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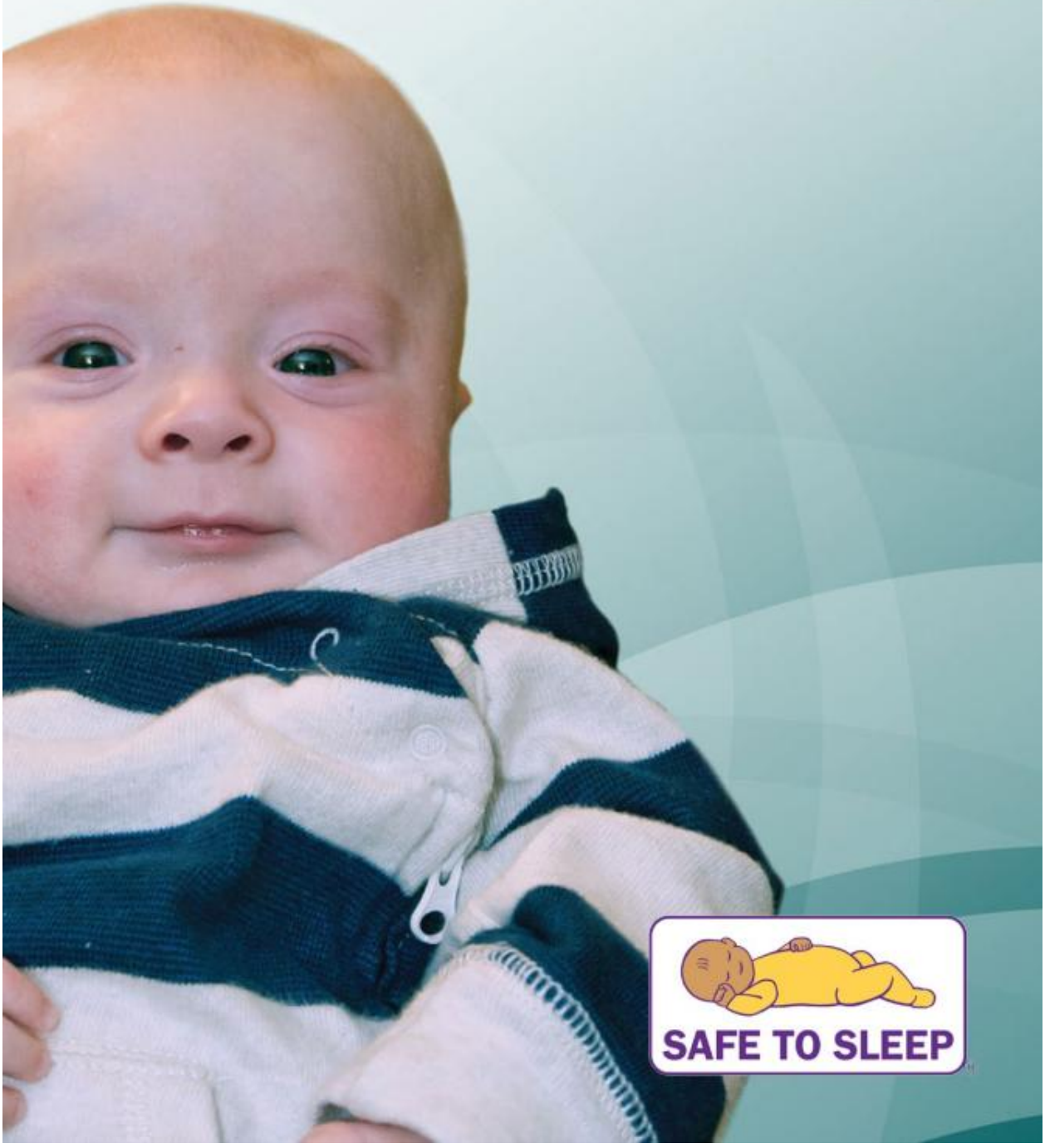
SAFE SLEEP
FOR YOUR BABY

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



This is what a safe sleep environment looks like. The infant's sleep area has **no bumpers, pillows, blankets, or toys** and is **in the same room where the parents sleep.**

SAFE TO SLEEP®

Each year in the United States, thousands of babies die suddenly and unexpectedly. Some of these deaths result from unknown causes, such as Sudden Infant Death Syndrome (SIDS), while others are from known causes, including other sleep-related causes of infant death.

What is SIDS?

SIDS is the sudden, unexpected death—that doesn't have a known cause even after a full investigation—of a baby between 1 month and 1 year of age.

About half of the sudden, unexpected infant deaths that occur in the United States each year are from SIDS.

What are other sleep-related causes of infant death?

Other sleep-related causes of infant death are those related to how or where a baby slept. These can include accidental:

- **Suffocation:** when something, such as a pillow, or someone covers the baby's face and nose, blocking the ability to breathe
- **Entrapment:** when the baby gets trapped between two objects, such as a mattress and a wall, and can't breathe
- **Strangulation:** when something presses on or wraps around the baby's neck, blocking baby's airway

Fast facts about SIDS

- SIDS is the leading cause of death among babies 1 month to 1 year of age.
- Most SIDS deaths happen when babies are between 1 month and 4 months of age.

What should parents and caregivers know about SIDS and other sleep-related causes of infant death?

We have made great progress in reducing SIDS.

Since the 1990s, when the U.S. back-sleeping recommendations were first released and public awareness efforts began, the overall U.S. SIDS rate has dropped by about 60 percent. This lower rate equals thousands of babies' lives. Since then, the number of babies placed on their backs to sleep has tripled.

But, as SIDS rates have declined, deaths from other sleep-related causes, such as suffocation, have increased, and certain groups remain at higher risk for SIDS than others. For example, African American and American Indian/Alaska Native babies are at higher risk for SIDS than white, Hispanic, or Asian/Pacific Islander babies. So there is still work to do to save infant lives.

Babies sleep safest on their backs.

Babies who sleep on their backs are much less likely to die of SIDS than babies who sleep on their stomachs or sides.

Every sleep time counts.

Babies should sleep on their backs for naps and at night. Babies who are used to sleeping on their backs but who are then placed on their stomachs, like for a nap, are at very high risk for SIDS.

Sleep surface and sleep environment matter.

Babies who sleep *on a soft surface,* such as an adult mattress, or *under a soft covering,* such as a soft blanket or quilt, are more likely to die of SIDS or suffocation. These deaths also are more likely when soft objects, toys, and blankets are in the baby's sleep area.

SAFE TO SLEEP

What can I do to lower my baby's risk of SIDS and other sleep-related causes of death?

There is no sure way to prevent SIDS, but parents and caregivers can take steps to reduce the risk of 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.

The back sleep position is the safest position for all babies until they are 1 year old. Preemies (infants born preterm) should be placed on their backs to sleep as soon as possible after birth. Babies who are used to sleeping on their backs, but who are then placed to sleep on their stomachs, like for a nap, are at very high risk for SIDS.

If baby rolls over on his or her own during sleep from back to stomach or stomach to back, there is no need to reposition the baby. Starting sleep on the back is most important for reducing SIDS risk.

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.

Never place baby to sleep on soft surfaces, such as on a couch, sofa, waterbed, pillow, quilt, sheepskin, or blanket. These surfaces can be very dangerous for babies. Do not use a car seat, stroller, swing, infant carrier, infant sling, or similar products as baby's regular sleep area. Following these recommendations reduces the risk of SIDS and death or injury from suffocation, entrapment, and strangulation.

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

SAFE TO SLEEP

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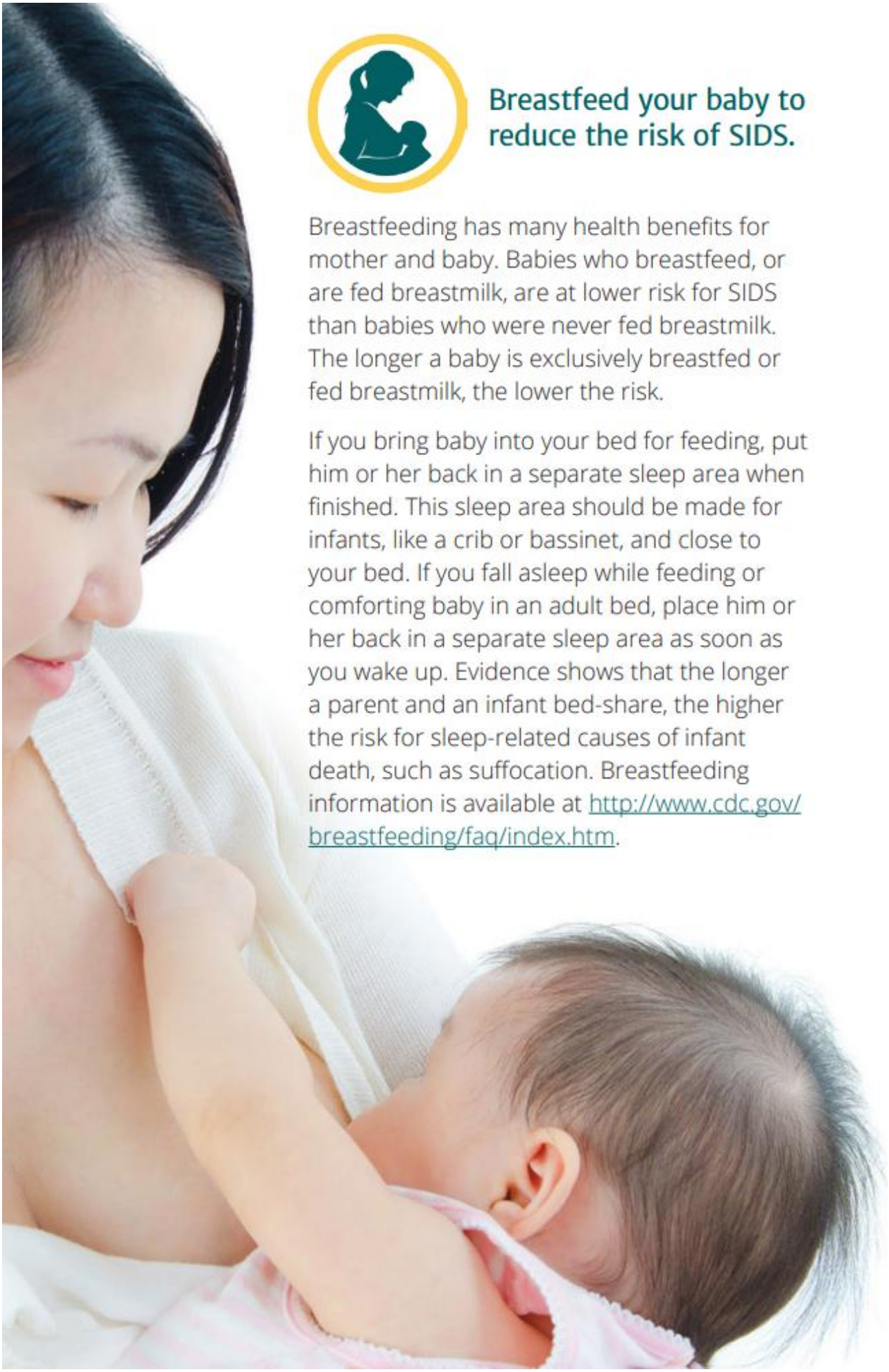
SAFE TO SLEEP



Breastfeed your baby to reduce the risk of SIDS.

Breastfeeding has many health benefits for mother and baby. Babies who breastfeed, or are fed breastmilk, are at lower risk for SIDS than babies who were never fed breastmilk. The longer a baby is exclusively breastfed or fed breastmilk, the lower the risk.

