

Your Child

A Guide to Your Child's Health and Safety

Revised text as of April 2019

INCLUDES FOLDOUT GROWTH CHART FOR YOU & YOUR CHILD TO COLOR!

Your New Baby



Choosing A Child Care Provider



Healthy Children & Immunizations



Nutrition & Healthy Living



Home Safety Tips



Car Safety For Children



Additional Safety Topics



Family Emergency Planning



Keeping Your Child Safe Away From Home



The Michigan Child Protection Law





Dear Parent or Guardian,

This publication is a resource guide to your child's health and safety. Topics include suggestions for choosing a child care provider, common developmental milestones from birth to age 5 years, and information on SIDS, SUID and shaken baby syndrome. Basic tips for home safety and emergency preparedness are also discussed as well as a section that promotes healthy living and good nutrition habits for the entire family. I have also included information on child abuse and neglect prevention and excerpts from the Michigan Child Protection Law, as currently amended.

A second part of this publication is a growth chart that will provide a fun activity for you and your child as they grow. I hope you will affix the chart to a wall or door in your home and enjoy coloring the pictures, writing notes and placing photos on it together.

I would like to thank the following national, federal, state and local organizations for their assistance in providing material for this publication:

American Academy of Pediatrics
Centers for Disease Control and Prevention
ChooseMyPlate.gov
Early On Michigan
Grants and Community Services Division, Michigan State Police
Healthychildren.org
Michigan Department of Health and Human Services
Michigan Incident Crime Reporting, Michigan State Police
Michigan Office of Highway Safety and Planning
National Center for Missing & Exploited Children
National Center on Shaken Baby Syndrome
National Highway Traffic Safety Administration
Ready Michigan
SafeKids Worldwide

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Prepared by the Michigan Legislature

This information is provided free to Michigan citizens and is not for reproduction for resale or profit.

The _____ Family

Fill in the information below for babysitters, caregivers or family members who will be caring for your child(ren).
Keep copies in accessible locations for quick review such as near the phone, on the fridge, or in your car, purse, briefcase, or diaper bag.

Child Information

Name:	Allergies:		Special Instructions:
Birth date:	foods	medicines	
Favorite activities & toys:			

Name:	Allergies:		Special Instructions:
Birth date:	foods	medicines	
Favorite activities & toys:			

Name:	Allergies:		Special Instructions:
Birth date:	foods	medicines	
Favorite activities & toys:			

Emergency Contact Information

CALL 9-1-1 IN AN EMERGENCY
NATIONAL POISON CONTROL CENTER: 1-800-222-1222

Parent(s)/Guardian(s): _____

Directions To This House: _____

Work Phone: _____

Family Meeting Spot Near Home: _____

Mobile Phone: _____

Fire Extinguisher(s) Located: _____

Nearest Hospital: _____

Emergency Kit Located: _____

Physician Name: _____

Physician Phone: _____

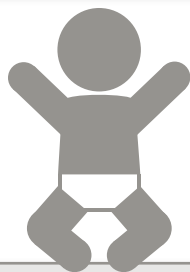
HOUSE RULES: _____

Neighbor's Phone: _____





Your Child's Health



Your New Baby!

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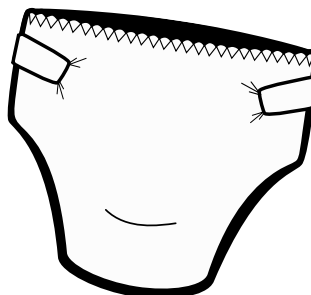
DIAPERING YOUR BABY

Generally, you can count on 6-10 diaper changes a day until your child is fully toilet-trained. Different diapers have advantages and disadvantages. Speak with your health care provider on options best for you and your baby.

CONSIDER:

Cloth Diapers.

Soft cloth allows a baby's skin to breathe, which may help heal diaper rash. However, cloth diapers may be less convenient.



Disposable Diapers.

Disposable diapers are convenient and available at a variety of stores. They wick moisture away from the skin and may keep your baby drier, therefore helping to prevent diaper rash.

Hybrid Diapers.

Hybrid diapers use a reusable cloth pant with an inner absorbent liner. The inner liners in hybrid diapers can be thrown away, or sometimes they can be flushed in a toilet or even composted in the garden (wet liners only). Hybrid diapers may reduce your baby's exposure to chemicals commonly found in disposable diapers.

Diaper Rash Tips

Diaper rash is a common form of inflamed skin that looks like redness or small bumps in the diapering area of your baby. **One of the best ways to help prevent or treat diaper rash is to change diapers as soon as they are wet or soiled.**

- Contact your health care provider.
- Change diapers frequently – check your baby's diaper often.
- Clean your baby's skin gently. Don't use diaper wipes on inflamed skin. Warm water or baby oil on a cotton ball can be used.
- Let your baby's skin air dry or pat gently with a soft cloth before placing a clean diaper on.
- Apply a protective ointment to the skin.
- Be careful with powders. Don't let your baby breathe in the powder. Powders may retain moisture, worsening the rash.

The *Period* of **PURPLE** Crying

PURPLE IS AN ACRONYM THAT HELPS PARENTS UNDERSTAND A PERIOD OF PROLONGED, INTENSE CRYING THAT BABIES CAN GO THROUGH.

NOTE: IT IS IMPORTANT TO CHECK WITH YOUR HEALTH CARE PROVIDER TO RULE OUT THE POSSIBILITY OF SOMETHING SERIOUS.

Babies may cry for very long periods of time, and nothing seems to help soothe them.

Is something wrong with my baby?

Am I doing something wrong?

If your pediatrician has determined that your baby is healthy, try to remember that a period of crying can be a normal part of an infant's development. It begins at about two weeks of age and usually continues until babies are three to four months old.

It is important to remember that this crying will pass.

Tips to Try to Calm Your Baby

- 1** Check that your baby isn't hungry, in pain or discomfort, or in need of a diaper change. Try offering a pacifier.
- 2** Hold your baby in your arms, either on their left side to help with digestion or on their stomach, always supporting their head. Calming motions such as gently rocking and patting your baby's back may help. Avoid overstimulation like excessively patting, loud music or TV noise, or rattling toys.
- 3** Turn on calming white noise such as a fan, vacuum, or even a recording of a heartbeat. These sounds may remind your baby of being inside the womb.
- 4** Avoid overfeeding your baby, which can make them feel uncomfortable. Try to wait 2 to 2-1/2 hours between feedings.
- 5** Food sensitivity may be a problem for both breastfed and bottle-fed babies. Talk with your health care provider about possible diet changes.

Source: healthychildren.org and www.cdc.gov.

The Letters in **PURPLE** Stand for

P

PEAK OF CRYING

Your baby may cry more each week, the most in month 2, then less in months 3-5

U

UNEXPECTED

Crying can come and go and you don't know why

R

RESISTS SOOTHING

Your baby may not stop crying no matter what you try

P

PAIN-LIKE FACE

A crying baby may look like they are in pain, even when they are not

L

LONG LASTING

Crying can last as much as 5 hours a day, or more

E

EVENING

Your baby may cry more in the late afternoon and evening

The word *Period* means that the crying has a beginning and an end.

Shaken Baby Syndrome

SHAKEN BABY SYNDROME (SBS) IS A PREVENTABLE, YET SEVERE, FORM OF PHYSICAL CHILD ABUSE. IT OCCURS WHEN AN INFANT IS VIOLENTLY SHAKEN, OFTEN IN RESPONSE TO THE BABY CRYING.

Babies, especially newborns to one-year-olds, are at an increased risk of sustaining an injury from shaking. Babies have weak neck muscles and their brains are fragile and still developing. Shaking a baby, even for a few seconds, can cause serious damage and possibly even death.

It is crucial that you or anyone who cares for your baby never become so frustrated that they shake your baby.

Take A Break, Don't Shake!

Being the parent of a new baby is not easy. In addition to the joy and excitement, there is also exhaustion, frustration, and uncertainty.

When you are already tired and your baby is crying, especially long bouts of inconsolable crying, it is normal to feel frustrated and helpless.

However, it's important to know how to cope when you find yourself becoming too frustrated. *This goes for anyone who may be caring for your baby, including the father, partner, grandparent, other family members, or friends.*

Everyone must understand that **crying is normal** for healthy babies, especially in the first four months of life.

Be aware of your anger and frustration levels and watch for signs of these emotions in others who may care for your baby.

IF YOU BECOME TOO FRUSTRATED

- **Put your baby down in a safe place, such as their crib, and walk away.**
- **It's okay to let your baby cry for a bit while you regroup.** Take some deep breaths and try to calm down.
- **Check on your baby every 10-15 minutes, but it's okay to let them cry in their crib while you take a break.**
- **It's more important to stay calm than to stop your baby's crying.** Remind yourself that this will pass.

Sources For More Information

American Academy of Pediatrics
Phone: 1-847-434-4000
www.aap.org

Centers for Disease Control and Prevention
Phone: 1-800-232-4636
www.cdc.gov

Children's Trust Fund of Michigan
Phone: 517-373-4320
www.michigan.gov/ctf

Circle of Parents, Michigan
Phone: 517-241-7792
www.circleofparents.org

National Center on Shaken Baby Syndrome and Period of PURPLE Crying
Phone: 1-801-447-9360
www.dontshake.org
www.PURPLEcrying.info

Prevent Child Abuse America
Phone: 1-800 CHILDREN (244-5373)
www.preventchildabuse.org

State and local health departments are also good resources.

SIDS & SUID

SIDS (Sudden Infant Death Syndrome) is defined as the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and review of the clinical history.¹

SIDS IS THE LEADING CAUSE OF DEATH AMONG INFANTS AGES 1-12 MONTHS, AND IS THE THIRD LEADING CAUSE OVERALL OF INFANT MORTALITY IN THE UNITED STATES.²

SUID (Sudden Unexpected Infant Death) is the death of an infant who is less than 1 year of age that occurred suddenly and unexpectedly and whose cause of death is not immediately obvious prior to investigation. After a thorough case investigation, many of these sudden unexpected infant deaths may be explained. Poisoning, metabolic disorders, hyper- or hypothermia, neglect, homicide, and suffocation are all explainable causes of SUID.³ About one-half of all SUID cases are SIDS, while the cause of some SUID cases are never found.

Where is the Safest Place for Baby to Sleep?

The safest place for your baby to sleep is in a crib or bassinet. Keep the crib in your bedroom so you can easily watch or feed your baby. **Do not put your baby to sleep in an adult bed.**

Parents can roll over onto their babies, or babies can become entangled in sheets or blankets.

“Room share”—DON’T “bed share”

FACTS about SIDS & Safe Infant Sleep

FACT: A baby cannot “catch” or spread SIDS. SIDS is not caused by an infection.

FACT: Babies who sleep on their back are NOT more likely to choke if they spit up or vomit during sleep. In fact, babies might clear these fluids better when they sleep on their back because of the location of the windpipe. Also, healthy babies naturally swallow or cough up fluids—it’s a natural reflex all people have to make sure their airway is kept clear. If your baby has reflux or congestion, consult your pediatrician.

FACT: Babies are at risk of SIDS only until they are 1 year old. Most SIDS deaths occur when babies are between 1 and 4 months old.

FACT: Cribs themselves do not cause “crib death” or SIDS. However, the sleep environment, such as having a soft sleep surface, can increase the risk of SIDS and other sleep-related causes of infant death.

FACT: Crib bumper pads should NOT be used in your baby’s sleep area. Safety standards ensure that the crib slats are durable and not wide enough for a baby to slip through (on models from June 2011 and newer). Therefore, bumper pads are not necessary and may pose a suffocation or strangulation threat to your baby.

This information is general and may not cover the special health care needs of all children, especially those with anatomic abnormalities or those at a greater risk for SIDS. Please consult with your health care provider for further guidance.

¹⁻³ Centers for Disease Control and Prevention, www.cdc.gov.

Sleep Safety

Creating a safe sleep environment for your baby is one of the most important things you can do to reduce SIDS and accidental suffocation.

Many infants die during sleep from unsafe sleep environments. There are several things you can do to make sleep time as safe as possible. ***Share this information with anyone who cares for your baby.***

1. **ALWAYS*** place babies to sleep on their backs—every night and for every nap. Be sure this is understood by all family members, babysitters, or anyone else who may care for your baby.

Unaccustomed tummy sleeping is when a baby who is used to sleeping on their back is placed to sleep on their tummy by a different caregiver. This **greatly** increases the risk of SIDS.

2. **NEVER** put your baby to sleep in an adult bed with you or with other children. It is very easy to roll over on your baby or for your baby to become entangled in sheets or blankets. **Always put babies to sleep in their own crib or bassinet.** If you choose to use a baby monitor, don't rely on it to keep your baby safe. While baby monitors can be helpful, they can offer a false sense of security.
3. **ALWAYS** place your baby in a safety-approved crib or bassinet and use a firm mattress. Use a tightly fitted sheet to cover the mattress. Your baby is not safe on a couch, in a doll bed, or in another improvised sleeping area.
4. **NEVER** place blankets, quilts, pillows, bumper pads, or use wedges or positioners in your baby's crib. These can cause suffocation or entrapment. Clothing made for sleeping, such as sleep sacks or wearable blankets, is a good alternative.
5. **AVOID** overdressing your baby for sleep times. Keep the room comfortable for you and dress your baby as you are dressed. Your baby could be too hot if you notice sweating, damp hair, flushed cheeks or rapid breathing.
6. **NEVER** smoke or let anyone else smoke around your baby. Keep your home and car smoke-free.

**Please consult with your health care provider for specific sleeping requirements your infant may have.*

**This is what a
safe sleep environment
looks like.**

**No pillows, blankets, bumper
pads, wedges, or toys.**



TUMMY TIME!

It is important for your baby to spend time on their tummy when they are awake – but only when supervised. This strengthens your baby's neck and shoulder muscles and helps to avoid flat spots on their heads.

Pets & Your Family

Introducing Your New Baby to Your Pet

Over 60% of U.S. households have at least one pet. A new baby affects all members of your family, including your pets. Animals are very sensitive to changes and a drop in human attention can be greatly distressing. This may cause pets to be surrendered to animal shelters.

The following tips can help prepare your pet for your new baby's arrival.

BEFORE YOUR BABY COMES HOME

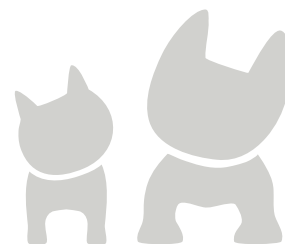
- Begin to adjust your pet to a new schedule of feeding, walking and attention that can be maintained when your baby comes home.
- Get your pet used to nail trims.
- Spay or neuter your pet; typically, they will be calmer and less likely to bite. Consistently redirect any gentle nibbling, pouncing, or swatting behavior to appropriate toys or objects.
- Accustom your pet to new smells and sounds. Allow your pet to inspect the baby's room and the items in there. Rattle any toys, wind up infant swings, or even play recordings of a baby crying. Always make these positive experiences and reward your pet for good behavior.
- If the baby's room will be off limits to your pet, consider using a screen door or a pet gate instead of closing the door. Your pet will feel less isolated from the family and can still see, smell, and hear what's going on in the room.

BABY IS COMING HOME!

Drastically reducing attention and frequently scolding or isolating your pet after your new baby comes home will likely make your pet feel stressed. This may lead to seeking attention through negative behavior. Try to take into account your pet's natural curiosity and include them in this exciting time!

- Bring home something with your baby's scent ahead of time.
- When you return home, your pet may be eager for your attention. Have a family member take

the baby into another room while you give your pet warm but calm affection.



