



**WELCOME TO**

**LICENSE EXEMPT PROVIDER  
PRESERVICE TRAINING**

**LEVEL 1 OF MICHIGAN'S QUALITY  
DEVELOPMENT CONTINUUM**









## Welcome

### License Exempt Provider Preservice Training



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**Please complete the pre-survey below if  
you have not already!**

<https://forms.office.com/r/xAAHBYyWy6>



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### Child Development and Care Program Information

 [www.Michigan.gov/childcare](http://www.Michigan.gov/childcare)

 866-990-3227

 517-284-7529



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### Child Development: Serve and Return Builds Brains



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### Child Development: Serve and Return Builds Brains



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## Child Development Milestones

- Social/Emotional
- Physical/Movement
- Language/Communication
- Cognitive/Thinking



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## Child Development: Developmental Milestones



- Read through the Milestone Moments or Positive Parenting School Age handouts that correspond with the ages of children in your care
- What is important for us to know about children at this age?
- What are some activities you could do with the children to support their development?



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# Your baby at 2 months



Baby's Name \_\_\_\_\_

Baby's Age \_\_\_\_\_

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

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 2 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

## What most babies do by this age:

### Social/Emotional Milestones

- Calms down when spoken to or picked up
- Looks at your face
- Seems happy to see you when you walk up to her
- Smiles when you talk to or smile at her

### Language/Communication Milestones

- Makes sounds other than crying
- Reacts to loud sounds

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

- Watches you as you move
- Looks at a toy for several seconds

### Movement/Physical Development Milestones

- Holds head up when on tummy
- Moves both arms and both legs
- Opens hands briefly

## Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

**You know your baby best.** Don't wait. If your baby is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your baby's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your baby more; and
2. Call your state or territory's early intervention program to find out if your baby can get services to help. Learn more and find the number at [cdc.gov/FindEI](https://www.cdc.gov/FindEI).

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# Help your baby learn and grow

As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.



- Respond positively to your baby. Act excited, smile, and talk to him when he makes sounds. This teaches him to take turns “talking” back and forth in conversation.
- Talk, read, and sing to your baby to help her develop and understand language.
- Spend time cuddling and holding your baby. This will help him feel safe and cared for. You will not spoil your baby by holding or responding to him.
- Being responsive to your baby helps him learn and grow. Limiting your screen time when you are with your baby helps you be responsive.
- Take care of yourself. Parenting can be hard work! It's easier to enjoy your new baby when you feel good yourself.
- Learn to notice and respond to your baby's signals to know what she's feeling and needs. You will feel good and your baby will feel safe and loved. For example, is she trying to “play” with you by making sounds and looking at you, or is she turning her head away, yawning, or becoming fussy because she needs a break?
- Lay your baby on his tummy when he is awake and put toys at eye level in front of him. This will help him practice lifting his head up. Do not leave your baby alone. If he seems sleepy, place him on his back in a safe sleep area (firm mattress with no blankets, pillows, bumper pads, or toys).
- Feed only breast milk or formula to your baby. Babies are not ready for other foods, water or other drinks for about the first 6 months of life.
- Learn when your baby is hungry by looking for signs. Watch for signs of hunger, such as putting hands to mouth, turning head toward breast/bottle, or smacking/licking lips.
- Look for signs your baby is full, such as closing her mouth or turning her head away from the breast/bottle. If your baby is not hungry, it's ok to stop feeding.
- Do not shake your baby or allow anyone else to—ever! You can damage his brain or even cause his death. Put your baby in a safe place and walk away if you're getting upset when he is crying. Check on him every 5–10 minutes. Infant crying is often worse in the first few months of life, but it gets better!
- Have routines for sleeping and feeding. This will help your baby begin to learn what to expect.

**To see more tips and activities download CDC's Milestone Tracker app.**

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children (75% or more) can do by each age. Subject matter experts selected these milestones based on available data and expert consensus.

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# Your baby at 4 months



Baby's Name \_\_\_\_\_

Baby's Age \_\_\_\_\_

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

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 4 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

## What most babies do by this age:

### Social/Emotional Milestones

- Smiles on his own to get your attention
- Chuckles (not yet a full laugh) when you try to make her laugh
- Looks at you, moves, or makes sounds to get or keep your attention

### Language/Communication Milestones

- Makes sounds like "oooo", "aahh" (cooing)
- Makes sounds back when you talk to him
- Turns head towards the sound of your voice

### Cognitive Milestones

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

- If hungry, opens mouth when she sees breast or bottle
- Looks at his hands with interest

### Movement/Physical Development Milestones

- Holds head steady without support when you are holding her
- Holds a toy when you put it in his hand
- Uses her arm to swing at toys
- Brings hands to mouth
- Pushes up onto elbows/forearms when on tummy

## Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

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- Respond positively to your baby. Act excited, smile, and talk to him when he makes sounds. This teaches him to take turns “talking” back and forth in conversation.
- Provide safe opportunities for your baby to reach for toys, kick at toys and explore what is around her. For example, put her on a blanket with safe toys.
- Allow your baby to put safe things in his mouth to explore them. This is how babies learn. For example, let him see, hear, and touch things that are not sharp, hot, or small enough to choke on.
- Talk, read, and sing to your baby. This will help her learn to speak and understand words later.
- Limit screen time (TV, phones, tablets, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- Feed only breast milk or formula to your baby. Babies are not ready for other foods, water or other drinks for about the first 6 months of life.
- Give your baby safe toys to play with that are easy to hold, like rattles or cloth books with colorful pictures for her age.
- Let your baby have time to move and interact with people and objects throughout the day. Try not to keep your baby in swings, strollers, or bouncy seats for too long.
- Set steady routines for sleeping and feeding.
- Lay your baby on her back and show her a bright-colored toy. Move the toy slowly from left to right and up and down to see if she watches how the toy moves.
- Sing and talk to your baby as you help her “exercise” (move her body) for a few minutes. Gently bend and move her arms and legs up and down.

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# Your baby at 6 months



Baby's Name \_\_\_\_\_

Baby's Age \_\_\_\_\_

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

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 6 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

## What most babies do by this age:

### Social/Emotional Milestones

- Knows familiar people
- Likes to look at himself in a mirror
- Laughs

### Language/Communication Milestones

- Takes turns making sounds with you
- Blows "raspberries" (sticks tongue out and blows)
- Makes squealing noises

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

- Puts things in her mouth to explore them
- Reaches to grab a toy he wants
- Closes lips to show she doesn't want more food

### Movement/Physical Development Milestones

- Rolls from tummy to back
- Pushes up with straight arms when on tummy
- Leans on hands to support himself when sitting

## Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

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- Use “back and forth” play with your baby. When your baby smiles, you smile; when he makes sounds, you copy them. This helps him learn to be social.
- “Read” to your baby every day by looking at colorful pictures in magazines or books and talk about them. Respond to her when she babbles and “reads” too. For example, if she makes sounds, say “Yes, that’s the doggy!”
- Point out new things to your baby and name them. For example, when on a walk, point out cars, trees, and animals.
- Sing to your baby and play music. This will help his brain develop.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- When your baby looks at something, point to it and talk about it.
- Put your baby on her tummy or back and put toys just out of reach. Encourage her to roll over to reach the toys.
- Learn to read your baby’s moods. If he’s happy, keep doing what you are doing. If he’s upset, take a break and comfort your baby.
- Talk with your baby’s doctor about when to start solid foods and what foods are choking risks. Breast milk or formula is still the most important source of “food” for your baby.
- Learn when your baby is hungry or full. Pointing to foods, opening his mouth to a spoon, or getting excited when seeing food are signs that he is hungry. Others, like pushing food away, closing his mouth, or turning his head away from food tells you that he’s had enough.
- Help your baby learn she can calm down. Talk softly, hold, rock, or sing to her, or let her suck on her fingers or a pacifier. You may offer a favorite toy or stuffed animal while you hold or rock her.
- Hold your baby up while she sits. Let her look around and give her toys to look at while she learns to balance herself.

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# Your baby at 9 months\*



Baby's Name \_\_\_\_\_

Baby's Age \_\_\_\_\_

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

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 9 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

## What most babies do by this age:

### Social/Emotional Milestones

- Is shy, clingy, or fearful around strangers
- Shows several facial expressions, like happy, sad, angry, and surprised
- Looks when you call her name
- Reacts when you leave (looks, reaches for you, or cries)
- Smiles or laughs when you play peek-a-boo

### Language/Communication Milestones

- Makes different sounds like "mamamama" and "babababa"
- Lifts arms up to be picked up

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

- Looks for objects when dropped out of sight (like his spoon or toy)
- Bangs two things together

### Movement/Physical Development Milestones

- Gets to a sitting position by herself
- Moves things from one hand to her other hand
- Uses fingers to "rake" food towards himself
- Sits without support

### \* It's time for developmental screening!

At 9 months, your baby is due for general developmental screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your baby's developmental screening.

## Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

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- Repeat your baby's sounds and say simple words using those sounds. For example, if your baby says "bababa," repeat "bababa," then say "book."
- Place toys on the ground or on a play mat a little out of reach and encourage your baby to crawl, scoot, or roll to get them. Celebrate when she reaches them.
- Teach your baby to wave "bye-bye" or shake his head "no." For example, wave and say "bye-bye" when you are leaving. You can also teach simple baby sign language to help your baby tell you what he wants before he can use words.
- Play games, such as peek-a-boo. You can cover your head with a cloth and see if your baby pulls it off.
- Play with your baby by dumping blocks from a container and putting them back in together.
- Play games with your baby, such as my turn, your turn. Try this by passing a toy back and forth.
- "Read" to your baby. Reading can be talking about pictures. For example, while looking at books or magazines, name the pictures as you point to them.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- Find out about choking risks and safe foods to feed your baby. Let him practice feeding himself with his fingers and using a cup with a small amount of water. Sit next to your baby and enjoy mealtime together. Expect spills. Learning is messy and fun!
- Ask for behaviors that you want. For example, instead of saying "don't stand," say "time to sit."
- Help your baby get used to foods with different tastes and textures. Foods can be smooth, mashed, or finely chopped. Your baby might not like every food on the first try. Give her a chance to try foods again and again.
- Say a quick and cheerful goodbye instead of sneaking away so your baby knows you are leaving, even if he cries. He will learn to calm himself and what to expect. Let him know when you return by saying "Daddy's back!"

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# Your baby at 12 months



Baby's Name \_\_\_\_\_

Baby's Age \_\_\_\_\_

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

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 12 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

## What most babies do by this age:

### Social/Emotional Milestones

- Plays games with you, like pat-a-cake

### Language/Communication Milestones

- Waves "bye-bye"
- Calls a parent "mama" or "dada" or another special name
- Understands "no" (pauses briefly or stops when you say it)

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

- Puts something in a container, like a block in a cup
- Looks for things he sees you hide, like a toy under a blanket

### Movement/Physical Development Milestones

- Pulls up to stand
- Walks, holding on to furniture
- Drinks from a cup without a lid, as you hold it
- Picks things up between thumb and pointer finger, like small bits of food

## Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

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- Teach your baby “wanted behaviors.” Show her what to do and use positive words or give her hugs and kisses when she does it. For example, if she pulls your pet’s tail, teach her how to pet gently and give her a hug when she does it.
- Talk or sing to your baby about what you’re doing. For example, “Mommy is washing your hands” or sing, “This is the way we wash our hands.”
- Build on what your baby tries to say. If he says “ta,” say “Yes, a truck,” or if he says “truck,” say “Yes, that’s a big, blue truck.”
- Redirect your baby quickly and consistently by giving her a toy or moving her if she is getting into things you don’t want her to get into. Save “no” for behaviors that are dangerous. When you say “no,” say it firmly. Do not spank, yell, or give her long explanations.
- Give your baby safe places to explore. Baby-proof your home. For example, move sharp or breakable things out of reach. Lock away medicines, chemicals, and cleaning products. Save the Poison Help Line number, 800-222-1222, in all phones.
- Respond with words when your baby points. Babies point to ask for things. For example, say “You want the cup? Here is the cup. It’s your cup.” If he tries to say “cup,” celebrate his attempt.
- Point to interesting things you see, such as a truck, bus, or animals. This will help your baby pay attention to what others are “showing” him through pointing.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- Give your baby water, breast milk, or plain milk. You don’t need to give your baby juice, but if you do, give 4 ounces or less a day of 100% fruit juice. Do not give your baby other sugary beverages, such as fruit drinks, soda, sports drinks, or flavored milks.
- Help your baby get used to foods with different tastes and textures. Foods can be smooth, mashed, or finely chopped. Your baby might not like every food on the first try. Give your baby a chance to try foods again and again.
- Give your baby time to get to know a new caregiver. Bring a favorite toy, stuffed animal, or blanket to help comfort your baby.
- Give your baby pots and pans or a small musical instrument like a drum or cymbals. Encourage your baby to make noise.

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# Your child at 15 months



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

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

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

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 15 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

## What most children do by this age:

### Social/Emotional Milestones

- Copies other children while playing, like taking toys out of a container when another child does
- Shows you an object she likes
- Claps when excited
- Hugs stuffed doll or other toy
- Shows you affection (hugs, cuddles, or kisses you)

### Language/Communication Milestones

- Tries to say one or two words besides "mama" or "dada," like "ba" for ball or "da" for dog
- Looks at a familiar object when you name it
- Follows directions given with both a gesture and words. For example, he gives you a toy when you hold out your hand and say, "Give me the toy."
- Points to ask for something or to get help

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

- Tries to use things the right way, like a phone, cup, or book
- Stacks at least two small objects, like blocks

### Movement/Physical Development Milestones

- Takes a few steps on his own
- Uses fingers to feed herself some food

## Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
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- Help your child learn to speak. A child's early words are not complete. Repeat and add to what he says. He may say "ba" for ball and you can say "Ball, yes, that's a ball."
- Tell your child the names of objects when he points to them and wait a few seconds to see if he makes any sounds before handing it to him. If he does make a sound, acknowledge him, and repeat the name of the object. "Yes! Cup."
- Find ways to let your child help with everyday activities. Let her get her shoes to go outside, put the snacks in the bag for the park, or put the socks in the basket.
- Have steady routines for sleeping and feeding. Create a calm, quiet bedtime for your child. Put on his pajamas, brush his teeth, and read 1 or 2 books to him. Children between 1 and 2 years of age need 11 to 14 hours of sleep a day (including naps). Consistent sleep times make it easier!
- Show your child different things, such as a hat. Ask him, "What do you do with a hat? You put it on your head." Put it on your head and then give it to him to see if he copies you. Do this with other objects, such as a book or a cup.
- Sing songs with gestures, such as "Wheels on the Bus." See if your child tries to do some of the actions.
- Say what you think your child is feeling (for example, sad, mad, frustrated, happy). Use your words, facial expressions, and voice to show what you think she is feeling. For example, say "You are frustrated because we can't go outside, but you can't hit. Let's go look for an indoor game."
- Expect tantrums. They are normal at this age and are more likely if your child is tired or hungry. Tantrums should become shorter and happen less as he gets older. You can try a distraction, but it is ok to let him have the tantrum without doing anything. Give him some time to calm down and move on.
- Teach your child "wanted behaviors." Show her what to do and use positive words or give her hugs and kisses when she does it. For example, if she pulls your pet's tail, teach her how to pet gently. Give her a hug when she does it.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Children learn by talking, playing, and interacting with others.
- Encourage your child to play with blocks. You can stack the blocks and she can knock them down.
- Let your child use a cup without a lid for drinking and practice eating with a spoon. Learning to eat and drink is messy but fun!

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# Your child at 18 months\*



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

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

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

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 18 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

## What most children do by this age:

### Social/Emotional Milestones

- Moves away from you, but looks to make sure you are close by
- Points to show you something interesting
- Puts hands out for you to wash them
- Looks at a few pages in a book with you
- Helps you dress him by pushing arm through sleeve or lifting up foot

### Language/Communication Milestones

- Tries to say three or more words besides "mama" or "dada"
- Follows one-step directions without any gestures, like giving you the toy when you say, "Give it to me."

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

- Copies you doing chores, like sweeping with a broom
- Plays with toys in a simple way, like pushing a toy car

### Movement/Physical Development Milestones

- Walks without holding on to anyone or anything
- Scribbles
- Drinks from a cup without a lid and may spill sometimes
- Feeds herself with her fingers
- Tries to use a spoon
- Climbs on and off a couch or chair without help

### \* It's time for developmental screening!

At 18 months, your child is due for general developmental screening and an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.

## Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

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1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at [cdc.gov/FindEI](https://www.cdc.gov/FindEI).

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# Help your child learn and grow

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- Use positive words and give more attention to behaviors you want to see (“wanted behaviors”). For example, “Look how nicely you put the toy away.” Give less attention to those you don’t want to see.
- Encourage “pretend” play. Give your child a spoon so she can pretend to feed her stuffed animal. Take turns pretending.
- Help your child learn about others’ feelings and about positive ways to react. For example, when he sees a child who is sad, say “He looks sad. Let’s bring him a teddy.”
- Ask simple questions to help your child think about what’s around her. For example, ask her, “What is that?”
- Let your child use a cup without a lid for drinking and practice eating with a spoon. Learning to eat and drink is messy but fun!
- Give simple choices. Let your child choose between two things. For example, when dressing, ask him if he wants to wear the red or blue shirt.
- Have steady routines for sleeping and eating. For example, sit at the table with your child when she’s eating meals and snacks. This helps set mealtime routines for your family.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Children learn by talking, playing, and interacting with others. Limit your own screen time when you are with your child so you are able to respond to her words and actions.
- Ask your child’s doctor and/or teachers if your child is ready for toilet training. Most children are not successful at toilet training until 2 to 3 years old. If he is not ready, it can cause stress and setbacks, which can cause training to take longer.
- Expect tantrums. They are normal at this age and should become shorter and happen less often as your child gets older. You can try distractions, but it’s ok to ignore the tantrum. Give him some time to calm down and move on.
- Talk with your child by facing her and getting down to her eye level when possible. This helps your child “see” what you’re saying through your eyes and face, not just your words.
- Start to teach your child the names for body parts by pointing them out and saying things like “Here’s your nose, here’s my nose,” while pointing to her nose and your own.

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# Your child at 2 years\*



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

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

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

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 2. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

## What most children do by this age:

### Social/Emotional Milestones

- Notices when others are hurt or upset, like pausing or looking sad when someone is crying
- Looks at your face to see how to react in a new situation

### Language/Communication Milestones

- Points to things in a book when you ask, like "Where is the bear?"
- Says at least two words together, like "More milk."
- Points to at least two body parts when you ask him to show you
- Uses more gestures than just waving and pointing, like blowing a kiss or nodding yes

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

- Holds something in one hand while using the other hand; for example, holding a container and taking the lid off

- Tries to use switches, knobs, or buttons on a toy
- Plays with more than one toy at the same time, like putting toy food on a toy plate

### Movement/Physical Development Milestones

- Kicks a ball
- Runs
- Walks (not climbs) up a few stairs with or without help
- Eats with a spoon

### \* It's time for developmental screening!

At 2 years, your child is due for an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.

## Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

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1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at [cdc.gov/FindEI](https://www.cdc.gov/FindEI).

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# Help your child learn and grow

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- Help your child learn how words sound, even if he can't say them clearly yet. For example, if your child says, "or nana," say "You want more banana."
- Watch your child closely during playdates. Children this age play next to each other, but do not know how to share and solve problems. Show your child how to deal with conflicts by helping her share, take turns, and use words when possible.
- Have your child help you get ready for mealtime, by letting him carry things to the table, such as plastic cups or napkins. Thank your child for helping.
- Give your child balls to kick, roll, and throw.
- Give toys that teach your child how to make things work and how to solve problems. For example, give her toys where she can push a button and something happens.
- Let your child play dress up with grown-up clothes, such as shoes, hats, and shirts. This helps him begin to pretend play.
- Allow your child to eat as much or as little as she wants at each meal. Toddlers don't always eat the same amount or type of food each day. Your job is to offer her healthy foods and it's your child's job to decide if and how much she needs to eat.
- Have steady routines for sleeping and feeding. Create a calm, quiet bedtime for your child. Put on his pajamas, brush his teeth, and read 1 or 2 books to him. Children this age need 11 to 14 hours of sleep a day (including naps). Consistent sleep times make it easier.
- Ask your child's doctor and/or teachers about toilet training to know if your child is ready to start. Most children are not able to toilet train until 2 to 3 years old. Starting too early can cause stress and setbacks, which can cause training to take longer.
- Use positive words when your child is being a good helper. Let him help with simple chores, such as putting toys or laundry in a basket.
- Play with your child outside, by playing "ready, set, go." For example, pull your child back in a swing. Say "Ready, set...", then wait and say "Go" when you push the swing.
- Let your child create simple art projects with you. Give your child crayons or put some finger paint on paper and let her explore by spreading it around and making dots. Hang it on the wall or refrigerator so your child can see it.

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# Your child at 30 months\*



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

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

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

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 30 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

## What most children do by this age:

### Social/Emotional Milestones

- Plays next to other children and sometimes plays with them
- Shows you what she can do by saying, "Look at me!"
- Follows simple routines when told, like helping to pick up toys when you say, "It's clean-up time."

### Language/Communication Milestones

- Says about 50 words
- Says two or more words, with one action word, like "Doggie run"
- Names things in a book when you point and ask, "What is this?"
- Says words like "I," "me," or "we"

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

- Uses things to pretend, like feeding a block to a doll as if it were food

- Shows simple problem-solving skills, like standing on a small stool to reach something
- Follows two-step instructions like "Put the toy down and close the door."
- Shows he knows at least one color, like pointing to a red crayon when you ask, "Which one is red?"

### Movement/Physical Development Milestones

- Uses hands to twist things, like turning doorknobs or unscrewing lids
- Takes some clothes off by himself, like loose pants or an open jacket
- Jumps off the ground with both feet
- Turns book pages, one at a time, when you read to her

### \* It's time for developmental screening!

At 30 months, your child is due for general developmental screening as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.

## Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

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1. Ask for a referral to a specialist who can evaluate your child more; and
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# Help your child learn and grow

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- Encourage “free play,” where your child can follow her interests, try new things, and use things in new ways.
- Use positive words and give more attention to behaviors you want to see (“wanted behaviors”), than to those you don’t want to see. For example, say “I like how you gave Jordan the toy.”
- Give your child food choices that are simple and healthy. Let him choose what to eat for a snack or what to wear. Limit choices to two or three.
- Ask your child simple questions about books and stories. Ask questions, such as “Who?” “What?” and “Where?”
- Help your child learn how to play with other children. Show him how by helping him share, take turns, and use his “words.”
- Let your child “draw” with crayons on paper, shaving cream on a tray, or chalk on a sidewalk. If you draw a straight line, see if she will copy you. When she gets good at lines, show her how to draw a circle.
- Let your child play with other children, such as at a park or library. Ask about local play groups and pre-school programs. Playing with others helps him learn the value of sharing and friendship.
- Eat family meals together as much as you can. Give the same meal to everyone. Enjoy each other’s company and avoid screen time (TV, tablets, and phones, etc.) during meals.
- Limit screen time (TV, tablets, phones, etc.) to no more than 1 hour per day of a children’s program with an adult present. Children learn by talking, playing, and interacting with others.
- Use words to describe things to your child, such as big/small, fast/slow, on/off, and in/out.
- Help your child do simple puzzles with shapes, colors, or animals. Name each piece when your child puts it in place.
- Play with your child outside. For example, take your child to the park to climb on equipment and run in safe areas.
- Allow your child to eat as much or as little as she wants at each meal. Your job is to offer her healthy foods and it’s your child’s job to decide if and how much she wants to eat.

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# Your child at 3 years



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

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

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

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 3. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

## What most children do by this age:

### Social/Emotional Milestones

- Calms down within 10 minutes after you leave her, like at a childcare drop off
- Notices other children and joins them to play

### Language/Communication Milestones

- Talks with you in conversation using at least two back-and-forth exchanges
- Asks "who," "what," "where," or "why" questions, like "Where is mommy/daddy?"
- Says what action is happening in a picture or book when asked, like "running," "eating," or "playing"
- Says first name, when asked
- Talks well enough for others to understand, most of the time

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

- Draws a circle, when you show him how
- Avoids touching hot objects, like a stove, when you warn her

### Movement/Physical Development Milestones

- Strings items together, like large beads or macaroni
- Puts on some clothes by himself, like loose pants or a jacket
- Uses a fork

## Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

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1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call any local public elementary school for a free evaluation to find out if your child can get services to help.

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# Help your child learn and grow

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- Encourage your child to solve her own problems with your support. Ask questions to help her understand the problem. Help her think of solutions, try one out, and try more if needed.
- Talk about your child's emotions and give him words to help him explain how he's feeling. Help your child manage stressful feelings by teaching him to take deep breaths, hug a favorite toy, or go to a quiet, safe place when he is upset.
- Set a few simple and clear rules that your child can follow, such as use gentle hands when playing. If he breaks a rule, show him what to do instead. Later, if your child follows the rule, recognize and congratulate him.
- Read with your child. Ask questions, such as "What is happening in the picture?" and/or "What do you think will happen next?" When she gives you an answer, ask for more details.
- Play counting games. Count body parts, stairs, and other things you use or see every day. Children this age are starting to learn about numbers and counting.
- Help your child develop his language skills by speaking to him in longer sentences than his, using real words. Repeat what he says, for example, "need nana," and then show how to use more "grown-up" words by saying, "I want a banana."
- Let your child help with making meals. Give him simple tasks, such as washing fruits and vegetables or stirring.
- Give your child instructions with 2 or 3 steps. For example, "Go to your room and get your shoes and coat."
- Limit screen time (TV, tablets, phones, etc.) to no more than 1 hour per day of a children's program with an adult present. Don't put any screens in your child's bedroom. Children learn by talking, playing, and interacting with others.
- Teach your child simple songs and rhymes, such as "Itsy Bitsy Spider" or "Twinkle, Twinkle, Little Star."
- Give your child an "activity box" with paper, crayons, and coloring books. Color and draw lines and shapes with your child.
- Encourage your child to play with other children. This helps him learn the value of friendship and how to get along with others.

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# Your child at 4 years

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

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

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

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 4. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.



## What most children do by this age:

### Social/Emotional Milestones

- Pretends to be something else during play (teacher, superhero, dog)
- Asks to go play with children if none are around, like "Can I play with Alex?"
- Comforts others who are hurt or sad, like hugging a crying friend
- Avoids danger, like not jumping from tall heights at the playground
- Likes to be a "helper"
- Changes behavior based on where she is (place of worship, library, playground)

### Language/Communication Milestones

- Says sentences with four or more words
- Says some words from a song, story, or nursery rhyme
- Talks about at least one thing that happened during his day, like "I played soccer."
- Answers simple questions like "What is a coat for?" or "What is a crayon for?"

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

- Names a few colors of items
- Tells what comes next in a well-known story
- Draws a person with three or more body parts

### Movement/Physical Development Milestones

- Catches a large ball most of the time
- Serves himself food or pours water, with adult supervision
- Unbuttons some buttons
- Holds crayon or pencil between fingers and thumb (not a fist)

## Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

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1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call any local public elementary school for a free evaluation to find out if your child can get services to help.

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- Help your child be ready for new places and meeting new people. For example, you can read stories or role play (pretend play) to help him be comfortable.
- Read with your child. Ask him what's happening in the story and what he thinks might happen next.
- Help your child learn about colors, shapes, and sizes. For example, ask the color, shapes, and size of things she sees during the day.
- Encourage your child to use "his words" to ask for things and solve problems but show him how. He may not know the words he needs. For example, help your child say, "Can I have a turn?" instead of taking something from someone.
- Help your child learn about others' feelings, and about positive ways to react. For example, when he sees a child who is sad, say "He looks sad. Let's bring him a teddy."
- Use positive words and give attention to behaviors you want to see ("wanted behaviors"). For example, say "You're sharing that toy so nicely!" Give less attention to those you don't want to see.
- Tell your child in a simple way why she can't do something you don't want her to do ("unwanted behavior"). Give her a choice of what she can do instead. For example, "You can't jump on the bed. Do you want to go outside and play or put on some music and dance?"
- Let your child play with other children, such as at a park or library. Ask about local play groups and pre-school programs. Playing with others helps you child learn the value of sharing and friendship.
- Eat meals with your child when possible. Let her see you enjoying healthy foods, such as fruits, vegetables, and whole grains, and drinking milk or water.
- Create a calm, quiet bedtime routine. Avoid any screen time (TV, phone, tablet, etc.) for 1 to 2 hours before bed and don't put any screens in your child's bedroom. Children this age need 10 to 13 hours of sleep a day (including naps). Consistent sleep times make it easier!
- Give your child toys or things that encourage his imagination, such as dress-up clothes, pots and pans to pretend cook, or blocks to build with. Join him in pretend play, such as eating the pretend food he cooks.
- Take time to answer your child's "why" questions. If you don't know the answer, say "I don't know," or help your child find the answer in a book, on the Internet, or from another adult.