If you bring baby into your bed for feeding, put him or her back in a separate sleep area when finished. This sleep area should be made for infants, like a crib or bassinet, and close to your bed. 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. Evidence shows that the longer a parent and an infant bed-share, the higher the risk for sleep-related causes of infant death, such as suffocation. Breastfeeding information is available at http://www.cdc.gov/breastfeeding/faq/index.htm.

Room sharing reduces the risk for SIDS.

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.

Room sharing reduces the risk of SIDS. Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else, including siblings or pets. Having a separate safe sleep surface for the baby reduces the risk of SIDS and the chance of suffocation, strangulation, and entrapment.

If you bring your baby into your bed for feeding or comforting, remove all soft items and bedding from the area. When finished, put baby back in a separate sleep area made for infants, like a crib or bassinet, and close to your bed.

Couches and armchairs can also be very dangerous for babies, if adults fall asleep as they feed, comfort, or bond with baby while on these surfaces. Parents and other caregivers should be mindful of how tired they are during these times. There is no evidence for or against devices or products that claim to make bed sharing "safer."

SAFE TO SLEEP

Do not put soft objects, toys, crib bumpers, or loose bedding under baby, over baby, or anywhere in baby's sleep area.

Keeping these items out of baby's sleep area reduces the risk of SIDS and suffocation, entrapment, and strangulation. Because evidence does not support using them to prevent injury, crib bumpers are not recommended. Crib bumpers are linked to serious injuries and deaths from suffocation, entrapment, and strangulation. Keeping these and other soft objects out of baby's sleep area is the best way to avoid these dangers.

Do not smoke during pregnancy, and do not smoke or allow smoking around your baby or in your baby's environment.

To reduce the risk of SIDS, women should:

Get regular prenatal care during pregnancy.

Avoid smoking, drinking alcohol, and using marijuana and illegal drugs during pregnancy and after the baby is born.

Think about giving your baby a pacifier for naps and nighttime sleep to reduce the risk of SIDS.

Do not attach the pacifier to anything—like a string, clothing, stuffed toy, or blanket—that carries a risk for suffocation, choking, or strangulation.

Wait until baby is breastfeeding well before offering a pacifier. Or, if you are not breastfeeding, offer the pacifier as soon as you want. Don't force the baby to use it.

If the pacifier falls out of baby's mouth during sleep, there is no need to put the pacifier back in. Pacifiers reduce the risk of SIDS for all babies, including breastfed babies.

Do not let your baby get too hot during sleep.

Dress your baby in sleep clothing, such as a wearable blanket, designed to keep him or her warm without the need for loose blankets in the sleep area. Dress baby appropriately for the environment, and do not overbundle. Parents and caregivers should watch for signs of overheating, such as sweating or the baby's chest feeling hot to the touch. Keep the baby's face and head uncovered during sleep.

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

Vaccines not only protect baby's health, but research shows that vaccinated babies are at lower risk for SIDS.

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

Evidence does not support the safety or effectiveness of wedges, positioners, or other products that claim to keep infants in a specific position or to reduce the risk of SIDS, suffocation, or reflux. In fact, many of these products are associated with injury and death, especially when used in baby's sleep area.

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

Some health care providers recommend these monitors for conditions not related to SIDS or SIDS risk. If you have questions about using these monitors for other health conditions, talk with your baby's health care provider, and always follow safe sleep recommendations.

SAFE TO SLEEP

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

Supervised tummy time helps strengthen your baby's neck, shoulder, and arm muscles. It also helps to prevent flat spots on the back of your baby's head. Limiting the time spent in car seats, once the baby is out of the car, and changing the direction the infant lays in the sleep area from week to week also can help to prevent these flat spots.

Q&A Answers to common questions about SIDS and other sleep-related causes of infant death

Q: What is the best way to reduce baby's risk for SIDS?

A: The best way to reduce the risk for SIDS is to always place baby on his or her back to sleep in a separate sleep area, designed for a baby, with no soft objects, toys, or loose bedding.

Q: Will my baby choke if placed on the back to sleep?

A: No. Healthy babies naturally swallow or cough up fluids—it's a reflex all people have. Babies may actually clear such fluids better when sleeping on their backs because of the location of the opening to the lungs in relation to the opening to the stomach. There has been no increase in choking or similar problems for babies who sleep on their backs.

SAFE TO SLEEP®

Q: When I was a baby, I was put on my stomach to sleep. Was that wrong?

A: No. Caregivers were following advice based on the evidence available at that time. Since then, research has shown that sleeping on the stomach increases the risk for SIDS. This research also shows that sleeping on the back carries the lowest risk of SIDS, and that's why the recommendation is "back is best."

Q: Can I swaddle my baby to reduce the risk of SIDS?

A: There is no evidence that swaddling reduces SIDS risk. In fact, swaddling can increase the risk of SIDS and other sleep-related causes of infant death if swaddled babies are placed on their stomachs for sleep or roll onto their stomachs during sleep. If you decide to swaddle your baby, always place baby fully on his or her back to sleep. Stop swaddling baby once he or she starts trying to roll over.

Q: Can I practice skin-to-skin care as soon as my baby is born?

A: Experts recommend skin-to-skin care for all moms and newborns for at least an hour after birth, once the mom is stable, awake, and able to respond to her baby. When mom needs to sleep or handle other things, babies should be placed on their backs in a bassinet.

Q: What if I fall asleep while feeding my baby?

A: Any time you fall asleep while holding or feeding your baby, he or she is at risk for SIDS, suffocation, or sleep-related causes of death or injury. Couches and armchairs can be very dangerous for babies when shared with an adult who then falls asleep. Research shows that adult beds are also dangerous in these situations but are less risky than a couch or armchair. Before you start feeding your baby, think about how tired you are. If there's even a slight chance you might fall asleep, avoid couches or armchairs and remove all soft items and bedding from an adult bed before you start the feeding to reduce the risk of SIDS, suffocation, or other sleep-related causes of death. If you fall asleep while feeding or comforting your baby on any surface, place him or her in a separate sleep area as soon as you wake.

Spread the word!

Make sure *everyone* who cares for your baby knows the ways to reduce the risk of SIDS and sleep-related infant deaths.

Talk with your health care provider about any questions or challenges related to safe sleep practices for your baby.

Help family members, siblings, grandparents, babysitters, day care workers—**EVERYONE**—reduce your baby's risk.

Share these safe sleep messages with those who care for your baby or for any baby younger than 1 year of age.

Remember:
Babies sleep safest on their backs for naps and at night!

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

Phone: 1-800-505-CRIB (2742)
Email: SafetoSleep@mail.nih.gov
Fax: 1-866-760-5947
Web: http://safetosleep.nichd.nih.gov

Safe to Sleep® campaign collaborators include:

Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health

Maternal and Child Health Bureau of the Health Resources and Services Administration

Centers for Disease Control and Prevention, Division of Reproductive Health

Consumer Product Safety Commission

American Academy of Pediatrics

American College of Obstetricians and Gynecologists

Association of SIDS and Infant Mortality Programs

CJ First Candle

NIH Pub No 17-HD-7040

June 2017

NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

SAFE TO SLEEP

Babies Cry

BE PREPARED

IT IS NORMAL TO NEED SUPPORT

Two people to call when I am feeling overwhelmed or need help:

_____ ( ) _____-_____

_____ ( ) _____-_____

If you are concerned about your baby's crying or think someone has hurt your baby, call your clinic:

_____

( ) _____-_____

CHILD ABUSE & NEGLECT
Prevention Board

For more information about the Prevention Board visit: www.preventionboard.wi.gov
This brochure serves as the required parental advisory form under Wis. Stats. §253.15.
Contact Document Sales & Distribution at https://docsales.wi.gov/ to order additional copies.

Babies Cry

BE PREPARED

CHILD ABUSE & NEGLECT
Prevention Board

CRYING IS NORMAL

Babies may cry:

- Daily for up to 6 hours
- More each day up to 3 months of age
- More in the afternoon and evening
- No matter what you try

HELPING YOUR BABY

- See if your baby is hungry or needs a diaper change
- Calmly hold your baby close
- Rock, walk, or talk with your baby
- Gently rub your baby's tummy or head
- Listen to music, running water, or some other white noise

STAYING CALM

- It is normal to feel worried, frustrated, or angry
- Remind yourself that you are a good caregiver
- Take deep breaths
- Place your baby in a safe place and walk away for a few minutes, checking on your baby regularly

Make sure everyone who cares for your baby has this information.

fiveforfamilies.org

WHEN TO WORRY

Call 911 or go to the emergency room right away if your baby shows any of these signs:

- Difficulty breathing or turning blue
- Convulsions or seizures
- Change in level of awareness
- Bruising on the skin or whites of eyes
- Bleeding from the mouth

Never shake your baby

Never put your hands on your baby if you are angry

Bruising on babies is never normal

Sun Protection for Children

There are two types of sun rays that are harmful to the skin. UVA rays cause skin aging and skin cancer, such as melanoma. UVB rays cause sunburns, cataracts, and also contribute to skin cancer.

The American Academy of Dermatology recommends that all kids wear a broad spectrum, waterproof sunscreen with a Sun Protection Factor (SPF) of 30 or higher. It is important to check the ingredient label to be sure the sunscreen will protect the skin from both UVA and UVB sunrays. Your sunscreen should contain at least one of the following ingredients: **titanium dioxide, zinc oxide, or avobenzone.**

Sunscreen will not be effective unless it is applied to all exposed skin. Sunscreens work best if they are applied 30 minutes before sun exposure. They should be reapplied every 2 hours and after any water exposure.

Sunscreen is not perfect. It is important to use other methods to protect the skin from sun exposure also. Wear hats, sunglasses and other sun protective clothing when outdoors. Stay in the shade during the peak hours of sun exposure between 10 AM and 4 PM.

NATIONWIDE CHILDREN'S

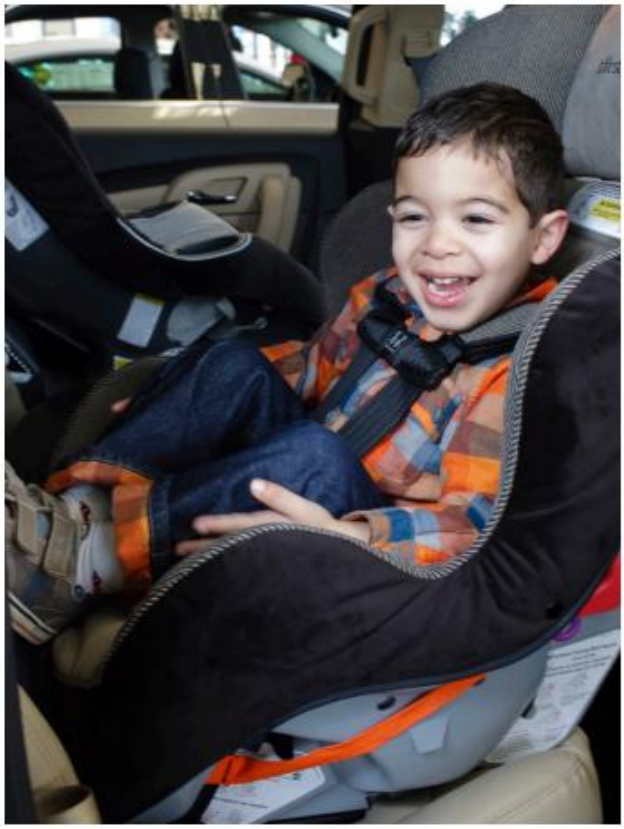
BASIC CAR SEAT SAFETY

Be sure to buckle up the right way on every ride!

SAFE KIDS WORLDWIDE

All children must use a car seat, booster seat or seat belt.

- My child always rides in a back seat and never in front of an airbag.
- Everyone in my car buckles up on every ride using the right car seat, booster seat or seat belt for each person's age and size.
- My child's car seat has all of its parts, labels and instructions and has never been in a crash.
- I follow the instructions for my car and my car seat so that my child is buckled in right and tight.
- My child's car seat has never been in a crash.
- I never leave my child alone in a car.



Use our online Ultimate Car Seat Guide for information on all your car seat needs.
www.safekids.org/ultimate-car-seat-guide

www.safekids.org

Proud Program Supporter

CHEVROLET

Babies under 2 use rear-facing car seats

- My child always rides in a back seat and never in front of an air bag.
- My child always rides in a car seat made for his or her size and age.
- My child sits facing the back of the car in his or her car seat.
- The harness straps are snug on my child, and I can't pinch the buckled strap at the shoulder.
- My child's car seat is buckled tightly in the car and doesn't move more than one inch when I pull it where the seatbelt is buckled/attached.
- My child uses a bigger rear-facing car seat until he or she outgrows the harness. Many harnesses go to 35, 40 or 45 pounds.
- I never leave my child alone in a car.

Toddlers and big kids use forward-facing car seats with a top tether

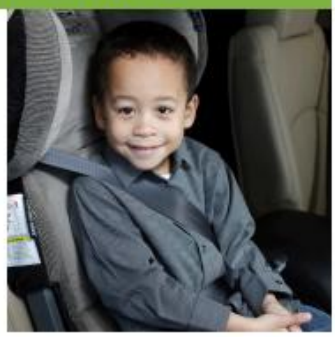
If my child is over age 2 AND has outgrown the weight or height limits for the rear-facing seat:

- My child always rides in a back seat.
- My child always rides in a car seat made for his or her size and age.
- The harness straps are snug on my child, and I can't pinch the buckled strap at the shoulder.
- My child's car seat is buckled tightly in the car and doesn't move more than one inch when I pull it at the belt path. I use the top tether.
- My child uses this car seat until he or she outgrows the harness. Many harnesses go to 50 pounds or more.

Older, bigger kids use booster seats with lap and shoulder seat belts

If my child has outgrown the weight or height limit of the forward-facing car seat:

- My child always rides in a back seat.
- My child always rides on a booster seat using a lap and shoulder seat belt.
- The lap belt sits low on his or her hips, not the stomach.
- The shoulder belt is on my child's shoulder – not on the neck, under the arm or behind the back.
- The seat belt is snug, flat and comfortable on my child.
- My child may be between 8-12 years of age before the seat belt fits without a booster.



Kids ready for seat belts

If my child has outgrown the booster seat:

- My child always rides in a back seat until age 13.
- My child always uses a lap and shoulder seat belt.
- The lap belt sits low on my child's hips, not the stomach.
- The shoulder belt is on my child's shoulder – not on the neck, under the arm or behind the back.
- My child's back is firmly against the vehicle seat back, his or her knees bend at the front edge of the vehicle seat, and he or she can sit this way for the whole ride.
- The seat belt is snug, flat and comfortable on my child. If the seat belt does not fit right, my child must use a booster seat.

WISCONSIN DEPARTMENT OF
Public Instruction

TOO SICK FOR SCHOOL?

Below are guidelines to help parents and school districts determine when to keep children/students home from school. The recommendations are based on guidelines provided by the Centers for Disease Control and Prevention and state public health professionals. They were developed to help prevent the spread of potentially contagious disease. Home is the best place for a child who is ill. If your child is sick with a diagnosed communicable disease, please notify the school as soon as possible. This notification will greatly assist others who, due to medical reasons and/or treatments, have weakened immune systems and may require immediate and specialized care.

FEVER

With fever greater than 100.4° F*. Student may return when fever-free for **24 hours** (WITHOUT use of fever-reducing medicine).

VOMITING/DIARRHEA

Any unexplained vomiting episode. May return **24** hours after last episode. Diarrhea = three or more unexplained episodes of watery or loose stool in **24** hours **OR** sudden onset of loose stools. May return 24 hours after last episode.

COUGH

Serious, sustained coughing, shortness of breath, or difficulty breathing.

RASH

Any new rash accompanied by a fever. May return after rash goes away or clearance given by a health care provider.

SKIN LESIONS/SORES

Drainage from a sore that cannot be contained within a bandage OR sores are increasing in size OR new sores are developing day-to-day.

OTHER

Symptoms that prevent the student from active participation in usual school activities OR student is requiring more care than school can safely provide.

* Many authorities use either 100 (37.8 degrees Celsius) or 100.4 F (38.0 degrees Celsius) as a cut-off for fever, but this number actually can range depending on factors such as the method of measurement and the age of the person. CDC has public health recommendations that are based on the presence (or absence) of fever. What is meant by this is that the person's temperature is not elevated beyond their norm. In order to provide clarity the Wisconsin Department of Public Instruction supports the use of 100.4°F.

You can start protecting your baby from whooping cough before birth

Information for pregnant woman

Whooping cough (sometimes called pertussis) is a serious disease that can cause babies to stop breathing. Unfortunately, babies must be 2 months old before they can start getting their whooping cough vaccine. The good news is you can avoid this gap in protection by getting a whooping cough vaccine called Tdap during your pregnancy. The recommended time to get the shot is your 27th through 36th week of pregnancy, preferably during the earlier part of this time period. By getting vaccinated, you will pass antibodies to your baby so she is born with protection against whooping cough.

When you get Tdap vaccine during your 3rd trimester, your baby will be born with protection against whooping cough.

Why do I need to get Tdap vaccine while I am pregnant?

CDC recommends Tdap vaccine during your third trimester so that your body can create antibodies and pass them to your baby before birth. These antibodies will help protect your newborn right after birth and until your baby gets his own first whooping cough vaccine at 2 months of age. During the first few months of life, your baby is most vulnerable to serious complications from this disease.

Is this vaccine safe for me and my baby?

Yes, Tdap vaccine is very safe for you and your baby. The most common side effects are mild, like redness, swelling or pain where the shot is given in the arm. This should go away within a few days. You cannot get whooping cough from the vaccine. The vaccine does not contain any live bacteria.

Doctors and midwives who specialize in caring for pregnant women agree that Tdap vaccine is safe and important to get during the third trimester of each pregnancy. Getting the vaccine during pregnancy does not put you at increased risk for pregnancy complications like low birth weight or preterm delivery.

If I recently got this vaccine, why do I need to get it again?

The amount of antibodies in your body is highest about 2 weeks after getting the vaccine, but then starts to decrease over time. That is why the vaccine is recommended during every pregnancy–so that each of your babies gets the greatest number of protective antibodies from you and the best protection possible against this disease.

Are babies even getting whooping cough anymore in the United States?

Yes. In fact, babies are at greatest risk for getting whooping cough. We used to think of this as a disease of the past, but it's still common in the United States. Recently, we saw the most cases we had seen in 60 years. Cases, which include people of all ages, are reported in every state. Typically more than 1,000 babies younger than 2 months old are diagnosed with whooping cough each year in the United States.

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

www.cdc.gov/whoopingcough

American Academy of Family Physicians
American Academy of Pediatrics
American College of Nurse-Midwives
The American College of Obstetricians and Gynecologists

Mom, only you can provide your newborn baby with the best protection possible against whooping cough.

You may have heard that your baby's father, grandparents, and others who will be in contact with your baby will need to get their whooping cough vaccine as well. This strategy of surrounding babies with protection against whooping cough is called "cocooning." However, cocooning might not be enough to prevent whooping cough illness and death. This is because cocooning does not provide any direct protection (antibodies) to your baby, and it can be difficult to make sure everyone who is around your baby has gotten their whooping cough vaccine. Since cocooning does not completely protect babies from whooping cough, it is even more important that you get the vaccine while you are pregnant.

How dangerous is whooping cough for babies?
Whooping cough is very serious for babies. Many babies with whooping cough don't cough at all. Instead it can cause them to stop breathing. In the United States, about half of babies younger than 1 year old who get whooping cough are hospitalized. About 7 in 10 deaths from whooping cough are among babies younger than 2 months old. These babies are too young to be protected by their own vaccination.

How could my baby be exposed to whooping cough?
Whooping cough spreads from person to person when coughing or sneezing. It also spreads when people spend a lot of time together or share breathing space, like when you hold your newborn on your chest. Some people with whooping cough may just have a mild cough or what seems like a common cold. Since symptoms can vary, children and adults may not know they have whooping cough and can end up spreading it to babies they are in close contact with.

Why is the vaccine recommended during pregnancy instead of in the hospital after my baby is born?
When you get Tdap vaccine during pregnancy, you will pass protective antibodies to your baby before birth, so both you and your baby have protection. Tdap vaccine used to be recommended for women to get in the hospital after giving birth. This helped protect moms from getting whooping cough, but did not directly protect babies.

Is it safe to breastfeed after getting Tdap vaccine?
Yes, in fact you can pass some whooping cough protection to your baby by breastfeeding. When you get Tdap vaccine during pregnancy, you will have protective antibodies in your breast milk that you can share with your baby as soon as your milk comes in. However, your baby will not get protective antibodies immediately if you wait to get Tdap until after you give birth. This is because it takes about 2 weeks after getting vaccinated before your body develops antibodies.

Where can I go for more information?

Pregnancy and Whooping Cough website:
www.cdc.gov/pertussis/pregnant

Immunization for Women website:
www.immunizationforwomen.org/patients/diseases-vaccines/tetanus-diphtheria-pertussis/faqs.php

Vaccines and Pregnancy Quiz:
www.cdc.gov/vaccines/pregnancy/vaccine-quiz.html

American Academy of Family Physicians website:
www.aafp.org/patient-care/immunizations/disease-population.html

Tdap Vaccine Information Statement (VIS):
www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html

Ask your doctor or midwife about getting Tdap vaccine during your 3rd trimester.

To learn more about vaccines recommended during pregnancy, visit
www.cdc.gov/vaccines/pregnancy

Hand, Foot, and Mouth Disease

Hand, foot, and mouth disease (HFMD) is caused by viruses that spread year-round. Anyone can get HFMD, but most cases occur in infants and young children during the summer and fall. On rare occasions people with the virus that causes hand, foot, and mouth disease may develop viral meningitis.

HFMD is usually not serious, but it can spread quickly, especially in schools and day care centers.

How it spreads

You can get HFMD by:

- Having contact with respiratory droplets from a sick person's coughs or sneezes.
- Touching a sick person (such as kissing, hugging, or sharing cups or eating utensils).
- Touching poop from a sick person (for example, when changing diapers).
- Touching objects and surfaces that have the virus on them (such as toys, doorknobs, and tabletops).

Signs and symptoms

- Most people with HFMD have flu-like symptoms, mouth sores, and a skin rash.

    - Mouth sores are usually painful and often start as small red spots on the tongues and inside of the mouth. Infants with mouth sores may stop nursing and become dehydrated.
    - Skin rash usually shows up on the hands and feet. It can also appear on the buttocks, legs, and arms.
    - The skin rash looks like raised red spots that can also turn into blisters. The fluid inside blisters can contain the virus that causes HFMD.
- Other symptoms of HFMD include:
    - Eating or drinking less
    - Fever
    - Feeling unwell
    - Sore throat

Treatment

Most people with HFMD get better on their own in seven to 10 days. Taking over-the-counter medicines can relieve fever and pain caused by mouth sores. Drinking plenty of liquids can help prevent dehydration.

Children with HFMD may continue to go to day care and school if they are fever-free, have no uncontrolled drooling with mouth sores, and feel well enough to attend. In some cases, children may need to stay home to control and outbreak of HFMD.

Contact a doctor or other health care provider if your child is younger than 6 months old, not drinking enough to stay hydrated, or if their symptoms are severe or last longer than 10 days.

Prevention

- Wash your hands often with soap and water for at least 20 seconds. Be sure to wash hands before and after caring for someone who is sick and after:
    - Changing diapers

    - Using the toilet
    - Blowing your nose
- Clean and disinfect frequently touched surfaces and items, including toys and doorknobs.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with sick people, such as hugging or kissing them.

