



San Diego, California  
**Head Start/Early Head Start**  
**Early Education & Support Division**  
"Committed to Excellence"



# HEALTH HANDBOOK 2016-2017



## **Neighborhood House Association**

Children, Youth and Family Services

5660 Copley Drive

San Diego, CA 92111

(858) 715-2642



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## **Acknowledgments**

*Materials and information provided by:*

**NHA Early Head Start/Head Start, Content Area Coordinating Unit  
Health Services Advisory Committee**

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# CHILD



**Make sure your child knows how to reach you at all times AND be sure that you can reach them**

## ***Teach your child...***

**1**

**To always check with you or a trusted caregiver before going anywhere OR accepting any gifts**

**2**

**To yell “NO!” if someone tries to touch them or treat them in a scary or uncomfortable way**

**3**

**Know their full name, parents’ full names, address, and phone number with area code**

**4**

**Discuss or role-play an emergency and practice calling 9-1-1 with a toy or disconnected phone**

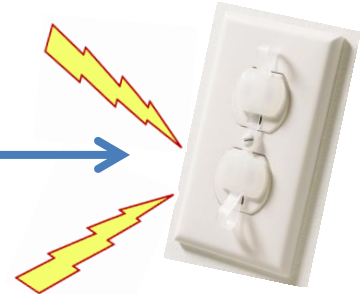
# ***Safety In The Home***



**1**

**Keep dangerous items stored out of sight AND reach (cleaning supplies, medications, guns, knives, etc.)**

***Use outlet covers to prevent electrocution***



**2**

**Remove or cover edges of sharp objects with corner and edge bumpers OR masking tape**

**3**

**Do not hold a child while eating or drinking hot foods OR when cooking**



***Matches, lighters, and other heat sources are the leading cause of fire deaths for children***

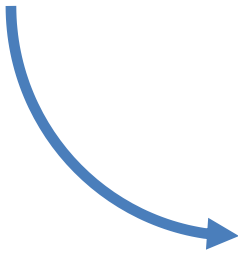
**4**

**Use Smoke Detectors on every level of your home AND check detectors EVERY month**

**5**

**Put pans on back burners and turn all pot handles toward the back of the stove**

# ***OUTDOOR SAFETY***



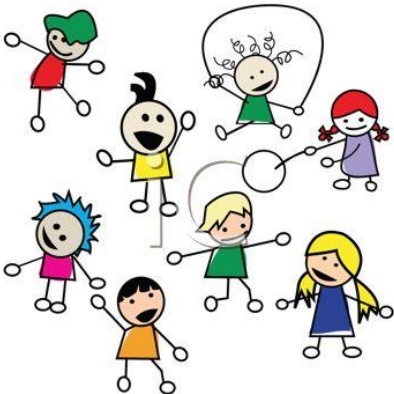
**Watch your children  
closely when they are  
climbing on  
*playgrounds & trees***

**Teach your children  
playground safety:  
*Don't climb up slides  
Don't walk in front of  
or behind swings***



**California State Law:  
*If your child is under 18, they must wear  
helmets while riding tricycles or bicycles***

**Always use sunscreen  
on your child  
Be sure to reapply  
when needed**



***Children should not  
be allowed to be in  
or near open water  
without close adult  
supervision***



# Tips for Parents and Other Adults For Teaching Pedestrian Safety to Children

**SafeRoutes**  
National Center for Safe Routes to School



TIP SHEET

Walking is a fun and healthy way to spend time with your children while teaching them skills that can serve them well throughout life. The walk to school is a great time to use these safety tips.

## Be a walking role model

Children learn through experience. Walking with parents or another caregiver is an important way for children to practice crossing real streets and picking safe places to walk. There is no magic age when children are old enough to walk without an adult. But, as a parent, you should decide when your child has the skills and experience to deal with traffic safely without you.

As you walk with your child, remember these safety tips:

- Wear bright-colored clothes, and carry flashlights or wear reflective gear if it is dark or hard to see.
- Look for traffic at every driveway and intersection. Be aware of drivers in parked cars that may be getting ready to move.
- Obey all traffic signs and signals.
- Cross the street safely:
  1. Stop at the curb or edge of the street.
  2. Look left, right, left and behind you and in front of you for traffic.
  3. Wait until no traffic is coming and begin crossing.
  4. Keep looking for traffic until you have finished crossing.
  5. Walk, don't run across the street.



## Choose the safest route to school

Select a walking route with less traffic and intersections.

- Pick places where there are sidewalks or paths separated from traffic. If there are no sidewalks or paths, walk as far from the motor vehicles as possible and, if possible, on the side of the street facing traffic.
- Limit the number of street crossings. When available, cross at a location with an adult school crossing guard.
- Avoid crossing busy or high-speed streets.

## Understand your child's limitations

Children are not small adults. It will take time and practice for a child to develop the ability to deal with lots of traffic. Over time, children develop the ability to accurately judge the speed and distance of oncoming traffic. Young children may think that a car is able to stop, when in fact, it is not. Also, children may think that if they can see a driver, the driver can see them. But, children are smaller and harder for drivers to see. Get down to a child's height to experience their perspective and see what they see.



# Car Seat Recommendations for Children



- Select a car seat based on your child's age and size, and choose a seat that fits in your vehicle and use it every time.
- Always refer to your specific car seat manufacturer's instructions; read the vehicle owner's manual on how to install the car seat using the seat belt or LATCH system; and check height and weight limits.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.

AGE



## Birth – 12 months



Your child under age 1 should always ride in a rear-facing car seat.

There are different types of rear-facing car seats: Infant-only seats can only be used rear-facing. Convertible and 3-in-1 car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.



## 1 – 3 years



Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness.



## 4 – 7 years



Keep your child in a forward-facing car seat with a harness until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.



## 8 – 12 years



Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

## DESCRIPTION (RESTRAINT TYPE)



A **REAR-FACING CAR SEAT** is the best seat for your young child to use. It has a harness and in a crash, cradles and moves with your child to reduce the stress to the child's fragile neck and spinal cord.



A **FORWARD-FACING CAR SEAT** has a harness and tether that limits your child's forward movement during a crash.



A **BOOSTER SEAT** positions the seat belt so that it fits properly over the stronger parts of your child's body.



A **SEAT BELT** should lie across the upper thighs and be snug across the shoulder and chest to restrain the child safely in a crash. It should not rest on the stomach area or across the neck.





# What Does a Safe Sleep Environment Look Like?

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



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

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Do not smoke or let anyone smoke around your baby.

Make sure nothing covers the baby's head.

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

Dress your baby in sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Baby's sleep area is next to where parents sleep.

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



\*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>.



Eunice Kennedy Shriver National Institute of Child Health and Human Development





# Safe Sleep For Your Baby



- Always place your baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.
- Use a firm sleep surface, such as a mattress in a safety-approved\* crib, covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death.
- Room sharing—keeping baby's sleep area in the same room where you sleep—reduces the risk of SIDS and other sleep-related causes of infant death.
- Keep soft objects, toys, crib bumpers, and loose bedding out of your baby's sleep area to reduce the risk of SIDS and other sleep-related causes of infant death.
- To reduce the risk of SIDS, women should:
  - Get regular health care during pregnancy, and
  - Not smoke, drink alcohol, or use illegal drugs during pregnancy or after the baby is born.
- To reduce the risk of SIDS, do not smoke during pregnancy, and do not smoke or allow smoking around your baby.
- Breastfeed your baby to reduce the risk of SIDS.
- Give your baby a dry pacifier that is not attached to a string for naps and at night to reduce the risk of SIDS.
- Do not let your baby get too hot during sleep.
- Follow health care provider guidance on your baby's vaccines and regular health checkups.
- Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.
- Do not use home heart or breathing monitors to reduce the risk of SIDS.
- Give your baby plenty of Tummy Time when he or she is awake and when someone is watching.



## Remember Tummy Time!

Place babies on their stomachs when they are awake and when someone is watching. Tummy Time helps your baby's head, neck, and shoulder muscles get stronger and helps to prevent flat spots on the head.

\* For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>.