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# Your child at 5 years



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

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

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

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 5. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

## What most children do by this age:

### Social/Emotional Milestones

- Follows rules or takes turns when playing games with other children
- Sings, dances, or acts for you
- Does simple chores at home, like matching socks or clearing the table after eating

### Language/Communication Milestones

- Tells a story she heard or made up with at least two events. For example, a cat was stuck in a tree and a firefighter saved it
- Answers simple questions about a book or story after you read or tell it to him
- Keeps a conversation going with more than three back-and-forth exchanges
- Uses or recognizes simple rhymes (bat-cat, ball-tall)

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

- Counts to 10
- Names some numbers between 1 and 5 when you point to them
- Uses words about time, like "yesterday," "tomorrow," "morning," or "night"
- Pays attention for 5 to 10 minutes during activities. For example, during story time or making arts and crafts (screen time does not count)
- Writes some letters in her name
- Names some letters when you point to them

### Movement/Physical Development Milestones

- Buttons some buttons
- Hops on one foot

## Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

**You know your child best.** Don't wait. If your child is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your child's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call any local public elementary school for a free evaluation to find out if your child can get services to help.

For more on how to help your child, visit [cdc.gov/Concerned](https://www.cdc.gov/Concerned).

**Don't wait.  
Acting early can make  
a real difference!**



American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®



# Help your child learn and grow

As your child's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your child's doctor and teachers if you have questions or for more ideas on how to help your child's development.



- Your child might start to “talk back” in order to feel independent and test what happens. Limit the attention you give to the negative words. Find alternative activities for her to do that allow her to take the lead and be independent. Make a point of noticing good behavior. “You stayed calm when I told you it’s bedtime.”
- Ask your child what she is playing. Help her expand her answers by asking “Why?” and “How?” For example, say “That’s a nice bridge you’re building. Why did you put it there?”
- Play with toys that encourage your child to put things together, such as puzzles and building blocks.
- Use words to help your child begin to understand time. For example, sing songs about the days of the week and let him know what day it is. Use words about time, such as today, tomorrow, and yesterday.
- Let your child do things for himself, even if he doesn’t do it perfectly. For example, let him make his bed, button his shirt, or pour water into a cup. Celebrate when he does it and try not to “fix” anything you don’t have to.
- Talk about and label your child’s and your own feelings. Read books and talk about the feelings characters have and why they have them.
- Play rhyming games. For example, say “What rhymes with cat?”
- Teach your child to follow rules in games. For example, play simple board games, card games, or Simon Says.
- Create a spot in your home for your child to go to when he’s upset. Stay nearby so your child knows he is safe and can come to you for help calming as needed.
- Set limits for screen time (TV, tablets, phones, etc.) for your child, to no more than 1 hour per day. Make a media use plan for your family.
- Eat meals with your child and enjoy family time talking together. Give the same meal to everyone. Avoid screen time (TV, tablets, phones, etc.) during mealtime. Let your child help prepare the healthy foods and enjoy them together.
- Encourage your child to “read” by looking at the pictures and telling the story.
- Play games that help with memory and attention. For example, play card games, Tic Tac Toe, I Spy, or Hot and Cold.

**To see more tips and activities download CDC’s Milestone Tracker app.**

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children (75% or more) can do by each age. Subject matter experts selected these milestones based on available data and expert consensus.

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly) | 1-800-CDC-INFO (1-800-232-4636)



Download CDC’s  
free Milestone  
Tracker app



**Learn the Signs. Act Early.**

# Positive Parenting Tips for Healthy Child Development

## Middle Childhood (6-8 years of age)

### Developmental Milestones

Middle childhood brings many changes in a child's life. By this time, children can dress themselves, catch a ball more easily using only their hands, and tie their shoes. Having independence from family becomes more important now. Events such as starting school bring children this age into regular contact with the larger world. Friendships become more and more important. Physical, social, and mental skills develop quickly at this time. This is a critical time for children to develop confidence in all areas of life, such as through friends, schoolwork, and sports.

Here is some information on how children develop during middle childhood:

### Emotional/Social Changes

Children in this age group might:

- Show more independence from parents and family.
- Start to think about the future.
- Understand more about his or her place in the world.
- Pay more attention to friendships and teamwork.
- Want to be liked and accepted by friends.

### Thinking and Learning

Children in this age group might:

- Show rapid development of mental skills.
- Learn better ways to describe experiences and talk about thoughts and feelings.
- Have less focus on one's self and more concern for others.

### Positive Parenting Tips

Following are some things you, as a parent, can do to help your child during this time:

- Show affection for your child. Recognize her accomplishments.
- Help your child develop a sense of responsibility—ask him to help with household tasks, such as setting the table.
- Talk with your child about school, friends, and things she looks forward to in the future.
- Talk with your child about respecting others. Encourage him to help people in need.
- Help your child set her own achievable goals—she'll learn to take pride in herself and rely less on approval or reward from others.
- Help your child learn patience by letting others go first or by finishing a task before going out to play. Encourage him to think about possible consequences before acting.
- Make clear rules and stick to them, such as how long your child can watch TV or when she has to go to bed. Be clear about what behavior is okay and what is not okay.
- Do fun things together as a family, such as playing games, reading, and going to events in your community.



- Get involved with your child's school. Meet the teachers and staff and get to understand their learning goals and how you and the school can work together to help your child do well.
- Continue reading to your child. As your child learns to read, take turns reading to each other.
- Use discipline to guide and protect your child, rather than punishment to make him feel bad about himself. Follow up any discussion about what *not* to do with a discussion of what *to* do instead.
- Praise your child for good behavior. It's best to focus praise more on what your child does ("you worked hard to figure this out") than on traits she can't change ("you are smart").
- Support your child in taking on new challenges. Encourage her to solve problems, such as a disagreement with another child, on her own.
- Encourage your child to join school and community groups, such as a team sports, or to take advantage of volunteer opportunities.

## Child Safety First

More physical ability and more independence can put children at risk for injuries from falls and other accidents. Motor vehicle crashes are the most common cause of death from unintentional injury among children this age.

- Protect your child properly in the car. For detailed information, see the American Academy of Pediatrics' Car Safety Seats: A Guide for Families.
- Teach your child to watch out for traffic and how to be safe when walking to school, riding a bike, and playing outside.
- Make sure your child understands water safety, and always supervise her when she's swimming or playing near water.
- Supervise your child when he's engaged in risky activities, such as climbing.
- Talk with your child about how to ask for help when she needs it.
- Keep potentially harmful household products, tools, equipment, and firearms out of your child's reach.

## Healthy Bodies

- Parents can help make schools healthier. Work with your child's school to limit access to foods and drinks with added sugar, solid fat, and salt that can be purchased outside the school lunch program.
- Make sure your child has 1 hour or more of physical activity each day.
- Limit screen time for your child to no more than 1 to 2 hours per day of quality programming, at home, school, or afterschool care.
- Practice healthy eating habits and physical activity early. Encourage active play, and be a role model by eating healthy at family mealtimes and having an active lifestyle.

A pdf of this document for reprinting is available free of charge from <http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/middle.html>

## Additional Information:

<http://www.cdc.gov/childdevelopment>  
 1-800-CDC-INFO (800-232-4636) <http://www.cdc.gov/info>

# Positive Parenting Tips for Healthy Child Development

## Middle Childhood (9-11 years of age)

### Developmental Milestones

Your child's growing independence from the family and interest in friends might be obvious by now. Healthy friendships are very important to your child's development, but peer pressure can become strong during this time. Children who feel good about themselves are more able to resist negative peer pressure and make better choices for themselves. This is an important time for children to gain a sense of responsibility along with their growing independence. Also, physical changes of puberty might be showing by now, especially for girls. Another big change children need to prepare for during this time is starting middle or junior high school.

Here is some information on how children develop during middle childhood:

### Emotional/Social Changes

Children in this age group might:

- Start to form stronger, more complex friendships and peer relationships. It becomes more emotionally important to have friends, especially of the same sex.
- Experience more peer pressure.
- Become more aware of his or her body as puberty approaches. Body image and eating problems sometimes start around this age.

### Thinking and Learning

Children in this age group might:

- Face more academic challenges at school.
- Become more independent from the family.
- Begin to see the point of view of others more clearly.
- Have an increased attention span.

### Positive Parenting Tips

Following are some things you, as a parent, can do to help your child during this time:

- Spend time with your child. Talk with her about her friends, her accomplishments, and what challenges she will face.
- Be involved with your child's school. Go to school events; meet your child's teachers.
- Encourage your child to join school and community groups, such as a sports team, or to be a volunteer for a charity.
- Help your child develop his own sense of right and wrong. Talk with him about risky things friends might pressure him to do, like smoking or dangerous physical dares.
- Help your child develop a sense of responsibility—involve your child in household tasks like cleaning and cooking. Talk with your child about saving and spending money wisely.
- Meet the families of your child's friends.
- Talk with your child about respecting others. Encourage her to help people in need. Talk with her about what to do when others are not kind or are disrespectful.



- Help your child set his own goals. Encourage him to think about skills and abilities he would like to have and about how to develop them.
- Make clear rules and stick to them. Talk with your child about what you expect from her (behavior) when no adults are present. If you provide reasons for rules, it will help her to know what to do in most situations.
- Use discipline to guide and protect your child, instead of punishment to make him feel badly about himself.
- When using praise, help your child think about her own accomplishments. Saying "you must be proud of yourself" rather than simply "I'm proud of you" can encourage your child to make good choices when nobody is around to praise her.
- Talk with your child about the normal physical and emotional changes of puberty.
- Encourage your child to read every day. Talk with him about his homework.
- Be affectionate and honest with your child, and do things together as a family.

## Child Safety First

More independence and less adult supervision can put children at risk for injuries from falls and other accidents. Here are a few tips to help protect your child:

- Protect your child in the car. The National Highway Traffic Safety Administration recommends that you keep your child in a booster seat until he is big enough to fit in a seat belt properly. Remember: your child should still ride in the back seat until he or she is 12 years of age because it's safer there. Motor vehicle crashes are the most common cause of death from unintentional injury among children of this age.
- Know where your child is and whether a responsible adult is present. Make plans with your child for when he will call you, where you can find him, and what time you expect him home.
- Make sure your child wears a helmet when riding a bike or a skateboard or using inline skates; riding on a motorcycle, snowmobile, or all-terrain vehicle; or playing contact sports.
- Many children get home from school before their parents get home from work. It is important to have clear rules and plans for your child when she is home alone.

## Healthy Bodies

- Provide plenty of fruits and vegetables; limit foods high in solid fats, added sugars, or salt, and prepare healthier foods for family meals.
- Keep television sets out of your child's bedroom. Limit screen time, including computers and video games, to no more than 1 to 2 hours.
- Encourage your child to participate in an hour a day of physical activities that are age appropriate and enjoyable and that offer variety! Just make sure your child is doing three types of activity: aerobic activity like running, muscle strengthening like climbing, and bone strengthening – like jumping rope – at least three days per week.

A pdf of this document for reprinting is available free of charge from  
<http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/middle2.html>

### **Additional Information:**

<http://www.cdc.gov/childdevelopment>  
 1-800-CDC-INFO (800-232-4636) <http://www.cdc.gov/info>

## Child Development: Concerns About Development

- Use the milestones to help identify possible delays
- Share what you are observing with the child's family
- Encourage the parent or guardian to contact the child's health care provider about any concerns

Early On	<a href="http://www.1800earlyon.org">www.1800earlyon.org</a>	1-800-327-5966
Build Up	<a href="http://www.buildupmi.org">www.buildupmi.org</a>	1-888-320-8384



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# Early On<sup>®</sup> Michigan

## Helping Babies Learn and Grow

The first years of your baby's life are very important, and children learn and grow at different rates. If you have any questions about how your baby is developing or if you think that he or she might need extra help,

***Don't worry. But don't wait.***

Visit [1800EarlyOn.org](http://1800EarlyOn.org) for information or to place a referral for an infant or toddler.

**1-800-EARLYON (327-5966)**

 [/earlyonmichigan.org](https://www.facebook.com/earlyonmichigan.org)

 [@ChildFindMich](https://twitter.com/ChildFindMich)

 [Google.com/+1800earlyonOrg](https://www.google.com/+1800earlyonOrg)

 [@earlyonmichigan](https://www.instagram.com/earlyonmichigan)

  
early on<sup>®</sup>  
MICHIGAN  
Don't worry. But don't wait.





# Build Up Michigan

Michigan Kids. Kindergarten Ready.

As a parent, you want to prepare your child for everything. If you notice that he or she may have a developmental delay or suspected disability, contact Build Up today. We offer free special educational supports for children ages 3 through 5 years, through your public school district.

**Visit [BuildUpMi.org](http://BuildUpMi.org) or dial the Michigan Special Education Line at 1-888-320-8384.**



/BuildUpMich



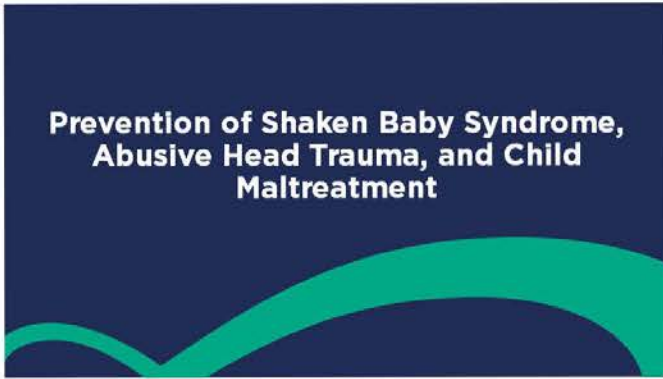
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## Prevention of Child Maltreatment



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## Prevention of Child Maltreatment



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## Prevention of Child Maltreatment: Appropriate Guidance

- The State of Michigan manual for licensed childcare providers prohibits the following means of punishment: hitting, spanking, shaking, biting, pinching, restricting movement, and inflicting emotional or mental harm.
- Children deserve to be treated respectfully and appropriately in a positive manner. Research has linked mental and emotional stress and corporal punishment with negative effects such as learning issues and later criminal behavior.



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## Prevention of Child Maltreatment: Appropriate Guidance

- Make sure the space is ready
- Model the behaviors and language you want to see
- Tell children what you want them to do
- Redirect the child to a positive choice
- Ignore behaviors when appropriate
- Remove the child from the situation



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## Prevention of Abusive Head Trauma or Shaken Baby Syndrome

- Happens when a child is vigorously shaken
- Inconsolable crying is the number one cause
- Causes damage to the brain, eyes, ribs, and in severe cases, death
- **No amount of shaking is safe**



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# Shaken Baby Syndrome

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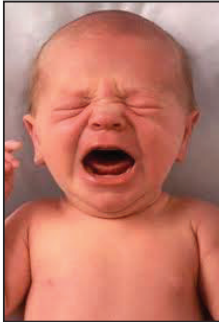
## Never Shake A Baby – Tips for Parents and Caregivers

Approximately 1,200 to 1,400 children are injured or killed by shaking a baby every year in the United States.\* Most of these people could never imagine harming their baby – it was an instantaneous reaction to frustration. Caregivers must be educated about Shaken Baby Syndrome (SBS).

- Although it may happen out of frustration, shaking a baby vigorously is a serious form of child abuse.
- A single shaking episode can result in death or other severe injuries such as mental retardation, speech and learning disabilities, cerebral palsy, seizure disorder, hearing loss, partial or total blindness, behavior disorders, cognitive impairment, spinal cord injury, paralysis, broken bones and dislocations.
- Caring for a baby can be difficult and frustrating. Babies cry for many reasons including:
  - Hunger
  - Need to be burped
  - Need diaper change
  - Too hot or too cold
  - Fever or pain from earache, teething, rash, or insect bite
  - Need to be held or soothed
  - Overtired
  - Over stimulated
  - Sometimes babies just need to cry!
- **If you are frustrated, gently place baby in his or her crib and go to another room for a few minutes until you calm down.** Take several deep breaths, count to 100, listen to soft music, exercise, do household chores, or go for a walk (do not leave baby home alone).
- Caregivers must be educated about Shaken Baby Syndrome. Make sure they understand the dangers of shaking a baby. Provide them with the number for an alternate caregiver who can help. Also available is the Child Help USA Hotline 1-800-4-A-CHILD. Caregivers can speak to a counselor during stressful times through this free, confidential hotline.
- Reassure your caregiver and make them feel comfortable that it is OK to call you at work if baby is inconsolable.

SOURCE: Together With Baby, LLC ([http://www.togetherwithbaby.com/Handouts/handout\\_sbs.pdf](http://www.togetherwithbaby.com/Handouts/handout_sbs.pdf))

## How to Calm A Crying Baby



Babies communicate by crying

### Step # 1: Try to figure out what is upsetting the baby

Make sure your baby:

- Is not hungry or doesn't need to burp
- Has a dry diaper
- Is in comfortable clothing
- Is not too hot or too cold
- Is not overtired or overstimulated by playing, noise, or bright lights
- Is not sick or does not have a fever
- Is not in pain

### Step # 2: Try to help the baby relax



A tight swaddle can help your baby relax

- Turn down the lights
- Wrap or swaddle the baby securely
- Rock the baby gently
- Offer the breast, a bottle, or a pacifier
- Walk with your baby
- Play some calm music
- Shhh, whisper, sing, or talk quietly to the baby
- Run the vacuum cleaner
- Take your baby for a ride in a stroller or in a car

### Step # 3: Keep your baby safe

Sometimes babies cry even after all of these steps are taken. Do not take this personally. Every caregiver needs a plan to deal with a crying baby. If you feel overwhelmed, frustrated, angry, or out of control, then:



Always keep your baby safe

- Stop
- Take a deep breath and count to 10
- Place your baby in a safe place, such as a crib or playpen
- Leave the room and shut the door
- Find a quiet place for yourself and take a time out
- Check on your baby every 5-15 minutes
- If you are calm and in control you can repeat step #1 and #2
- Do not be afraid to ask for help

### Asking for Help

Keeping your baby safe and asking for help are signs of a good parent. Stop, take time out, and call for help you can:

- Call a friend, relative, or neighbor for support and advice
- Ask another adult to take care of your baby while you take a break
- Call a crisis hotline (1-800-4-A-CHILD)
- Call your health care provider

**Source:** National Association of Neonatal Nurses

Karin M. Gracey, *RNC, MSN, CANNP, Column Editor* & Suzanne Franklin Carbaugh, *RN, MS, APRN, NNP*

**Everyone who cares for a baby or a young child needs to be aware of the serious consequences of child shaking. For more information:**

**National Center On Shaken Baby Syndrome**

(888)-273-0071

[www.don'tshake.com](http://www.don'tshake.com)

The Shaken Baby Alliance

(877)-6-END-SBS

[www.shakenbaby.com](http://www.shakenbaby.com)

## Prevention of Child Maltreatment: Have a Plan When You're Feeling Stressed

- Know it is okay to ask for help
- Have easy access to parent phone number and other support people
- Know that it is okay to let an infant or toddler cry - if the child is safe
- Step into another room and breathe



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## Recognition and Reporting of Child Abuse and Neglect

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## Recognition and Reporting of Child Abuse and Neglect

- As a License Exempt Provider, you are committing to understanding your role as a Mandated Reporter
- Know the signs of abuse and neglect
- Michigan Department of Health and Human Services Centralized Intake
  - Open 24 hours a day, 7 days a week
  - Report by phone or online
  - 855-444-3911



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## The Michigan Child Protection Law

The Michigan Child Protection Law, 1975 PA 238, MCL 722.621 et. seq., requires the reporting of child abuse and neglect by certain persons (called mandated reporters) and permits the reporting of child abuse and neglect by all persons. The Child Protection Law includes the legal requirements for reporting, investigating, and responding to child abuse and neglect. This document is to assist mandated reporters in understanding their responsibilities under the Child Protection Law. For copies of the Child Protection Law, contact the local Michigan Department of Health and Human Services (MDHHS) office or go to [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs).

## List of Mandated Reporters

Mandated reporters are an essential part of the child protection system because they have an enhanced capacity, through their expertise and direct contact with children, to identify suspected child abuse and neglect. Reports made by mandated reporters are confirmed at nearly double the rate of those made by non-mandated reporters. The list of mandated reporters may be updated based on changes to the Child Protection Law. More information on mandated reporting can be found at [www.michigan.gov/mandatedreporter](http://www.michigan.gov/mandatedreporter).

The list of mandated reporters is as follows:

- Physician
- Physician's Assistant
- Nurse
- Dentist
- Registered dental hygienist
- Law enforcement officer
- Medical examiner
- Audiologist
- Psychologist
- Member of the clergy
- School administrator
- School counselor or teacher
- Regulated child care provider
- Social worker
- Licensed professional counselor
- Marriage and family therapist
- Regulated child care provider
- Licensed master's social worker
- Licensed bachelor's social worker
- Registered social service technician
- Social service technician
- Any person licensed to provide emergency medical care
- A person employed in a professional capacity in any office of the friend of the court
- Any employee 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 (e.g., domestic violence providers).

Note: For individuals working or volunteering in a capacity similar to those listed professions (but not included in this list), please follow agency procedures or internal policies to ensure that your concerns regarding suspected abuse and/or neglect are reported.

The list also includes specific MDHHS personnel:

- Welfare Services Specialist
- Eligibility Specialist
- Social Services Specialist
- Social Work Specialist
- Family Independence Specialist
- Family Independence Manager
- Social Work Specialist Manager

## Responsibility of Mandated Reporters

**Mandated reporters are always required to report suspected child abuse and neglect to MDHHS.** Specific MDHHS personnel are required to report to MDHHS Centralized Intake when child abuse and neglect is suspected during the course of employment with MDHHS.

The report must be made directly to MDHHS Centralized Intake. There are civil and criminal penalties for a mandated reporter's failure to make a report. Likewise, there is a civil and criminal immunity for someone making a report in good faith.

The Child Protection Law requires mandated reporters who have reasonable cause to suspect child abuse or neglect to make an **immediate oral report** to MDHHS – Centralized Intake (855-444-3911), followed by a **written report within 72 hours** (see page 3). The reporter is not expected to investigate the matter, know the legal definitions of child abuse and neglect, or even know the name of the perpetrator. The Child Protection Law is intended to make reporting simple and places responsibility for determining appropriate action with the Children's Protective Services (CPS) division of MDHHS. The authority and actions of CPS are based on requirements in the Child Protection Law.

Mandated reporters who are staff of a hospital, agency, or school shall notify the person in charge of that agency. They shall include their findings and make the written report available to the person in charge. This notification to the person in charge does not relieve mandated reporters of the obligation to report child abuse or neglect to MDHHS – Centralized Intake. Mandated reporters should also confirm with their individual agencies regarding any internal procedures their agency may have in addition to the state requirement for reporting. In addition to those persons required to report child abuse or neglect under section 3, a 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.

## Child's Disclosure: The Role of Mandated Reporters

Mandated reporters often have an established relationship with child clients, patients, students, etc., which may give them the advantage of being able to have a conversation with a child using terms the child will understand. When child abuse and/or neglect is suspected, mandated reporters need to only obtain enough information to make a report.

If a child starts disclosing information regarding child abuse and/or neglect, mandated reporters should proceed by moving the child into a private environment. This may limit distraction of the child and provide privacy for a potentially sensitive conversation.

During disclosure, mandated reporters should maintain eye contact and avoid displaying any signs of shock or disapproval. Mandated reporters should only ask open-ended questions (mainly "how" and "what" types of questions) that allow the child to freely discuss the incident without being led during the conversation. For example, "*How did you get that bruise?*" Again, these discussions should only proceed to the point needed to determine whether a report needs to be made to MDHHS.

Children may want to tell what has happened but may also want to maintain loyalty to their parent(s). If a report is going to be made, maintain the trust with the child by explaining the reporting process, if appropriate.

## The Verbal Report

The information in a CPS report needs to be provided by the individual who actually has observed the injuries or had contact with the child regarding the report. It is helpful, but not necessary, for the MDHHS intake worker to have the information listed below. Contact MDHHS – Centralized Intake for Abuse and Neglect at 855-444-3911 to make the verbal report.

Intake personnel will want the following information, if available:

- Primary caretaker's (parent and/or guardian) name and address.
- Names and identifying information for all household members, including the alleged victim and perpetrator, if known.
- Birth date and race of all members of the household, if known.
- Whether the alleged perpetrator lives with and/or has current access to the child.
- The address where the alleged incident happened, if different than the home address.
- Statements of the child's disclosure and context of the disclosure. For example, was the child asked about the injury or did the child volunteer the information?
- History of the child's behavior.
- Why child abuse and/or neglect is suspected.

See Appendix for specific questions that may be asked during the intake process.

## The Written Report

Within 72 hours of making the verbal report, mandated reporters must file a written report as required in the Child Protection Law. MDHHS encourages the use of the DHS-3200, Report of Suspected or Actual Child Abuse or Neglect form, which includes all the information required under the law. Mandated reporters must also provide a copy of the written report to the head of their organization. One report from an organization will be considered adequate to meet the law's reporting requirement.

**Mandated reporters cannot be dismissed or otherwise penalized for making a report required by the Child Protection Law or for cooperating with an investigation.** Even though the written process may seem redundant, the written report is used to document verbal reports from mandated reporters. Any necessary or beneficial documentation may be included with your written report and will be electronically attached to your referral upon receipt. This could include, but is not limited to, medical reports, police reports, written letters, or photographs.

See pages 14 and 15 for a copy of the DHS-3200 or access the form online, under the *Resources* section, at [www.michigan.gov/mandatedreporter](http://www.michigan.gov/mandatedreporter).

Forward the written report to:

Michigan Department of Health and Human Services  
Centralized Intake for Abuse and Neglect  
5321 28th Street Court S.E.  
Grand Rapids, MI 49546

or email to:

[MDHHS-CPS-CIGroup@michigan.gov](mailto:MDHHS-CPS-CIGroup@michigan.gov)

Fax: 616-977-1154 | 616-977-1158 | 616-977-8050 | 616-977-8900



## Reporting Process for Mandated Reporters

### VERBAL REPORT

Contact CPS immediately.



Call Centralized Intake for Abuse and Neglect at 855-444-3911

### WRITTEN REPORT

Submit a written report within 72 hours.



Forward your written report to:  
Department of Health & Human Services Centralized Intake for Abuse and Neglect  
5321 28th Street Court S.E.  
Grand Rapids, MI 49546  
or email to:  
[MDHHS-CPS-CIGroup@michigan.gov](mailto:MDHHS-CPS-CIGroup@michigan.gov)  
Fax: 616-977-1154 | 616-977-1158 | 616-977-8050 | 616-977-8900

### NOTIFICATION

Notify the head of the organization of the report.



If the reporting person is a member of the staff of a hospital, agency, or school, the reporting person shall notify the person in charge of the hospital, agency, or school of his or her finding and that the report has been made, and shall make a copy of the written or electronic report available to the person in charge. A notification to the person in charge of a hospital, agency, or school does not relieve the member of the staff of the hospital, agency, or school of the obligation of reporting to the department as required by 722.623 Sec. 3. (1) (a)

## Definitions of Child Abuse/Neglect

### Physical Abuse

Physical abuse is a non-accidental injury to a child. Physical abuse may include, but is not limited to, burning, beating, kicking and punching. There may be physical evidence of bruises, burns, broken bones or other unexplained injuries. Internal injuries may not be readily apparent.

### Sexual Abuse

Sexual abuse can encompass several different types of inappropriate sexual behavior including, but not limited to:

- Sexual contact which includes but is not limited to the intentional touching of the victim's or alleged perpetrator's intimate parts or the intentional touching of the clothing covering the immediate area of the victim's or alleged perpetrator's intimate parts, if that touching can be reasonably construed as being for the purposes of sexual arousal, gratification, or any other improper purpose.
- Sexual penetration which includes sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal openings of another person's body.
- Accosting, soliciting, or enticing a child to commit, or attempt to commit, an act of sexual contact or penetration, including prostitution.

### Child Maltreatment

Child maltreatment is defined as the treatment of a child that involves cruelty or suffering that a reasonable person would recognize as excessive. Possible examples of maltreatment are:

- A parent who utilizes locking the child in a closet as a means of punishment.
- A parent who forces his or her child to eat dog food out of a dog bowl during dinner as a method of punishment and/or humiliation.
- A parent who responds to his or her child's bed-wetting by subjecting the child to public humiliation by hanging a sign outside the house or making the child wear a sign to school which lets others know that the child wets the bed.

### Mental Injury

A pattern of physical or verbal acts or omissions on the part of the parent and/or person responsible for the health and welfare of the child that results in psychological or emotional injury/impairment to a child or places a child at significant risk of being psychologically or emotionally injured/impaired (e.g., depression, anxiety, lack of attachment, psychosis, fear of abandonment or safety, fear that life or safety is threatened, etc.).