- After the initial greeting, allow your pet to sit with you next to the baby. Reward your pet for good behavior. *Remember, you want your pet to view your new baby as a positive experience.*
- Try to practice patience and never force your pet to get near the baby. Supervise all early interactions between your pet and your baby.

Is My Child Ready for a Pet?

Before agreeing to get your child a pet, consider your household's routine, your willingness and your child's ability to care for a pet, as well as your child's disposition and maturity level. Younger children may have difficulty distinguishing an animal from a toy.

Supervision will be needed so that the animal doesn't frighten or injure your child, and that your child can treat your pet with the gentleness that animals require. Also, consider the type and breed of an animal and the animal's typical temperaments.



PREGNANT?

YES, YOU CAN KEEP YOUR CAT!

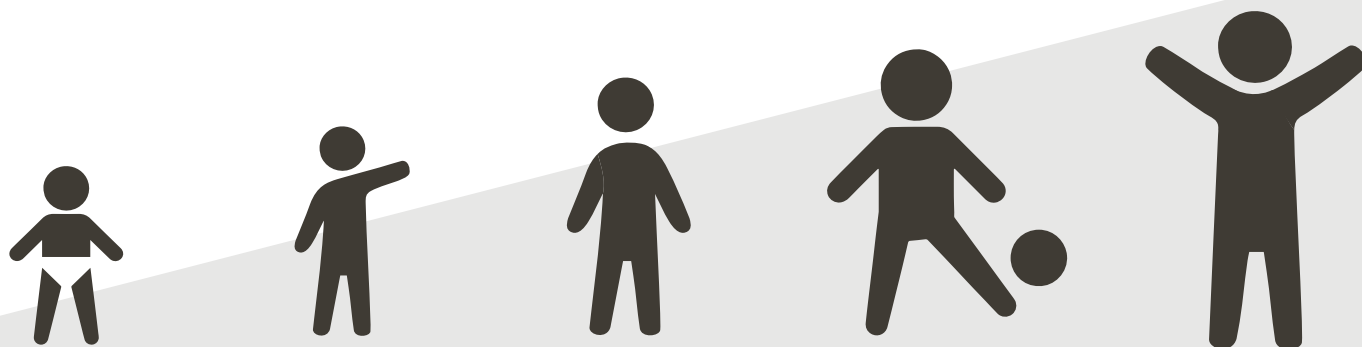


You may have heard of Toxoplasmosis, which is an infection caused by a microscopic parasite called *Toxoplasma gondii*. Cats can get *Toxoplasma* infection by eating infected rodents, birds, or other small animals. It is unlikely to be exposed to the parasite from touching an infected cat because it is generally not carried on fur.

You can also contract Toxoplasmosis from eating or handling contaminated raw or undercooked meat, or by touching contaminated soil or eating unwashed fruits and vegetables from the garden. Do not eat undercooked meat and wash all kitchen supplies that have been in contact with raw meat. Never feed cats raw meat as this can be a source of infection.

The Centers for Disease Control and Prevention (CDC) recommends that you always wash your hands thoroughly after cleaning litter boxes, or if you have been scratched or bitten by a cat. As an extra precaution, have another family member clean the litter box during your pregnancy. Cats kept indoors, that do not hunt prey, are not likely to be infected.

Milestones Checklist



As Your Child Grows

From birth to 5 years, your child should reach a variety of developmental milestones such as responding to loud noises, recognizing familiar faces, and eventually crawling, walking and talking. Pages 9-15 include checklists to use as a guide to your child's development.¹ *These should not be used as a substitute for standardized, validated development screening tools.*

Any concerns you may have regarding your child's development should be addressed as early as possible. Research has shown that by addressing delays early on – especially between birth and age 3 – more can be done to effectively impact a child's development, even into adulthood.

Don't Worry. But Don't Wait.²

What Babies Typically Do at 2 MONTHS

- ☐ Begins to smile at people
- ☐ Can briefly calm themselves (may bring hands to mouth and suck on hand)
- ☐ Tries to look at parent
- ☐ Coos, makes gurgling sounds
- ☐ Turns head toward sounds
- ☐ Pays attention to faces
- ☐ Begins to follow things with eyes and recognize people at a distance
- ☐ Begins to act bored (cries, fussy) if activity doesn't change

- ☐ Can hold head up and begins to push up when lying on stomach
- ☐ Makes smoother movements with arms and legs

.....
Tell your child's doctor or nurse if you notice any of the following signs at 2 months old

- Doesn't respond to loud sounds
- Doesn't watch things as they move
- Doesn't smile at people
- Doesn't bring hands to mouth
- When on stomach and pushing up, unable to hold head upright

What Babies Typically Do at 4 MONTHS

- ☐ Smiles spontaneously, especially at people
- ☐ Likes to play with people and might cry when playing stops
- ☐ Copies some movements and facial expressions, like smiling or frowning
- ☐ Begins to babble
- ☐ Babbles with expression and copies sounds heard
- ☐ Cries in different ways to show hunger, pain, or being tired

¹ Milestones Checklist provided by the Centers for Disease Control and Prevention.

² Early On Michigan, www.1800earlyon.org.

As Your Child Grows

What Babies Typically Do at 4 MONTHS (continued)

- ☐ Responds to affection
- ☐ Reaches for toy with one hand
- ☐ Uses hands and eyes together, such as seeing a toy and reaching for it
- ☐ Recognizes familiar people and things at a distance
- ☐ Holds head steady, unsupported
- ☐ Pushes down on legs when feet are on a hard surface
- ☐ May be able to roll over from stomach to back
- ☐ Can hold a toy and shake it and swing at dangling toys
- ☐ Brings hands to mouth
- ☐ When lying on stomach, pushes up to elbows

.....
Tell your child's doctor or nurse if you notice any of the following signs at 4 months old

- Doesn't watch things as they move
- Doesn't smile at people
- Can't hold head steady
- Doesn't coo or make sounds
- Doesn't bring things to mouth
- Doesn't push down with legs when feet are placed on a hard surface
- Has trouble moving one or both eyes in all directions

What Babies Typically Do at 6 MONTHS

- ☐ Knows familiar faces and begins to know if someone is a stranger
- ☐ Likes to play with others, especially parents
- ☐ Responds to other people's emotions and often seems happy
- ☐ Likes to look at self in a mirror
- ☐ Responds to sounds by making sounds
- ☐ Strings vowels together when babbling ("ah," "eh," "oh," etc.) and likes taking turns with parent while making sounds
- ☐ Responds to own name
- ☐ Makes sounds to show joy and displeasure
- ☐ Begins to say consonant sounds (jabbering with "m" and "b")
- ☐ Looks around at things nearby
- ☐ Brings things to mouth
- ☐ Shows curiosity about things and tries to get things that are out of reach
- ☐ Begins to pass things from one hand to the other
- ☐ Rolls over in both directions (front to back, back to front)
- ☐ Begins to sit without support
- ☐ When standing, supports weight on legs and might bounce

- ☐ Rocks back and forth, sometimes crawling backward before moving forward

.....
Tell your child's doctor or nurse if you notice any of the following signs at 6 months old

- Doesn't try to get things that are in reach
- Shows no affection for caregivers
- Doesn't respond to sounds around them
- Has difficulty getting things to mouth
- Doesn't make vowel sounds ("ah," "eh," "oh," etc.)
- Doesn't roll over in either direction
- Doesn't laugh or make squealing sounds
- Seems very stiff, with tight muscles
- Seems very floppy, like a rag doll

What Babies Typically Do at 9 MONTHS

- ☐ May be afraid of strangers
- ☐ May be clingy with familiar adults
- ☐ Have favorite toys
- ☐ Understands "no"
- ☐ Makes a lot of different sounds like "mamamama" and "bababababa"
- ☐ Copies sounds and gestures of others



As Your Child Grows

What Babies Typically Do at 9 MONTHS (continued)

- ☐ Uses fingers to point at things
- ☐ Watches the path of something as it falls
- ☐ Looks for things they see you hide
- ☐ Plays peek-a-boo
- ☐ Puts things in their mouth
- ☐ Moves things smoothly from one hand to the other
- ☐ Picks up things like cereal o's between thumb and index finger
- ☐ Stands, holding on
- ☐ Can get into sitting position
- ☐ Sits without support
- ☐ Pulls to stand
- ☐ Crawls

.....
Tell your child's doctor or nurse if you notice any of the following signs at 9 months old

- Doesn't bear weight on legs with support
- Doesn't sit with help
- Doesn't babble ("mama," "baba," "dada")
- Doesn't play any games involving back-and-forth play
- Doesn't respond to own name
- Doesn't seem to recognize familiar people
- Doesn't look where you point
- Doesn't transfer toys from one hand to the other

What Children Typically Do at 1 YEAR

- ☐ Are shy or nervous with strangers
- ☐ Cries when mom or dad leaves
- ☐ Have favorite things and people
- ☐ Shows fear in some situations
- ☐ Hands you a book when they want to hear a story
- ☐ Repeats sounds or actions to get attention
- ☐ Puts out arm or leg to help with dressing
- ☐ 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
- ☐ 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

- ☐ Put things in a container and take things out of a container
- ☐ Lets things go without help
- ☐ Pokes with index (pointer) finger
- ☐ Follows simple directions like "pick up the toy"
- ☐ Gets to a sitting position without help
- ☐ Pulls up to stand and walks holding on to furniture
- ☐ May take a few steps without holding on
- ☐ May stand alone

.....
Tell your child's doctor or nurse if you notice any of the following signs at 1 year old

- Doesn't crawl
- Can't stand when supported
- Doesn't search for things that they see 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 they once had

What Children Typically Do at 1-1/2 YEARS (18 Months)

- ☐ Likes to hand things to others as play
- ☐ May have temper tantrums



As Your Child Grows

What Children Typically Do at 1-1/2 YEARS

(18 Months) (continued)

- ☐ 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
- ☐ Says several single words
- ☐ Says and shakes head "no"
- ☐ Points to show someone what they want
- ☐ Knows what ordinary things are used for (for example, a cup, a brush, or a 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 their own
- ☐ Can follow one-step verbal commands without any gestures; for example, sits when you say "sit down"
- ☐ Walks alone
- ☐ May walk up steps and run
- ☐ Pulls toys while walking

- ☐ Can help undress themselves
- ☐ Drinks from a cup
- ☐ Eats with a spoon

.....
Tell your child's doctor or nurse if you notice any of the following signs at 1-1/2 years old (18 months)

- 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 know at least 6 words
- Doesn't notice or mind when a caregiver leaves or returns
- Loses skills they once had

What Children Typically Do at 2 YEARS

- ☐ Copies others, especially adults and older children
- ☐ Gets excited when with other children
- ☐ Shows more and more independence
- ☐ Shows defiant behavior (doing what they have been told not to)
- ☐ Plays mainly beside other children, but is beginning to include other children, such as in chase games

- ☐ Points to things or pictures when they are named
- ☐ Knows names of familiar people and body parts
- ☐ Says sentences with 2 to 4 words
- ☐ Follows simple instructions
- ☐ Repeats words overheard in conversation
- ☐ Points to things in a book
- ☐ Finds things even when hidden under 2 or 3 covers
- ☐ Begins to sort shapes and colors
- ☐ Completes sentences and rhymes in familiar books
- ☐ Plays simple make-believe games
- ☐ Builds towers of 4 or more blocks
- ☐ Might use one hand more than the other
- ☐ Follows two-step instructions such as "Pick up your shoes and put them in the closet"
- ☐ Names items in a picture book such as a cat, bird, or dog
- ☐ Stands on tiptoe
- ☐ Kicks a ball
- ☐ Begins to run
- ☐ Climbs onto and down from furniture without help
- ☐ Walks up and down stairs holding on
- ☐ Throws ball overhand



As Your Child Grows

What Children Typically Do at 2 YEARS (continued)

- ☐ Makes or copies straight lines and circles

.....
Tell your child's doctor or nurse if you notice any of the following signs at 2 years old

- Doesn't use two-word phrases (for example, "drink milk")
- Doesn't know what to do with common things, like a brush, phone, fork, spoon
- Doesn't copy actions and words
- Doesn't follow simple instructions
- Doesn't walk steadily
- Loses skills they once had

What Children Typically Do at 3 YEARS

- ☐ Copies adults and friends
- ☐ Shows affection for friends without prompting
- ☐ Takes turns in games
- ☐ Shows concern for a crying friend
- ☐ Understands the idea of "mine" and "his" or "hers"
- ☐ Shows a wide range of emotions
- ☐ Separates easily from mom and dad

- ☐ May get upset with major changes in routine
- ☐ Dresses and undresses self
- ☐ Follows instructions with 2 or 3 steps
- ☐ Can name most familiar things
- ☐ Understands words like "in," "on," and "under"
- ☐ Says first name and age
- ☐ Names a friend
- ☐ Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats, etc.)
- ☐ Talks well enough for strangers to understand most of the time
- ☐ Carries on a conversation using 2 to 3 sentences
- ☐ Can work toys with buttons, levers, and moving parts
- ☐ Plays make-believe with dolls, animals, and people
- ☐ Does puzzles with 3 or 4 pieces
- ☐ Understands what "two" means
- ☐ Copies a circle with pencil or crayon
- ☐ Turns book pages one at a time
- ☐ Builds towers of more than 6 blocks
- ☐ Screws and unscrews jar lids or turns door handle
- ☐ Climbs well
- ☐ Runs easily

- ☐ Pedals a tricycle (3-wheel bike)
- ☐ Walks up and down stairs, one foot on each step

.....
Tell your child's doctor or nurse if you notice any of the following signs at 3 years old

- Falls down a lot or has trouble with stairs
- Drools or has very unclear speech
- Can't work simple toys (such as peg boards, simple puzzles, turning handle)
- Doesn't speak in sentences
- Doesn't understand simple instructions
- Doesn't play pretend or make-believe
- Doesn't want to play with other children or with toys
- Doesn't make eye contact
- Loses skills they once had

What Children Typically Do at 4 YEARS

- ☐ Enjoys doing new things
- ☐ Are more and more creative with make-believe play
- ☐ Would rather play with other children than by themselves
- ☐ Cooperates with other children
- ☐ Often can't tell what's real and what's make-believe

As Your Child Grows

What Children Typically Do at 4 YEARS (continued)

- ☐ Talks about what they like and what they are interested in
- ☐ Knows some basic rules of grammar, such as correctly using "he" and "she"
- ☐ Sings a song or says a poem from memory
- ☐ Tells stories
- ☐ Can say first and last name
- ☐ Names some colors and some numbers
- ☐ Understands the idea of counting
- ☐ Starts to understand time
- ☐ Remembers parts of a story
- ☐ Understands the idea of "same" and "different"
- ☐ Draws a person with 2 to 4 body parts
- ☐ Uses scissors
- ☐ Starts to copy some capital letters
- ☐ Plays board or card games
- ☐ Tells you what they think will happen next in a book
- ☐ Hops and stands on one foot up to 2 seconds
- ☐ Catches a bounced ball most of the time
- ☐ Pours, cuts with supervision, and mashes own food

.....
Tell your child's doctor or nurse if you notice any of the following signs at 4 years old

- Can't jump in place
- Has trouble scribbling
- Shows no interest in interactive games or make-believe
- Ignores other children or doesn't respond to people outside the family
- Resists dressing, sleeping, and using the toilet
- Can't retell a favorite story
- Doesn't follow three-part commands
- Doesn't understand "same" and "different"
- Doesn't use "me" and "you" correctly
- Speaks unclearly
- Loses skills they once had

What Children Typically Do at 5 YEARS

- ☐ Wants to please friends
- ☐ Wants to be like friends
- ☐ More likely to agree with rules
- ☐ Likes to sing, dance, and act
- ☐ Are aware of gender

- ☐ Can tell what's real and what's make-believe
- ☐ Shows more independence
- ☐ Are sometimes demanding and sometimes very cooperative
- ☐ Speaks very clearly
- ☐ Tells a simple story using full sentences
- ☐ Uses future tense (for example, "Grandma will be here")
- ☐ Says name and address
- ☐ Counts 10 or more things
- ☐ Can draw a person with at least 6 body parts
- ☐ Can print some letters or numbers
- ☐ Copies a triangle and other geometric shapes
- ☐ Knows about things used every day, like money and food
- ☐ Stands on one foot for 10 seconds or longer
- ☐ Hops or may be able to skip
- ☐ Can do a somersault
- ☐ Uses a fork and spoon and sometimes a table knife
- ☐ Can use the toilet on their own
- ☐ Swings and climbs



As Your Child Grows

What Children Typically Do at 5 YEARS (continued)

.....
**Tell your child's doctor or nurse
if you notice any of the following
signs at 5 years old**

- Doesn't show a wide range of emotions
- Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- Unusually withdrawn
- Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- Doesn't respond to people, or responds only superficially
- Can't tell what's real and what's make-believe
- Doesn't play a variety of games and activities
- Can't give first and last names
- Doesn't use plurals or past tense properly
- Doesn't talk about daily activities or experiences
- Doesn't draw pictures
- Can't brush teeth, wash and dry hands, or get undressed without help
- Loses skills they once had

Early On Michigan is a statewide system of early intervention services that specialize in evaluating and treating children (ages birth to 3 years) who are not developing at the same rate as other kids. This can include physical, mental, communication, adaptive, social or emotional development.

If you are concerned about the development or health of your child, talk to a professional at your local health department or consult with your child's pediatrician.



FOR MORE INFORMATION

Early On Michigan

- Call: 1-800-EARLY ON
(1-800-327-5966)

or visit: www.1800earlyon.org

● **Centers for Disease Control and Prevention**

1-800-CDC-INFO
www.cdc.gov/concerned



Choosing A Child Care Provider

There are many different child care choices and settings. An age-appropriate child care that provides a loving, safe, stable and stimulating environment while enhancing your child's physical, emotional, social and intellectual development are all factors to consider when choosing a provider.

COMMON CHILD CARE SETTINGS

Child Care Centers – classroom-based programs that provide care and education, including child care, prekindergarten, preschools, nursery schools, before- and after-school programs, Great Start Readiness Program (GSRP) and Head Start programs.

Group Child Care Homes – group homes for up to 12 children with two or more adult caregivers.

Family Child Care Homes – family homes that provide care for up to 6 children with 1 adult caregiver.

License-Exempt Providers – an adult who is 18 years or older and enrolled to provide care for up to 6 children at one time in their home or the child's home. To provide care in the provider's home, the provider must be related to the child(ren) by blood, marriage, or adoption as a grandparent/great-grandparent, uncle/great uncle, or aunt/great aunt or as a sibling not living with the child.

Consider more than one provider before making a final decision. Plan on staying at each location for at least an hour.

Talk with providers and observe different interactions between caregivers and the children they care for.



FOR MORE INFORMATION

Child care licensing, complaints, and provider information, Child Development and Care Program, child care and family assistance, contact:

- **Department of Licensing and Regulatory Affairs (LARA)**
michigan.gov/lara
- **Child Development and Care, Michigan Department of Education**
1-866-990-3227
michigan.gov/childcare
- **Great Start to Quality Resource Center**
1-877-614-7328
greatstarttoquality.org
- **Michigan Department of Health and Human Services**
1-855-275-6424
michigan.gov/mdhhs

You may apply for Michigan assistance online at:
www.mibridges.michigan.gov/access

Choosing A Child Care Provider

QUESTIONS YOU MAY WANT TO ASK WHEN VISITING A CHILD CARE PROVIDER

- What are the **qualifications** of the provider and staff?
- What are the **child-to-staff ratios** and **group size**?
- Are **immunizations** required before entry?
- What methods of **discipline** are used, and in what circumstances?
- Is proper **sanitation** and handwashing practiced, especially when diapering multiple children?
- Is **supervision** always provided, even when children are napping?
- Are all **toxic substances** locked away and out of sight? Are poison control sign(s) displayed?
- What are the provider's various **emergency plans** for natural disasters, fire, flood, etc.?
- Are there **first aid kits**? Fire extinguishers?
- What type of **background checks** have been done on staff? Are references available?
- What is the procedure for **medication dispensing** if needed?
- Are all staff certified in **CPR** for infants and small children? First aid?
- Are all staff aware of and do they follow **safe sleep practices**?
- Are **on-site play areas** inspected for safety, surrounded by a fence, and kept clean?
- What is the provider's **visiting policy**?
- If **transportation** is provided by the caregiver, are proper car seats, booster chairs, and enough seat belts available?
- Are **healthy meal and snack choices** provided? Is there clean, self-serve water always available?
- What specific **fees and services** will be charged? Including
 - billing schedule
 - extra/outside activities
 - snacks/meals
 - pick-up/drop-off times
 - flexible scheduling

When choosing a child care environment or provider, you may want to consider the following:

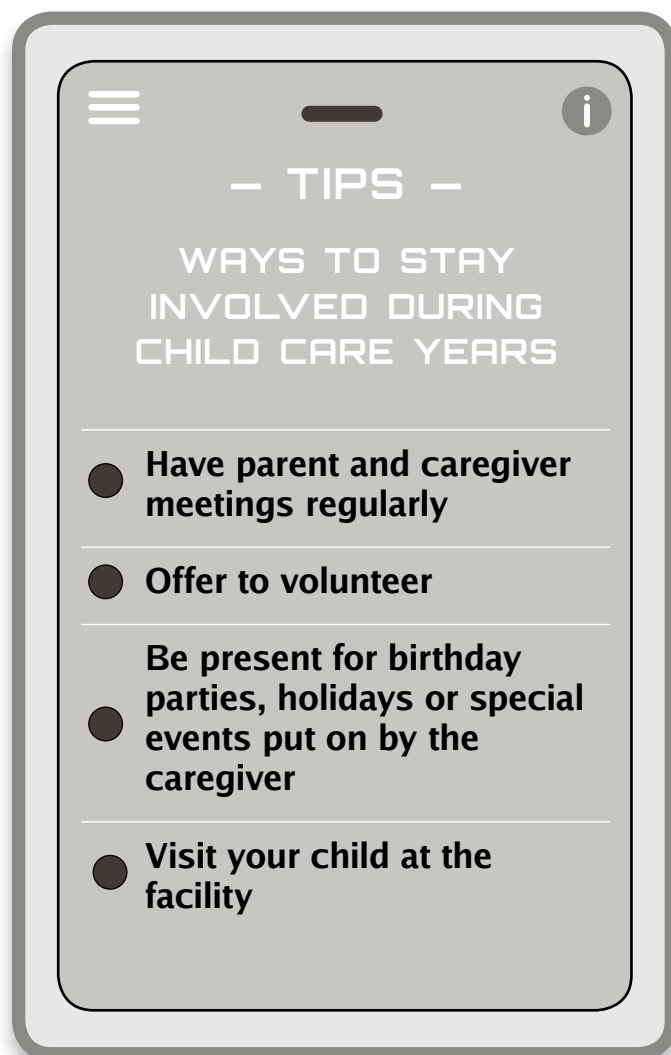
- Does the provider show respect for the children and their families?
- What is the adult-to-child ratio? Do you feel it is appropriate for the environment? Common guidelines: 1 adult to 4 infants
1 adult to 6 toddlers
1 adult to 9 preschoolers
- Will the provider present regular communication regarding my child's progress and activities?
- Are healthy activities and goals established for the children?



Choosing A Child Care Provider

Additional Things to Think About

- Does the provider smile, talk and laugh with the children?
- Is there one-on-one time spent with each child?
- Do the children feel safe, look happy and are comfortable?
- Does the daily routine include quiet time and active play time?
- Is the caregiver respectful of your values and culture?
- Is the caregiver reliable? You may want to talk with parents of children already in the provider's care.
- If your child has unique needs, will these be met as often as necessary?
- Is the child care facility and provider licensed by the State of Michigan? A licensed provider should be able to show you their current license.



For more information on choosing child care providers in your area, visit:

www.michigan.gov/mde

www.greatstarttoquality.org

www.michigan.gov/mdhhs

www.childcareaware.org

www.michigan.gov/lara



Healthy Children & Immunizations

Why Vaccinate?	page 21
The Vaccines for Children (VFC) Program	page 22
Recommended Childhood & Adolescent Immunization Schedule	page 23
Everyday Germ Prevention	page 24

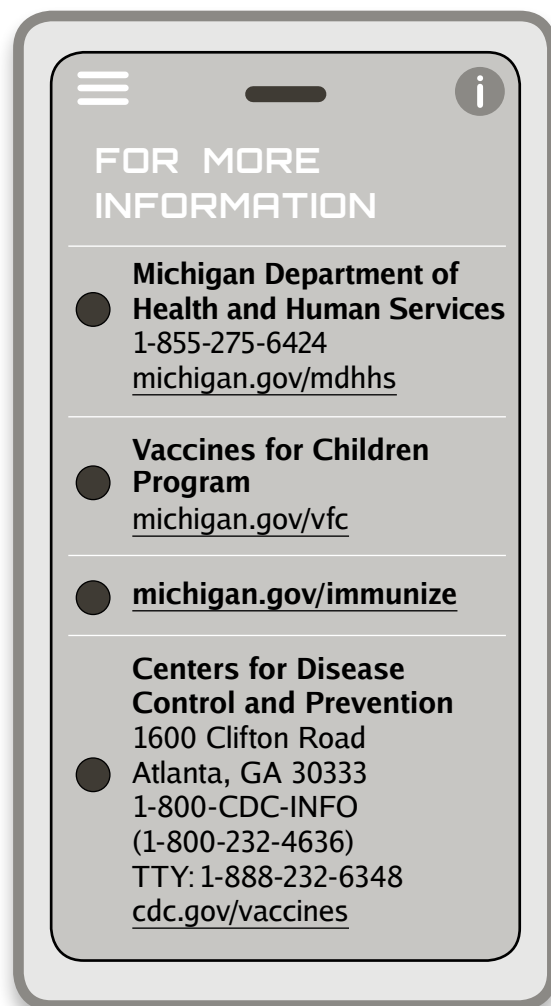
WHY VACCINATE?

Vaccines reduce the risk of infection by developing your body's natural immunity to disease. Vaccines protect not only individuals but entire communities.

Vaccines help develop your body's natural immune system by imitating an infection but not causing illness. Vaccines not only protect you and your family, but those around you in your community. If you are vaccinated and become ill, it is likely you will be contagious for a much shorter period of time, or perhaps not become sick at all. Likewise, when other people are vaccinated, they are less likely to pass a disease to you.

Children in the United States still get vaccine-preventable diseases. Unfortunately, there has been a resurgence of measles and whooping cough (pertussis) in the past few years. However, widespread use of vaccines in the United States has eliminated or nearly eliminated many infectious diseases, such as polio and smallpox, that used to affect thousands of Americans every year.

Some children may not be able to receive certain or all vaccinations due to medical and non-medical reasons. It's best to speak with your physician or county health department regarding vaccine immunizations.



— The Vaccines for Children (VFC) Program —

Recommended Vaccines Protect Against the Following 16 Diseases¹

- Diphtheria
- Haemophilus influenzae type b (Hib)
- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Influenza (flu)
- Measles
- Meningococcal disease
- Mumps
- Pertussis (whooping cough)
- Pneumococcal disease
- Polio
- Rotavirus
- Rubella (German measles)
- Tetanus (lockjaw)
- Varicella (chickenpox)

¹ Centers for Disease Control and Prevention, www.cdc.gov.

The Vaccines for Children (VFC) Program offers vaccines at no cost for eligible children through doctors enrolled in the program. This helps to ensure that all children have a better chance of receiving their recommended vaccines on schedule. Check to see if your doctor or local health department participates in the program and if your child qualifies.

WHO IS ELIGIBLE?

A child is eligible for the VFC Program if he or she is younger than 19 years of age and is one of the following:

- Medicaid-eligible
- American Indian or Alaskan Native
- Uninsured
- Underinsured, meaning a child has health insurance but it:
 - doesn't cover vaccines, or
 - doesn't cover certain vaccines, or
 - covers vaccines but has a fixed dollar limit for vaccines. Once that fixed dollar amount is reached, a child is then eligible.

Public Health Code (excerpt)

(1) Michigan law states that beginning January 1, 2014, a parent, guardian, or person in loco parentis of a child entering the seventh grade shall present to school officials, at the time of registration or not later than the first day of school, a certificate of immunization or statement of exemption under section 9215.

(2) A teacher or principal shall not permit a child to enter or attend school unless a certificate indicating that a minimum of 1 dose of an immunizing agent against each of the diseases specified by the department has been received and certified to by a health professional or local health department.

Public Health Code (excerpt) Act 368 of 1978, MCL 333.9208 (1), (2). Certificate of immunization or statement of exemption; presentation to school officials; minimum doses of immunizing agent; updated certificate.

Recommended Childhood & Adolescent Immunization Schedule

The schedule below indicates recommended ages for routine administration of currently licensed childhood immunizations, as of February 2019. School entry and adolescent vaccine age groups are marked with a star.

For more information, contact your child's physician, your county health department or visit www.cdc.gov/vaccines/schedules/hcp.

Range of recommended ages for all children		Range of recommended ages for catch-up immunization			Range of recommended ages for certain high-risk groups			Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision-making			No recommendation									
Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs			
Hepatitis B (HepB)	1 st dose	2 nd dose				3 rd dose														
Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	*See Notes															
Diphtheria, tetanus, & acellular pertussis (DTaP; <7 yrs)			1 st dose	2 nd dose	3 rd dose		4 th dose					5 th dose								
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	*See Notes	3 rd or 4 th dose		*See Notes												
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose	4 th dose														
Inactivated poliovirus (IPV; <18 yrs)			1 st dose	2 nd dose	3 rd dose							4 th dose								
Influenza (IIV)					Annual vaccination 1 or 2 doses													Annual vaccination 1 dose only		
Influenza (LAIV)											Annual vaccination 1 or 2 doses		or		Annual vaccination 1 dose only					
Measles, mumps, rubella (MMR)					*See Notes	1 st dose						2 nd dose								
Varicella (VAR)							1 st dose					2 nd dose								
Hepatitis A (HepA)					*See Notes	2-dose series, *See Notes														
Meningococcal (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)				*See Notes														1 st dose	2 nd dose	
Tetanus, diphtheria, & acellular pertussis (Tdap; ≥7 yrs)														Tdap						
Human papillomavirus (HPV)														*See Notes						
Meningococcal B															*See Notes					
Pneumococcal polysaccharide (PPSV23)														*See Notes						

This schedule is approved by the Advisory Committee on Immunization Practices, www.cdc.gov/vaccines/acip, the American Academy of Pediatrics, www.aap.org, the American Academy of Family Physicians, www.aafp.org, and the American College of Obstetricians and Gynecologists, www.acog.org.

*For Notes explanation, see pages 59-62.

Everyday Germ Prevention



**Wash your hands often
with soap & water**



**Avoid touching your face
with unwashed hands**



Avoid close contact with sick people



**Cover your coughs
& sneezes**



Clean & disinfect surfaces



Stay home when you're sick

www.cdc.gov



Original graphic can be found at: http://phil.cdc.gov/PHIL/Images/18056/18056_lores.jpg.
Modified with permission from the Centers for Disease Control and Prevention (CDC).

