

A Helpful Guide for Parents and Caregivers

Produced by
The Office of the Inspector General
and The Illinois Department of Children
and Family Services

A special thanks to...

The Illinois Department of Public Health; Officer James Plunket, Lombard Fire Department Public Education Coordinator; Sharon O'Connor, Cook County Medical Examiner Child Death Investigator; The Illinois Fire Safety Alliance; members of the Illinois Child Death Review Teams; and the Project Initiatives Staff for their enthusiasm, guidance, and contributions to this project.

Ask your caseworker for a copy of this Guide
for your children's other caretakers.

Share the safety tips in this book with *anyone*
who may be caring for your children.

Introduction

Being a parent is a one-step-at-a-time process. Changes are part of everyone's growing process. For example, the needs of a newborn are different than the needs of a toddler. Your needs also change as you grow, both as a person and as a parent. Taking care of little ones means that your time is not always going to be your own. When you only had to take care of yourself, you could grab things on the go. Now to reach your goals, you must make a plan.

Part of making your plan is to make a family map for how you and your children are going to get along over the next several years. This map includes a lot of other people important to you and your children, such as your children's father, his family, your relatives, and your friends. Knowing whom to count on is important for the safety of your children and for your peace of mind. Likewise, you have to be a person who others, including your children, can count on.

This guide contains information that you will go over with your caseworker. In addition to this information, the Home Safety Checklist that you will complete with your caseworker will help you identify safety risks in your home, and give you simple ways to reduce the rate of household injuries and violence.

This guide is divided into eight sections. The first five sections cover health and safety concerns; the last three sections are appendices containing: special information for teen parents; information for parents with a history of alcohol and/or drug use; a schedule of Recommended Childhood and Adolescent Immunizations, and blank calendars to help you get organized. We encourage you to read the complete guide first; however, each section can be used separately.

Please share this guide with anyone who cares for your child or children; such as, friends, relatives, babysitters, childcare providers, brothers, and sisters.

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Section 1

Health and Safety for You, Your Children and Others Caring for Your Children

Home Safety

Make sure your house or apartment is safe for children of all ages. For example: could a small child pull pots off the stove? Are medicines placed out of reach? Do you have smoke detectors? When did you last check the batteries? These safety concerns, as well as many others, are discussed in this section.

This section of the Guide will show you how to make your home safer for you and your children. When you finish this section you will have a good idea about how to complete a safety check in your home and in homes where your child routinely visits. If your house or apartment needs a smoke detector, your caseworker will help you obtain one by contacting your local fire department. While it is impossible to eliminate all dangers children encounter, one of the most important factors in reducing those hazards is knowledge.

Water Safety

Let's start with testing the hot water in your bathroom and kitchen.

Did you know that hot water can badly burn children? Hot water burns like fire. To avoid this, you and your caseworker should test the hot water that comes from your faucet, by using a candy or outdoor thermometer.

Bathtubs and Sinks

- The water in a child's bath should be approximately 100 degrees Fahrenheit.
- First, run cold water into the tub, and then add hot water to reach a safe temperature. Before placing a child into the bathtub, check the temperature of the water by moving your elbow, wrist, or hand (with fingers spread) through the water.
- Face the child away from the faucets and keep the child closer to the other end of the tub (away from the faucets).
- With your caseworker, test the temperature of the water at your sink. According to the National Institute of Occupational Safety and Health (2003), water temperature should be measured by turning on the hot water tap, leaving it run for two minutes, and holding an outdoor or candy thermometer in the stream of running water until the temperature stops rising.
- If the water at your sink is hotter than 115 degrees Fahrenheit, the thermostat on the water heater should be turned down and the water retested until it reads no hotter than 115 degrees F. If you have access to the hot water heater, ask your caseworker for help in adjusting the thermostat. Otherwise, ask your caseworker to have the landlord adjust it. Once the water temperature has been readjusted, test the water again with a thermometer just to be sure it is a safe temperature.
- If your water is too hot, keep the bathroom door shut and be especially careful at bath time to check the water yourself before placing a child in the tub. Until the problem is fixed, never allow anyone to place younger children in the bathtub until you have tested the water.

Drowning

- Toddlers have the highest rate of death in swimming pools or bathtubs. **NEVER** leave a child unattended in or near water.
- Infants and toddlers can drown in as little as two inches of water.
- Approximately 50% of all children who are found under water and are in need of medical attention die.
- Children with epilepsy and seizure disorders are at much greater risk of drowning than other children because of the unpredictable nature of their conditions.
- Children must always be monitored near water, even when it is shallow or held in a small container such as a bucket or washtub. **ALWAYS** empty buckets and baby pools after use.
- Prevention and risk reduction are the most effective means to minimize drowning deaths among children.

Did you know that your baby's skin is thinner than your skin? This makes your baby's skin much more sensitive to hot water temperature. Always test the bath water before putting your child in the tub! And **NEVER** leave a child alone in a tub or pool! Be sure to share this information with *anyone* who may be caring for your children.

Fire Safety

Fires are frightening, destructive, and deadly; however, **most fires, fire deaths and injuries are preventable**. Fires are scary, but you can take steps to prevent fires in your home. Here are some things you can do to make your home safer:

Smoke Detectors Save Lives

If you rent, your landlord is required to provide a smoke detector. It is the law!

Smoke detectors can save lives. You should have a working smoke detector on each floor of your home and outside your children's sleeping area. Remember, most fires happen at night and have time to develop unnoticed as you and your children sleep.

Smoke and gases rise, so smoke detectors should be installed on the ceiling. They should not be installed in corners because smoke does not rise as quickly to the corners. Your caseworker or local fire department can help you determine the best place to install your smoke detectors.

Never buy a used smoke detector! Buy new ones and test each one at least two times a year. Ask your caseworker, someone from the local fire department, a friend or a relative to show you how to install and test each detector. Replace the batteries twice a year on the same day that you change your clocks to and from daylight savings time – spring ahead, fall back.

Smoke detectors save lives! Proper installation is very important! Install new, working smoke detectors. Replace batteries twice a year when you change your clocks – spring ahead, fall back.

NEVER sleep in a home or leave your child in a home that does not have at least one working smoke detector!

Fire Escape Plan

Even though you do not expect a fire to happen in your home, protect yourself and your family by making a fire escape plan.

- **Plan to escape** – Plan two ways to get out of every room – especially bedrooms.
- **Draw a map** – With your caseworker, draw a map and practice how to get you and your children out of your house. All family members should look at this escape map in case you are not at home and another family member has to get your children out of the house in an emergency.
- **Practice your plan** – After you have an escape map, practice this plan at least twice a year. You might want to practice your plan when you change the batteries in your smoke detectors and when you change your clocks – spring ahead, and fall back! If a real fire happens, you will need to be prepared to move very quickly. Make sure everyone participates in practicing the plan. All household members should practice the escape route to ensure that all children and family members are safe.
- **Practice from the bedroom** – Most fire deaths occur at night while people are sleeping. Make sure your plan includes escape from all sleeping areas.
- **Remember** – You will need a new fire escape plan every time you move.

Fire Safety Tips

- **Install smoke detectors and check them regularly.**
- **Be careful with electricity** – Replace frayed electrical cords, including extension cords. Do not run electrical cords under rugs. Replace appliances that smoke or give off unusual odors when in use. Do not overload electrical outlets.
- **Keep matches and lighters away from children** – Teach your children that matches and lighters are not toys. Store them out of reach of any child who may be in your home. Adults

who are not used to having young children around may not be accustomed to putting away matches and lighters. If you have an older adult living with you, make sure they put matches and lighters out of a child's reach. If you must have lighters in the house, use only those that are child-resistant. Teach your children to tell you about (but not touch!) any matches or lighters they find.

- **Be careful when cooking** – Never leave the stove unattended when you are cooking. Keep pot and panhandles turned inward – children can knock or pull down pots and pans and seriously injure themselves. Do not wear long or loose fitting sleeves when cooking, and make sure your children know that stoves and ovens are not for playing. Never throw water or flour on a grease fire because it will only make it worse!
- **Do not allow careless smoking in your home** – Set a good example for your children by not smoking. Smoking can cause breathing and other problems for you and your children. Ask family members or friends who do smoke to smoke outside. Smoking in bed is *extremely* dangerous! If ashes from a burning cigarette fall onto bedding, mattresses, or between pillows on a couch, they can smolder and burn, causing danger to life from fumes and fire.
- **Portable space heaters are a significant cause of fires in the home** – Space heaters, wood stoves, corn stoves, and kerosene heaters should be kept at least three feet (about an arm length) from combustible materials such as furniture, walls and curtains. Other items such as blankets, clothing and paper should be kept a safe distance from the heater. *Nothing combustible should be near any alternative heating source.* Space heaters should be turned off before you leave home. Do not use an extension cord with a space heater!

Fire Safety Tips for Children

Children can be badly hurt or killed in fires. Teach your children the importance of fire safety, and begin teaching them at an early age.

Smoke detector alarms

Make sure your children participate in testing the smoke detector so that they know how the smoke detector alarm sounds. Make sure they know what to do if they hear the alarm go off.

Matches and Lighters

Never let children play with fire. Forty percent of juvenile fire deaths are related to playing with matches and lighters. Children must be taught that matches and lighters are dangerous. While most children play with fire out of curiosity or experimentation, some children set fires to express emotions or as a means of acting out. All children must be taught that fire is not only dangerous, but it is also very difficult to control. If you are concerned that a child has a problem with firesetting, call the Youthful Firesetters Intervention Hotline at 800-446-1589 for a confidential visit, or contact a responsible individual or organization for help.

Stop, Drop, and Roll

If an item of clothing accidentally catches on fire, the quickest and safest way to put the fire out is to stop, drop, and roll!

Practice stop, drop, and roll with your children.

- **Stop!** Stop immediately; don't run!
- **Drop!** Drop quickly to the floor or the ground.
- **Roll!** Cover face with hands, and roll over and over until flames go out.

Call 911!

Make sure children know when and how to call 911, and what to say!

Firemen and other fire safety professionals are glad to help you and your children learn more about fire prevention and safety. A trip to your local fire station could be a fun way to educate your family about how to live safely with fire.

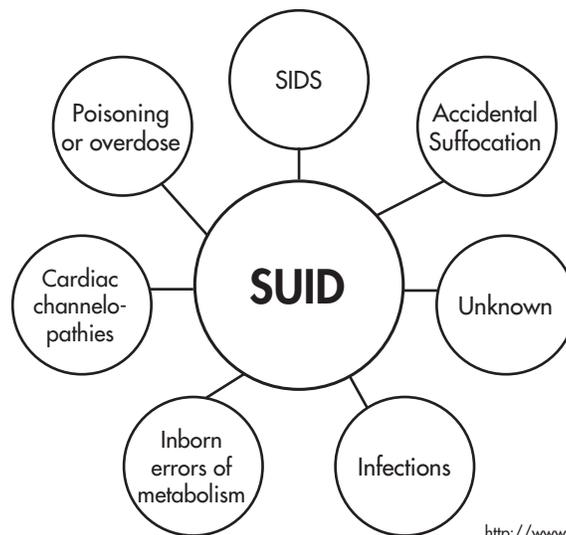
Sleeping

Infants should sleep alone in a crib or bassinette. Infants sleeping in adult beds are 20 times more likely to suffocate than infants who sleep alone in cribs. When your infant is in the crib, the sides of the crib must be up; the mattress must be in the low position; and the crib must not be placed near a window. Window blinds and electrical cords must be out of the reach of the child; pillows, stuffed animals and toys must never be left in the crib with the child. A child must never wear a pacifier on a ribbon or string placed around his or her neck.

Sudden Unexpected Infant Death (SUID)

Sudden unexpected infant death is defined as deaths in infants less than 1 year of age that occur suddenly and unexpectedly, and the cause of death is not immediately obvious.

Each year in the United States, more than 4,500 infants die suddenly of no immediate, obvious cause. Half of these Sudden Unexpected Infant Deaths (SUID) are due to Sudden Infant Death Syndrome (SIDS), the leading cause of SUID and all deaths among infants 1-12 months.



<http://www.cdc.gov/sids/>

Sudden Infant Death Syndrome (SIDS)

SIDS is the sudden and unexplained death of an infant who is one-week to one year of age. SIDS affects families of all races, religions, and income levels. It occurs during sleep, and strikes without warning. Its victims appear to be healthy. Between 90-95 percent of babies who die from SIDS have died by the age of 6 months, and more than half of those deaths occurred when the baby was 2-4 months old. Baby boys account for more than half of SIDS deaths. African American and Native American infants have a 2-3 times greater incidence of SIDS.

People used to call SIDS “crib death” because babies were found dead in their cribs. Cribs do not cause death. *A crib is the safest place for your baby to sleep or nap. Sleeping on his or her back is the safest sleep position for your baby.* Since 1992, when back sleeping was first widely recommended, the rate of SIDS has dropped 42 percent, sparing the lives of approximately 2,000 infants a year in the U.S.