### Neglect

Child neglect encompasses several areas:

- *Physical Neglect.* Negligent treatment, including but not limited to failure to provide or attempt to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding those situations solely attributable to poverty.
- *Failure to Protect.* Knowingly allowing another person to abuse and/or neglect the child without taking appropriate measures to stop the abuse and/or neglect or to prevent it from recurring when the person is able to do so and has, or should have had, knowledge of the abuse and/or neglect.
- *Improper Supervision.* Placing the child in, or failing to remove the child from, a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and results in harm or threatened harm to the child.

## Definitions of Child Abuse/Neglect (continued)

- *Abandonment.* The person responsible for the child's health and welfare leaves a child with an agency, person or other entity (e.g., MDHHS, hospital, mental health facility, etc.) without:
  - Obtaining an agreement with that person/entity to assume responsibility for the child.
  - Cooperating with the department to provide for the care and custody of the child.
  - Medical Neglect - Failure to seek, obtain, or follow through with medical care for the child, with the failure resulting in or presenting risk of death, disfigurement or bodily harm or with the failure resulting in an observable and material impairment to the growth, development or functioning of the child.

### Threatened Harm

A child found in a situation where harm is **likely** to occur based on:

- A current circumstance (such as home alone, domestic violence, drug house).
- A historical circumstance (such as a history of abuse/neglect, a prior termination of parental rights or a conviction for crimes against children) unless there is evidence found during the investigation that past issues have been **successfully** resolved.

### Person Responsible

A person responsible for a child's health or welfare is any of the following:

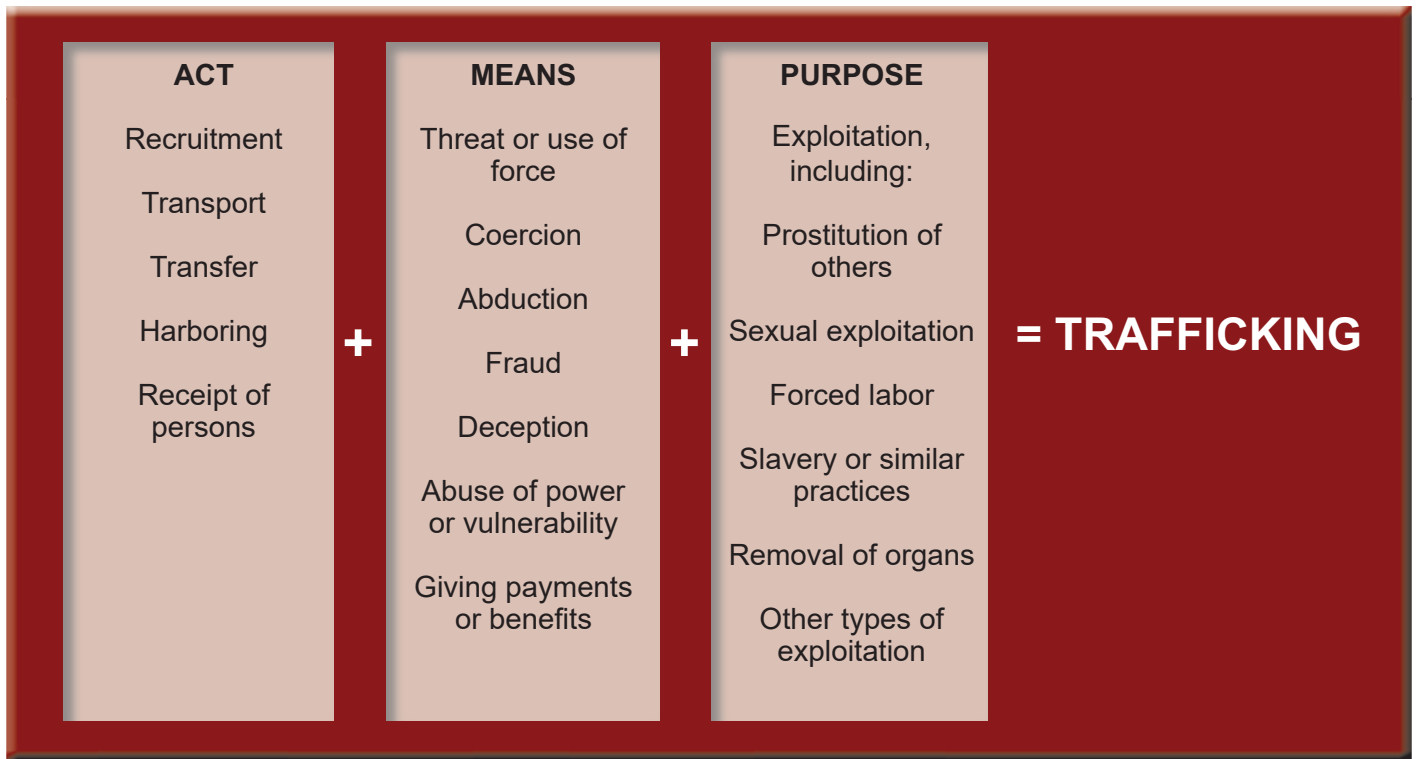
- A parent, legal guardian, or person 18 years of age or older who resides for any length of time in the same house in which the child resides.
- A nonparent adult. A nonparent adult is a person 18 years of age or older and who, regardless of the person's domicile, meets **all** of the following criteria in relation to the child:
  - Has substantial and regular contact with the child;
  - Has a close personal relationship with the child's parent or with another person responsible for the child's health or welfare; and
  - Is not the child's parent or a person otherwise related to the child by blood or affinity to the third degree (parent, grandparent, great-grandparent, brother, sister, aunt, uncle, great aunt, great uncle, niece, nephew).
- A nonparent adult who resides in any home where a child is receiving respite care. **Note:** This includes nonparent adults residing with a child when the complaint involves sexual exploitation (human trafficking).
- An owner, operator, volunteer, or employee of one or more of the following:
  - A licensed or registered child care organization.
  - A licensed or unlicensed adult foster care family home or adult foster care small group home.
  - Child care organization or institutional setting.

### Human Trafficking (Sex trafficking victim)

A sex trafficking victim is defined as an individual subject to the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act or who is a victim of a severe form of trafficking in persons in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induces to perform the act is under 18 years old.

### Labor Trafficking Victim

Labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.



See Appendix for specific questions that may be asked when reporting each type of abuse and neglect.

## Indicators of Child Abuse/Neglect

Determining when to report situations of suspected child abuse/neglect can be difficult. When in doubt, contact MDHHS for consultation. Below are some common physical and behavioral warning signs associated with various forms of child abuse and neglect. **Note that the physical and behavioral indicators below, are not the only indicators of child abuse and neglect and, if present, do not necessarily mean a child is being abused and neglected.**

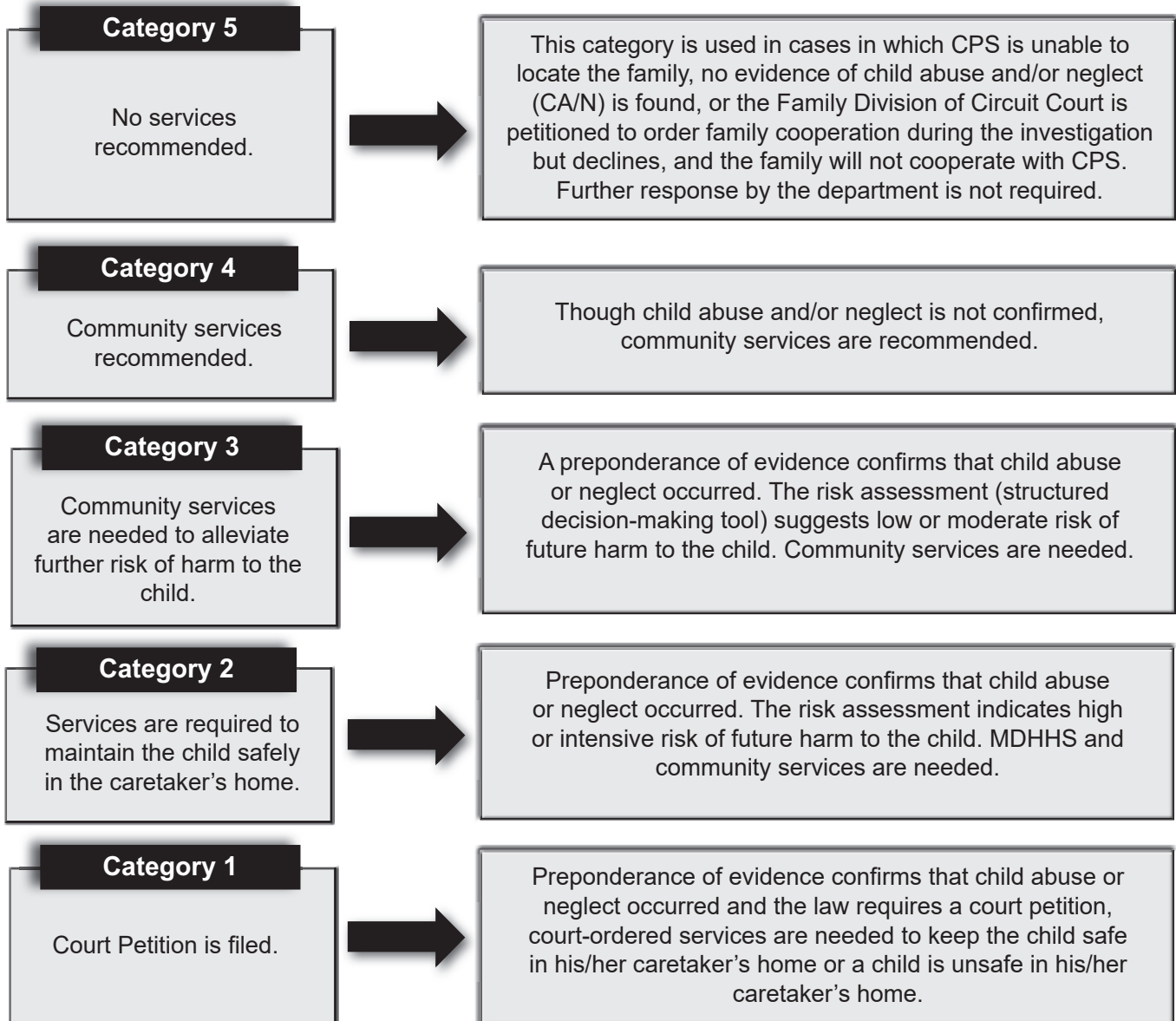
Category	Physical Indicators	Behavioral Indicators
Physical Abuse	<ul style="list-style-type: none"> <li>• Bruises more numerous than expected from explanation of incident.</li> <li>• Unexplained bruises, welts or loop marks in various stages of healing.</li> <li>• Adult/human bite marks.</li> <li>• Bald spots or missing clumps of hair.</li> <li>• Unexplained fractures, skin lacerations, punctures, or abrasions.</li> <li>• Swollen lips and/or chipped teeth.</li> <li>• Linear/parallel marks on cheeks and/or temple area.</li> <li>• Crescent-shaped bruising caused by pinching.</li> <li>• Puncture wounds that resemble distinctive objects.</li> <li>• Bruising behind the ears.</li> </ul>	<ul style="list-style-type: none"> <li>• Self-destructive/self-mutilation.</li> <li>• Withdrawn and/or aggressive-behavior extremes.</li> <li>• Uncomfortable/skittish with physical contact.</li> <li>• Repeatedly arrives at school late.</li> <li>• Expresses fear of being at home.</li> <li>• Chronic runaway (adolescents).</li> <li>• Complains of soreness or moves uncomfortably.</li> <li>• Wears clothing inappropriate to weather to cover body.</li> <li>• Lacks impulse control (e.g., inappropriate outbursts).</li> <li>• Is frequently absent from school</li> <li>• Abuses animals or pets</li> </ul>
Physical Neglect	<ul style="list-style-type: none"> <li>• Distended stomach, emaciated.</li> <li>• Unattended medical needs.</li> <li>• Lack of supervision.</li> <li>• Consistent signs of hunger, inappropriate dress, poor hygiene.</li> <li>• Sudden or unexplained weight change.</li> </ul>	<ul style="list-style-type: none"> <li>• Regularly displays fatigue or listlessness; falls asleep in class.</li> <li>• Steals, hoards or begs for food.</li> <li>• Reports that no caretaker is at home.</li> <li>• Is frequently absent from school</li> <li>• Abuses animals or pets</li> </ul>
Sexual Abuse	<ul style="list-style-type: none"> <li>• Pain or itching in genital area.</li> <li>• Bruises or bleeding in genital area.</li> <li>• Frequent urinary or yeast infections.</li> <li>• Sudden or unexplained weight change.</li> <li>• Becomes pregnant or contracts a venereal disease, particularly if the child is under the age of 14.</li> </ul>	<ul style="list-style-type: none"> <li>• Withdrawal, chronic depression.</li> <li>• Sexual behaviors or references that are unusual for the child's age.</li> <li>• Seductive or promiscuous behavior.</li> <li>• Poor self-esteem, self-devaluation, lack of confidence.</li> <li>• Suicide attempts.</li> <li>• Habit disorders (sucking, rocking).</li> <li>• Experiences a sudden change in appetite.</li> <li>• Runs away.</li> <li>• Attaches very quickly to strangers or new adults in their environment.</li> </ul>



## Indicators of Child Abuse/Neglect (continued)

Category	Physical Indicators	Behavioral Indicators
Medical Neglect	<ul style="list-style-type: none"> <li>• Developmental delays.</li> <li>• Failure to Thrive.</li> <li>• Untreated serious physical injury.</li> </ul>	<ul style="list-style-type: none"> <li>• Social withdrawal or a loss of interest or enthusiasm in daily activities.</li> <li>• Somatic complaints.</li> <li>• Frequent absence from school.</li> <li>• Frequently missed medical appointments.</li> </ul>
Maltreatment	<ul style="list-style-type: none"> <li>• Habit disorders (sucking, biting, rocking, etc.).</li> <li>• Conduct disorders (antisocial, destructive, etc.).</li> <li>• Neurotic traits (sleep disorders, speech disorders, inhibition of play).</li> <li>• Has scars or marks from self-harm.</li> <li>• Shows extreme behaviors (overly compliant or demanding, extreme passivity and/or aggression).</li> <li>• Is delayed in physical and emotional development.</li> <li>• Reports lack of attachment to the parent.</li> </ul>	<ul style="list-style-type: none"> <li>• Behavior extremes such as compliant/passive or aggressive/demanding.</li> <li>• Overly adaptive behavior such as inappropriately adult or infant.</li> <li>• Developmental delays (Physical, mental, and emotional).</li> <li>• Depression and or/suicide attempts.</li> <li>• Over sensitive to light, noise.</li> <li>• Has attempted suicide.</li> <li>• Acts inappropriately as an adult by parenting other children.</li> <li>• Acts inappropriately infantile by frequently rocking or head banging.</li> </ul>
Human Trafficking	<ul style="list-style-type: none"> <li>• Minors have contracted sexually transmitted diseases.</li> <li>• Minors have symptoms of post-traumatic stress including anxiety, depression, addictions, panic attacks, phobias, paranoia or hyper vigilance, or apathy.</li> <li>• Avoids eye contact.</li> <li>• Lacks health care.</li> <li>• Appears malnourished and/or always hungry.</li> <li>• Shows signs of physical and/or sexual abuse, physical restraint, confinement or torture.</li> </ul>	<ul style="list-style-type: none"> <li>• Minor may not identify themselves as a victim.</li> <li>• Victims and perpetrators are often skilled at concealing their situations.</li> <li>• Minors live with other unrelated youth and with unrelated adults.</li> <li>• Minors have significant and unexplained gaps in school attendance.</li> <li>• Minors are not in control of their own identification documents.</li> <li>• Minors do not live with their parent(s) or know the whereabouts of their parent(s).</li> </ul>

## Outcomes of CPS Investigations



When CPS conducts a field investigation and there is a preponderance of evidence to confirm child abuse or neglect, the case may be opened and monitored by CPS. When a case is denied, the worker is required to provide the family with a list of available community services to assist the family. Community services, including, but not limited to, substance abuse treatment, emotional/mental health treatment, domestic violence services or other identified services, are provided by CPS on a voluntary basis and the family is encouraged to seek out and utilize those services. The worker may also address underlying concerns which may not rise to the level of child abuse or neglect.

When CPS conducts a field investigation and there is a preponderance of evidence to confirm child abuse or neglect, the case is opened and monitored by CPS. The family are referred for services to address the concerns identified by the worker and family. The worker utilizes a structured decision making tool to 1) assess risk of future abuse/neglect in the home and 2) to assist with determining the services provided to the family. In these cases, the ongoing CPS worker conducts monthly face to face visits with the children to ensure safety and assess progress being made with the provision of services. The case is reviewed every 90 days to assess child safety and determine if risk of harm has been reduced.

## Miscellaneous Issues

### Head Lice Issues

An allegation of neglect based solely on a child having head lice is not appropriate for a CPS investigation. This condition could arise in any number of ways and is not, in and of itself, an indicator of neglect.

### Therapy Issues

There are times when a child's behavior is a concern and may need further evaluation by a medical professional. If mandated reporters determine psychological help may be needed for a child, they should provide that information to the parent. It is up to the parent and/or guardian to make an appropriate decision for their child.

### Medical Issues

- Immunizations - CPS is not authorized to investigate complaints that allege parents are failing or refusing to obtain immunizations for their children. The Michigan Public Health Code provides for exceptions to the immunization requirements.
- Medication - CPS is not responsible for investigating complaints that allege parents are failing or refusing to provide their children with psychotropic medication such as Ritalin.

### School Truants and Runaways

Routine complaints on school truants and runaways are not appropriate for CPS. Truancy and running away are not in themselves synonymous with child abuse or neglect.

### Multiple Allegations of Chronic Abuse and/or Neglect Suspected

If a mandated reporter reports a suspicion of child abuse/neglect and then a new allegation occurs, the mandated reporter must make another verbal and written report of suspected abuse and/or neglect to MDHHS. It is important to treat each suspected incident of abuse and/or neglect independently as it occurs. Each allegation of suspected child abuse and/or neglect could uncover patterns the CPS investigator would analyze during the intake and investigation process.

## Miscellaneous Issues (continued)

### Making the Report

- **Centralized Intake is not an emergency responder.** If the situation you are reporting requires immediate attention by law enforcement or medical responders, please call 911 first and then contact Centralized Intake to make your report. Although emergency responders are Mandated Reporters as well, you would still need to contact Centralized Intake to make your report to fulfill your reporting obligations.

**Example:** Parents driving while intoxicated with the child in the car, a child in the middle of road, a child hanging out of a second story window, a domestic violence situation that is occurring at the time that the call is being made, a young child found unsupervised, etc.

- **Call Immediately.** The Child Protection Law states that the verbal report should be made immediately once a Mandated Reporter has reasonable cause to suspect child abuse and/or neglect.

**Examples:** Do not wait until the morning to call Centralized Intake when the allegations are that the caretaker left the children alone in the middle of the night. The caretaker will usually be back home and it will be difficult to prove. Call when the children are still alone.

Do not wait a week to report and say that there was no food in the home last week. There may be food in the home now and it will be difficult to prove. Call as soon as you can.

Do not wait a week to call in concerns when a child has an injury. The injury may heal prior to CPS contact if the report is called in several days after being seen.

It is understood that some professions and situations prevent the Mandated Reporter from stopping what they are doing to make the call to Centralized Intake immediately; however it is important to know that the report should be made as soon as possible once the Mandated Reporter suspects abuse/neglect towards a child.

**Example:** Teachers may not be able to walk out of a classroom, leaving students unattended; however once the class has ended, or the teacher is on a break (lunch, the class is at gym, recess, at the end of the school day, etc.) or once the teacher is able to secure another teacher to relieve them, they would then need to make the call to Centralized Intake.

- **24/7 Availability.** Centralized Intake is available 24 hours a day, 7 days a week.
- **Be Prepared.** It is important to have as many details as possible (about the situation, concerns and the family) when making the report; however Centralized Intake will still take the report if not all the information is known.
- **Know Your Environment.** Be mindful of your surroundings when calling in the report. Do not make the call to Centralized Intake with the child present. Be sure to have gathered all the necessary information from the child prior to calling Centralized Intake.

# REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT

Michigan Department of Health and Human Services

Was Complaint Phoned to MDHHS?																																		
<input type="checkbox"/> Yes <input type="checkbox"/> No		▶ If yes, Intake ID # _____		▶ If no, contact Centralized Intake (855-444-3911) immediately																														
<b>INSTRUCTIONS:</b> REPORTING PERSON: Complete items 1-19 (20-28 should be completed by medical personnel, if applicable). Send to Centralized Intake at the address listed on page 2.				1. Date																														
2. List of Child(ren) Suspected of Being Abused or Neglected. <b>To insert additional rows, tab at the end of last row to create a new row.</b>																																		
<b>NAME</b>	<b>BIRTH DATE</b>	<b>SOCIAL SECURITY #</b>	<b>SEX</b>	<b>RACE</b>																														
<b>"Click Here and Type"</b>																																		
3. Mother's Name																																		
4. Father's Name																																		
5. Child(ren)'s Address (No. & Street)		6. City	7. County	8. Phone No.																														
9. Name of Alleged Perpetrator of Abuse or Neglect		10. Relationship to Child(ren)																																
11. Person(s) The Child(ren) Living With When Abuse/Neglect Occurred		12. Address, City & Zip Code Where Abuse/Neglect Occurred																																
13. Describe Injury or Conditions and Reason for Suspicion of Abuse or Neglect																																		
14. Source of Complaint (Add reporter code below)																																		
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15. Reporting Person's Name		Report Code (see above)	15a. Name of Reporting Organization (school, hospital, etc.)																															
15b. Address (No. & Street)		15c. City	15d. State	15e. Zip Code																														
15f. Phone Number																																		
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19f. Phone Number																																		



**TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE**

20. Summary Report and Conclusions of Physical Examination (Attach Medical Documentation)		
21. Laboratory Report	22. X-Ray	
23. Other (specify)	24. History or Physical Signs of Previous Abuse/Neglect <input type="checkbox"/> YES <input type="checkbox"/> NO	
25. Prior Hospitalization or Medical Examination for This Child		
<b>DATES</b>	<b>PLACES</b>	
26. Physician's Signature	27. Date	28. Hospital (if applicable)
The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.		AUTHORITY: P.A. 238 of 1975. COMPLETION: Mandatory. PENALTY: None.

**INSTRUCTIONS**

**GENERAL INFORMATION:**

This form is to be completed as the written follow-up to the oral report (as required in Sec. 3 (1) of 1975 PA 238, as amended) and mailed to Centralized Intake for Abuse & Neglect. Indicate if this report was phoned into MDHHS as a report of suspected CA/N. If so, indicate the Log # (if known). The reporting person is to fill out as completely as possible items 1-19. Only medical personnel should complete items 20-28.

Mail this form to:  
Centralized Intake for Abuse & Neglect  
5321 28<sup>th</sup> Street Court, SE  
Grand Rapids, MI 49546

OR

Fax this form to 616-977-8900 or 616-977-8050 or 616-977-1158 or 616-977-1154

OR

email this form to MDHHS-CPS-CIGroup@michigan.gov

1. Date – Enter the date the form is being completed.
  2. List child(ren) suspected of being abused or neglected – Enter available information for the child(ren) believed to be abused or neglected. Indicate if child has a disability that may need accommodation.
  3. Mother's name – Enter mother's name (or mother substitute) and other available information. Indicate if mother has a disability that may need accommodation.
  4. Father's name – Enter father's name (or father substitute) and other available information. Indicate if father has a disability that may need accommodation.
  - 5.-7. Child(ren)'s address – Enter the address of the child(ren).
  8. Phone Number – Enter phone number of the household where child(ren) resides.
  9. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
  10. Relationship to child(ren) – Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuse, e.g., parent, grandparent, babysitter.
  11. Person(s) child(ren) living with when abuse/neglect occurred – Enter name(s). Indicate if individuals have a disability that may need accommodation.
  12. Address where abuse / neglect occurred.
  13. Describe injury or conditions and reason of suspicion of abuse or neglect – Indicate the basis for making a report and the information available about the abuse or neglect.
  14. Source of complaint – Check appropriate box noting professional group or appropriate category.
- Note:** If abuse or neglect is suspected in a hospital, also check hospital.
- 15.-19 - Reporting person's name - Enter the name and address of person(s) reporting this matter.

## Michigan's Safe Delivery Law

Under Michigan's Safe Delivery of Newborns law, Michigan law (MCL 701.1 et. seq., 750.135, and 722.628) a parent(s) can anonymously surrender an unharmed newborn, from birth to 72 hours of age, to an Emergency Service Provider (ESP). An ESP is a uniformed or otherwise identified, inside-the-premises, on-duty employee or contractor of a fire department, hospital or police station, or a paramedic or an emergency medical technician responding to a 911 call.

According to the law, the parent has the choice to leave the infant without giving any identifying information to the ESP. While a parent may remain anonymous, the parent is encouraged to provide family and medical background that could be useful to the infant in the future.

Once a newborn is in the custody of an ESP, the infant is taken to a hospital for an examination. If there are no signs of abuse and/or neglect, temporary protective custody is given to a private adoption agency for placement with an approved adoptive family. If the examination reveals signs of abuse and/or neglect, hospital personnel will make a complaint to CPS.

## Mandated Reporters Information Line

Phone: **877-277-2585**

Email: [MDHHS-MRCIcontact@michigan.gov](mailto:MDHHS-MRCIcontact@michigan.gov)

The Mandated Reporters Information Line (877-277-2585) is available to respond to mandated reporters who have concerns about the actions taken on a specific complaint of child abuse or neglect they have reported to Centralized Intake. This line should not be used to report abuse or neglect.

The Mandated Reporters Information Line is staffed from 9:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays. Mandated reporters must provide the Intake ID Number given to them at the time they made their complaint to Centralized Intake in order to obtain information regarding their complaint. The Centralized Intake specialists staffing this information line will verify the caller's identity to ensure confidentiality. For example, mandated reporters could be asked to send an email to the information line from their agency or business address for comparison to contact information in the department's system.

Examples of reasons to call the Mandated Reporters Information Line:

- More than five business days have passed from the date of your complaint and you have not received a notification letter from Centralized Intake to inform you that the complaint was rejected and no CPS worker in the county has contacted you to investigate the complaint.
- You received a letter from Centralized Intake informing you that the complaint you made was rejected or transferred and you would like to speak with a Centralized Intake supervisor to discuss that action.
- A worker in the county is actively involved with the family and you are unable to contact that worker or your calls to the worker have not been returned.
- You would like to provide additional information or documentation related to a complaint you have already made.

**Note: If you are reporting new allegations of suspected child abuse or neglect, please call Centralized Intake at 855-444-3911.**

## Training

MDHHS will provide training to mandated reporters regarding their requirement to report suspected child abuse and/or neglect. Contact information for your local MDHHS office can be found online at [www.michigan.gov/contactMDHHS](http://www.michigan.gov/contactMDHHS).

## Appendix

Specific questions need to be answered during the complaint process to provide the most complete and comprehensive description of the alleged abuse or neglect.

The following is a guide for what information reporting persons should have available when placing a call to Centralized Intake. In many cases not all of the questions can be answered, but gather as much information as possible; it will enable Centralized Intake to make an informed decision as to whether or not to assign the complaint for investigation. Be alert to the following specific information, but do not complete an interview of the child(ren).

- What is the name and contact information of the non-custodial parent(s)?
- What is the visitation schedule between the child(ren) and the non-custodial parent(s)?
- How did you learn this information?
- If you learned this information from a different source, would you be willing to provide that source's name and contact information? Would that individual be willing to speak with someone from Centralized Intake regarding these concerns?
- What is the location of the child (at the time that complaint is being made)?
- What school/daycare does the child(ren) attend?
- What time does the school start? What time does the school end?
- Does the child/victim have a disability?
- Does any household member have Native American Heritage?
- Does the family reside on a Native American Reservation or Trust Land?
- Are there any safety issues or concerns for the worker to know about (weapons/pets/violent people)?
- Have the police ever been contacted regarding this family?
- Does the family have any language barriers?
- Is there anyone else who would have additional information regarding these concerns?
- Is anyone in the home a licensed foster care provider, licensed day care provider or relative provider?

### I. Physical Neglect

- A. If the allegations involve a **dirty house**, describe how the house is dirty. **Be very specific.**
  - When was the last time you were in the house?
  - Describe what you see when you walk in the house.
  - The words "dirty" or "filthy" are vague and have different meanings to different people. "Garbage on the floor" or "animal feces throughout the house" would be more specific and descriptive.
  - Does the home have an odor?
  - What does the kitchen look like?
  - Are there open containers of food lying around?
  - Is there furniture in the home?
  - Do the children have beds? If so, do the mattresses have bedding on them?
  - Is there running water in the home?
- B. If the allegations are regarding a child not being fed properly:
  - Is there any food in the home right now? How do you know?
  - When was the last time you saw food in the home?
  - What exactly is in the refrigerator and cupboards?
  - Do the children complain about being hungry?

## Appendix (continued)

- Does anybody else buy food for the home?
- Is there less food during specific times of the month?

C. If your concerns are regarding a child's hygiene (including oral hygiene):

- Is the child generally clean? If he/she is dirty, describe how he/she is dirty.
- How often is he/she dirty--twice a week, four or five times a week, every day, etc.?
- Does the child bathe on a regular basis?
- Is his/her clothes and/or body dirty?
- Does he/she have an odor?
- Does the family have animals?
- Are the animals indoor pets?
- Does the home have bugs or rodents (cockroaches, flies, mice, etc.)?
- How does this effect the child's peer-to-peer relationships? - Do others notice and/or treat the child differently due to the odor or hygiene issues?
- Does the child have any unmet dental needs?
- Is the child currently reporting any tooth/mouth pain?
- Does the child have any broken, discolored or missing teeth?

D. If the allegations are concerning **no water or heat in the home**:

- How are you aware of the situation?
- How long has the water and/or heat been off?
- Do the parents have a plan to have the water and/or heat turned back on?
- Does the family have access to water?
- Is the family bringing water into the home?
- Are the children sleeping at the residence or staying elsewhere at night?
- Are the children bathing elsewhere?

E. If the allegations involve **parental drug use**:

- How does the parent's drug use affect the care of the children?
- How do you know the parents are using drugs?
- What kind of drugs are they using?
- Does the parental use of substances in front of the child impact the child's safety and well-being?
- Are the parents selling drugs out of the home?
- Are the parents allowing other people to use drugs in the home or to sell drugs out of the home?

### II. Medical Neglect

- What type of injury or medical need does the child have?
- What type of care does the child require?
- How has the parent failed to meet the child's needs?
- If the child has missed medical appointments, how many?
- When is the last time the child was seen by a doctor?
- How has the parent's failure to provide medical care affected the child?
- Any identifying information about the child's health care provider would be extremely helpful in these types of situations.

### III. Failure to Protect

- How has the child been abused or neglected?
- How do you know that the parent is aware of the abuse/neglect?
- Has the parent taken any steps to protect the child?

## Appendix (continued)

- Has the parent threatened the child not to talk about the abuse/neglect?
- Did the abuse occur in the past and the parent continued to allow the alleged perpetrator to have contact with the child?
- What type of emotional tie does the parent have with the alleged perpetrator?

### IV. Improper Supervision

- If the child is being left home alone, how old is he/she?
- How often is he/she left home alone?
- Is he/she left alone during the daytime or in the evenings?
- How long is he/she usually left alone?
- Is there a phone in the home?
- Does the child know what to do in case of emergency?
- Are any of the children in the home mentally or physically handicapped?
- Has the child ever been left alone overnight?
- Is the child home alone right now?

**Please note:** According to the Child Protection Law, there is no legal age that a child can be left home alone. It is determined on a case-by-case basis, but as a general rule, a child 10 years old and younger is not responsible enough to be left home alone. A child over the age of 10 and under the age of 12 will be evaluated, but the case may not always be assigned for a CPS investigation.

### V. Abandonment

- If a parent leaves the child with the non-custodial parent without making prior arrangements, an assessment will be made to determine if that parent is willing or able to assume responsibility for the child.

### VI. Physical Abuse

- A. If the allegations involved physical abuse:
- How is the child being abused?
  - Who is abusing the child?
  - With what is the child being abused?
  - Has the child ever had marks and/or bruises?
  - Has the child ever had any other type of injuries from the abuse?
  - When is the last time you observed the child having marks and/or bruises?
- B. If the child currently has marks or bruises:
- How does the child explain them?
  - What do the marks look like (burns, welts, scalds, etc.)?
  - What color, size, and shape are they?
  - Was the skin broken?
  - When does the child say he/she was last struck?
  - Is the child afraid to go home?
  - Did the parent threaten to hit the child again?
  - Is the child complaining of pain and/or discomfort?

### VII. Sexual Abuse

- Be specific as to why you suspect sexual abuse.
- What has the child done or said to make you suspect sexual abuse?
- When and to whom did the child disclose the sexual abuse?
- Who is the suspected perpetrator?

## Appendix (continued)

- Does the perpetrator live in the home?
- Does the perpetrator still have access to the child?
- Is a parent aware?
- What action has the parent taken to protect the child if he/she is aware?
- Has the parent sought medical attention for the child?

## Confidentiality

Strict *state and federal* confidentiality laws govern CPS investigations. The identity of a reporting person is confidential under the law. The identity of a reporting person is subject to disclosure only with the consent of that person, by judicial process, or to those listed under Section 5 of the Child Protection Law (MCL 722.625). The alleged perpetrator may infer from the information in the report who made the complaint and confront mandated reporters, however, CPS will not disclose the identity of a reporting person.

The amount and type of information to provide the reporting person is based on the following principles:

- The child's and family's confidentiality must be protected.
- The child's and family's safety must be protected.
- Regular care providers need information which will help them enhance the child's physical and emotional well-being.
- Person's providing diagnoses and treatment to a child or member of a child's household need information which will help them enhance the child's and family's physical and emotional well-being.
- The role of the reporting person must be respected and acknowledged. In some cases, it is appropriate to ask the reporting person to work with CPS to help protect the child.
- The protection and safety of the child is enhanced by close working relationships between CPS and members of the community.

Due to federal laws and regulations, domestic violence providers and substance abuse agencies can only provide the information required for reporting by the Child Protection Law unless the client signs a concern for release of information to MDHHS for a CPS investigation.

Substance abuse agencies must comply with the Child Protection Law by reporting suspected child abuse and/or neglect and subsequently filing a written report. Complaints of suspected child abuse or neglect received from substance abuse treatment agencies may be investigated by the department. However, stringent federal confidentiality regulations govern the handling of information received from a substance abuse agency. Federal regulations apply to licensed substance abuse agencies in the state. The department must comply with these regulations when information is received from a substance abuse agency.

All law enforcement documents, reports, materials and records pertaining to an **ongoing** law enforcement investigation of suspected child abuse or neglect must be considered confidential and must not be released by MDHHS.

A perpetrator's conviction or circuit court finding (including termination of parental rights) is of public record. This information must be used when disclosing perpetrator history to the parent. Only information from a criminal conviction or circuit court finding can be shared. If a perpetrator has been placed on the central registry **only**, this information cannot be shared.

Medical information obtained during an open CPS investigation may only be released to the prosecuting attorney, law enforcement agencies, or the court in order to investigate child abuse or neglect. Information may only be released to a court when contained in a petition and relevant to the allegations made in the petition. In all other cases, confidential medical records may not be released without client consent, valid court-issued subpoena or court order.



## Confidentiality (continued)

Federally assisted substance abuse treatment records that are a part of a children's services case record may only be shared with the person(s) identified in a properly executed DHS-1555-CS or court order. This information may not be used to criminally investigate or prosecute a patient. Federally assisted treatment records may only be released if there is: (1) a properly executed DHS-1555-CS; (2) a court order authorizing (but not compelling) release and subpoena or (3) a court order compelling release.

Mental Health Treatment Records (that have been obtained to determine whether child abuse or neglect has occurred, to gauge risk to children and to provide appropriate services) can be released to 1) a legally mandated public or private child protective agency; (2) a police or law enforcement agency; (3) a person legally authorized to place a child in protective custody when the information is necessary to determine whether or not to place a child in protective custody; (4) a person, agency or organization authorized to diagnose, care for, treat or supervise a child or family that is the subject of a report or record under the child protection law; (5) to others only in response to the client's consent, a valid court-issued subpoena or a court order in order to investigate a report of known or suspected child abuse or neglect.

HIV/AIDS/ARC Records can be released to CPS if the information is part of a report required under the Child Protection Law. Information regarding a child with HIV/AIDS can be released to the director or licensee of a family foster home, family foster group home, child caring institution or child placing agency for the purpose of placing the child or to licensed foster parents and child care organization staff (1) to care for or protect the child or (2) to prevent a reasonably foreseeable risk of transmission to other children or staff.

## Prevention of Sudden Infant Death Syndrome and the Use of Safe Sleep Practices

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## Recognition and Reporting of Child Abuse and Neglect



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## Prevention of Sudden Infant Death Syndrome and the Use of Safe Sleep Practices

- Alone on back
- In crib, bassinet or pack-n-play
- On a firm mattress with a tightly fitted sheet
- No pads, blankets, wedges, or positioners
- In the same room as an adult

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# What Does A Safe Sleep Environment Look Like?

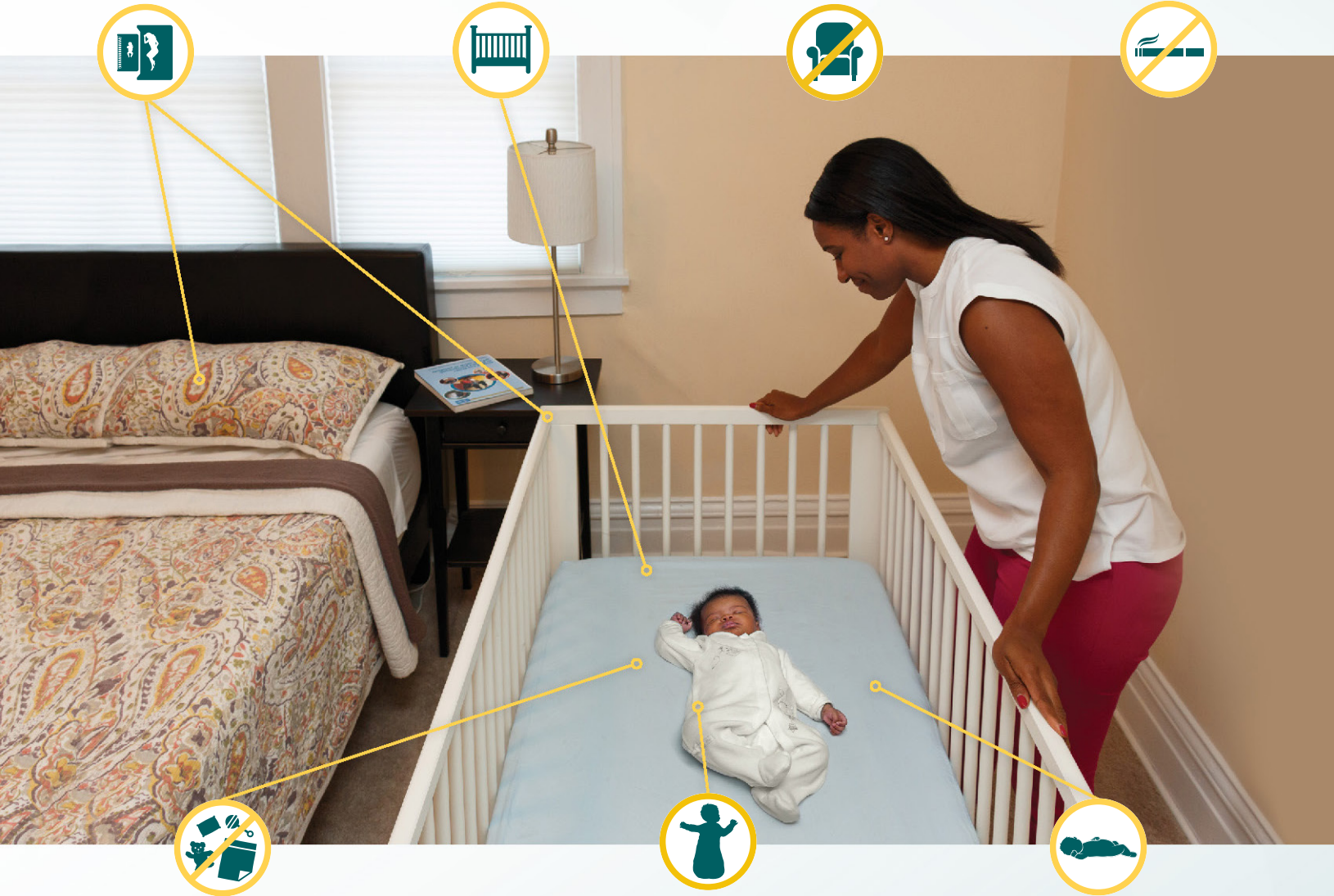
The image below shows a safe infant sleep environment.

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

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

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

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



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

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

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

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



Eunice Kennedy Shriver National Institute of Child Health and Human Development







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








# Safe Sleep For Your Baby

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

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

To reduce the risk of SIDS, women should:

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

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

**Phone:** 1-800-505-CRIB (2742) | **Fax:** 1-866-760-5947

**Email:** [SafetoSleep@mail.nih.gov](mailto:SafetoSleep@mail.nih.gov)

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

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

**Federal Relay Service:** Dial 7-1-1



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



Follow guidance from your health care provider on your baby's vaccines and regular health checkups.



Avoid products that go against safe sleep recommendations, especially those that claim to prevent or reduce the risk for SIDS.



Do not use heart or breathing monitors in the home to reduce the risk of SIDS.



Give your baby plenty of tummy time when he or she is awake and someone is watching.

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

## Prevention of Sudden Infant Death Syndrome and the Use of Safe Sleep Practices: Choking



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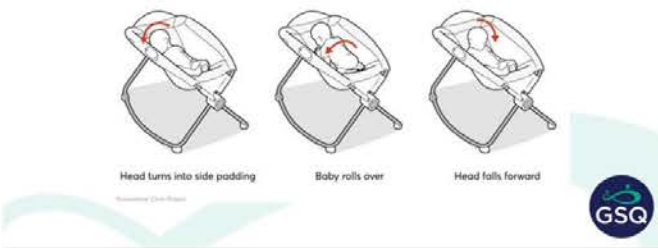
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## Prevention of Sudden Infant Death Syndrome and the Use of Safe Sleep Practices

Three Ways Infants Can Suffocate in Inclined Sleepers  
When their head with restraints buckled and unstrapped



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## Break

Please return in 5 minutes



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## Building and Physical Premises Safety: Serious Injury

"Unintentional injuries—such as those caused by burns, drowning, falls, poisoning and road traffic—are the leading cause of morbidity and mortality among children in the United States."

-Center for Disease Control (CDC)



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## Building and Physical Premises Safety: Supervision

- Children under age six should always be supervised directly by sound and sight
- Even when children are napping, make visual checks



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What hazards do you see?



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## Building and Physical Premises Safety: Indoor Hazards



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## Building and Physical Premises Safety: Outdoor Play

- Anchors children to the real world
- Social interactions
- STEM skills
- Taking appropriate risks
- New context for learning
- Opportunities for collaboration
- Promotes better sleep



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## Building and Physical Premises Safety: Outdoor Hazards



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## Building and Physical Premises Safety: Outdoor Hazards



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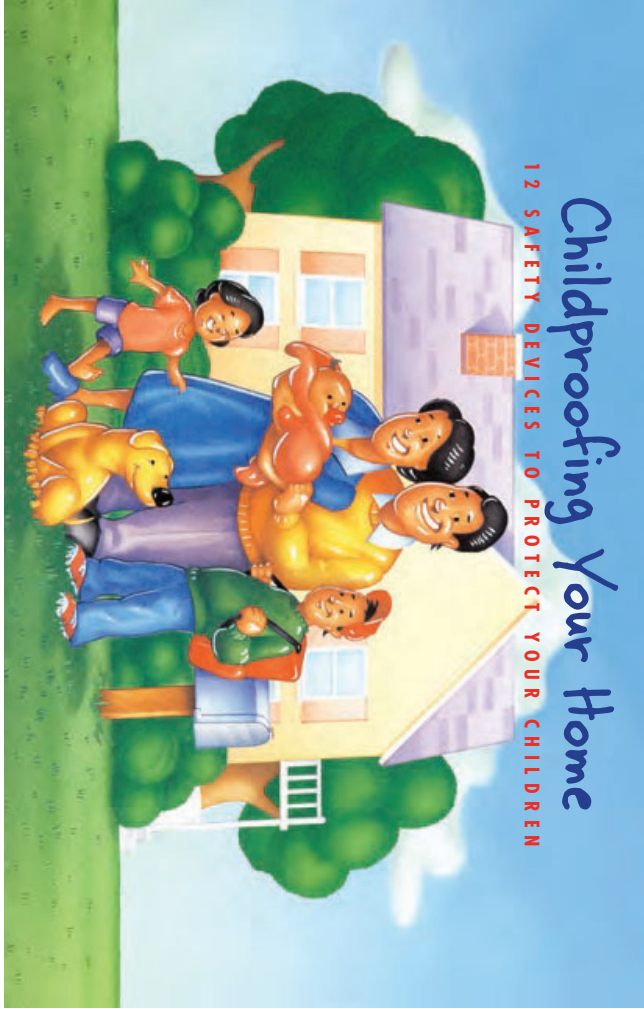
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# Childproofing Your Home

## 12 SAFETY DEVICES TO PROTECT YOUR CHILDREN

Each year, children are injured by hazards in and around the home. The good news is that the risk of injury can be reduced or prevented by using child-safety devices and reminding older children in the house to re-secure safety devices after disabling them.

Most of these safety devices are easy to find and are relatively inexpensive. You can buy them at hardware stores, baby equipment shops, supermarkets, drug stores, home improvement stores, on the Internet and through mail order catalogs. Safety devices should be sturdy enough to hinder access and yet easy for you to use.

To be effective, they must be properly installed. Follow installation instructions carefully. Remember, too, that no device is completely childproof; determined youngsters have been known to overcome or disable them.

Here are some child safety devices that can help reduce injuries to young children. The red numbers correspond to those on the image following the text.

**Use Safety Latches and Locks 1** for cabinets and drawers in kitchens, bathrooms, and other areas to help prevent poisonings and other injuries. Safety latches and locks on cabinets and drawers can help prevent children from gaining access to medicines, household cleaners, matches, or cigarette lighters, as well as knives and other sharp objects.

Even products with child-resistant packaging should be locked away and kept out of reach. This packaging is not childproof. Look for safety latches and locks that adults can easily install and use, but are sturdy enough to withstand pulls and tugs from children.

**Use Safety Gates 2** to help prevent falls down stairs and to keep children from entering rooms and other areas with possible dangers.

Look for safety gates that children cannot dislodge easily, but that adults can open and close without difficulty. For the top of stairs, only use gates that screw to the wall.

Use safety gates that meet current safety standards. Replace older safety gates that have "V" shapes that are large enough to entrap a child's head and neck.

**Use Door Knob Covers and Door Locks 3** to help prevent children from entering rooms and other areas with possible dangers. Door knob covers and door locks can help keep children away from places with hazards.

Be sure the door knob cover is sturdy, and allows a door to be opened quickly by an adult in case of emergency.

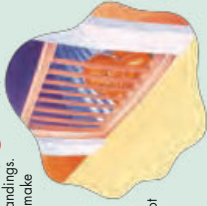
**Use Anti-Scald Devices 4** for faucets and shower heads and set your water heater temperature to 120 degrees Fahrenheit to help prevent burns from hot water. Anti-scald devices for regulating water temperature can help reduce the likelihood of burns.

**Use Smoke Alarms 5** on every level of your home, inside each bedroom, and outside sleeping areas to alert you to fires. Smoke alarms are essential safety devices for protection against fire deaths and injuries.

Check smoke alarms once a month to make sure they're working. Change batteries at least once a year or consider using 1-Year batteries for alarms.

**Use Window Guards and Safety Netting 6** to help prevent falls from windows, balconies, decks, and landings.

Check these safety devices frequently to make sure they are secure and properly installed and maintained. Limit window openings to four inches or less, including the space between the window guard bars. If you have window guards, be sure at least one window in each room can be easily used for escape in a fire. Window screens are not effective for preventing children from falling out of windows.



**Use Corner and Edge Bumpers 7** to help prevent injuries from falls against sharp edges of furniture and fireplaces. Be sure to look for bumpers that stay securely on furniture or hearth edges.

**Use Outlet Covers and Outlet Plates 8** to help prevent electrocution. Outlet covers and outlet plates can help protect children from electrical shock and possible electrocution.

Be sure outlet protectors cannot be easily removed by children and are large enough so that children cannot choke on them. If you are replacing receptacles, use a tamper-resistant type.

**Use a Carbon Monoxide (CO) Alarm 9** to help prevent CO poisoning. All consumers should install CO alarms near sleeping areas in their homes. Change batteries at least once a year.

**Use a Tassel on Each Separate Window Blind Cord and Inner Cord Stops on Mini Blinds 10** to help prevent strangulation.

For older mini blinds, cut the cord loop, remove the buckle, put tassels on each cord and put inner cord stops on the cords two inches from the headrail. Be sure that older vertical blinds and drapery cords have tension or tie-down devices to hold the cords tight. When buying new mini blinds, verticals, and draperies, ask for safety features to prevent child strangulation, and consider buying cordless products.

You can get window blind cord safety information and free tassels by calling 800-506-4636 or visiting [www.windowcoverings.org](http://www.windowcoverings.org).

**Use Anchors to Avoid Furniture and Appliance Tip-Overs 11** Furniture, TVs and ranges can tip over and crush young children.

Deaths and injuries occur when children climb onto, fall against or pull themselves up on television stands, shelves, bookcases, dressers, desks, chests and ranges. For added security, anchor these products to the floor or attach them to a wall. Free standing ranges and stoves should be installed with anti-tip brackets.

**Use Layers of Protection with Pools and Spas 12** A barrier completely surrounding the pool or spa including a 4-foot tall fence with self-closing, self-latching gates is essential. If the house serves as a side of the barrier, doors heading to the pool should have an alarm or the pool should have a power safety cover. Pool alarms can serve as an additional layer of protection.

Sliding glass doors, with locks that must be re-secured after each use, are not an effective barrier to pools.



THIS BROCHURE BROUGHT TO YOU BY:



**U.S. CONSUMER PRODUCT SAFETY COMMISSION**  
4330 East West Highway, Bethesda, MD 20814  
Web site: [www.cpsc.gov](http://www.cpsc.gov)  
Toll-free hotline: 1-800-638-2772

The U.S. Consumer Product Safety Commission (CPSC) is a federal agency that helps keep families and children safe in and around their homes.

Go to [www.cpsc.gov](http://www.cpsc.gov) to check for recalled products and sign up for automatic email recall notifications.



# Childproofing Your Home

## 12 SAFETY DEVICES TO PROTECT YOUR CHILDREN

Child safety devices are an important aid to parental supervision. Here are 12 child safety devices that will help keep your home—and children—safer.

Use **SAFETY LATCHES and LOCKS 1** for cabinets and drawers in kitchens, bathrooms, and other areas to help prevent poisonings and other injuries.

Use **SAFETY GATES 2** to help prevent falls down stairs and to keep children from entering rooms and other areas with possible dangers.

Use **DOOR KNOB COVERS and DOOR LOCKS 3** to help prevent children from entering rooms and other areas with possible dangers.

Use **ANTI-SCALD DEVICES FOR FAUCETS and SHOWER HEADS 4** and set your water heater temperature to 120 degrees Fahrenheit to help prevent burns from hot water.

Use **SMOKE ALARMS 5** on every level of your home, inside each bedroom and outside sleeping areas to alert you to fires.

Use **WINDOW GUARDS and SAFETY NETTING 6** to help prevent falls from windows, balconies, decks, and landings.

Use **CORNER and EDGE BUMBERS 7** to help prevent injuries from falls against sharp edges of furniture and fireplaces.

Use **OUTLET COVERS and OUTLET PLATES 8** to help prevent electrocution.

Use a **CARBON MONOXIDE (CO) ALARM 9** near sleeping areas to help prevent CO poisoning.

Use a **TASSEL ON EACH SEPARATE WINDOW BLIND CORD AND INNER CORD STOPS ON MINI BLINDS 10** to help prevent strangulation.

Use **ANCHORS TO AVOID FURNITURE AND APPLIANCE TIP-OVERS 11**.

Use **LAYERS OF PROTECTION WITH POOLS AND SPAS 12**.

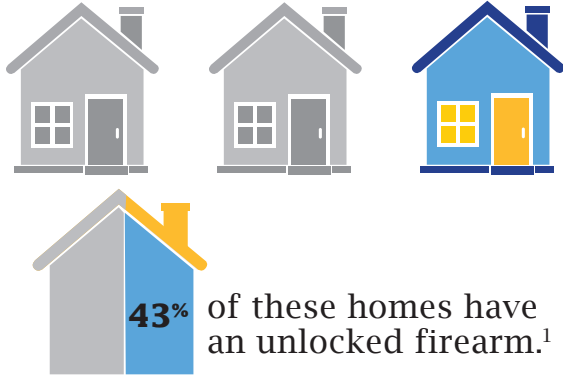




# Parents' Guide to Home Firearm Safety

Children have **easy** access to firearms.

**1 in 3** U.S. homes with children under 18 has a firearm.<sup>1</sup>



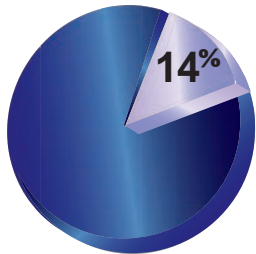
**3 in 4** children age 5 to 14 know where firearms are kept in their home.<sup>2</sup>



## Easy access to firearms can lead to **tragic** consequences.

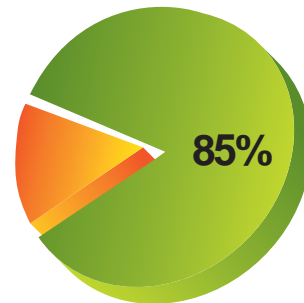
Over **41,000** children and youth\* are injured or killed by firearms each year. That equals **113** children or youth a day.<sup>3</sup>

**Unintentional shootings** account for **14%** of all firearm deaths in children under 15.<sup>3</sup>



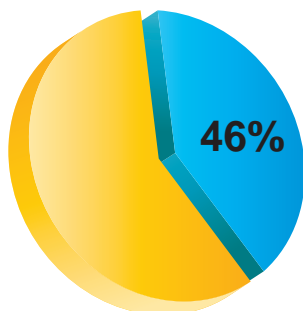
Children as young as **3 years old** are strong enough to fire a handgun.<sup>4</sup>

**Homicide** is the **2nd leading cause** of death among young people aged 1 to 24 in the U.S.<sup>3</sup>



**85%** of all youth **homicides** involved a firearm in 2012.<sup>3</sup>

In 2012, **46%** of all youth **suicides** involved a firearm.<sup>3</sup>



In **2 out of 3** cases when a child or youth used a family member's firearm to commit **suicide**, the firearm was kept unlocked.<sup>5</sup>



# What's the **solution?**

If the answer is

**“No”**

that's one less thing you have to worry about.

**Ask:**  
Is there a gun where my child plays?



If the answer is

**“Yes”**

make sure all guns are stored, unloaded, and locked with no access to keys, ideally in a gun safe, with ammunition locked separately.

If there are any doubts about the safety of another home, invite the kids to your house instead.



## What are the **safe** storage options?

What's it called?

What does it look like? Where can I buy it?

**Cable Lock**

Do not install around the trigger.



amazon.com (\$7-\$20)  
May be available free from local police.

**Trigger Lock**

Do not use on a loaded gun.



amazon.com (\$6-\$35)

**Lock Box**

Store ammunition separately.  
Only adults should have access to keys.



Dick's Sporting Goods (\$30-\$100+)

**Gun Safe**

Store ammunition separately.



Cabela's (\$150+)  
Home Depot (\$70+)

**Take Apart Firearm**



**M INJURY PREVENTION CENTER**  
UNIVERSITY OF MICHIGAN

**M**  
C.S. MOTT  
CHILDREN'S HOSPITAL  
UNIVERSITY OF MICHIGAN  
HEALTH SYSTEM

www.injurycenter.umich.edu UMinjuryCenter@umich.edu

Our thanks to ASK and CSN for information shared here.