Questions about hand, foot, and mouth disease? Contact us!

Phone: 608-267-9003 | Fax: 608-261-4976

Contact Information

Please send us your comments or suggestions. You may contact the Wisconsin Department of Health Services through the following methods.

Department of Health Services
1 West Wilson Street
Madison, WI 53703

General phone number: 608-266-1865
TTY users please dial 711 or 800-947-3529 before calling DHS

Providing Care for Individuals with Head Lice

KEY POINTS

- You can examine a person or child's head for head lice infestation.
- Either prescription or over-the-counter medications can treat head lice infestation.
- If a child has head lice, they do not need to leave school early. Once they start treatment at home, they can return to school.

First steps

If your child has symptoms of head lice infestation, examine their head, especially behind the ears and at the nape of the neck, for crawling lice and nits. If you find crawling lice or nits, examine all household members for head lice every 2 – 3 days. Treat anyone with live (crawling) lice or nits within ¼ inch or less of the scalp.

Head lice information for schools

CDC's guidance has not changed—you do not need to send students with head lice infestation home early from school. Students with lice can go home at the end of the day, be treated, and return to class after beginning appropriate treatment. Nits may stay in hair after treatment, but successful treatment will kill crawling lice.

Both the American Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN) advocate to discontinue "no-nit" policies (a child being free of nits before returning to school) for the following reasons:

- Many nits are more than ¼ inch from the scalp and are unlikely to hatch to become crawling lice, or may in fact be empty shells (i.e., casings).
- Nits bond to hair shafts and are very unlikely to transfer to other people.
- Unnecessary days off cause a burden to the students, families, and communities, and far outweighs the risks associated with head lice.
- Misdiagnosis of nits is very common during nit checks conducted by nonmedical professionals.

Providing care

Follow and complete all treatment instructions and steps to successfully eliminate head lice.

CDC does not make recommendations on a specific product or products to use to treat individuals with lice. Both over-the-counter and prescription products are available. Contact your doctor, pharmacist, or health department for additional information about which product they recommend.

Reporting head lice

Most health departments do not require reporting of head lice infestation. However, it is useful to share information with school nurses, teachers, parents of classmates, and others about contact with head lice to limit spread.

ZOOLOGICAL SOCIETY OF MILWAUKEE

CONSERVE • EDUCATE • SUPPORT

The Zoological Society is committed to inclusion, diversity and non-discrimination. Our practices support this commitment and are consistent with other institutions in the Milwaukee community.

Privacy Policy >

Other Policies and Practices >

Diversity, Equity, Access & Inclusion >

Get in Touch

Zoological Society of Milwaukee
10005 West Bluemound Road
Milwaukee, WI 53226-4383

Main Office: 414-258-2333
Education: 414-258-5058
Conservation: 414-276-0339
Development: 414-918-6157

Careers & Internships **Donate**

Enjoy More with a Zoo Pass!

Purchase a yearly Zoo Pass and get free regular admission to the Milwaukee County Zoo, free or discounted admission for over 150 nationwide zoos and aquariums, access to members-only events and discounts on enriching classes and programs created for all ages! Every Zoo Pass purchase supports our conservation programs and the Zoo's animals.

From individual passes to full-family fun, we've got a Zoo Pass option for everyone! We have exhibits, programs, and classes all year long to help you have the best summer ever or cure those winter blues. Join us in building a better community; creating opportunities to conserve endangered species, wildlife and the environment; and helping inspire future generations to make our world a better place.

Buy a Zoo Pass | Gift a Zoo Pass

betty brinn CHILDREN'S museum

betty brinn CHILDREN'S museum

PLAN YOUR VISIT EXHIBITS PROGRAMS + EVENTS MEMBERSHIP ABOUT CONTACT

929 E. Wisconsin Avenue
Milwaukee, WI 53202

Wednesday-Monday
9 a.m. to 4:30 p.m.

GET READY FOR A DAY OF FUN AND LEARNING!

Here's everything you need to know before visiting the Betty Brinn Children's Museum.

Milwaukee Public Museum
800 West Wells Street
Milwaukee, WI 53233
414-278-2728

Facebook Twitter
Instagram YouTube

W.J. NIEDERKORN LIBRARY
PORT WASHINGTON, WI

VISIT THE LIBRARY

Hours

Mon-Thurs: 9:00AM - 8:00PM, **Fri:** 9:00AM - 6:00PM **Sat:** 9:00AM - 1:00PM

Upcoming closings:

Spring Break Day (Good Friday): Fri, Apr 3

View a full list of holiday closing dates here.

Location

316 W. Grand Ave.
Port Washington, WI 53074
Map It

Contact

(262) 284-5031
infowjnlib@gmail.com

CEDARBURG
PUBLIC LIBRARY

W63 N589 Hanover Ave.
Cedarburg, Wisconsin 53012
262.375.7640

Hours

Sunday	12pm - 4pm
Monday	9:30am - 8pm
Tuesday	9:30am - 8pm
Wednesday	9:30am - 8pm
Thursday	9:30am - 8pm
Friday	9:30am - 5pm
Saturday	9:30am - 4pm

Website funded by Cedarburg Friends of the Library. Become a Friends member and Wonder With Us!

FRANK L. WEYENBERG LIBRARY
OF MEQUON-THIENSVILLE

11345 N Cedarburg Road

Mequon, WI 53092

CONTACT US

Phone: 262-242-2593

Hours:

Monday through Thursday: 9 am to 8 pm

Friday: 9 am to 6 pm

Saturday: 9 am to 4 pm

Sunday: 12 pm to 4 pm

GRAFTON
USS LIBERTY MEMORIAL
PUBLIC LIBRARY

CONTACT US

USS Liberty Memorial Public Library
1620 11th Avenue
Grafton, WI 53024
Phone: 262-375-5315

Hours
Mon-Thur: 9:30a - 8p
Fri: 9:30a - 5p
Sat: 9:30a - 2p
Sun: CLOSED

Office Phone

call 414.881.6260 or text

Address

7084 Sycamore Dr.
Cedarburg, WI 53012

Website

https://ozaukee.skate-land.com

Shalom Wildlife Zoo

"Peace and harmony for all living things in a sacred place".

Craving a Wildly Good Time?
Visit
"Wisconsin's Wildest Zoo"

130 acres and home to 75 species. More than 800 animals from around the world.
Shalom offers an unique twist from a typical zoo. Most of our animal residents have large natural habitats. They live in an atmosphere more like pristine wilderness, with forest, bubbling streams, lakes & ponds. We often hear how happy the animals look.

For the last 15 years, TripAdvisor has ranked Shalom Wildlife Zoo as the #1 tourist attraction in the West Bend area. Shalom is also ranked the #1 zoo in Wisconsin and shares the honors of being in the top 10% of attractions worldwide.

Shalom Wildlife Zoo is for everyone!
Visit
"America's Largest Petting Zoo"

There are four miles of gravel roads that run through the zoo. Touring the zoo can be done by walking or renting a golf cart.
Along the way you will encounter many friendly animals close up. You will have the chance to pet and feed many different species. Just look for the sign that says "Please Feed Me". Purchase approved animal feed at the admissions counter.
Shalom Zoo is "America's Largest Petting Zoo".

Site Map

Home

- Hours - Price
- Plan a Visit
- Group Rates
- Charlotte's Cabin
- Christmas at the Zoo
- More

Contact Info

(262) 338-1310

shalomwildlife@att.net

1901 Shalom Dr. West Bend WI, 53090

Wisconsin and Surrounding States/Mid West Visitors From World Wide

USDA License

Follow Us

Facebook

SKY ZONE

ABOUT THIS PARK

9009 N Deerbrook Trail Brown Deer, WI 53223

Tuesday 1:00pm – 8:00pm

DISCOVERY WORLD

A Michael J Cudahy Legacy

Share the wonder of science and ignite a love of endless exploration!

We are the spark of joy in a child's eyes when they make a connection with a living creature. We are the sudden and satisfying "Aha" when you discover something you didn't even know you were looking for. We are the beginning of your lifelong learning adventure.

See website for hours & special events.

ADDRESS

500 N Harbor Dr
Milwaukee, WI 53202

PHONE

414-765-9966

WISCONSIN FAMILY CONNECTIONS CENTER

Providing services and support to individuals, families, and caregivers with past or present involvement with foster care, adoption, reunification, kinship, and guardianship.

Wisconsin Family Connections Center

800-762-8063

Generally Observed Office Hours:

Monday-Thursday: 8am-5pm
Friday: 9am-3pm

Also available by appointment

info@wifamilyconnectionscenter.org

Operated by

COALITION FOR CHILDREN, YOUTH & FAMILIES

JOURNEYS
A PROGRAM OF CATHOLIC CHARITIES OF THE DIOCESE OF LA CROSSE

Learn More

Funded by

Wisconsin Department of Children and Families

USDA NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.

State of Wisconsin
Department of Health Services
Division of Public Health
P-44784 (05/2022)

WIC WISCONSIN

WIC
WE GOT YOU!

WHAT IS WIC?

You want to keep your family healthy and strong. The Women, Infants and Children Nutrition Program helps you do just that! We're here for you, with:

- NUTRITION EDUCATION
- BREASTFEEDING SUPPORT
- CARE BEYOND WIC
- HEALTHY FOODS, LIKE:

- Fruits and vegetables
- Whole-grain breads, tortillas, brown rice, and pasta
- Cereal
- Milk
- Cheese, yogurt, and tofu
- Eggs, beans, and peas
- Peanut butter
- 100% Fruit juice
- Baby foods
- Some infant formula, if needed

ARE YOU ELIGIBLE?

You may qualify for WIC if:

- You live in Wisconsin
- You're pregnant, breastfeeding or have had a baby in the past six months
- You have an infant, or children under 5
- You may automatically qualify if a member of your family receives BadgerCare Plus, FoodShare, or W-2 benefits
- You meet the income guidelines, found at **dhs.wisconsin.gov/wic/income-guidelines.htm**

Dads, guardians or foster parents may apply for WIC for their children.

LET'S GO!

Everyone wins with WIC. Moms eat healthier and have healthier babies. Infants born to WIC moms grow and develop better. WIC kids eat more nutritious foods and are better prepared for school. Plus the WIC food benefits card and shopping app make WIC easier to use than ever!

It's easy to apply. Just make an appointment at your local WIC office. To find the WIC office closest to you, visit **signupwic.com** or **dhs.wisconsin.gov/wic.** For more info on WIC, getting connected to your closest clinic, and additional health services, call the Well Badger Hotline at **800-642-7837,** text at **608-360-9238,** or email **help@wellbadger.org.**

DADS

You've got this, Dad! WIC is here for you, to help you make healthy choices for your family. Learn how to shop for and prepare nutritious meals, and so much more. You'll have the guidance and resources you need to be the Dad you want to be.

- WIC participation significantly improves children's diets.
- WIC leads to healthier infants, more nutritious diets, and better health care for children.

PREGNANT WOMEN + MOMS

Have kids under five, or a baby on the way? Count on Wisconsin WIC for nutritious foods, breastfeeding education and support, and access to health professionals and other community services that can help you be Mom Strong!

- WIC helps moms breastfeed longer.
- WIC moms give birth to healthier babies.

FOSTER PARENTS

All foster children under 5 are automatically eligible for WIC. Introduce your foster child to a lifetime of healthy food habits, and have access to doctors, dentists, child care and programs like Head Start. We're here to help you care for the kids in your care.

- Children who receive WIC benefits demonstrate improved intellectual development.
- WIC helps get children ready to start school.

