in communities. Circle of Parents provides social support, reduces isolation and builds parents' self-esteem. It's a place where parents and caregivers can openly discuss the successes and challenges of raising children. The groups are free, confidential and non-judgmental.

Prevent Child Abuse Florida provides free training and ongoing technical assistance for Circle of Parents programs. To learn more about Circle of Parents or to find a program in your area, visit www.ounce.org/circlegroups.html.



CIRCLEof Parents®



Growing Better Together

Since 1989, the Ounce of Prevention Fund of Florida has been investing in innovative prevention and early intervention programs that promote healthy child development, family stability and community collaboration.

We have partnered with a variety of funders and community service providers to help them achieve their goals through:

- Needs Assessment
- Strategic Planning
- Program Development
- Quality Assurance
- Data Management
- Technical Assistance
- Administrative Oversight
- Fiscal Accountability
- Evaluation
- Community Engagement
- Consensus Building
- Social Marketing

www.ounce.org



PINWHEELS FOR PREVENTION®



More than a reminder— it's a movement

In 2008, Prevent Child Abuse America® launched the Pinwheels for Prevention® campaign as a grassroots effort for individuals and organizations across the U.S. to take action. The campaign promotes healthy child development while raising awareness to prevent child abuse and neglect—before it ever happens.

Why pinwheels? An expression of #GreatChildhoods

Prevent Child Abuse America introduced the blue pinwheel as the nationally recognized symbol for prevention because it represents the great childhoods all children deserve and the prevention efforts that help them happen. Today, it inspires all of us to play a role in providing the best possible environment for every child to flourish and thrive.



JOIN US!



Looking for pinwheels?

Visit PreventChildAbuseFL.org to purchase pinwheels and learn more about getting involved in local initiatives.



Put prevention in motion with a pinwheel campaign:

- Organize a pinwheel coloring contest
- Plant a pinwheel garden
- Display pinwheels in store windows and local businesses
- Host a pinwheel craft class/activity for kids at a local library
- Place pinwheels around your office or home to show your support
- Create pinwheel “bouquets” to help raise awareness

Pinwheel tips:

Encourage others to participate!

You'll be surprised how quickly community buzz will spread when you tell friends, neighbors and family members about pinwheels—and their significance.

Remember to have fun!

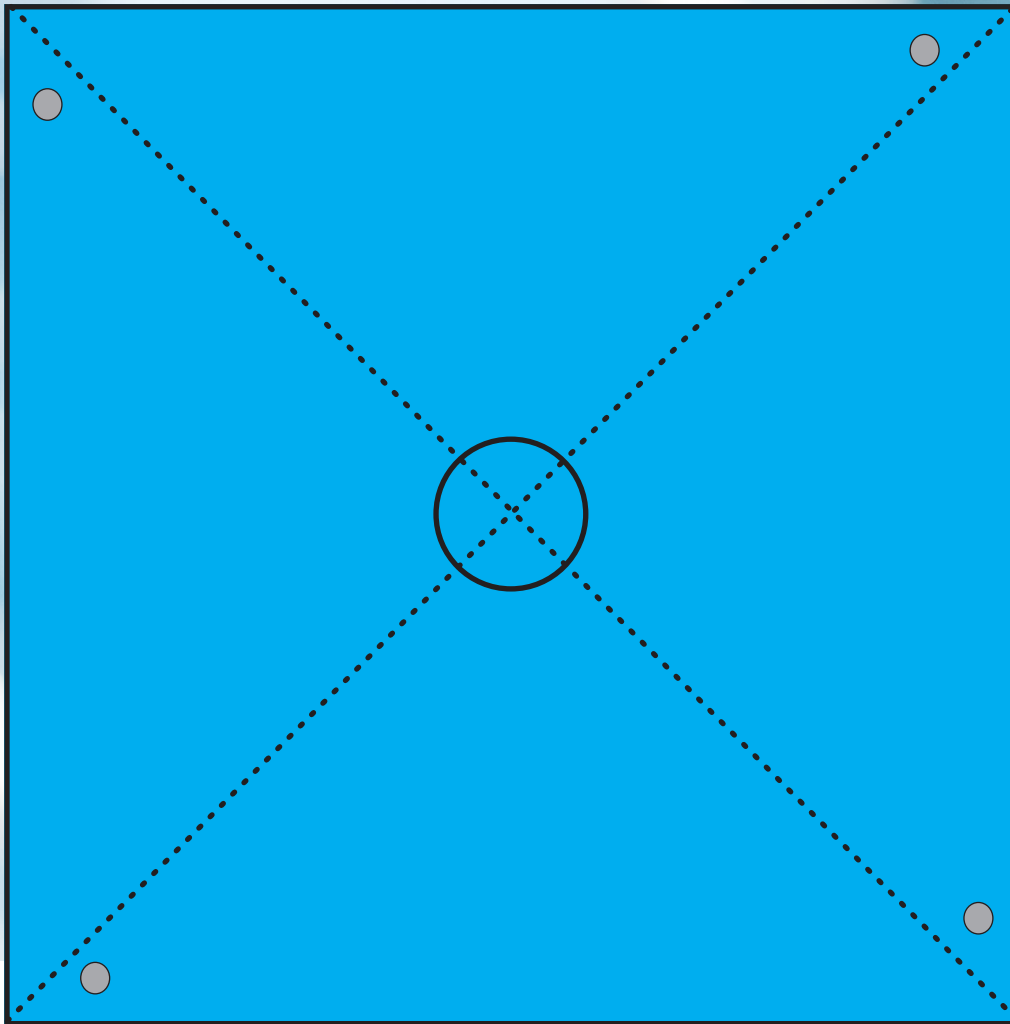
As they say, many hands make light work. The Pinwheels for Prevention campaign is ideal for school service projects, scout outings, club get-togethers, Greek philanthropy and special volunteer days.