**ASK**  
ASKINGSAVESKIDS  
WWW.ASKINGSAVESKIDS.ORG

**CSN**  
Children's Safety Network  
www.ChildrensSafetyNetwork.org

1. Schuster, M. A., Franke, T. M., Bastian, A. M., Sor, S., & Halfon, N. (2000). Firearm storage patterns in US homes with children. American Journal of Public Health, 90(4), 588-594. 2. Baxley, F., & Miller, M. (2006). Parental misperceptions about children and firearms. Archives of pediatrics & adolescent medicine, 160(5), 542-547. 3. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2014) [accessed Dec 2014]. Available from URL: http://www.cdc.gov/injury/wisqars/. 4. Naureckas, S. M., Galanter, C., Naureckas, E. T., Donovan, M., & Christoffel, K. K. (1995). Children's and women's ability to fire handguns. Archives of pediatrics & adolescent medicine, 149(12), 1318-1322. 5. SPRC & Harvard Injury Control Center. (2007). Youth suicide: Findings from a pilot for the National Violent Death Reporting System. Accessed Dec 2014 from http://www.sprc.org/sites/sprc.org/files/library/YouthSuicideFactSheet.pdf

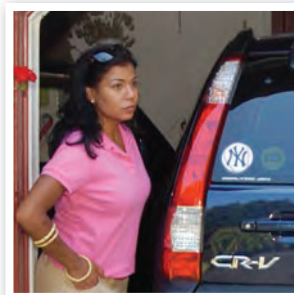
# Driveway Safety Tips

Everything you need to know to keep your kids safe around driveways.

Kids love cars, and when they see a parked car, they don't even think about the possibility of getting hurt or seriously injured. That's why parents have to. Many preventable injuries and deaths occur in driveways or parking lots when drivers are unaware that children are near vehicles. Tragically, these drivers are often family members or friends of the injured child. But these injuries are easily prevented by following a few simple tips.

## Check Your Car and Driveway for Kids

- We know you're often in a hurry, but before you drive away, take a few seconds to walk all the way around your parked car to check for children.
- When checking for kids around your vehicle, see if anything that could attract a child such as a pet, bike or toy, is under or behind your vehicle before getting in and starting the engine.
- Designate an adult to supervise and find a safe spot for children to wait when nearby vehicles are about to move and make sure the drivers can see them.



## Lend a Hand to Younger Kids

- Accompany little kids when they get in and out of a vehicle. Hold their hands while walking near moving vehicles or in driveways and parking lots or on sidewalks.



*Each year, more than 9,000 children are treated in emergency rooms for injuries that occurred while they were unattended in or around motor vehicles.*

## Limit Play in the Driveway

- Work with your kids to pick up toys, bikes, chalk or any type of equipment around the driveway so that these items don't entice kids to play.
- Identify and use safe play areas for children, away from parked or moving vehicles. Teach kids to play in these areas instead of in, around or behind a car. Consider making your driveway a toy-free zone.
- Don't allow children to play unattended in parking lots when cars are present.





# Playground Safety Tips

Everything you need to know to keep your kids safe at the playground.

With active supervision and some basic safety tips, every day at the playground can be a walk in the park.

## Supervise Kids Using Playground Equipment

- Actively supervise children on playgrounds. It won't be hard – they'll probably be calling for you to watch them climb, jump and swing.
- Check playgrounds where your children play. Look for hazards, such as rusted or broken equipment and dangerous surfaces. Report any hazards to the school or appropriate local office.
- Teach children that pushing, shoving or crowding while on the playground can be dangerous.
- Dress appropriately for the playground. Remove necklaces, purses, scarves or clothing with drawstrings that can get caught on equipment and pose a strangulation hazard. Even helmets can be dangerous on a playground, so save those for bikes.
- Little kids can play differently than big kids. It is important to have a separate play area for children under 5.



## Choose the Right Play Area Based on Your Child's Age

- Ensure that children use age-appropriate playground equipment. Separate play areas for children under 5 should be available and maintained.
- For babies who are learning to walk, the play area should have a smooth and easy surface to walk on.
- If your baby has fairly good head control and can sit up with support (usually around 9 months old), give the baby (bucket-shaped) swings a try.

## Ensure Safe Surfacing Beneath and Surrounding Playground Equipment

- Avoid playgrounds with non-impact absorbing surfaces, such as asphalt, concrete, grass, dirt or gravel.
- Recommended surface materials include: sand, pea gravel, wood chips, mulch and shredded rubber. Rubber mats, synthetic turf and other artificial materials are also safe surfaces and require less maintenance.
- Surfacing should be at least 12 inches deep and extend at least 6 feet in all directions around stationary equipment. Depending on the height of the equipment, surfacing may need to extend farther than 6 feet.
- For swings, make sure that the surfacing extends, in the back and front, twice the height of the suspending bar. So if the top of the swing set is 10 feet high, the surfacing should extend 20 feet.



*Falls are the most common type of playground injury, accounting for more than 75 percent of all playground-related injuries. Lack of or improper supervision is associated with approximately 45 percent of playground-related injuries.*



## Check That Playgrounds Are Inspected and Maintained by Qualified Personnel

- Double check with your school and child care center to make sure they have age-appropriate, well-maintained playground equipment.
- If there are any hazards in a public or backyard playground, report them immediately and do not allow children to use the equipment until it is safe.
- Report any playground safety hazards to the organization responsible for the site (e.g., school, park authority or city council).



# Understand the Weather



## Wind-Chill

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



## Heat Index

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

All temperatures are in degrees Fahrenheit. Weather Guidelines for Children

# Weather Guidelines for Children

Wind-Chill Factor Chart (in Fahrenheit)										
Air Temperature		Wind Speed in mph								
		Calm	5	10	15	20	25	30	35	40
40		40	36	34	32	30	29	28	28	27
30		30	25	21	19	17	16	15	14	13
20		20	13	9	6	4	3	1	0	-1
10		10	1	-4	-7	-9	-11	-12	-14	-15
0		0	-11	-16	-19	-22	-24	-26	-27	-29
-10		-10	-22	-28	-32	-35	-37	-39	-41	-43

Comfortable for outdoor play



Caution



Danger

Heat Index Chart (in Fahrenheit %)														
Air Temperature (°F)		Relative Humidity (Percent)												
		40	45	50	55	60	65	70	75	80	85	90	95	100
80		80	80	81	81	82	82	83	84	84	85	86	86	87
84		83	84	85	86	88	89	90	92	94	96	98	100	103
90		91	93	95	97	100	103	105	109	113	117	122	127	132
94		97	100	103	106	110	114	119	124	129	135			
100		109	114	118	124	129	130							
104		119	124	131	137									



## Weather Guidelines for Children

**W**atching the weather is part of a child care provider's job. Planning for playtime, field trips, or weather safety is part of the daily routine. The changes in weather require the child care provider to monitor the health and safety of children. What clothing, beverages, and protections are appropriate? **Clothe** children to maintain a comfortable body temperature (warmer months - lightweight cotton, colder months - wear layers of clothing). **Beverages** help the body maintain a comfortable temperature. Water or fruit juices are best. Avoid high-sugar content beverages and soda pop. **Sunscreen** may be used year around. Use a sunscreen labeled as SPF-15 or higher. Read and follow all label instructions for the sunscreen product. Look for sunscreen with UVB and UVA ray protection. **Shaded** play areas protect children from the sun.

**Condition GREEN** - Children may play outdoors and be comfortable. Watch for signs of children becoming uncomfortable while playing. Use precautions regarding clothing, sunscreen, and beverages for all child age groups.

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

**YOUNG CHILDREN** remind children to stop playing, drink a beverage, and apply more sunscreen. **OLDER CHILDREN** need a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens). They may resist applying sunscreen and drinking beverages while outdoors.

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

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

**YOUNG CHILDREN** may insist they are not too hot or cold because they are enjoying playtime.

Child care providers need to structure the length of time for outdoor play for the young child. **OLDER CHILDREN** need a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens), applying sunscreen and drinking liquids while playing outdoors.

**Condition RED** - most children should not play outdoors due to the health risk.

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

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

**OLDER CHILDREN** may play outdoors for very short periods of time if they are properly dressed, have plenty of fluids. Child care providers must be vigilant about maximum protection of children.

## Understand the Weather

The weather forecast may be confusing unless you know the meaning of the words.

**Blizzard Warning:** There will be snow and strong winds that produce a blinding snow, deep drifts, and life threatening wind chills. Seek shelter immediately.

**Heat Index Warning:** How hot it feels to the body when the air temperature (in Fahrenheit) and relative humidity are combined.

**Relative Humidity:** The percent of moisture in the air.

**Temperature:** The temperature of the air in degrees Fahrenheit.

**Wind:** The speed of the wind in miles per hour.

**Wind Chill Warning:** There will be sub-zero temperatures with moderate to strong winds expected which may cause hypothermia and great danger to people, pets and livestock.

**Winter Weather Advisory:** Weather conditions may cause significant inconveniences and may be hazardous. If caution is exercised, these situations should not become life threatening.

**Winter Storm Warning:** Severe winter conditions have begun in your area.

**Winter Storm Watch:** Severe winter conditions, like heavy snow and ice are possible within the next day or two.

## Building and Physical Premises Safety: Lead



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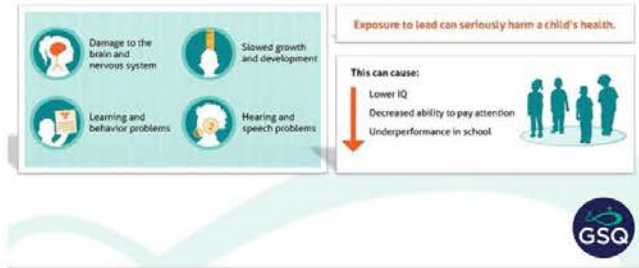
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## Building and Physical Premises Safety: Lead Exposure



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## Prevention and Control of Infectious Diseases (Including Immunizations)



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# IS YOUR CHILD SAFE FROM LEAD POISONING?

## LEARN HOW TO PROTECT YOUR FAMILY: CREATE A LEAD SAFE HOME

### What causes lead poisoning?

There are many places in a home that can put babies and children in danger of lead poisoning.



Lead paint is the #1 cause of lead poisoning in Michigan and is often found in homes built before 1978. The older the home, the more likely that painted surfaces like windows, cupboards, doors and porches will contain lead paint.

Lead poisoning occurs most often when children come in contact with lead in the air, in dust and in lead paint. Lead can also be found in soil, drinking water if supplied by lead pipes, certain home remedies and is used in some hobbies and occupations.

### How can I tell if my child has lead poisoning?

Talk to your doctor about testing your child's blood for lead poisoning.

**When should my child be tested for lead poisoning?**

**Children should be tested at one and two years of age or if you think your child has been exposed to a lead hazard.**

For more information, visit [www.michigan.gov/lead](http://www.michigan.gov/lead) or call the Childhood Lead Poisoning Prevention Program at 517-335-8885.

Symptoms of lead poisoning can be silent—and hard to recognize. Preventing lead poisoning before it happens is the best way to keep your family safe. Take this quiz to see if your child may be at risk:

Does the child live in or regularly visit a home built before 1978? (Note: recent or planned renovations can greatly increase risk of lead exposure in homes built before 1978.)

**Yes No Don't Know**

Does the child live in or regularly visit a home that had a water test with high lead levels?

**Yes No Don't Know**

Does the child have a brother, sister, or friend that has an elevated blood lead level?

**Yes No Don't Know**

Does the child come in contact with an adult whose job or hobby involves exposure to lead (e.g., smelting, indoor shooting/firing ranges, pottery, stained glass, refinishing old furniture)?

**Yes No Don't Know**

Does the child's caregiver use home remedies that may contain lead (e.g. ba-baw-san, daw tway, greta, azarcon, balguti kesaria, ghasard)?

**Yes No Don't Know**

Is the child in a special population group such as foreign adoptee, refugee, migrant, immigrant, or foster child?

**Yes No Don't Know**

Does the child's caregiver have reason to believe the child is at risk for lead exposure (e.g. exhibiting pica behavior, developmental delays)?

**Yes No Don't Know**

**If you answered YES or DON'T KNOW to any of these questions, talk to your doctor about testing your child for lead poisoning.**



# MAKE EVERY DAY LEAD SAFE

**Safe Cleaning** Use these steps to help keep your home clean and reduce your child's risk of lead exposure. Use these tips to clean your windows, doors, floors, porches, stairs and child play areas.



**Put on rubber gloves.** If you do not have rubber gloves, wash your hands well after cleaning.

**Use the right cleaners and supplies you can throw away.** Use soapy cleaners or products made to remove lead dust.

**Remove paint chips first.** Window areas and porches often have peeling paint and lead dust. Pick up paint chips you can see and throw them away in a plastic bag.



**Always wet-mop floors and window sills.** Do not broom lead dust. Throw away cloths after wiping each area. Replace mop water frequently.

**Don't use a vacuum unless it is a HEPA vacuum.** A regular vacuum will spread lead dust into the air you breathe. Some health departments have HEPA vacuums available to borrow.



**Rinse after cleaning.** Use clean water and a new mop head or fresh paper towels to wipe away suds.

**Always empty wash water down a toilet.**

**Repeat these steps weekly,** or when dirt and dust appear on floors, porches, window wells, window sills, stairs and children's play areas.

## For Homes with Lead Pipes



**If you use a water filter,** be sure it meets NSF/ANSI 53 standards for lead reduction.

**Keep your water moving** by taking a shower, running a load of laundry, flushing the toilet, and washing dishes. Run your water until it is cold before using it for drinking, cooking, and making baby formula.

**Test.** Consider contacting your local water authority to have your water tested.

## Daily Lead Safe Practices

- Wash hands, bottles, pacifiers and toys often.
- Always take off shoes before going into the house.
- Watch your child's diet. Foods high in calcium and iron help keep lead from being absorbed by a child's body.
- Avoid using power sanders, open-flame torches, heat guns, dry scrapers and dry sandpaper or heat guns on painted surfaces.
- Paint over peeling or chipping paint.
- Hire a certified lead professional when making updates to your home.
- Always use the safe cleaning methods listed above.

**Thinking about remodeling your home? Need advice about identifying and removing lead paint?**

**Call the Healthy Homes Section:**

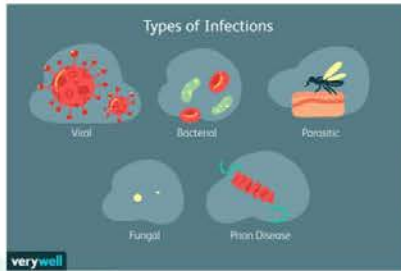
**866-691-LEAD**



Childhood Lead  
Poisoning Prevention

[Michigan.gov/Lead](https://Michigan.gov/Lead)

## Prevention and Control of Infectious Diseases: Types of Infections



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## Prevention and Control of Infectious Diseases: The Spread of Germs



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## Prevention and Control of Infectious Diseases

Hand-washing technique with soap and water



- Research shows that bacteria that are 10 times more common in the kitchen sink drain than in the home, followed by the bathroom.
- Regular hand-washing with soap and water is one of the best ways to remove germs and prevent the spread of infectious diseases.

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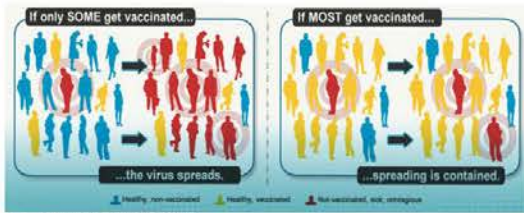
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## Prevention and Control of Infectious Diseases: The Spread of Germs



Can't find the document you're looking for?



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## Administration of Medication

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### Administration of Medication

- Providers are required to have written permission to administer prescription medication to each child in care
- Discuss the dosing schedule with the family and follow the manufacturer's directions or the prescription label for any medications
- All medications must be stored in their original container
- Wash hands before administering medication
- Do not call medication candy; explain what the medication is and why the child is taking it
- Tell children to only take medication with a trusted adult



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## Administration of Medication

- ✓ Cold/Flu Medications
- ✓ Powders
- ✓ Aspirin/Acetaminophen
- ✓ Sunscreen
- ✓ Diaper Rash Products
- ✓ Mosquito Repellant



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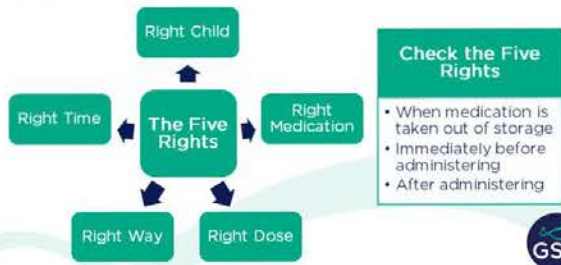
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## Administration of Medication: The Five Rights



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## Administration of Medication

- You provide care for Libby, a 3-year-old who weighs 40 pounds. Libby feels warm, so you take her temperature and see that she has a fever. You have written permission from the parent for Libby to have some Tylenol as needed.
- How much Tylenol would you give Libby?

**Activity**

**Children's TYLENOL® Oral Suspension**

100% Acetaminophen. Repeat every 4 hours as needed. Do NOT give more than 5 doses in 24 hours. Formula contains 160 mg acetaminophen per 5 mL.

Weight	Age	Dose
25-35 lbs	2-3 years	3 mL
35-47 lbs	4-5 years	3.5 mL
48-59 lbs	6-7 years	4 mL
60-71 lbs	8-9 years	4.5 mL
72-83 lbs	10-11 years	5 mL



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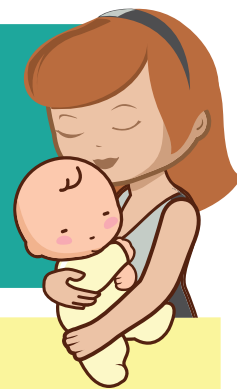
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# Safe and Healthy Diapering to reduce the spread of germs

Keep a hand on the child for safety at all times!



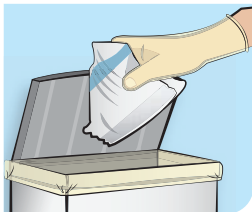
## 1. PREPARE

- Cover the diaper changing surface with disposable liner.
- If you will use diaper cream, dispense it onto a tissue now.
- Bring your supplies (e.g., clean diaper, wipes, diaper cream, gloves, plastic or waterproof bag for soiled clothing, extra clothes) to the diapering area.



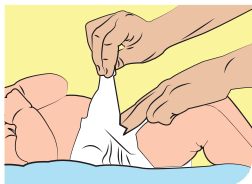
## 2. CLEAN CHILD

- Place the child on diapering surface and unfasten diaper.
- Clean the child's diaper area with disposable wipes. Always wipe front to back!
- Keep soiled diaper/clothing away from any surfaces that cannot be easily cleaned. Securely bag soiled clothing.



## 3. REMOVE TRASH

- Place used wipes in the soiled diaper.
- Discard the soiled diaper and wipes in the trash can.
- Remove and discard gloves, if used.



## 4. REPLACE DIAPER

- Slide a fresh diaper under the child.
- Apply diaper cream, if needed, with a tissue or a freshly gloved finger.
- Fasten the diaper and dress the child.



## 5. WASH CHILD'S HANDS

- Use soap and water to wash the child's hands thoroughly.
- Return the child to a supervised area.



## 6. CLEAN UP

- Remove liner from the changing surface and discard in the trash can.
- Wipe up any visible soil with damp paper towels or a baby wipe.
- Wet the **entire surface** with disinfectant; make sure you read and follow the directions on the disinfecting spray, fluid or wipe. Choose disinfectant appropriate for the surface material.



## 7. WASH YOUR HANDS

- Wash your hands thoroughly with soap and water.



Centers for Disease  
Control and Prevention  
National Center for Emerging and  
Zoonotic Infectious Diseases



# Cleaning and Disinfecting

It is inevitable that germs will spread to surfaces and objects after being soiled with blood or bodily fluids such as stool, urine, vomit, mucus, saliva, human milk, etc. To prevent the spread of germs and create a sanitary and hygienic environment for children, you need to regularly clean and disinfect those surfaces and objects.

## Are Cleaning and Disinfecting the Same?

Cleaning and disinfecting are not the same. You need to do both to keep germs from spreading .

**Cleaning** gets rid of the dirt you can see. Routine cleaning with soap and water is the most useful method for removing germs from surfaces in the child care setting. Good cleaning (scrubbing with soap and water) physically reduces the number of germs from the surface, just as hand washing reduces the number of germs from the hands. However, some items and surfaces should receive an additional step, *disinfection*, to kill germs after cleaning with soap and rinsing with clear water.

**Disinfecting or sanitizing** means cleaning with a bleach solution (or other approved disinfectant) to kill and get rid of most of the germs you cannot see but which remain on surfaces after cleaning.

The disinfection process uses chemicals that are stronger than soap and water, and will destroy and reduce the number of germs. It usually requires soaking or wetting the item for several minutes to give the chemical time to kill the remaining germs.

Items that can be washed in a *dishwasher* or *hot cycle of a washing machine* do not have to be disinfected because these machines use water that is hot enough for a long enough period of time to kill most germs.

*Surfaces considered most likely to be contaminated* are those with which children are most likely to have close contact. These include toys that children put in their mouths, crib rails, food preparation areas, and surfaces likely to become very contaminated with germs, such as diaper-changing areas. Sinks and sponges are the worst.

## What Disinfectants Should Be Used?

A disinfectant is a chemical used to destroy harmful germs. One of the most commonly used chemicals for disinfection in child care settings is a *homemade solution of household bleach and water*. Bleach is cheap and easy to get. The solution of bleach and water is easy to mix, nontoxic, safe if handled properly, and kills most germs.

Other commercial products that meet the Environmental Protection Agency's (EPA's) standards for hospitals may be used for the purpose of disinfection.



# Cleaning and Disinfecting

## Common Disinfectants Used at Home

Chemical Name	Examples of Trade Products Using These Chemicals	Uses*/Advantages/Disadvantages
Orthophenyl phenolics Phenyl phenol Benzyl-p-chlorophenol	Lysol Pheno-Cen Ves-Phene Staphene	<ul style="list-style-type: none"> <li>• May be used on floors and walls, but do not use in kitchens, on toys, or on objects that people put in their mouths.</li> <li>• May be used with detergents.</li> <li>• Inadequately diluted solutions are associated with hyperbilirubinemia in infants.</li> <li>• Can be irritating to skin and other body tissues.</li> </ul>
Chlorine bleach Sodium hypochlorite	Clorox Purex Household bleach	<ul style="list-style-type: none"> <li>• May be used on all surfaces, providing that the correct dilution is used.</li> <li>• Are corrosive to metal and damaging to plastics and rubber.</li> <li>• Bleach solutions should be made fresh daily.</li> <li>• Work best when surface dirt or other extraneous material has been removed.</li> <li>• Less effective when mixed with soap, detergents or alkaline chemicals.</li> <li>• Do not mix with ammonia, vinegar, or rust removers.</li> <li>• Leaves no residue.</li> <li>• Are the least expensive.</li> </ul>
Quaternary Ammonias Benzalkonium chloride Dimethylbenzyl ammonium chloride	San-O-Six Clean-N-San D/S/O Tri-Quat Mytar Sage	<ul style="list-style-type: none"> <li>• Are made less effective when a residue of soap is present on surface.</li> <li>• May be used on kitchen floors.</li> <li>• Are relatively nontoxic.</li> <li>• Are not as effective at destroying some types of bacteria such as bleach, phenols, or alcohol.</li> </ul>
Alcohol (70% - 90%)	Ethyl Alcohol Isopropyl Alcohol	<ul style="list-style-type: none"> <li>• Leaves no residue.</li> <li>• May be used on skin as well as hard surfaces.</li> <li>• Dries skin.</li> <li>• Over the long term may harden rubber and plastic.</li> <li>• Requires 10 to 15 minutes of exposure.</li> </ul>
Pine oil cleaners	Pinesol Murphy's Oil Soap	<ul style="list-style-type: none"> <li>• Pleasant odor may mask housekeeping problems.</li> <li>• Are ineffective against staph infections.</li> <li>• Are less effective at killing some bacteria than phenols, chlorine bleach and alcohols.</li> </ul>

*\*Follow the manufacturer's guidelines to determine the correct application techniques and dilution.  
(From Child Care Infection Control Guide, Seattle-Kings County Department of Public Health, Child Care Health Program, 1994)*





# Cleaning and Disinfecting

Schedule for Cleaning and Disinfecting			
AREA	CLEAN	DISINFECT	FREQUENCY
<b>Classrooms/Child Care/Food Areas</b>			
Countertops/tabletops	X	X	Daily and when soiled.
Food preparation and service surfaces	X	X	Before and after contact with food activity; between preparation of raw and cooked foods.
Floors	X	X	Daily and when soiled.
Door and cabinet handles	X	X	Daily and when soiled.
Carpets and large area rugs Clean with a carpet cleaning	X		Vacuum daily when children are not present. Method approved by the local health authority. Clean carpets only when children are not present until the carpet is dry. Clean carpets at least monthly in infant areas, at least every 3 months in other areas and when soiled.
Small rugs	X		Shake outdoors or vacuum daily. Launder weekly.
Utensils, surfaces and toys that go into mouth or have been in contact with saliva or other body fluids	X	X	After each child's use, or use disposable, the one-use utensils or toys.
Toys that are not contaminated with body fluids	X		Weekly.
Dress and clothes not worn on the head	X		Weekly.
Sheets and pillowcases, individual cloth towels (if used), combs and hairbrushes, washcloths and machine-washable cloth toys (none of these items should be shared among children)	X		Weekly and when visibly soiled.
Blankets, sleeping bags	X		Monthly and when soiled.
Hats	X		After each child's use.
Cubbies	X		Weekly.
Cribs	X		Weekly.
Toilet areas			
Hand-washing sinks, faucets, surrounding counters	X	X	Daily and when soiled.
Soap dispensers	X	X	When being refilled and when soiled.
Toilet seats, toilet handles, door knobs or cubicle handles, floors	X	X	Daily, or immediately if visibly soiled.
Toilet bowls	X	X	Daily.
Door knobs	X	X	Daily.
Changing tables	X	X	After each child's use.
Potty chairs (Use of potty chairs in child care is discouraged because of high risk of contamination)	X	X	After each child's use.
Any surface contaminated with body fluids: saliva, mucus, vomit, urine, stool or blood	X	X	Immediately.

# Cleaning and Disinfecting

## Preparing Bleach Solution

The standard recommended bleach solution is 1/4 cup bleach to one gallon water, or mix 1 tablespoon bleach in 1 quart water. *Use this solution for routine, everyday cleaning and disinfecting of items and surfaces, table tops, toys, eating utensils and plates.*

For certain types of heavily contaminated or very high-risk body fluids, *a strong bleach solution of one part bleach to ten parts water is necessary (e.g., one cup bleach in ten cups of water).* Use this stronger solution, which might gradually eat away some surfaces or cause excessive wear if used routinely, in the following situations:

- To clean and disinfect all *blood spills* or blood-contaminated items.
- To clean and disinfect *gross contamination with body fluids*, such as large amounts of vomit or feces. (This is not necessary for removing traces of feces or urine from a changing table or small amounts of “spit-up” from a high-chair tray.)

You must use your judgment to decide which strength is needed. The use of rubber gloves is recommended whenever you must clean areas contaminated with body fluids.

*You do not need to buy commercially sold disinfectants*, since either of these recommended bleach solutions can be made easily at very little cost. *However, you do need to make any bleach solution each day* because bleach loses its strength (and thus its effectiveness) as it is exposed to air. It is best to store it in a carefully labelled spray bottle.

### Recipe for Bleach Disinfecting Solution (for use in bathrooms, diapering areas, etc.)

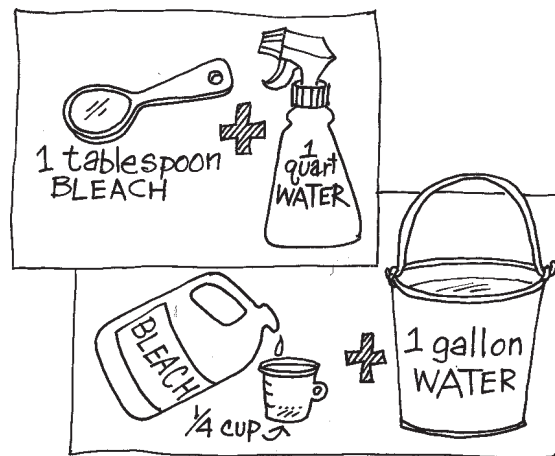
- 1/4 cup of bleach
- 1 gallon of cool water
- OR**
- 1 tablespoon of bleach
- 1 quart of cool water

Add the household bleach (5.25 % sodium hypochlorite) to the water.

### Recipe for Weaker Bleach Disinfecting Solution (for use on toys, eating utensils, etc.)

- 1 tablespoon of bleach
- 1 gallon of cool water

Add the bleach to the water.



