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Get ready for one of the biggest adventures of your child's life!

School will be starting soon. These tips can help your children look forward to attending school every day.

Did you know that missing just one or two days of preschool or kindergarten every few weeks can make it harder for children to develop reading skills, and to be prepared for kindergarten or first grade?

**Adventure Time!**

*Take your child to visit the school to see the building*
- If possible, meet their teacher and visit their classroom!
- Visit with neighbors to see who is going to the same school. It’s always fun to have a buddy.
- Explore a pick-up and drop off sharing plan with neighbors, or a “Walking School Bus.”
- Respond right way to outreach from your child’s teacher. Ask any questions you have!

**Story Time!**

*Tell your child positive stories from when you were a young student*
- Make up silly songs about everyday routines: getting up, eating breakfast and going to school.
- Read to your child each night in your home language.
- Books can address children’s concerns in playful ways and support conversations.
Get ready for one of the biggest adventures of your child's life!

Habit Time!
Set a standard bed and wake up time a few weeks in advance
- Let children choose what clothes they’d like to wear the next day.
- Routines make everyone feel in control, and that’s a good feeling.

Good Health Time!
Make sure your child has the right shots to attend school
- Ask your child’s teacher about health and safety procedures.
- Ask questions about any concerns you have related to Covid-19.
- Schedule non-Covid-19 medical appointments and extended trips when school is not in session.

Preschool through first grade establishes the foundation for relationship building and life-long learning. Help your child gain comfort, self-confidence and delight in these milestone events.

Revised October 2021

Visit Attendance Works www.attendanceworks.org for strategies and resources
Help Your Child Succeed in Preschool and Kindergarten
Build the Habit of Good Attendance

DID YOU KNOW...

Showing up on time every day is important to your child’s success and learning from preschool forward.

Missing 10% of school (1 or 2 days every few weeks) can make it harder to:

• Gain early reading and math skills.
• Build relationships.
• Develop good attendance habits.

High quality preschool and kindergarten has many benefits!

• The routines your child develops will continue throughout school.
• Make the most of early grades by encouraging your child to attend every day.

WHAT YOU CAN DO

Work with your child and his/her teacher to develop your child’s strong attendance.

Talk about it – sing about it – make it an adventure!

• Set a regular bedtime and morning routine.
• Lay out clothes and pack backpacks the night before.
• Share ideas with other parents for getting to school on time.

Before the school year starts

• Find out what day school starts and begin a countdown!
• Keep your child healthy and make sure your child has the required shots.
• Attend orientation with your child to meet teachers and classmates and find out about health and safety procedures.

Ready, Set, GO!

• If you are concerned your child may have Covid-19, call your school for advice. Ask for resources to continue learning at home if needed.
• Ask family members or neighbors for assistance if you need help.
• Try to schedule non-Covid-19 medical appointments and extended trips when school is not in session.
• If your child seems anxious about preschool or kindergarten, talk to the program director, teacher, your doctor or other parents for advice.

Revised October 2021

Visit Attendance Works at www.attendanceworks.org for free downloadable resources and tools!
Language at Home and in the Community

For Families

Here are eight things you can do every day to help your child learn your family’s language and become successful in school!

Use your language at home
The easiest, most important step is to use your home language every day. Many families worry that using their home language will confuse their children. Actually, children can easily learn several languages at the same time. They have an easier time learning English when they have a strong foundation in their first language.

Tell stories and sing songs
Your family has a rich heritage to pass on to your children. Stories, chants, rhymes, poems, sayings, and songs from your childhood are an important part of their heritage. Share these with your children and have fun!

Tell stories and share books together
Reading together is a critical part of your children’s early learning. Children learn many skills they will need in school when they listen to stories and look at books with their families. It’s also a lot of fun!

Check out materials in your language from the library
Look for books, DVDs, and music in your language. If they don’t have what you want, ask the library staff to help you find what you need.

Talk about your traditions and culture
Visit your child’s classroom and share your language, culture and traditions. Share family stories and songs and encourage your child to retell family stories and share your family’s heritage with others. Share songs and games from your culture with your child’s classmates and teachers.
Look for activities in your community
Attend to cultural festivals and concerts and meet other families who speak your home language. Join with other families and organize your own events!

Continue using your language as your children grow older
Sometimes children start to prefer English as they get older. Talk with your children about the benefits of speaking two languages. Continue using your language, even if your children respond in English so you keep your lines of communication open.

Don’t forget that YOU are key to maintaining your home language
Parents and other family members are the most important people in your children’s lives. What you value, your children will learn to value. Help them learn that your family’s language and culture are something to be proud of and to treasure. Remember the benefits of your home language and remain committed to continuing to use it.
The Gift of Language

For Families

Language is one of the most important gifts you give your child. But how do you give it? The answer is simple. Speak your language with your child at home every day!

Why is home language important?

The language you speak with your children is the first language they will learn. It is their first connection to you, to the rest of their family, and to their culture and community. It is the language they first use to learn about the world around them. It is the language that helps them get “set for life”—and you are a central part of that process! This is one of the many ways parents are their children's first teachers.

What are the benefits of using your home language?

Using your home language connects your children to your family. It also provides a connection to your important cultural traditions, and to friends and neighbors who speak the same language. Using your home language allows you to teach your children, and to learn new things together. You can talk about new experiences and words; you can practice letters and numbers. All of these things are an important part of your children’s early learning—and it will be easier and more fun for you if you do it in your most comfortable language.

But what about English?

Children living in the United States need English to succeed in school and in life. Fortunately, young children can easily become bilingual. A person who speaks more than one language well has more opportunities to study, travel, and work—both in the United States and around the world. Being bilingual also helps children build stronger thinking skills.

If I speak some English, should I use it at home?

You should speak the language you are most comfortable using. If your home language is stronger than your English, then you should use your home language with your children to build strong language skills.
Will my children get confused using two languages?
Young children can learn two or more languages at the same time. They learn quickly when they have lots of experiences with adults who speak with and listen to them.

Sometimes children will combine words or phrases from both languages. That’s OK! It may sound as though they are confused, but they are actually learning the rules and vocabulary from both languages and sorting them out in their brains. It is a sign of good learning and thinking.

My children prefer to speak English. What should I do?
First, don’t worry. Maybe your children prefer English because that is what all of their friends are speaking. Talk with your children about language. Explain that learning both languages is important. Talk about the special people in their lives who speak your language, including favorite relatives and friends. Explain that people who are bilingual have twice as many chances to make friends and learn about new cultures.

Make your home language fun by reading books, singing songs, and playing games in it; and use it when you’re involved in any kind of activity. Your language is a gift, and speaking it keeps your family connected!

Remember that your relationship with your children depends on language. As they get older, communication will become increasingly more important. You will have conversations about a wide variety of topics. This will be easier and more fun for both of you if you are speaking the same language.

What can I do at home?
• Tell stories and read to your children in your home language.
• Share rhymes, chants, songs, and poems you learned as a child.
• Look for fun activities happening in your language, such as story time at your local library, festivals, and cultural events.
• Look for bilingual books, wordless books, or books in your home language at the library.

Some Stories About Bilingual Families

• ¡Gaby está aquí! Un día loco de palabras mezcladas/A Crazy Mixed-Up Spanglish Day by Marisa Montes
• The Park Our Town Built/El parque que nuestro pueblo construyó by Diana Gonzales Bertrand
• Grandfather Counts by Andrea Cheng
• Dear Juno by Soyung Pak
• Yoko Writes Her Name by Rosemary Wells
Early Childhood Screening

Early Childhood Screening is a free and simple check of how your child is growing, developing, and learning.

Screening at 3 is preferred, but a child may be screened between the ages of 3 and the start of kindergarten as required by law.

**What to expect at a screening appointment:**

A trained professional will check:

- Vision and hearing
- Height and weight
- Immunizations (shots)
- Large and small muscles
- Thinking, language, and communication skills
- Social and emotional development

**What to bring to screening appointment:**

- Any questions you have about your child’s growth and development.
- Your child’s immunization record (shots).
- Your child’s primary health care provider (doctor) name and number.

**More information:**

This screening may help you link to other free learning opportunities, such as pre-kindergarten programming, Early Childhood Family Education (ECFE), Minnesota early learning scholarships for high quality care and education, Head Start, Home Visiting, and Early Childhood Special Education.

**Ready to schedule an appointment?**

Website: [education.state.mn.us/MDE/fam/elsprog/screen] Or Call: 651-582-8412
Newborn Milestones

Babies develop at their own pace showing a range of skills typically seen in infants. Your baby might grow more quickly in some areas than in others. Since each child is unique, your baby’s growth might be different from what is included here.

Moving-
• Supports head and upper body when lying on stomach. When lying on tummy, "pushes up."
• Turns head easily from side to side. When lying on tummy, moves head one way and then another.
• Comforts self by bringing hand to face to suck on fingers or fist.
• Keeps hands mostly closed and fist ed.
• Blinks at bright lights.

Talking-
• Communicates mainly by crying.
• Gives clues about being hungry by smacking lips and rooting.
• Yawns and arches when overstimulated.

Interacting-
• Shows feelings by crying and smiling.
• Uses face and body to communicate feelings.
• Shows interest in watching your face.
• Quiets in response to your touch.

Thinking-
• Sees objects that are close to their face.
• Is sensitive to sounds around them.
• Startles to loud noises by arching back, kicking legs and moving arms.

If you have concerns about your child’s growth, discuss your concerns with your Family Advocate, Home Visitor, or Teacher. To refer your child, go to www.helpmegrowmn.org. You will be contacted by the local school district to arrange for a screening or evaluation. Services are free regardless of income or immigration status.

Information referenced from www.helpmegrowmn.org
One Month Milestones

No two children grow and learn in the same way. However, children do grow in certain common ways. Since each child is unique, your baby’s growth might be different from what is included here.

Moving-
- Raise head slightly off floor when lying on stomach.
- Holds head up when supported.
- Keeps hands in closed fists.
- Comforts self by sucking on fist or fingers.

Talking-
- Makes cooing sounds.
- Cries to communicate.
- Smacks lips and roots when hungry.
- Yawns and arches back when overstimulated.

Interacting-
- Shows feelings by crying and smiling.
- Shows interest in watching your face.
- Quiets in response to your touch.

Thinking-
- Follows moving objects with eyes briefly.
- Startles to loud noises by arching back, kicking legs, and flailing arms.

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Information referenced from www.helpmegrownmn.org
Two Month Milestones

No two children grow in the same way. However, children do grow in certain common ways. Since each child is unique, your baby’s growth might be different from what is included here.

Moving-
- Holds head up and begins to push up with arms when lying on stomach.
- Makes smoother movements with arms and legs.
- Moves both arms and both legs equally well.
- Brings hands to mouth.

Talking-
- Makes cooing sounds.
- Cries to communicate.
- Turns head toward sounds.
- Yawns and arches back when overstimulated.

Interacting-
- Shows feelings by crying or smiling.
- Begins to smile at you.
- Follows you with eyes.