Everyday Germ Prevention

PRACTICING EVERYDAY GERM PREVENTION AND TEACHING YOUR CHILDREN HOW VIRUSES ARE SPREAD CAN HELP KEEP YOU AND YOUR FAMILY HEALTHY.

There are sensible actions you can take to help prevent contracting or spreading viruses like the flu.

- Cover your nose and mouth with a tissue when you sneeze or cough. Always throw the used tissue in the trash.
- Sneeze or cough into your sleeve, rather than your hand, if you don't have a tissue available.
- Wash your hands often and thoroughly with soap and water. Wash for a minimum of 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.
- Try to avoid close contact with sick people.
- Avoid touching your eyes, nose and mouth. These are common ways for germs to enter your system.
- Disinfect surfaces and objects that are frequently touched or used, such as phones, light switches and doorknobs.
- If you are sick, stay home from work; if your child is sick, keep your child home from school or child care. It is recommended that you stay home for 24 hours after the fever is gone (without the aid of fever-reducing medicine).

GERM PREVENTION AT SCHOOL AND CHILD CARE

- Make sure your child's school or child care routinely cleans frequently touched objects and surfaces.
- Check if the school or child care has good supplies of tissues, soap, paper towels and alcohol-based hand sanitizers.
- Ask how sick students and staff are separated from others and who cares for them until they can go home.
- Teach your child to contact you or another trusted adult if they begin to feel sick.

Handwashing is one of the best ways to prevent the spread of many types of infection and illness. Wash your hands regularly and thoroughly with soap and water. Wash for a minimum of 20 seconds (recite the alphabet while you wash so you know when scrub time is up).

When Should You Wash Your Hands?

Before, during, and after preparing food

Before eating food

Before and after caring for someone who is sick

Before and after treating a cut or wound

After using the toilet

After changing diapers or cleaning up a child who has used the toilet

After blowing your nose, coughing, or sneezing

After touching an animal, animal feed, or animal waste

After touching garbage

If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of microbes on hands in some situations, but sanitizers do not eliminate all types of germs. *Hand sanitizers may not be as effective when hands are visibly dirty or greasy.*

Adapted from the Centers for Disease Control and Prevention, www.cdc.gov, "Wash Your Hands".



Nutrition & Healthy Living

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———— Michigan's Health Care Programs ————

MICHIGAN OFFERS SEVERAL MEDICAL ASSISTANCE PROGRAMS. EACH PROGRAM COVERS DIFFERENT GROUPS OF PEOPLE AND HAS DIFFERENT ELIGIBILITY REQUIREMENTS.

When you apply for a program, your age, income, financial resources, and other information will be used to determine if you are eligible. You must also meet the financial and nonfinancial eligibility conditions for that program.

Text4baby

You can text **BABY** to 511411 (or **BEBE** for Spanish) and receive 3 free text messages a week, timed to your due date or your baby's birth date. The messages address topics such as labor signs, prenatal care, immunizations and nutrition.

Visit www.text4baby.org for more information, or download the app from the Apple and Google Play online stores.

Healthy Kids

This Medicaid health care program is available for low-income children under age 19 and for pregnant women of any age. There is an income limit, but no monthly premium. Check for eligibility and apply online at www.michigan.gov/mibridges.

MiChild

The MiChild health care program is available for the low-income, uninsured children (under age 19) of Michigan's working families. This program is for children only and there is an income limit and monthly premium. For more information, call 1-888-988-6300 or visit www.michigan.gov/michild.

Women, Infants and Children (WIC) Program

WIC is a special supplemental nutrition program for women, infants, and children. WIC provides supplemental foods, health care referrals, and nutrition education for eligible pregnant and postpartum women and for children up to 5 years of age. For more information, call 517-373-3740 or visit www.michigan.gov/mdhhs.

Children's Special Health Care Services (CSHCS)

This is a program that provides approved medical service coverage to eligible children and adults with special health care needs. For more information, call the Michigan Department of Health and Human Services (MDHHS) at 517-373-3740 or leave a message at 1-800-359-3722.

Feeding Your Child

Feeding Your Infant

Give your baby breastmilk or formulas throughout the first year of life. Begin introducing solid foods between 6 and 12 months.

BREASTFEEDING

Deciding whether or not to breastfeed your baby is a personal choice. Many authorities strongly recommend breastfeeding and breast milk as it provides ideal nutrition for infants. It has a nearly perfect mix of vitamins, protein, and fat—everything your baby needs to grow—and contains antibodies that help your baby fight off viruses and bacteria. It is always at the right temperature, clean, and free. Breastfeeding also lowers your baby's risk of having asthma or allergies. Breastfed babies are more likely to gain the right amount of weight as they grow rather than becoming overweight children. Freshly pumped breast milk is good for 5 hours at room temperature. Refrigerate breast milk for use within 3 days.

You should not breastfeed if:

You are HIV positive (you can pass the HIV virus to your infant through breast milk); you have active, untreated tuberculosis; you are receiving chemotherapy for cancer; or using an illegal drug.

If you are unsure how your medication may affect your baby, consult with your doctor or pharmacist.

CHOOSING A FORMULA

If you decide to feed your baby formula, you can buy powdered, concentrated, or ready-to-use formulas. Some formulas are made from cow's milk, hydrolyzed, or soy. Make sure you use one that's iron-fortified. By the end of the first month, your baby may

drink 4 ounces per feeding, every 4 hours. Immediately refrigerate opened packages of liquid formula and use them within 24 hours. Mixed powder formula can be stored for 24 hours in the back of the fridge.

REMEMBER:

- If formula is left out more than 1 hour, or is left over in a bottle, always throw it out.
- Do not water-down formula.
- Do not heat formula or breast milk in the microwave.
- ALWAYS test the formula's temperature before feeding to prevent scalding.

Feeding Your Toddler

Young children may need to eat 5 or 6 small meals a day to get the proper nutrition they need for growth.

This is the time to create healthy eating habits with your child. Offer new foods regularly and in different forms. Reintroduce foods your child may have at first disliked as they will often learn to like them if they are regularly offered.

Serve at least 3 meals a day with scheduled snacks in between. Be aware that children's stomachs are small and, therefore, need portion sizes 1/4 to 1/2 that of an adult (*see page 31 for a guide to portion sizes*).

Always use close supervision when young children are eating because

they can easily choke. Do not give children under 3 years of age uncut, round or hard foods such as raw carrots, grapes, hot dogs, popcorn, cheese sticks, raisins, marshmallows, or nuts.

If you feel your child is not growing enough or is overweight, check with your health care provider.

Healthy at Home!

What You Can Do

Keep Healthy Foods in the Kitchen!

Keep foods in your house that you want your child to eat and try to have healthy snacks on hand. As you may know yourself, if it's in the house—you're more likely to eat it. When cooking, try implementing herbs to add flavor instead of adding salt. Also, switch from solid fats (such as animal fats, butter, stick margarine, or hydrogenated oils) to healthier oils (for example, canola or olive oils) when preparing food.

Cut Down on the Sodas and Sugary Drinks!

There are about 10 packets of sugar in one 12-ounce can of soda. Ten packets! Look for naturally flavored water drinks without added sugar and 100% fruit juice.

Be Active Together!

Physical activity is a great way to feel better about yourself. When you exercise, your body releases chemicals called endorphins that trigger a positive feeling in your body. Being active can help you sleep better, boost self-esteem, and reduce depression, anxiety and stress. This works for kids too! Commit to including a fun and physical activity with your child each day.

Make A New House Rule

No sitting still during TV commercials!

Lead an Active Lifestyle!

Both adults and children need moderate to vigorous activity each day, but it doesn't need to happen all at once! It can add up throughout your day. Give your kids toys that encourage physical activity, such as jump ropes, balls, and flying discs.

Healthy at School!

Eating nutritious foods and being active throughout the school day keeps kids healthy and their growing bodies strong.

This may also help to increase concentration and focus as well as improve classroom behavior.

What You Can Do

- Encourage your kids to find a physical activity they like, such as a school sport or an active game at recess.
- Volunteer to help with after-school physical activity programs or sports teams.
- Encourage your kids' school to hold recess before lunch to increase physical activity before they eat.
- Let your kids help make their lunch. You can supervise what goes in, but they'll be more apt to eat what they've helped to make!



LUNCH MENU

		1	2	3	4
5	6				
11	12				
17	18				
23	24				

Find out how to get a menu each week from your child's school.

With your child, choose which meals they will buy at school and which lunches to pack together at home!

Nutritional Guidelines

There are countless tasty ways to improve your family's eating habits. Below are some easy tips to keep in mind when shopping for groceries, packing your kid's lunch, and deciding what meals to cook.

Eat Your Colors.

Varying the colors of the vegetables served increases the vitamins and minerals you get and keeps kids interested. Orange sweet potatoes, bright green celery and red cherry tomatoes are great examples of fun foods to eat.

Look for Whole Grains.

Whole-grain versions of cereal, breads and crackers are good for your heart and digestion and can help to maintain a healthy weight. Choose foods labeled "100% whole wheat" or "100% whole grains." Also, check the ingredient list to see if the word "whole" is before the first ingredient such as "whole-wheat flour." If so, the product contains whole grain.

Vary Your Proteins.

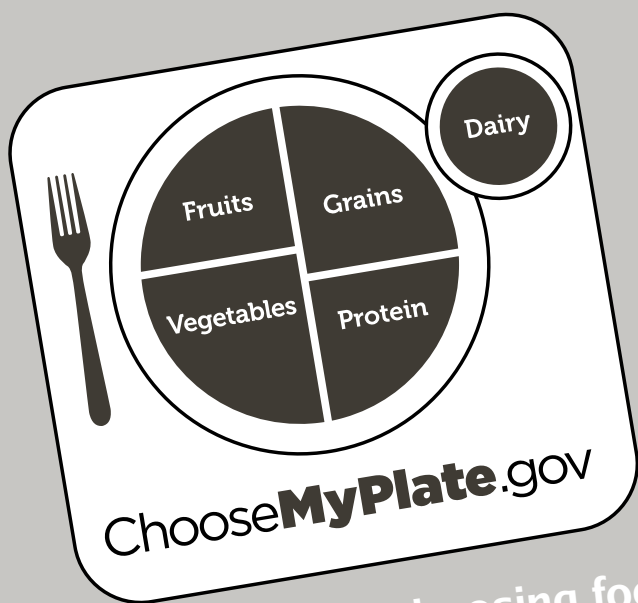
Experiment with a variety of beans and legumes such as peas, lentils, and chickpeas, and all the ways they can be prepared. Other good sources of protein are fish, lean meats, poultry and soy products.

Fruit Makes a Great Dessert!

The same as with vegetables, consuming a variety of fruits ensures you will get more nutrients. Fresh, canned, or frozen fruits are all great options, but look for those without any added sugars.

Dairy Products Help Keep You Strong.

Dairy products provide calcium, protein and vitamin D for strong bones, teeth and muscles. Consider calcium-fortified juices, cereals and breads. Also try canned fish, rice beverages, yogurt, cheese and vegetables such as collard greens, kale, broccoli, turnip greens, spinach and bok choy, which are naturally high in calcium.



MyPlate
represents the
five food groups that
are the building blocks for
a healthy diet using a familiar
image – a place setting
for a meal.

**It's never too late
to start eating
healthier!**

Plan your meals by choosing foods from the five main food groups:

1 fruits, **2** vegetables, **3** grains, **4** proteins, and **5** dairy.

Staying Fit as a Family

MICHIGAN IS A GREAT PLACE TO BE ACTIVE ALL YEAR!



Make your "family time" active time together.

Make use of the skate parks, biking and hiking trails, and playgrounds in your area.

REMEMBER: When biking, everyone should wear a certified bicycle helmet.

Easy ways to get some exercise can be as simple as cleaning up the yard, walking your child to school, parking farther away from entrances or climbing the stairs instead of using elevators.

More easy and fun ways to get exercise:

- playing catch with balls or flying discs
- using a clothes line for volleyball or badminton games
- taking a family walk after dinner
- hosting a family "mini Olympics" and creating fun categories of physical activities
- renting or purchasing exercise videos for kids; you can also look online for free videos to watch

Childhood Obesity

Overweight kids are at risk for developing medical problems that affect their present and future health and, possibly, quality of life. Common health problems are:

- high blood pressure, high cholesterol and abnormal blood lipid levels, and type 2 diabetes
- shortness of breath, making physical activity more difficult and possibly aggravating the symptoms or increasing the chances of developing asthma
- sleep disorders such as obstructive sleep apnea
- liver and gall bladder disease
- depression

If you have any concerns, contact your child's health care provider.

Guide to Serving Sizes



2 tablespoons
of peanut butter



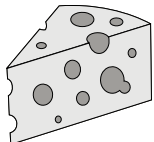
golf ball



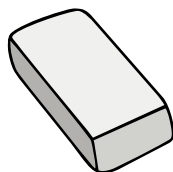
1 ounce of bread



CD/DVD case



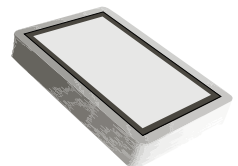
1 ounce of cheese



pencil eraser



3 ounces of meat



deck of cards

The guide above offers some visual clues to help you and your kids learn proper portions.



Your Child's Safety



Home Safety Tips

Every year, there are thousands of preventable child injuries. Some injuries may even cause death. Keeping a child safe at home is a good place to start.

THE GOOD NEWS IS PREVENTABLE INJURIES CAN BE AVOIDED WITH THE RIGHT EDUCATION, AWARENESS AND PLANNING. BELOW ARE SOME TIPS FOR MAKING YOUR HOME SAFER.

BURNS

- Check your water heater's thermostat and set it to 120 degrees Fahrenheit or the manufacturer's recommended setting to help prevent the water from getting too hot out of the tap.
- Don't hold a child while cooking at the stove.
- Never leave food unattended on the stove. Keep all handles of pots and pans turned away from the edge of the stove so they can't be bumped or reached by children.
- Avoid buying lighters that look like toys, and keep all matches and lighters well out of children's reach.
- Install and regularly check the smoke detectors in your home. Replace batteries twice a year.
- Have a family fire escape plan and be sure everyone knows various ways to get out of your home and where to meet up in the event of a fire.

DROWNINGS

- Babies can drown in only an inch of water. Always be alert, and provide undistracted supervision when young children are in or near bathtubs or swimming pools and while at the beach.
- Immediately empty all containers, buckets, and wading or inflatable pools after use.
- Immediately empty the bathtub after use. Keep all toilet seats closed. Toilet seat locks can also be used to keep the lid safely shut.

FALLS

- Window screens will not prevent a child from falling out. Properly install window guards to prevent falls (for windows above the first floor, include an emergency release device that adults and older children can easily operate in case of fire or emergency) or install window stops that keep windows from opening more than four inches.
- Keep furniture and cribs away from windows to prevent children from climbing near them.

Never move a child who appears to be seriously injured –

CALL 9-1-1

Let trained medical personnel determine if there are injuries to the child.



Home Safety Tips

FALLS (continued)

- Keep babies and young kids strapped in when using high chairs, infant carriers, swings and strollers. If your baby is in a carrier, remember to place it on the floor, not on top of a table or other furniture.
- Because baby walkers don't have safety features that prevent them from rolling down stairs and they may allow your baby to reach higher objects, try using a stationary activity center instead. *Look for one that is on a stable, non-moveable base and place it away from stairs, hot appliances or window cords.*

POISONINGS

Young children are often at eye level with items commonly kept under kitchen and bathroom sinks or found in purses or diaper bags set on the ground. Consider using safety locks on cabinets and storing all items out of children's sight and reach.

Common household products to keep safely away from children:

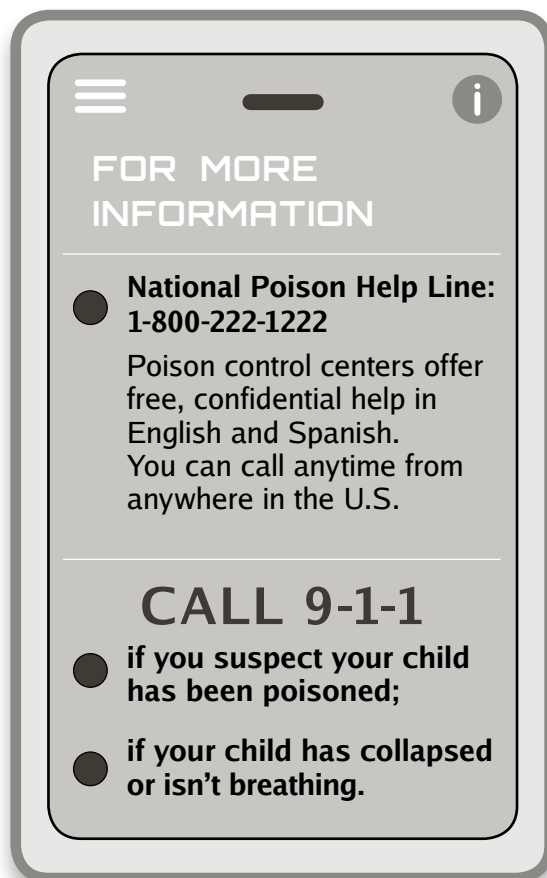
- single-load laundry and dishwasher packets/pods
- cleaning supplies, pesticides, plants and flowers
- make-up, personal care products, laxatives and diaper rash products
- art supplies
- eye drops and vapor rubs with camphor
- button (or coin) batteries and items that contain these batteries (see Button Battery Safety tips on page 36.)
- ALL medications including vitamins and allergy medicines

MEDICATION SAFETY

- An estimated 59,000 children under the age of 5 years are brought to emergency rooms each year due to unsupervised ingestion of medicines.¹ Many times incidents happen when adults are distracted for just a moment, for example when the phone or doorbell rings. If distracted, take the medication with you or put it away, out of the reach of your child.
- Remember, "child-resistant" does not mean "child-proof." Always re-cap medicines and vitamins and store in a place where children can't reach—even in between doses.
- Do not use cough and cold products with children under 4 years old unless specifically told to do so by a physician.

MEDICATION SAFETY (continued)

- Do not give children medicine that is packaged for adults unless specifically told to do so by a physician.
- If your child is prescribed an antibiotic, make sure they take all the medicine prescribed, even if they begin to feel better. Do not save the antibiotic medicine "for later."
- Use only the measuring device that is included with the medicine. A kitchen teaspoon or tablespoon is not a good measuring device for giving medicines to children. If a measuring device is not included with the product, check with your pharmacy.



¹ Centers for Disease Control and Prevention, www.cdc.gov.



Home Safety Tips

TV & FURNITURE TIP-OVERS

- TVs and appliances can be unstable. They can tip over if pulled on or climbed upon by children. Serious injuries, suffocation and death can occur when a child is crushed by or becomes pinned beneath a heavy piece of furniture. Injuries from TV and furniture tip-overs have been rising for over a decade.

- Secure TVs in your home:



Mount flat-screen TVs to the wall by following the manufacturer's instructions. This will avoid them toppling off stands or other furniture.



Place older-style TVs on low, stable pieces of furniture. Push the TV back as far as possible from the edge.

- Secure furniture such as dressers, bookcases, TV stands and entertainment units to a wall stud with braces, brackets, anchors or wall straps.
- Install safety stops on dresser drawers to prevent them from being pulled all the way out. Children may pull out multiple drawers to climb up which can cause the weight to shift, making the dresser easier to fall over.
- Keep remote controls, toys, food and other items that might attract children off of TVs and other furniture.
- Keep electrical cords out of reach of children and teach them not to play with the cords.
- Rearrange items in your home so that heavier items are on lower shelves or in lower drawers.
- Consider using safety outlet plugs throughout your home to prevent children from putting objects or their fingers into electrical outlets.

CHOKING

- Infants and young children can easily choke on some foods and small toys and household objects. You may want to get on your hands and knees and observe your home from your child's perspective. Look for and remove small items such as buttons, beads, jewelry, pins, nails, marbles, coins, stones and tacks.
- Cut food for toddlers into tiny pieces. Children under 5 years of age should not eat small, round or hard foods, including pieces of hot dogs, cheese sticks or chunks, hard candy, nuts, grapes, marshmallows, or popcorn.
- Magnets can be especially dangerous if swallowed. Inspect toys and games that may include small magnets, including adult desk items and refrigerator magnets.

**CALL 9-1-1
IMMEDIATELY IF YOU SUSPECT
MAGNETS MAY HAVE BEEN
SWALLOWED!**

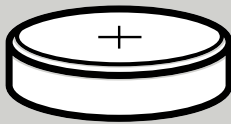
STRANGULATION

- Keep cords and strings, including those attached to window blinds, out of your child's reach. Move all cribs, beds, furniture, and toys away from windows and window cords.
- Do not tie strings or ribbons to pacifiers or toys.
- Do not dress infants and young children in clothing with drawstrings or pull cords. Also, avoid necklaces, scarves, strap purses and similar items.



Home Safety Tips

BUTTON BATTERY SAFETY



Each year in the United States, more than 2,800 kids are treated in emergency rooms after swallowing coin-sized lithium or “button” batteries. *That’s one child every three hours.* The number of serious injuries or deaths as a result of button batteries has increased ninefold in the last decade.¹

THE NATIONAL BATTERY INGESTION HOTLINE:

1-202-625-3333

If you SUSPECT your child has ingested a battery, CALL 9-1-1 immediately. Don’t induce vomiting or have your child eat or drink anything until assessed by a medical professional.

Keep button battery-controlled devices out of sight and reach of small children.

Search your home for items that contain button batteries.

These may include remote controls, singing greeting cards, digital scales, watches, hearing aids, thermometers, children’s toys, calculators, key fobs, flameless candles, or flashing holiday jewelry or decorations.

The Facts About Button Batteries

- When a child swallows a button battery, the saliva triggers an electrical current. This causes a chemical reaction that can severely burn the esophagus in as little as two hours.
- It may not be obvious at first that there is something wrong, since kids can still breathe and act normally after ingesting a button battery. Some symptoms include coughing, drooling and discomfort, or flu- and cold-like symptoms.
- Repairing the damage from battery ingestion is painful and often involves multiple surgeries. Even after a battery is removed, kids can experience terrible side effects to their vocal cords and windpipe.

¹ “Battery Safety Tips”, SafeKids Worldwide, www.safekids.org.

Gun Safety in a Home Environment

Guns are in more than a third of U.S. homes. Chances are that even if you don't own a gun at home, you know someone who does. This means gun safety is vital to improve your child's safety at home or in someone else's home.

CHILDREN LESS THAN THREE YEARS OLD ARE ABLE TO HOLD A GUN AND PULL THE TRIGGER.

If your child sees a gun or someone they know has a gun, teach them to:

- Stop what they are doing;
- Don't touch the gun;
- Leave the area where the gun is;
- Tell a responsible adult right away.

A Message from the Michigan State Police www.michigan.gov/msp

Firearm ownership carries with it a responsibility of safeguarding the welfare of others and yourself when handling firearms.

Accident prevention is the user's responsibility.

You may be criminally and civilly liable for any harm caused by a person less than 18 years of age who lawfully gains unsupervised access to your firearm if unlawfully stored.

As such, a trigger lock, gun case or other device designed to prevent unauthorized access to a firearm is strongly recommended.



**GUN
SAFETY
FIRST
ZONE**

Project ChildSafe is a nationwide program that promotes safe storage of firearms in the home. The program raises awareness about firearm safety by distributing free gun locks and educational material to gun owners. The Community Service Trooper at your local state police post can help you get a free kit that includes a cable-style gun-locking device and a brochure that discusses safe handling and storage of firearms.

For more information about this program visit www.projectchildsafe.org.

AS A PARENT OR GUARDIAN, YOU CAN HELP PROTECT YOUR CHILD BY PRACTICING THESE GUN SAFETY TIPS.

- A firearm should always be unloaded when not in use and the ammunition stored separately from the firearm.
- Both the ammunition and the firearm should be **locked** in a safe place out of the reach of children – hidden guns may be found.
- Store the key(s) for the ammunition and gun in a different area from where you store household keys. Keep the keys out of the reach of children. Some gun case models have digital locking and unlocking mechanisms.
- Lock away gun-cleaning supplies (these are often poisonous).
- Never leave the gun unattended.



Car Safety For Children

Car Seat Basics	page 39
Michigan Child Passenger Safety Laws	page 40
Never Leave a Child Alone in a Car	page 41

Car Seat Basics

**ALL CHILDREN UNDER
THE AGE OF 13 NEED TO
BE RESTRAINED IN THE
BACK SEAT OF VEHICLES.**

Car seats should not be purchased at garage sales or second-hand stores since the history of the seat is unknown. Never use car seats that have been in a crash, are damaged or are missing parts, or have been recalled.

For more information, contact:

**National Highway Traffic Safety
Administration**

www.nhtsa.gov
1-888-327-4236
1-800-424-9153 (TTY)

If you have a child with special health care needs, you can also contact the **National Center for the Safe Transportation of Children with Special Healthcare Needs** at 1-800-755-0912 or visit www.preventinjury.org/Special-Needs-Transportation.

1

Rear-Facing Car Seat

Babies and toddlers should ride in a rear-facing car seat, installed in the back seat, until age 2 or until they reach the highest weight or height limit of the car seat.



2

Forward-Facing Car Seat

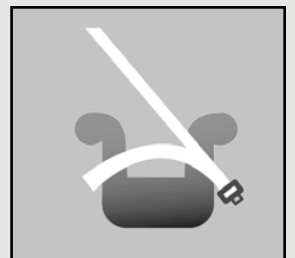
Next, children should ride in a forward-facing car seat with a harness, installed in the back seat, until they reach the highest weight or height limit of the car seat.



3

Booster Seat

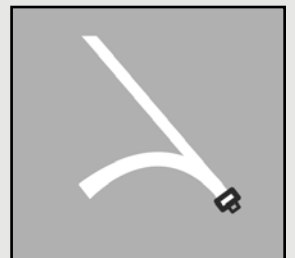
Next, children should use a booster seat, installed in the back seat, until the child reaches 4'9" tall, typically at 8-12 years old. *Booster seats must be used with both a lap and shoulder belt.*



4

Seat Belt

A child is ready for an adult seat belt when the lap belt lies snugly across the upper thighs, not the stomach. The shoulder belt should lie snugly across the shoulder and chest, not the neck or face.



— Michigan Child Passenger Safety Laws —

BELOW ARE SOME COMMON CAR SEAT MISTAKES AND HOW TO AVOID THEM.

The Harness Straps Are Not Tight Enough.

Harness straps should fit snug to the child's body and should pass the "pinch test" – that is, you should not be able to pinch any excess strap material.

The Car Seat Isn't Installed Tight Enough.

Car seats, whether installed with the seat belt or LATCH system, should not move more than one inch from side to side when tested at the point where the car seat attaches to the vehicle.

Moving Children to the Next Step Too Soon.

Children should stay in their car seats until they outgrow the height or weight limit of the seat before moving to the next step.

The Chest Clip is Too Low.

The chest clip should be secured at the child's armpits to ensure straps remain in the correct position.

Putting Kids in the Front Seat Too Early.

Children should ride in the back seat of the vehicle until they reach 13 years old. The force of an air bag may be too intense for children under the age of 13.

Michigan Child Passenger Safety Laws

- Michigan law requires all children younger than age 4 to ride in a car seat in the rear seat, if the vehicle has a rear seat. However:
 - If all back seats are occupied by children under age 4, then a child under 4 may ride in a car seat in the front seat.
 - A child in a rear-facing seat may only ride in the front seat if the air bag is turned off.
- Children must be properly buckled in a car seat or booster seat until they are 8 years old or 4'9" tall.
- All passengers under 16 years old must use a seat belt in any seating position. All front seat occupants must use a seat belt regardless of age.
- Children should never ride on a lap, in a portable crib, or in any other device not approved for use in the vehicle.



FOR MORE INFORMATION

BE SURE YOUR CAR SEAT IS PROPERLY INSTALLED!



Find an inspection station or safety event near you by visiting:

www.nhtsa.gov

www.safekids.org

www.michigan.gov/misp

then search for Child Passenger Safety.

This information was adapted from the Michigan Office of Highway Safety Planning, www.michigan.gov/ohsp.

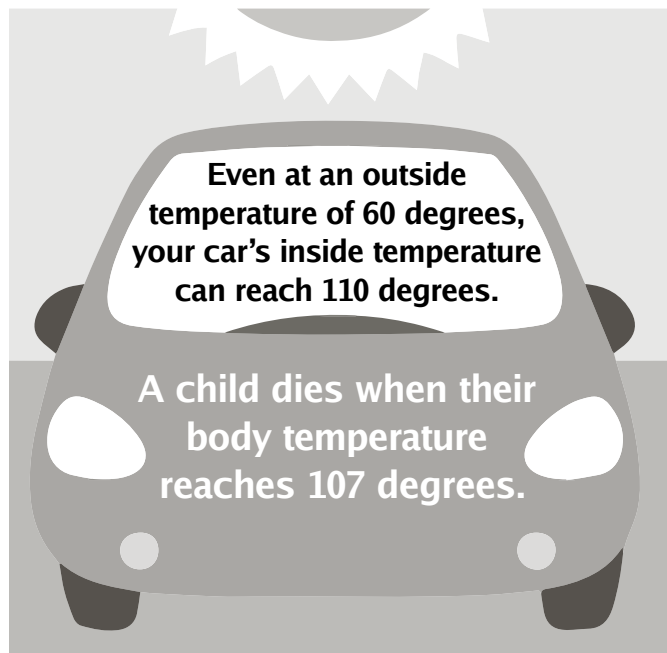
Never Leave a Child Alone in a Car

STATE LAW IN MICHIGAN DEEMS IT ILLEGAL TO LEAVE A CHILD (UNDER THE AGE OF 6) UNATTENDED IN A VEHICLE.

Children's bodies overheat easily—three to five times faster than an adult's body. Infants and children under 3 years old are at the greatest risk for heat-related illness. Child heatstroke in cars can lead to severe injury and death.

- Call 9-1-1 if you see a child alone in a vehicle.
- A review of child heatstroke cases since 1998 by the National Highway Traffic Safety Administration (NHTSA) showed that 54% of fatalities occurred in vehicles where the child was forgotten by the parent or caregiver.
- Heatstroke can occur on cloudy days and in temperatures as low as 57 degrees.
- Opening car windows will not prevent heatstroke.

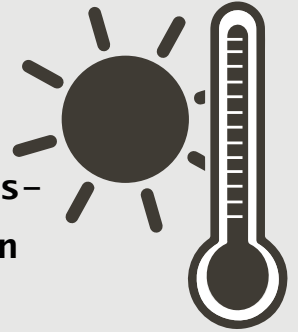
Signs of heatstroke include: red, hot, and moist or dry skin; no sweating; strong, rapid pulse or a slow, weak pulse; nausea; confusion or strange behavior



NEVER leave an infant or child in a vehicle –

Not for a few minutes –

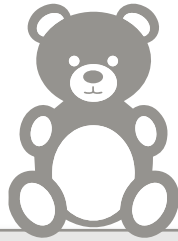
Not even if you open the windows!



where's  baby?
Look before you lock.