GRANDPARENTS

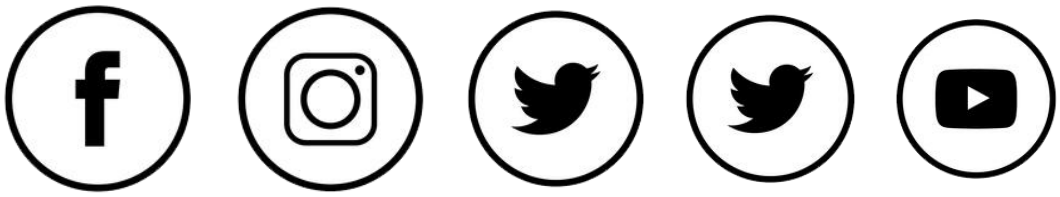
You've done this before, but it's probably been a while. WIC nutritionists and counselors can provide the parenting, nutrition, and lifestyle solutions to get you back in the groove to get the grandkids off to a great start.

- Children enrolled in WIC are more likely to have regular medical care and up-to-date immunizations.
- WIC can help connect you to additional resources, from doctors and dentists to services such as FoodShare, Head Start and BadgerCare Plus.

WASHINGTON OZAUKEE
PUBLIC HEALTH DEPARTMENT

HTTPS://WWW.WASHOZWI.GOV/

FOLLOW THE WASHINGTON OZAUKEE OUBLIC HEALTH DEPT ON THE FOLLOWING PLATFORMS for updates on community assessment, education, and collaborative health interventions for all who live, work and play in our counties.



4-C in the Past and Today

After three years of work by a group of determined visionaries, Community Coordinated Child Care, Inc. (4-C) was incorporated in 1971 as a non-profit child care resource and referral agency. Original goals established for the agency were to collect and analyze child care data; to develop programs, training and related services to improve the quality of child care; and to bring agencies together to promote improvement in services to children.

Today 4-C is part of a network of accredited, non-profit Wisconsin Child Care Resource & Referral agencies providing advocacy and support services for child care in an 11 county region. 4-C programs provide a broad range of services to families, early childhood professionals, and the community through three general program categories including Family Support Services, Health and Safety Services and Training and Quality Improvement Services. Collectively these programs strive to carry out the 4-C mission to ensure that every child has access to high quality care and education by empowering our communities and families through integrated support and equitable practices.

United Way of Northern Ozaukee

Our Mission

United Way improves lives by mobilizing the caring power of communities around the world to advance the common good.

Our Commitment

United Way of Northern Ozaukee is committed to diversity and inclusion. We value and promote inclusiveness in all aspects of our work. United Way of Northern Ozaukee employs and promotes individuals, recruits volunteers and funds programs that reflect the diversity of our local community. We believe that we are strong only when we embrace and celebrate the rich diversity and gifts of all people. Diversity and inclusion are at the heart of what it means to LIVE UNITED.

The COPE Line, 262-377-2673 (COPE) is a program of Sirona Recovery Inc. An emotional support line that also offers crisis intervention to people in Ozaukee County and four other counties in the Greater Milwaukee area, the COPE Line is available 24/7. It is staffed by dedicated, trained staff and volunteers. For more information, go to https://sirona-recovery.org/cope-hotline/

DONGES BAY
ELEMENTARY SCHOOL

Our School

Mission

The mission of Donges Bay is to provide a safe, academically challenging, nurturing environment of mutual respect by inspiring children to achieve their full academic potential. Students will be valued for their individuality and diverse capabilities as they are taught to face the future and contribute to society with compassion, courage, knowledge and vision.

Vision

Our vision for Donges Bay is for all students to become literate, responsible citizens, effective participants in our community, and able to adapt to the rapidly changing world through the acquisition of skills and knowledge.

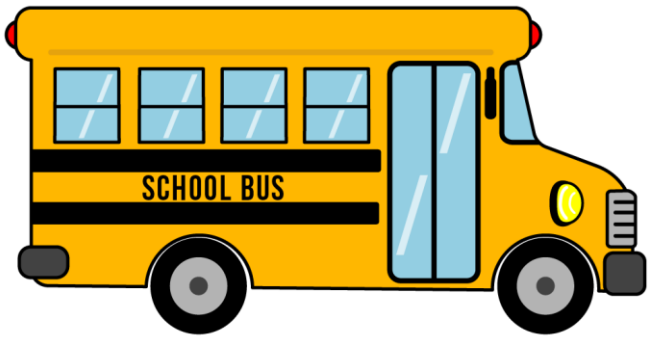
ORIOLE LANE
ELEMENTARY SCHOOL

Our School

Mission

The mission of the Oriole Lane Elementary School community is to inspire students to engage in their intellectual, social, and emotional growth, now and in the future.

Our Mequon location buses to Oriole Lane



WILSON
ELEMENTARY SCHOOL

Our School

Mission

The mission of Wilson Elementary School, in collaboration with family and community members, is to create an enthusiasm for learning while fostering academic, social and emotional growth in all children.

EARLY CHILDHOOD DEVELOPMENTAL SCREENING

Mequon Thiensville SCHOOL DISTRICT

The Launchpad to Success

Parents of Children Ages 3-5

DID YOU KNOW?

The Early Childhood Screening Team of the Mequon-Thiensville School District (MTSD) provides a developmental screening as a service to the parents of young children who live within the school district boundaries and do not already attend a MTSD school. The developmental screening gauges a child's overall development and determines if a child exhibits potential delays that may require further exploration before kindergarten. Below is information about the developmental screening for this year.

HOW DO I SIGN UP?

If you are interested in having your child participate in a developmental screening, please contact the MTSD Student Services Department to schedule an appointment:

Michelle Halloran
mhalloran@mtsd.k12.wi.us
262-238-8510

WHAT DO WE LOOK FOR?

By age 3, most children...

- speak in short sentences
- answer simple questions
- are understood by family 75% of the time
- understand most things said to him/her
- enjoy listening to story books
- begin to play with other children
- enjoy helping adults
- match primary colors
- dress self with help
- walk up and down stairs - one foot per step
- pedal a tricycle
- snip with a small scissors
- draw lines with a crayon

By age 4, most children...

- speak clearly; are understood most of the time
- use language to express emotion
- frequently ask questions & demand a response
- participate in rhyming games
- talk about pictures in a book
- enjoy pretend play with children
- can point to at least four colors
- catch a large ball tossed to them
- know full name, age, and gender
- cut paper with a scissors
- jump forward or over an object
- draw a circle
- rote count to 10 & count 1, 2, or 3 objects

WHEN?

Friday, November 3, 2023
12:00 - 3:00 p.m.

Friday, February 23, 2023
12:00 - 3:00 p.m.

WHERE?

Range Line Community Center
11040 N. Range Line Rd.
Mequon, WI 53092

ADVOCACY FOR ALL

Why Lumen Christi

- **Our Lumen Christi community is committed to providing our students with a *rigorous* academic environment with a *solid* spiritual foundation based in faith. The partnership between parents and the school is something you can not find anywhere else.**

The School Office can be reached at lcschool@lumenchristiparish.org or 262.242.7960. The School Office is open M-F from 7:30 am - 3:30 pm.

KENNEDY
ELEMENTARY SCHOOL

KENNEDY ELEMENTARY SCHOOL

***GRADES:* 4K - 5**

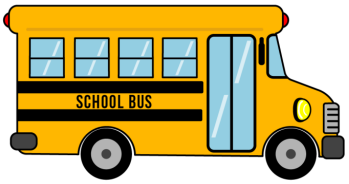
1629 11th Ave, Grafton, WI 53024

Phone: 262-376-5650

Fax: 262-376-5660

Contact Us

Our Grafton location buses to Kennedy



WOODVIEW
ELEMENTARY SCHOOL

WOODVIEW ELEMENTARY SCHOOL

***GRADES:* 4K - 5**

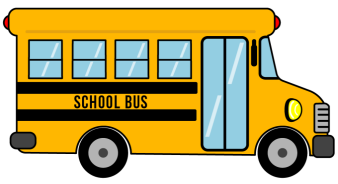
600 5th Ave, Grafton, WI 53024

Phone: 262-376-5750

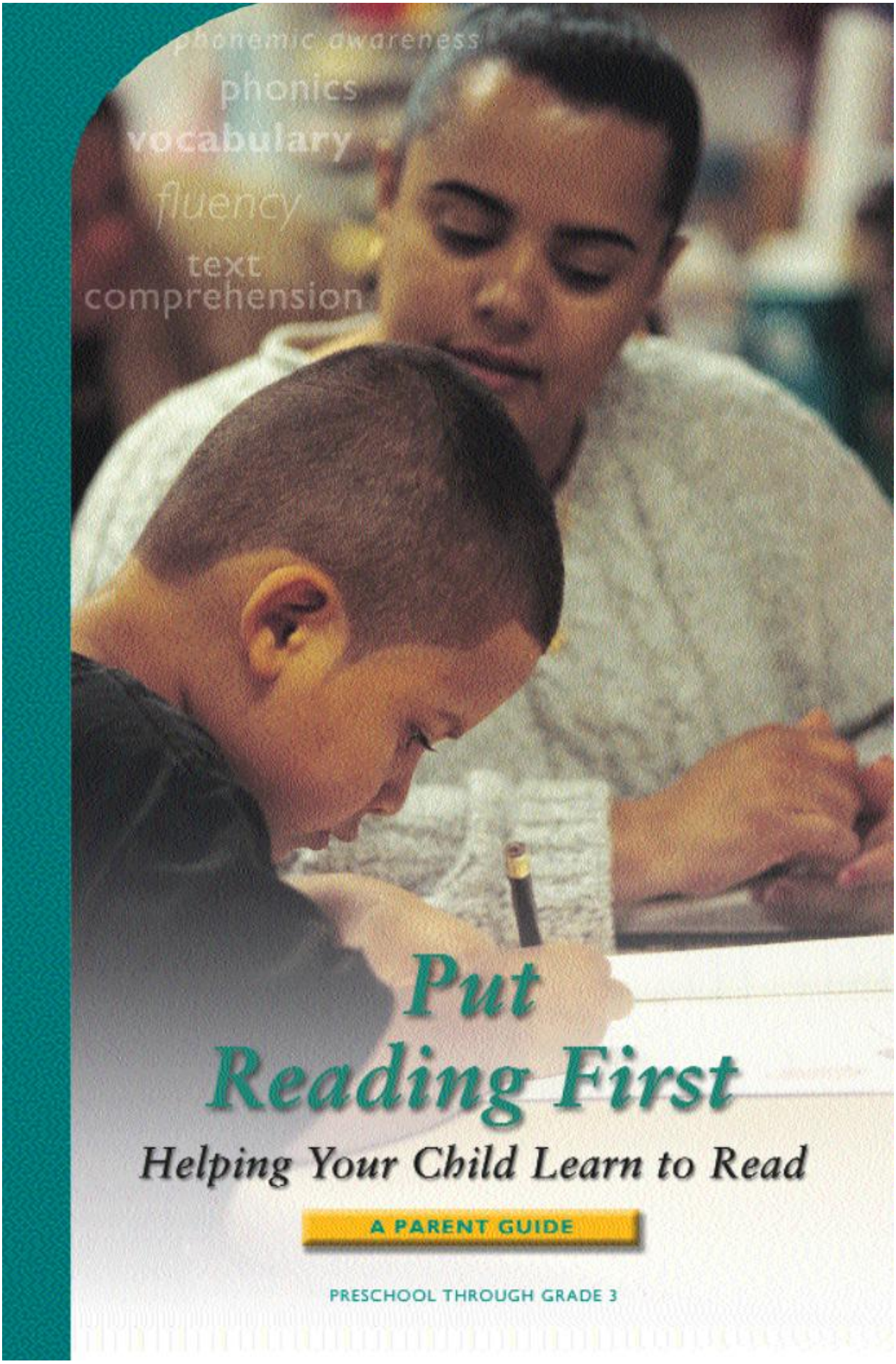
Fax: 262-376-5760

Contact Us

Our Grafton location buses to Woodview



https://www.naeyc.org/our-work/families/school-readiness


phonemic awareness
phonics
vocabulary
fluency
text
comprehension
Put
Reading First
Helping Your Child Learn to Read
A PARENT GUIDE
PRESCHOOL THROUGH GRADE 3

Success in school starts with reading.