Emphasize the positive!

Use pinwheels to call out the positives in your community—for instance, the number of children enrolled in an early Head Start program, or of local volunteers dedicated to helping great childhoods happen. The pinwheel represents happy, healthy childhoods, so please do not use pinwheels to represent negative statistics.



Make Your Own Pinwheel!



What you'll need:

- › A pencil with eraser
- › 8 ½ x 11 sheet of construction paper
- › Scissors
- › Colored pencils or markers
- › Paper fastener
- › Plastic drinking straw

How to make a pinwheel:

1. Print the pinwheel pattern. You can reproduce this pattern on white construction paper with a copy machine. Be sure to cut the construction paper to 8½ in. by 11 in.
2. Cut-out the pinwheel on the solid lines only.
3. Decorate both sides of the construction paper pinwheel.

4. Cut the dotted lines from the four corners to the center circle. Try not to cut into the center circle.
5. Use the sharpened pencil to poke a hole through the four tiny dark circles. The pencil point also works well to poke a hole into the straw. Carefully push the pencil point through the straw about ½ inch from the top.
6. Make the tiny holes on the four points meet at the center circle.
7. Push the ends of the paper fastener through the holes on the pinwheel, then push the fastener through the center circle.
8. Place the straw on the back side of your pinwheel and push the ends of the fastener through the hole in the straw. Open-up the fastener by flattening the ends in opposite directions.

Now you are ready to try out your beautiful pinwheel.

All you will need is a little bit of wind to make your pinwheel spin around and around. Have fun!

Easy Phone Reference List for Parents and Caregivers



CONTACT

NUMBER

Florida Family Health Line

1-800-451-2229

Assists pregnant women in accessing prenatal care and provides related health information. Available M–F, 8 am – 11 pm and Sat–Sun, 10:30 am – 6:30 pm. Calls are confidential.

Poison Control 24 hours a day, 7 days a week

1-800-222-1222

Local American Red Cross Chapter

1-800-REDCROSS

For emergency shelter or evacuation information

Pediatrician or family doctor

Name:

Fire (non-emergency):

Police (non-emergency):

Electric Company (loss of service):

Mom's work:

Mom's cell:

Dad's work:

Dad's cell:

Children's daycare or school:

Neighbors or friends to contact in case of emergency:

