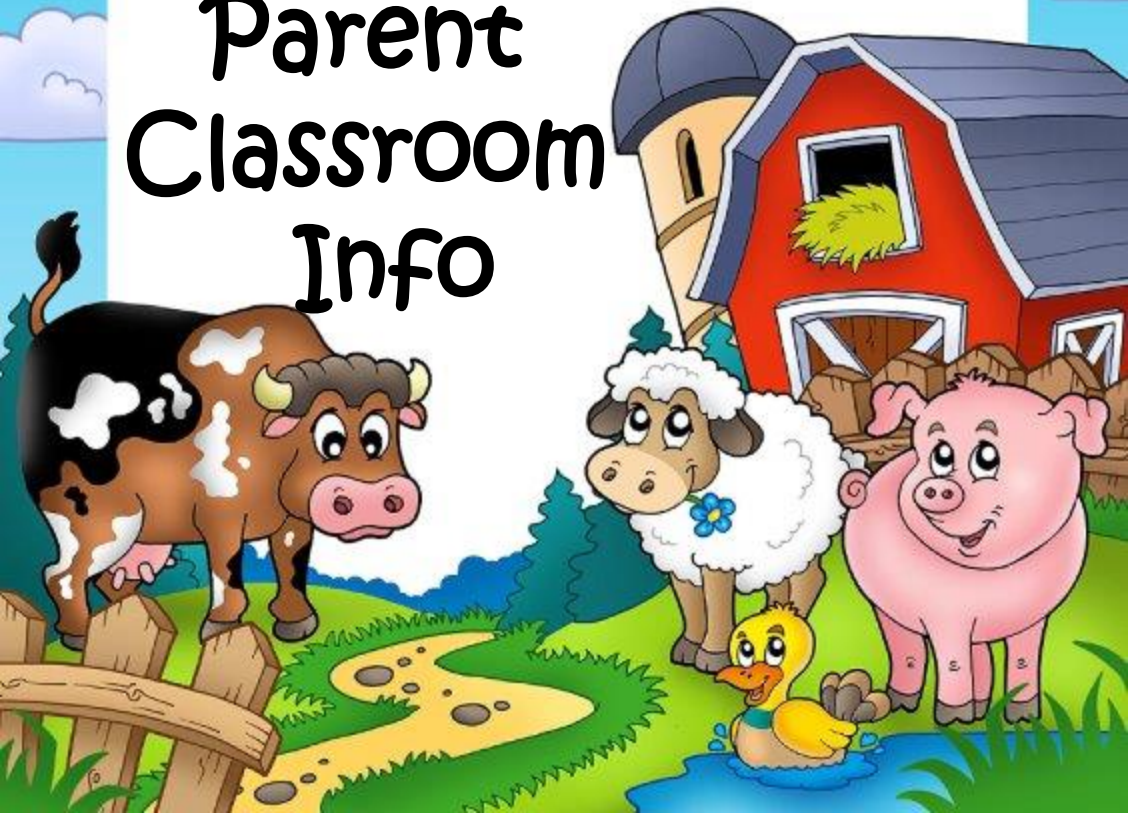


Barnyard Wobblers

New Student and
Parent
Classroom
Info



The Latest

Who's my teacher?

Ms. Sarah 7:00am – 4:00pm

Miss Britney 9:00pm – 6:00pm

**Sometimes Miss or Mrs. April in case one of my regular teachers aren't feeling well.

When are meal times?

Breakfast 7:00am – 8:30am. We stop serving at 8:20am so that everyone is finished by 8:30am.

Lunch 11:15am – 11:45am

Snack 2:15pm – 2:30 pm

What do I need to bring from home?

Diapers

Wipes

Complete change of clothing

Weather appropriate outer wear

Who's in charge at the center if my mommy or daddy have something important to talk about?

Director – Mrs. Sabrina Pitzer

Asst. Director – Mrs. April

Food Program Coordinator - Ms. Sabrina Soto

478-987-0886

sblickidz@gmail.com





Barnyard Toddler's Room

Daily Schedule

Diapering will be done as needed throughout the day in addition to this schedule

~~~~~

- 6:00 – 7:00 Greeted in Preschool Room, free play, all centers are open: (Manipulative & Math, Blocks, Art, Music, Science, Dramatic Play and Reading)
- 7:00 – 8:30 Move to Toddler Room, Breakfast, All Centers Are Open: (Manipulative & Math, Blocks, Music, Dramatic Play and Reading)
- 8:30 – 8:45 Breakfast Clean Up, Diaper Changes, Free Play
- 8:45 – 9:00 Circle Time (Teacher Directed): Shapes, Colors, Bible Story (Monday Only)
- 9:00 – 9:30 Small Group Table Activity (teacher lead curriculum)
- 9:30 – 10:00 Free Play, Teacher Individual Time with Students, Prepare for Outside Play (weather appropriate outer clothing put on if necessary)
- 10:00 – 10:30 Outdoor Play (Gross Motor: Climbing, running, jumping, throwing balls, etc.)  
Weather Permitting / Indoor play if inclement weather
- 10:30 – 11:00 Change Diapers, Wash Hands, Prepare For Lunch
- 11:00 – 11:15 Story Time
- 11:15 – 11:45 Lunch
- 11:45 – 12:00 Wash Hands, Diaper Changes, Lunch Clean Up, Prepare for Nap
- 12:00 – 2:00 Naptime
- 2:00 – 2:30 Wake up, Diaper Change, Wash Hands, Prepare for Snack
- 2:30 – 3:00 Snack, Free Play, Prepare for Outdoor Play (weather appropriate outer clothing put on if necessary)
- 3:00 – 4:00 Outside Play: Play (Gross Motor: Climbing, running, jumping, throwing balls, etc.)  
Weather Permitting / Indoor play if inclement weather
- 4:00 – 4:30 Diaper Change, Wash Hands, Music & Movement
- 4:30 – 5:00 Center Play, All centers open: (Manipulative & Math, Blocks, Art, Music, Science and Reading)  
Teacher Individual Time with Students
- 5:00 – 5:30 Teacher lead quiet activity. Prepare room to go home.
- 5:30 Move to Safari Toddler's classroom for end of the day pick-up.

- **Note that time and activities will vary with each child.**
- **Although times are designated, this is a “rolling” schedule. Times and activities will be adjusted for each child as needed.**
- **Free Play: All centers are open to the children. Art activity daily with teacher supervision.**



# Welcome to FunShine Express!

**Y**our child's teacher/child care provider will be offering a wide range of stimulating activities this year through our professionally designed Buttercups® curriculum program. The Buttercups® program is for ages 0-3. Curriculum activities are designed to address established early learning goals and standards throughout the United States.

## Benefits for Your Child

- Build enthusiasm for life-long learning
- They learn socialization and cooperation
- Learning through experience
- Skills such as teamwork and respect are taught
- Concentration, patience
- Build confidence, self-esteem and autonomy
- Exposure to diversity



## Benefits for Parents/Caregivers

- Knowledge that your child is participating in a curriculum program that is aligned with the highest quality standards in early childhood education.
- You will be involved in your child's learning. Newsletters, calendars, book lists, blog articles and much more keep you informed. Children with involved parents do better in school and show stronger social skills.
- Your child's teacher spends more of each day interacting with children and less time prepping and planning.



Each two-month kit includes a Family Newsletter loaded with helpful information. You'll find the themes and concepts, vocabulary words, sign language, and songs. You'll also find ideas for simple activities to enjoy with your child, a recipe, and ideas for books to read at home.

## What Will My Child Learn?

Each Buttercups® curriculum kit covers a two-month time frame—Sept/Oct, Nov/Dec, Jan/Feb, Mar/Apr, May/June, and July/Aug. Each kit includes four themes, with each theme lasting two to three weeks. Your child's teacher/child care provider can choose from a variety of activities and materials to promote and enhance growth in the following developmental areas:

**Language/Literacy:** Children develop skills in both listening and communicating and build a foundation for later reading and writing. Activities include songs, rhymes, finger plays, picture books, and more.

**Physical/Health:** Activities promote wellness and allow children to grow in using both small and large muscles. Playdough, water play, vigorous outdoor play, healthy snack ideas, and more are offered.

**Science/Math/Creative Arts:** Children are encouraged to enjoy and explore a variety of art materials, investigate their world, and begin to engage in symbolic thinking. Activities include pretend play, sensory exploration, experimentation, self-expression, and more.

**Social/Emotional:** Experiences are planned to help children develop relationships with adults and other children, learn more about themselves, recognize and express feelings, and begin to demonstrate self-regulation.

**Social Studies:** Predictable routines and age-appropriate rules bring order to children's lives. They also learn more about families, their own child-care setting, and the local culture and community.

**Approaches to Learning:** Opportunities to build skills in this area are woven throughout all curriculum activities to build memory and promote curiosity, persistence, and problem-solving—skills that are critical for lifelong learning!

Shop for educational resources at **funshineexpress.com**.

For up-to-date information, join our FunShine Community.



## 2018-2019 Activity Schedule

| Unit                                   | Themes                                                                                | Colors/Shapes                    |
|----------------------------------------|---------------------------------------------------------------------------------------|----------------------------------|
| <b>September/<br/>October<br/>2018</b> | Hello and Goodbye<br>Apples Everywhere<br>Be Safe<br>Wiggly Wonders                   | Red<br>Orange<br>Circle/Triangle |
| <b>November/<br/>December<br/>2018</b> | Sleep Tight<br>Getting Together<br>Hats Off to You<br>Gingerbread and<br>Jingle Bells | Brown<br>Green<br>Star           |
| <b>January/<br/>February<br/>2019</b>  | Riding Around<br>Sparkles and Shivers<br>In the Mail<br>I Am Healthy                  | White<br>Pink<br>Heart           |
| <b>March/April<br/>2019</b>            | Silly Fun<br>Changing Weather<br>Up and Away<br>Spring Has Sprung                     | Blue<br>Yellow<br>Oval           |
| <b>May/June<br/>2019</b>               | Baby Animals<br>When I'm Big<br>In the Meadow<br>Giddy Up and Go                      | Purple<br>Black<br>Square        |
| <b>July/August<br/>2019</b>            | To Market, To Market<br>Sports Talk<br>Playground Palooza<br>Cookout Lookout          | Review                           |

# An Overview of the 2018-2019 Curriculum Year



## Family Guide



926E East Industrial Drive  
Dickinson, ND 58601

1.800.340.8103  
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## Off to a Good Start - Beginning Child Care or School

Starting child care or school is a major life transition for young children. Change, even when it is a positive change can be stressful. In many cases this may be the first time a child is away from the secure and loving arms of their family. Both the child and parents may experience anxiety about the new experience. There are specific measures that parents can take to ease anxiety and make the first days happy ones.

- **Recognize your own feelings** - Your child is sensitive to your emotional state and attitudes. If you are apprehensive about the school or program or how your child will adjust, you may unwillingly convey this to your child. Also be sure to always talk to the child about this new experience as a positive and exciting thing. Avoid apologizing to the child about enrolling them in a child care program or sending them to school.
- **Recognize your child's temperament** - You know your child better than anyone else. Let your knowledge about your child's personality and temperament guide how you approach this new transition. If your child is naturally somewhat shy and slow to warm up, then you will know that you may need to take extra time in introducing your child to a new environment and new people.
- **Prepare your child in advance** - Your child will have less anxiety if they know what to expect and are familiar with the program and teachers. Bring the child along when you tour a program or school. Try to visit at least once where you can remain with the child as they explore the new surroundings. Start to establish the new routine a few days in advance, perhaps by altering the child's bedtime and/or morning rituals. A dry run of how the child will get to the school or program may be helpful. Acquaint your child with adults they can approach for help such as crossing guards' bus drivers and teachers.
- **Make the first day a first week** - One of the most successful strategies for alleviating first day jitters is to make the break slowly. If at possible, start your child's experience slowly. Maybe only an hour the first day, two hours the next, until the child is comfortable remaining the full day.
- **Reinforce a sense of trust with your child** - Young children's separation anxiety is often closely tied to fears of abandonment. It is important that they will know that you will be returning for them at a designated time. With an older child you can even point out on the clock when you will return or give them a concrete milestone such as, "I will be back for you right after lunch time". It may also be helpful to discuss with your child where you will be and what you will be doing during the time of separation. In any case remind your child that you will indeed return.
- **Communicate with the caregiver or teacher** - They are your greatest ally in making the separation a smooth and calm experience. Be sure to let them know if you have any specific concerns and needs. Don't be afraid to specifically request their assistance or guidance. Some will stand back until you directly say, "I am leaving now and I need you to help Todd."
- **Say Good-bye** - You may wish to warn that child that you will be leaving in five minutes, or that after the story you will be going to work. When it is time to go, say good-bye and go. Continued extensions to the separation seem to only add to anxiety and make the separation more difficult. It is never suggested to "sneak" out. Regardless of how upset the child is, sneaking out only adds to their anxiety, increases fear of abandonment, and breaks down the child's sense of trust.

Remember the first days of school or child care, like any major life change is a gradual process. Soon it will become a positive and exciting part of your child's daily routine.



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## When You Have Childcare Concerns

When you enroll your child in daycare or a childcare program you trust someone else to care for what is most precious to you. Although you may have spent a great deal of effort and time selecting an arrangement that is best for you and your child, it is natural to have doubts or concern about the care your child is receiving. On occasion you may find you have a serious concern and need to approach the teacher or caregiver. It is helpful to remember that a parent-teacher relationship that is most beneficial is when each party views the other as a valuable partner and resource.

Some concerns you may have may be a result of unfamiliarity of what occurs in a daycare setting. When making childcare arrangements, be sure the program or provider shares with you relevant policies, rules, and schedules so you are comfortable with what to expect. You may discover that you are questioning yourself about whether your concern is warranted or not. Here is a partial list of reasonable expectations from your childcare arrangement.

- Open and frequent communication: You should feel well-informed about the day-to-day experiences and care of your child.
- An open door policy: You are always welcome to drop by and be with your child.
- A healthy and safe environment where children are well supervised.
- The teacher or provider is willing to work with you on particular problems or limitations.
- You receive notification of changes.
- Caregivers are warm and loving with children in their care and have both training and experience in childcare.

For open communication, it is helpful to be mindful of the other person's perspective. When you are preparing to approach a provider there are two key things to keep in mind.

1. This individual has chosen this profession because he or she has a genuine interest and love for caring for children. They are making decisions based on what they feel is best for the children in their care.
2. Daycare providers, caregivers or teachers are much more than babysitters. They are committed professionals. When a provider offers care in her home it could be easy for you to lose sight of the fact that this is a business for her.

Before approaching the provider, be sure you can clearly identify the point of friction and its cause. Are there any underlying issues that are causing you distress? It may also be helpful if you have a concrete solution or resolution in mind to take to the table.

When you start a dialogue about your concern, try to be positive. Be sure to communicate what you value and appreciate about the daycare as well. In order to present your concern in a constructive way without blaming, you can use a technique called "I" messages. "I" messages are statements that clearly express your concerns or needs in a way that does not put the listener on the defensive.

Conclude your discussion by working together with the caregiver. Brainstorm a course of action that will meet the concerns and needs of both parties. Together you can forge a partnership that can benefit and support the growth and development your child.



## Why Children Should Play In Daycare

Along with a need for safe and supervised care, many parents enroll their child in a child care or preschool program with the expectation that they will be learning academic skills that will prepare them for future school success. Because many of the parent's early school or care experiences were rigid school environments comprised of worksheets and teacher-directed activities, they are often dismayed to find their children playing for most of the day.

After all, isn't play just an idle waste of time? Surprisingly, child psychologists and educational specialists will answer this with a resounding "No". Many early childhood teachers and child care providers are now recognizing what they have found in numerous research studies: Play is the most effective and powerful way for young children to learn. Often it is said that play is the work of childhood, the primary method for them to learn about themselves, others and their world.

Some scientists have found evidence that play can sculpt the brain and build denser webs of neural connections. When we play we literally exercise our brain cells. The nerve cells in the brain actually thicken and grow as we learn.

*"Imagination is more important than knowledge. Knowledge is limited. Imagination encircles the world."*  
~ Albert Einstein

### What is play?

We do not have to be taught to play. It is a universal activity, although it takes many forms. Indeed, children of every culture engage in play. It is true free play that is the most influential in learning and development. This form of play has specific characteristics.

#### Play is:

- fun
- child-directed and chosen
- process-oriented
- non-goal-oriented

*"Knowledge arises neither from objects nor the child, but from interactions between the child and those objects."*  
~ Jean Piaget

### What does play teach?

Play is the best way for young children to learn the concepts, skills, and tasks needed to set a solid foundation for later school and life success. Most child care programs focus on developing the whole child: socially, emotionally, physically and intellectually. Many common play activities meet these goals.

| PLAY<br>ACTIVITY  | WHAT IS LEARNED                                                                                                            |
|-------------------|----------------------------------------------------------------------------------------------------------------------------|
| Fingerplays       | language development, fine-motor skills, counting, coordination, and self-esteem                                           |
| Circle games      | large motor skills, creativity, cooperation, and spatial concepts                                                          |
| Pretend play      | social skills (cooperation, turn-taking and sharing) language and vocabulary development imagination, emotional expression |
| Puzzles           | problem solving, abstract reasoning, shapes, and spatial concepts                                                          |
| Block building    | a foundation for more advanced science comprehension including gravity, stability, weight, and balance                     |
| Sand-box play     | measuring, problem solving, and fine motor skills                                                                          |
| Cooking           | math skills(counting and measuring,) nutrition and science concepts(prediction, cause and effect)                          |
| Coloring/Painting | creativity, emotional expression, symbolic representation, fine-motor skills                                               |





## Volunteer. Get Involved in Your Childcare

The value of family involvement and volunteering in child care is widely recognized. Family involvement benefits the child care program, the family, and most importantly, the child.

Most child care programs are eager to welcome parent volunteers, and some will inform you of specific volunteer opportunities. If not, don't be afraid to ask. Even if you are very busy there are way you can contribute. Here are just a few possibilities.

### Volunteer in the Classroom

- Serve as a playground or lunchroom monitor
- Be an escort or driver on field trips
- Share a hobby or demonstrate a craft to the class
- Read a book or tell a favorite tale from your childhood
- Put on a mini-performance with your guitar, fiddle, etc.,

### Volunteer at Home

- Cut out patterns or help prepare art projects
- Repair books or toys
- Design and/or manage the program's website
- Tape a story for the class to hear
- Help gather materials and supplies such as old magazine, or fabric scraps





## Reading To Children

Ever wonder what to say to a young child who can't answer you with words? Read a book. Even the youngest child loves the sound of voices. If you already read to your baby, toddler, or preschooler every day . . . BRAVO! Reading books to little ones at an early age is important. Reading children's stories out loud is one of the best activities an adult can do with a child.



- 1. Reading to children helps the brain grow**
- 2. Children who are read to are better able to learn to read themselves**
- 3. Reading with a child is a simple way to establish a strong bond**

The best part about reading stories to children is that we can ALL do it! We don't have to be expert readers. Children love it when you talk about and point to the pictures in a book. And children love snuggling up and enjoying a special story. Isn't it great to know that something so simple can make such a difference?

So, if you haven't read a book to a child today, pick up a book and get started reading together TODAY! The greatest gift we can give children is the gift of our time. Any day is a good day to offer the gift of you by reading a book to a child.

- Use words like up, down, right, left
- Talk about opposites: in and out, up and down, on or off, hot or cold, fast or slow
- Use different words that mean the same thing. If your child talks about the time after dinner, respond using the word "evening"
- Pick out a new word, and tell your child what it means
- Visit your library for books on subjects that interest your child. Many children love books about animals or machines, and these books can introduce new words.



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## Understanding Biting in Child Care

You have just picked up your toddler from child care and you notice a purple bruise on her hand. You then discover a note in your daughter's backpack. The note is from your child's provider informing you that one of your daughter's classmates bit her!

One of the most troublesome behaviors, from a parent's perspective, is biting. This is true whether your child is the aggressor or the victim. However, biting in child care is a very common behavior from the time children start teething, through their toddler years.

### Why children bite

Young children are easily overwhelmed with feelings of anger or frustration. Biting is a powerful way to release strong feelings.

Young children are impulsive. They often do not stop to evaluate the consequences of their actions. When they are upset, they lash out.

Young children have limited verbal skills. When they can not use words to express themselves, they often resort to physical aggression.

Infants may be teething. When their gums are inflamed, they may find that biting relieves some discomfort.

### Handling Biting

**How child care programs often handle biting** -- Tips they you can use at home too

Child care professionals recognize that biting is a normal behavior, therefore they are not overly punitive to the biter. They may separate the biter from the other child. Some providers will ask the biter to participate in caring for the victim by bringing ice, or offering a hug.

Caregivers often try to prevent children from biting. They provide many materials and activities for children to release pent-up emotions and frustration.

Caregivers help young children to learn to verbally express themselves. They may tell the biter, "I see you are feeling very angry with Marcus, but I will not allow you to bite him. Let's use our words and tell Marcus that you are mad!"

When children are teething, the provider may have a cool teether or rubber ring available. They may tell the child, "Biting hurts people. If you need to bite, use your teething ring."

Caregivers will usually have a policy informing the parents of both children about biting incident. Many programs have a policy that they will not disclose the name of the other child involved.



## 8 Sleep Tips for Every Child

By Elizabeth Pantley, author of *The No-Cry Sleep Solution*

Up to 70% of children under age five have sleep problems. Sleep issues are complicated and have many causes. They're hard to deal with because when children aren't sleeping, parents aren't sleeping, and that lack of sleep affects every minute of every day for every person in the family because lack of sleep isn't just about being tired. Sleep has a role in everything -- dawdling, temper tantrums, hyperactivity, growth, health, and even learning to tie his shoes and recite the ABCs. Sleep affects everything.

The following ideas are of value to almost any sleeper, of any age. These tips can bring improvement not only in your child's sleep, but also in her daytime mood and last, but not least – improvements in your own sleep and outlook as well.

### 1. **Maintain a consistent bedtime and awaking time.**

Your child's biological clock has a strong influence on her wakefulness and sleepiness. When you establish a set time for bedtime and wake up time you "set" your child's clock so that it functions smoothly.

Aim for an early bedtime. Young children respond best with a bedtime between 6:30 and 7:30 P.M. Most children will sleep better and longer when they go to bed early.

### 2. **Encourage regular daily naps.**

Daily naps are important. An energetic child can find it difficult to go through the day without a rest break. A napless child will often wake up cheerful and become progressively fussier or hyper-alert as the day goes on. Also, the length and quality of naps affects night sleep – good naps equal better night sleep.

### 3. **Set your child's biological clock.**

Take advantage of your child's biology so that he's actually tired when bedtime arrives. Darkness causes an increase in the release of the body's sleep hormone -- the biological "stop" button. You can align your child's sleepiness with bedtime by dimming the lights during the hour before bedtime.

Exposing your child to morning light is pushing the "go" button in her brain — one that says, "Time to wake up and be active." So keep your mornings bright!

### 4. **Develop a consistent bedtime routine.**

Routines create security. A consistent, peaceful bedtime routine allows your child to transition from the motion of the day to the tranquil state of sleep.

An organized routine helps you coordinate the specifics: bath, pajamas, tooth-brushing. It helps you to function on auto-pilot at the time when you are most tired and least creative.

### 5. **Create a cozy sleep environment.**

Where your child sleeps can be a key to quality sleep. Make certain the mattress is comfortable, the blankets are warm, the room temperature is right, pajamas are comfy, and the bedroom is welcoming.

### 6. **Provide the right nutrition.**

Foods can affect energy level and sleepiness. Carbohydrates can have a calming effect on the body, while foods high in protein or sugar generate alertness, particularly when eaten alone. A few ideas for pre-bed snacks are: whole wheat toast and cheese, bagel and peanut butter, oatmeal with bananas, or yogurt and low-sugar granola. Vitamin deficiencies due to unhealthy food choices can affect a child's sleep. Provide your child with a daily assortment of healthy foods.





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**7. Help your child to be healthy and fit.**

Many children don't get enough daily physical activity. Too much TV watching and a lack of activity prevents good sleep. Children who get ample daily exercise fall asleep more quickly, sleep better, stay asleep longer, and wake up feeling refreshed.

Avoid activity in the hour before bedtime though, since exercise is stimulating – they'll be jumping on the bed instead of sleeping in it!

**8. Teach your child how to relax.**

Many children get in bed but aren't sure what to do when they get there! It can help to follow a soothing pre-bed routine that creates sleepiness. A good pre-bed ritual is story time. A child who is listening to a parent read a book or tell a tale will tend to lie still and listen. This quiet stillness allows him to become sleepy.

Work with these eight ideas and you'll see improvements in your child's sleep, and yours too.

Excerpted with permission by McGraw-Hill Publishing from *The No-Cry Sleep Solution* for Toddlers & Preschoolers (McGraw-Hill 2005) <http://www.pantley.com/elizabeth>



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## Stop the Diaper Changing Battles

By Elizabeth Pantley, author of *Gentle Baby Care*

Babies are little bundles of energy! They don't want to lie still to have their diapers changed. They cry, fuss, or even crawl away. A simple issue can turn into a major tug-of-war between parent and baby.

### Diaper changing as a ritual

The position of parent and baby during a diaper change is perfect for creating a bonding experience between you. You are leaning over your baby, and your face is at the perfect arms-length distance for engaging eye contact and communication. What's more, this golden opportunity presents itself many times during each day; no matter how busy you both get, you have a few moments of quiet connection. It's too valuable a ritual to treat it as simply maintenance.

#### Learning about your baby

Diapering offers a perfect opportunity for you to truly absorb your baby's cues and signals. You'll learn how his little body works, what tickles him, what causes those tiny goose bumps. As you lift, move, and touch your baby, your hands will learn the map of his body and what's normal for him. This is important because it will enable you to easily decipher any physical changes that need attention.

#### Developing trust

Regular diaper changes create rhythm in your baby's world and afford the sense that the world is safe and dependable. They are regular and consistent episodes in days that may not always be predictable. Your loving touches teach your baby that he is valued, and your gentle care teaches him that he is respected.

#### A learning experience for your baby

Your baby does a lot of learning during diaper changes. It's one of the few times that she actually sees her own body without clothes, when she can feel her complete movements without a wad of diaper between her legs. Diaper-off time is a great chance for her to stretch her limbs and learn how they move.

During changing time, your baby is also a captive audience to your voice, so she can focus on what you are saying and how you are saying it — an important component of her language learning process. Likewise, for a precious few minutes, you are her captive audience, so you can focus on what she's saying and how she is saying it — crucial to the growth of your relationship.

#### What your baby thinks and feels

Many active babies could not care less if their diapers are clean. They're too busy to concern themselves with such trivial issues. It may be important to you, but it's not a priority for your child.

Diaper rash or uncomfortable diapers (wrong size or bad fit) can make him dread diaper changes, so check these first. Once you're sure all the practical issues are covered, make a few adjustments in this unavoidable process to make it more enjoyable.

#### Take a deep breath

Given the number of diapers you have to change, it's possible that what used to be a pleasant experience for you has gotten to be routine, or even worse, a hassle. When parents approach diaper changing in a brisk, no-nonsense way, it isn't any fun for Baby. Try to reconnect with the bonding



experience that diaper changing can be -- a moment of calm in a busy day when you share one-on-one time with your baby.

### **Have some fun**

This is a great time to sing songs, blow tummy raspberries, or do some tickle and play. A little fun might take the dread out of diaper changes for both of you. A game that stays fresh for a long time is "hide the diaper." Put a new diaper on your head, on your shoulder, or tucked in your shirt and ask, "Where's the diaper? I can't find it!" A fun twist is to give the diaper a name and a silly voice, and use it as a puppet. Let the diaper call your child to the changing station and have it talk to him as you change it. (If you get tired of making Mister Diaper talk, just remember what it was like before you tried the idea.)

### **Use distraction**

Keep a flashlight with your changing supplies and let your baby play with it while you change him. Some kids' flashlights have a button to change the color of the light, or shape of the ray. Call this his "diaper flashlight" and put it away when the change is complete. You may find a different type of special toy that appeals to your little one, or even a basket of small interesting toys. If you reserve these only for diaper time, they can retain their novelty for a long time.

### **Try a stand-up diaper**

If your baby's diaper is just wet (not messy), try letting her stand up while you do a quick change. If you're using cloth diapers, have one leg pre-pinned so that you can slide it on like pants, or opt for pre-fitted diapers that don't require pins.

### **Time to potty train?**

If your child is old enough and seems ready for the next step, consider potty training.

This article is an excerpt from *Gentle Baby Care* by Elizabeth Pantley. (McGraw-Hill, 2003)



# Are They Ready for Toilet Training?

A child's readiness for toilet training is very individual. Although there are some general guidelines, children progress at their own rate and rushing them often proves to do more harm than good.

## Prerequisite Skills

There are some specific skills a child must have before they are ready for this big step.

### Physical Skills

- They can recognize the feeling of urgency.
- The child wants to be a "big" girl or boy.
- They are able to pull pants up and down with minimum assistance.

### Emotional Skills

- The child wants to please adults.
- They can control the urge to go.
- The child likes to imitate others.
- The child can follow directions.

### Communication Skills

There are basically three steps that will show you a child is ready to start potty training.

- The child can communicate that he or she has already gone or messed their diaper.
- The child can communicate that they are in the process of eliminating.
- The child can predict and communicate that they need to go to the toilet soon.





# Potty Training at Child Care and Preschool

by Danna Henderson

With 61% of children between the ages of birth and 6 years in daycare, it's important that parents work closely with their child's care professional while potty training. When your child is ready for potty training, the right potty training guidance and supplies can make all the difference.

**Be sure your child is ready.** Before you begin potty training, make sure your child is ready. Your child should show the following signs of potty training readiness:

- Expresses an interest in the potty
- Tries to imitate family members
- Stays dry for two hours
- Express the need to go potty or indicates that he or she just has
- Able to pull pants up and down
- Irritated when diapers are wet
- Expresses interest in cotton underwear
- Has predictable bowel movements on a regular basis
- Diaper stays dry overnight

**Introduce potty training.** If your child is in daycare, he or she will probably notice that there are other children around who wear cotton underwear and use the potty. This kind of light peer pressure can motivate your child to want to use the potty as well. Start introducing the idea by watching a potty training book or video together. Be sure and tell your child's daycare provider that you are beginning the potty training process. Your child's daycare provider can help by watching for signs of potty training readiness and answering questions from your child.

**Set potty training rules.** When you begin potty training your child, discuss your plan with your child's daycare worker. This person has probably potty trained many children and may have useful tips and tricks that he or she has found useful. Make sure your potty training methods are similar.

**Progress Reports.** Speak with the child care provider often to exchange progress reports. Both of you need to be aware of any successes or potential problems. If the daycare worker tells you that your child used the potty earlier that day, be sure and tell your child that that you heard about his or her success and that you are proud of him or her.

# Your Child at 1 Year



Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Today's Date \_\_\_\_\_

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 1st birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Children Do at this Age:

### Social/Emotional

- ☐ Is shy or nervous with strangers
- ☐ Cries when mom or dad leaves
- ☐ Has favorite things and people
- ☐ Shows fear in some situations
- ☐ Hands you a book when he wants to hear a story
- ☐ Repeats sounds or actions to get attention
- ☐ Puts out arm or leg to help with dressing
- ☐ Plays games such as "peek-a-boo" and "pat-a-cake"

### Language/Communication

- ☐ Responds to simple spoken requests
- ☐ Uses simple gestures, like shaking head "no" or waving "bye-bye"
- ☐ Makes sounds with changes in tone (sounds more like speech)
- ☐ Says "mama" and "dada" and exclamations like "uh-oh!"
- ☐ Tries to say words you say

### Cognitive (learning, thinking, problem-solving)

- ☐ Explores things in different ways, like shaking, banging, throwing
- ☐ Finds hidden things easily
- ☐ Looks at the right picture or thing when it's named
- ☐ Copies gestures
- ☐ Starts to use things correctly; for example, drinks from a cup, brushes hair
- ☐ Bangs two things together
- ☐ Puts things in a container, takes things out of a container
- ☐ Lets things go without help
- ☐ Pokes with index (pointer) finger
- ☐ Follows simple directions like "pick up the toy"

### Movement/Physical Development

- ☐ Gets to a sitting position without help
- ☐ Pulls up to stand, walks holding on to furniture ("cruising")
- ☐ May take a few steps without holding on
- ☐ May stand alone

## Act Early by Talking to Your Child's Doctor if Your Child:

- ☐ Doesn't crawl
- ☐ Can't stand when supported
- ☐ Doesn't search for things that she sees you hide.
- ☐ Doesn't say single words like "mama" or "dada"
- ☐ Doesn't learn gestures like waving or shaking head
- ☐ Doesn't point to things
- ☐ Loses skills he once had

**Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to [www.cdc.gov/concerned](http://www.cdc.gov/concerned) or call 1-800-CDC-INFO.**

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[www.cdc.gov/actearly](http://www.cdc.gov/actearly)

1-800-CDC-INFO



**Learn the Signs. Act Early.**

# Su Hijo de 1 Año



Nombre del niño

Edad del niño

Fecha de hoy

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 1 año de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

## ¿Qué Hacen los Niños a Esta Edad?

### En las áreas social y emocional

- ☐ Actúa con timidez o se pone nervioso en presencia de desconocidos
- ☐ Lloro cuando la mamá o el papá se aleja
- ☐ Tiene cosas y personas preferidas
- ☐ Demuestra miedo en algunas situaciones
- ☐ Le alcanza un libro cuando quiere escuchar un cuento
- ☐ Repite sonidos o acciones para llamar la atención
- ☐ Levanta un brazo o una pierna para ayudar a vestirse
- ☐ Juega a esconder la carita y a las palmaditas con las manos

### En las áreas del habla y la comunicación

- ☐ Entiende cuando se le pide que haga algo sencillo
- ☐ Usa gestos simples, como mover la cabeza de lado a lado para decir “no” o mover la mano para decir “adiós”
- ☐ Hace sonidos con cambios de entonación (se parece más al lenguaje normal)
- ☐ Dice “mamá” y “papá” y exclamaciones como “oh-oh”
- ☐ Trata de copiar palabras

### En el área cognitiva (aprendizaje, razonamiento, resolución de problemas)

- ☐ Explora los objetos de diferentes maneras (los sacude, los golpea o los tira)
- ☐ Encuentra fácilmente objetos escondidos
- ☐ Cuando se nombra algo mira en dirección a la ilustración o cosa que se nombró
- ☐ Copia gestos
- ☐ Comienza a usar las cosas correctamente, por ejemplo, bebe de una taza, se cepilla el pelo
- ☐ Golpea un objeto contra otro
- ☐ Mete cosas dentro de un recipiente, las saca del recipiente
- ☐ Suelta las cosas sin ayuda
- ☐ Pide atención tocando a las personas con el dedo índice
- ☐ Sigue instrucciones sencillas como “recoge el juguete”

### En las áreas motora y de desarrollo físico

- ☐ Se sienta sin ayuda
- ☐ Se para sosteniéndose de algo, camina apoyándose en los muebles, la pared, etc.
- ☐ Puede ser que hasta dé unos pasos sin apoyarse
- ☐ Puede ser que se pare solo

## Reaccione pronto y hable con el doctor de su hijo si el niño:

- ☐ No gatea
- ☐ No puede permanecer de pie con ayuda
- ☐ No busca las cosas que la ve esconder
- ☐ No dice palabras sencillas como “mamá” o “papá”
- ☐ No aprende a usar gestos como saludar con la mano o mover la cabeza
- ☐ No señala cosas
- ☐ Pierde habilidades que había adquirido

**Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad**, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte [www.cdc.gov/preocupado](http://www.cdc.gov/preocupado) o llame **1-800-CDC-INFO**.

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[www.cdc.gov/pronto](http://www.cdc.gov/pronto)

1-800-CDC-INFO



Aprenda los signos. Reaccione pronto.

# Your Child at 18 Months (1½ Yrs)



Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Today's Date \_\_\_\_\_

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 18 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Children Do at this Age:

### Social/Emotional

- ☐ Likes to hand things to others as play
- ☐ May have temper tantrums
- ☐ May be afraid of strangers
- ☐ Shows affection to familiar people
- ☐ Plays simple pretend, such as feeding a doll
- ☐ May cling to caregivers in new situations
- ☐ Points to show others something interesting
- ☐ Explores alone but with parent close by

### Language/Communication

- ☐ Says several single words
- ☐ Says and shakes head "no"
- ☐ Points to show someone what he wants

### Cognitive (learning, thinking, problem-solving)

- ☐ Knows what ordinary things are for; for example, telephone, brush, spoon
- ☐ Points to get the attention of others
- ☐ Shows interest in a doll or stuffed animal by pretending to feed
- ☐ Points to one body part
- ☐ Scribbles on his own
- ☐ Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"

### Movement/Physical Development

- ☐ Walks alone
- ☐ May walk up steps and run
- ☐ Pulls toys while walking
- ☐ Can help undress herself
- ☐ Drinks from a cup
- ☐ Eats with a spoon

## Act Early by Talking to Your Child's Doctor if Your Child:

- ☐ Doesn't point to show things to others
- ☐ Can't walk
- ☐ Doesn't know what familiar things are for
- ☐ Doesn't copy others
- ☐ Doesn't gain new words
- ☐ Doesn't have at least 6 words
- ☐ Doesn't notice or mind when a caregiver leaves or returns
- ☐ Loses skills he once had

**Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age**, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to [www.cdc.gov/concerned](http://www.cdc.gov/concerned) or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 18-month visit. Ask your child's doctor about your child's developmental screening.

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[www.cdc.gov/actearly](http://www.cdc.gov/actearly)

1-800-CDC-INFO



**Learn the Signs. Act Early.**



# Su Bebê a los 18 Meses (1½ Años)



Nombre del niño

Edad del niño

Fecha de hoy

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 19 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

## ¿Qué Hacen los Niños a Esta Edad?

### En las áreas social y emocional

- ☐ Le gusta alcanzarle cosas a los demás como un juego
- ☐ Puede tener rabietas
- ☐ Puede ser que le tenga miedo a los desconocidos
- ☐ Le demuestra afecto a las personas conocidas
- ☐ Juega a imitar cosas sencillas, como alimentar a una muñeca
- ☐ Se aferra a la persona que le cuida en situaciones nuevas
- ☐ Señala para mostrarle a otras personas algo interesante
- ☐ Explora solo, pero con la presencia cercana de los padres

### En las áreas del habla y la comunicación

- ☐ Puede decir varias palabras
- ☐ Dice “no” y sacude la cabeza como negación
- ☐ Señala para mostrarle a otra persona lo que quiere

### En el área cognitiva (aprendizaje, razonamiento, resolución de problemas)

- ☐ Sabe para qué sirven las cosas comunes; por ejemplo, teléfono, cepillo, cuchara
- ☐ Señala una parte del cuerpo
- ☐ Señala para llamar la atención de otras personas
- ☐ Demuestra interés en una muñeca o animal de peluche y hace de cuenta que le da de comer
- ☐ Hace garabatos sin ayuda
- ☐ Puede seguir instrucciones verbales de un solo paso que no se acompañan de gestos; por ejemplo, se sienta cuando se le dice “siéntate”

### En las áreas motora y de desarrollo físico

- ☐ Camina solo
- ☐ Jala juguetes detrás de él mientras camina
- ☐ Puede subir las escaleras y correr
- ☐ Puede ayudar a desvestirse

- ☐ Bebe de una taza
- ☐ Come con cuchara

## Reaccione pronto y hable con el doctor de su hijo si el niño:

- ☐ No señala cosas para mostrárselas a otras personas
- ☐ No puede caminar
- ☐ No sabe para qué sirven las cosas familiares
- ☐ No copia lo que hacen las demás personas
- ☐ No aprende nuevas palabras
- ☐ No sabe por lo menos 6 palabras
- ☐ No se da cuenta ni parece importarle si la persona que le cuida se va a o regresa
- ☐ Pierde habilidades que había adquirido

**Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad**, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte [www.cdc.gov/preocupado](http://www.cdc.gov/preocupado) o llame **1-800-CDC-INFO**.

La Academia Americana de Pediatría recomienda que, a los 18 meses de edad, se evalúe el desarrollo general de los niños y se realicen pruebas de detección del autismo. Pregúntele al médico de su hijo si el niño necesita ser evaluado.

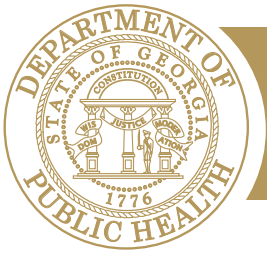
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[www.cdc.gov/pronto](http://www.cdc.gov/pronto)

1-800-CDC-INFO



Aprenda los signos. Reaccione pronto.



## THE GEORGIA DEPARTMENT OF PUBLIC HEALTH

### FACT SHEET

## CHILDREN AND YOUTH WITH SPECIAL NEEDS BABIES CAN'T WAIT

Division of Health Promotion  
Maternal & Child Health Section  
Child Health Office

#### **Why is early intervention important?**

Babies develop very quickly. Half of their physical, social, emotional, and intellectual growth takes place in the first few years of life. These early years are the critical foundation for later learning.

Each year in Georgia, more than 10,000 babies are born with, or later develop, conditions that affect typical growth and learning. Without early help, even conditions that are mild in the beginning can become more severe as a child grows older. With early intervention, a child who is developing slowly has a greater chance of reaching his or her developmental potential. Studies show that for every \$1 spent on early intervention, \$7 can be saved on additional services that might otherwise be needed later in the child's life.

Early intervention services reduce the need for special services later in life by helping children with developmental delays reach their maximum developmental potential. Institutionalization of young children with disabilities has decreased significantly since federal law established early intervention programs in 1986.

#### **What is the purpose of the program?**

To enhance the capacity of families to meet the special needs of their child in order to ensure that each young child with significant developmental delays achieves his or her maximum developmental potential.

#### **What is Babies Can't Wait?**

The Babies Can't Wait (BCW) early intervention process begins with a complete evaluation and assessment of the child's development. If the child has a significant developmental delay or disability, the next step is to identify the child's developmental strengths and needs and the family's priorities and goals for their child. Appropriate services needed to support these goals are identified and are provided in a manner that supports parents and other primary caregivers in using typical daily activities and routines to increase everyday learning opportunities for each child.

#### **How many people are helped by the program?**

Georgia's Babies Can't Wait early intervention system has served Georgia's children and families since 1987. 12,123 children and families were served in FFY 2011.

#### **What does the program do?**

- Every child and family receives evaluation, assessments, and service coordination at no cost in order to develop and implement a plan to meet (1) the child's developmental needs, and (2) the family's needs related to improving their child's development.
- The individualized family service plans identify early intervention services such as assistive technology, therapies, or special instruction that are necessary to support progress toward each individual child's goals. These services are provided where the child lives, learns, and plays.
- Services are provided in a manner that supports and coaches parents and other primary caregivers in using activities throughout the child and family's daily routines that will increase learning opportunities for each child.
- Service coordinators help families obtain the services and supports identified in their plans by accessing Babies Can't Wait team members and other community resources. Most services are provided through contracts with private providers who participate on local Babies Can't Wait teams.
- As a part of transition, families are informed about programs and services available to them after their child leaves Babies Can't Wait. Additionally a transition meeting is coordinated with local school system representatives for children who may be eligible for school system services at age 3. The transition meeting is held at least 90 days prior to the third birthday.
- The program is assisted by a governor-appointed State Interagency Coordinating Council, which consists of legislators, state agency representatives, public and private providers, and families.

# CHILDREN AND YOUTH WITH SPECIAL NEEDS BABIES CAN'T WAIT

**Who is eligible?**

Children, from birth to their third birthday, regardless of income, may be eligible for BCW in one of two ways:

1. Children are automatically eligible if they are diagnosed with certain mental or physical conditions which are known to lead to developmental delay, including but not limited to: Down Syndrome, fetal alcohol syndrome, spina bifida, cerebral palsy, and/or autism; or
2. Children who are determined to be experiencing significant delays in any aspect of their development upon evaluation/assessment also may be eligible.

**Where are services located?**

Statewide.

**Outcome measures**

Increase the percentage of Individualized Family Service Plan (IFSP) developmental outcomes that are met by children enrolled in BCW.

**Legislative authority:**

Individuals with Disabilities Education Improvement Act of 2004 (IDEA) Part C (federal), OCGA 31-1-3

**How to contact Babies Can't Wait**

Anyone who suspects that a child may be delayed in his/her development can visit <http://health.state.ga.us/programs/bcw/> or call toll-free 1-800-229-2038 or, in Atlanta, 770-451-5484 to find the closest BCW office. Parents also may ask to speak to another parent whose child has a similar disability. For additional information, call Babies Can't Wait at:

State Office: (404) 657-2762; Toll Free: 1 (888) 651-8224

For Local Directory Call Parent to Parent: 1 (800) 229-2038

# Developmental Screening

## FACT SHEET

### What is child development?

A child's growth is more than just physical. Children grow, develop, and learn throughout their lives, starting at birth. A child's development can be followed by how they play, learn, speak, and behave.

### What is a developmental delay? Will my child just grow out of it?

Skills such as taking a first step, smiling for the first time, and waving "bye bye" are called developmental milestones. Children reach milestones in playing, learning, speaking, behaving, and moving (crawling, walking, etc.). A developmental delay is when your child does not reach these milestones at the same time as other children the same age. If your child is not developing properly, there are things you can do that may help. Most of the time, a developmental problem is not something your child will "grow out of" on his or her own. But with help, your child could reach his or her full potential!

### What is developmental screening?

Doctors and nurses use developmental screening to tell if children are learning basic skills when they should, or if they might have problems. Your child's doctor may ask you questions or talk and play with your child during an exam to see how he or she learns, speaks, behaves, and moves. Since there is no lab or blood test to tell if your child may have a delay, the developmental screening will help tell if your child needs to see a specialist.

### Why is developmental screening important?

When a developmental delay is not recognized early, children must wait to get the help they need. This can make it hard for them to learn when they start school. In the United States, 17 percent of children have a developmental or behavioral disability such as autism, intellectual disability (also known as mental retardation), or Attention-Deficit/Hyperactivity Disorder (ADHD).

In addition, many children have delays in language or other areas. But, less than half of children with problems are identified before starting school. During this time, the child could have received help for these problems and may even have entered school more ready to learn.

### I have concerns that my child could have a developmental delay. Whom can I contact in my state to get a developmental assessment for my child?

Talk to your child's doctor or nurse if you have concerns about how your child is developing. If you or your doctor think there could be a problem, you can take your child to see a developmental pediatrician or other specialist, and you can contact your local early intervention agency (for children under 3) or public school (for children 3 and older) for help. To find out who to speak to in your area, you can contact the National Dissemination Center for Children with Disabilities by logging on to [www.nichcy.org/states.htm](http://www.nichcy.org/states.htm). In addition, the Centers for Disease Control and Prevention (CDC) has links to information for families at ([www.cdc.gov/actearly](http://www.cdc.gov/actearly)). If there is a problem, it is very important to get your child help as soon as possible.

### How can I help my child's development?

Proper nutrition, exercise, and rest are very important for children's health and development. Providing a safe and loving home and spending time with your child – playing, singing, reading, and even just talking – can also make a big difference in his or her development.

For other ideas of activities to do with your child, and for child safety information, go to [www.cdc.gov/ncbddd/child/](http://www.cdc.gov/ncbddd/child/) and look in the "developmental milestones" section.

[www.cdc.gov/actearly](http://www.cdc.gov/actearly)



Learn the Signs. Act Early.



# Hoja informativa sobre el análisis del desarrollo

## ¿Qué es el desarrollo infantil?

El crecimiento de un niño no es solo de tipo físico. Desde su nacimiento y durante toda su vida los niños crecen, se desarrollan y aprenden. El desarrollo de un niño se puede seguir por la manera en que juega, aprende, habla y se comporta.

## ¿Qué es un retraso en el desarrollo? ¿Podrá mi hijo superarlo por sí solo?

Ciertas destrezas como dar el primer paso, sonreír por primera vez y mover la mano para decir adiós se denominan indicadores importantes en el desarrollo. Cada niño alcanza estos indicadores importantes en áreas como el juego, el aprendizaje, el habla, la conducta y el movimiento (gatear, caminar etc.). Un retraso en el desarrollo ocurre cuando su hijo no alcanza estos indicadores importantes más o menos al mismo tiempo que otros niños de su misma edad. Si su hijo no se está desarrollando debidamente hay algunas cosas que puede hacer para ayudarlo. Generalmente los niños no superan los problemas de desarrollo por sí solos pero con su ayuda podrá alcanzar su máximo potencial.

## ¿Qué es el análisis del desarrollo?

Los doctores y enfermeras analizan el desarrollo para determinar si los niños están aprendiendo las destrezas básicas a su debido tiempo o si tienen problemas. Durante el examen, el doctor de su hijo o pediatra puede hacerle preguntas a usted o conversar y jugar con su hijo para observar su forma de aprender, de hablar, de comportarse y de moverse. Como no existe un análisis de sangre o de laboratorio que indique si su hijo tiene un retraso, el análisis del desarrollo determinará si su hijo necesita ver a un especialista.

## ¿Por qué es importante el análisis del desarrollo?

Cuando no se identifica en un comienzo el retraso en el desarrollo, los niños deben esperar más tiempo para recibir ayuda, lo cual puede dificultar su aprendizaje al ingresar a la escuela. En los Estados Unidos, el 17% de los niños presenta discapacidades en el desarrollo o la conducta tales como: autismo, discapacidad intelectual (también conocido como retraso mental) o trastorno de déficit de atención con hiperactividad (ADHD por sus siglas en inglés). Adicionalmente, muchos niños presentan retraso en el lenguaje y otras áreas.

Sin embargo, menos de la mitad de los niños con problemas son identificados antes de entrar a la escuela y por consiguiente no reciben la ayuda necesaria que les podría preparar mejor para el ingreso a la escuela.

## Me preocupa que mi hijo pueda tener un retraso en el desarrollo. ¿Con quién hablo en el estado en que vivo para que le hagan a mi hijo un análisis del desarrollo?

Hable con su doctor o enfermera si está preocupado por el desarrollo de su hijo. Si usted o su doctor piensan que existe algún problema, puede llevar a su hijo a un pediatra especializado en el desarrollo u otro especialista entrenado en este campo y puede llamar a su agencia local de intervención temprana (para niños menores de 3 años) o su escuela pública (para niños de 3 años o más) para que le presten ayuda. Para averiguar con quién puede hablar en su área puede comunicarse con el Centro Nacional de Información sobre Niños y Jóvenes con Discapacidades (NICHCY por sus siglas en inglés) ya sea en la página de Internet **[www.nichcy.org/states.htm](http://www.nichcy.org/states.htm)**. Los Centros para el Control y la Prevención de Enfermedades (CDC por sus siglas en inglés) también tienen enlaces con información para las familias en el sitio electrónico **[www.cdc.gov/pronto](http://www.cdc.gov/pronto)**. Si existe algún problema es de suma importancia buscar ayuda para su hijo lo más pronto posible.

## ¿Cómo puedo ayudar al desarrollo de mi hijo?

La nutrición, el ejercicio y el descanso apropiados son partes muy importantes en la salud y el desarrollo de los niños. Usted también puede tener una gran influencia en el desarrollo de su hijo si le brinda cariño, un hogar seguro y le dedica tiempo ya sea jugando, cantando, leyendo o simplemente platicando.

Para obtener otras ideas sobre actividades que puede realizar con su hijo, así como información sobre la seguridad infantil, vaya a **[www.cdc.gov/ncbddd/child/](http://www.cdc.gov/ncbddd/child/)** y busque la sección de indicadores importantes ("developmental milestones").

**[www.cdc.gov/pronto](http://www.cdc.gov/pronto)**



**Aprenda los signos. Reaccione pronto.**

# Vision Loss FACT SHEET

## What is vision loss?

Vision loss means that a person's eyesight is not corrected to a "normal" level. Vision loss can vary greatly among children and can be caused by many things.

## What causes loss of vision?

Vision loss can be caused by damage to the eye itself, by the eye being shaped incorrectly, or even by a problem in the brain. Babies can be born unable to see, and vision loss can occur anytime during a person's life.

## When should my child be checked?

Your child should be checked for vision problems by an ophthalmologist, optometrist, pediatrician, or other trained specialist at:

- newborn to 3 months
- 6 months to 1 year
- about 3 years
- about 5 years

Having your child's vision checked is especially important if someone in your family has had vision problems.

## What are some of the signs of vision loss?

A child with vision loss might:

- close or cover one eye
- squint the eyes or frown
- complain that things are blurry or hard to see
- have trouble reading or doing other close-up work, or hold objects close to eyes in order to see
- blink more than usual or seem cranky when doing close-up work (such as looking at books)

One eye of a child with vision loss could look out or cross. One or both eyes could be watery, and one or both of the child's eyelids could also look red-rimmed, crusted, or swollen.

## What can I do if I think my child may have vision loss?

Talk with your child's doctor or nurse. If you or your doctor think there could be a problem, you can take your child to see an ophthalmologist, optometrist, or other specialist, and you can contact your local early intervention agency (for children under 3) or public school (for children 3 and older). To find out whom to speak to in your area, contact the National Information Center for Children and Youth with Disabilities at [www.nichcy.org/states.htm](http://www.nichcy.org/states.htm) or call the Centers for Disease Control and Prevention (CDC) at **1-800-232-4636**. In addition, CDC has information about vision loss at [www.cdc.gov/ncbddd](http://www.cdc.gov/ncbddd).

Treating vision problems early may protect your child's sight, and teaching children with severe vision loss how to function as early as possible can help them reach their full potential.

[www.cdc.gov/actearly](http://www.cdc.gov/actearly)

| 1-800-CDC-INFO



**Learn the Signs. Act Early.**

# Hoja informativa sobre la pérdida de la visión

## ¿Qué es la pérdida de la visión?

Pérdida de la visión significa que la visión de una persona no puede corregirse a su nivel normal. La pérdida de la visión varía considerablemente de niño a niño y sus causas pueden ser muchas.

## ¿Qué causa la pérdida de la visión?

La pérdida de la visión puede resultar por daños al ojo mismo, porque el ojo tiene una forma incorrecta o incluso por problemas cerebrales. Algunos bebés nacen sin poder ver, pero la pérdida de la visión puede ocurrir en cualquier momento durante el transcurso de la vida de cualquier persona.

## ¿Cuándo se le debe hacer un examen de la visión a mi hijo?

La visión de su hijo debe de ser examinado por un oftalmólogo, optómetra, pediatra u otro especialista entrenado en este campo:

- recién nacido a 3 meses
- 6 meses a 1 año
- a los 3 años aproximadamente
- a los 5 años aproximadamente

En particular, es muy importante hacerle a su hijo un examen de la visión si alguien en su familia ya ha tenido problemas de la vista.

## ¿Cuáles son algunos síntomas de la pérdida de la visión?

Un niño con pérdida de la visión puede:

- cerrar o cubrirse un ojo
- entrecerrar los ojos o arrugar el ceño
- quejarse de que ve las cosas borrosas o que son difíciles de ver
- tener dificultad para leer o realizar actividades que requieren acercar las cosas o acercar los objetos para poderlos ver mejor
- parpadear demasiado o molestarse al realizar actividades que requieren acercar las cosas (como hojear los libros)

En niños con problemas de visión, un ojo puede mirar hacia afuera o bizquear. También los niños pueden lagrimear en uno o en ambos ojos o presentar enrojecimiento, costras o inflamación en uno o en ambos párpados.

## ¿Qué puedo hacer si creo que mi hijo tiene problemas de visión?

Por favor hable con el médico o enfermera de su hijo. Si usted o su doctor piensan que podría existir algún problema, pídale al doctor que remita a su hijo a un a un oftalmólogo, optómetra, u otro especialista entrenado en este campo; también puede llamar a su agencia local de intervención temprana (para niños menores de 3 años) o su escuela pública (para niños de 3 años o más). Para saber con quién hablar en su área, puede comunicarse con el Centro Nacional de Disseminación de Información para Niños con Discapacidades (National Information Center for Children and Youth with Disabilities – NICHCY) a través del siguiente sitio web: **[www.nichcy.org/spanish.htm](http://www.nichcy.org/spanish.htm)** o llamar al **1-800-695-0285**. Los Centros para el Control y la Prevención de Enfermedades (CDC por sus siglas en inglés) también tienen enlaces con información para las familias en el sitio electrónico **[www.cdc.gov/ncbddd/defaultspan.htm](http://www.cdc.gov/ncbddd/defaultspan.htm)**.

El atender los problemas de la visión en su inicio puede proteger la visión de su hijo; el enseñarles a los niños que sufren de pérdida grave de la visión cómo valerse por sí mismos tan pronto como sea posible, les ayudará a alcanzar su máximo potencial.

[www.cdc.gov/pronto](http://www.cdc.gov/pronto) | 1-800-CDC-INFO



Aprenda los signos. Reaccione pronto.

# Hearing Loss

## FACT SHEET

### What is hearing loss in children?

Hearing loss can vary greatly among children and can be caused by many things. In the United States, 1 to 3 children per 1,000 are born with hearing loss each year. Most children also experience mild, temporary hearing loss when fluid gets in the middle ear from allergies or colds. Sometimes as a result of an ear infection, fluid stays in the middle ears, which can sometimes cause hearing loss and delays in your child's speech. Some children have permanent hearing loss. This can be from mild (they don't hear as well as you do) to complete (where they can't hear anything at all).

### What are some of the signs of hearing loss?

The signs and symptoms of hearing loss are different for different children. If you see any of these signs call your child's doctor or nurse:

- does not turn to the source of a sound from birth to 3 or 4 months of age
- does not say single words, such as "dada" or "mama" by 1 year of age
- turns head when he or she sees you but not if you only call out his or her name: this usually is mistaken for not paying attention or just ignoring, but could be the result of a partial or complete hearing loss
- hears some sounds but not others

### What causes hearing loss? Can it be prevented?

Hearing loss can happen any time during life – from before birth to adulthood. Babies who are born early, who have low birth weight, or who are exposed to infections in the womb might have hearing loss, but this can happen to full-term, normal weight babies as well. Genetic factors are the cause of hearing loss in about 50% of babies – some of these babies might have family members who are deaf. Illnesses, injuries, certain medicines, and loud noise levels can cause children and adults to lose hearing.

Some causes of hearing loss can be prevented. For example, vaccines can prevent certain infections, such as measles or meningitis (an infection of the fluid around the brain and spinal cord), which can cause hearing loss. Another cause that can be prevented is a kind of brain damage called kernicterus, which is caused by bad jaundice. This can be prevented by using special lights (phototherapy) or other therapies to treat babies with jaundice before they go home from the hospital.

### What can I do if I think my child might have hearing loss?

Talk with your child's doctor or nurse. If you, your doctor, or anyone else who knows your child well, think your child might have hearing loss, ask that a hearing test be given as soon as possible. To have your child's exact levels of hearing measured, see an audiologist or an ear, nose, and throat doctor (ENT, otolaryngologist) who works with infants and children. If your child is under age 2 or does not cooperate for the hearing exam, a test (called brain-stem evoked-response audiometry) could be given. This test allows the doctor to check your child's hearing without having to rely on your child's cooperation. Your child will not be hurt; most babies even sleep through the test. This test is done routinely with newborn babies in all states.

Hearing loss can affect a child's ability to develop speech, language, and social skills. The earlier a child who is deaf or hard-of-hearing starts getting services, the more likely the child's speech, language, and social skills will reach their full potential. Services can be received through your local early intervention agency or public school. To find out who to speak to in your area, contact the National Dissemination Center for Children with Disabilities by logging on to **[www.nichcy.org](http://www.nichcy.org)**. In addition, the Centers for Disease Control and Prevention (CDC) has links to information for families (**[www.cdc.gov/ncbddd/ehdi](http://www.cdc.gov/ncbddd/ehdi)**).

[www.cdc.gov/actearly](http://www.cdc.gov/actearly)



Learn the Signs. Act Early.

# Hoja informativa sobre la pérdida de la audición

## ¿En qué consisten los problemas auditivos en los niños?

En los niños, los problemas auditivos pueden ser de diferentes tipos y tener muchas causas. En los Estados Unidos, nacen anualmente de 1 a 3 niños por cada 1,000 con problemas auditivos. La mayoría de los niños sufre una pérdida leve temporal de la audición cuando el oído medio se llena de líquido debido a alergias o resfriados. Algunas veces, debido a una infección del oído, el líquido se queda en el oído medio y en ocasiones puede causar pérdida de la audición y retrasos en el habla. Algunos niños pierden la audición de manera permanente. Esto puede variar de una sordera leve (el niño no oye tan bien como usted) a una sordera total (el niño no oye nada).

## ¿Cuáles son algunos de los signos de los problemas auditivos?

Los signos y síntomas de los problemas auditivos son diferentes en cada niño. Si usted observa cualquiera de los siguientes signos, llame al doctor o a la enfermera de su hijo:

- a los 3 ó 4 meses de edad, no se voltea para buscar el origen de un sonido
- al año, todavía no dice palabras sencillas como “papá” o “mamá”
- voltea la cabeza cuando puede ver a quien lo llama, pero no lo hace si usted solamente lo llama por su nombre; con frecuencia se piensa equivocadamente que se trata de falta de atención o simplemente que el niño ignora a quien lo está llamando, pero puede ser el resultado de una sordera parcial o total.
- oye unos sonidos, pero no otros

## ¿Cuál es la causa de los problemas auditivos? ¿Pueden prevenirse?

Los problemas auditivos pueden ocurrir en cualquier momento de la vida, desde antes del nacimiento hasta la edad adulta. Algunos bebés prematuros o con bajo peso al nacer o que hayan estado expuestos a infecciones intrauterinas podrían tener problemas auditivos, pero éstos también pueden presentarse en bebés nacidos a término y con peso normal. En el 50% de los bebés, los problemas auditivos se deben a factores genéticos; de hecho, es probable que algunos miembros de la familia sean sordos. Algunas enfermedades, lesiones, ciertas medicinas y niveles elevados de ruido pueden causar pérdida de la audición en niños y adultos.

Algunas causas se pueden prevenir, por ejemplo: las vacunas pueden prevenir ciertas infecciones, tales como el sarampión

y la meningitis (infección del líquido que rodea el cerebro y la médula espinal), que pueden producir pérdida auditiva. Otra causa que puede prevenirse es un tipo de daño cerebral denominado kernicterus (o ictericia nuclear), que es provocado por una fuerte ictericia. Esta afección puede prevenirse mediante la fototerapia (a base de luces especiales) u otras terapias usadas para tratar a los bebés con ictericia antes de que salgan del hospital.

## ¿Qué puedo hacer si creo que mi hijo tiene problemas auditivos?

Hable con el médico o la enfermera de su hijo. Si usted, su doctor o cualquier otra persona que conoce bien a su hijo piensa que el niño tiene problemas auditivos, pida que le hagan un examen de la audición tan pronto como sea posible. Para que a su hijo le midan con exactitud los niveles de audición, visite a un audiólogo o a un doctor especializado en oído, nariz y garganta, también llamado otorrinolaringólogo (o ENT, por sus siglas en inglés). Si su hijo tiene menos de 2 años de edad o no coopera durante el examen de la audición, se le puede hacer una prueba denominada respuesta auditiva evocada del tronco del encéfalo (o BAER, por sus siglas en inglés). Esta prueba permite que el doctor examine la capacidad de audición del niño sin tener que depender de la cooperación de éste. Este examen no lastimará a su bebé, es más, la mayoría de los bebés duermen mientras se les practica el examen. Ésta es una prueba de rutina que se realiza en todos los bebés, en todos los estados.

Los problemas auditivos pueden afectar la capacidad del niño para desarrollar el habla, la adquisición del lenguaje y las destrezas sociales. Mientras más pronto sean atendidos los niños sordos o con dificultad auditiva, más probabilidades habrá de que desarrollen su máximo potencial en el habla, el lenguaje y las destrezas sociales. Su hijo puede recibir los servicios pertinentes a través de la agencia local de intervención temprana o la escuela pública. Para averiguar con quién hablar en su área, puede comunicarse con el Centro Nacional de Disseminación de Información para Niños con Discapacidades (NICHY por sus siglas en inglés) ya sea a través de la página web **[www.nichcy.org/states.htm](http://www.nichcy.org/states.htm)**. Además, los Centros para el Control y la Prevención de Enfermedades (CDC) también tienen enlaces con información para las familias en la página web **[www.cdc.gov/ncbddd/ehdi](http://www.cdc.gov/ncbddd/ehdi)**.

1-800-CDC-INFO

[www.cdc.gov/pronto](http://www.cdc.gov/pronto)

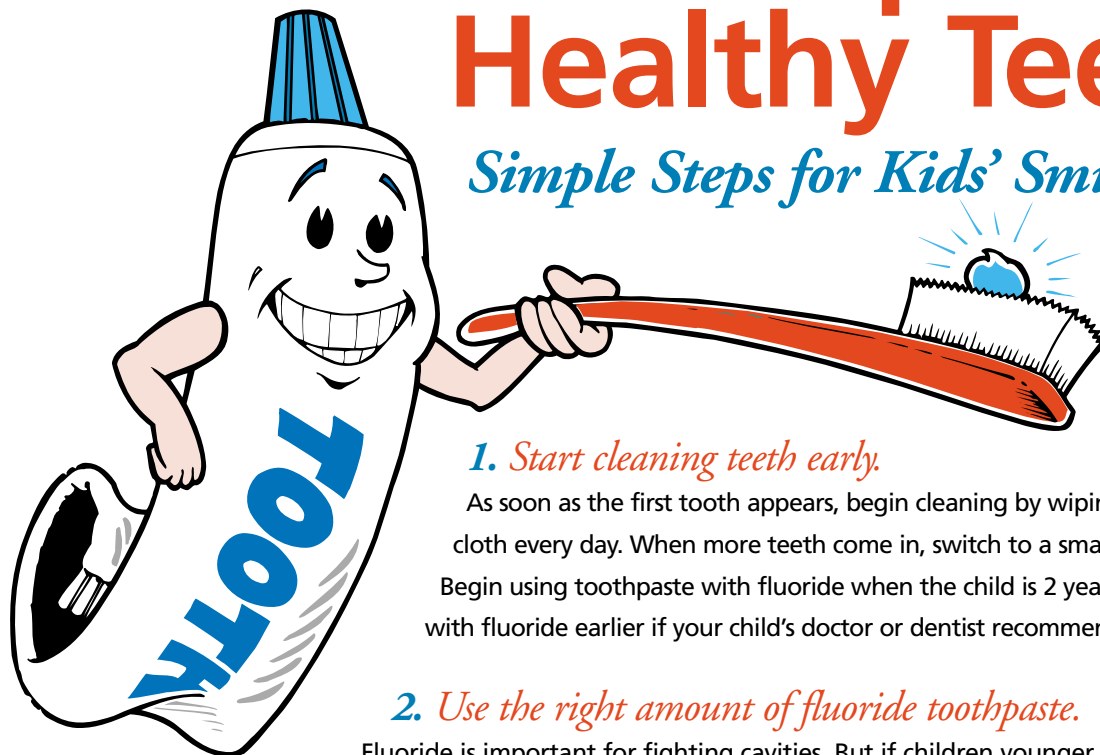


Aprenda los signos. Reaccione pronto.



# Brush Up on Healthy Teeth

## *Simple Steps for Kids' Smiles*



### *1. Start cleaning teeth early.*

As soon as the first tooth appears, begin cleaning by wiping with a clean, damp cloth every day. When more teeth come in, switch to a small, soft toothbrush. Begin using toothpaste with fluoride when the child is 2 years old. Use toothpaste with fluoride earlier if your child's doctor or dentist recommends it.

### *2. Use the right amount of fluoride toothpaste.*

Fluoride is important for fighting cavities. But if children younger than 6 years old swallow too much fluoride, their permanent teeth may have white spots. To keep this from happening, use only a small amount of toothpaste (about the size of a pea). Teach your child to spit out the toothpaste and to rinse well after brushing.

### *3. Supervise brushing.*

Brush your child's teeth twice a day until your child has the skill to handle the toothbrush alone. Then continue to closely watch brushing to make sure the child is doing a thorough job and using only a small amount of toothpaste.

### *4. Talk to your child's doctor or dentist.*

Check with the doctor or dentist about your child's specific fluoride needs. After age 2, most children get the right amount of fluoride to help prevent cavities if they drink water that contains fluoride and brush their teeth with a pea-sized amount of fluoride toothpaste twice a day.

Parents of children older than 6 months should ask about the need for a fluoride supplement if drinking water does not have enough fluoride.

Do not let a child younger than 6 years old use a fluoride mouth rinse unless the child's doctor or dentist recommends it.

***Early care for your children's teeth will protect their smile and their health.***





# CPSC Safety Alert

## The Tipping Point: Preventing TV, Furniture, and Appliance Tip-Over Deaths and Injuries

The U.S. Consumer Product Safety Commission (CPSC) estimates that in 2006 16,300 children 5 years old and younger were treated in U.S. hospitals emergency rooms because of injuries associated with TV, furniture, and appliance tip-overs. Additionally, between 2000 and 2006, CPSC staff received reports of 134 tip-over related deaths involving this same age group.

Typically, injuries and deaths occur when children climb onto, fall against or pull themselves up on television stands, shelves, bookcases, dressers, desks, chests, and appliances. In some cases, televisions placed on top of furniture tip over and cause a child to suffer traumatic and sometimes fatal injuries.



### **CPSC offers the following simple, low-cost safety tips to prevent tip-overs:**

- Furniture should be stable on its own. For added security, anchor chests or dressers, TV stands, bookcases, and entertainment units to the floor or attach to a wall.
- Place TVs on a sturdy, low-rise base. Avoid flimsy shelves.
- Push the TV as far back as possible.
- Keep remote controls and other attractive items off the TV stand so kids won't be tempted to grab for them and risk knocking the TV over.
- Make sure free-standing ranges and stoves are installed with anti-tip brackets.

There are voluntary safety standards in place for TV stands/carts, chests, bureaus, and dressers, which require that the furniture passes a stability test. If a piece of furniture violates the appropriate standard, the product can be recalled. 5004-0909

# Top Ten Reasons to Protect Your Child by Vaccinating

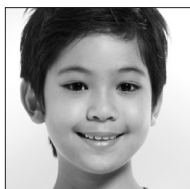
*Here are the top ten reasons to protect your child by vaccinating him or her against serious diseases.*

**1** Parents want to do everything possible to make sure their children are healthy and protected from preventable diseases. Vaccination is the best way to do that.

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**2** Vaccination protects children from serious illness and complications of vaccine-preventable diseases which can include amputation of an arm or leg, paralysis of limbs, hearing loss, convulsions, brain damage, and death.

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**3** Vaccine-preventable diseases, such as measles, mumps, and whooping cough, are still a threat. They continue to infect U.S. children, resulting in hospitalizations and deaths every year.

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**4** Though vaccination has led to a dramatic decline in the number of U.S. cases of several infectious diseases, some of these diseases are quite common in other countries and are brought to the U.S. by international travelers. If children are not vaccinated, they could easily get one of these diseases from a traveler or while traveling themselves.

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**5** Outbreaks of preventable diseases occur when many parents decide not to vaccinate their children.

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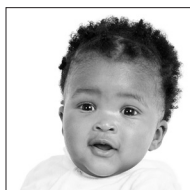


**6** Vaccination is safe and effective. All vaccines undergo long and careful review by scientists, doctors, and the federal government to make sure they are safe.

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**7** Organizations such as the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all strongly support protecting children with recommended vaccinations.

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**8** Vaccination protects others you care about, including family members, friends, and grandparents.

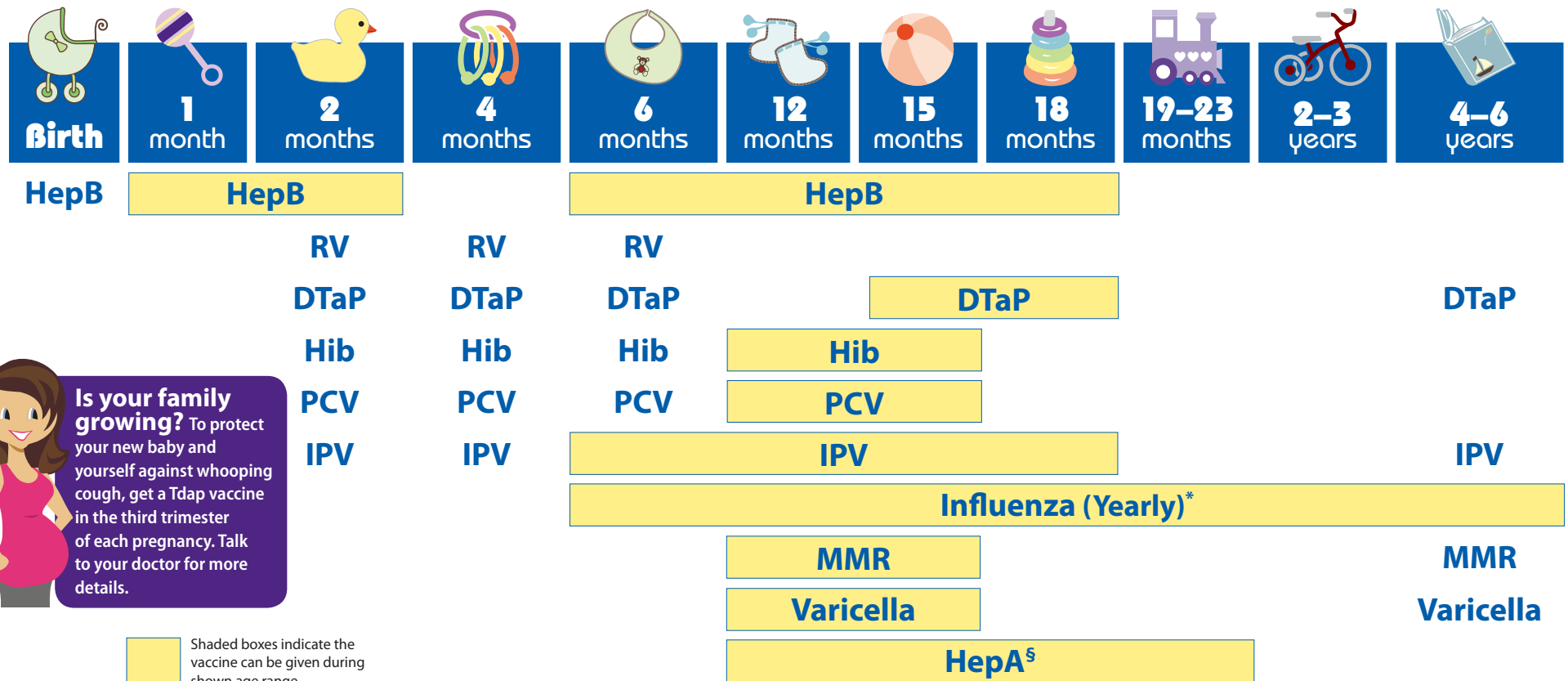
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**9** If children aren't vaccinated, they can spread disease to other children who are too young to be vaccinated or to people with weakened immune systems, such as transplant recipients and people with cancer. This could result in long-term complications and even death for these vulnerable people.

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**10** We all have a public health commitment to our communities to protect each other and each other's children by vaccinating our own family members.

# 2015 Recommended Immunizations for Children from Birth Through 6 Years Old



**Is your family growing?** To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

**NOTE:** If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:**

- \* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a [X]vaccine for the first time and for some other children in this age group.
- § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

*If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.*



SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free  
**1-800-CDC-INFO (1-800-232-4636)**  
or visit  
<http://www.cdc.gov/vaccines>



**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention



**American Academy of Pediatrics**

DEDICATED TO THE HEALTH OF ALL CHILDREN™



## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

| Disease             | Vaccine                                                            | Disease spread by                          | Disease symptoms                                                                                                                | Disease complications                                                                                                                                                                                                                                     |
|---------------------|--------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Chickenpox</b>   | Varicella vaccine protects against chickenpox.                     | Air, direct contact                        | Rash, tiredness, headache, fever                                                                                                | Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)                                                                                                                                                  |
| <b>Diphtheria</b>   | DTaP* vaccine protects against diphtheria.                         | Air, direct contact                        | Sore throat, mild fever, weakness, swollen glands in neck                                                                       | Swelling of the heart muscle, heart failure, coma, paralysis, death                                                                                                                                                                                       |
| <b>Hib</b>          | Hib vaccine protects against <i>Haemophilus influenzae</i> type b. | Air, direct contact                        | May be no symptoms unless bacteria enter the blood                                                                              | Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death |
| <b>Hepatitis A</b>  | HepA vaccine protects against hepatitis A.                         | Direct contact, contaminated food or water | May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine | Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders                                                                                                                                                                           |
| <b>Hepatitis B</b>  | HepB vaccine protects against hepatitis B.                         | Contact with blood or body fluids          | May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain                      | Chronic liver infection, liver failure, liver cancer                                                                                                                                                                                                      |
| <b>Flu</b>          | Flu vaccine protects against influenza.                            | Air, direct contact                        | Fever, muscle pain, sore throat, cough, extreme fatigue                                                                         | Pneumonia (infection in the lungs)                                                                                                                                                                                                                        |
| <b>Measles</b>      | MMR** vaccine protects against measles.                            | Air, direct contact                        | Rash, fever, cough, runny nose, pinkeye                                                                                         | Encephalitis (brain swelling), pneumonia (infection in the lungs), death                                                                                                                                                                                  |
| <b>Mumps</b>        | MMR** vaccine protects against mumps.                              | Air, direct contact                        | Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain                                                | Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness                                                                                                    |
| <b>Pertussis</b>    | DTaP* vaccine protects against pertussis (whooping cough).         | Air, direct contact                        | Severe cough, runny nose, apnea (a pause in breathing in infants)                                                               | Pneumonia (infection in the lungs), death                                                                                                                                                                                                                 |
| <b>Polio</b>        | IPV vaccine protects against polio.                                | Air, direct contact, through the mouth     | May be no symptoms, sore throat, fever, nausea, headache                                                                        | Paralysis, death                                                                                                                                                                                                                                          |
| <b>Pneumococcal</b> | PCV vaccine protects against pneumococcus.                         | Air, direct contact                        | May be no symptoms, pneumonia (infection in the lungs)                                                                          | Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death                                                                                                                                              |
| <b>Rotavirus</b>    | RV vaccine protects against rotavirus.                             | Through the mouth                          | Diarrhea, fever, vomiting                                                                                                       | Severe diarrhea, dehydration                                                                                                                                                                                                                              |
| <b>Rubella</b>      | MMR** vaccine protects against rubella.                            | Air, direct contact                        | Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes                                          | Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects                                                                                                                                                     |
| <b>Tetanus</b>      | DTaP* vaccine protects against tetanus.                            | Exposure through cuts in skin              | Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever                                            | Broken bones, breathing difficulty, death                                                                                                                                                                                                                 |

\* DTaP combines protection against diphtheria, tetanus, and pertussis.

\*\* MMR combines protection against measles, mumps, and rubella.



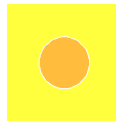
# Understand the Weather

## Wind-Chill



- 30° is **chilly** and generally uncomfortable
- 15° to 30° is **cold**
- 0° to 15° is **very cold**
- 20° to 0° is **bitter cold** with significant risk of **frostbite**
- 20° to -60° is **extreme cold** and **frostbite** is likely
- 60° is **frigid** and exposed **skin will freeze** in 1 minute

## Heat Index



- 80° or below is considered **comfortable**
- 90° beginning to feel **uncomfortable**
- 100° **uncomfortable** and may be **hazardous**
- 110° considered **dangerous**

All temperatures are in degrees Fahrenheit

# Child Care Weather Watch

Wind-Chill Factor Chart (in Fahrenheit)

|                 |     | Wind Speed in mph |     |     |     |     |     |     |     |      |
|-----------------|-----|-------------------|-----|-----|-----|-----|-----|-----|-----|------|
|                 |     | CALM              | 5   | 10  | 15  | 20  | 25  | 30  | 35  | 40   |
| Air Temperature | 50  | 50                | 48  | 40  | 36  | 32  | 30  | 28  | 27  | 26   |
|                 | 40  | 40                | 37  | 28  | 22  | 18  | 16  | 13  | 11  | 10   |
|                 | 30  | 30                | 27  | 16  | 9   | 4   | 0   | -2  | -4  | -6   |
|                 | 20  | 20                | 16  | 4   | -5  | -10 | -15 | -18 | -20 | -21  |
|                 | 10  | 10                | 6   | -9  | -18 | -25 | -29 | -33 | -35 | -37  |
|                 | 0   | 0                 | -5  | -21 | -36 | -39 | -44 | -48 | -49 | -53  |
|                 | -10 | -10               | -15 | -33 | -45 | -53 | -59 | -63 | -67 | -69  |
|                 | -20 | -20               | -26 | -46 | -58 | -67 | -74 | -79 | -82 | -85  |
|                 | -30 | -30               | -36 | -58 | -72 | -82 | -87 | -94 | -98 | -102 |



Comfortable for out door play



Caution



Danger

Heat Index Chart (in Fahrenheit)

|                  |     | Relative Humidity (Percent) |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|------------------|-----|-----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|                  |     | 15                          | 20  | 25  | 30  | 35  | 40  | 45  | 50  | 55  | 60  | 65  | 70  | 75  | 80  | 85  | 90  |
| Temperature (°F) | 110 | 108                         | 112 | 117 | 123 | 130 | 137 | 143 | 150 |     |     |     |     |     |     |     |     |
|                  | 105 | 102                         | 105 | 109 | 113 | 118 | 123 | 129 | 135 | 142 | 149 |     |     |     |     |     |     |
|                  | 100 | 97                          | 99  | 101 | 104 | 107 | 110 | 115 | 120 | 126 | 132 | 138 | 144 |     |     |     |     |
|                  | 95  | 91                          | 93  | 94  | 96  | 98  | 101 | 104 | 107 | 110 | 114 | 119 | 124 | 130 | 136 |     |     |
|                  | 90  | 86                          | 87  | 88  | 90  | 91  | 93  | 95  | 96  | 98  | 100 | 102 | 106 | 109 | 113 | 117 | 122 |
|                  | 85  | 81                          | 82  | 83  | 84  | 85  | 86  | 87  | 88  | 89  | 90  | 91  | 93  | 95  | 97  | 99  | 102 |
|                  | 80  | 76                          | 77  | 77  | 78  | 79  | 79  | 80  | 81  | 81  | 82  | 83  | 85  | 86  | 86  | 87  | 88  |
|                  | 75  | 71                          | 72  | 72  | 73  | 73  | 74  | 74  | 75  | 75  | 76  | 76  | 77  | 77  | 78  | 78  | 79  |

# Child Care Weather Watch

Watching the weather is just part of the job for child care providers. Planning for playtime, field trips, or weather safety is part of the daily routine. The changes in weather require the child care provider to attend to the health and safety of children in their care. What clothing, beverages, and sun screen are appropriate? Dress children to maintain a comfortable body temperature (warmer months - lightweight cotton, colder months - wear layers of clothing). Drinking beverages helps the body maintain a comfortable temperature. Water or fruit juices are best. Avoid high sugar content beverages and soda pop. Sunscreen may be used year around. Use a sunscreen labeled as SPF-15 or higher. Apply sunscreen generously and frequently. Read the label of the sunscreen product. You can also use sunscreen to block harmful rays from the sun. Look for sunscreen with UVB and UVA ray protection. Have children play in shaded areas or create shade in the play area.



Condition **GREEN** - Most children may play outdoors and be comfortable. Child care providers should watch for the child that becomes uncomfortable while playing outdoors.

**INFANTS AND TODDLERS** Infants/toddlers are unable to tell the child care provider if they are too hot or cold. The infant/toddler may become fussy when uncomfortable. Infants/toddlers tolerate shorter periods of outdoor play. Dress infants/toddlers in lightweight cotton or cotton-like fabrics during the warmer months. In cooler or cold months dress infants in layers to keep them warm. Protect infants from the sun by using sunscreen and playing in shaded areas. Give beverages while playing outdoors.

**YOUNG CHILDREN** Use precautions regarding clothing, sunscreen, and beverages. Young children need to be reminded to stop play and drink a beverage and apply more sunscreen.

**OLDER CHILDREN** Use precautions for clothing, beverages, and sunscreen. The older child needs a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens). Apply sunscreen and give beverages while outdoors.



Condition **YELLOW** means the child care provider must use caution and closely observe the children for signs of being too hot or cold while outdoors. Clothing, sunscreen, and beverages are important. Shorten the length of outdoor time.

**INFANTS AND TODDLERS** Child care providers should use the precautions outlined in Condition Green. Clothing, sunscreen, and beverages are important. Shorten the length of time for outdoor play.

**YOUNG CHILDREN** Use the precautions regarding clothing, sunscreen, and beverages. Younger children may insist they are *not* too hot or cold because they are enjoying playtime. Child care providers need to structure the length of time for outdoor play for the young child.

**OLDER CHILDREN** Use precautions for clothing, sunscreen, and beverages. Use a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens), applying sunscreen and drinking liquids remain important while playing outdoors.



During condition **RED** most children should not play outdoors due to the health risk.

**INFANTS/TODDLERS** should play indoors and have ample space for large motor play.

**YOUNG CHILDREN** may ask to play outside and do not understand the potential danger of weather conditions.

**OLDER CHILDREN** may play outdoors for very short periods of time. Child care providers must be vigilant about proper clothing, beverages, and use of sunscreen

## Understand the Weather

The weather forecast may be confusing unless you know the meaning of the words used by your weather forecaster.

- **Blizzard Warning:** There will be snow and strong winds that produce a blinding snow, deep drifts, and life-threatening wind chills. Seek shelter immediately.
- **Heat Index Warning:** How hot it feels to the body when the air temperature (in Fahrenheit) and relative humidity are combined.
- **Relative Humidity:** The percent of moisture in the air.
- **Temperature:** The temperature of the air in degrees Fahrenheit.
- **Wind:** The speed of the wind in miles per hour.
- **Wind Chill Warning:** There will be sub-zero temperatures with moderate to strong winds expected which may cause hypothermia and great danger to people, pets & livestock.
- **Winter Weather Advisory:** Winter weather conditions are expected to cause significant inconveniences and may be hazardous. If caution is exercised, these situations should not become life threatening.
- **Winter Storm Warning:** Severe winter conditions have begun in your area.
- **Winter Storm Watch:** Severe winter conditions, like heavy snow and ice are possible within the next day or two.