For more information about SIDS and the Safe to Sleep® campaign:

**Mail:** 31 Center Drive, 31/2A32, Bethesda, MD 20892-2425

**Phone:** 1-800-505-CRIB (2742)

**Fax:** 1-866-760-5947

**Website:** <http://safetosleep.nichd.nih.gov>

NIH Pub. No. 12-5759

August 2014

Safe to Sleep® is a registered trademark of the U.S. Department of Health and Human Services.



Eunice Kennedy Shriver National Institute  
of Child Health and Human Development

# ***Medication Safety***

**When your child is sick, ensure the safe use of prescription or over the counter medicines: discuss your child's symptoms with his doctor and pharmacist **FIRST!****

***When giving your child medicine, know:***

The name and reason to use the medication

What happens if your child misses a dose of the medicine?



How the medicine should be given (by mouth, in eyes, etc.)

Any special instructions (ex. taken with food or taken with milk)

How much, how often and when to stop using the medicine

How the medicine should be stored (ex. in the refrigerator)

What other medicines to not take with this medicine

When will the medicine expire (check the date)

**NEVER** give aspirin to a child, especially if they have a virus (like flu or chickenpox). The aspirin can cause **Reyes syndrome**, which is a life-threatening disease.



**ALL** medications should be kept in the original container.

Don't give any over the counter medicine to a child if they are younger than 24 months **UNLESS** you have spoken to your child's doctor **FIRST**.

Make sure your child finished **ALL** doses of the medicine that the doctor said to take, even if your child starts to feel better before then.

**NEVER** use leftover medications. If you have medicine left over after your child took the medicine as long as the doctor said, then throw out whatever is left over.

**NEVER** give your child medicine prescribed to someone else (adult or child).



# ***Preparing for an Emergency***

*Being prepared for emergencies is crucial at home, school, work and in your community. Disaster can strike quickly and without warning. The best way to keep you and your family safe is to be prepared before disaster strikes.*

**We encourage you to...**

**1**

## **STEP 1: GET AN EMERGENCY KIT**

Keep your kit where it is easily accessible

Check your kit every 6 months, replace expired/outdated items

### **Emergency Kit Contents**

Water – Food – Medications – Radio –  
Cellphone & Chargers – Flashlight –  
First Aid Kit – Personal Documents –  
Contact Information – Map – Money –  
Clothing – Sanitary Supplies – Pet  
Supplies (if you have pets) – Tools

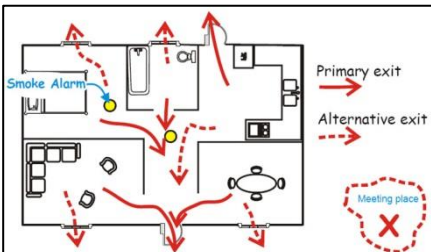


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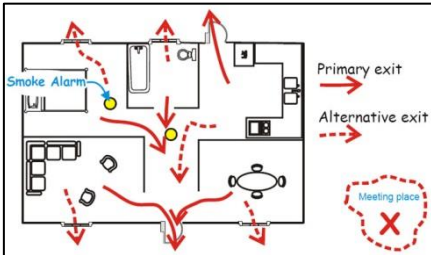
## **STEP 2: MAKE A PLAN**

1. When preparing for a disaster, always:

- Talk with your family, make a plan, learn how to turn off utilities (like gas and water), and how to use life-saving tools (like fire extinguishers)
- Tell everyone where emergency information and supplies are stored



## 2



### STEP 2: MAKE A PLAN continued

- Practice evacuations, following routes shown in your plan
2. Emergency contact
    - Choose an out-of-area contact for all family members to call in case of an emergency.
  3. Predetermine meeting places to save time/reduce confusion
    - Select 2 meeting places: 1. Right outside of your home and 2. Right outside of your neighborhood or town for when you cannot return home or must evacuate.

## 3



### STEP 3: BE INFORMED

For more information about being prepared for an emergency or training in CPR/First Aid, contact your local American Red Cross:

3950 Calle Fortunada,  
San Diego, CA 92123  
858-309-1200 or visit

[www.redcross.org/ca/san-diego](http://www.redcross.org/ca/san-diego)



# ***The Dangers of Using Tobacco***

**Regardless of the form used,  
tobacco poses serious health risks to the body**

**1**

***More deaths are caused each year  
by tobacco users than by all of these  
deaths combined:***

**HIV – Illegal Drug Use – Alcohol Use –  
Car Accidents – Suicides – Murders**



**2**

**Smoking tobacco increases the risk of cancers:  
*Lung, Stomach, Kidney, Bladder, and Mouth***

**Women who smoke and are able to have children risk:  
*Infertility, Preterm/Low Birth Weight Babies, Still  
Born Births, Sudden Infant Death Syndrome (SIDS)***

**3**



***Children exposed to tobacco risk:  
Ear Infections, Pneumonia  
and Asthma***

**4**

**It is not too late! Stop smoking today and reduce the  
health risks to you and your family**

**Call 1-877-44U-QUIT (1-877-448-7848) or visit [www.Cancer.gov](http://www.Cancer.gov)**



# ***The Effects of Violence***

## ***Did you know?***

- ***Some cartoons average 20 acts of violence in one hour***
- ***By the age of 18 children will have seen 16,000 acted murders and 200,000 acts of violence on television***

Besides TV, up to 10 million children a year are witnesses or victims of violence in their homes or in their communities, like ***violence between family members, bullying and gun violence***

No matter what type of violence, it has a long lasting effect on your child's health and well-being.

When your child witnesses or falls victim to violence, they are **ALSO** at higher risk of acting out aggressively and/or have low self-esteem.

**Lower the risk** of your child's exposure to violence:

1. Create a safe and peaceful home
2. Limit your child's TV time and make sure the shows are safe and age appropriate
3. Encourage your child to talk about his day and feelings
4. Model healthy habits to relieve stress as a family:
  - Walking, running, swimming, etc.

***For more information on Domestic Violence, please call 1-800-621-SAFE (4673) or visit [www.safehorizon.org](http://www.safehorizon.org)***

# ***A Day At The Doctor***

**Here is what to expect when  
your child goes to the doctor:**

## ***Heights & Weights***

- 1. Check on children's nutritional and developmental status**
- 2. Determine if your child needs a nutrition or health referral**



## ***Oral Visual Exam (birth to 12 months)***

### ***Dental Exam (12 months and up)\****

- 1. After age 2, children need to receive a dental exam EVERY YEAR**
- 2. Teeth will be carefully inspected, cleaned, checked for cavities, given fluoride treatments and maybe x-rays**



## ***Hematocrit (HCT) or Hemoglobin (HGB) (9 months+)***

- 1. Screens your child for anemia (iron deficiency)**
- 2. If HGB falls <11.0 mg/dl or HCT <34%, staff can provide you with a referral for help**

***\*Age recommendation from the American Academy of Pediatric Dentistry***

## ***A Day At The Doctor (continued)***

### ***Hearing***

- 1. Under 3 years old, doctor observes and notes your child's ability to hear**
- 2. After age 4, the doctor will also test strength of hearing in both ears to detect hearing loss, ear infections, or language delays**



### ***Vision***

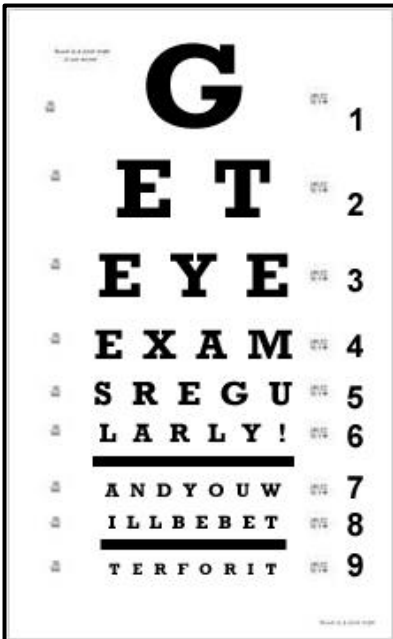
- 1. Did you know that your child's vision can be checked before 3 years old?**
- 2. After age 3, the doctor will test strength of your child's vision in both eyes**
- 3. It is important that parents seek out proper vision care for all of their children by visiting an:**

***Optometrist or Ophthalmologist***

- 4. All San Diego Head Start children can receive vision screenings, eye exams, and glasses as needed from:**

***UCSD EyeMobile for Children***

- 5. If your child receives glasses, make sure the glasses are used as directed**





## ***A Day At The Doctor (continued)***

### ***Blood Pressure***

- 1. Age 3 and older: children should have their blood pressure checked regularly**
- 2. This may help diagnose health problems**



### ***TB Risk Assessment***

- 1. Tuberculosis (TB) is an illness that can be spread, hurting the:  
*Lungs, Spine, Kidneys, and Brain***
- 2. If risk factors are not present, TB test is not required**
- 3. If risk factors are present, TB skin test is required**



### ***Lead Test***

**High blood lead levels can hurt brain growth**

- 1. Sources of lead: lead-based paint in older homes, lead contaminated soil near busy roads and factories**
- 2. Screening is needed to find out if your child needs help because they were exposed to lead**

# ORAL HEALTH

*Tips for Families from the Head Start National Center on Health*



THE NATIONAL CENTER ON  
Health

## You Can Promote Good Oral Health By:

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

### Why Is It Important?

*When Children Have a Healthy Mouth, They:*

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

*Having a Healthy Mouth Also Means:*

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



## Things You Can Do to Help Your Child

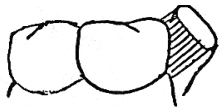
- Brush your child's teeth with fluoride toothpaste twice a day.
- If your child is younger than 3 years, brush with a smear of fluoride toothpaste.
- If your child is age 3 to 6 years, brush with a pea-size amount of fluoride toothpaste.
- Young children will want to brush their own teeth, but they need help until their hand skills are better. Brush children's teeth or help children brush their teeth until they are about 7 or 8 years old.
- Be a role model for oral health! Brush your teeth with fluoride toothpaste twice a day (in the morning and at bedtime) and floss once a day.
- Serve healthy meals and snacks like fruits, vegetables, low-fat milk and milk products, whole-grain products, meat, fish, chicken, eggs, and beans.
- Limit the number of snacks your child has in a day.
- Do not give your child food for rewards.
- Take your child to the dentist for a check up by her first birthday and keep taking her.
- If your child has not gone to the dentist take him.
- Ask your dentist what you can do to keep your mouth and your child's mouth healthy.
- Make sure to go to the dentist as often as your dentist would like you to go.
- Let your Head Start or Early Head Start program know if you need help or have questions about oral health.

# Caring For Your Teeth

## Brush Your Teeth

Plaque is a sticky film which coats the teeth. Brush away plaque to help stop tooth decay and gum disease. Remember to use your own toothbrush with soft bristles and brush at least twice a day.

Place toothbrush at a slight angle (45 degrees) where the teeth and gums meet. Brush gently and slowly in small circles. Don't forget to brush your tongue!



Brush bottom teeth, inside and outside, for 1 minute.



Brush top teeth, inside and outside, for 1 minute.



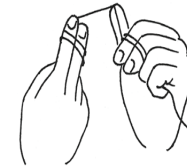
Brush chewing surfaces on the top and bottom.

## Floss Your Teeth

Flossing cleans the sides of the teeth and under the gums, where a brush cannot reach. Floss at least once a day.



Use about 18 inches of floss and wrap it around the first fingers.



Leave about 2 inches between fingers.



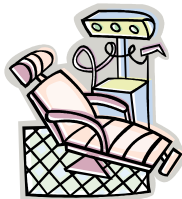
Gently wiggle floss between teeth. Curve floss in a "C" and slide up and down. Repeat for each tooth.

## Visit A Dentist

Visit a dentist every 6 months.

Your dentist will:

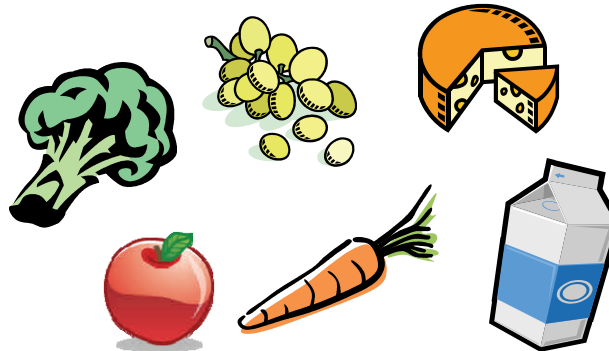
- teach you how to brush and floss
- check for cavities
- give fluoride treatments
- may apply sealants, a plastic coating on the chewing surfaces to prevent cavities



A child's first visit should be at age 1 year.

## Choose Foods Wisely

Eat foods that are good for your body and teeth. Limit sugary, sticky foods and starches like tortillas and crackers.



Eat fruits and vegetables every day!

## Use Fluoride\*

Fluoride helps make teeth strong. It can be found in:

- Toothpaste
- Drinking water
- Mouth rinses
- Vitamin supplements
- Treatments at a dental office, including fluoride varnish

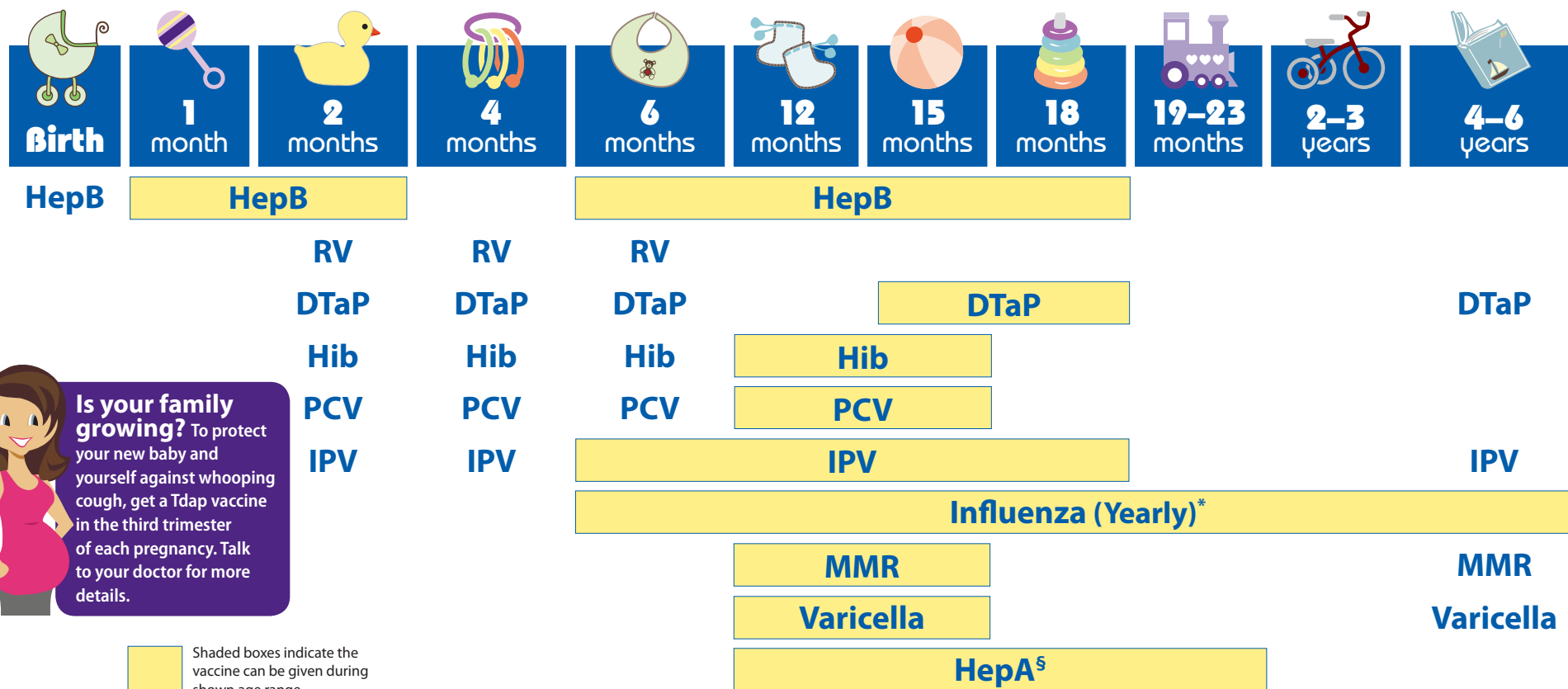


Fluoride helps prevent cavities!