**The National Health and Safety Performance Standards: Guidelines for Out-of-Home Care programs recommends using household bleach with water. It is effective, economical, convenient and readily available. However, it should be used with caution on metal and metallic surfaces. If you use a commercial (brand-name) disinfectant, read the label and always follow the manufacturer’s instructions exactly.**



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# Cleaning and Disinfecting

## GENERAL RECOMMENDATIONS FOR CLEANING AND DISINFECTING

1. Items which get daily use should be washed and disinfected daily. Heavily soiled areas need longer contact time with the disinfecting solution.
2. After cleaning and disinfecting, air dry all items before returning them to the setting.
3. Paper towels are the cleaning tools with the least risk for spreading infections, but only use them once. Sponges and handy wipes give germs the two things they need most to grow: moisture and food sources.
4. Include children whenever possible in hand washing and the cleaning of table tops and chairs.
5. Pour or dump all liquids or solutions used for cleaning and disinfecting into a closed disposal system, i.e. flush them down the toilet.
6. Wash and disinfect mops and other cleaning materials daily.

All surfaces, furnishings and equipment that are not in good repair or require cleaning and disinfecting need to be taken out of service until they can be cleaned and disinfected effectively.

## Washing and Disinfecting Diaper Changing Areas

### Diaper changing areas should:

- Only be used for changing diapers
- Be smooth and nonporous, such as formica (NOT wood) or a plastic-covered pad
- Have a raised edge or low "fence" around the area to prevent a child from falling off
- Be next to a sink with running water
- Be easily accessible to providers
- Be out of reach of children
- Not be used to prepare food, mix formula, or rinse pacifiers

### Diaper changing areas should be cleaned and disinfected after each diaper change as follows:

1. Clean the surface with soap and water, and rinse with clear water to reduce the number of germs on the surface.
2. Dry the surface with a paper towel.
3. Thoroughly wet the surface with the recommended bleach solution.
4. Air dry. Do not wipe. This will give the chemicals time to kill the remaining germs.

## **Washing and Disinfecting Toilets, Seats, Hand Washing Sinks, Faucets, Doorknobs**

Bathroom surfaces, such as faucet handles and toilet seats, should be washed and disinfected several times a day if possible, but at least once a day or when soiled.

The bleach and water solution, chlorine-containing scouring powders or other commercial, bathroom surface cleaners/disinfectants can be used in these areas. Surfaces that infants and young toddlers are likely to touch or mouth, such as crib rails, should be washed with soap and water and disinfected with a nontoxic disinfectant, such as bleach solution, at least once every day and more often if visibly soiled.



After the surface has been drenched or soaked with the disinfectant for at least 10 minutes, surfaces likely to be mouthed should be thoroughly wiped with a fresh towel moistened with tap water. Be sure not to use a toxic cleaner on surfaces likely to be mouthed. Floors, low shelves, door knobs and other surfaces often touched by children wearing diapers, should be washed and disinfected at least once a day and whenever soiled.

## **Washing and Disinfecting Toys**

- Whenever possible, infants and toddlers should not share toys. Toys that children (particularly infants and toddlers) put in their mouths should be washed and disinfected between uses by individual children. Toys for infants and toddlers should be chosen with this in mind. If you can't wash a toy, it probably is not appropriate for an infant or toddler.
- When an infant or toddler finishes playing with a toy, you should retrieve it from the play area and put it in a bin reserved for dirty toys. This bin should be out of reach of the children. Toys can be washed at a later, more convenient time, and then transferred to a bin for clean toys and safely reused by other children.

### **To wash and disinfect a hard plastic toy:**

- Scrub the toy in warm, soapy water. Use a brush to reach into the crevices.
  - Rinse the toy in clean water.
  - Put the toy in bleach solution (see above) and allow it to soak in the solution for 10-20 minutes.
  - Remove the toy from the bleach solution and rinse well in cool water.
  - Air dry.
- Hard plastic toys that are washed in a dishwasher, or cloth toys washed in the hot water cycle of a washing machine, do not need to be additionally disinfected.
  - Children in diapers should only have washable toys. Each group of children should have its own toys. Toys should not be shared with other groups.
  - Stuffed toys used only by a single child should be cleaned in a washing machine every week, or more frequently if heavily soiled.
  - Toys and equipment used by older children and not put into their mouths should be cleaned at least weekly and when obviously soiled. A soap and water wash followed by clear water rinsing and air drying should be adequate. No disinfection is required. (These types of toys and equipment include blocks, dolls, tricycles, trucks and other similar toys.)
  - Clean and disinfect brushes used to clean toys.
  - Do not use wading pools, especially for children in diapers.

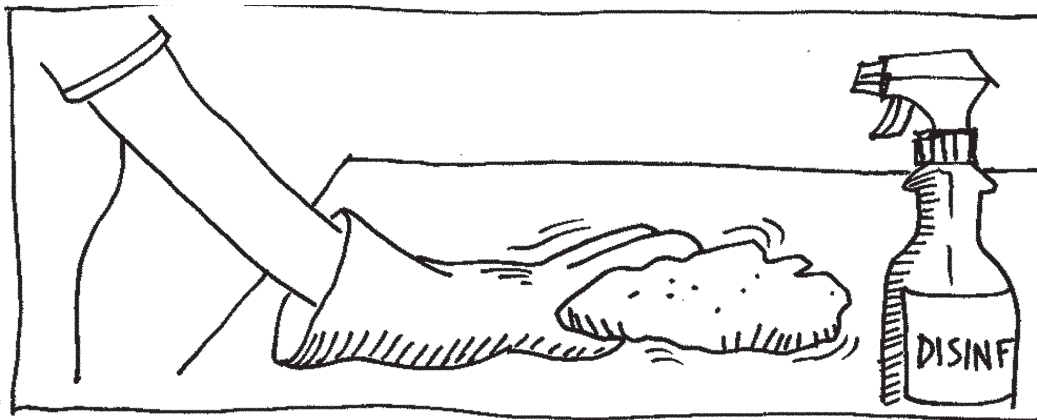
## Handout #5.5

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### Cleaning up Body Fluid Spills

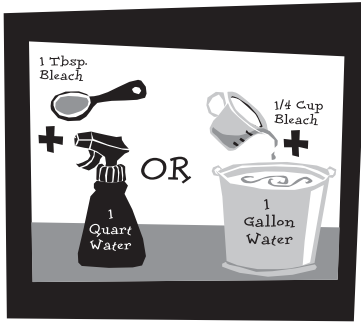
Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine and vomit should be cleaned up immediately.

- Wear gloves unless the fluid can be easily contained by the material (e.g., paper tissue or cloth) being used to clean it up. Be careful not to get any of the fluid you are cleaning up in your eyes, nose, mouth or any open sores you may have.
- Clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled.
- Discard fluid-contaminated material in a plastic bag that has been securely sealed.
- Mops used to clean up body fluids should be:
  - (1) cleaned
  - (2) rinsed with a disinfecting solution
  - (3) wrung as dry as possible
  - (4) hung to dry completely
- Be sure to wash your hands after cleaning up any spill even if you wore gloves.





# Cleaning and Disinfecting



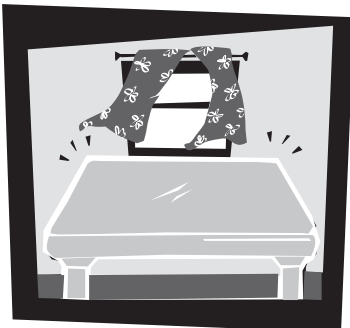
- Make a fresh bleach solution every day using:
  - 1 tablespoon bleach in 1 quart water
  - OR-
  - 1/4 cup bleach in 1 gallon water.



- Clean off any visible soil with soap and water.



- Disinfect by spraying with bleach solution. Wipe disinfectant over the surface with a paper towel. Leave glistening wet—do not dry off.



- Allow to air dry for 2 minutes.



## Handling and Storage of Hazardous Materials: Mistaken Identity Items



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## Handling and Storage of Hazardous Materials: Mistaken Identity Items



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## Handling and Storage of Hazardous Materials: Mistaken Identity Items



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## Handling and Storage of Hazardous Materials: Mistaken Identity Items



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## Handling and Storage of Hazardous Materials: Poison Control

▪ If you think a child may have been poisoned call Poison Control: 1-800-222-1222



▪ Important Information:

- Child's Weight
- Child's Height
- What they ate or touched
- How much was consumed
- Where it touched their body
- When it was consumed or touched



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## Handling and Storage of Hazardous Materials:

### Missouri Poison Center

MYTH VS FACT

Myth or  
If a child  
throw up



#### MYTH

If I swallow a poison, I should make myself throw up.



#### FACT

Poison Centers DO NOT recommend inducing vomiting for any poisons. Inducing vomiting can lead to damage to the tissues in your mouth and throat, worsening of chemical burns in the throat, and aspiration (inhaling vomit into your lungs).



If you suspect a poisoning, contact the Missouri Poison Center at 1-800-222-1222. Trained nurses and pharmacists are available 24/7 to answer your questions.



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# WHAT TO KNOW ABOUT STORING MEDICINE

## JUST ONE MINUTE

In ER visits for medicine poisonings, parents often say that they only turned their back for a minute.



## CURIOS CLIMBERS

Research indicates in about half of over-the-counter poisoning cases, the child climbed on a chair, toy or other object to reach medicine.



## CHILD-RESISTANT ≠ CHILDPROOF

Research suggests about half of accidental poisonings involved child-resistant packaging.



## EVERY 9 MINUTES,

a young child (under age 6) goes to the ER because he/she got into medicine, and



## EVERY HOUR,

a young child is hospitalized, and



## EVERY 12 DAYS

a young child dies.



## THE RISK IS REAL: HOW FAMILIES CAN HELP PROTECT KIDS

- Put all medicine up and away, out of children's reach and sight. Remember to keep visitors' purses, bags and coats out of reach, as they may contain medicine.
- Remember child-resistant packaging is not childproof. So put medicine away immediately after every use, even if you need to give another dose in a few hours.
- Save the Poison Help number – 1-800-222-1222 – in your phone and post it visibly at home so other caregivers can find it in an emergency.

**SAFE**  
**KIDS**  
WORLDWIDE™

Support provided by Johnson & Johnson Consumer Inc.





## Break

Please return in 5 minutes



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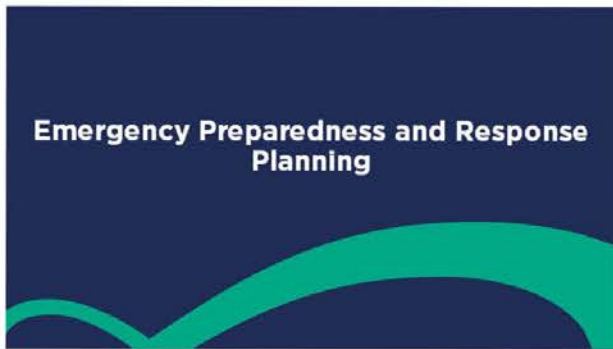
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## Emergency Preparedness and Response Planning

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### Emergency Preparedness and Response Planning: Injury/Illness

- Parental consent to seek medical treatment
- Preferred place for emergency and non-emergency medical care
- Non-emergency transportation arrangements
- Care for other children



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## Emergency Preparedness and Response Planning: Serious Injury or Death

- Report Serious Injury or Death
- Within 5 days to CDC
- Any physical harm that requires emergency intervention (whether self-inflicted or caused by someone else)
- Burns, lacerations, bone fractures, significant blood loss and/or injuries to internal organs



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## Emergency Preparedness and Response Planning: Evacuation



It's your turn!

- You're caring for the elderly when the doorbell rings. You answer the door and the Emergency Responder tells you that there is a gas leak in the neighborhood. You have 10 minutes to evacuate the building.
- What do you do?

What kinds of situations could require an emergency evacuation?



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## Emergency Preparedness and Response Planning: Fire

- What was the leading cause of reported fires in Michigan in 2021?
- What room did those fires most often start in?
- What are some fire hazards in the home?



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## Emergency Preparedness and Response Planning: Fire Plans



- Identify Exits
- Identify Hazards
- Meeting Place
- Plan to Close Doors
- Infants, Toddlers, and Special Needs



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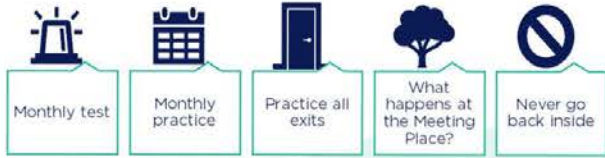
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## Emergency Preparedness and Response Planning: Practicing Plans



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## Emergency Preparedness and Response Planning: Close Before You Doze



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## Emergency Preparedness and Response Planning: Tips for Survival

- If you must exit through smoke, get low
- Lower children first, by the wrist
- Call 911 and tell your exact location
- Close the door, block smoke with towels or sheets
- Be ready to signal from the window
- Keep the window clear of any objects



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## Emergency Preparedness and Response Planning: Tornado



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## Emergency Preparedness and Response Planning: Lost Child

- Establish rules for outings
- For older children, set a meeting place
- Dress children brightly
- Show children who can help
- Tell children what to do if approached
- Teach children essential information



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## Break

Please return in 5 minutes



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# Family Preparedness Guide



Prepared by Michigan State Police  
Emergency Management and Homeland Security Division

 **MI READY**  
[WWW.MICHIGAN.GOV/MIREADY](http://WWW.MICHIGAN.GOV/MIREADY)



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## **A Message from the Michigan State Police, Emergency Management & Homeland Security Division**

**E**mergencies can happen at any time. Being prepared saves lives! Local officials and relief workers will be on the scene after a disaster, but they cannot reach everyone right away. The best way to make you and your family safer is to be prepared before an emergency occurs. We encourage everyone to:

- 1. Be Informed**
- 2. Make a Plan**
- 3. Build a Kit**
- 4. Practice and Maintain Your Plan and Kit**

These simple steps can make a difference in ensuring your safety and the safety of your loved ones in an emergency situation.

The Michigan State Police, Emergency Management and Homeland Security Division (MSP/EMHSD) is committed to fostering, promoting and maintaining partnerships to protect our state and homeland from all hazards.



**W**e are pleased to provide you with this Family Preparedness Guide that will assist you in preparing your family to respond to and recover from all types of emergencies. This guide will help you develop an emergency plan, prepare an emergency supply kit, and learn about emergency preparedness for families, pets, persons with disabilities, and the elderly.

We encourage you to keep this manual handy as a reference tool and implement many of the suggestions found inside to better prepare your family for any emergency situation.

For more information refer to the Michigan State Police, Emergency Management and Homeland Security Division Web site at:  
**[www.michigan.gov/emhsd](http://www.michigan.gov/emhsd)**

### **Additional Resources**

- [www.michigan.gov/miready](http://www.michigan.gov/miready)
- [www.michigan.gov/emhsd](http://www.michigan.gov/emhsd)
- [www.redcross.org](http://www.redcross.org)
- [www.ready.gov](http://www.ready.gov)
- [www.do1thing.com](http://www.do1thing.com)
- [www.fema.gov](http://www.fema.gov)
- [www.ready.gov/untilhelparrives](http://www.ready.gov/untilhelparrives)
- [www.ok2say.com](http://www.ok2say.com)
- [www.ready.gov/citizen-corps-partner-programs](http://www.ready.gov/citizen-corps-partner-programs)
- [www.michigan.gov/michtip](http://www.michigan.gov/michtip)
- [www.michigan.gov/mspcyber](http://www.michigan.gov/mspcyber)
- [www.ic3.gov](http://www.ic3.gov)

# Before Emergencies Happen



Knowing what to do is your responsibility and your best protection.

# 4 Steps to Preparedness

## #1 Be informed

- Meet with household members and discuss the dangers of possible emergency events, including fire, severe weather, and terrorism.
- Learn if your community has a warning signal: what does it sound like and what should you do when you hear it?
- Find out how to help access and functional needs persons, if needed.
- Learn about what hazards exist in your community (i.e. hazardous materials site, railroad, etc.)
- Ask about animal care after a disaster: Animals may not be allowed inside emergency shelters due to health regulations.
- Find out about the disaster plans in your workplace, your children's school or daycare center, and other places where your family spends time.

## #2 Make a Plan

### Family Preparedness

- All family members must know their address and phone number.
- Teach children how and when to call or text 9-1-1 for emergency help.
- Teach each family member how to use a fire extinguisher (ABC type) and show them where it is kept.
- Show each family member how and when to turn off the water, gas, and electricity at the main switches.
- Plan how to take care of your pets.

### Home Safety

- Find safe spots in your home where you can shelter in place or go for each type of emergency.
- Discuss what to do in an evacuation.
- Plan two unobstructed exits from every room, including the second floor and make sure everyone knows them.
- Teach children how to safely exit a window, including using an object to break glass and putting a blanket over the frame to be protected from shards of glass.
- Pick two places to meet when evacuating, such as:
  - Outside of your home in case of a sudden emergency, like a fire.
  - Outside of your neighborhood in case you cannot return home.

### Emergency Contacts

- Choose an out-of-town or out-of-state contact your family or household members will call, text or e-mail to check on during an emergency. Ensure everyone knows how to reach the contact person.
- Post emergency telephone numbers by each phone, including numbers for fire, police, ambulance, etc.

### Important Documents

- Make a list of personal property and photograph the interior and exterior of your home.
- Store important papers and valuables in a fire proof safe or cabinet. (such as medical records, insurance paperwork, pet vaccinations, etc.)
- Maintain proper insurance coverage of your home and its contents (flood, renters, fire, and earthquake).

### Safety Measures

- Install smoke detectors on each level of your home, especially near bedrooms.
- Install battery-operated or plug-in (with battery backup) carbon monoxide (CO) detectors in your home (especially by bedrooms), following manufacturer's instructions.
- Install window ladders in case you need to evacuate. Make sure all household members know where they are and how to use them.

## #3 Build a Kit

An emergency may require you to immediately evacuate, take shelter, or go without basic services for an extended period of time. Should an emergency occur, you will need a supply of essential items to last you at least three days. These items should be included in a readily accessible 72-hour emergency supply kit, stored in a 5-gallon bucket, duffel bag, or backpack.

For items to include in your kit, refer to “**Emergency Preparedness Kit Checklist**” included with this guide.

## #4 Practice and Maintain Your Plan and Kit

- Quiz your children every six months so they remember what to do.
- Conduct regular fire and emergency evacuation drills.
- Take a first aid and CPR class.
- Replace stored water and food every six months.
- Test and recharge your fire extinguisher(s) according to manufacturer's instructions.
- Test your smoke and carbon monoxide detectors monthly and change the batteries twice each year when you change your clocks in the spring and fall.

## Check Your Local School Emergency Plan



- You need to know if the school will send children home or keep them at school until a parent or designated adult can pick them up.
- Be sure the school has updated information about how to reach parents and responsible caregivers to arrange for pick up.
- Ask what type of authorization the school may require to release your child.
- Be aware, during times of emergency, the school telephones may be overwhelmed with calls.



# When Emergencies Happen

**D**uring and after an emergency, it is important to stay calm. Even after an event, there may still be dangers. What seems like a safe distance or location may not be safe. **Stay tuned to your local radio and TV station and follow the advice of trained professionals.** Unless told to evacuate, avoid driving to allow emergency vehicles access. What you do next can save your life and the lives of others.

If you evacuate your home during an emergency, shelters, food, and clothing are commonly available through the American Red Cross. Seek medical care at the nearest hospital or health care provider. Keep in mind the people nearest in proximity to someone with life-threatening injuries are best positioned to provide first care.

Life threatening emergencies can happen fast. Emergency responders aren't always nearby. You may be able to save a life by taking simple actions immediately. You Are The Help Until Help Arrives is a FEMA program dedicated to educating and empowering the public to take action. See pages 36-37 for more information.

During an emergency you might be cut off from food, water, and electricity for several days or more. If power is out, food stores may be closed and your water supply may not be accessible. ATMs may also be down, so be sure to include cash in your preparedness kit.

**Water:** If an emergency catches you without a supply of clean water, you can use ice cubes and the water in your hot-water tank or pipes. If it is safe to go outside, you can also purify water from streams, rivers, rainwater, ponds, lakes, natural springs, and snow by boiling (for 5 minutes), distilling, or disinfecting. To purify water with bleach, use 10 drops of bleach per gallon of water. Use only regular household liquid bleach that contains only 5.25 percent sodium hypochlorite.

**Food:** During and after an emergency, it will be important that you keep up your strength by eating at least one well-balanced meal each day. Take vitamins, minerals, and/or protein supplements as needed.

## For People with Access and Functional Needs

For the millions of Americans who have physical, medical, sensory, or other functional needs, emergencies such as fires, floods, and acts of terrorism present a real challenge. The same challenge also applies to the elderly and other special needs populations. Protecting yourself and your family when a disaster strikes requires planning ahead.

### ● Create a Personal Support Network

- A personal support network can help you prepare for a disaster. They can help you identify and get the resources you need to cope effectively. Network members can also assist you after a disaster happens.
- Organize a network that includes your home, school, workplace, volunteer site, place of worship, and any other places where you spend a lot of time.
- Your network should have people you trust and who can check to see if you need assistance.
- Your network should know your capabilities and needs, and be able to provide help within minutes.
- Do not depend on only one person. Include a minimum of three people in your network for each location where you regularly spend a lot of time.

### ● Complete a Personal Assessment

- Decide what you will be able to do for yourself and what assistance you may need before, during, and after a disaster. This will be based on the environment after the disaster, your capabilities, and your limitations.
- To complete a personal assessment, make a list of your personal needs and your resources for meeting them in a disaster environment.

## Neighbors Helping Neighbors

Working with neighbors in an emergency can save lives and property. Meet with your community members to plan how you can work together until help arrives. If you are a member of a neighborhood association or crime watch group, introduce emergency preparedness as a new activity. Know your neighbors' special skills and consider how you can help those with functional needs, such as people with disabilities and elderly persons.



## Power Outage

- Remain calm.
- Assist family members or neighbors who may be in danger if exposed to extreme heat or cold.
- Locate a flashlight with batteries to use until power comes back on. (Avoid using candles as they can start fires.)
- Turn off or disconnect appliances and other equipment in case of a momentary power “surge” that can damage computers and other devices. Consider adding surge protectors.
- Keep your refrigerator and freezer doors closed as much as possible to keep the cold in and the heat out. (Most food requiring refrigeration can be kept safely in a closed refrigerator for several hours. An unopened refrigerator will keep food cold for about 4 hours. A full freezer will keep the temperature for about 48 hours.)
- Use extreme caution when driving. When a signal at an intersection is without power and there are no other traffic control devices, the intersection is subject to the general Motor Vehicle Code right-of-way requirements.
- Do not call 9-1-1 to ask about the power outage. Listen to the news for updates. However, report any downed power lines.
- Stay away from downed power lines.
- Carbon monoxide is odorless, colorless and tasteless. The best defense to carbon monoxide poisoning is to install a CO alarm on each floor of your home, especially near sleeping areas. Avoid actions that can result in dangerous levels of carbon monoxide:
  - Do not use a grill indoors.
  - Do not use an unvented gas or kerosene heater.
  - Do not use a generator in the house or garage.
  - Do not use an oven or stove to heat your home.
- Take steps to remain cool if it is hot outside. In intense heat when the power may be off for a long time, consider going to a movie theatre, shopping mall or “cooling shelter” that may be open in your community. If you remain at home, move to the lowest level of your home, since cool air falls. Wear lightweight, light-colored clothing. Drink plenty of water, even if you do not feel thirsty.
- Put on layers of warm clothing if it is cold outside. Never burn charcoal for heating or cooking indoors. Never use your oven as a source of heat. If the power may be out for a prolonged period, plan to go to another location (the home of a relative or friend, or a public facility) that has heat to keep warm.
- If you are considering purchasing a generator for your home, consult an electrician or engineer before purchasing and installing.
- Only use generators away from your home and NEVER run a generator inside a home or garage, or connect it to your home’s wiring without a licensed electrician installing a generator transfer switch.







## If You Have Pets

You should create an emergency kit for each of your pets as well. This kit should include:

- Identification collar, rabies, and vaccination tags.
- Crate, cage, or other pet carrier.
- Harness or leash.
- Any medications and be sure to check expiration dates.
- Sanitation (pet litter and litter box, newspapers, paper towels).
- Information on feeding schedules, medical conditions, and behavioral problems.
- The name and number of your veterinarian and veterinary records. Most animal shelters do not allow pets without proof of vaccination.
- Food (three day supply in an airtight, waterproof container) and a manual can opener if needed.
- Water (three day supply in addition to water for yourself and your family).
- A picture of you and your pet together.
- Favorite toys, treats, or bedding.

If you must evacuate, take your pets with you if possible. However, if you are going to a public shelter, it is important to understand that animals may not be allowed inside, unless it is a service animal (See page 12). Plan in advance for shelter alternatives that will work for both you and your pets.

- Contact your veterinarian for a list of preferred boarding kennels and facilities.
- Ask your local animal shelter if they provide emergency shelter or foster care for pets.
- Identify hotels or motels outside of your immediate area that accept pets.
- Ask friends and relatives outside of your immediate area if they would be willing to take in your pet.

Make a back-up emergency plan in case you cannot care for your animal(s) yourself. Develop a buddy system with neighbors, friends, and relatives to make sure that someone is available to care for or evacuate your pets if you are unable to do so.



## If You Have a Service Animal

The ADA defines a service animal as a guide dog, signal dog, or other animal individually trained to provide assistance to a person with a disability. If they meet this definition, animals are considered service animals under the ADA regardless of whether they have been licensed or certified by state or local government. Service animals perform some of the functions and tasks that the person with a disability cannot perform for him or herself.

All of the above considerations should be given, however, in case of evacuation, a service animal must be allowed anywhere their handler is permitted to go. This includes hotels, motels, hospitals, and public shelters, even if these locations do not normally allow pets. (Other assistance animals such as emotional support pets, companion animals, therapy animals, etc., shall follow the same guidelines for pets.)



## Pets/Service animals should not be left behind.

If you have no other choice than to leave them at home, place your pet/service animal in a safe area inside your home with plenty of water and food. Never leave animals chained outside. A note should be placed outside of your home listing what animals are inside, where they are located, and phone numbers where you can be reached. If it is a service animal, the note should include their service animal status, and Michigan Department of Civil Rights (MDCR) registration number (if applicable).

# Evacuation and Shelter-In-Place



You may be directed to take specific actions during an emergency incident, such as a hazardous substance release, explosion, or threatening natural disaster like a fire or flood. If you are notified of an incident, stay calm, listen to emergency personnel, and follow instructions immediately.

- **Listen to Emergency Personnel**
  - Follow instructions provided by emergency personnel to remain safe.
  - Emergency personnel are trained to respond to emergency situations.
  - Information and instructions on what to do will be provided at the emergency site or through TV and radio stations.
- **How to Evacuate Safely**
  - If told to evacuate, do so immediately.
  - Stay calm. Do not panic.
  - Travel on roads specified by local authorities.
  - If no specific roads are suggested, head upwind or away from the incident.
  - Bring your emergency supply kit with you.
  - Lock your home.
  - Cover your nose and mouth with a wet cloth if told to do so.

- **If You Know You Have Time Before Evacuating**
  - Shut off water, gas, and electricity before leaving.
  - Let your local contact and/or out-of-town contact know you are evacuating and where you are going.
  - Take your pets with you or make arrangements for your pets ahead of time.
- **How to Stay Inside Safely (or Shelter-in-Place)**
  - If told to stay inside, known as shelter-in-place, do so immediately.
  - Close and lock windows and doors.
  - Seal gaps under doorways and windows with wet towels and duct tape if told to do so.
  - Turn off ventilation systems, water, and gas.
  - Listen to your local radio and TV stations for further instructions from emergency officials.



# Recovering From An Emergency

**R**ecovery continues even after you return home, as you and your family experience the emotional and psychological effects of the event.

Reactions vary from person to person, but may include:

- Restless sleep or nightmares
- Anger or wanting revenge
- Numbness or lack of emotion
- Needing to keep active, restlessness
- Needing to talk about your experiences
- Loss of appetite
- Weight loss or gain
- Headaches
- Mood swings

These are normal reactions to stressful events and it is important to let people react in their own way. In particular, children may need reassurance and extra attention.

It is best to encourage children to share their feelings, even if you must listen to their stories repeatedly. This is a common way for children to grasp what they have experienced.







## A Child's Reaction to Disaster

### Who is at Risk?

Children who have been directly exposed to a disaster, evacuated their home, observed injuries or death of others, experienced an injury themselves, or feared for their life, are at risk of developing depression or difficulties recovering from the event. They may experience loss or grief if a close family or friend dies or is seriously injured during a disaster. In addition, children continue to have ongoing stress long after the disaster occurs due to secondary effects of the disaster.

Secondary effects could include living in temporary housing, loss of social network, property loss, parents being without jobs, and costs the family will have to pay to return to normal. In most cases, these responses are only temporary; however for those directly exposed to the disaster, certain reminders of the incident, such as high winds, smoke, and sirens may trigger responses.

### Child's Emotional Needs

It is important to provide the child with guidance that will help reduce his or her fears. How adults react to an emergency provides children with clues on how they are supposed to act. Parents need to make sure the child is heard. If the child asks questions about the incident, those questions should be answered honestly but not in a way that could scare them. If the child is afraid to talk about what happened, allow him or her to draw a picture or reenact the scenario with dolls or action figures.