When children become good readers in the early grades, they are more likely to become better learners throughout their school years and beyond.

Learning to read is hard work for children. Fortunately, research is now available that suggests how to give each child a good start in reading.

Becoming a reader involves the development of important skills, including learning to:

- ***use*** language in conversation
- ***listen*** and respond to stories read aloud
- ***recognize*** and name the letters of the alphabet
- ***listen*** to the sounds of spoken language
- ***connect*** sounds to letters to figure out the "code" of reading
- ***read*** often so that recognizing words becomes easy and automatic
- ***learn*** and ***use*** new words
- ***understand*** what is read

Preschool and kindergarten teachers set the stage for your child to learn to read with some critical early skills. First, second, and third grade teachers then take up the task of building the skills that children will use every day for the rest of their lives. As a parent, you can help by understanding what teachers are teaching and by asking questions about your child's progress and the classroom reading program.

You can also help your children become readers. Learning to read takes practice, more practice than children get during the school day. This brochure describes what a quality reading program should look like at school and how you can support that program through activities with your children.

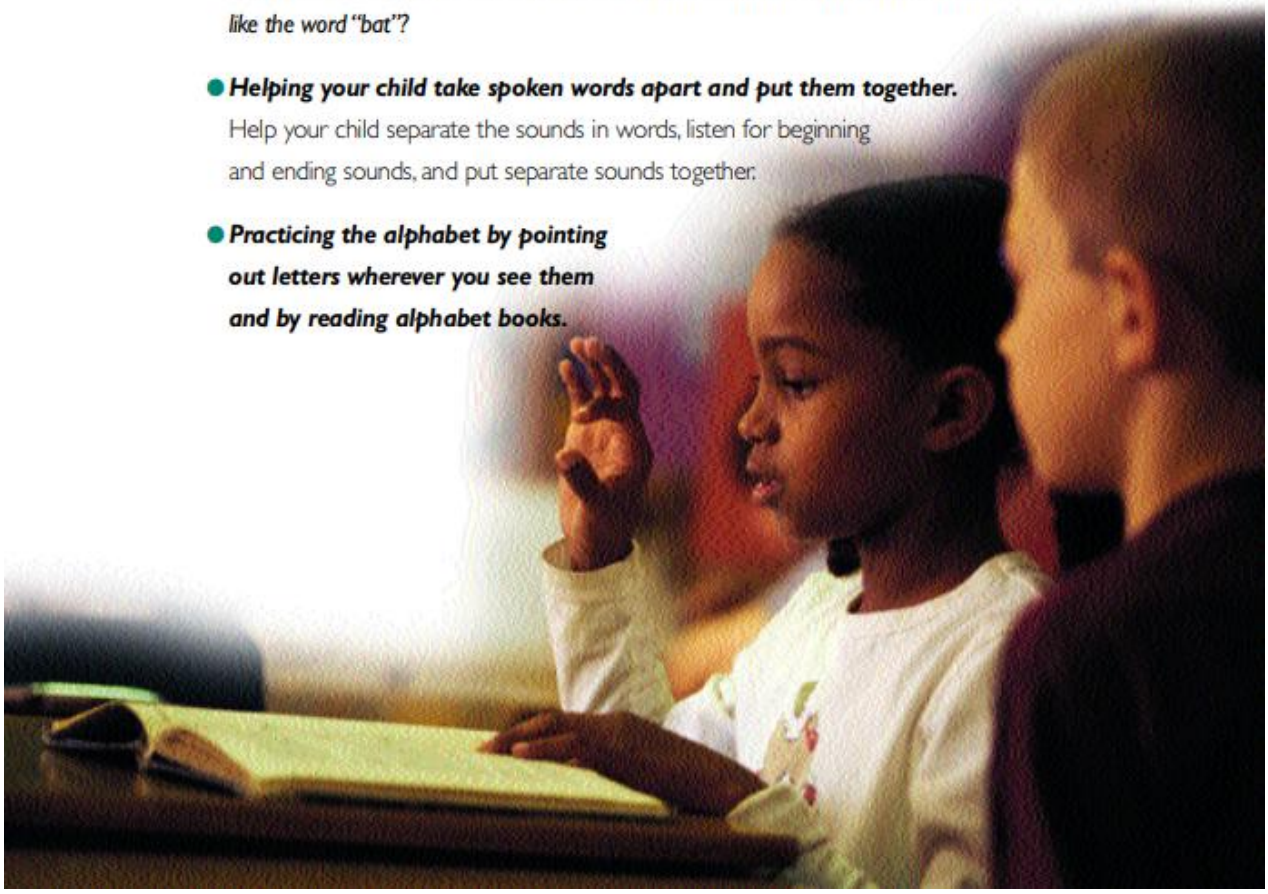
If your child is just beginning to learn to read

At school you should see teachers...

- ***Teaching the sounds of language.*** The teacher provides opportunities for children to practice with the sounds that make up words. Children learn to put sounds together to make words and to break words into their separate sounds.
- ***Teaching the letters of the alphabet.*** Teachers help children learn to recognize letter names and shapes.
- ***Helping children learn and use new words.***
- ***Reading to children every day.*** Teachers read with expression and talk with children about what they are reading.

At home you can help by...

- ***Practicing the sounds of language.*** Read books with rhymes. Teach your child rhymes, short poems, and songs. Play simple word games: ***How many words can you make up that sound like the word "bat"?***
- ***Helping your child take spoken words apart and put them together.*** Help your child separate the sounds in words, listen for beginning and ending sounds, and put separate sounds together.
- ***Practicing the alphabet by pointing out letters wherever you see them and by reading alphabet books.***



If your child is just beginning to read

At school you should see teachers...

- ***Systematically teaching phonics—how sounds and letters are related.***
- ***Giving children the opportunity to practice the letter-sound relationships they are learning.*** Children have the chance to practice sounds and letters by reading easy books that use words with the letter-sound relationships they are learning.
- ***Helping children write the letter-sound relationships they know by using them in words, sentences, messages, and their own stories.***
- ***Showing children ways to think about and understand what they are reading.*** The teacher asks children questions to show them how to think about the meaning of what they read.

At home you can help by...

- ***Pointing out the letter-sound relationships your child is learning on labels, boxes, newspapers, magazines and signs.***
- ***Listening to your child read words and books from school.*** Be patient and listen as your child practices. Let your child know you are proud of his reading.

If your child is reading

At school you should see teachers...

- ***Continuing to teach letter-sound relationships for children who need more practice.*** On average, children need about two years of instruction in letter-sound relationships to become good spellers as well as readers.
- ***Teaching the meaning of words, especially words that are important to understanding a book.***
- ***Teaching ways to learn the meaning of new words.*** Teachers cannot possibly teach students the meaning of every new word they see or read. Children should be taught how to use dictionaries to learn word meanings, how to use known words and word parts to figure out other words, and how to get clues about a word from the rest of the sentence.
- ***Helping children understand what they are reading.*** Good readers think as they read and they know whether what they are reading is making sense. Teachers help children to check their understanding. When children are having difficulty, teachers show them ways to figure out the meaning of what they are reading.

At home you can help your child by...

- ***Rereading familiar books.*** Children need practice in reading comfortably and with expression using books they know.
- ***Building reading accuracy***. As your child is reading aloud, point out words he missed and help him read words correctly. If you stop to focus on a word, have your child reread the whole sentence to be sure he understands the meaning.
- ***Building reading comprehension.*** Talk with your child about what she is reading. Ask about new words. Talk about what happened in a story. Ask about the characters, places, and events that took place. Ask what new information she has learned from the book. Encourage her to read on her own.

Make reading a part of every day

- ***Share conversations with your child over meal times and other times you are together.*** Children learn words more easily when they hear them spoken often. Introduce new and interesting words at every opportunity.

- ***Read together every day.*** Spend time talking about stories, pictures, and words.

- ***Be your child's best advocate.*** Keep informed about your child's progress in reading and ask the teacher about ways you can help.

- ***Be a reader and a writer.*** Children learn habits from the people around them.

- ***Visit the library often.*** Story times, computers, homework help, and other exciting activities await the entire family.

Put Reading First

Helping Your Child Learn to Read

The Partnership for Reading

This brochure was published by The Partnership for Reading, a collaborative effort of the National Institute for Literacy (NIFL), the National Institute of Child Health and Human Development (NICHD), and the U.S. Department of Education to make evidence-based reading research available to educators, parents, policy-makers, and others with an interest in helping all people learn to read well.

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The National Institute for Literacy

The National Institute for Literacy, an independent federal organization, supports the development of high-quality state, regional, and national literacy services so that all Americans can develop the literacy skills they need to succeed at work, at home, and in the community. The National Institute for Literacy administers The Partnership for Reading and other programs that promote child and adult literacy. For more information about NIFL and reading, visit **www.nifl.gov.**

To obtain the full copy of ***Teaching Children to Read,*** the 2000 report of the National Reading Panel, which serves as the basis for the information in this brochure, visit **www.nationalreadingpanel.org.**

For additional copies of this brochure, contact the National Institute for Literacy at ED Pubs, PO Box 1398, Jessup, MD 20794-1398. 1-800-228-8813. Fax 301-430-1244. Email **EdPubOrders@aspensys.com.** Or download the document at **www.nifl.gov.**

National Institute for Literacy

National Institute of Child Health and Human Development

U.S. Department of Education

Wisconsin Birth to 3 Program for Families

The Wisconsin Birth to 3 Program is a statewide program that serves families with children under the age of 3 who have developmental delays or disabilities. The Wisconsin Birth to 3 Program is an early intervention special education program. It helps children under the age of 3 who have delays or disabilities. “Early intervention” is the term used for these services and supports for babies and young children and their families. In Wisconsin, early intervention is known as the Birth to 3 Program. The Birth to 3 Program knows that your child’s first and most important relationships are with your family. Your child’s services will be shaped by your family’s:

- Culture
- Beliefs
- Individual needs

A team of professionals works with your child and your family. The services your family gets support your child’s development and growth, and your family’s knowledge, skills, and abilities. The Birth to 3 Program is here to help children grow and learn to their fullest potential.
Essential children's resources

Wisconsin Wayfinder supports families of children with delays, disabilities, special health care needs, and mental health conditions. Children’s resource guides are helpers who assist families, caregivers, professionals, and organizations in finding a wide array of supports and services available through the Children’s Resource Network.

The Birth to 3 Program team

Wisconsin Department of Health Services (DHS)

The Wisconsin Department of Health Services (DHS) supports each county Birth to 3 program at the state level.

You can contact DHS at the Bureau of Children's Services (BCS) Technical Assistance Center at DHSBCSTAC@dhs.wisconsin.gov or 608-267-6767.

County

The Birth to 3 Program is in every Wisconsin county. Local county programs work directly with families. County staff are there to:

- Help you understand the program.
- Make a referral to the Birth to 3 Program.

- Answer your questions.
- Help you get support and services.

Individualized Family Service Plan (IFSP) team

As part of the Birth to 3 Program, families have an IFSP. Your IFSP is a plan to help meet the unique goals of your family and child.

You are an important part of the IFSP team. Together, the team works to help your child be a part of your family's daily routines and activities, both at home and in the community. The team includes professional service providers, such as:

- Early childhood special education teachers.
- Speech, occupational, and physical therapists.
- A service coordinator.

One of these professionals will be your primary coach. This coach will work with you during home visits. Their goal is to help support your child's development and future education.