\*Check with a dental professional for recommended use



# 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 [XgWI S]fluvaccine 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 FAMILY PHYSICIANS**  
STRONG MEDICINE FOR AMERICA

**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.

# ***Lead In Your Home***

## **What is Lead and why is it dangerous?**

- **Lead is highly toxic to young children**
- Lead is a metal found naturally on the earth
- For many years, lead was used in paint and gasoline
- Certain jobs can expose you to lead and you can accidentally bring it home to your family



## **What are the symptoms of Lead Poisoning?**

- Most of the time children who are lead poisoned have NO symptoms to let you know that they are sick
- If they do show signs, they can include:

*Irritability – Constipation – Trouble sleeping – Behavior problems  
Hyperactivity (overly active) – No appetite – Frequent vomiting  
Headaches – Stomach aches – Learning problems*

- **A blood test is the ONLY way to know if your child is poisoned by lead!**



**REMEMBER:** children should be tested at:  
12 months – 24 months – any age after  
(if never tested before)

# Head Lice 101

## What You Should Know About Head Lice

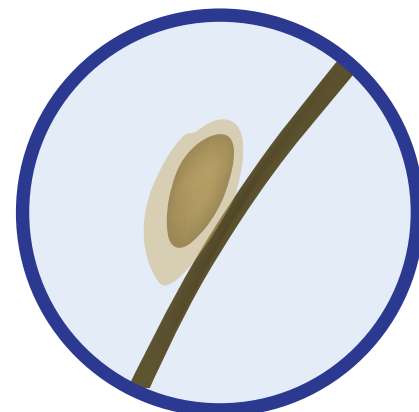
### Overview

Head lice are a common community problem. An estimated 6 to 12 million infestations occur each year in the United States, most commonly among children ages 3 to 11 years old. Children attending preschool or elementary school, and those who live with them, are the most commonly affected.<sup>1</sup>

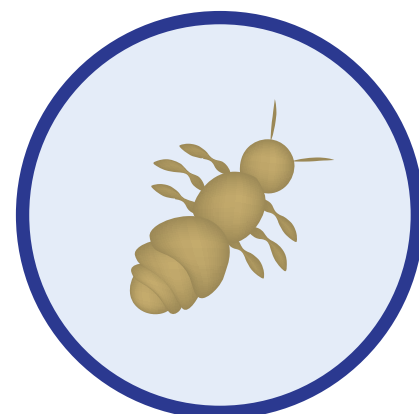
Head lice are not dangerous.<sup>1</sup> They do not transmit disease, but they do spread easily, making it a community issue.<sup>1</sup> Additionally, despite what you might have heard, head lice often infest people with good hygiene and grooming habits.<sup>2,3</sup> Your family, friends or community may experience head lice. It's important to know some basics, including how to recognize symptoms and what to do if faced with an infestation.

### What Are Head Lice?

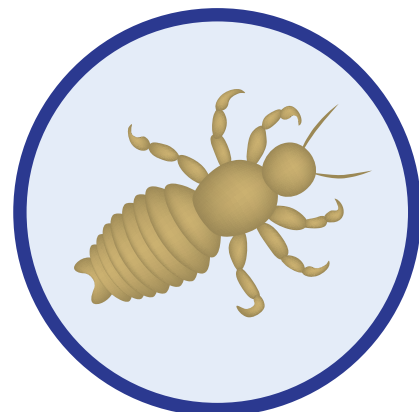
Head lice are tiny, wingless insects that live close to the human scalp. They feed on human blood.<sup>1</sup> An adult louse is the size of a sesame seed. Baby lice, or nymphs, are even smaller. Nits are the tiny, teardrop-shaped lice eggs. They attach to the hair shaft, often found around the nape of the neck or the ears. Nits can look similar to dandruff, but cannot be easily removed or brushed off.<sup>1</sup>



**NIT**



**Nymph**



**Full-Grown Louse**

### Fast Facts

- **An estimated 6 to 12 million infestations occur each year among U.S. children 3 to 11 years of age<sup>1</sup>**
- **Head lice often infest people with good hygiene<sup>2,3</sup>**
- **Head lice move by crawling; they cannot jump or fly<sup>1</sup>**
- **Head lice do not transmit disease, but they do spread easily<sup>1</sup>**
- **If you or your child exhibits signs of an infestation, it is important to talk to your doctor to learn about treatment options**

### How Are Head Lice Spread?

- Head lice move by crawling and cannot jump or fly.<sup>1</sup>
- Head lice are mostly spread by direct head-to-head contact – for example, during play at home or school, slumber parties, sports activities or camp.<sup>1</sup>
- It is possible, but not common, to spread head lice by contact with items that have been in contact with a person with head lice, such as clothing, hats, scarves or coats, or other personal items, such as combs, brushes or towels.<sup>1</sup>
- Head lice transmission can occur at home, school or in the community.<sup>1</sup>

### What Are the Signs & Symptoms of Infestation?

Signs and symptoms of infestation include<sup>1</sup>:

- **Tickling** feeling on the scalp or in the hair
- **Itching** (caused by the bites of the louse)
- **Irritability** and difficulty sleeping (lice are more active in the dark)
- **Sores on the head** (caused by scratching, which can sometimes become infected)

Finding a live nymph or adult louse on the scalp or in the hair is an indication of an active infestation. They are most commonly found behind the ears and near the neckline at the back of the head.<sup>4</sup>



### What If My Child Gets Head Lice?

If you suspect your child might have head lice, it's important to talk to a school nurse, pediatrician or family physician to get appropriate care. There are a number of available treatments, including new prescription treatment options that are safe and do not require nit combing. Other things to consider in selecting and starting treatment include:

- Follow treatment instructions. Using extra amounts or multiple applications of the same medication is not recommended, unless directed by healthcare professional.<sup>5</sup>
- Resistance to some over-the-counter head lice treatments has been reported. The prevalence of resistance is not known.<sup>6,7</sup>
- There is no scientific evidence that home remedies are effective treatments.<sup>8</sup>
- Head lice do not infest the house. However, family bed linens and recently used clothes, hats and towels should be washed in very hot water.<sup>4</sup>
- Personal articles, such as combs, brushes and hair clips, should also be washed in hot soapy water or thrown away if they were exposed to the persons with active head lice infestation.<sup>4</sup>
- All household members and other close contacts should be checked, and those with evidence of an active infestation should also be treated at the same time.<sup>4</sup>

### References

- <sup>1</sup> Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head Lice: Frequently Asked Questions. [http://www.cdc.gov/parasites/lice/head/gen\\_info/faqs.html](http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html). Accessed April 15, 2015.
- <sup>2</sup> Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head Lice: Diagnosis. <http://www.cdc.gov/parasites/lice/head/diagnosis.html>. Accessed April 15, 2015.
- <sup>3</sup> Meinking T, Taplin D, Vicaria M. Infestations. In: Schachner LA, Hansen RC, eds. *Pediatric Dermatology*, 4th ed. Mosby Elsevier; 2011:1525-1583.
- <sup>4</sup> Centers for Disease Control and Prevention (CDC). Parasites: Head lice: Epidemiology And Risk Factors. <http://www.cdc.gov/parasites/lice/head/epi.html>. Accessed April 15, 2015.
- <sup>5</sup> Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head lice: Treatment. <http://www.cdc.gov/parasites/lice/head/treatment.html>. Accessed April 15, 2015.
- <sup>6</sup> Burkhart CG. Relationship of treatment resistant head lice to the safety and efficacy of pediculicides. *Mayo Clin Proc*. 2004;79(5):661-666.
- <sup>7</sup> Meinking TL, Serrano L, Hard B, et al. Comparative in vitro pediculicidal efficacy of treatments in a resistant head lice population on the US. *Arch Dermatol*. 2002;138 (2):220-224.
- <sup>8</sup> Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head lice: Treatment Frequently Asked Questions. [http://www.cdc.gov/parasites/lice/head/gen\\_info/faqs\\_treat.html](http://www.cdc.gov/parasites/lice/head/gen_info/faqs_treat.html). Accessed April 15, 2015.

### Myths & Facts About Head Lice

#### Myth: Only dirty people get head lice.

**Fact:** Personal hygiene or household or school cleanliness are not factors for infestation. In fact, head lice often infest people with good hygiene and grooming habits.<sup>2,3</sup>

#### Myth: Head lice carry diseases.

**Fact:** Head Lice do not spread diseases.<sup>1</sup>

#### Myth: Head lice can be spread by sharing hairbrushes, hats, clothes and other personal items.

**Fact:** It is uncommon to spread head lice by contact with clothing or other personal items, such as combs, brushes or hair accessories, that have been in contact with a person with head lice.<sup>1</sup>

#### Myth: Head lice can jump or fly, and can live anywhere.

**Fact:** Head lice cannot jump or fly, and only move by crawling. It is unlikely to find head lice living on objects like helmets or hats because they have feet that are specifically designed to grasp on to the hair shaft of humans. Additionally, a louse can only live for a few hours off the head.<sup>1</sup>

#### Myth: You can use home remedies like mayonnaise to get rid of head lice.

**Fact:** There is no scientific evidence that home remedies are effective treatments.<sup>8</sup> A healthcare provider can discuss appropriate treatment options, including prescription products.

- <sup>9</sup> Parison J, Canyon DV. Head lice and the impact of knowledge, attitudes and practices – a social science overview. In: *Management and Control of Head Lice Infestations*. UNI-MED, Bremen, Germany, 2010:103-109.
- <sup>10</sup> Gordon SC. Shared vulnerability: a theory of caring for children with persistent head lice. *J Sch Nurs*. 2007;23(5):283-292.
- <sup>11</sup> Gordon S. Management of head lice in school settings. Presented at the Florida Association of School Nurses conference, Orlando, FL, February 7, 2009.
- <sup>12</sup> National Association of School Nurses. Pediculosis management in the school setting. Position statement. January 2011. <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/40/Pediculosis-Management-in-the-School-Setting-Revised-2011>. Accessed April 15, 2015.
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# MENTAL HEALTH



THE NATIONAL CENTER ON  
Health

*Tips for Families from the Head Start National Center on Health*

## What is mental health?

Mental health means that young children are growing in their ability to:

- understand and share feelings
- have close and positive relationships
- explore and learn

### Why Is It Important?

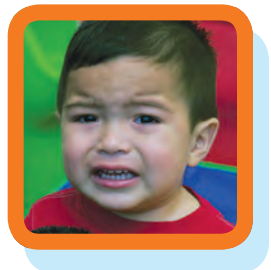
*Having Positive Mental Health Makes It Easier for Children to:*

- Have close relationships with family and friends
- Do well in school
- Learn new things
- Solve tough problems

- Develop patience (or not give up)
- Focus on a task
- Ask for help

*When Young Children Are Worried, Sad, or Angry, It Can Be Hard To:*

- Make friends
- Follow directions
- Express feelings or wishes
- Follow simple directions
- Pay attention in class
- Solve problems in positive ways
- Do well in school



## Things You Can Do and Say to Help Your Child

### • For Your Infant

- Hold your baby during feedings.  
*"I love cuddling when I feed you."*
- Look at your baby and smile, smile, smile!  
*"Hey, when I smile, you smile back."*
- Talk about what you are doing.  
*"I'm going to change your diaper now."*
- Try to relax and have fun.  
*"When I am happy, you are less fussy."*
- Read and sing to your baby every day.  
*"It is bedtime. Time for a story and favorite song."*
- Take care of yourself.  
*"When I am rested, I take better care of you."*

### • For Your Toddler/Preschooler

- Make sure they always feel safe.  
*"I know loud noises can be scary, but it's OK."*
- Offer choices.  
*"Do you want the blue shirt or the red shirt?"*
- Practice patience.  
*"Let's wait until the song is over and then we'll go outside."*

- Show understanding.  
*"You REALLY want another cookie! It is hard when you can only have one."*
- Leave extra time.  
*"I see you don't want to leave the playground. One more time on the slide, then we need to leave."*
- Play together at least 15 minutes a day.  
*"There is so much to do but it is important for us to play together."*
- Follow her interest.  
*"I see you want to play with the blocks. What are you going to build?"*
- Praise your child when she keeps trying.  
*"I love the way you keep trying to find the right piece for the puzzle."*
- Practice following directions.  
*"First pick up the blocks, then take out the cars."*



Do you sometimes want to talk to someone when  
you feel sad or angry?

Do you need someone to call?



The San Diego Access and Crisis Line is available  
24 hours a day, 7 days a week  
to help you talk through how you're feeling.

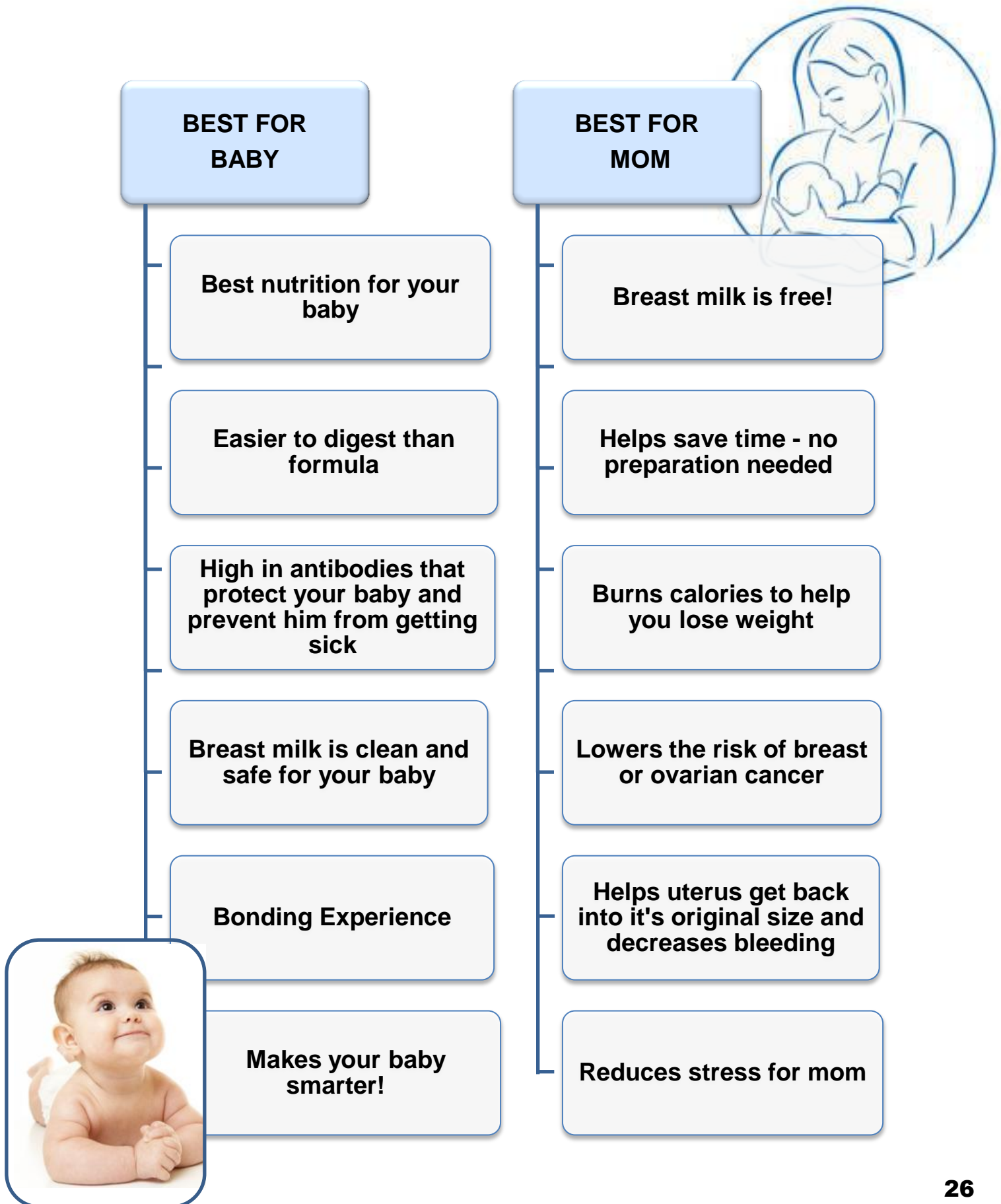
888-724-7240  
619-641-6992 TDD

You can call us if you want to talk about how you  
are feeling, how to help a friend, or  
if your worried about someone in your  
family and don't know how to help.

Counselors are available in every language to help  
you talk in the way that feels best for you.

**All calls are Confidential**

# ***Healthier Children with Breastfeeding***





## ***How can you get a good start to breastfeeding?***

- Talk to your doctor and medical team let them know that you plan on breastfeeding.
- Breast feed your baby as soon as possible, in the first hour of birth.
- If you are having problems, ask to speak to a Lactation Consultant at the hospital.
- Breastfeed early and frequently. A newborn will nurse at least 8-12 times in 24hours.
- Do not nurse on a schedule. Follow baby's hunger or fullness cues.
- Wait least 30 days before you introduce any bottles or pacifiers.

### ***Understanding your baby:***

#### ***Baby is hungry if...***

- Puts hands or fingers near his mouth
- Sucks on his hands
- Turns head, searches for nipple
- More alert and active

#### ***Baby is full if...***

- Slowly stops sucking
- Falls asleep
- Hands are open and relaxed
- Pushes away from Breast
- Turns head/face away

*TIP: If breastfeeding does become painful for you, seek help from someone who knows about breastfeeding, visit:*

*La Leche League International at 1-858-646-9779, [www.llli.org](http://www.llli.org) or [www.lalecheleaguescnv.org](http://www.lalecheleaguescnv.org);*

*San Diego County Breastfeeding Coalition,  
1-800-371-MILK (6455) [www.breastfeeding.org](http://www.breastfeeding.org)*

## ***Most Common Problems with Breastfeeding***

### **Sore Nipples**

- Fix the baby's latch to nipple by making a sandwich with your breast and place in child's mouth
- Tickle his chin or wait until he yawns so his mouth is wide open and put the nipple in his mouth
- Make sure the baby's mouth covers all or most of the areola (brown area around the nipple) not just the small nipple

### **Mastitis**

**(Infection in the breast)**

- Talk to your doctor about taking antibiotics
- Hand express breast milk under a warm shower
- Empty out your breast frequently
- It's completely safe and is recommended to continue to breastfeed even if you have mastitis

### **Engorgement**

**(High Milk Supply)**

- Hand express breastmilk and massage to soften the breast
- Use a pump to take the milk out and relieve the tension
- Apply heat to the breast for 5-10 minutes before nursing or take a hot shower

## ***Healthy Tips for Moms***

### **DO's...**

1. Eat meals full of fruits, vegetables, meats or other protein sources, and 100% whole grain/whole wheat
2. Get plenty of calcium, including dairy foods like milk, yogurt and cheese, and talk to your doctor about if a calcium supplement is right for you
3. Eat more calories than normal, about 500 calories more each day, talk to your doctor or a registered dietitian
4. Drink plenty of water, at least 8-10 cups each day
5. Continue to take your prenatal vitamins

### **DON'T's...**

1. Smoke
2. Drink too much alcohol or caffeine
3. Eat foods that seem to bother your baby like beans or lentils
4. Go on a restrictive diet, you may see a drop in milk supply
5. Take any medications without talking to your doctor

# Healthy Eating for your Preschooler

Healthy Eating  
Made Easier®



Food Group	Everyday Your Child Needs:			Help With Servings
	2-year-olds	3-year-olds	4- to 5-year-olds	
Milk + Milk Products	2 cups	2 cups	2.5 cups	1 cup milk or yogurt, 1.5 ounces natural cheese, 2 ounces processed cheese
Vegetables	1 cup	1-1.5 cups	1.5-2 cups	1 cup raw (see safe feeding tips below), canned or cooked
Fruits	1 cup	1-1.5 cups	1-1.5 cups	1 cup raw or canned (see safe feeding tips below), 1 cup juice, ½ cup dried, 1 banana
Grains	3 ounces	3-5 ounces	4-5 ounces	One ounce = 1 slice bread, ½ bagel, ½ cup cooked cereal, pasta or rice, 1 cup dry cereal
Meat & Beans	2 ounces	2-4 ounces	3-5 ounces	One ounce = 1 ounce meat, poultry or fish, 1 egg, ¼ cup cooked beans, 1 tablespoon peanut butter

## To minimize the risk of choking, follow these safe feeding tips for children less than 4 years of age:

- ✱ Make sure your toddler eats only while seated and supervised by an adult.
- ✱ Discourage talking, laughing or playing while a child has food or beverage in their mouth.
- ✱ Avoid raw fruits and vegetables that snap into hard chunks, such as carrot and celery sticks and firm apples.
- ✱ Choose snacks for the car carefully.
- ✱ Never offer peanuts, grapes, carrots, whole or large sections of hot dogs, meat sticks, popcorn or hard candies to young children—hot dogs and carrots in particular should be quartered lengthwise and then sliced into small pieces.
- ✱ Peel and slice grapes lengthwise. Whole grapes can cause choking.

## General toddler feeding tips:

- ✱ Use unbreakable dishes.
- ✱ Use a plate or bowl with raised sides.
- ✱ Give a child-size spoon and a small fork with dull prongs.
- ✱ Serve foods that are mashed or cut into small pieces.
- ✱ Try finger foods like cheese slices or thinly sliced apple “moons.”



# Tips for Feeding and Preparing Food With Your Preschooler

## Eating Patterns and Behaviors

A toddler wants to be independent and will want to feed himself or herself, although sometimes will look for your help.

Your child needs to learn to feed himself or herself and needs to feel successful. They need to make a mess!

## Helping in the Kitchen

Allow children to help prepare the meal. It takes longer but encourages interest in the food.

Make sure your toddler has a safe place to stand and work at the counter.

  
**DAIRY COUNCIL**  
**of CALIFORNIA®**  
Healthy Eating Made Easier®

**HealthyEating.org**

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### 2-year-olds



- Growth slows and appetite drops
- Learns to bring food to mouth with spoon
- Learns to drink from cup
- Likes to feed self but needs help
- Copies others and will eat many family foods
- Develops likes/dislikes; has very clear ideas about eating and not eating
- Likes sweet foods
- Likes to touch and play with food; responds to food texture
- Distracted easily
- Play with pots, plastic containers and wooden spoons on floor
- Hand grocery items to adult to put away
- Imitate cooking preparation with plastic bowls and toddler spoons
- Spin salad
- Rinse vegetables
- Wipe cans before opening

### 3-year-olds



- Improved muscle control; uses spoon and fork easily
- Will eat raw veggies but may refuse salad
- Can make simple either/or food choices
- Requests desserts and sweets



- Rinse vegetables
- Scrub potatoes
- Name and count foods
- Talk about cooking
- Shape meatballs
- Tear lettuce
- Scoop and mash ingredients



### 4- to 5-year-olds



- Returns to food jags or may go on food "strikes"
- Influenced by others: TV, teachers, other children
- Dislikes most mixed food dishes and gravies
- Has increasing appetite
- Has fewer demands by age 5, and often will accept food available

- Count items
- Snap peas
- Peel bananas
- Shuck corn
- Break eggs into bowl (wash hands afterward!)
- Pour juice and milk\*
- Help measure ingredients
- Mix ingredients
- Pour cereal
- Open packages\*
- Make sandwiches\*
- Toss salads\*

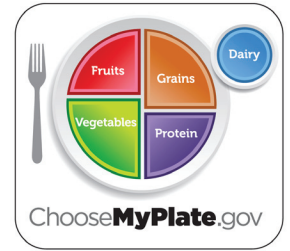
\* With help of an adult



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# kid-friendly veggies and fruits



## 10 tips for making healthy foods more fun for children

**Encourage children to eat vegetables and fruits by making it fun.** Provide healthy ingredients and let kids help with preparation, based on their age and skills. Kids may try foods they avoided in the past if they helped make them.

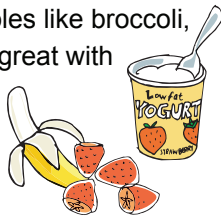
### 1 smoothie creations

Blend fat-free or low-fat yogurt or milk with fruit pieces and crushed ice. Use fresh, frozen, canned, and even overripe fruits. Try bananas, berries, peaches, and/or pineapple. If you freeze the fruit first, you can even skip the ice!



### 2 delicious dippers

Kids love to dip their foods. Whip up a quick dip for veggies with yogurt and seasonings such as herbs or garlic. Serve with raw vegetables like broccoli, carrots, or cauliflower. Fruit chunks go great with a yogurt and cinnamon or vanilla dip.



### 3 caterpillar kabobs

Assemble chunks of melon, apple, orange, and pear on skewers for a fruity kabob. For a raw veggie version, use vegetables like zucchini, cucumber, squash, sweet peppers, or tomatoes.

### 4 personalized pizzas

Set up a pizza-making station in the kitchen. Use whole-wheat English muffins, bagels, or pita bread as the crust. Have tomato sauce, low-fat cheese, and cut-up vegetables or fruits for toppings. Let kids choose their own favorites. Then pop the pizzas into the oven to warm.

### 5 fruity peanut butterfly

Start with carrot sticks or celery for the body. Attach wings made of thinly sliced apples with peanut butter and decorate with halved grapes or dried fruit.

### 6 frosty fruits

Frozen treats are bound to be popular in the warm months. Just put fresh fruits such as melon chunks in the freezer (rinse first). Make “popsicles” by inserting sticks into peeled bananas and freezing.

### 7 bugs on a log

Use celery, cucumber, or carrot sticks as the log and add peanut butter. Top with dried fruit such as raisins, cranberries, or cherries, depending on what bugs you want!

### 8 homemade trail mix

Skip the pre-made trail mix and make your own. Use your favorite nuts and dried fruits, such as unsalted peanuts, cashews, walnuts, or sunflower seeds mixed with dried apples, pineapple, cherries, apricots, or raisins. Add whole-grain cereals to the mix, too.

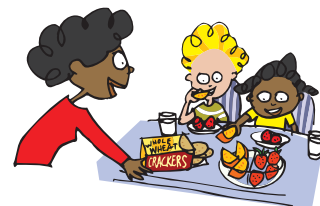


### 9 potato person

Decorate half a baked potato. Use sliced cherry tomatoes, peas, and low-fat cheese on the potato to make a funny face.

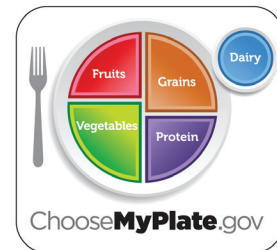
### 10 put kids in charge

Ask your child to name new veggie or fruit creations. Let them arrange raw veggies or fruits into a fun shape or design.



# be a healthy role model for children

## 10 tips for setting good examples



**You are the most important influence on your child.** You can do many things to help your children develop healthy eating habits for life. Offering a variety of foods helps children get the nutrients they need from every food group. They will also be more likely to try new foods and to like more foods. When children develop a taste for many types of foods, it's easier to plan family meals. Cook together, eat together, talk together, and make mealtime a family time!

### 1 show by example

Eat vegetables, fruits, and whole grains with meals or as snacks. Let your child see that you like to munch on raw vegetables.

### 2 go food shopping together



Grocery shopping can teach your child about food and nutrition. Discuss where vegetables, fruits, grains, dairy, and protein foods come from. Let your children make healthy choices.

### 3 get creative in the kitchen

Cut food into fun and easy shapes with cookie cutters. Name a food your child helps make. Serve “Janie’s Salad” or “Jackie’s Sweet Potatoes” for dinner. Encourage your child to invent new snacks. Make your own trail mixes from dry whole-grain, low-sugar cereal and dried fruit.

### 4 offer the same foods for everyone

Stop being a “short-order cook” by making different dishes to please children. It’s easier to plan family meals when everyone eats the same foods.



### 5 reward with attention, not food

Show your love with hugs and kisses. Comfort with hugs and talks. Choose not to offer sweets as rewards. It lets your child think sweets or dessert foods are better than other foods. When meals are not eaten, kids do not need “extras”—such as candy or cookies—as replacement foods.

### 6 focus on each other at the table

Talk about fun and happy things at mealtime. Turn off the television. Take phone calls later. Try to make eating meals a stress-free time.



### 7 listen to your child

If your child says he or she is hungry, offer a small, healthy snack—even if it is not a scheduled time to eat. Offer choices. Ask “Which would you like for dinner: broccoli or cauliflower?” instead of “Do you want broccoli for dinner?”

### 8 limit screen time

Allow no more than 2 hours a day of screen time like TV and computer games. Get up and move during commercials to get some physical activity.

### 9 encourage physical activity

Make physical activity fun for the whole family. Involve your children in the planning. Walk, run, and play with your child—instead of sitting on the sidelines. Set an example by being physically active and using safety gear, like bike helmets.



### 10 be a good food role model

Try new foods yourself. Describe its taste, texture, and smell. Offer one new food at a time. Serve something your child likes along with the new food. Offer new foods at the beginning of a meal, when your child is very hungry. Avoid lecturing or forcing your child to eat.

# Beverages: Make Every Sip Count

## When Choosing Drinks, Ask:

**How can I make every sip count?** Drink natural, nutrient-packed beverages like milk, and water to boost your nutrition.

**Did I drink 2-3 cups of milk today?** If not, drink low-fat or fat-free milk to build strong teeth and bones.

**Am I thirsty?** Choose water to stay hydrated without adding extra calories. Use tap water and add ice cubes to save money. Add flavor with sliced fruit or cucumber.

**What if I don't like the taste of tap water?** Leave water overnight in an open container. Chlorine evaporates so water tastes better.

**What should I do with the large drink from a meal combo at fast food restaurants?** Substitute low-fat or fat-free milk, water or split a drink with family.

## What Size Is Your Drink?

This glass is the actual size of one cup, or 8 ounces.

Compare your cup here. Then check your label to see how much you are drinking.



## What's in Your Drink? Read the Label

### Find the serving size.

One container isn't always one serving. This container has 3 servings. Drinking the whole container is 510 calories!

### Limit added sugars.

### Read ingredients.

## Nutrition Facts

Serving Size 8 fl oz (245g)

Servings Per Container 3

Amount Per Serving

**Calories** 170 **Calories from Fat** 20

%Daily Value\*

**Total Fat** 2.5g 4%

**Saturated Fat** 1.5g 8%

**Trans Fat** 0g 0%

**Cholesterol** 5mg 2%

**Sodium** 190mg 8%

**Total Carbohydrate** 29g 10%

**Dietary Fiber** 1g 5%

**Sugars** 27g

**Protein** 8g

**Vitamin A** 10% • **Vitamin C** 6%

**Calcium** 30% • **Iron** 4%

\* Percent Daily Values are based on a 2,000 calorie diet.