Thinking-
- Follows moving objects, such as rattle or toy, with eyes.
- Recognizes familiar people at a distance.
- Cries or fusses if bored.
- Startles to loud noises.

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Three Month Milestones

No two children grow and learn in the same way. However, children do grow in common ways. Since each child is unique, your baby’s growth might be different from what is included here.

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**Moving-**
- Lifts head and chest when lying on stomach.
- Moves arms and legs easily.
- Shows improved head control.

**Talking-**
- Makes cooing sounds.
- Chuckles in response to you.
- Cries when hungry or uncomfortable.
- Makes gurgling noises.

**Interacting-**
- Quiets to familiar voice or touch.
- Smiles at people.
- Enjoys being hugged and cuddled.

**Thinking-**
- Recognizes breast or bottle.
- Follows movement by turning head.
- Startles at loud noises.

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Information referenced from www.helpmegrowmn.org
Four Month Milestones

No two children grow and learn in the same way. However, children do develop in common ways. Since each child is unique, your baby’s growth might be different from what is included here.

Moving-
- Holds head steady without support.
- Grabs and shakes toys, brings hands to mouth.
- Pushes down on legs when feet are placed on a hard surface.
- Pushes up to elbows when lying on stomach.
- Rocks from side to side and may roll over from tummy to back.

Talking-
- Babbles and imitates sounds.
- Laughs aloud.
- Cries in different ways to show hunger, pain, or being tired.

Interacting-
- Smiles spontaneously, especially at people.
- Shows excitement by waving arms and legs.
- Calms and stops crying when comforted (most of the time).
- Enjoys playing with people and imitating smiles and frowns.

Thinking-
- Watches moving objects, moves eyes from side to side to watch.
- Communicates if happy or sad.
- Watches faces, looks at your face while feeding.
- Reaches for toys and brings toys to mouth.

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Information referenced from www.helpmegrowmn.org
Six Month Milestones

No two children grow and learn in the same way. However, children do develop in common ways. Since each child is unique, your baby’s growth might be different from what is included here.

Moving-
- Rolls over in both directions.
- Begins to sit with little help.
- Supports weight on both legs when standing and might bounce.
- Rocks back and forth on hands and knees, may crawl backwards before moving forward.

Talking-
- Makes sounds like “bababa,” “dadada,” “mamama.”
- Understands “no.”
- Copies gestures such as nodding head for “yes” and shaking head for “no.”
- Points at things.

Interacting-
- Knows familiar faces and begins to know if someone is a stranger.
- Enjoys playing with others, especially family (peek-a-boo).
- Likes to look at self in mirror.
- Responds to other people’s emotions and often seems happy.

Thinking-
- Uses hands and mouth to explore world.
- Transfers objects from hand to hand.
- Likes to look at self in mirror.
- Looks around at things.

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Information referenced from www.helpmegrowmn.org
Nine Month Milestones

No two children grow and learn in the same way. However, children do develop in common ways. Since each child is unique, your baby’s growth might be different from what is included here.

Moving:
- Gets in and out of sitting position and sits well without support.
- Creeps and crawls.
- Pulls to stand and stands, holding on.
- Begins to take steps while holding on to furniture (cruising).

Talking:
- Makes sounds like "bababa," "dadada," "mamama."
- Understands "no."
- Copies gestures such as nodding head for "yes" and shaking head for "no."
- Points at things.

Interacting:
- Shows feelings by smiling, crying, and pointing.
- Prefers certain toys.
- Clings to familiar adults.
- Cries when you leave and is shy around strangers.
- Responds to own name.

Thinking:
- Watches an object as it falls.
- Looks for objects hidden while watching.
- Transfers things from hand to hand.
- Plays peek-a-boo.
- Uses thumb and index finger to pick things up, such as cereal.
- Turns pages in a book.
- Puts things in mouth.

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Information referenced from www.helpmegrowmn.org
12 Month Milestones

No two children grow and learn in the same way. However, children do grow in common ways. Since each child is unique, your baby’s growth might be different from what is included here.

**Moving-**
- Pulls to stand and walks holding onto furniture.
- Gets into sitting position without help.
- Begins to stand alone.
- Begins to take steps alone.

**Talking-**
- Uses simple gestures like shaking head "no" or waving "bye-bye."
- Says "mama" and "dada."
- Tries to say words.
- Responds to simple requests, such as shaking head when asked, "Are you all done?"

**Interacting-**
- Prefers certain people and toys.
- Imitates sounds, gestures, or actions to get your attention.
- Cries when you leave and is shy around strangers.
- Puts arm or leg out to help with dressing.
- Enjoys playing games like "peek-a-boo" and "pat-a-cake."

**Thinking-**
- Puts objects in and out of containers.
- Looks at the correct picture when it is named.
- Bangs things together.
- Begins to use common objects correctly (drinks from cup, brushes hair).
- Explores things by banging, shaking, or throwing.
- Points with index fingers.

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Information referenced from www.helpmegrownmn.org
18 Month Milestones

No two children grow and learn in the same way. However, children do develop in common ways. Since each child is unique, your toddler’s growth might be different from what is included here.

- **Moving-**
  - Walks alone, and begins to run and walk up steps.
  - Walks backward pulling toy.
  - Feeds self with spoon and drinks with cup.
  - Helps dress and undress self.

- **Talking-**
  - Speaks three or more single words.
  - Starts to imitate two-word phrases, such as "all done."
  - Points to show what they want.
  - Says "no" and shakes head.

- **Interacting-**
  - Shows interest in other children.
  - Plays simple pretend, such as feeding a baby.
  - Imitates your behavior.
  - Tries new things with familiar adults nearby.
  - Hands things to others as part of play.
  - Points to show things to others.

- **Thinking-**
  - Scribbles with crayon or pencil.
  - Points to at least one body part.
  - Follows one-step directions without any gestures.
  - Knows what common objects are for, such as a phone, brush, or spoon.
  - Points to get the attention of others.
  - Shows interest in a stuffed animal or doll; plays pretend.
  - Enjoy books, stories, and songs.

If you have concerns about your child’s growth, discuss your concerns with your Family Advocate, Home Visitor, or Teacher. To refer your child, go to www.helpmegrowmn.org. You will be contacted by the local school district to arrange for a screening or evaluation. Services are free regardless of income or immigration status.

Information referenced from www.helpmegrowmn.org
2-Year-Old Milestones

No two children grow and learn in the same way. However, children do grow in common ways. Since each child is unique, your toddler’s growth might be different from what is included here.

**Moving**

- Kicks a ball forward.
- Throws a ball overhand.
- Walks up and down stairs holding on.
- Stands on tiptoes.
- Builds a tower of four or more blocks.
- Begins to run.
- Climbs on and off furniture without help.

**Talking**

- Uses two or three words together.
- Points to things or pictures in a book when named.
- Follows simple directions.
- Knows names of familiar people and body parts.

**Interacting**

- Plays briefly beside other children, and gets excited when with other children.
- Imitates others, especially adults and older children.
- Shows more and more independence.
- Shows defiance, such as doing what they were told not to do.
- Begins to play with other children, as in chasing one another.

**Thinking**

- Finds things even when hidden under two or more covers.
- Explores how things work by touching them and trying them out.
- Begins to sort shapes and colors.
- Follows two-step directions such as, “Pick up your truck and put it on the shelf.”
- Plays simple pretend or make-believe games.

If you have concerns about your child’s growth, discuss your concerns with your Family Advocate, Home Visitor, or Teacher at any time. To refer your child, go to www.helpmegrowmn.org. You will be contacted by the local school district to arrange for a screening or evaluation. Services are free regardless of income or immigration status.

Information referenced from www.helpmegrowmn.org
3-Year-Old Milestones

No two children grow and learn in the same way. However, children do grow in common ways. Since each child is unique, your preschooler’s growth might be different from what is included here.

Moving:
- Climbs and runs well.
- Walks up and down stairs, with one foot on each step.
- Jumps with both feet, and may hop on one foot.
- Pedals tricycle or three-wheeled bike.

Talking:
- Uses three-word sentences and carries on a conversation.
- Talks clearly enough to usually be understood by strangers.
- Follows two or three part instructions.
- Says words like "I," "me," and "we" and uses some plurals.
- Says first name, age, and gender.
- Names a friend.

Interacting:
- Shows concern and affection for others without prompting.
- Copies adults and friends.
- Takes turns in games.
- Separates easily from parents.
- Shows a wide range of feelings.
- Enjoys routines and may get upset with a major change.
- Dresses and undresses self.

Thinking:
- Does puzzles with three or four pieces.
- Draws or copies a circle with crayon or pencil.
- Plays make-believe with dolls, animals and people.
- Uses imagination to create stories or play.
- Matches and sorts objects by shape and color.
- Knows what "two" means.
- Knows common colors.

If you have concerns about your child’s growth, discuss your concerns with your Family Advocate, Home Visitor, or Teacher at any time. To refer your child, go to www.helpmegrowmn.org. You will be contacted by the local school district to arrange for a screening or evaluation. Services are free regardless of income or immigration status.

Information referenced from www.helpmegrowmn.org
4-Year-Old Milestones

No two children grow and learn in the same way. However, children do grow in common ways. Since each child is unique, your preschooler's growth might be different from what is included here.

Moving:
- Catches a bounced ball most of the time.
- Hops and stands on one foot for a few seconds.
- Pours beverages, cuts with supervision and mashes own food.

Talking:
- Tells stories and recalls parts of stories.
- Knows some basic rules of grammar and uses words correctly.
- Sings a song or says a rhyme from memory.
- Says first and last name.
- Communicates clearly and speaks in complete sentences.

Interacting:
- Plays cooperatively with children.
- Negotiates solutions to conflicts.
- Prefers playing with other children than playing alone.
- Enjoys doing new things.
- Becomes more creative in make-believe play.
- Expresses likes and dislikes.
- Seeks new experiences.

Thinking:
- Copies simple shapes.
- Understands the concepts of "same" and "different."
- Follows instructions with two or three steps.
- Understands the concept of counting and may know numbers.
- Draws a person with two to four body parts.
- Copies letters.

If you have concerns about your child’s growth, discuss your concerns with your Family Advocate, Home Visitor, or Teacher at any time. To refer your child, go to www.helpmegrowmn.org. You will be contacted by the local school district to arrange for a screening or evaluation. Services are free regardless of income or immigration status.

Information referenced from www.helpmegrowmn.org
5-Year-Old Milestones

No two children grow and learn in the same way. However, children do develop in common ways. Since each child is unique, your preschooler’s growth might be different from what is included here.

Moving-
- Hops and may be able to skip.
- Does somersaults.
- Uses a fork and spoon and sometimes a table knife.
- Stands on one foot for at least 10 seconds.
- Uses the toilet independently.
- Swings and climbs.

Talking-
- Speaks very clearly, using sentences of five or more words.
- Tells a story in complete sentences.
- Uses future tense, such as “I will be there.”
- Says name and address.

Interacting-
- Wants to please friends.
- Want to be like friends.
- Agrees to rules more easily.
- Likes to sing, dance, and act.
- Knows the difference between fantasy and reality.
- Knows who is a boy or girl.
- Shows increasing independence.
- Seeks new experiences.
- Demonstrates both demanding and cooperative behaviors.

Thinking-
- Counts 10 or more objects.
- Names at least four colors correctly.
- Understands items used every day such as food or money.
- Draws a person with at least six body parts.
- Copies a triangle and other geometric shapes.
- Understands the concept of time.
- Prints some letters and numbers.

If you have concerns about your child’s growth, discuss your concerns with your Family Advocate, Home Visitor, or Teacher at any time. To refer your child, go to www.helpmegrowmn.org. You will be contacted by the local school district to arrange for a screening or evaluation. Services are free regardless of income or immigration status.

Information referenced from www.helpmegrowmn.org
Building for the Future

This facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children and adults receiving care. Each day more than 2.6 million children and almost 60,000 older adults participate in CACFP. Through CACFP, participants’ nutritional needs are supported on a daily basis.

Participating facilities follow meal requirements established by USDA.

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch or Supper</th>
<th>Snacks (two of the five Components)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
</tr>
<tr>
<td>Vegetables/Fruit</td>
<td>Meat/meat alternate</td>
<td>Meat/meat alternate</td>
</tr>
<tr>
<td>Grains</td>
<td>Grains</td>
<td>Grains</td>
</tr>
<tr>
<td></td>
<td>Vegetables</td>
<td>Vegetables</td>
</tr>
<tr>
<td></td>
<td>Fruits</td>
<td>Fruits</td>
</tr>
</tbody>
</table>

CACFP Facilities

Many different facilities operate CACFP, all sharing the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers**: Licensed or approved public or private nonprofit child care centers, Head Start programs and licensed for-profit centers.
- **Family Day Care Homes**: Small groups of children receive nonresidential day care in licensed or approved private homes.
- **Afterschool Care Programs**: Centers in eligible areas provide free meals and snacks to school-age children and youth.
- **Homeless Shelters**: Emergency shelters provide residential and food services to homeless children.
- **Adult Day Care Centers**: Public, private nonprofit, and some for-profit adult day care facilities provide structured, comprehensive services to functionally impaired nonresident adults.

Eligibility

Who is eligible for CACFP meals?

- Children age 12 and under.
- Migrant children age 15 and younger.
- Youth through age 18 in afterschool programs in eligible areas.
- Functionally impaired adult participants or adults age 60 and older enrolled in an adult day care center.

Contact Information

If you have questions about CACFP, please contact one of the following:

<table>
<thead>
<tr>
<th>Sponsoring Organization</th>
<th>Minnesota Department of Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minnesota Valley Action Council</td>
<td>Nutrition, Health and Youth Development</td>
</tr>
<tr>
<td>706 N Victory Drive</td>
<td>1500 Highway 36 West</td>
</tr>
<tr>
<td>Mankato, MN 56001</td>
<td>Roseville, MN 5511</td>
</tr>
<tr>
<td>507-345-0443</td>
<td>651-582-8526/800-366-8922</td>
</tr>
</tbody>
</table>

This institution is an equal opportunity provider.
Head Start Standards of Conduct

Minnesota Valley Action Council, Inc.’s Head Start Program strives to create and maintain an environment in which all people are treated with dignity, decency and respect. Our program must ensure all staff, consultants, contractors, and volunteers abide by the program’s standards of conduct. The Head Start Performance Standards 1302.90 (c)(1) specify that:

I. I will implement positive strategies to support children’s well-being and prevent and address challenging behavior,

II. I will not maltreat or endanger the health or safety of children, including, at a minimum I will not:
   A. Use corporal punishment;
   B. Use isolation to discipline a child;
   C. Bind or tie a child to restrict movement or tape a child’s mouth;
   D. Use or withhold food as a punishment or reward;
   E. Use toilet learning/ training methods that punish, demean, or humiliate a child;
   F. Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
   G. Physically abuse a child;
   H. Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about a child or child’s family; or
   I. Use physical activity or outdoor time as punishment or reward;

III. I will respect and promote the unique identity of each child and family and will not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition;

IV. I will comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members in accordance with subpart C of part 1303 of the Head Start Program Performance Standards and applicable federal, state, local and tribal laws; and,

V. I will ensure no child is left alone or unsupervised while under my care.

The Minnesota Department of Human Services Rule 3 Childcare Center Licensing Prohibited actions include:

   A. Subjection of a child to corporal punishment, which includes but is not limited to: rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking.
   B. Subjection of a child to emotional stress, which includes but is not limited to: name calling, ostracism, shaming, making derogatory remarks about a child or the child’s family, using language that threatens, humiliates, or frightens the child,
   C. Separation of a child from the group except within rule requirements.
   D. Punishments for lapses in toilet habits.
   E. Withholding food, light, warmth, clothing, or medical care as a punishment for unacceptable behavior.
   F. The use of physical restraint other than to physically hold a child where containment is necessary to protect a child or other from harm.
   G. The use of mechanical restraints, such as tying.

MVAC’s Head Start program require staff, consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members in accordance with Federal Head Start Performance Standards and applicable federal, state, local and tribal laws.

Personnel policies and procedures include appropriate penalties for staff, consultants, and volunteers who violate the standards of conduct.
BREASTFEEDING BASICS FOR MOMS:
Your Breastfeeding Questions Answered

Why should I breastfeed?

BREASTMILK IS THE BEST FOOD FOR YOUR BABY. IT:

- has all the nutrients your baby needs for proper growth and development
- may reduce the risk of ear infections and colds
- may reduce the risk of obesity, diabetes, and other diseases
- is easier for your baby to digest
- is always the right temperature, never too hot and never too cold

IT’S HEALTHIER FOR YOU, TOO! BREASTFEEDING:

- can help you recover more quickly from childbirth
- reduce your risk for certain breast and ovarian cancer and type 2 diabetes
- may help you lose weight after childbirth

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a program of the USDA, Food and Nutrition Service.

USDA is an equal opportunity provider, employer, and lender.
**How often should I breastfeed my baby?**

Newborn babies breastfeed frequently, about 8 to 12 times in 24 hours. Feed your baby when he or she shows signs of hunger, such as:

- Sucking on hands or fingers
- Smacking lips or opening mouth when lips are touched
- Rooting or turning their head to search for mother’s nipple
- Squirming or restless movements while asleep

Many moms think crying is the only sign that their baby is hungry. But, it’s actually a sign of distress. Hungry babies will show signs of hunger before they begin to cry. Watching for and responding early to your baby’s hunger signs may help prevent them from crying.

**Your body is amazing!**

Did you know: as you breastfeed your baby, your body adjusts to make the right amount of milk? Putting your baby to your breast early and often will help your body keep up with your baby’s growing tummy.

The more breast milk your baby drinks from you, the more milk you will produce. This is called supply and demand, and it is very important to the success of breastfeeding.

**How will I know my baby is getting enough?**

You can be assured that your baby is getting plenty of milk in a few ways. One way is to count the number of wet diapers and poops. The color, texture, and frequency of your breastfed baby’s poops will change as your baby grows.

The chart to the right offers a guide for the frequency and color of your baby’s daily poops and wet diapers. The boxes show the smallest number of diapers for most babies. It is okay if your baby has more diapers than what is shown. Your baby may have more than six poops a day after the first week. After 6 weeks, there may be fewer dirty diapers.

Another way to tell if your baby is getting enough milk is weight gain. Don’t worry if your baby loses a little weight in the first few days—that’s normal. Talk to your baby’s doctor to make sure your baby is gaining the right amount of weight.

<table>
<thead>
<tr>
<th>Baby’s Age</th>
<th>Wet</th>
<th>Poops</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAY 1 (birthday)</strong></td>
<td><img src="image1" alt="Wet" /></td>
<td><img src="image2" alt="Poops" /></td>
</tr>
<tr>
<td><strong>DAY 2</strong></td>
<td><img src="image3" alt="Wet" /></td>
<td><img src="image4" alt="Poops" /></td>
</tr>
<tr>
<td><strong>DAY 3</strong></td>
<td><img src="image5" alt="Wet" /></td>
<td><img src="image6" alt="Poops" /></td>
</tr>
<tr>
<td><strong>DAY 4</strong></td>
<td><img src="image7" alt="Wet" /></td>
<td><img src="image8" alt="Poops" /></td>
</tr>
<tr>
<td><strong>DAY 5</strong></td>
<td><img src="image9" alt="Wet" /></td>
<td><img src="image10" alt="Poops" /></td>
</tr>
<tr>
<td><strong>DAY 6</strong></td>
<td><img src="image11" alt="Wet" /></td>
<td><img src="image12" alt="Poops" /></td>
</tr>
<tr>
<td><strong>DAY 7</strong></td>
<td><img src="image13" alt="Wet" /></td>
<td><img src="image14" alt="Poops" /></td>
</tr>
</tbody>
</table>
Can I feed my baby both breast milk and formula?

Feeding your baby both breast milk and formula in the first month can decrease your milk supply. If your baby gets full with formula and does not breastfeed, your breasts will make less milk.

Why does it feel like I’m not making any milk?

The first milk new mothers produce is called colostrum. Colostrum is a sticky yellowish substance full of vitamins and minerals. It provides your baby with important immunities and nourishment. Though it may not seem like a lot, it is enough to fill your baby's stomach in the first days.

At birth, your baby's tummy is no bigger than a toy marble (about 1 to 2 teaspoons). By day 10, your baby's stomach grows to the size of a ping-pong ball (about 2 ounces). Your milk supply will increase within a few days to keep up with your baby's needs.

Why do my breasts hurt when my baby nurses?

You may feel pain if your baby is not positioned properly or not latching on correctly to breastfeed. Talk to WIC breastfeeding staff for help with positioning and latching. Mothers, grandmothers, sisters, other relatives, and friends who have breastfed their babies can be good sources of information, too!

How do I prepare to go back to work if I am breastfeeding?

If you are returning to work soon after your baby is born, it is best to make a plan about how to work and breastfeed. Find a day care center or babysitter near your job and talk about your plans to breastfeed. You can use a breast pump to collect and store milk for your baby to have while you are at work. WIC can help you learn about pumping and storing breast milk. You should start to pump a week before you return to work to ensure you have a good supply.

For more resources visit: WICBreastfeeding.fns.usda.gov
Consequences of Tobacco Product Use

Smoking is a personal decision, but the decision affects everyone around you. Tobacco smoke contains a deadly mix of more than 7,000 chemicals. Hundreds are toxic. About 70 can cause cancer.

What is Second-Hand Smoke?

- The smoke that comes from the burning end of any tobacco product
- The smoke that the smoker breathes out

Second-hand smoke has stronger concentrations of 60 known cancer-causing substances. Children exposed to smoke are more likely to get sick. They may:

- Get more colds
- Have allergies
- Get ear infections from fluid build-up in their middle ear
- Develop pneumonia, asthma, bronchitis, and other lung infections
- Second-hand smoke can harm hearts. Anyone who lives with a smoker is at risk of developing lung cancer or having a heart attack
- Inhaling second-hand smoke is especially dangerous for babies and young children. Their lungs are delicate, and the smoke makes their lungs less able to completely fill with air.
- Second-hand smoke is ten times more concentrated inside a car than in a house.

What Can I Do?

- Set an example- there are many ways to quit- speak with your doctor about how to help with quitting smoking
- Protect children from tobacco smoke- make your home and car smoke free
- Do not smoke while pregnant- if someone smokes, the baby smokes too
- Ask family members to not smoke around children- if people go outside to smoke, have them wait ten minutes after they have completed their cigarette to come back inside
Eat Healthy on a Budget

Healthy eating is important at every age—and can be done on a budget. Eat a variety of fruits, vegetables, grains, protein foods, and dairy or fortified soy alternatives. When deciding what to eat or drink, choose options that are full of nutrients and limited in added sugars, saturated fat, and sodium. Start with these tips:

**Plan, plan, plan**
Plan your meals for the week based on your food budget and make a grocery list that includes staples and perishables. Save money by buying only what you need.

**Compare similar products**
Locate the “unit price” on the shelf sticker near the item price. Compare different brands and sizes for the best money-saving option.

**Stretch your food dollars**
Add beans and canned or frozen vegetables to bulk up your meals and make your food dollars go farther. You will reap the benefits of extra fiber, vitamins, and nutrients while feeling full.

**Grow your own in your home**
Grow herbs like basil and oregano inside your home for a fraction of the price. Small gardens can be grown on a windowsill or a kitchen counter.

**Buy in bulk**
Save money by buying larger quantities of foods that store well like whole grains, canned or dried beans, and frozen vegetables. Don’t overbuy foods that you will throw out later.

**Look for on-sale produce**
Grocery stores rotate their sales and buying what is on sale is a great way to save money and get variety. Do the same with frozen and canned items.

The benefits of healthy eating
add up over time, bite by bite.
Can my child get free or low cost shots?

PATIENT SELF-SCREENING FORM

The Minnesota Vaccines for Children (MnVFC) program offers free or low cost vaccines for children 18 years of age and younger.

Check the box next to the categories that apply to your child. Give this completed form to your doctor or clinic.

Please note: Office visit costs, the cost of giving the vaccine, and other related fees are not covered under this program.

1. □ My child does not have health insurance (is uninsured)
   
   Your child is eligible for MnVFC.

2. □ My child is on a Minnesota Health Care Program such as:
   - Medical Assistance
   - MinnesotaCare
   - Prepaid Medical Assistance Plan
   
   Your child is eligible for MnVFC.

3. □ My child is American Indian/Alaskan Native
   
   Your child is eligible for MnVFC.

4. □ My child has private health insurance that covers the cost of all vaccines, but I may have to pay a deductible before the vaccines are covered. (If you are not sure, go to category 5).
   
   Your insurance already covers the cost of vaccines. Your child is not eligible for MnVFC.

5. □ My child has private health insurance, but I do not know if it covers vaccines.
   
   Call your insurance company using the number on the back of your insurance card. Ask if your plan fits into any of the categories below.
   - Does not cover one or more vaccines.
     Eligible for MnVFC for non-covered vaccines only at a public clinic*.
   - Caps prevention services at a certain amount.
     Once that amount is reached, your child is eligible for MnVFC at a public clinic*.
   - Covers the cost of all vaccines, but a deductible has to be paid before the vaccines are covered.
     Your insurance already covers the cost of vaccines. Your child is not eligible for MnVFC.

* Your child is eligible for free or low cost vaccines at one of these public clinics: local public health clinics (LPH), Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), Indian Health Service (IHS), and tribal health clinics.

Minnesota Department of Health Immunization Program
PO Box 64975, St. Paul, MN 55164
651-201-5522 or 1-800-657-3970
www.health.state.mn.us/vfc

10/2015
Healthy Eating for Families

Healthy eating is important at every age. Offer your family a variety of fruits, vegetables, grains, protein foods, and dairy or fortified soy alternatives. When deciding on foods and beverages, choose options that are full of nutrients and limited in added sugars, saturated fat, and sodium. Start with these tips:

Connect at mealtimes
Sit down together for a meal when you can. Turn off the TV and put away screens and devices, so you can “unplug,” interact, and focus on each other.

Plan out meals
Reduce stress at mealtimes by planning out meals before the week starts. Include quick and easy dishes, or leftovers, on nights that are extra busy.

Let everyone help
Kids learn by doing. Younger ones can mix ingredients, wash produce, or set the table, while older kids can help with ingredients. Everyone can help clean up.

Serve a variety of foods
Include choices from each food group—fruits, vegetables, grains, protein foods, and dairy or fortified soy alternatives—in meals and snacks throughout the week.

Let kids choose
Get kids engaged with meal preparation at home. Serve meals “family style” to encourage kids to be creative with their plates.

Offer nonfood rewards
Foods aren't the only rewards that kids like. Younger kids may enjoy gathering points toward a special outing, and older kids could earn extra screen time or an allowance.
Healthy Pregnancy and Postpartum Care

Prenatal Check-ups and Visits

Prenatal care is medical care during pregnancy. At each prenatal care visit, health care providers check on you and your growing baby. Schedule the first prenatal care checkup as soon as pregnancy is confirmed. Providers can make sure you and your baby are healthy.

Prenatal care checkups are important. All pregnant women get blood and urine tests. A blood pressure check will happen at every visit. Your provider may recommend certain vaccinations or prenatal tests at your checkups.

Nutrition and Pregnancy

Not every food is safe to eat during pregnancy. Some foods may be harmful to you or your baby because of the way they are cooked or because of germs/chemicals they contain. Raw meat, fish, and eggs can contain harmful germs that can cause food poisoning. Cooking them fully kills the germs, which helps keep you and your baby from getting sick. Many dairy products, like milk and cheese, are pasteurized. This means they are heated to kill any bad germs. If the product label does not say “pasteurized,” pick a different product. Some food contains chemicals, like caffeine or mercury. You can pass these harmful chemicals to the baby during pregnancy.

Postpartum Checkups

Go to postpartum checkups, even if you are feeling well. It is an important part of your overall pregnancy care. If you had a cesarean birth (also called C-section), your health care provider may want to see you about two weeks after giving birth so they can check on the C-section incision (cut). Most C-section incisions heal without any problems, but some get infected. At the postpartum checkup:

- Ask your provider questions about any problems you had during pregnancy, labor, and birth.
- Share your feelings or concerns about being a new mom.
- Your provider will check on any health conditions you have, like diabetes and high blood pressure
- You will have a physical exam
- You will have a pelvic exam
- Your provider will make sure your vaccinations are up to date
How to Access Health Insurance

- Minnesota has health care programs to meet the needs of different people. Some programs help people who have little to no income. Other programs help people who work but can't get affordable health insurance.
- Coverage and out-of-pocket costs depend on which program you qualify for. Some people will get coverage at no cost.
- If you do not already have insurance and your child is eligible for Head Start, it's likely that some of all of your family members are eligible for Minnesota Health Care Programs.

Apply
You can apply for health insurance at www.mnsure.org or you can request a paper copy of the application from your county’s Human Service Department.

Application Assistance
You may ask anyone you’d like to help you fill out your application. However, there are county employees and state partners available and trained for assisting applicants in completing and submitting their applications.

MNSure Navigators are trained to provide free face-to-face help for people applying for Minnesota Health Care Programs. To find a navigator in your area, use the “MNSure navigator finder” on the MNSure website or call MNSure at 855-366-7873.

Each county has a human services office with workers who can help you fill out and submit an application for Minnesota Health Care Programs.

To apply for coverage for a child in foster care, you need to fill out the “Minnesota Health Care Programs Application for Certain Populations DHS-3876.” You can print this application from the Minnesota Department of Human Services website, or you can request to have an application mailed to you by calling 800-657-3739.

Appointment Scheduling and Transportation
All of the Minnesota Health Care Programs can help with scheduling appointments. Some of the programs also all provide transportation services to and from medical and dental appointments. Call the number on the back of your insurance card to request assistance.

Dental Access
There are many dentists in Minnesota who do not accept insurance through Minnesota Health Care Programs. Your family advocate or home visitor can provide you with a list of provider’s in your area that do accept your insurance and accept new patients.

Remember to schedule your child’s first dental appointment when the first tooth breaks through the gum tissue or at one year of age.
Importance of Physical Activity

Including physical activity in your child’s daily schedule has been shown to have the following benefits:

- Academic performance is higher
- Improves mental health and reduces risk of depression
- Strengthens bones
- Improves heart health and regulates blood sugar
- Builds stronger muscles and endurance
- Improves blood pressure and aerobic fitness
- Increases long-term health and reduces risk of diabetes and obesity
- Helps regulate body weight
- Better sleep

Infants need at least 30 minutes of “tummy time” and other interactive play, spread throughout each day.

Kids between 1-5 years old need at least 3 hours of physical activity each day, or about 15 minutes for every hour they are awake.

Here are some ideas to keep your child active:

<table>
<thead>
<tr>
<th>Infants</th>
<th>Toddlers</th>
<th>Preschoolers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tummy time while awake</td>
<td>Neighborhood walks</td>
<td>All of the toddler activities</td>
</tr>
<tr>
<td>30+ minutes throughout the day</td>
<td>Play catch with them</td>
<td>Kicking a ball</td>
</tr>
<tr>
<td></td>
<td>Pedaling a trike</td>
<td>“Pump” legs on a swing</td>
</tr>
<tr>
<td></td>
<td>Free play outside</td>
<td>Limit screen time</td>
</tr>
<tr>
<td></td>
<td>3+ hours throughout the day</td>
<td>Exercise together</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3+ hours throughout the day</td>
</tr>
</tbody>
</table>
Make Better Beverage Choices

At every age, what you drink can be as important as what you eat. When deciding what to drink, choose options that are full of nutrients and limited in added sugars, saturated fat, and sodium. Start simple with these tips today:

**Drink water**

Drink water instead of sugar-sweetened beverages. Regular soda, energy or sports drinks, and other sweetened drinks usually contain a lot of added sugars.

**Encourage kid-friendly drinks**

Make water, low-fat or fat-free dairy milk, or unsweetened seltzer the go-to options for your kids. Serve 100% juice only on occasion.

**Compare food labels**

Use the Nutrition Facts label when shopping for beverages. Check and compare calories, amounts of added sugars, and servings per containers.

**Cut coffee calories**

Skip the whipped cream and chocolate or caramel drizzle. Go with low-fat milk and a sprinkle of cinnamon or nutmeg for a lower calorie coffee.

**Grab a bottle on the go**

Carry a clean, reusable water bottle in your bag to fill up throughout the day. Tap water is usually easy to find.

**Jazz up your drink**

Perk up your plain water or seltzer water with lemon, lime, or orange slices. Maybe even try some fresh mint leaves or a few fresh or frozen berries.
**Minnesota Child and Teen Checkups (C&Tc) Schedule of Age-Related Screening Standards**

<table>
<thead>
<tr>
<th>C&amp;Tc Screening Components by Age</th>
<th>Infancy</th>
<th>Early Childhood</th>
<th>Middle Childhood</th>
<th>Adolescence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C&amp;Tc Fact Sheet for each component</strong></td>
<td>0-1 mo</td>
<td>2 mo</td>
<td>4 mo</td>
<td>6 mo</td>
</tr>
<tr>
<td>Anticipatory guidance &amp; health education</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Measurements:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head circumference</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Height and weight</td>
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</tr>
<tr>
<td>Weight for length percentile*</td>
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</tr>
<tr>
<td>Body mass index (BMI) percentile</td>
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</tr>
<tr>
<td>Blood pressure</td>
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<tr>
<td>Health history, including social determinants of health</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Developmental, social-emotional, mental health:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Surveillance</td>
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<tr>
<td>Developmental screening</td>
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<td></td>
</tr>
<tr>
<td>Social-emotional or mental health screening*</td>
<td>R</td>
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<td>R</td>
<td>R</td>
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<tr>
<td>Autism spectrum disorder screening</td>
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</tr>
<tr>
<td>Mental depression screening</td>
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<td>R</td>
<td>R</td>
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</tr>
<tr>
<td>Tobacco, alcohol or drug use risk assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical exams: head to toe, including oral exam and sexual development</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>Immunizations/review</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>Newborn screening follow up: blood spot and critical congenital heart defect</td>
<td>H</td>
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</tr>
<tr>
<td>Laboratory tests/risk assessment:</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Blood lead test</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Hemoglobin/hematocrit</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>X</td>
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<tr>
<td>Sexually transmitted infection (STI) risk assessment, with lab testing for sexually active youth</td>
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<tr>
<td>HIV screening for all youth at least one time*</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Dyslipidemia risk assessment*</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Vision screenings: distance (3 years) and near (5+ years) acuity*</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Hearing screenings: add high frequency screening at 11+ years*</td>
<td>H</td>
<td>X</td>
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<td>X</td>
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</tbody>
</table>

**Oral Health**

- Dental Checkups: Verbal referral to dental provider at eruption of first tooth or no later than 12 months of age
- Fluoride varnish application (FVA) starting at eruption of first tooth

**All C&Tc visits require a HIPAA compliant referral condition code: ST, S2, AV or NU**

**KEY:**
- ○ Required component for the visit
- H If no Newborn Screening results on file, or did not pass, follow up appropriately
- R Recommended screening for visit
- ← → Indicates range to provide component at least one time
- X Risk assessment followed by appropriate action
- * Refer to back side for more information on new requirements
Schedule of Age-Related Screening Standards
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Screening Schedule:
This document (with active links) is available at www.mn.gov/dhs/periodicity-schedule/.
This schedule is a minimum standard; more C&TC visits or screenings can be done and billed for as medically necessary.

Children in out-of-home placement or foster care should receive C&TC visits more frequently, as recommended by the American Academy of Pediatrics (AAP). If a child misses a screening visit or a required screening component was not offered at a previous visit, the missing screening components should be performed at the earliest possible time.

Refer to the MHCP Provider Manual C&TC section (www.dhs.state.mn.us) for policy, billing and coding information for each component. When a screening or preventive service is contraindicated or refused, the manual has guidance on screening exceptions, including coding information and when to reattempt screening, if applicable.

For each screening component, a C&TC Fact Sheet (https://www.health.state.mn.us/people/childrenyouth/ctc/factsheets.html) describes screening requirements, procedures and resources.

Updates to this schedule are based on recommendations from the American Academy of Pediatrics (AAP), Centers for Disease Control and Prevention (CDC), and U.S. Preventive Services Task Force (USPSTF), as well as Minnesota-specific epidemiology for the Medicaid-eligible pediatric population.

Changes on this updated C&TC Periodicity Schedule (compared to 2016):
Frequency of visits increased to align with AAP Bright Futures recommendations. The addition of the 30-month visit provides more opportunity to meet screening recommendations and ensure early identification and treatment of developmental and health issues during a critical period of brain development. After age 6, visit frequency is now annual, instead of biennial. This allows more opportunity for anticipatory guidance, screening and counseling during the pre-teens, adolescent and young adulthood years. This is a critical time for prevention and early intervention for high risk behaviors, obesity-related conditions and emerging mental health issues.

Weight for length percentile: Assess for every infant up to 2 years old, at which point BMI is assessed instead to monitor growth.

Developmental, social-emotional and mental health: Mental health screening is now required for age 12 and older. The Mental Health Screening C&TC Fact Sheet includes information on recommended screening instruments and referral resources.

Human immunodeficiency virus (HIV) screening lab test: Universal HIV screening (offering HIV blood testing to all youth, regardless of reported risk factors) is required at least once between 15-18 years of age. HIV blood testing and results are covered under Minnesota’s minors’ consent statute. If the youth declines the HIV blood test or if their HIV status is already known, document the reason that the HIV blood test was not done. Youth who have risk factors for HIV exposure should be tested at least annually.

Dyslipidemia screening: A risk assessment is required for children at the ages indicated on this schedule. For risk assessment guidelines, refer to the Dyslipidemia Risk Assessment C&TC Fact Sheet (https://www.health.state.mn.us/docs/people/childrenyouth/ctc/dyslipidemia.pdf). The AAP recommends a routine dyslipidemia screening on all children and youth at 9-11 years and 17-21 years; however, the U.S. Preventive Services Task Force found insufficient evidence for universal screening.

Vision screening: Provide distance visual acuity screening beginning at age 3. Add near visual acuity (plus lens) screening beginning at age 5 for children who pass their distance screening and do not already have corrective lenses. Routine vision screening is done with a wall chart with the child at a 10-foot distance. Refer to the Minnesota Department of Health (MDH) Vision Screening website (https://www.health.state.mn.us/people/childrenyouth/ctcvisionscreen) for detailed procedures and recommended equipment for visual acuity screening for recommended wall charts and equipment. Instrument-based vision screening may be used as an alternative to wall charts for children 3-5 years old who are unable or unwilling to cooperate with routine vision screening.

Hearing screening: Screening by pure tone audiometry continues to be recommended at 3 years and 4 years and required beginning at 4 years. Beginning at 11 years, add 6000 Hz at 20 dB to screen for noise-induced hearing loss. Refer to the MDH Hearing Screening website (https://www.health.state.mn.us/people/childrenyouth/ctc/hearingscreen/index.html) for detailed procedures and instrument recommendations.

Oral health: Fluoride varnish application (FVA) is now required at every C&TC visit for infants beginning at eruption of first tooth through age 5. For children 6 years and older, fluoride varnish may be applied based on their risk factors for dental caries. An oral health risk assessment (www.aaop.org) can be used to determine need for oral fluoride supplementation or active referral to a dental provider. Continue to support connection to a dental provider for routine preventive care by making a verbal referral at every C&TC visit beginning at the eruption of the first tooth.

Clarifications:
Health history should include information about social determinants of health. This may include housing stability, food security, home or community safety, adverse childhood experiences. No specific form or questionnaire is required.

Tobacco, alcohol or drug use risk assessment replaces the line that previously read “substance use risk assessment.”

HIPAA compliant referral condition code: All necessary diagnostic and therapeutic referrals are part of C&TC standards. This code must be used for all C&TC visits in billing documentation to identify that a complete C&TC screening has been provided and that appropriate follow-up is taking place. Refer to the MHCP Provider Manual C&TC section (www.dhs.state.mn.us) for more information. If further follow-up, evaluation or treatment of a condition is identified at the C&TC visit, use referral code ST (new condition or referral), S2 (referral for a previously treated condition), or AV (parent declines referral). If no condition is identified at the C&TC visit that requires further follow-up, evaluation or treatment, use the referral code NU (no referral).
You Can Promote Good Oral Health By:

• Knowing how to make sure you and your family have healthy mouths and teeth
• Helping your children learn good mouth and teeth habits

Why Is It Important?
When Children Have a Healthy Mouth, They:

• Can speak clearly
• Can eat healthy foods
• Feel good about themselves

Having a Healthy Mouth Also Means:

• Healthy growth and development
• Being able to focus and learn
• A pain-free mouth
• Lower dental care costs for your family

Things You Can Do to Help Your Child

• Brush your child’s teeth with fluoride toothpaste twice a day.
• If your child is younger than 3 years, brush with a smear of fluoride toothpaste.
• If your child is age 3 to 6 years, brush with a pea-size amount of fluoride toothpaste.
• Young children will want to brush their own teeth, but they need help until their hand skills are better. Brush children’s teeth or help children brush their teeth until they are about 7 or 8 years old.
• Be a role model for oral health! Brush your teeth with fluoride toothpaste twice a day (in the morning and at bedtime) and floss once a day.
• Serve healthy meals and snacks like fruits, vegetables, low-fat milk and milk products, whole-grain products, meat, fish, chicken, eggs, and beans.
• Limit the number of snacks your child has in a day.
• Do not give your child food for rewards.
• Take your child to the dentist for a check up by her first birthday and keep taking her.
• If your child has not gone to the dentist take him.
• Ask your dentist what you can do to keep your mouth and your child’s mouth healthy.
• Make sure to go to the dentist as often as your dentist would like you to go.
• Let your child care, Early Head Start, or Head Start program know if you need help or have questions about oral health.
Mental health is how we think, feel and act as we face life’s situations. Our mental health is important at every stage of life. Mental health includes how we handle stress, relate to others, and make decisions. It ranges from good to not so good and even poor. Sometimes a person needs help handling problems. Many people experience mental health problems at some time during their lives.

Children can have mental health problems that interfere with the way they think, feel, and act. These problems are real and can be painful. Many children have mental health issues that seriously affect their lives.

**Traumatic Events in a Child’s World:**
Minor stressors are normal in childhood. They are necessary for children to learn how to cope with everyday stress, but traumatic experiences cause a type of stress call *toxic stress*. This is something children cannot handle alone.

A traumatic event is an unexpected experience that causes extreme fear. It might involve the threat of harm or actual harm. Trauma and trauma-caused fear can cause emotional and physical problems.

**Examples of events that may have a traumatic effect on a child:**

<table>
<thead>
<tr>
<th>COVID-19</th>
<th>Physical Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tornadoes</td>
<td>Emotional Abuse</td>
</tr>
<tr>
<td>Fire</td>
<td>Neglect</td>
</tr>
<tr>
<td>War</td>
<td>Car Accident</td>
</tr>
<tr>
<td>Death of a Loved One</td>
<td>Fall</td>
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<tr>
<td>Near-Drowning</td>
<td>Poisoning</td>
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<td></td>
<td>Dog Attack</td>
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<td></td>
<td>Hospitalization</td>
</tr>
<tr>
<td></td>
<td>Illness</td>
</tr>
</tbody>
</table>
What is Toxic Stress?