Services and supports

Together, the IFSP team will find ways to reach the goals that are part of your IFSP.

Services are based on your child's goals. Your family's goals will help decide:

- How services are offered.
- How often your child receives services.
- How long your child receives services?

Your IFSP might include:

- Special education services.

- Physical, occupational, and speech therapy.
- Service coordination.
- Other services.

The IFSP is updated at least every six months. It can always be changed, especially as your child learns, grows, and develops.

Your rights

Families who are part of the Birth to 3 Program have certain rights. These rights help each child and family get support and services fairly. DHS is committed to making the Birth to 3 Program available to all families.

Wisconsin Model Early Learning Standards (WMELS)

Children naturally engage in activities that lend themselves to discovering and learning important mathematics. Learning early mathematics means shaping play and exploration so that children explicitly see the mathematics around them.

As described in NCTM's 2020 *Catalyzing Change in Early Childhood and Elementary Mathematics*, "Early childhood settings … should build a strong foundation of deep mathematical understanding, emphasize reasoning and sense making, and ensure the highest-quality mathematics education for each and every child." This deep mathematical understanding supports children as confident and capable learners, to understand and critique the world through mathematics, and to experience the wonder, joy, and beauty of mathematics.

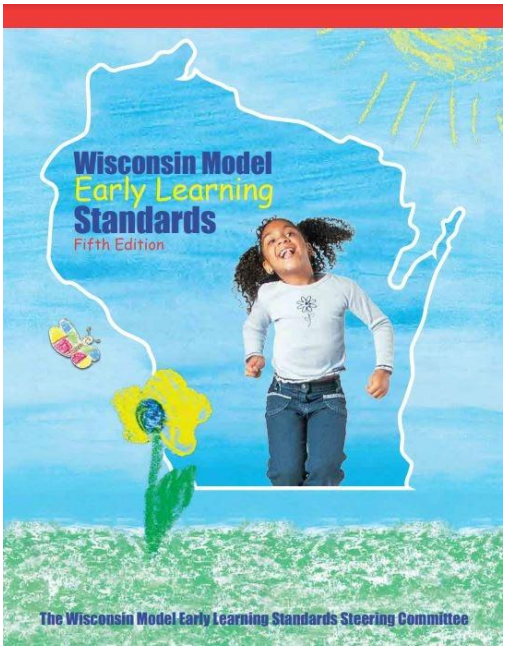
Developmental expectations for children from birth through entrance to first grade, including those about mathematical thinking, can be found in WMELS. Alignment to the 2021 Wisconsin Standards for Mathematics (K-12) is forthcoming.

Visit the DPI Early Childhood web page for more information about WI's youngest learners.

For questions about this information, contact Julie Bormett (608) 266-7921

This book can be viewed for FREE as a PDF.

https://dpi.wi.gov/sites/default/files/imce/early-childhood/wmels_5theditionfinal.pdf



Wisconsin Model Early Learning Standards (WMELS)

WMELS intended use

- Improve the quality of all early learning environments.
- Guide professional development activities and investments.
- Inform educators and caregivers in their decisions regarding approaches to curriculum development across all early learning environments.

WMELS document IS NOT intended to be used as

- A tool for program assessment.
- A tool for program curriculum.

WMELS document contains

- Developmental domains, developmental expectations, program standards, performance standards, developmental continuums, sample behaviors of children, and sample strategies for adults.
- Performance standards that connect (align) to the Wisconsin Academic Standards.

WMELS document DOES NOT contain

- Age/grade level learning expectations.
- Curriculum or an assessment tool.

WMELS designed to reflect

- A developmental sequence of abilities demonstrated by typically developing children between the ages of birth to first grade.
- Expectations for the critical knowledge and skills that children learn during the early years.

WMELS IS NOT designed to reflect

- A rigid sequence of developmental abilities typical of young children birth to first grade.
- A comprehensive list of every skill or piece of knowledge that a particular child may exhibit.
- An age-referenced continuum.

WMELS domains presented

- As integrated knowledge and skills.
- As interconnected domains; the development of skills in one area is related to and influences development in other areas.

WMELS domains ARE NOT presented

- To be used separately as discrete knowledge and skill sets.

WMELS developmental continuum and sample behaviors

- Show how the skills and knowledge demonstrated at very early ages provide the foundation for more complex skills at a later age.
- Are a general guide to help early care and education professionals and parents to observe a continuum of development recognizing that children are unique and develop at individual rates.

WMELS developmental continuum and sample behaviors ARE NOT intended to be

- Used as age markers.
- Used as a prescriptive listing.
- A comprehensive or exhaustive set of sample behaviors of children and sample strategies for adults.

WMELS guides communities

- To consider the determination of local age/grade level expectations at the district and community level. The local age/grade level learning can be used to make decisions about curriculum and assessment that will determine instructions, activities, and interactions.

WMELS document IS NOT intended to be used as

- Age/grade level learning expectations that further define each performance standard for each age (grade) level.

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**.

For more on how to help your baby, visit **cdc.gov/Concerned**.

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

CDC

Download CDC's free *Milestone Tracker* app

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

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.

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

Download CDC's free Milestone Tracker app

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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?

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**.

For more on how to help your baby, visit **cdc.gov/Concerned**.

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

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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.
- 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?

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**.

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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.

- 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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Download CDC's free Milestone Tracker app

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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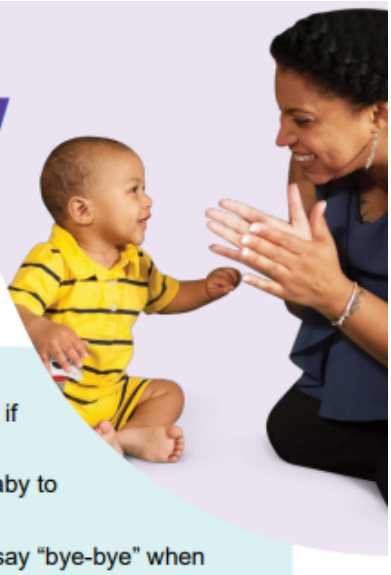
Help your baby learn and grow



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.

- 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!"

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 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?

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**.

For more on how to help your baby, visit **cdc.gov/Concerned**.

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

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American Academy of Pediatrics

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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.

- 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.

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

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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?
- 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 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**.

For more on how to help your child, visit **cdc.gov/Concerned**.

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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.

- 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!

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 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?

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 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**.

For more on how to help your child, visit **cdc.gov/Concerned**.

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

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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.

- 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.

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 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?

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 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**.

For more on how to help your child, visit **cdc.gov/Concerned**.

**Don't wait.
Acting early can make
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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.

- 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.

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

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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 together, 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?

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 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**.

For more on how to help your child, visit **cdc.gov/Concerned**.

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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.

- 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?

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**.

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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.

- 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.

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

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CDC

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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?

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**.

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

CDC

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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.

- 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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CDC

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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?
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- Has your child lost any skills he/she once had?
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Help your child learn and grow

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- 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.

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The 6 Stages of Play

Unoccupied Play

0–3 months

When baby is making movements with their arms, legs, hands, feet, etc. They are learning about and discovering how their body moves.

Solitary Play

0–2 years

When a child plays alone and are not interested in playing with others quite yet.

Spectator/ Onlooker Behavior

2 years

When a child watches and observes other children playing but will not play with them.

Parallel Play

2+ years

When a child plays alongside or near to others but does not play with them.

Associate Play

3–4 years

When a child starts to interact with others during play, but there is not much cooperation required.
For example, kids playing on the playground but doing different things.

Cooperative Play

4+ years

When a child plays with others and has interest in both the activity and other children involved in playing.

Play is all about having fun! Any activity, organized or unstructured, your child finds fun and enjoyable is considered play. But play is much more than just a fun activity for your child! As a child grows they go through different stages of play development.

While playing, children learn and develop important skills they will continue to use throughout their lifetime.

Problem solving, creativity, and willingness to take risks are just a few of the skills developed through play.

Children who use their imagination and 'play pretend' in safe environments are able to learn about their emotions, what interests them, and how to adapt to situations. When children play with each other, they are given the opportunity to learn how to interact with others and behave in various social situations.

Be sure to give your child plenty of time and space to play. There are 6 stages of play during early childhood, all of which are important for your child's development. All of the stages of play involve exploring, being creative, and having fun. This list explains how children's play changes by age as they grow and develop social skills.

Unoccupied Play (Birth-3 Months)

- At this stage baby is just making a lot of movements with their arms, legs, hands, feet, etc. They are learning about and discovering how their body moves.

Solitary Play (Birth-2 Years)

- This is the stage when a child plays alone. They are not interested in playing with others quite yet.

Spectator/Onlooker Behavior (2 Years)

- During this stage a child begins to watch other children playing but does not play with them.

Parallel Play (2+ Years)

- When a child plays alongside or near others but does not play with them this stage is referred to as parallel play.

Associate Play (3-4 Years)

- When a child starts to interact with others during play, but there is not a large amount of interaction at this stage. A child might be doing an activity related to the kids around him, but might not actually be interacting with another child. For example, kids might all be playing on the same piece of playground equipment but all doing different things like climbing, swinging, etc.

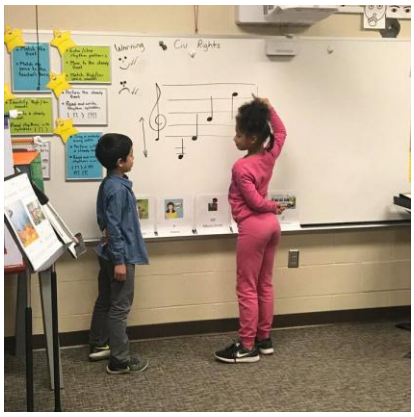
Cooperative Play (4+ Years)

- When a child plays together with others and has interest in both the activity and other children involved in playing they are participating in cooperative play.

- As your child starts playing with family members and friends, make sure to teach them about sharing and winning and losing.

8 Benefits of Music Education for Young Children

Music education goes beyond the fun and joy of singing and dancing. It plays a vital role in overall development, enhancing various aspects of physical, cognitive, emotional and social growth. Here are eight incredible benefits of music education for young children.



1. Cognitive Development: Engaging in music education stimulates the brain, enhancing memory, attention and problem-solving skills. Learning to read music and play instruments fosters cognitive abilities, contributing to improved academic performance.
2. Emotional Expression: Music provides an outlet for children to express their emotions. Whether through singing or playing instruments, they can help them develop emotional intelligence and coping mechanisms.
3. Language Skills: Music and language are closely intertwined. Early exposure to music helps young children develop phonetic awareness, vocabulary, and language processing, which leads to better communication and literacy skills.
4. Coordination & Motor Skills: Playing musical instruments or participating in dance activities helps improve hand-eye coordination and motor skills. These physical movements enhance dexterity and overall physical development.
5. Creativity & Imagination: Music ignites creativity and imagination in young minds. By exploring different sounds, rhythms and melodies, children are encouraged to think outside the box and come up with their own musical expressions.
6. Confidence Building: Performing in front of an audience, even if it's just parents and teachers, boosts a child's self-confidence. Music education teaches the value of practice and hard work.
7. Social Skills: Music education often involves group activities and ensemble performances. Through collaboration and cooperation with peers and instructors, children learn important social skills like teamwork, empathy and respect for others' ideas and contributions.
8. Stress Relief & Well-Being: Music has a calming effect on young minds and can act as a stress-reliever. Listening to soothing melodies or engaging in musical activities can reduce anxiety and promote overall well-being.

Music education is not just about nurturing future musicians; it offers an array of benefits that positively impact a child's holistic development. By incorporating music into early childhood education, parents and educators can lay a strong foundation for their future success, well-being and happiness.