Below are some prevention tips to help keep kids safe in and around vehicles

- Get in the habit of always opening the back door of your vehicle once you arrive at your destination. This "look before you lock" behavior will help you determine if there are children still in the car.
- Never leave children alone in or around cars, even for a moment.
- Put an item you always carry (cell phone, laptop, brief case, etc.) in the backseat to help ensure you will look in the back before leaving the car.
- Make arrangements with your child's care center or provider that you will always call if your child will not be there on a scheduled day. Also, make sure the care center or provider contacts you if your child is not dropped off as scheduled.
- Keep vehicles locked at all times, even in the garage or driveway, to help ensure children will not get in the vehicle or trunk on their own.
- Keys and remote openers should not be left in reach of children.



Additional Safety Topics

Sports Safety	page 43
Internet Safety.....	page 44
Toy Safety & Recalls.....	page 45

Sports Safety

FOR PARENTS, GUARDIANS AND COACHES, THERE ARE SIMPLE THINGS THAT CAN HELP REDUCE PREVENTABLE INJURIES.

It's important to remember that children's bones, muscles, tendons, and ligaments are still growing. This makes them more susceptible to injury. When compared to adults, kids have a lower sweating capacity and produce more metabolic heat per unit of mass during physical activities. This puts kids at an increased risk of heat illness.

1 PREPARTICIPATION PHYSICAL EXAM
Before playing any organized sports, your child should receive a preparticipation physical exam (PPE). This is composed of relating your child's past medical history, family medical history, sports-related history, and a physical exam given by a health care provider.

2 KNOW THE SIGNS AND SYMPTOMS OF CONCUSSIONS
Most concussions occur without loss of consciousness. A player with a suspected concussion must be immediately sidelined until evaluated and released by a medical professional. It's important to protect players who have had a concussion from getting another one.

Learn the signs and symptoms of concussions:
www.cdc.gov/headsup/parents

REMEMBER TO HYDRATE

3 Learn the symptoms of dehydration. Always have water available and encourage children to drink water before, during and after physical activity.

PLAY IT SAFE AND BE INVOLVED

4 Set aside time before every practice and game for a proper warm-up session. Stretching before physical activity can help prevent sports-related injuries such as sprains.

- Make rest periods a priority for all players and encourage them to communicate any pain, injury or illness they may have. It is recommended that young athletes have at least one to two days off per week from any particular sport, as well as an "off-season" where they get ten consecutive weeks of rest each year from any one sport.
- It is a good idea for coaches to be certified in first aid and CPR.
- Parents and guardians should share contact information and any medical conditions or history of asthma with the coach before the first practice.
- Verify that an Automated External Defibrillator (AED) is on site and available for all practices and games.

Internet Safety

It's Never Too Early to Learn the Basics of Internet Safety

The internet has drastically enhanced the way kids interact with others. Children can access information from all over the world, search for in-depth knowledge and use online tools to express their creativity.

Parents and guardians need to be aware of the potential risks and any laws against **cyberbullying**, **exposure to inappropriate material**, **revealing too much personal information**, and **online predators**.

For more information visit www.NetSmartz.org, OnGuardOnline.gov, www.cdc.gov, and Michigan's OK2SAY program www.michigan.gov/ok2say.



BASIC TIPS

- Keep the computer in a high-traffic area of your home.
- Make sure young children understand what their personal information is and that they should not share it online (name, phone number, home address, passwords, name of their school, photos of themselves, private thoughts and feelings, etc.).
- Establish limits for which online sites children may visit and for how long.
- Remember that internet technology can be mobile, so make sure to monitor cell phones, gaming devices, and laptops.
- Surf the internet with your children and let them show you what they like to do online and which websites are their favorites.
- Know who is connecting with your children online and set rules for social networking, instant messaging, e-mailing, online gaming, and using webcams. Periodically review the privacy settings on their social networking accounts.
- Continually talk with your children about online safety.

DISCUSSION STARTERS

For internet beginners

- What are your favorite things to do online?
- What is personal information? Why should you keep it private?
- What would you do if anyone online asked to meet you face to face?
- Besides me, who do you feel that you can talk to if you are in a scary or uncomfortable situation?

For older children

- Can I take a look at what you have been posting online?
- Does anyone else have access to your passwords?
- What could someone learn about you from what you post online? How might they use this information?
- Have you ever regretted anything you posted online?

Adapted from "Basic Internet Safety,"
National Center for Missing & Exploited Children.

Toy Safety & Recalls

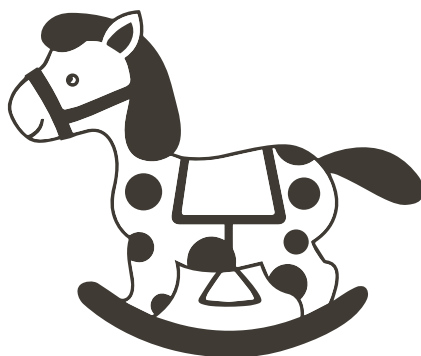
IN 2017, THERE WERE OVER 250,000 KIDS TREATED IN AN EMERGENCY ROOM FOR TOY-RELATED INJURIES. OF THESE, 174,300 WERE AGE 12 OR YOUNGER.¹

TOY-RELATED RECALLS DO NOT EXPIRE, AND MONTHLY UPDATES MAY BE FOUND ONLINE.

Consider these tips for your kids and their toys:

LOOK FOR AGE-APPROPRIATE TOYS.

It's worth the time to read the instructions and warning labels on games and toys to help determine if they are appropriate for your child. When purchasing a new toy, be sure to review the manufacturer's age recommendation. Look for any small parts or potential choking hazards.



REQUIRE SAFETY EQUIPMENT FOR RIDING TOYS.

If your child has their heart set on a new bike, skateboard, scooter or other riding equipment, be sure to include a helmet and other safety pads to help protect them if they fall or are in a collision.

BE AWARE OF PRODUCT RECALLS.

There are ways to check if toys or products have been recalled or have consumer concerns. To view a monthly list of child-related recalls collected from the major federal agencies, visit the websites listed below.

STORE TOYS SEPARATELY FOR DIFFERENT AGE GROUPS.

If you have children of different ages, store toys separately after play time is over. Keep different bins or containers for each child's toys and explain to older children why their toys could be dangerous to their younger siblings. You may want to consider one bin that has toys that everyone can play with together.

LOOK CLOSELY AT "HAND-ME-DOWN" TOYS.

Take a moment to examine all used toys for wear and for loose or sharp parts or edges. It is hard to know if older or used toys meet current safety standards. Check the toy with the Consumer Product Safety Commission for known defects.

ALWAYS USE YOUR JUDGMENT BEFORE DECIDING ON A NEW TOY.

Product Recall Websites

Consumer Product Safety Commission,
www.cpsc.gov

Food and Drug Administration,
www.fda.gov

National Highway Traffic Safety Administration, www.nhtsa.gov

www.saferproducts.gov

Sign Up to Receive Recall E-Mail Alerts

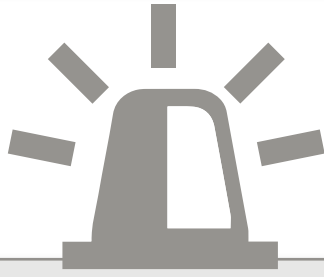
www.cpsc.gov/en/Newsroom/Subscribe

www.fda.gov/ForConsumers/ConsumerUpdates

www.healthychildren.org

www.safekids.org/recallnews

¹ November 2018, "Toy-Related Deaths and Injuries Calendar Year 2017", U.S. Consumer Product Safety Commission.



Family Emergency Planning

Emergencies can occur at any time with or without warning. Make sure your family is prepared. Every person needs to know what to do, how to communicate with each other and where to go.

Escape Routes & Family Meeting Places

Escape routes and family meeting places are important aspects of any emergency planning. In the event of a disaster or an emergency at home, all family members need to know how to get out safely and where to go to meet up with each other.

Escape routes should be determined for every room in your home and practiced regularly.

Practice what to do in case you are separated during an emergency.

CHOOSE TWO PLACES TO MEET:

1. Right outside your home in case of an emergency, such as a fire;
2. Outside your neighborhood, in case you can't return home or need to evacuate.

Make sure your family understands in which types of situations this applies and that all members know how to get to these locations.

— TRY THIS! —

Draw an outline of your home with each room on a separate piece of paper. Discuss with your family at least two different escape routes from your home. Post a copy at eye level in each room for quick reference.

Family Communication Plan

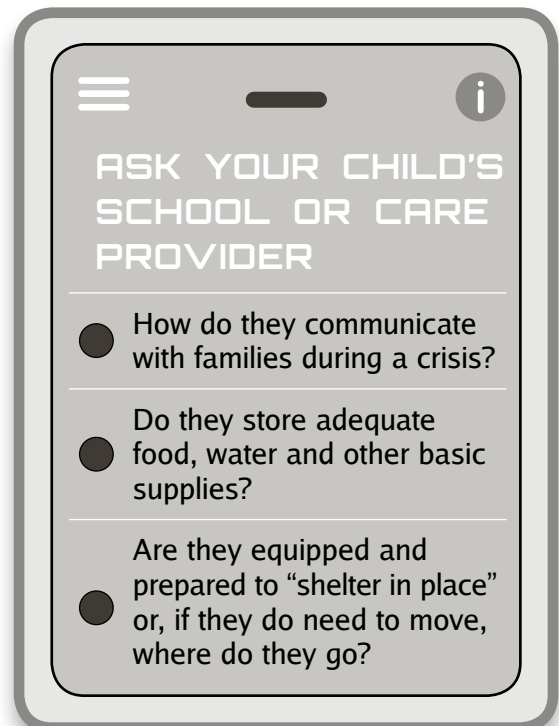
Because your family may not be together when an emergency occurs, it's important to have a family communication plan. Be sure each family member knows the steps to take to communicate with each other. *Each year, review your family's meeting places, communication plan, and contact numbers.*

FOR MORE PREPAREDNESS INFORMATION:

www.michigan.gov/michiganprepares

www.SMART911.com

www.michigan.gov/miready



Family Emergency Kit

A FAMILY EMERGENCY KIT CONTAINS FOOD AND SUPPLIES YOUR FAMILY MAY NEED IN THE EVENT OF DANGEROUS WEATHER OR EXTENDED PERIODS WITHOUT POWER OR UTILITIES.

— TIP —

Have a full emergency kit at home, and keep smaller kits at work or in your car and other places you spend time.



Learn how to shut off the utilities properly in your home. This may help prevent gas explosions, fires, and unsafe water in your home during or after a disaster. Contact a licensed electrician and/or your utility company if you need assistance.

Consider tagging or marking shut-off valves and circuit breakers for easy identification.

For your safety: DO NOT attempt utility shutoff without knowing the proper steps.

Basic Emergency Kit Items

Store items in a sturdy, waterproof container. Every family member should know where the emergency kit is located and know how to use the items, as age appropriate.

BE SURE TO CHECK YOUR KIT REGULARLY AND RESTOCK WITH FRESH SUPPLIES TWICE A YEAR.

- ☐ Water (*one gallon per person, per day*)
- ☐ Nonperishable food (*canned fruits, vegetables, meats, peanut butter, etc.*)
- ☐ Can opener (*hand-crank type*)
- ☐ Portable radio (*and/or NOAA weather radio*)
- ☐ Flashlights (*include extra batteries*)
- ☐ Matches and lighters
- ☐ First aid kit (*with fresh supplies*)
- ☐ Blankets and/or sleeping bags
- ☐ Hats, gloves, coats, and other clothing (*be sure to update as your child grows*)
- ☐ Hand and feet warmers
- ☐ Personal family documents (*copies of insurance cards, birth certificates, marriage license, etc.*)
- ☐ Cash and coins
- ☐ Unique items (*7-day supply of medications, eye glasses, hearing aid batteries, etc.*)
- ☐ Small tools (*hammer, wrench, pliers, hand saw, shovel, etc.*)
- ☐ Helmet(s) and reflective clothing
- ☐ Rubber boots (or boots that go above the ankle) to help avoid foot injuries due to broken glass and other debris
- ☐ GPS locator and/or compass and maps
- ☐ Small fire extinguisher



FOR MORE INFORMATION

The following sources offer guidance and advice on different types of emergencies, their appropriate responses, and how to stay informed:

● michigan.gov/miready

● fema.gov (*connect with your mobile device at <http://m.fema.gov>*)



Family Emergency Card

My family's emergency meeting place near home is: _____

My family's emergency meeting place away from our neighborhood is: _____

In case of an emergency, my family members' phone numbers are:

#1 _____

#2 _____

#3 _____

#4 _____

In case of an emergency, out-of-town family/friends to make contact with:

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Family Emergency Card

My family's emergency meeting place near home is: _____

My family's emergency meeting place away from our neighborhood is: _____

In case of an emergency, my family members' phone numbers are:

#1 _____

#2 _____

#3 _____

#4 _____

In case of an emergency, out-of-town family/friends to make contact with:

Name: _____

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#4 _____

In case of an emergency, out-of-town family/friends to make contact with:

Name: _____

Phone #: _____

Name: _____

Phone #: _____



Keeping Your Child Safe Away From Home

What Constitutes Child Abuse & Neglect.	page 51
Mandated Reporters of Child Abuse & Neglect.	page 52
In Case of Lost or Kidnapped Child	page 53
Safety Tips & Child Identification Kits	page 54
Students & Distracted Walking	page 55

———— What Constitutes Abuse & Neglect ————

CHILD ABUSE OR NEGLECT COULD BE AGAINST YOUR CHILD OR ANOTHER. WHETHER THE MALTREATMENT IS PHYSICAL, MENTAL OR SEXUAL IN NATURE, THERE IS HELP AVAILABLE TO DETERMINE WHAT STEPS TO TAKE.

The Michigan Department of Health and Human Services (MDHHS) offers a wide range of services for families. This includes child protection services, shelter, food and other resources necessary to help you keep your child safe.

THE CHILD PROTECTION LAW HAS SPECIFIC DEFINITIONS OF CHILD ABUSE AND NEGLECT.

(Public Act 238 of 1975, as amended
MCL Sections 722.621 – 722.638)

(g) “Child abuse” means harm or threatened harm to a child’s health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child’s health or welfare or by a teacher, teacher’s aide, or a member of the clergy.

Anyone, including a child, who suspects child abuse or neglect can make a report anytime day or night by calling toll-free 1-855-444-3911 or 9-1-1

For more information, visit www.michigan.gov/mdhhs.

(k) “Child neglect” means harm or threatened harm to a child’s health or welfare by a parent, legal guardian, or any other person responsible for the child’s health or welfare that occurs through either of the following:

(i) Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.

(ii) Placing a child at an unreasonable risk to the child’s health or welfare by failure of the parent, legal guardian, or other person responsible for the child’s health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.

Note: This information is not a substitute for professional interpretation of the law, contacting authorities to report child abuse or neglect or seeking professional, emergency or medical advice or attention.



Mandated Reporters of Suspected Abuse or Neglect

The Michigan Child Protection Law requires certain professionals to report their suspicions of child abuse or neglect to Children's Protective Services (CPS). These people are mandated reporters and have established relationships with children based on their profession.

- Physicians
- Licensed emergency medical care providers
- Licensed master's social workers
- School counselors
- Dentists
- Audiologists
- Licensed bachelor's social workers
- Teachers
- Physician's assistants
- Psychologists
- Registered social service technicians
- Law enforcement officers
- Registered dental hygienists
- Marriage and family therapists
- Social service technicians
- Members of the clergy
- Medical examiners
- Licensed professional counselors
- Persons employed in a professional capacity in any office of the Friend of the Court
- Regulated child care providers
- Nurses
- Social workers
- School administrators
- Employees of an organization or entity that, as a result of federal funding statutes, regulations, or contracts, would be prohibited from reporting in the absence of a state mandate or court order (example: domestic violence provider)

The Michigan Bureau of Child and Adult Licensing serves as the contact source for licensing information for child care facilities, child caring institutions, children's foster care homes, child placing agencies, juvenile court operated facilities and children or adult foster care camps.