If parents are going to allow their children, especially young children, to watch TV or use the Internet after a disaster, then they should be present with the child. This will ensure that if images of the disaster are shown, parents can communicate and provide explanations to the child. Limiting a child's exposure to additional trauma, including news reports, is encouraged.

After a disaster occurs, children are most afraid the event will happen again and someone they know will be killed, or that they will be separated from their family, or that they will be left alone.

### Helping the Child

In order to feel safe, children need to be reassured that everything is going to be okay through compassion and understanding.

- Hold and comfort the child.
- Calmly and firmly provide factual information about the recent disaster.
- Encourage the child to talk about their feelings and the parent should be honest about their own feelings as well.
- Help children learn to use words that express their feelings, such as happy, sad, angry, mad, and/or scared.
- Parents should spend some extra time with children at bedtime.
- Parents should also reestablish a schedule for the child involving school, work, play, meals, and rest.
- Assign the child specific chores so they feel as though they are helping to restore the family or community.
- Allow the child to assist in developing or revising the family emergency plan.
- Make sure the child knows what to do in case they hear smoke detectors, alarms, and local community warning systems (horns, sirens).
- Praise the child for their help and recognize responsible behavior.
- Reassure the child that the disaster was not his or her fault.
- Understand the child will need time to mourn his or her own losses.

If parents have tried to create a reassuring environment and the child still exhibits stress or appears to worsen over time, it may be appropriate to seek professional help. Professional help is easy to obtain. Parents can talk to their child's pediatrician or family doctor, a school counselor, a mental health provider specializing in a child's needs, or a member of the clergy.





## ● Common Responses Children May Exhibit

### Infant to 2 years

- Young children retain images, sights, sounds, and smells that occurred during an event.
- Infants may be irritable, cry more than usual, and want to be held/cuddled.
- As the young child grows older, he or she may act out elements of the event that occurred numerous years earlier that were seemingly forgotten.

### 2 to 6 years

- Preschool aged children often times feel helpless and powerless. They may feel fear and insecurity due to their lack of size.
- Preschoolers cannot grasp the concept of permanent loss. They see consequences as being reversible.
- Preschoolers may play out activities that involve aspects of the event in the weeks following the event and may reenact this incident many times.
- Some children may revert to thumb sucking, bed-wetting, clinging to parents, sleep disturbances, loss of appetite, fear of the dark, regression in behavior, and withdrawal from friends and routines.

### 8 to 10 years

- School aged children can understand permanent loss.
- Some children become very preoccupied with details of the event and want to talk about it constantly. This preoccupation can interfere with the child's concentration at school thus resulting in a decline in his or her academic performance.
- Children may lose trust in adults because they were unable to control the disaster.
- Children may display a wide range of reactions to a disaster; some consist of guilt, feelings of failure, anger, or fantasies of playing the rescuer.
- A child may change from being quiet, obedient, and caring to loud, noisy, and aggressive.
- A child may change from being outgoing to shy and afraid.
- Some children may experience irritability, aggressiveness, clinginess, nightmares, school avoidance, poor concentration, and withdrawal from friends and routines.

### 11 to 18 years

- As children grow older their reactions become closer to that of an adult.
- This age group combines childlike reactions with adult responses.
- This stage of life focuses on preparing the child for adulthood, and after experiencing a disaster, the “real” world may seem unsafe and dangerous.
- A teenager may feel overwhelmed by intense emotions but may still feel uncomfortable discussing their feelings with relatives.
- A teenager may have feelings of inadequacy or helplessness or spend an unusual amount of time fantasizing.
- It is not uncommon for a teenager to become involved with more risk-taking behavior (alcohol, drug use, reckless driving) or to have the opposite effect and become fearful of leaving home.
- Teenagers may experience sleeping and eating disturbances, agitation, increase in conflicts, physical complaints, delinquent behavior, and poor concentration.



# Michigan Hazards



## Severe Weather

Michigan is vulnerable to a variety of types of severe weather including tornadoes, thunderstorms, floods, snowstorms, and ice storms. Because of this, it is important for you to understand the difference between a watch and a warning for severe weather.

- **Severe Weather Watch:** A severe weather watch means that severe weather may develop.
- **Severe Weather Warning:** A severe weather warning means a storm has developed and is on its way.

The safest place to ride out any storm is inside a secure building, home, or apartment building. You should:

- Listen to weather updates and stay informed.
- Stay away from windows and doors.
- Keep your emergency supply kit handy, including a battery or crank operated NOAA weather radio.
- Be ready to evacuate if necessary.

## Flooding

Flooding typically occurs when prolonged rain falls over several days, when intense rain falls over a short period of time, or when an ice or debris jam causes a river or stream to overflow onto the surrounding area. Flooding can also result from the failure of a water control structure, such as a levee or dam.

- **Know the Difference:**
  - **Flash Flood Watch:** A flash flood watch means that flash flooding is possible in or near the watch area.
  - **Flash Flood Warning:** A flash flood warning means that flooding is occurring in the area or will be very soon.
- **Preparing for a Flood**
  - Plan what you will do and where you will go in a flood emergency.





# Lightning

- Make an itemized list of personal property well in advance of a flood occurring. Photograph the interior and exterior of your home. Store the list, photos, and documents in a safe place.
- Memorize the safest and fastest route to high ground.
- If you live in a frequently flooded area, keep sandbags, plastic sheets, and lumber on hand to protect property. Install check valves in building sewer traps to prevent flood water from backing up into the drains of your home.
- Know how high your property is in relation to nearby streams and other waterways.

## When a Flood Threatens

- Listen to instructions from emergency officials.
- Leave areas that are likely to flood, including dips, low spots, and floodplains.
- Store a supply of drinking water in clean bathtubs and in large containers.
- If forced to leave your home, and, time permits, move essential items to safe ground.

## During a Flood

- Avoid areas subject to sudden flooding.
- **Turn Around Don't Drown:** Do not attempt to drive over a flooded road. Stop and go another way. Roads often crumble away beneath the water.
- Never try to walk, swim, or drive through floodwater. Even six inches of fast moving floodwater can knock you off your feet. A depth of two feet will float your car.
- Prevent children from playing in floodwaters or near culverts and storm drains. Floodwaters often contain contaminants and conceal dangerous electrical cables, holes, debris, and sharp objects.

## After a Flood

- If instructed, boil drinking water before using it. If fresh food has come in contact with floodwaters, throw it out.
- Use flashlights, not lanterns or torches, to examine buildings. Flammable materials and gases may be inside.
- Do not handle or use live electrical equipment in wet areas. Electrical equipment should be checked and dried before being returned to service.

Lightning can provide a spectacular display of light on a dark night, but this awesome show of nature can also cause death and destruction. Lightning is the visible discharge of electrical energy and is often accompanied by thunder, which is a sonic boom created by the same discharge. If you hear thunder, lightning is a threat even if the storm seems miles away. Lightning's electrical energy seeks a path to the ground and your home, trees, or even you, can be that chosen path. No place is absolutely safe from lightning. However, some places are much safer than others.

## Safety Tips

- **When Thunder Roars, Go Indoors:** If you can hear thunder, lightning is close enough to strike you – even if you are under blue sky.
- If outdoors, get inside a safe shelter right away.
- The safest location from lightning is a large enclosed building, not a picnic shelter or shed. The second safest location is an enclosed metal topped vehicle, such as a car, truck, or van, but **not** a convertible, bike, or other topless or soft-top vehicle.
- If you are indoors, avoid water, doors, and windows. Do not use a landline telephone or headsets connected by wire to another device plugged into an electrical outlet.
- Turn off, unplug, and stay away from appliances, computers, power tools, and televisions. Lightning could hit wires outside the building and travel through wires and appliances into the house.
- Wait 30 minutes after you think lightning has passed before reconnecting appliances or resuming normal activities.
- If someone is struck by lightning, call 9-1-1 or send for help immediately. It is okay to give first aid without fear of being hurt as he or she will not carry an electrical charge.



## Tornadoes

A tornado is a column of violently rotating winds extending down from a thunderstorm cloud and touching the surface of the earth. Tornadoes most commonly occur during the months of May, June, July, and August, and in the late afternoon and evening hours. However, it is important to remember that tornadoes can occur at any time of the day and in almost any month during the year.

- **Know the Difference:**
  - **Tornado Watch:** A tornado watch is issued when conditions exist for a tornado or severe weather to develop.
  - **Tornado Warning:** A tornado warning is issued when National Weather Service (NWS) Doppler Radar indicates a thunderstorm is capable of producing a tornado, or when a tornado has been sighted by a credible source.
- **When a Tornado Warning is Issued**
  - Quickly move to shelter in the basement or lowest floor of a permanent structure.
  - In homes and small buildings, go to the basement and get under something sturdy, like a workbench or stairwell. If no basement is available, go to an interior part of the home on the lowest level. A good rule of thumb is to put as many walls between you and the tornado as possible.
  - In schools, hospitals, and public places, move to designated shelter areas. Interior hallways on the lowest floors are generally best.
  - Stay away from windows, doors, and outside walls. Broken glass and wind blown projectiles cause more injuries and deaths than collapsed buildings. Protect your head with a pillow, blanket, or mattress.
  - If you are caught outdoors, seek cover in a basement, shelter, or sturdy building. This is your safest alternative.
  - If you are in the car and there is no shelter available, pull over and let your surroundings determine your next action to either:
    - Stay in the car with the seat belt on. Put your head down below the windows, and cover your head with your hands and a blanket if possible; or
    - If you can safely get noticeably lower than the level of the roadway, exit the car and lie in that area, covering your head with your hands.
  - If you are boating or swimming, get to land and shelter immediately.

## Severe Winter Weather – Heavy Snow and Ice Storms

Familiarize yourself with these terms to help identify a winter storm hazard:

- **Freezing Rain:** Rain that freezes when it hits the ground, creating a coating of ice on roads, walkways, trees, and power lines.
- **Sleet:** Rain that turns to ice pellets before reaching the ground. Sleet also causes moisture on roads to freeze and become slippery.
- **Winter Storm Watch:** A winter storm is possible in your area. Tune in to a NOAA Weather Radio, local radio and/or TV stations for more information.
- **Winter Storm Warning:** A winter storm is occurring or will soon occur in your area.
- **Blizzard Warning:** An extremely life-threatening Winter Storm with strong winds and considerable amounts of snow. Travel will be near impossible. Stay home and be ready for lengthy disruption of daily activities.
- **Wind Chill Advisory/Warning:** Dangerously cold weather due to a combination of wind and temperature. Dress warmly and avoid being outside with exposed skin. Frostbite and Hypothermia can occur in just minutes.



## Winter Travel Tips

- **If Travel is Necessary**
  - Use caution when driving in winter conditions. The highest rate of traffic crashes occur when snow first starts falling in Michigan.
  - Travel during the day and do not travel alone.
  - Stay on main roads; avoid back road shortcuts.
  - Inform someone of your destination and travel time. Bring a cell phone in case you must call for help.
  - Keep a supply kit in your car with salt, sand, shovel, food, and blankets.
- **If Traveling and the Power Goes Out**
  - Use extreme caution when driving.
  - When a signal at an intersection is without power and there are no other traffic control devices, the intersection is subject to the general Motor Vehicle Code right-of-way requirements.
  - Do not call 9-1-1 to ask about the power outage. Listen to the news for updates. However, report any downed power lines.
- **If Stranded in a Vehicle**
  - If you need assistance, attach a bright cloth to your antenna and turn on your emergency flashers when the engine is on. Remain in the vehicle.
  - Run the motor 10 minutes each hour for heat. However, open the window slightly for fresh air and make sure the exhaust pipe is not blocked.
  - To keep blood circulating and to stay warm, exercise by moving arms, legs, fingers, and toes.
- **Automotive Preparedness**
  - Ensure the vehicle is winterized by late fall. This includes having the proper mix of antifreeze and water in the cooling system, topping off the windshield washing solution, and checking the tire treads. Have a mechanic check the belts, hoses, tires, battery, and coolant.
  - Keep the fuel tank near full, as low fuel levels can cause condensation to form, degrading fuel quality, and possibly causing the fuel line to freeze. Additionally, gas stations may be closed during a severe winter storm, so it is wise to fill up if warnings of an impending storm are being broadcast.

## Automotive Supply Kit



- Keep these emergency supplies in your vehicle in a portable container:
- A small battery or crank powered radio (AM is sufficient) and extra batteries
  - Flashlight with extra batteries
  - Mobile phone w/ car charger
  - Windshield scraper
  - Blanket and extra clothes
  - Tire repair kit and pump
  - Phone book and phone list
  - De-icer and extra antifreeze
  - “Call Police” or other “Help” sign
  - Jumper cables
  - Tow chain or rope
  - Fire extinguisher
  - Maps
  - Shovel
  - Flares
  - First aid kit
  - Bottled water and nonperishable, high energy foods (granola bars, canned nuts, raisins, hard candy, trail mix, peanut butter and crackers)





## House or Apartment Fire

- **Prevention**
  - Install smoke detectors on every level. Check them monthly.
  - Keep bedroom doors closed when sleeping to allow more time to exit during a fire. It takes 10 to 15 minutes for a flame to burn through a door.
  - Teach all household members to stop, drop, and roll if they catch on fire.
  - Dispose of barbecue briquettes and fireplace ashes in a metal container, not in plastic garbage containers or paper bags.
  - Ensure all room exits are unobstructed.
  - Store matches and lighters out of the reach of children.
  - Use barbecue grills away from buildings and vegetation.
  - Only use gasoline as motor fuel and never store it indoors.
  - Never smoke when drowsy or in bed.
  - Plug only one heat producing device into each electrical outlet.
  - Do not run electrical cords under rugs.

- **In Case of Fire**

- Alert all members of the household.
- Go to the nearest exit and leave the house. Go directly to the safe meeting place your family chose and wait for others to join you. Never re-enter a burning building.
- If the room is filled or is filling with smoke, drop to your hands and knees, and crawl to the nearest exit or window. Since smoke and heat rise, the coolest and freshest air will be near the floor.
- Before opening doors, touch the back to see if it is hot. If it is hot, do not open the door and proceed to the secondary exit.
- If trapped in a room with fire blocking all exits, close all doors and wait for firefighters to rescue you. Stuff cracks and vents to keep smoke out.
- If possible, call 9-1-1 to report your exact location even if the fire department is on the scene. Wait at the window and signal with a sheet, flashlight, or something people can see.

## Man-Made and Technological Hazards



If you are notified or become aware of a technological hazard such as a hazardous spill/release, fire, or explosion, do not panic. If you need to leave the surrounding area or are directed to evacuate, do so immediately unless advised otherwise. Refer to the Evacuation and Shelter-in-Place guidelines on page 13.

- **Terrorism**

Terrorist attacks have left many concerned about the possibility of future incidents in the United States and their potential impact. The goal of terrorists is to destabilize government and panic residents. Terrorists try to keep residents guessing about what might happen next, increasing worries. However, there are things you and your family can do to prepare for the unexpected. This can reduce the stress you may feel now and later, should another emergency arise. Being prepared ahead of time can reassure you and your family that you can have a measure of control even in the face of such events.

- **What Can You Do?**

- Prepare to deal with a terrorist incident by adapting many of the same techniques used to prepare for other emergencies.
- Take precautions when traveling by being aware of suspicious or unusual behavior.
- Do not leave luggage or other items unattended.
- Be familiar with the “Eight Signs of Terrorism.”
- Do not accept packages from strangers.
- Learn basic first aid – enroll in a First Aid/CPR course at your local American Red Cross.
- Volunteer to help your community prepare for and respond to emergencies through the Citizen Corps Program. To find the Council nearest you, go to <https://www.ready.gov/citizen-corps-partner-programs>.

# ! 8 Signs of Terrorism !

#1

## Surveillance

Someone recording or monitoring activities. This may include the use of cameras (either still or video), note taking, drawing diagrams, annotating on maps, or using binoculars or other vision-enhancing devices.

#2

## Elicitation

People or organizations attempting to gain information about military operations, capabilities, or people. Elicitation attempts may be made by mail, fax, telephone, or in person.

#3

## Tests of Security

Any attempts to measure reaction times to security breaches or to penetrate physical security barriers or procedures in order to assess strengths and weaknesses.

#4

## Acquiring Supplies

Purchasing or stealing explosives, weapons, ammunition, etc. Includes acquiring military uniforms, decals, flight manuals, passes or badges (or the equipment to manufacture such items), or any other controlled items.

#5

## Suspicious Persons Out of Place

People who do not seem to belong in the workplace, neighborhood, business establishment, or anywhere else. Includes suspicious border crossings and stowaways aboard ship or people jumping ship in port.

#6

## Dry Run/Trial Run

Putting people into position and moving them around according to their plan without actually committing the terrorist act. This is especially true when planning a kidnapping, but it can also pertain to bombings. An element of this activity could also include mapping out routes and determining the timing of traffic lights and flow.

#7

## Deploying Assets

People and supplies getting into position to commit the act. This is a person's last chance to alert authorities before the terrorist act occurs.

#8

## Financing

Suspicious transactions involving large cash payments, deposits, or withdrawals are common signs of terrorist funding. Collections for donations, the solicitation for money and criminal activities are also warning signs.



# if you SEE something SAY something™

If You See Something Say Something™ used with permission of the NY Metropolitan Transportation Authority.

- Every resident plays an important role in preventing crimes, acts of violence, and terrorism by paying close attention to their environment.
- If you see something suspicious, like an object that does not belong or an individual behaving oddly, immediately notify law enforcement authorities.
- Remain vigilant of your environment by paying close attention to where you are and knowing how you would react if something happened.
- While entering buildings and moving around a facility, remember where you are located, what floor you are on, and where the nearest emergency exit is, including stairwells.
- Be on the lookout for indicators of suspicious activity, including the “Eight Signs of Terrorism.” Immediately notify law enforcement if you witness something suspicious or out of place.

## Reporting Suspicious Activity in Michigan

- If you notice any activity or behavior that seems suspicious or out of place, you should immediately notify law enforcement officials.
- For emergencies: Dial 9-1-1
- For non-emergencies, submit an anonymous tip:
  - Phone: 855-MICHTIP (855-642-4847)
  - Online: [www.michigan.gov/michtip](http://www.michigan.gov/michtip)



## Internet Safety For Kids

### Tips for Internet Safety:

- Tell your parents immediately if you come across something that makes you feel uncomfortable.
- Remember that people on the Internet may not be who they seem. Never give out identifying information such as your name, home address, school name or telephone number in a public message, such as in a chat room or on a bulletin board.
- People who are dangerous may represent themselves online as a young boy or girl to entice you to a face-to-face meeting.
- You should never arrange a face-to-face meeting without first asking a parent. If a parent agrees, you should meet in a public place with your parent accompanying you. Be careful when someone offers you something for nothing.
- Be very careful about any offers that involve you coming to a meeting or having someone visit your home.
- Always get to know your online friends just as you would get to know all of your friends.
- Never send your picture without first asking a parent.
- Never respond to messages or items that are suggestive, obscene, belligerent, threatening or make you feel uncomfortable.
- Be sure that you are dealing with someone you and your parents know and trust before giving out any personal information about yourself.
- Diligent parental supervision will help ensure your safety on the Internet.

## Signs Your Child May be at Risk Online

- Your child spends large amounts of time online, especially at night.
- You find pornography or other “banned” material on your child’s computer.
- Your child receives telephone calls from someone (particularly an adult) you don’t know, or is making telephone calls, sometimes long distance, to telephone numbers you don’t recognize.



## Internet Safety For Adults

The Internet is a constantly growing educational resource for children and can be a positive experience. Millions of children surf the Internet for school and entertainment every day. Children also communicate through e-mails, chat rooms and public message boards. Unsupervised, the Internet can be dangerous, exposing our children to predators and inappropriate material.

According to a survey conducted by the U.S. Department of Justice, one in five children receive unwanted sexual solicitations online and 70 percent of these unwanted solicitations happen on a home computer. The survey also found that most families who have youth who use the Internet regularly do not use filtering or blocking software.

## The Solution

Parents or guardians should educate their children to be cyber smart. Prevention and awareness is the key to deter cyber predators and exposure to inappropriate material. Children are trusting, naive and curious. They must be supervised by parents or guardians who have a fundamental understanding of computer technology and the Internet.

### Helpful resources:

[www.michigan.gov/mspcyber](http://www.michigan.gov/mspcyber)  
[www.ic3.gov](http://www.ic3.gov)

- Your child receives mail, gifts, or packages from someone you don’t know.
- Your child turns the computer off or quickly changes the screen when you come into the room.
- Your child is using an online account belonging to someone else.
- Your child becomes withdrawn from the family.



# Active Violence Incidents



An active violence incident is when an individual is engaged in killing or attempting to kill people in a confined and populated area; the attacker may be armed with a firearm or some other weapon. Maliciously driving a vehicle into a crowd is also a tactic that may be used.

- Victims may be selected at random
- Event is unpredictable and evolves quickly
- Knowing what to do can save lives

### When law enforcement arrives:

- Remain calm and follow instructions
- Drop items in your hands (e.g., bags, jackets)
- Raise hands and spread fingers
- Keep hands visible at all times
- Avoid quick movements toward officers, such as holding on to them for safety
- Avoid pointing, screaming or yelling
- Do not ask questions when evacuating

### Information to provide to 911 operations:

- Location of the attacker(s)
- Number of attackers
- Physical description of attackers
- Number and type of weapons the attacker has
- Number of potential victims at the location

## PREVENTION

- Be aware of your environment and any possible dangers
- Take note of the two nearest exits in any facility you visit
- If you are in an office, stay there and secure the door
- Attempt to fight the attacker as a last resort

## 1

### RUN

When an active violence incident occurs in your vicinity, you must be prepared both mentally and physically to deal with the situation.

You have **three options**:

#### 1. RUN

- Have an escape route and plan in mind
- Leave your belongings behind
- Evacuate regardless of whether others agree to follow
- Help others escape, if possible
- Do not attempt to move the wounded
- Prevent others from entering an area where the active shooter may be
- Keep your hands visible
- Call 9-1-1 when you are safe

#### 2. HIDE

- Hide in an area out of the attacker's view
- Lock door or block entry to your hiding place
- Silence your cell phone (including vibrate mode) and remain quiet

#### 3. FIGHT

- Fight as a last resort and only when your life is in imminent danger
- Attempt to incapacitate the attacker
- Act with as much physical aggression as possible
- Improvise weapons or throw items at the active attacker
- Commit to your actions . . . your life depends on it

## 2

### HIDE

## 3

### FIGHT

## CHARACTERISTICS OF AN ACTIVE VIOLENCE INCIDENT

- Victims are selected at random
- The event is unpredictable and evolves quickly
- Law enforcement is usually required to end an active violence incident

The first officers to arrive on scene will not stop to help the injured. Expect rescue teams to follow initial officers. These rescue teams will treat and remove injured. Once you have reached a safe location, you will likely be kept in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave the area until law enforcement authorities have instructed you to do so.



**D**id you know that trauma is the leading cause of death for Americans under the age of 46? *You Are the Help Until Help Arrives* is a new program dedicated to educating and empowering the public to take action and provide lifesaving care before professional help arrives. This program encourages the public to take these five steps in situations where someone may have a life-threatening injury due to trauma:

1. Call 9-1-1
2. Protect the injured from harm
3. Stop bleeding
4. Position the injured so they can breathe
5. Provide comfort

The program includes an interactive video, a 25-minute web-based training course explaining the steps people can take to help someone with life-threatening injuries, and materials for a hands-on, instructor-led training course that can be used to provide in-person training to communities across the country.

Please visit [www.ready.gov/untilhelparrives](http://www.ready.gov/untilhelparrives) to learn more about these five simple steps and share this critical information with others.

This program is the result of interagency collaboration led by the Federal Emergency Management Agency's (FEMA) Individual and Community Preparedness Division in cooperation with the U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR), the Medical Reserve Corps (MRC), and the Uniformed Services University's (USU) National Center for Disaster Medicine and Public Health (NCDMPH). The original research supporting the curriculum comes from the Centers for Disease Control and Prevention (CDC).



**you are the help**  
until help arrives





# OK2SAY

Stop the Silence. Help End the Violence.

OK2SAY is a **confidential** way to report criminal activities or potential harm directed at students, school employees, or schools.

It operates as an early warning system to break the code of silence so a student who is struggling can get needed help **before** a situation turns into a tragedy.

[ok2say.com](http://ok2say.com)

# SUBMIT A TIP



855-565-2729 652729 (OK2SAY) [ok2say@mi.gov](mailto:ok2say@mi.gov) [ok2say.com](http://ok2say.com)



Available in the app stores for iPhone & Android. Search "OK2SAY"





## FAMILY HOME HAZARD HUNT

An important step in family preparedness is the identification of potential hazards in your home. Once the hazards are identified, it does not take much time or effort to make your home a safer place to live.

To get started, conduct a home hazard hunt using the checklist below. Involve the entire family, especially your children. Remember, a potential hazard is anything that can move, break, fall, or burn. After identifying what needs to be done, create a plan, and practice it.

### All Rooms

- Ensure floor coverings (rugs, carpets) are properly secured to prevent tripping hazards.
- Separate draw cords on blinds and drapes to reduce strangulation hazards for children.
- Ensure room exits are unobstructed.
- Store poisonous cleaning supplies and medications in “childproof” cabinets.
- Replace glass bottles with clearly labeled plastic containers.

### Electricity

- Avoid the use of extension cords. If used, ensure the correct wattage rating.
- Plug only one heat producing device into an electrical outlet.
- Ensure cords are not placed under rugs.
- Replace damaged cords, plugs, and sockets.
- Use bulbs with the correct wattage for lamps and fixtures.
- Check fuses/circuit breakers for the correct amperage ratings.
- Do not override or bypass fuses or circuit breakers.

### Kitchen

- Wear snug-fitting clothes when cooking.
- Do not leave food unattended when cooking.
- Keep pan handles turned in while cooking.
- Keep a pan lid nearby in case of fire.
- Keep cooking areas clean and clear of combustibles.
- Keep cords from dangling.
- Keep sharp knives out of reach of children.

- Ensure outlets near kitchen sink are Ground Fault Interrupt (GFI) equipped.

### Garage/Attic/Shed

- Do not store gasoline indoors where the fumes could ignite.
- Keep flammable liquids such as paints and thinners in their original containers and store on or near the ground away from sources of heat, sparks, or flame.

### Outside

- Clear dry vegetation and rubbish from around the house.
- Use barbecue grills away from buildings and vegetation.
- Dispose of barbecue briquettes in a metal container, not paper or plastic bags.
- Check with the fire department before open burning or using a burn barrel.

### Clothes Washer and Dryer

- Verify that appliances are properly grounded.
- Ensure lint filter is cleaned regularly and serviceable.
- Check vent hose and vent line to ensure they are clean and provide unobstructed airflow.

### Heating Equipment

- Ensure fireplace inserts and gas/wood stoves comply with local codes.
- Clean and inspect chimney annually.
- Dispose of ashes in metal containers.
- Keep clothes, furnishings, and electrical cords at least 12” from wall heaters and 36” from portable heaters.
- Ensure furnace is serviced annually by a qualified professional.
- Set water heater thermostat at 120 degrees F.
- Elevate gas water heaters at least 18” above the floor.

### Smoking and Matches

- Store matches and lighters out of reach of children.
- Use large, deep, non-tip ashtrays.
- NEVER smoke while in bed or when drowsy.
- Dispose of ashes and cigarette butts in a metal can at least daily.

# Emergency Preparedness Kit Checklist



- Check furniture for smoldering cigarettes, especially after gatherings.
- Smoke Detector**
- Install at least one smoke detector on each level.
- Test each detector at least once a month.
- Replace batteries in each detector twice each year when you change your clocks in the spring and fall.

## Fire Extinguisher

- Verify that an all purpose fire extinguisher (Class ABC) is maintained and in an accessible location.
- Ensure all occupants know how to use a fire extinguisher.
- Keep a fire extinguisher in the kitchen, garage, and basement.

## Carbon Monoxide Hazards

- Install at least one carbon monoxide detector with an audible warning signal near sleeping areas and outside of individual bedrooms.
- Have a qualified professional check all fuel burning appliances, furnaces, venting, and chimney systems at least once a year.
- Never use your range or oven to heat your home, and never use a charcoal grill or hibachi in an enclosed, unventilated area.
- Never keep a car running in a garage.