## Choose Most Often

Water

Milk: Low-fat or fat-free

Unsweetened beverages

## Drink Less Often

Soda

Sports drinks, energy drinks

Fruit-drinks

Sweetened teas, coffees and other beverages

## I Will Drink More:

## I Will Drink Less:





# Concerns About My Child's Development

***All children develop at different times and in different ways. Personality, temperament, experiences, and at times various health needs affect children's development. The first five years in a child's life are very important to their development. The sooner a concern can be identified, the sooner specialized services can be provided to help support growth and development.***



***If you have concerns, please discuss with your child's doctor and Head Start staff***

**EHS/HS staff can provide you support by:**

- 1. Meeting with you to discuss observations and screenings**
- 2. Offer assistance in making a referral for additional help**

## **Risk Factors in a Child's Development**

- Prematurity or low birth weight**
- Vision or hearing difficulties**
- Exposure during pregnancy or after birth to drugs, alcohol, or tobacco**
- Poor nutrition or difficulties eating**
- Exposure to lead-based paint or other lead sources**
- Environmental factors, such as abuse or neglect**

***Risks***



# ***Reasons for Concern***

## **Behaviors To Watch For**

- **Avoids being held, does not like being touched**
- **Resists being calmed, cannot be comforted**
- **Avoids or rarely makes eye contact with others**
- **By age 4 months, does not coo or smile when interacting with others**
- **By age one, does not play games like peek-a-boo or pat-a-cake or wave bye-bye**
- **By age two, does not imitate grown-ups doing things like washing dishes, cooking, or brushing teeth**
- **By age three, does not play with others**
- **Acts aggressively most of the time, hurts self or others**

***Behavior***

## **Hearing**



- **Ears hurt a lot**
- **Ears, nose, throat get sick a lot**
- **Child does not look where sounds or voices come from**
- **Does not react to loud noises**
- **Talks in a very loud voice, or voice has unnatural sound**
- **Does not always respond when called from across the room**
- **Turns body so that the same ear is always turned to a sound**

***Listen***

# ***Reasons for Concern***



## **Vision**

- **Has reddened, watery eyes or crusty eyelids**
- **Rubs eyes several times every day**
- **Closes one eye or tilts head when looking at an object**
- **Has difficulty looking at people when talked to or following objects with eyes**
- **Has difficulty focusing or making eye contact**
- **Holds books or objects very close to face**
- **Sits with face very close to television**
- **Has an eye or eyes that look crossed or turned, or eyes do not move together**

***Watch***

## **Moving**



- **Has stiff arms or legs**
- **Pushes away or arches back when held close or cuddled**
- **By age 4 months, does not hold head up**
- **By age 6 months, does not roll over**
- **By age one, does not sit up or creep using hands & knees;**
- **Does not pick up objects with finger and thumb**
- **By age two, does not walk alone, hard to hold large crayons and scribbling**
- **By age three, falls or stumbles a lot when running;**
- **Hard to turn pages in a book**
- **By age four, hard to stand on one foot for a short time**
- **By age five, does not skip or hop on one foot, hard to draw simple shapes**

***Move***

# ***Reasons for Concern***

## **Communication**



***Talk***

- **By 3 months, does not ‘coo’ or smile**
- **By 6 months, does not babble to get attention**
- **By age one, does not respond to different words, like “night night” or “ball”;**
- **Does not say words to name people or objects, like “mama” or “bottle,” or shake head “no”**
- **By age two, does not point to or name things or people to communicate wants or needs;**
- **Does not use two-word phrases, like “want juice” or “mama go”**
- **By age three, does not try to say familiar rhymes or songs**
- **By age four, does not tell stories, real or make-believe;**
- **Does not ask questions;**
- **Does not talk so that adults outside the family can understand**



## **Thinking**

- **By age one, has a hard time finding toy after seeing it hidden**
- **By age two, does not point to body parts when asked questions, like “where’s your nose?”**
- **By age three, does not understand ideas, like “more” or “one”**
- **By age four, does not answer simple questions,**
- **Like “what do you do when you are hungry?”**

***Think***

# ***Dealing with Challenging Behaviors in Children***

***There are many types of challenging behavior that may seem confusing, inappropriate or even frightening. Understanding why these behaviors occur and addressing it in a positive way can help prevent future occurrences.***

## **5 Facts Every Family Should Know**

**1**

### **All behavior is a form of communication**

Everybody communicates through behavior. A child's 'problem' or inappropriate behavior is a sign that he is upset and that something is not right for him or her.

**2**

### **There is always a reason for problem behavior**

Children sometimes have trouble communicating, because they may not know the words to describe how they are feeling or what to do in a difficult situation. Children engage in challenging behavior for a reason. There is always a reason behind the behavior.

**There can be many reasons for one specific behavior**

Children with challenging behavior are trying to send adults a message that something is not right or that their needs or wants are not being met.

Some children have a really hard time knowing how to tell adults that they are angry, so they act out in ways that get them into trouble. Other children may show behavior that seems dangerous because they enjoy the physical sensation.

Sometimes children feel unsafe or that things are out of control, so they take charge over the things they do control, like being able to kick or hurt someone.

A child who tries several times to communicate to adults about what she needs, but whose needs remain unmet, will often use problem behavior as a way of sending a very loud message.

If a child does not get enough positive attention from adults, he will do things to get negative attention as a replacement.

**You can learn to understand and interpret children's challenging behavior**

Since children often express what they need through behavior, many adults face the challenge of figuring out the meaning behind the child's behavior.

All children, but especially those who display challenging behavior, need the consistency of a reliable and loving adult who will provide support and guidance, especially during difficult times. Children learn a lot through the way that adults communicate.



## **Children's challenging behavior can be reduced with support, not punishment**

Once you understand what children are communicating through their behavior, you can respond better. When children feel secure and have their needs and wants met, there is no longer a reason to use challenging behavior to communicate.

Yelling at, or punishing, a child for a behavior may stop the behavior for the moment but it does not give the child support, or teach the child alternative ways to act in difficult situations.

When you use punishment, you are sending the message that anger is a good way to solve problems.

When you help children find positive ways to communicate their needs to others, children learn important social and problem-solving skills that will help them throughout their life.

*For more information on sending positive messages through behavior and ideas on teaching children to deal with difficult emotions, see Family Tools:*

[www.CSEFEL.vanderbilt.edu/resources/family.html](http://www.CSEFEL.vanderbilt.edu/resources/family.html)

***Up next, ways to reduce challenging behaviors***

# 8 Ways to Reduce Challenging Behavior

***After you have identified what triggers challenging behavior in your child, you can use that information to respond more positively to your child's needs.***

**Here are some tips to get you started:**

**1**

## **Change the Setting**

***“Let’s play outside”***

Change the environment, activity, or people involved, so your child feels supported. For example, if your child becomes overstimulated when playing games with her friends, you might recommend she avoid multiple distractions:

“Why don’t you turn off the TV while you’re playing your game?”  
Or have them try a different activity, like coloring or playing outside.

**2**

## **Respond Calmly**

Respond to the situation calmly and without your own anger – adults may need quiet time too. If your child’s behavior has made you angry, take a few minutes to calm down before deciding how to respond.

***Take a  
Breath***

**3****Teach Alternate Behaviors**

Teach your child alternate and more socially appropriate ways of expressing what he wants or needs.

For example, if your child fights over sharing toys with friends or siblings, teach him about borrowing: “I’ll loan you my book if I can play with your puzzle.” Model this behavior for him by showing respect for his things.

***Borrow & Share*****4****Offer Choices**

Offer choices and opportunities for your child to have more control over her environment. For example, if your child is a fussy eater, ask her what she’d like to eat, provide her with options:

“Would you like a peanut-butter or tuna-fish sandwich?” Or make her part of the process: “Why don’t you help me pick out groceries and cook dinner?”

***You can help*****5****Notice the Positive**

Notice positive behavior when it occurs and provide genuine praise. For example, “That was very nice of you to let your brother play with your toy.”

***Great job!***

**Be Consistent**

Make sure there are consistent and predictable routines. For example, “First we wash our face, then brush our teeth every night before we go to bed.”

***First...Then...*****Avoid Surprises**

When there is a change in a routine or schedule, prepare your child ahead of time so he knows what to expect. For example:

“Mommy and Daddy are going out tonight, so we won’t be able to read you your bedtime story, but why don’t we pick out a book together for us to read tomorrow night?”

***Prepare your child*****Have Fun**

Make sure there is joy and fun in your child’s life every day. Many parents find it helpful to play with their children before they have to do housework or errands. Think of what brings a smile to your child’s face and make time each day to smile together.

***Laugh & Smile!***

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