Toxic stress is a threat to the body that produces high levels of stress. The threat can be real or imagined. Toxic stress forces the body to release hormones. These hormones cause permanent changes to a child’s developing brain. What children hear, see, and feel during a traumatic event creates strong memories. These memories may return as nightmares.

Children don’t always know why something happened. They may feel that they did something to cause the event. If not treated, childhood stress can lead to health problems later in life.

Signs of Short and Long-Term Effects:

Some short and long-term signs and symptoms of trauma in infants, toddlers, and preschool are:

- eating and sleeping disturbances
- clingy or has separation anxiety
- language delays
- easily startled
- difficulty engaging with friends
- persistent self-soothing behaviors (example: head banging)
- aggression

What Can I Do as a Caregiver?

Children are better able to manage stressful times when they have positive, caring, and protective caregivers. Caregivers should encourage children by offering support in times of need. The most important job of caregivers is to assure their children that the adults in their life are working to keep them safe. Talk to your doctor if you have concerns about your child’s mental health. A Mental Health and Disabilities Advisor is available through Head Start to talk to you about concerns and help with referrals to services in your area.
How To Recognize Abuse

What constitutes sexual abuse?
Generally speaking, child sexual abuse involves sexual contact between a child and an older person or forced sexual contact by a peer.

If a child is involved, the following activities are a few examples considered to be sexual abuse:
- Touching of a child’s private parts
- A child touching someone else’s genitals
- Sexual intercourse
- Obscene phone calls
- Watching sexual activity

It is important to note the legal definitions of sex crimes involving children vary by state. If you have a specific question about the legal definitions, please consult authorities in your state.

The facts
- About one out of every four girls and one out of every seven boys will have a sexual abuse experience by the age of 18.
- Most children are sexually abused by someone they know.
- Young children, even preschoolers, are sexually abused.
- Most adults who sexually abuse children are men, but some women also sexually abuse children.

What to do if you think a child is being abused
If you think a child you know is being abused, you can help in the following ways:
- **Document and report**: It is important to notify your local authorities of the incident as soon as you become aware of it.
- **Listen to the child**: Let the child talk to you about his or her worries and concerns. Don’t ask a lot of questions.
- **Believe the child**: Children rarely lie about sexual abuse. Their statements about abuse should be taken seriously.
- **Support the child**: Children may feel sexual abuse is their fault. Let them know they didn’t do anything wrong and thank them for telling.
- **Stay calm**: A child may not talk about abuse if he or she knows that it makes you feel angry, worried or scared.
- **Take action**: Children who are being abused must rely on adults to keep them safe. Do not try to forget the problem or hope it will go away. Do not confront.
- **Report your concerns to your local child welfare agency**: A report is simply a request for an investigation. You do not have to know for sure that the abuse happened. By law, any person who knows or has reasonable cause to suspect that a child has been abused MUST report such knowledge or suspicion immediately. No one but the child welfare agency will know that you made the report.
The signs
Unfortunately, it is very difficult to detect sexual abuse. Oftentimes children show no outward signs of abuse. In addition, the signs of sexual abuse can vary by the child’s age and gender.

Children who are troubled by things that happen to them, including sexual abuse, may show one or more of these signs:

**Behavioral indicators**
- Child has adult-like knowledge of sex.
- Child behaves in a sexual way, such as rubbing their own private parts more than usual or touching other people’s private parts.
- Child begins to show significant changes in eating habits.
- Child acts young or babyish (for example: wetting pants or sucking thumb).
- Child runs away or skips school.
- Child acts differently than usual: a normally outgoing and friendly child becomes shy and quiet.
- Child acts seductively toward classmates, teachers or other adults.
- Child masturbates excessively.
- Child has sleep disturbances (e.g., bedwetting, nightmares).
- Child is fearful of particular places or persons.
- Child appears withdrawn or depressed.
- Child demonstrates over-aggressiveness or acts out.
- Child cries without provocation.
- Child has feelings of low self-worth.

**Physical indicators**
- Complaints of pain, itching or irritation in genital or rectal area
- Torn, stained or bloody underclothing
- Evidence of trauma (e.g., bruises or bleeding) of the anus, external genitalia or vaginal area
- Child has difficulty walking or sitting
- Presence of a sexually transmitted disease

**Family dynamics related to abuse**
- There is a history of sexual maltreatment and abusive behavior in the family of origin of the suspected perpetrator.
- The suspected perpetrator acts dominant, protective and/or jealous of the child.
- The suspected perpetrator misuses drugs or alcohol.
- The suspected perpetrator lacks social contacts outside the family.
- The suspected perpetrator turns to the child to get emotional and physical needs met.
- The generational boundaries between parents and child are unclear.
Taking Care of Your Family When Child Sexual Abuse Happens

If you find out your child has been sexually abused, it will undoubtedly take a toll on you as a parent. It’s important to find a way to manage your feelings while creating an environment for your child that is free of harm, judgment, and blame.

What can I expect from my child?

The effects of sexual abuse vary from person to person. The process of healing can take a long time, and frustration is inevitable.

Survivors of child sexual abuse can react in a wide variety of ways, some of which may surprise you. Your child may:

- Be angry at you for not protecting them
- Be angry at you for removing the perpetrator from the home
- Confide in someone other than you
- Not talk about it at all
- Talk about the abuse all the time

Repeat

No matter the child’s reaction, repeat the following messages through your words and your actions:

- I love you.
- What happened is not your fault.
- I will do everything I can to keep you safe.

Talk

If you need to talk to someone now, find your local sexual assault service provider. They are trained to help children as well as adults.

Keep in mind that there is no “right” reaction. Both you and your child may want to talk to a professional about your thoughts and feelings. Professional support can result in healthier long- and short-term results for you and your child.

Get support

You need to take care of yourself in order to support your child.

- Consider talking to a counselor one-on-one so you can focus entirely on your concerns without worrying about how your child will react.
- Develop a support system of friends and family.
- Join an organized support group.
Taking Care of Your Family When Child Sexual Abuse Happens

- Set aside time for activities that don’t revolve around the abuse. Everyone needs a break now and then.
- Practice self-care to keep your mind and body healthy.

Self-care

Self-care enables you to better care for others.

- Maintain your lifestyle. If you focus solely on the assault, it puts undue stress on you and your child. If you usually exercise, cook or read, keep up those activities. It may be challenging, but it will help you in the long run.
- Make plans. There comes a point when talking may make you feel more stuck, so take a break to do something you love or try something new. Find a way for you and your child to do something other than talk and think about the assault.
- Continue to talk about it. It’s normal to have a difficult time processing the sexual assault of someone you love. It can continue to be difficult as time goes on and the survivor begins to heal. Make sure you have personal and professional contacts to talk to.
- Consider meditation, yoga or deep breathing. Build time into your day for moments of relaxation.

Information adapted from the Rape, Abuse and Incest National Network.
Tips for Dealing with Depression

Tip 1: Cultivate supportive relationships
- Turn to trusted friends and family members
- Try to keep up with social activities even if you do not feel like it
- Join a support group for depression

Tip 2: Challenge negative thinking
Depression puts a negative spin on everything, including the way you think about yourself, the situations you encounter, and your expectations for the future.
- Think outside yourself
- Allow yourself to be less than perfect
- Socialize with positive people

Tip 3: Take care of yourself
To overcome depression, you need to take care of yourself. This includes learning to manage stress, living a healthy lifestyle, setting limits on what you can do, and scheduling fun activities into your day.
- Aim for eight hours of sleep
- Expose yourself to a little sunlight every day
- Do things you enjoy (or used to)

Tip 4: Get regular exercise
Exercise is a powerful tool for dealing with depression.
To gain the most benefit, aim for 30 minutes of exercise per day. Start small as short as ten minutes at a time can have a positive effect on your mood. A few ways to get moving:
- Take the stairs rather than the elevator
- Park your car in the farthest spot in the lot
- Take your dog for a walk
- Pair up with an exercise partner
- Walk while you are talking on the phone

Tip 5: Eat a healthy, mood-boosting diet
What you eat has a direct impact on the way you feel. Here are some tips to keep your food from affecting your mood:
- Don’t skip meals
- Minimize sugar and refined carbs
- Focus on complex carbohydrates
- Boost your B vitamins
- Try super-foods

Tip 6: Know when to get additional help
If you find your depression getting worse and worse, seek professional help. Needing additional help does not mean you are weak. Sometimes the negative thinking in depression can make you feel like a lost cause; however, depression can be treated, and you can feel better.
80% of people experience the baby blues. Baby blues are feelings of sadness that begin in the first days after childbirth!

WHAT TO DO:

- Take time for yourself
- Read something uplifting
- Be with others
- Ask for help
- Accept help
- Rest
- Get moving
- Be patient
- Join a support group

WHEN TO CALL THE DOCTOR:

- If the baby blues last longer than a week or two, talk to your doctor

HELPING SOMEONE WITH POSTPARTUM DEPRESSION:

- Check in with them regularly to see how they are doing
- Listen when they want to talk
- Go for a walk with them (everyday if possible)
- Make them a nutritious meal
- Give them some breaks from housework and childcare responsibilities
- Let them take a nap or a relaxing bath while you care for the baby
- Be patient, be kind
- Believe in them- and remind them of their strengths
## Tips for Talking to Your Child about Sexual Abuse

As parents we want to say the right things to our children. Over the years at Our Kids, we’ve noticed there are things parents may say to children when they’re worried about sexual abuse that may inadvertently make it more difficult for a child to disclose abuse. Here is a guide that may help:

<table>
<thead>
<tr>
<th>What not to say</th>
<th>The reasons why</th>
<th>Try saying this instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Don’t let anyone touch your private parts.&quot; - OR -</td>
<td>Adults and older children are bigger, stronger and usually able to intimidate or manipulate a child. If you tell your child not to &quot;let&quot; anyone touch their private parts, children may think they will get in trouble if touching occurs. Children may be hesitant to talk about the event or may even feel responsible. They may think: &quot;Mom or dad told me not to let this happen. It did, so I will get in trouble.&quot;</td>
<td>&quot;If anyone touches your private parts, it’s OK to tell me.&quot; - OR - &quot;It’s always OK to tell if someone touches your private parts.&quot;</td>
</tr>
<tr>
<td>&quot;No one should ever touch your private parts.&quot;</td>
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<td></td>
</tr>
<tr>
<td>When referring to your child’s genital area or private parts, calling it a “nasty” or “dirty” part of the body.</td>
<td>It’s important that children of all ages know the names for their body parts — and know ALL of their body is OK. Using substitute names for body parts can be confusing if a child discloses to another adult and uses the substitute name. Avoid names that imply shame or something bad about that part of the body.</td>
<td>&quot;That is your private part.&quot; - OR - &quot;Refer to the parts of the body as the &quot;vagina&quot; or &quot;penis.&quot;</td>
</tr>
<tr>
<td>&quot;Has someone touched you?&quot; - OR - &quot;Has anyone touched you down there?&quot;</td>
<td>Don’t ask your child constantly about being touched. &quot;Has anyone ‘touched’ you?&quot; can be a confusing question for younger children. In the literal mind of a child, of course people “touch” them — young children who need assistance with toilet training may be touched “down there” in ways that are appropriate and necessary.</td>
<td>&quot;Is there anything bothering you?&quot; - OR - &quot;Are you OK?&quot; - OR - &quot;Has anyone done anything that worries or confuses you?&quot;</td>
</tr>
<tr>
<td>&quot;I promise not to tell anyone.&quot;</td>
<td>Before a child discloses, they may ask you to promise not to tell anyone about the abuse or abuser. Your child needs to have a trusting relationship with you and making a promise you’ll have to break could be damaging to the child, so don’t make one. If there is abuse, it is always in the best interest of the child to report the abuse — and it’s required by law.</td>
<td>&quot;I cannot promise not to tell, but I can promise that I will do what I can to help you. Let’s talk about what is bothering you. I want to help.&quot;</td>
</tr>
<tr>
<td>&quot;I’ll kill anyone who touches your private parts.&quot;</td>
<td>More than 90% of children who are sexually abused know their abuser — often it’s a relative, caregiver or friend of the family who has a long-term relationship with the child. While your initial reaction to someone touching your child may be very strong, the child may think they’re responsible for the safety or well-being of a person loved by the family. Children are generally afraid of adult anger and worry it’s directed at them, so avoid saying things that fuel that concern.</td>
<td>&quot;My job as your mom (or dad) is to protect you and take care of you. Since I’m not around all the time, I can’t always know what’s happening. So if anyone does anything that makes you feel funny or scared or touches you, it’s OK to tell me.&quot;</td>
</tr>
</tbody>
</table>

We recommend talking with your child regularly and generally about their activities, people in their life and how they’re feeling. If you’re concerned something or someone is bothering your child, ask specific questions. Lay the groundwork for open, non-scarey, non-threatening conversation and children will be more likely to disclose. If you have concerns about the safety or well-being of a child, you must call 1-877-237-0004 to report your concerns.
Many people diagnosed with mental health issues achieve recovery through individual or group treatment. There are many different treatment options available. There is no treatment that works for everyone—individuals can choose the treatment, or combination of treatments, that works best for them.

- **Psychotherapy** – Psychotherapy is the treatment of mental illness provided by a trained mental health professional. Psychotherapy explores thoughts, feelings, and behaviors, and seeks to improve an individual’s well-being. Psychotherapy with medication is the most effective way to promote recovery.

- **Medication** – Medication does not outright cure mental illness. However, it may help with managing symptoms. Medication paired with psychotherapy is the most effective way to promote recovery.

- **Case Management** – Case management coordinates services for an individual with the help of a case manager. A case manager can help assess, plan, and implement several strategies to help with recovery.

- **Support Group** – A support group is a group meeting where members guide each other towards recovery. Support groups are often people that have suffered from similar experiences.

- **Complementary & Alternative Medicine** – Complementary & Alternative Medicine, or CAM, refers to treatment and practices that are not typically associated with standard care. CAM may be used in place of or in addition to standard health practices.

- **Self Help Plan** – A self-help plan is a unique plan where an individual addresses his or her condition by implementing strategies that promote wellness. Self-help plans may involve addressing wellness, recovery, triggers, or warning signs.

- **Peer Support** – Peer Support refers to receiving help from people who have suffered from similar experiences.

Information retrieved from: www.mentalhealthamerica.net/types-mental-health-treatments
What is Social Emotional Development?

Social and emotional development includes your child’s experiences, expression, and management of their emotions. It also includes the ability to establish positive and rewarding relationships with others. Social emotional wellness is learning how to regulate emotions, form secure relationships, explore, and learn.

How do Children Develop Emotionally?
As children grow, they learn that they can depend on others. When they are hungry someone feeds them. When they are upset someone will cuddle them. As children grow, they learn to separate from their parents and adjust to new places. They learn to solve problems using words. They know how to calm down without having an adult to help them. They learn that it is okay to make a mistake. They develop confidence and learn to love themselves.

Our Head Start program supports meaningful social emotional development in young children. This means that a curriculum is used to focus on developing your child’s abilities in the following areas:

- **Emotions** - your child will learn positive and negative emotions, what they are, and how they look on people’s faces
- **Controlling Emotions** - it is okay to feel the emotions they feel, but we need to learn how to let those feelings out in a safe way
- **Friendships skills** - how to play with others
- **Problem Solving** - giving children ways to solve problems on their own, with and without adult help

Promoting Social Emotional Development at Home and On the Go

Many people do not understand that a child needs help to develop social emotional skills. When a child hits another child because they want a toy they are told “No hitting.” If no one shows them other ways to get what they want, they may keep hitting. Screenings are done at home visits and doctor appointments to help families, doctors, and teachers figure out if a child needs extra help in developing these skills. If you have more questions, please speak with your Family Advocate, Home Visitor, Teacher, or the Mental Health and Disabilities Advisor.
Car Seat Safety: Don’t Skip a Step

One of the most important jobs you have as a parent is keeping your child safe when riding in a vehicle. Because there are so many car seats, it can be difficult to know how to use them correctly. The type of seat your child needs depends on age, size, and developmental needs.

<table>
<thead>
<tr>
<th>Age-group</th>
<th>Type of Seat</th>
<th>General Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants and toddlers</td>
<td>• Rear-facing only</td>
<td>All infants and toddlers should ride in a rear-facing seat until they reach the highest weight or height allowed by their car safety seat manufacturer. Most convertible seats have limits that will allow children to ride rear facing for 2 years or more.</td>
</tr>
<tr>
<td>Newborn to at least 1 year and possibly up to 2 years or more.</td>
<td>• Rear-facing convertible</td>
<td></td>
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<tr>
<td></td>
<td>• Forward-facing</td>
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<tr>
<td></td>
<td>with harness</td>
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<tr>
<td>Toddlers and preschoolers</td>
<td></td>
<td>Children who have outgrown the rear-facing weight or height limit for their convertible seat should use a forward-facing seat with a harness for as long as possible, up to the highest weight or height allowed by their car safety seat manufacturer. Many seats can accommodate children up to 65 pounds or more.</td>
</tr>
<tr>
<td></td>
<td>• Forward-facing convertible</td>
<td></td>
</tr>
<tr>
<td>School-aged children</td>
<td>• Booster</td>
<td>All children whose weight or height exceeds the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are 8-12 years of age. All children younger than 13 years should ride in the back seat.</td>
</tr>
<tr>
<td>Older children</td>
<td>• Seat belts</td>
<td>When children are old enough and large enough for the vehicle seat belt to fit them correctly, they should always use lap and shoulder seat belts for the best protection. All children younger than 13 years should ride in the back seat.</td>
</tr>
</tbody>
</table>

For more information visit Healthchildren.org – Safety and Prevention
Childhood Lead Exposure

Lead is a heavy metal that should not be found in the body. Lead in the body can cause serious health problems. It is one of the most common environmental health problems for children under 6. The good news is that lead exposure can be prevented.

**Children can inhale or swallow lead through exposure to:**

- Home or child care environments, including those built before 1978 with peeling paint or renovations
- Family members who work with lead or have been treated for lead poisoning.
- Imported ceramic pottery for cooking, storing, or serving food.
- Home remedies with lead
- Eating or chewing on paint chips or dirt
- Water pumped through lead-based pipes
- Imported candies or toys

**Possible Effects of Lead Exposure:**

- Brain, kidney, and liver damage
- Slowed growth
- Decreased coordination
- Aggressive behavior
- Shortened attention span
- Lowered intelligence
- Reading or other learning problems

Children who were exposed to lead often look healthy, which is why having a blood lead test done is recommended.

All children who are enrolled in Minnesota Health Care Programs (Minnesota Care or Medical Assistance) should have a blood test done at 12 and 24 months of age. If your child has not had a blood lead test, you should request one from your child's health care provider.

For more information on lead visit www.health.state.mn.us/lead
Environmental Hazards

There can be things inside your home that can harm your child. There can also be hazards found in the dust and dirt in or around your home and yard. The following are examples of hazards found where children live and what you can do about them.

Asbestos

Asbestos is a natural fiber that was often used for fireproofing, insulating, and soundproofing between 1940 and 1970. Asbestos is only dangerous when it becomes crumby. Breathing in these fibers can cause chronic health problems. Asbestos can still be found in some older homes, often as insulation around pipes.

What can you do:
- Don’t allow children to play near exposed or crumbling materials that may contain asbestos.
- If you think there is asbestos in your home, have an expert look at it.

Carbon Monoxide

Carbon monoxide is a toxic gas that has no taste, no color, and no odor. It comes from appliances or heaters that burn gas, oil, wood, propane, or kerosene. Carbon monoxide poisoning is very dangerous.

What can you do:
- Call the Poison Control number at 1-800-222-1222 if you suspect CO poisoning.
- See your doctor right away if everyone in your house has flu-like symptoms at the same time, especially if the symptoms go away when you leave the house.
- Put CO detectors on each floor in your home.

Household Products

Many cleaning products give off dangerous fumes or leave residues. These products can be harmful if they are not thrown out properly.

What can you do:
- Only use these products when needed.
- Always have enough ventilation when using these products.
- Store them in a safe place, out of reach of children.

Molds

Molds grow almost anywhere and can be found in any part of a home. Common places where molds grow include the following: damp basements, closets, showers and tubs, refrigerators, air conditioners and humidifiers, garage piles, mattresses, and carpet. Children who live in moldy places are more likely to develop allergies, asthma, and other health problems.

What can you do:
- Keep the surfaces in your home dry.
- Throw away wet carpet that can’t be dried.
- Keep air conditioners and humidifiers clean and in good condition. Use exhaust fans in the kitchen and bathroom to help keep them dry.

Information was retrieved from www.healthychildren.org
Emergency First Aid

1. **Teach your children how to dial 9-1-1.** Make sure they know your address and how to unlock the front door to let in emergency responders (if you are unable to do so).

2. **Organize your family’s medical information.** Complete medical history forms on each family member. Take the forms you need when you go to the emergency department.

3. **Complete and sign consent-to-treat for each child.** This form will allow caregivers to authorize treatment in an emergency when you are away from your child. Provide copies to key caregivers (babysitter, relatives, school nurses).

4. **Learn the basics of first aid and take a CPR course.** Keep a well-stocked first aid kit in your home and car. See back of this sheet of what should be in your first aid kit.

5. **Learn the warning signs of medical emergencies.** Knowing how to recognize emergencies may avoid dangerous delays in medical care later. Children may display different signs and symptoms from adults when they become sick or injured.

6. **Discuss the emergency care resources in your community with your family physician- and where to go and when.** Keep the names and phone numbers of all family physicians in your wallet and posted on your refrigerator, but in a medical emergency, always call 9-1-1 or seek emergency care.