## Earthquake Hazards

- Bolt heavy, tall, and upright furniture to wall studs.
- Lock or remove rollers on beds, furniture, and appliances.
- Secure hanging plants and light fixtures with one or more guide wires to prevent swinging into walls or windows and breaking.
- Secure kitchen and bathroom cabinets with “positive” (self-closing) latches.
- Secure items on shelves with quake mats, Velcro, or shelf barrier.
- Store heavy and/or breakable items on lower shelves.
- Strap water heater to wall studs.
- Use flexible connections on gas appliances.
- Check chimney for loose bricks and repair as needed.
- Check foundation for cracks and repair as needed.
- Bolt home to foundation to prevent shifting during earthquake.
- Secure mirrors and pictures to the wall or hang them with heavy wire, looped through eye screws or tongue-in-groove hangers.

Water, food, and clean air are important things to have in the event of an emergency. Each emergency preparedness kit should be customized to meet your specific needs, such as medications and infant formula. It should also be customized to include important documents for you and your family.

## Basic Kit - Recommended Supplies:

- Water, one gallon of water per person per day, for drinking and sanitation
- Food, at least a three-day supply of non-perishable food
- Battery-powered or crank radio and a NOAA Weather Radio with tone alert, and extra batteries for both
- Flashlight and extra batteries
- First aid kit
- Whistle to signal for help
- Infant formula and diapers, if you have an infant
- Moist towelettes, garbage bags, and plastic ties for personal sanitation
- Dust mask or cotton t-shirt to help filter the air
- Plastic sheeting and duct tape to shelter-in-place
- Wrench or pliers to turn off utilities
- Can opener for food (if kit contains canned food)

## Clothing and Bedding:

- Living in a cold weather climate, you must think about warmth. It is possible that the power will be out and you will not have heat. Rethink your clothing and bedding supplies to account for growing children and other family changes. One complete change of warm clothing and shoes per person, including:
- Jacket or coat
  - Long pants
  - Long sleeve shirt
  - Sturdy shoes
  - Hat and gloves
  - Sleeping bag or warm blanket for each person

## Additional Items:

Listed below are other items for your family to consider adding to your kit. Some of these items can be dangerous, so please handle carefully. Other emergency reference materials can be found at [www.ready.gov](http://www.ready.gov).

- Light Stick
- Emergency Candle
- Multi Tool
- Rain gear
- Mess kits, paper cups, plates, and plastic utensils
- Cash or traveler's checks and change
- Paper towels
- Fire Extinguisher
- Tent
- Compass
- Matches in a waterproof container\*
- Signal Flare\*
- Paper, pencil
- Pet supplies and documents
- Personal hygiene items including feminine supplies
- Disinfectant\*
- Household chlorine bleach\* - You can use bleach as a disinfectant (diluted nine parts water to one part bleach), or in an emergency you can also use it to treat water. Use 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe, or bleaches with added cleaners.
- Medicine dropper
- Important Family Documents such as copies of insurance policies, identification and bank account records in a waterproof, portable container

\* Can be dangerous

[WWW.MICHIGAN.GOV/MIREADY](http://WWW.MICHIGAN.GOV/MIREADY)



## Family Emergency Plan

Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do. Keep a copy of this plan in your emergency preparedness kit or another safe place where you can access it easily.

### Evacuation Location:

**Out-of-Town Contact:**  
Name: \_\_\_\_\_  
Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_

**Neighborhood Meeting Place:**  
\_\_\_\_\_  
\_\_\_\_\_

**Regional Meeting Place:**  
\_\_\_\_\_  
\_\_\_\_\_

## Family Member Contact Information

Fill out the following information for each family member and keep it up to date.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
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Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

## Workplace & School Information

Write down where your family spends the most time: work, school, and other places you frequent. Schools, daycare providers, workplaces, and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

### School Information

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

### Work Information

Workplace: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

Workplace: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

## Other Important Information

### Medical Contacts

Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Pharmacist: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Veterinarian/Kennel: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Insurance Information

Medical Insurance: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Homeowners/Rental Insurance: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Policy Number: \_\_\_\_\_





# Public Emergency Services and Contractors



Cut this out and keep it somewhere safe like your backpack, school notebook, or wallet.  
And/or input these numbers into your cell phone.

<b>Fire Department</b> Name: _____ Emergency Phone: _____ Business Phone: _____	<b>Electrician</b> Name: _____ Emergency Phone: _____ Business Phone: _____
<b>Emergency Medical Services</b> Name: _____ Emergency Phone: _____ Business Phone: _____	<b>Plumber</b> Name: _____ Emergency Phone: _____ Business Phone: _____
<b>Hospital</b> Name: _____ Emergency Phone: _____ Business Phone: _____	<b>Fire Protection Contractor</b> Name: _____ Emergency Phone: _____ Business Phone: _____
<b>Public Health Dept.</b> Name: _____ Emergency Phone: _____ Business Phone: _____	<b>Elevator Service</b> Name: _____ Emergency Phone: _____ Business Phone: _____
<b>State Environmental Auth.</b> Name: _____ Emergency Phone: _____ Business Phone: _____	<b>Hazardous Material Cleanup</b> Name: _____ Emergency Phone: _____ Business Phone: _____
<b>National Response Center (EPA)</b> Name: _____ Emergency Phone: _____ Business Phone: _____	<b>Cleanup/Disaster Restoration</b> Name: _____ Emergency Phone: _____ Business Phone: _____

Name: _____ Emergency Phone: _____ Business Phone: _____	Name: _____ Emergency Phone: _____ Business Phone: _____
<b>Family Emergency Plan</b> Emergency Contact Name: _____ Telephone: _____ Out-of-Town Contact Name: _____ Telephone: _____ Neighborhood Meeting Place: _____ Telephone: _____ Other Important Information: _____ <small>Do Not Call for Emergencies</small>	<b>Family Emergency Plan</b> Emergency Contact Name: _____ Telephone: _____ Out-of-Town Contact Name: _____ Telephone: _____ Neighborhood Meeting Place: _____ Telephone: _____ Other Important Information: _____ <small>Do Not Call for Emergencies</small>

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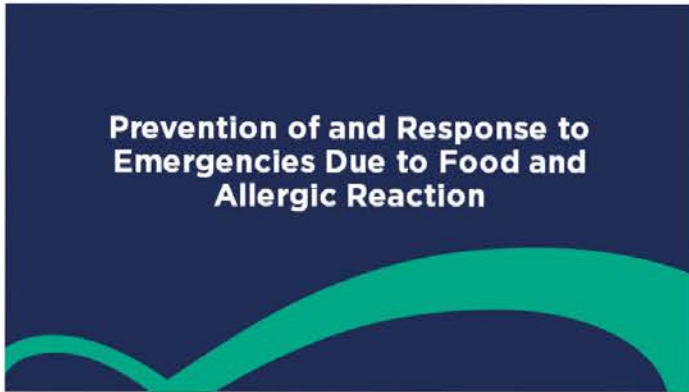
<b>Family Communication Plan For Kids</b> Home: _____ Parent: _____ Cell: _____ Work: _____ Parent: _____ Cell: _____ Work: _____ My Cell: _____ Sibling: _____ Cell: _____ Sibling: _____ Cell: _____	Neighbor: _____ Home: _____ Cell: _____ Neighbor: _____ Home: _____ Cell: _____ Neighbor: _____ Home: _____ Cell: _____ Out-of-State Friend/Relative: _____ Home: _____ Cell: _____
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[www.michigan.gov/emhsd](http://www.michigan.gov/emhsd)  
[www.michigan.gov/MIREADY](http://www.michigan.gov/MIREADY)





## Prevention of and Response to Emergencies Due to Food and Allergic Reaction

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### Prevention of and Response to Emergencies Due to Food and Allergic Reaction: Food Safety

- Make sure food prep surfaces are cleaned and disinfected
- Wash fresh fruits and veggies before serving them
- Breastmilk and formula in bottles should be thrown away after two hours
- Transfer baby food out of the jar before feeding
- Refrigerate food immediately after eating and when in doubt, throw it out



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### Prevention of and Response to Emergencies Due to Food and Allergic Reaction

#### MILD SYMPTOMS

- NOSE**  
Runny nose, sneezing
- MOUTH**  
Itchy mouth
- SKIN**  
A New York, 2012-2013
- GUT**  
Mild nausea/diarrhea

#### SEVERE SYMPTOMS

- LUNG**  
Short of breath, wheezing, coughing
- HEART**  
Fast pulse, fainting
- THROAT**  
Tight throat, trouble swallowing
- MOUTH**  
Swelling of the tongue, trouble swallowing
- SKIN**  
Hives, swelling, redness
- GUT**  
Vomiting, diarrhea
- OTHER**  
Fainting, dizziness, confusion
- BP & CONSCIOUSNESS**  
Low blood pressure, loss of consciousness



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## Prevention of and Response to Emergencies Due to Food and Allergic Reaction

- Learn to investigate food labels
- Know the names of allergens
- Use color-coded stickers at home
- Build an allergy emergency kit
- Wash hands with soap and water



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## Precautions in Transporting Children

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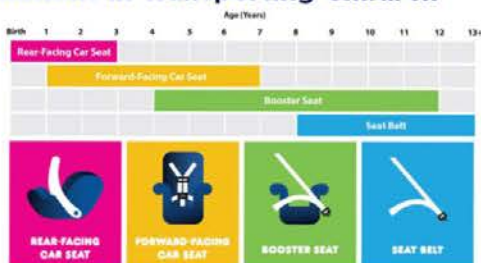
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## Precautions in Transporting Children



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# Safety Tips *for handling and preparing common foods*

**HELP**  
Prevent Food  
Poisoning!

Type of FOOD		AVOID	Better CHOICE
 <b>MEAT &amp; POULTRY</b>	Raw or undercooked meat or poultry	Meat or poultry cooked to a safe internal temperature. Use a food thermometer to check <a href="https://www.foodsafety.gov/keep/charts/mintemp.html">https://www.foodsafety.gov/keep/charts/mintemp.html</a>	
	 <b>SEAFOOD</b>	Raw or undercooked fish, shellfish, or food containing raw or undercooked seafood, such as sashimi, some sushi, and ceviche.	<ul style="list-style-type: none"> <li>Seafood cooked to 145°F</li> <li>Canned fish and seafood</li> <li>Refrigerated smoked seafood in a cooked dish, such as a casserole</li> </ul>
 <b>DAIRY</b>	Unpasteurized (raw) milk	Pasteurized milk	
 <b>EGGS</b>	Foods that contain raw or undercooked eggs, such as: <ul style="list-style-type: none"> <li>Homemade Caesar salad dressing</li> <li>Raw cookie dough</li> <li>Eggnog</li> </ul>	Use pasteurized eggs and egg products when preparing recipes that call for raw or undercooked eggs.	
 <b>SPROUTS</b>	Raw or undercooked sprouts, such as alfalfa, bean, or any other sprout	<ul style="list-style-type: none"> <li>Cooked sprouts</li> <li>No sprouts</li> </ul>	
 <b>VEGETABLES</b>	Unwashed fresh vegetables, including lettuce and salads	<ul style="list-style-type: none"> <li>Washed fresh vegetables, including salads</li> <li>Cooked vegetables</li> </ul>	
 <b>CHEESE</b>	Soft cheeses made from unpasteurized (raw) milk, such as queso fresco, blue-veined, feta, Brie, Camembert	<ul style="list-style-type: none"> <li>Soft cheeses that are clearly labeled "made from pasteurized milk"</li> <li>Processed cheeses, cream cheese, mozzarella, hard cheeses</li> </ul>	

Accessible version: <http://www.cdc.gov/foodsafety/communication/foods-safety-tips.html>



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

CS296 105-A





# STORAGE AND PREPARATION OF BREAST MILK

## BEFORE EXPRESSING/PUMPING MILK

**Wash** your hands well with soap and water.



**Inspect** the pump kit and tubing to make sure it is clean.

Replace moldy tubing immediately.



**Clean** pump dials and countertop.



## STORING EXPRESSED MILK



**Use** breast milk storage bags or clean food-grade containers with tight fitting lids.



**Avoid** plastics containing bisphenol A (BPA) (recycle symbol #7).

## HUMAN MILK STORAGE GUIDELINES

TYPE OF BREAST MILK	STORAGE LOCATIONS AND TEMPERATURES		
	Countertop 77°F (25°C) or colder <i>(room temperature)</i>	Refrigerator 40 °F (4°C)	Freezer 0 °F (-18°C) or colder
<b>Freshly Expressed or Pumped</b>	Up to <b>4 Hours</b>	Up to <b>4 Days</b>	Within <b>6 months</b> is best Up to <b>12 months</b> is acceptable
<b>Thawed, Previously Frozen</b>	<b>1–2 Hours</b>	Up to <b>1 Day</b> <i>(24 hours)</i>	<b>NEVER</b> refreeze human milk after it has been thawed
<b>Leftover from a Feeding</b> <i>(baby did not finish the bottle)</i>	Use within <b>2 hours</b> after the baby is finished feeding		

## STORE

Label milk with the date it was expressed and the child's name if delivering to childcare.

Store milk in the back of the freezer or refrigerator, not the door.

Freeze milk in **small amounts of 2 to 4 ounces** to avoid wasting any.



When freezing leave an inch of space at the top of the container; breast milk expands as it freezes.

Milk can be stored in an insulated cooler bag with frozen ice packs for **up to 24 hours** when you are traveling.

If you don't plan to use freshly expressed milk **within 4 days**, freeze it right away.

## THAW

**Always thaw the oldest milk first.**

Thaw milk under lukewarm running water, in a container of lukewarm water, or overnight in the refrigerator.

Never thaw or heat milk in a microwave. Microwaving destroys nutrients and creates hot spots, which can burn a baby's mouth.

Use milk **within 24 hours** of thawing in the refrigerator (*from the time it is completely thawed, not from the time when you took it out of the freezer*).

Use thawed milk **within 2 hours** of bringing to room temperature or warming.

**Never refreeze thawed milk.**



## FEED

Milk can be **served cold, room temperature, or warm.**

To heat milk, place the sealed container into a bowl of warm water or hold under warm running water.

**Do not heat** milk directly on the stove or in the microwave.



Test the temperature before feeding it to your baby by putting a few drops on your wrist. It should feel warm, **not hot.**

Swirl the milk to mix the fat, which may have separated.

If your baby did not finish the bottle, leftover milk should be used **within 2 hours.**

## CLEAN

Wash disassembled pump and feeding parts in a clean basin with soap and water. **Do not wash directly** in the sink because the germs in the sink could contaminate items.

Rinse thoroughly under running water. Air-dry items on a clean dishtowel or paper towel.

Using clean hands, store dry items in a clean, protected area.

**For extra germ removal, sanitize feeding items daily using one of these methods:**

- clean in the dishwasher using hot water and heated drying cycle (*or sanitize setting*).
- boil in water for 5 minutes (*after cleaning*).
- steam in a microwave or plug-in steam system according to the manufacturer's directions (*after cleaning*).



June 2019



Centers for Disease  
Control and Prevention  
National Center for Chronic  
Disease Prevention and  
Health Promotion

**FOR MORE INFORMATION, VISIT:**  
<https://bit.ly/2dxVYLU>

296657-B

# AVOIDING FOOD ALLERGEN



## LABEL READING ESSENTIALS

### Allergen Label Reading Basics

Read (and evaluate) ingredient labels for every food each time it is used. Product formulations may change at any time without notification.

Get more information from manufacturer for unclear ingredient labels.

If any doubt of allergen safety then do not offer the item in question.

Also, read labels on medications, body and skin products (e.g. soaps, lotions, shampoos, etc), and crafts (clay, glues, etc).



# Know how to read a food ingredient label to avoid an allergic reaction.

Everyone responsible for meal and snack preparation needs to know how to read ingredient labels.

## Understanding Food Allergen Labeling Laws:

What FALCPA\* does and does not cover.

FDA requires all packaged food list the eight major food allergens in plain (clear and understandable) language.

**Major 8 Allergens:** Milk, Egg, Fish, Crustacean Shellfish, Peanuts, Tree Nuts, Wheat, and Soy

These allergens account for over 90 percent of all food allergies in the U.S.

These allergens must be stated if found in flavorings, colorings or other additives.

Current labeling laws only apply to foods regulated by the FDA. It does not apply to most fresh meats/poultry and certain egg products.

Food allergens labeling laws only apply to the major eight and does not apply to:

- Most fresh meats/poultry
- Certain egg products
- Sesame and other seeds
- Molluscan shellfish (oysters, clams, mussels and scallops)
- Gluten containing grains other than wheat (barley, rye and oats).

## Advisory Labels and Cautionary Statements

- Advisory statements are written in numerous formats and under no federal or state regulation
- "May contain", "Produced in a facility that", "Manufactured on shared equipment with," etc.
- Avoid products with advisory labeling for the allergen in question

# Looking at Ingredient Labels

Labels can list the 8 major food allergens in one of two ways:

## 1) Following Name of the Ingredient

Ingredients:

Sugar, Peanuts (Roasted), Corn Syrup, Palm Kernel and Coconut Oil (Partially Hydrogenated), Nonfat Milk, High Fructose Corn Syrup, Cocoa, Less Than 1%: Glycerin, Dextrose, Whey (From Milk), Salt, Artificial & Natural Flavors, Soy Lecithin, Soybean Oil, Carrageenan, TBHQ and Citric Acid, TBHQ, and Citric Acid (to Preserve Freshness), Lactic Acid Esters

OR

## 2) Next to a Contains Statement

INGREDIENTS: ENRICHED FLOUR, WHEAT FLOUR, NIACIN, REDUCED IRON, THIAMIN MONONITRATE (VITAMIN B1), RIBOFLAVIN (VITAMIN B2), FOLIC ACID, SUGAR, VEGETABLE OIL (PARTIALLY HYDROGENATED PALM KERNEL AND/OR COTTONSEED OIL, SOYBEAN AND PALM OIL), COCOA CARAMEL COLOR, CONTAINS TWO PERCENT OR LESS OF COCOA PROCESSED WITH ALKALI, INVERT SUGAR, WHEY LEAVENING (BAKING SODA, MONOCALCIUM PHOSPHATE), CORNSTARCH, SALT, SOY LECITHIN, NATURAL AND ARTIFICIAL FLAVOR, OIL OF PEPPERMINT.

CONTAINS WHEAT, MILK AND SOY INGREDIENTS.

"Contains Statements only apply to the major 8 allergens and are optional. Just because a product does not include a "contains" statement, that does not mean the allergen in question is not in the product.

## Celiac Disease and Gluten Sensitivity

You may be caring for a child with celiac disease or non-celiac gluten sensitivity. Celiac disease is a genetic autoimmune disease. Non-celiac gluten sensitivity is a condition that occurs in individuals who are unable to tolerate gluten and experience symptoms similar to those associated with celiac disease. Gluten is a protein found wheat, rye, and barley and their derivatives. Even though oats are inherently gluten-free, they are likely to be contaminated unless they are certified gluten-free. A small percentage of people with celiac disease do react to pure, uncontaminated oats. Accidental gluten exposure can cause severe gastrointestinal symptoms, neurologic symptoms, muscular pain and potentially long term health concerns.

# Hidden Ingredients

Hidden ingredients are not an obvious part of a food. A person eating the food may have no idea that it contains an allergen.

Label reading is key to avoiding accidental ingestion of hidden ingredients!

If you can't read it, then don't eat (or serve) it!

## Common Sources of Hidden Ingredients



**Milk:** Breads, caramel, hot dogs and deli meat, non-dairy creamers, cheese alternatives, canned tuna, guacamole, chocolate, butter substitutes, sauces...



**Eggs:** Mayonnaise, meringue, egg substitutes, cake mixes, frosting, pasta, salad dressing, meatballs, sauces, ice cream, glaze on soft pretzels...



**Peanuts/Tree Nuts:** Artificial and mixed nuts, desserts, ethnic cuisine, ice cream, barbeque and other sauces, marzipan, nougat, pesto, energy bars, granola, cereal, chocolate candies...



**Fish/Shellfish:** Worcestershire sauce, Caesar salad dressing, imitation crab products, Asian cuisine...



**Wheat:** All grain based products, processed foods, food starch, soy and other sauces...



**Soy:** Processed foods, breads, soups, sauces, canned meats, peanut butter, cereals, crackers...



**FAMILIES AND CAREGIVERS  
LABEL READING ESSENTIALS**

Special Thanks to Our Reviewer: Beth Foland, MS RD, Team Nutrition Specialist, Indiana Department of Education, Office of School and Community Nutrition.



# BE FOOD ALLERGY AWARE SIX THAT SAVE LIVES

## 1 THE SYMPTOMS

Signs of a severe food allergy reaction (called anaphylaxis) are 2 or more of:

- Breathing difficulty, wheezing or coughing
- Vomiting, diarrhea or cramps
- Hives or widespread skin redness
- Swelling of tongue, lips or throat
- Feeling very faint / drop in blood pressure (If only this 1 symptom or with just severe wheezing, it is still anaphylaxis.)



## 2

**IN ANAPHYLAXIS:  
Use the auto-injector right away.  
Call 911 and report an emergency.**

Epinephrine is considered a safe drug. Antihistamines are for mild symptoms only, and will not halt anaphylaxis. Err on the side of using the auto-injector.



## 3

### TIME IS OF THE ESSENCE

In studies of those who have died of anaphylaxis, they did not receive epinephrine, or they got it too late. Prompt use of the shot is vital.

## 4

### GO TO THE HOSPITAL

A person who's had an epinephrine shot must be taken to hospital to ensure the reaction is under control. IF symptoms have not improved in 10 to 15 minutes, a second auto-injection should be given.

## 5

### RECLINING IS BEST

In the ambulance, the person having the reaction should be lying down, with the legs raised (this improves blood flow).

## 6

### DON'T GO IT ALONE

No person should be expected to be fully responsible for self-administering epinephrine. Assistance during anaphylaxis is crucial.

**Allergic**  
Living

*From Allergicliving.com. Based on information from the National Institute of Allergy and Infectious Diseases and FARE.*





**PLACE  
PICTURE  
HERE**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_








Weight: \_\_\_\_\_ lbs. Asthma:  **Yes (higher risk for a severe reaction)**  **No**

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_  
THEREFORE:  
 If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.  
 If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





## SEVERE SYMPTOMS

 <b>LUNG</b> Shortness of breath, wheezing, repetitive cough	 <b>HEART</b> Pale or bluish skin, faintness, weak pulse, dizziness	 <b>THROAT</b> Tight or hoarse throat, trouble breathing or swallowing	 <b>MOUTH</b> Significant swelling of the tongue or lips
 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion	<b>OR A COMBINATION</b> of symptoms from different body areas.

↓ ↓ ↓

- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

## MILD SYMPTOMS

 <b>NOSE</b> Itchy or runny nose, sneezing	 <b>MOUTH</b> Itchy mouth	 <b>SKIN</b> A few hives, mild itch	 <b>GUT</b> Mild nausea or discomfort
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**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

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**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1 mg IM  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

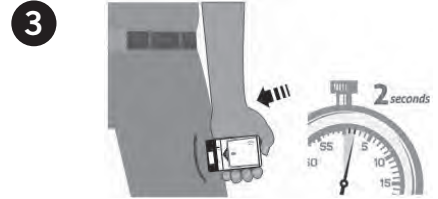
Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

\_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHYSICIAN/HCP AUTHORIZATION SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

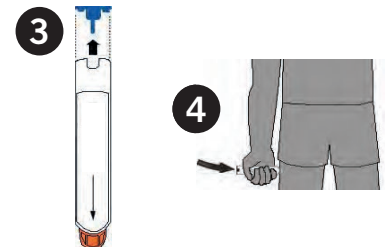
## HOW TO USE AUVI-Q® (EPINEPRHINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



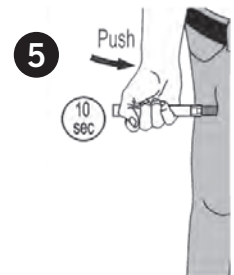
## HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



## HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_



**EMERGENCY INFORMATION**





CHILD'S NAME:	
NICKNAME:	BIRTHDATE:
PARENT/GUARDIAN:	PHONE:
PARENT/GUARDIAN:	PHONE:
EMERGENCY CONTACT:	PHONE:
PHYSICIAN INFO:	PHONE:
ALLERGIES:	
MEDICAL INFO:	

## Precautions in Transporting Children: Pinch Test



To find a Certified Child Passenger Safety Technician who can check your seat at no cost, email or call Kara Rueckert [RueckertK1@michigan.gov](mailto:RueckertK1@michigan.gov) 517-284-3066



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## Precautions in Transporting Children: Chest Clip



To find a Certified Child Passenger Safety Technician who can check your seat at no cost, email or call Kara Rueckert [RueckertK1@michigan.gov](mailto:RueckertK1@michigan.gov) 517-284-3066



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## Precautions in Transporting Children: Winter Coats



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## Precautions in Transporting Children: Booster Seats

To find a Certified Child Passenger Safety Technician who can check your seat at no cost, email or call Kara Rueckert [RueckertK1@michigan.gov](mailto:RueckertK1@michigan.gov) 517-284-3066

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## Precautions in Transporting Children: Car Seat Expiration

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## Precautions in Transporting Children: Car Seat Expiration

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# Car Seat Basics

Motor vehicle crashes are the leading cause of death for young children, and properly restrained children have a more than 50 percent greater chance of surviving a crash. When driving with children, always use the appropriate car seat or seat belt.

## The 4 Steps for Keeping a Child Riding Safely

**STEP**  
**1**  
**REAR-FACING**



All babies and toddlers should ride in rear-facing car seats until they are 2 years old or until they reach the highest weight or height limit allowed by the car seat.

**STEP**  
**2**  
**FORWARD-FACING**



All children 2 years or older, or those who have outgrown the weight or height limit of their rear-facing seat, should ride in a forward-facing car seat with a harness for as long as possible up to the highest weight or height allowed by the car seat.

**STEP**  
**3**  
**BOOSTER SEATS**



All children whose weight or height is above the forward-facing limit for their seat should use a belt-positioning booster seat until the vehicle lap/shoulder belt fits properly, typically when the child reaches 4'9" tall at 8–12 years old.

**STEP**  
**4**  
**SEAT BELTS**



When children are old enough and large enough to use the vehicle seat belt alone, always use lap and shoulder belts for optimal protection.

**ALL CHILDREN YOUNGER THAN 13 YEARS OLD SHOULD BE RESTRAINED IN THE REAR SEAT OF VEHICLES.**

*Source: American Academy of Pediatrics, Policy Statement, April 2011*

To learn more or locate a certified child safety technician, visit [NHTSA.gov](http://NHTSA.gov).

# Common car seat mistakes and how to avoid them

**More than 70 percent of car seats are not installed properly.  
Most common errors are easy to fix with just a few adjustments.**

## **THE HARNESS STRAPS ARE NOT TIGHT ENOUGH.**

- Harness straps should fit snug to the child's body and should pass the "pinch test," meaning 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, such as rear-facing to forward-facing.

## **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.

### **TIPS FOR BUYING CAR SEATS**

You should never purchase or borrow a used car seat that:

- Has been involved in a crash
- Has been recalled
- Has no date of manufacture and/or model number
- Has expired (typically after six years)
- Is damaged or missing parts

**Car seats should not be purchased at garage sales or second-hand stores since the history of the seat is unknown.**

### **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. In addition:

- If all back seats are occupied by children under 4, then a child under 4 may ride in a car seat in the front seat.
- A child in a rear-facing car 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.



P.O. Box 30634 • Lansing, MI 48909  
(517) 241-2500  
[Michigan.gov/ohsp](http://Michigan.gov/ohsp)





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### License Exempt Providers



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## Training Opportunities: Training Hours for Level 2 Rate

- 10 hours of approved training will increase your subsidy rate
- Trainings must be a minimum of one hour long
- Training must be taken annually to maintain increased subsidy rate
- All trainings on the MiRegistry calendar are approved except LEPPT



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## MiRegistry

- Search and register for training to meet Level 2 training hours.

 [www.miregistry.org](http://www.miregistry.org)

 [support@miregistry.org](mailto:support@miregistry.org)

 833-386-9238

 888-825-9995



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## Child Development and Care Program Information

 [www.Michigan.gov/childcare](http://www.Michigan.gov/childcare)

 866-990-3227

 517-284-7529



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**Please complete the POST-Survey so you can receive credit for this training!**

<https://forms.office.com/r/b71MgOaiSn>



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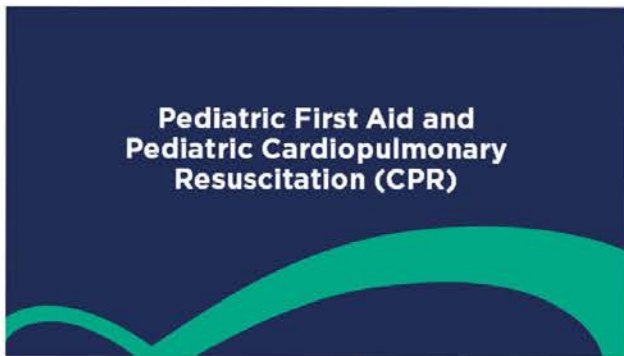
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