For application requests and licensee inquiries, call: (517) 284-9738 or toll-free: 1-866-685-0006.

Bureau of Children and Adult Licensing Field Offices

DETROIT

Cadillac Place
3026 W. Grand Blvd.
Suite 11-350
Detroit, MI 48202
General: (313) 456-0380

FLINT

4809 Clio Rd.
Flint, MI 48504
General: (810) 787-7031

GRAND RAPIDS

350 Ottawa NW, Unit #13
Grand Rapids, MI 49503
General: (616) 356-0100

KALAMAZOO

322 East Stockbridge Ave.
Kalamazoo, MI 49001
General: (269) 337-5066

LANSING

5303 S. Cedar St.
P.O. Box 30321
Lansing, MI 48909
General: (517) 284-9720

MARQUETTE

234 West Baraga
Marquette, MI 49855
General: (906) 226-4171

PONTIAC

51111 Woodward Ave.
Suite 4B
Pontiac, MI 48342
General: (248) 975-5053

SAGINAW

411 E. Genesee
P.O. Box 5070
Saginaw, MI 48605
General: (989) 758-2717

TRAVERSE CITY

701 S. Elmwood, Suite 11
Traverse City, MI 49684
General: (231) 922-5309



— In Case of a Lost or Kidnapped Child —

THE U.S. OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION HAS SEVERAL SUGGESTIONS FOR PARENTS AND GUARDIANS WHO DISCOVER THEIR CHILD IS MISSING.

1. Immediately report your child as missing to your local law enforcement agency. Ask investigators to enter your child into the National Crime Information Center (NCIC) Missing Persons File.

There is no waiting period for children under age 18.

2. Limit access to your home until law enforcement arrives and has collected possible evidence. Do not touch or remove anything from your child's room or your home; there may be clues to your child's whereabouts.

3. Write a detailed description of the clothing worn by your child and the personal items they had at the time of the disappearance. Also, include a physical description of your child and any personal identifying characteristics such as scars, birthmarks, tattoos, or mannerisms. Provide a clear and recent photo of your child and any ID or fingerprint cards you may have.

The first 48 hours following the disappearance of a child are the most critical for finding and returning the child home safely.

The **Michigan State Police** lists several programs that assist families and law enforcement when investigating incidents of child abduction, such as helping to broadcast the incident to agencies across the country, working with the media for photo and flier distribution and helping with press releases:

■ **THE CENTER FOR MISSING & EXPLOITED CHILDREN**

1-800-THE-LOST
(1-800-843-5678)
www.missingkids.com

■ **AMBER ALERT OF MICHIGAN**

Stations receive the Amber Alert from the Michigan State Police. The State Police receive notice from local law enforcement agencies when these agencies are investigating an abduction. Only the State Police have the authority to issue an alert, and the State Police have a strict guideline of criteria that must be met in order for an Amber Alert to be activated. Once it is decided to activate an alert, the State Police also determine which regions of the state should be activated.

■ **EAGLE EYE/CHILD NET PROGRAM**

A partnership between the United States Postal Service and Michigan's Missing Children Information Clearinghouse that utilizes postal carriers to search for missing children. Postal carriers are provided a missing child flier, and while they are on their normal delivery routes, they search for the child.

■ **LOCATER**

A computerized program supplied by the National Center for Missing & Exploited Children (NCMEC) that electronically creates and disseminates images and case information on a missing child. This system allows law enforcement to create missing children posters and to place the missing children images on the NCMEC website.



Safety Tips & Child Identification Kits

THE MICHIGAN STATE POLICE OFFERS TIPS FOR PARENTS AND GUARDIANS TO HELP KEEP THEIR KIDS SAFE.

- Teach your children to ask your permission before going anywhere or with anyone.
- Teach your children that if something makes them feel uneasy or uncomfortable, they should get away quickly and tell their parents or a trusted adult about what happened.
- Teach your children that it is okay to be suspicious of an adult asking for assistance. Many child predators use this tactic to isolate and distract a possible child victim.
- Assure your children that they have the right to say "no" when they sense something is wrong.
- Be sure your children know their home address and how to contact a parent or guardian (cell or work phone numbers) in the event of an emergency.
- Be sure your children know how to dial 9-1-1 if they need help in an emergency. Teach them to tell the 9-1-1 operator their name and to not hang up until instructed to do so by the 9-1-1 operator or law enforcement officer.
- Come up with a code word that your children can use in an emergency when they need you to contact them. They should understand this code word is special and should not be shared with their friends.

Of the 23,500 runaways reported to The National Center for Missing & Exploited Children in 2018, it is likely that *one in seven* are victims of child sex trafficking. Michigan currently has 658 missing children under the age of 18. Law enforcement in the state of Michigan take 75-100 new cases of missing persons each week throughout the state.

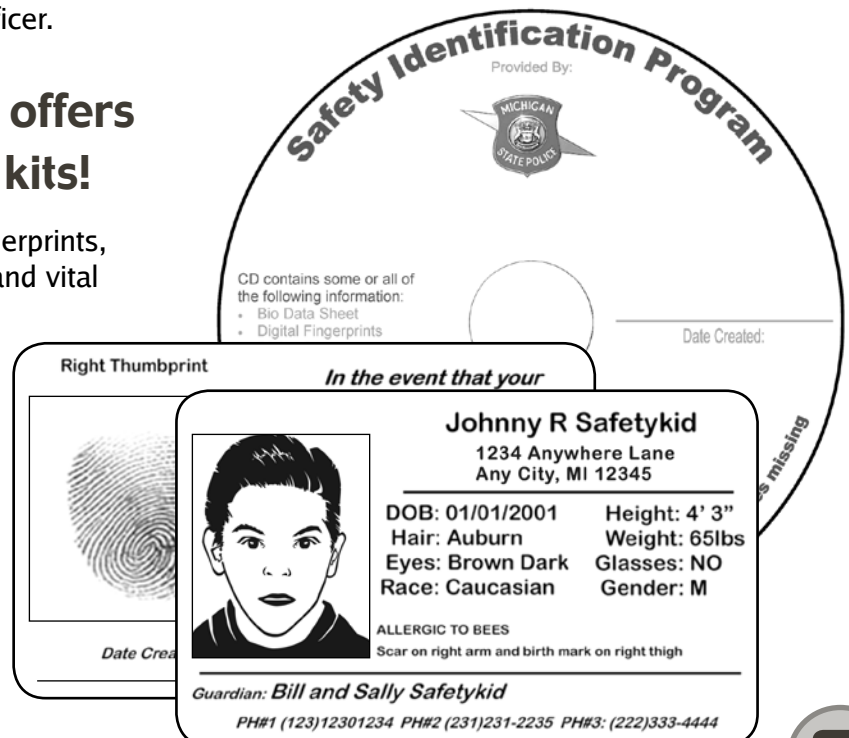
—Reported by the Missing Persons Coordination Unit, May 2019.

The Michigan State Police offers free child identification kits!

The kit includes a CD with your child's fingerprints, photos, an audio recording of their voice, and vital description information.*

The CD can be given to law enforcement and be used with the Amber Alert system in the event your child goes missing.

If you would like information about child identification kits, check with your local law enforcement agency about safety events in your area. Each police post has a Community Service Trooper who will help you get a free ID kit for your child.



*The kit information, including fingerprints, is not maintained or saved by the Michigan State Police. Parents and guardians have full responsibility to safely store the CD and other supplied materials.

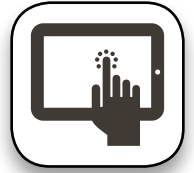
Students & Distracted Walking

TEACH YOUR KIDS TO PUT THEIR DEVICES DOWN BEFORE CROSSING STREETS.

There is growing concern over the distracted walking behaviors of children. Teens and preteens will often listen to music with headphones while walking to and from school. They may use their phones to chat and text their friends and to access the internet.

While kids may be distracted for many reasons, technological distractions directly impact a child's capacity to hear and see the changing environment around them.

Teens and preteens may be more likely to take risks if they perceive their surroundings are safe. For example, they might see a pedestrian signal or a traffic light



and decide it is safe to cross, even while texting or wearing headphones.

Tips For Safe Street Crossing

- Put mobile devices down, look up, and listen before crossing a street.
- Take off headphones.
- Make eye contact with drivers before crossing and watch for approaching vehicles – don't assume they see you.

Drive With Extra Care

- Be especially alert in residential neighborhoods and school zones when driving. Bikers, walkers and runners may be wearing headphones and may step into the street unexpectedly.
- When driving, put cell phones on "do not disturb" and other devices out of sight to help avoid distractions.
- Michigan law prohibits reading, typing or sending text messages with a 2-way communication device located in a person's hand or lap while operating a moving motor vehicle.
- If you need to respond to a call or alert, use hands-free options or stop and park the car safely.



The Basics of Pedestrian Safety TEACH KIDS EARLY

- It's always best to walk on sidewalks or paths.
- If there are no sidewalks, walk facing traffic and as far away from vehicles as possible.
- Cross at street corners, using traffic signals and crosswalks.
- Do not cross in the middle of the block or between parked cars.
- Watch out for cars that are turning or backing up.
- Children under 10 years of age (approximately) should cross the street with an adult – it can be hard for kids to judge the speed and distance of cars.
- If walking in the dark, be extra alert; carry a flashlight or wear reflective clothing or shoes.

Adapted from "Teens and Distraction, An In-Depth Look at Teens' Walking Behaviors," August 2013 and "Pedestrian Safety Tips," Safe Kids Worldwide, www.safekids.org.



The Michigan Child Protection Law

Child Protection Law

Act 238 of 1975

MCL 722.621 – 722.638

AN ACT to require the reporting of child abuse and neglect by certain persons; to permit the reporting of child abuse and neglect by all persons; to provide for the protection of children who are abused or neglected; to authorize limited detainment in protective custody; to authorize medical examinations; to prescribe the powers and duties of the state department of social services to prevent child abuse and neglect; to prescribe certain powers and duties of local law enforcement agencies; to safeguard and enhance the welfare of children and preserve family life; to provide for the appointment of legal counsel; to provide for the abrogation of privileged communications; to provide civil and criminal immunity for certain persons; to provide rules of evidence in certain cases; to provide for confidentiality of records; to provide for the expungement of certain records; to prescribe penalties; and to repeal certain acts and parts of acts.

Listed below are excerpts from Michigan's Child Protection law. Please visit the Michigan Legislature's website, www.legislature.mi.gov for the full text of the law.

Please note: Excerpts of this law should not be used in place of legal advice or assistance from law enforcement, state departments or health professionals.

DEFINITIONS

MCL 722.622.amended (f), (g), (q)

*****722.622 THIS SECTION IS AMENDED
EFFECTIVE FEBRUARY 15, 2018:
See 722.622.amended*****

The definition for "child" in this law means a person under 18 years of age. "Child abuse" means harm or threatened harm to a child's health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child's health or welfare, or by a teacher, a teacher's aide, or a member of the clergy. The definition of "department" means the department of health and human services.

INDIVIDUAL REQUIRED TO REPORT CHILD ABUSE OR NEGLECT

MCL 722.623 3(1)-(a)

An individual is required to report under this act as follows:

A physician, dentist, physician's assistant, registered dental hygienist, medical examiner, nurse, person licensed to provide emergency medical care, audiologist, psychologist, marriage and family therapist, licensed professional counselor, social worker, licensed master's social worker, licensed bachelor's social worker, registered social service technician, social service technician, a person employed in a



———— The Michigan Child Protection Law ————

professional capacity in any office of the friend of the court, school administrator, school counselor or teacher, law enforcement officer, member of the clergy, or regulated child care provider who has reasonable cause to suspect child abuse or child neglect shall make an immediate report to centralized intake by telephone, or, if available, through the online reporting system, of the suspected child abuse or child neglect.

A CHILD MAY REPORT ABUSE OR NEGLECT

MCL 722.624 (4)

In addition to those persons required to report child abuse or neglect under section 3, any person, including a child, who has reasonable cause to suspect child abuse or neglect may report the matter to the department or a law enforcement agency.

INVESTIGATIONS

MCL 722.632a (12a)

This act does not preclude or hinder a hospital, school, or other agency from investigating reported claims of child abuse or neglect by its employees or from taking disciplinary action based upon that investigation against its employees.

FAILURE TO REPORT SUSPECTED CHILD ABUSE OR NEGLECT

MCL 722.633 13(1)-(2)

According to this section, a person who is required to report an instance of suspected child abuse or neglect and who fails to do so is civilly liable for the damages proximately caused by the failure. Additionally, this person can be guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$500.00, or both.

REQUEST FOR TERMINATION OF PARENTAL RIGHTS

MCL 722.638. 18.1a(i-vi), (2)

This excerpt pertains to the department submitting a petition for authorization by the court under section 2(b) of chapter XIIA of 1939 PA 288, MCL 712A.2, if 1 or more of the following apply: The department determines that a parent, guardian, or custodian, or a person who is 18 years of age or older and who resides for any length of time in the child's home, has abused the child or a sibling of the child and the abuse included 1 or more of the following: abandonment, criminal sexual conduct, battering, torture, loss or serious impairment of an organ or limb, life threatening injury, or murder or attempted murder. Additionally, if the parent is a suspected perpetrator or is suspected of placing the child at an unreasonable risk of harm or fails to eliminate that risk, "the department shall include a request for termination of parental rights."

Law excerpts current at time of printing.



Notes

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019

For vaccine recommendations for persons 19 years of age and older, see the Recommended Adult Immunization Schedule.

Additional information

- Consult relevant ACIP statements for detailed recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For information on contraindications and precautions for the use of a vaccine, consult the General Best Practice Guidelines for Immunization and relevant ACIP statements at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3-1, Recommended interval and minimum ages and intervals between vaccine doses, in General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.
- Information on travel vaccine requirements and recommendations is available at wwwnc.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and Immunization in Special Clinical Circumstances (in: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2018 Report of the Committee on Infectious Diseases*. 31st ed. Itasca, IL: American Academy of Pediatrics; 2018:67–111).
- For information regarding vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information, see www.hrsa.gov/vaccinecompensation/index.html.

Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix or Quadrate])

Routine vaccination

- 5-dose series at 2, 4, 6, 15–18 months, 4–6 years
- **Proactively:** Dose 4 may be given as early as age 12 months if at least 6 months have elapsed since dose 3.
- **Retrospectively:** A 4th dose that was inadvertently given as early as 12 months may be counted if at least 4 months have elapsed since dose 3.

Catch-up vaccination

- Dose 5 is not necessary if dose 4 was administered at age 4 years or older.
- For other catch-up guidance, see Table 2.

Haemophilus influenzae type b vaccination (minimum age: 6 weeks)

Routine vaccination

- **ActHIB, Hiberix, or Pentacel:** 4-dose series at 2, 4, 6, 12–15 months
- **PedvaxHIB:** 3-dose series at 2, 4, 12–15 months

Catch-up vaccination

- **Dose 1 at 7–11 months:** Administer dose 2 at least 4 weeks later and dose 3 (final dose) at 12–15 months or 8 weeks after dose 2 (whichever is later).
- **Dose 1 at 12–14 months:** Administer dose 2 (final dose) at least 8 weeks after dose 1.
- **Dose 1 before 12 months and dose 2 before 15 months:** Administer dose 3 (final dose) 8 weeks after dose 2.
- **2 doses of PedvaxHIB before 12 months:** Administer dose 3 (final dose) at 12–15 months and at least 8 weeks after dose 2.
- **Unvaccinated at 15–59 months:** 1 dose
- For other catch-up guidance, see Table 2.