7. **If you come to the ER, remain calm.** Your child will look to you to decide how fearful to be. Bring along a favorite toy, blanket, or book to help make your child less anxious. Bring your child’s medications (in original containers), as well as their medical history form.

8. **Tell the triage nurse and emergency physician ALL your or your child’s symptoms.** Answer questions completely and honestly.

9. **Not all emergencies happen at home- be prepared when you go on vacation.** Whether you are in a foreign country or just some place new, find out where the closest emergency department is.

10. **Prepare a family disaster plan.** If you develop and rehearse your plan, you will respond more effectively. Designate a safe meeting place where all family members will meet in the event your home must be evacuated suddenly.
First Aid Contents

First Aid Kit Contents
This list does not represent all the items that could be included and should be tailored to the specific medical needs of your family. All the items listed here are available at your local grocery store or pharmacy.

Information
Emergency Phone Numbers
Medical Consent Forms
Medical History Forms for Each Family Member

Bandages and Other Injury/Wound Care Supplies
Bandages of Assorted sizes
Bandage Closures “Butterfly bandages”
Triangular Bandage
Elastic Wraps
Gauze in Rolls and Two-Inch and Four-inch pads
Adhesive Tape
Sharp Scissors with Rounded Tips
Safety pins
Antiseptic Wipes
Antibiotic Ointment
Disposable, Instant-Activating Cold Packs
Tweezers
Hydrogen Peroxide
Latex-Free Gloves

Other Supplies
Thermometer
Petroleum Jelly
Calamine Lotion
Aloe Vera Gel

Over-the-Counter Medications (could be stored nearby)
Acetaminophen
Cough and Cold Medications
Allergy Medications
Oral Medicine Syringe or Other Pediatric Dosing
Hydrocortisone Cream
Decongestant Tablets

Store any medications according to the directions on the container, paying special attention to those that may need to be refrigerated. Check expiration dates and throw expired medications away. If someone in your family has a life-threatening allergy, have appropriate medications in the kit, such as an Epi-Pen or Twinject.
Home Safety Checklist

Do you know how safe your home is for your baby or young children? Use this checklist to help spot what parts of your home are safe and where you can make it safer.

Safe Sleep

- Is your baby always placed on his/her back to sleep?
- Is your baby sleeping alone in a crib-type bed for nighttime and naps at home and away from home?
- Have you checked your baby’s bed to make sure the crib sides are stationary and there are no broken or missing crib slats? Crib slats must be no more than 2 3/8 inches apart.
- Is the crib mattress firm and fitted snugly inside the crib (no extra room around edges)?
- Is your baby’s crib empty of pillows, comforters, stuffed toys, bumper pads, and other soft items?

Bathroom

- When your child is in the bathtub, is an adult always present?
- Is your hot water heater set to never go up over 120 degrees Fahrenheit?
- When you run your child’s bathwater, do you test the temperature first with your wrist or elbow?
- Are there non-skid strips or a mat on the bottom of the bathtub?

Safe Storage

- Are there safety latches or locks on cabinets and drawers that contain potentially dangerous items?
- These items include:
  - Vitamins
  - Cigarettes
  - Tobacco products such as e-juice or e-cigarettes
  - Plastic bags
  - Matches and lighters
  - Knives, scissors, razor blades and other sharp objects
  - Cleaning supplies, pesticides and other poisonous materials-keep those in their original containers
  - Guns and ammunition-must be stored separately
  - Medications- including over the counter medicines
  - Energy drinks and alcoholic beverages

Kitchen

- Are small appliances in the kitchen (coffee maker, toaster) and bathroom (hair drier, curling iron) unplugged and put away? If they cannot be stored in a cabinet or drawer, push them to the back of the counter.
- Are the back burners on the stovetop used for cooking?
- Are pot handles turned toward the back of the stove?
Around the house

- Are the poison control phone number (Answered 24/7: American Association of Poison Control Centers: 1-800-222-1222) and other emergency contacts posted near all of your phone or in an obvious place in the home? It is not necessary to keep syrup of ipecac in your home. In case of poisoning, always call the poison control number and the experts there will advise you on what to do.
- Are small toys and objects that your baby could choke on out of reach and picked up off the floor? It is important that objects containing button batteries (TV remote, clocks) have screw-secured batteries covers and toys with small magnets are out of reach.
- Are working carbon monoxide detectors installed within 10 feet of each room used for sleeping? Carbon monoxide detectors should be tested monthly and the batteries changed every year.
- Are working smoke detectors placed in each sleeping room as well as the hallways outside of the sleeping rooms? Smoke detectors should be tested monthly and the batteries changed every year.
- Is everyone living in your home aware of an emergency exit plan in case of fire?
- Is your home smoke-free (no one smokes inside your home)?
- Are heavy or unstable pieces of furniture, such as TV’s entertainment centers, and bookshelves, anchored to the floor or secured to the wall?
- Are safety/baby gates installed at the top and bottoms of all stairs?
- Are stationary activity centers used instead of infant walkers?
- Are the windows in your house or apartment child-safe? Things to do:
  - Move furniture away from windows
  - Keep windows especially those reachable by children locked or have window guards or stops to prevent them from being open more than 4 inches
- Are electrical cords in good condition (not frayed)?
- Are there shock prevention plugs or covers on all unused electrical outlets?
- Are you keeping your child safe from lead poisoning?
- Peeling paint or paint dust on walls and windows can have lead if your home was built before 1978.
- Certain folk remedies may contain lead
  - Are the cords from windows, blinds, draperies or baby monitors out of your child’s reach? If cords for blinds or draperies are looped, but them to create two short cords.
Pedestrian Safety Tips

Whether your kids are walking to school, the park or a friend’s house, here are a few simple tips to make sure they get there safely.

**Teach Kids How to Walk Safely**

- Teach kids at an early age to look left, right and left again before crossing the street. Then remind them to continue looking around until safely across.

- It’s always best to walk on sidewalks or paths and cross at street corners, using traffic signals and crosswalks. If there are no sidewalks, walk facing traffic as far to the left as possible.

- Teach kids to make eye contact with drivers before crossing the street.

- Children under 10 need to cross the street with an adult. Every child is different, but developmentally, most kids are unable to judge the speed and distance of oncoming cars until age 10.

- Encourage kids to be especially alert for cars that are turning or backing up.

- Teach kids not to run or dart out into the street or cross between parked cars.

- If kids are walking when it’s dark out, teach them to be especially alert and make sure they are visible to drivers. Have them wear light- or brightly-colored clothing and reflective gear.

**Let Your Actions Speak as Loudly as Your Words**

- Put headphones down or turn off the volume before crossing the street.

- Be aware of others who may be distracted and speak up when you see someone who is in danger.

- If kids need to use a cell phone, teach them to stop walking and find a safe area to talk.

- 44 kids are hit by a car while walking every day in the U.S.

- Be a good role model. Set a good example by putting your phone, headphones and devices down when walking around cars.

- When driving, put cell phones and other distractions in the back seat or out of sight until your final destination.

- Be especially alert and slow down when driving in residential neighborhoods and school zones. Be on the lookout for bikers, walkers or runners who may be distracted or may step into the street unexpectedly.

- Give pedestrians the right of way and look both ways when making a turn to spot any bikers, walkers or runners who may not be immediately visible.

**Take Action Against Distraction**

- Teach kids to put phones, headphones and devices down when crossing the street. It is particularly important to reinforce the message with teenagers.
Sleep and Your Child

Sleep is important to how your child learns, grows, and even behaves. Children who get enough sleep regularly do better in school and have fewer behavior issues. A regular bedtime routine can help your child get enough sleep. It can also make bedtime easier for you!

Tips for Building a Bedtime Routine:

- Set a regular bedtime (including on the weekend)
- Start your child’s bedtime routine about 30-60 minutes before bedtime. This allows your child to recognize it’s time for bed.
- Pick out clothes for the next day
- Provide an area that is safe, comfortable, and mainly used for sleep.
- Offer quiet activities like listening to soft music or reading a book if your child struggles to fall asleep
- Turn off the TV or video games 30 minutes before bedtime
- Offer time before bed to have quiet conversation- talk about your child’s day, favorite things, or sing a quiet song

How much sleep does your child need?

Infants (0-12 mos): 14-15 hours throughout the day
Toddler (1-3 years old): 12-14 hours throughout the day
Preschoolers (3-5 years old): 11-13 hours throughout the day
School Age (5-12 years old): 10-12 hours
What Does A Safe Sleep Environment Look Like?
The image below shows a safe infant sleep environment.

Baby’s sleep area is in the same room, next to where parents sleep.

Use a firm and flat sleep surface, such as a mattress in a safety-approved crib*, covered by a fitted sheet.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

Do not smoke or let anyone else smoke around your baby.

Do not put pillows, blankets, sheeptkins, or crib bumpers anywhere in your baby’s sleep area.

Keep soft objects, toys, and loose bedding out of your baby’s sleep area. Make sure nothing covers the baby’s head.

Dress your baby in sleep clothing, such as a wearable blanket. Do not use a loose blanket, and do not overbundle.

Always place your baby on his or her back to sleep, for naps and at night.

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* A crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at 1-800-638-2772 or http://www.cpsc.gov.
Safe Sleep For Your Baby

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death

- Always place baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.
- Use a firm and flat sleep surface, such as a mattress in a safety-approved crib*, covered by a fitted sheet with no other bedding or soft items in the sleep area.
- Share your room with baby. Keep baby in your room close to your bed, but on a separate surface designed for infants, ideally for baby’s first year, but at least for the first 6 months.
- Do not put soft objects, toys, crib bumpers, or loose bedding under baby, over baby, or anywhere in baby’s sleep area.

To reduce the risk of SIDS, women should:

- Get regular prenatal care during pregnancy.
- Avoid smoking, drinking alcohol, and using marijuana or illegal drugs during pregnancy or after the baby is born.
- Do not smoke during pregnancy, and do not smoke or allow smoking around your baby or in your baby’s environment.
- Think about giving your baby a pacifier for naps and nighttime sleep to reduce the risk of SIDS.
- Do not let your baby get too hot during sleep.

Breastfeed your baby to reduce the risk of SIDS. Breastfeeding has many health benefits for mother and baby. If you fall asleep while feeding or comforting baby in an adult bed, place him or her back in a separate sleep area as soon as you wake up.

- Follow guidance from your health care provider on your baby’s vaccines and regular health checkups.
- Avoid products that go against safe sleep recommendations, especially those that claim to prevent or reduce the risk for SIDS.
- Do not use heart or breathing monitors in the home to reduce the risk of SIDS.
- Give your baby plenty of tummy time when he or she is awake and someone is watching.

For more information about the Safe to Sleep® campaign, contact us:

Phone: 1-800-505-CRIB (2742) | Fax: 1-866-760-5947
Email: Safetosleep@mail.nih.gov
Website: http://safetosleep.nichd.nih.gov
Mail: 31 Center Drive, 312A32, Bethesda, MD 20892-2425
Federal Relay Service: Dial 7-1-1

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