Ten Things Children Learn From Block Play

Many early childhood educators, myself included, believe that every classroom should have a full set of unit blocks, assorted props tied to children's current interests and experiences, open storage shelves, and plenty of space and time to build and rebuild invented and familiar structures. I canvassed NAEYC staff and *Young Children* consulting editors to ask, "What do you think children learn through block play?" Here are some responses:

1. Problem solving. Sometimes it is intentional: "I want to build X. How do I do that?" Other times it is in-themoment: "To go higher and add to one side, what can I use?"—Peter Pizzolongo

2. Imagination. Children can follow their own plan, or they can share a friend's vision and work together to create something they never dreamed of.—Karen Cairone

3. Self-expression. Blocks offer many ways for young dual language learners to explore, express themselves, and demonstrate what they are learning across languages.— Karen Nemeth

4. Mathematics. Important concepts and skills are practiced and strengthened through block play, including length, measurement, comparison, number, estimation, symmetry, balance.—Kristen Kemple

5. Continuity and permanence. Block play engages spatial sense and motor abilities; it can be a solo or a group effort; block creations can stand for an indefinite period of time.—Lawrence Balter

6. Creativity. Blocks and other loose parts can be moved freely by children, to be combined and recombined in countless ways.—Angela Eckhoff

7. Science. Blocks offer opportunities to test hypotheses and build scientific reasoning.—Gayle Mindes

8. **Self-esteem**. Children discover that they have ideas and that they can bring their ideas to life by creating, transforming, demolishing, and re-creating something unique.—Holly Bohart

9. **Social and emotional growth**. Blocks help children learn to take turns and share materials, develop new friendships, become self-reliant, increase attention span, cooperate with others, and develop self-esteem.— Kathleen Harris

10. **Development in all areas**. Block play requires fine and gross motor skills. Blocks enhance children's problem-solving abilities, mathematics skills, and language and literacy abilities. And constructing "creations" builds self-esteem and feelings of success. —Linda Taylor

The articles in the March 2015 cluster highlight the many benefits of block play, from infancy through the primary grades. The authors urge early childhood educators to introduce or reintroduce blocks because they are an ideal material for young children. Through examples and images, the authors demonstrate the teaching and learning possibilities that block play supports.

DERRY KORALEK

Derry Koralek is president of DGK & Company, providing early childhood educational consulting to a variety of clients, including teachers and family child care providers. Previously, she served as editor in chief of *Young Children* and *Teaching Young Children* and also as Chief Publishing Officer at NAEYC.

PUNISHMENT vs. DISCIPLINE

How they differ and why it's important.

PUNISHMENT

Purpose: Make someone suffer for breaking the rules

Focuses on past behavior

Teaches what "not " to do

Uses the emotional part of the brain to create fear of the consequence

More often results in short term change

DISCIPLINE

Purpose: Teach how to make a better choice next time

Focuses on future behavior

Teaches what "to" do

Uses the thinking part of the brain to learn new behavior

More often results in lasting change

Punishment doesn't work as well as Discipline. In fact, Discipline builds longer lasting change over time.

CHILD ABUSE & NEGLECT Prevention Board

PUNISHMENT...

- Results in worse not better grades
- Increases behavior problems
- Decreases child's ability to get along well with others
- Increases aggressive feelings and behavior like anger or hitting
- Reduces self-control

DISCIPLINE...

- Helps children learn from their mistakes
- Teaches children decision making and self-control
- Helps children understand the consequences of their actions
- Helps children feel understood
- Strengthens the parent - child relationship

Three "Rs" of Discipline

REASONABLE | **RELATED** to the problem | **RESULTING** from the behavior or action

The difference is not always "What" is done, but "How" it is done.

PUNISHMENT

Yelling at your child for not putting away their toy when you asked.

Grounding your child for a month because they received a bad grade in math.

Biting your child back when they bite you in anger or frustration.

Becoming angry and lashing out at your child when they don't go up to bed immediately after you tell them

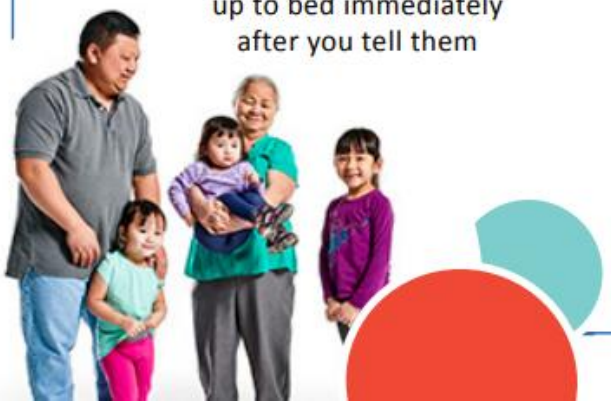
DISCIPLINE

Telling your child that they cannot play with their toy until after dinner because they didn't put it away when you asked.

Telling your child they need to focus on math and, therefore, will not be allowed to do other things until their math grade improves. Then ask your child what kind of assistance would help them with math and brainstorm with them. (e.g. going over problems with them, talking with the teacher, removing distractions)

Telling your child that they hurt you and putting them in another part of the room where they can't touch you until they calm down. Remind them that biting hurts and hurting is not ok.

Having a regular bedtime, creating a relaxing bedtime routine (for example, put on pjs, brush teeth, 2 stories, 1 song and a kiss), preparing your child to begin getting ready for bed in five minutes, telling your child there is not enough time for one of the books or the song, when they did not start their bedtime routine when asked.



CHILD ABUSE & NEGLECT Prevention Board

QUALITY TIME

All children from newborns to teenagers NEED and WANT quality time from parents.

WHAT QUALITY TIME IS

- Chatting, playing peekaboo or singing to your baby.
- Playing dress up, praising and hanging up their drawing, watching a somersault catching your child when they jump off a step.
- Talking about your child's day at school, playing a board game, listening to a joke.
- Preparing dinner together, going to the playground, going for walk.

Quality time with your child is different than just being with your child.

HOW TO GIVE YOUR CHILD QUALITY TIME

1. **Stop** what you are doing
2. **Make eye contact** with your child
3. **Listen**
4. **Repeat** what they are saying
5. **Extend** the conversation or play

WHAT QUALITY TIME IS NOT

When you are ....

- Watching TV, on the phone or using another technological device
- Too stressed, tired or upset to really pay attention to your child
- Socializing with your own friends while your child is present
- Doing housework, office work or schoolwork when your child is in the room

CHILD ABUSE & NEGLECT Prevention Board

HOW MUCH	HOW OFTEN	WHAT KIND OF ATTENTION
Short periods of time scattered throughout the day	*Everyday*	*Conversation, Physical Touch, Play*

WHEN TO GIVE YOUR CHILD QUALITY TIME

- Bedtime
- When they are upset
- After school or daycare
- When they initiate it
- Waking in morning or from a nap
- Dinnertime (try to eat together 3-4 times per week, tech and TV free)
- While waiting (in line, for services or an appointment)

TRY TO GIVE YOUR CHILD OR TEEN AT LEAST...

- 1 or 2 minutes of focused attention whenever they ask you for it
- 3 or more minutes after they wake up, after coming home and before bed
- 9 or more safe physical touches like hugs and kisses, high fives, fist bumps, hair strokes, pats on the back, playful wrestling, shoulder or back massages, hand squeezes
- AND lots and lots of smiles, winks, thumbs-up, nods, waves throughout the day

MANAGING FAMILY USE OF TECHNOLOGY AND SOCIAL MEDIA

Social media, video games, cell phones, computers, tablets, and TVs are both helpful and challenging for today's parents and children. They provide hours of fun, keep us connected to those far away, and provide us with a window to people, places and ideas we might otherwise never get to know or explore. However, they can also be problematic and difficult to manage. They require caregivers to set ground rules and expectations for use. Below are some steps you can take to help ensure the reasonable and responsible usage of digital devices by the entire family:

Create a family media plan

- Agreed-upon expectations can help establish healthy media use boundaries at home – including social media use. A family media plan can promote open family discussion and rules about media use and include topics such as balancing screen/online time, content boundaries, and not disclosing personal information. More info on this at www.healthychidlren.org/MediaUsePlan

Create tech-free zones

- Since electronics can be a potential distraction after bedtime and can interfere with sleep, consider restricting the use of phones, tablets, and computers for at least 1 hour before bedtime and through the night. Have children *and* parents charge their devices in a common area far from bedrooms. Restrict the use of devices to central areas of the house, as much as possible, so that it is more likely that you can casually monitor what your children are watching and doing on devices.

Balance Time With and Without Devices Present

- Keep family mealtimes and in-person gatherings device-free to build relationships and engage in a two-way conversation. Choose specific family events and daily activities that you will all do together without devices present.

Set clear limits as to how long devices, games and social media sites can be used

- Social media has been linked with depression, lack of sleep, isolation, and limited physical activity for children. Play is very important for early development as is time spent outdoors. Media use can take away from that time. How much screentime should a child have? Two hours or less per day is a safe amount, but each child is different, and it is up to each parent to decide. Babies aged two and under do not need any screentime, except when using devices to interact with distant relatives and friends. Research demonstrates that babies cannot learn language through a screen. They get enough exposure by watching and interacting while you use your devices.

Model responsible social media behavior and use of digital devices

- As children often learn behaviors and habits from what they see around them, try to model the behavior you want to see. Parents can set a good example of what responsible and healthy social media use looks like by limiting their own use and modeling healthy, positive behavior on their social media accounts.

Be Cautious About What You Share

- Remember everything you post to social media about your family and child, from infancy on, will follow them throughout their life. Ask yourself whether this something your child would want a stranger, a future employer, or a teenage friend seeing. As soon as children are old enough, request their approval prior to posting anything about them.

Encourage children and youth to foster in-person friendships

- Help your child develop social skills and nurture their in-person relationships by encouraging unstructured and offline connections with others and making unplugged interactions a daily priority. See American Academy of Pediatrics (AAP) Media and Young Minds | Pediatrics | American Academy of Pediatrics (aap.org)

Don't rush to provide children and youth with their own devices

- Start your child with a basic cell phone—not a smartphone. Commit to Wait Until 8th, a pledge that empowers parents to rally together to delay giving children a smartphone until at least 8th grade. The widespread use of smartphones by children can create unrealistic social pressure and expectations to have one – like their friends do. There are a variety of basic phones and watches that are effective for communication and avoid the many dangers and distractions of smartphones. Smartphone Alternatives — Wait Until 8th.

Teach children and youth about technology and empower them to be responsible online participants at the appropriate age

- In age-appropriate ways, discuss with children the benefits and risks of social media, the importance of respecting privacy and the significance of protecting personal information. Ask about who children are connecting with, their privacy settings, their online experiences, and how they are spending their time online. Empower and encourage them to seek help should they need it. Learn more about the benefits and risks of social media use and get guidance from experts at the American Academy of Pediatric's Center of Excellence on Social Media and Youth Mental Health (aap.org) and from the American Psychological Association's Health Advisory. American Psychological Association Health Advisory on Social Media Use in Adolescence (apa.org).

Learn to use social media tools

- Track the amount of time your child spends online, block and help them block unwanted contacts and content, learn about and use available privacy and safety settings, teach digital media literacy skills to help your child learn to tell the difference between fact and opinion.

Report cyberbullying and online abuse and exploitation

- Talk to your child about their reporting options, and provide support, without judgment, if they tell or show you that they (a) are being harassed through email, text message, online games, or social media or (b) have been contacted by an adult seeking private images or asking them to perform intimate or sexual acts. Visit CyberTipline (missingkids.org), Take It Down (nc-mec.org), or contact your local law enforcement to report any instances of online exploitation.

Work with other parents to help establish shared norms and practices and to support programs and policies around healthy social media use

- Such norms and practices among parents facilitate collective action and can make it easier to set and implement boundaries on social media use for everyone's children.