Special situations

- **Chemotherapy or radiation treatment:** 12–59 months
 - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
 - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose
- **Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.**
- **Hematopoietic stem cell transplant (HSCT):**
 - 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant regardless of Hib vaccination history

Anatomic or functional asplenia (including sickle cell disease):

- Unvaccinated or only 1 dose before 12 months: 2 doses, 8 weeks apart
- 2 or more doses before 12 months: 1 dose at least 8 weeks after previous dose
- Unvaccinated* persons age 5 years or older*
- 1 dose

Elective splenectomy:

Unvaccinated persons age 15 months or older*

- 1 dose (preferably at least 14 days before procedure)

HIV infection:

- 12–59 months
 - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
 - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose
- Unvaccinated* persons age 5–18 years*
- 1 dose

Immunoglobulin deficiency, early component complement deficiency:

- 12–59 months
 - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
 - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

* *Unvaccinated* = Less than routine series (through 14 months) OR no doses (14 months or older)

Notes

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019

Hepatitis A vaccination
(minimum age: 12 months for routine vaccination)

Routine vaccination

- 2-dose series (**Havrix** 6–12 months apart or **Vaqta** 6–18 months apart, minimum interval 6 months); a series begun before the 2nd birthday should be completed even if the child turns 2 before the second dose is administered.

Catch-up vaccination

- Anyone 2 years of age or older may receive HepA vaccine if desired. Minimum interval between doses: 6 months
- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, **Twinrix**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).

International travel

- Persons traveling to or working in countries with high or intermediate endemic hepatitis A (wwwnc.cdc.gov/travel/):
 - **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2 doses, separated by 6–18 months, between 12 to 23 months of age.
 - **Unvaccinated age 12 months and older:** 1st dose as soon as travel considered

Special situations

- At risk for hepatitis A infection: 2-dose series as above
- **Chronic liver disease**
- **Clotting factor disorders**
- **Men who have sex with men**
- **Injection or non-injection drug use**
- **Homelessness**
- **Work with hepatitis A virus** in research laboratory or nonhuman primates with hepatitis A infection
- **Travel** in countries with high or intermediate endemic hepatitis A
- **Close, personal contact with international adoptee** (e.g., household or regular babysitting) in first 60 days after arrival from country with high or intermediate endemic hepatitis A (administer dose 1 as soon as adoption is planned, at least 2 weeks before adoptee's arrival)

Hepatitis B vaccination
(minimum age: birth)

Birth dose (monovalent HepB vaccine only)

- **Mother is HBsAg-negative:** 1 dose within 24 hours of birth for all medically stable infants $\geq 2,000$ grams. Infants $< 2,000$ grams: administer 1 dose at chronological age 1 month or hospital discharge.

• Mother is HBsAg-positive:

- Administer **HepB vaccine** and **0.5 mL of hepatitis B immune globulin (HBIG)** (at separate anatomic sites) within 12 hours of birth, regardless of birth weight. For infants $< 2,000$ grams, administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
- Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose.

• Mother's HBsAg status is unknown:

- Administer **HepB vaccine** within 12 hours of birth, regardless of birth weight.
- For infants $< 2,000$ grams, administer **0.5 mL of HBIG** in addition to HepB vaccine within 12 hours of birth. Administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
- Determine mother's HBsAg status as soon as possible. If mother is HBsAg-positive, administer **0.5 mL of HBIG** to infants $\geq 2,000$ grams as soon as possible, but no later than 7 days of age.

Routine series

- 3-dose series at 0, 1–2, 6–18 months (use monovalent HepB vaccine for doses administered before age 6 weeks)
- Infants who did not receive a birth dose should begin the series as soon as feasible (see Table 2).

- Administration of **4 doses** is permitted when a combination vaccine containing HepB is used after the birth dose.

- **Minimum age** for the final (3rd or 4th) dose: 24 weeks

- **Minimum intervals:** dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 8 weeks / dose 1 to dose 3: 16 weeks (when 4 doses are administered, substitute "dose 4" for "dose 3" in these calculations)

Catch-up vaccination

- Unvaccinated persons should complete a 3-dose series at 0, 1–2, 6 months.

- Adolescents age 11–15 years may use an alternative 2-dose schedule with at least 4 months between doses (adult formulation **Recombivax HB** only).

- Adolescents 18 years and older may receive a 2-dose series of HepB (**HepBisav-B**) at least 4 weeks apart.

- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, **Twinrix**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).

- For other catch-up guidance, see Table 2.

Human papillomavirus vaccination
(minimum age: 9 years)

Routine and catch-up vaccination

- HPV vaccination routinely recommended for all adolescents **age 11–12 years (can start at age 9 years)** and through age 18 years if not previously adequately vaccinated

- 2- or 3-dose series depending on age at initial vaccination:

- **Age 9 through 14 years at initial vaccination:** 2-dose series at 0, 6–12 months (minimum interval: 5 months; repeat dose if administered too soon)

- **Age 15 years or older at initial vaccination:** 3-dose series at 0, 1–2 months, 6 months (minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 12 weeks / dose 1 to dose 3: 5 months; repeat dose if administered too soon)

- If completed valid vaccination series with any HPV vaccine, no additional doses needed

Special situations

- **Immunocompromising conditions, including HIV infection:** 3-dose series as above

- **History of sexual abuse or assault:** Start at age 9 years

- **Pregnancy:** HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant; pregnancy testing not needed before vaccination

Inactivated poliovirus vaccination
(minimum age: 6 weeks)

Routine vaccination

- 4-dose series at ages 2, 4, 6–18 months, 4–6 years; administer the final dose on or after the 4th birthday and at least 6 months after the previous dose.

- 4 or more doses of IPV can be administered before the 4th birthday when a combination vaccine containing IPV is used. However, a dose is still recommended after the 4th birthday and at least 6 months after the previous dose.

Catch-up vaccination

- In the first 6 months of life, use minimum ages and intervals only for travel to a polio-endemic region or during an outbreak.

- IPV is not routinely recommended for U.S. residents 18 years and older.

Series containing oral polio vaccine (OPV), either mixed OPV-IPV or OPV-only series:

- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_cid=mm6601a6_w.

Notes

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019

- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. For guidance to assess doses documented as "OPV," see www.cdc.gov/immwr/volumes/66/wr/mm6606a7.htm?_cid=mm6606a7_w.
- For other catch-up guidance, see Table 2.

Influenza vaccination

(minimum age: 6 months [IIV], 2 years [LAIV], 18 years [RIV])

Routine vaccination

- 1 dose any influenza vaccine appropriate for age and health status annually (2 doses separated by at least 4 weeks for children 6 months–8 years who did not receive at least 2 doses of influenza vaccine before July 1, 2018)

Special situations

- **Egg allergy, hives only:** Any influenza vaccine appropriate for age and health status annually
- **Egg allergy more severe than hives** (e.g., angioedema, respiratory distress): Any influenza vaccine appropriate for age and health status annually in medical setting under supervision of health care provider who can recognize and manage severe allergic conditions
- **LAIV should not be used** for those with a history of severe allergic reaction to any component of the vaccine (excluding egg) or to a previous dose of any influenza vaccine, children and adolescents receiving concomitant aspirin or salicylate-containing medications, children age 2 through 4 years with a history of asthma or wheezing, those who are immunocompromised due to any cause (including immunosuppression caused by medications and HIV infection), anatomic and functional asplenia, cochlear implants, cerebrospinal fluid–oropharyngeal communication, close contacts and caregivers of severely immunosuppressed persons who require a protected environment, pregnancy, and persons who have received influenza antiviral medications within the previous 48 hours.

Measles, mumps, and rubella vaccination

(minimum age: 12 months for routine vaccination)

Routine vaccination

- 2-dose series at 12–15 months, 4–6 years
- Dose 2 may be administered as early as 4 weeks after dose 1.

Catch-up vaccination

- Unvaccinated children and adolescents: 2 doses at least 4 weeks apart
- The maximum age for use of MMRV is 12 years.

Special situations

International travel

- **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2 doses at 12–15 months (12 months for children in high-risk areas) and dose 2 as early as 4 weeks later.
- **Unvaccinated children age 12 months and older:** 2-dose series at least 4 weeks apart before departure

Meningococcal serogroup A,C,W,Y vaccination

(minimum age: 2 months [MenACWY-CRM, Menveo], 9 months [MenACWY-D, Menactra])

Routine vaccination

- 2-dose series: 11–12 years, 16 years

Catch-up vaccination

- Age 13–15 years: 1 dose now and booster at age 16–18 years (minimum interval: 8 weeks)
- Age 16–18 years: 1 dose

Special situations

Anatomic or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, eczema, use:

- **Menveo**
 - Dose 1 at age 8 weeks: 4-dose series at 2, 4, 6, 12 months
 - Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after the 1st birthday)
 - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart

Menactra

- **Persistent complement component deficiency:**
 - Age 9–23 months: 2 doses at least 12 weeks apart
 - Age 24 months or older: 2 doses at least 8 weeks apart
- **Anatomic or functional asplenia, sickle cell disease, or HIV infection:**
 - Age 9–23 months: Not recommended
 - 24 months or older: 2 doses at least 8 weeks apart
- **Menactra** must be administered at least 4 weeks after completion of PCV13 series.

Travel in countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj (wwwnc.cdc.gov/travel/):

- Children age less than 24 months:

Menveo (age 2–23 months):

- Dose 1 at 8 weeks: 4-dose series at 2, 4, 6, 12 months
- Dose 1 at 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after the 1st birthday)

Menactra (age 9–23 months):

- 2-dose series (dose 2 at least 12 weeks after dose 1; dose 2 may be administered as early as 8 weeks after dose 1 in travelers)

- Children age 2 years or older: 1 dose **Menveo** or **Menactra**

First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits:

- 1 dose **Menveo** or **Menactra**

Note: **Menactra** should be administered either before or at the same time as DTaP. For MenACWY booster dose recommendations for groups listed under "Special situations" above and additional meningococcal vaccination information, see meningococcal *MMWR* publications at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

Meningococcal serogroup B vaccination

(minimum age: 10 years [MenB-4C, Bexsero; MenB-FHbp, Trumenba])

Clinical discretion

- MenB vaccine may be administered based on individual clinical decision to **adolescents not at increased risk** age 16–23 years (preferred age 16–18 years):
- **Bexsero:** 2-dose series at least 1 month apart
- **Trumenba:** 2-dose series at least 6 months apart; if dose 2 is administered earlier than 6 months, administer a 3rd dose at least 4 months after dose 2.

Special situations

Anatomic or functional asplenia (including sickle cell disease), persistent complement component deficiency, eczema, use:

- **Bexsero:** 2-dose series at least 1 month apart
 - **Trumenba:** 3-dose series at 0, 1–2, 6 months
- Bexsero** and **Trumenba** are not interchangeable; the same product should be used for all doses in a series.

For additional meningococcal vaccination information, see meningococcal *MMWR* publications at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

Notes

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019

Pneumococcal vaccination

(minimum age: 6 weeks [PCV13], 2 years [PPSV23])

Routine vaccination with PCV13

- 4-dose series at 2, 4, 6, 12–15 months

Catch-up vaccination with PCV13

- 1 dose for healthy children age 24–59 months with any incomplete* PCV13 series
- For other catch-up guidance, see Table 2.

Special situations

High-risk conditions below: When both PCV13 and PPSV23 are indicated, administer PCV13 first. PCV13 and PPSV23 should not be administered during same visit.

Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma treated with high-dose, oral corticosteroids); diabetes mellitus:

Age 2–5 years

- Any incomplete* series with:
 - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
 - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

Age 6–18 years

- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

Cerebrospinal fluid leak, cochlear implant:

Age 2–5 years

- Any incomplete* series with:
 - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)

- Less than 3 PCV13 doses: 2 doses PCV13, 8 weeks after the most recent dose and administered 8 weeks apart
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

Age 6–18 years

- No history of either PCV13 or PPSV23: 1 dose PCV13, 1 dose PPSV23 at least 8 weeks later
- Any PCV13 but no PPSV23: 1 dose PPSV23 at least 8 weeks after the most recent dose of PCV13
- PPSV23 but no PCV13: 1 dose PCV13 at least 8 weeks after the most recent dose of PPSV23

Sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiency; HIV infection; chronic renal failure; nephrotic syndrome; malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and other diseases

associated with treatment with immunosuppressive drugs or radiation therapy; solid organ transplantation; multiple myeloma:

Age 2–5 years

- Any incomplete* series with:
 - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
 - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose) and a 2nd dose of PPSV23 5 years later

Age 6–18 years

- No history of either PCV13 or PPSV23: 1 dose PCV13, 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after PCV13 and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)
- Any PCV13 but no PPSV23: 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after the most recent dose of PCV13 and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)
- PPSV23 but no PCV13: 1 dose PCV13 at least 8 weeks after the most recent PPSV23 dose and a 2nd dose of PPSV23 administered 5 years after dose 1 of PPSV23 and at least 8 weeks after a dose of PCV13

Chronic liver disease, alcoholism:

Age 6–18 years

- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

*An incomplete series is defined as not having received all doses in either the recommended series or an age-appropriate catch-up series. See Tables 8, 9, and 11 in the ACIP

pneumococcal vaccine recommendations (www.cdc.gov/mmwr/pdf/rr/rr5911.pdf) for complete schedule details.

Rotavirus vaccination

(minimum age: 6 weeks)

Routine vaccination

- **Rotarix:** 2-dose series at 2 and 4 months.
 - **RotaTaq:** 3-dose series at 2, 4, and 6 months.
- If any dose in the series is either **Rotarix** or unknown, default to 3-dose series.

Catch-up vaccination

- Do not start the series on or after age 15 weeks, 0 days.
- The maximum age for the final dose is 8 months, 0 days.
- For other catch-up guidance, see Figure 2.

Tetanus, diphtheria, and pertussis (Tdap) vaccination

(minimum age: 11 years for routine vaccination, 7 years for catch-up vaccination)

Routine vaccination

- **Adolescents age 11–12 years:** 1 dose Tdap
- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36
- Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

Catch-up vaccination

- **Adolescents age 13–18 years who have not received Tdap:** 1 dose Tdap, then Td booster every 10 years
- **Persons age 7–18 years not fully immunized with DTaP:** 1 dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td.
- **Children age 7–10 years** who receive Tdap inadvertently or as part of the catch-up series should receive the routine Tdap dose at 11–12 years.
- **DTaP inadvertently given after the 7th birthday:**
 - **Child age 7–10 years:** DTaP may count as part of catch-up series. Routine Tdap dose at 11–12 should be administered.
 - **Adolescent age 11–18 years:** Count dose of DTaP as the adolescent Tdap booster.
- For other catch-up guidance, see Table 2.
- For information on use of Tdap or Td as tetanus prophylaxis in wound management, see www.cdc.gov/mmwr/volumes/67/rr/r6702a1.htm.

Varicella vaccination

(minimum age: 12 months)

Routine vaccination

- 2-dose series: 12–15 months, 4–6 years
- Dose 2 may be administered as early as 3 months after dose 1 (a dose administered after a 4-week interval may be counted).

Catch-up vaccination

- Ensure persons age 7–18 years without evidence of immunity (see *MMWR* at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2-dose series:
 - **Ages 7–12 years:** routine interval: 3 months (minimum interval: 4 weeks)
 - **Ages 13 years and older:** routine interval: 4–8 weeks (minimum interval: 4 weeks).
- The maximum age for use of *MMRV* is 12 years.

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