Educate everyone who cares for your baby - dad, grandparents, aunts and uncles, foster parents, and babysitters – in the following ways, to reduce your baby’s risk of SUID/SIDS:

- **ALWAYS** place your baby on his or her back to sleep every time, for naps and at night.
- Place your baby to sleep or nap on a firm sleep surface, such as a bassinette or crib with a firm mattress and fitted sheet.
- Remove bumper pads, soft stuffed toys, pillows, or fluffy blankets from your baby’s crib (so they won’t interfere with his/her breathing). Never place anything around your baby’s neck, such as a cord holding a pacifier. Babies have been strangled this way.
- Be careful not to overheat your baby with too much clothing, bedding, or too warm of a room. If your baby’s room feels too warm, use a fan to help move the air in the room. Dress your baby in light sleep clothing and keep the room at a temperature that is comfortable for you.

- If your baby must sleep with a blanket, use a thin one, and keep it away from your baby's face. Place your baby's feet at the foot of the crib, with the blanket fastened under the sides of the mattress below the baby's armpits. (This will reduce the risk of the baby getting caught up in the blanket and strangling or suffocating.)
- Do not smoke around your baby, and do not allow others to smoke around your baby.

Your caseworker will give you a copy of the pamphlet *Safe Sleep for Baby: Reducing the Risk of Sudden Infant Death Syndrome (SIDS)*.

Back to Sleep, tummy to play.

This phrase recognizes the importance of babies sleeping on their backs, but placed on their tummies to play. Babies need tummy time in order to fully exercise and make their upper bodies strong.

Overlay or Rollover Deaths

An overlay death occurs when an adult or child sleeps with a baby and rolls over on to the baby, not meaning to, but suffocating the baby.

- Tell your family members and anyone who is going to care for your baby that they should place your baby on his back in his crib, or other safe sleeping place. If the baby is found sleeping or napping with another person in a bed, chair, or on a couch, the baby should be moved to his crib or bassinette right away.
- Drinking alcohol or taking drugs can make anyone sleep heavily, and it is especially dangerous when a baby is also sleeping in the bed.
- Anyone sleeping with a baby may accidentally roll over and suffocate the baby.

- Teenagers tend to sleep very deeply and don't awaken easily. If a teen parent sleeps with their baby, they may accidentally roll over onto the baby and suffocate him or her.
- Children also sleep heavily and move around a lot in their sleep. Therefore, children also should not sleep with babies because they might roll over and suffocate the baby.

Never let anyone sleep with your baby. Place your baby to sleep on his back in his crib or bassinette.

Trapping Death

- Babies can also suffocate and die when they get trapped between two surfaces. This can happen when a baby is sleeping on a bed that is pushed up against a wall. Babies can slip between the mattress and the wall and suffocate because they are not strong enough to get out.
- Trapping can also happen when a baby is laid on a couch to sleep. The baby can fall between the couch cushion and the back of the couch and suffocate.

Babies should always sleep in a safe place, such as a crib or bassinette.

If you do not have a crib or enough beds at home, let your caseworker know right away and he or she will obtain one for you.

Choking

Food such as hot dogs, hard candy, grapes, popcorn and nuts are common culprits in choking deaths. Small toys, tiny rubber balls, too small pacifiers, and bits of balloons are common non-food choking hazards.

Children are also at risk for becoming entangled in clothing hood ties, cords that control window blinds, toys strung across cribs and strings used to attach pacifiers to clothing. As a general rule, any toy that can fit in a toilet paper roll is a choking hazard.

- Plastic bags, pins, buttons, coins, balloons, sharp or breakable items should be kept out of the reach of children.
- Younger children should only play with toys that are too large to swallow, unbreakable and without sharp edges or points.

Shaken Baby Syndrome

Shaken Baby Syndrome, also called Abusive Head Trauma, occurs when an infant or young child is shaken forcefully. Babies' neck muscles are weak and their brains and connective tissues are fragile and underdeveloped. When a baby is shaken, the brain bounces within the skull, causing bruising, bleeding, and swelling inside the baby's brain.

NEVER, NEVER SHAKE YOUR BABY! Tell anyone caring for your baby that it is NOT okay to shake your baby.

One out of four babies who are shaken dies as a result of being shaken. Babies who survive shaking may be brain damaged, deaf, blind, paralyzed, mentally retarded, or suffer other lifelong injuries or disabilities.

Taking care of a baby can be difficult and frustrating, particularly when the baby is crying or fussing. A frustrated caretaker may shake a crying baby. The baby is not being fussy on purpose to

upset you, so don't take it personally. Instead, try the following when your baby is crying:

- Make sure your baby is not hungry, wet, hot or cold, sick or in pain.
- Offer your baby a pacifier.
- Wrap your baby snugly (but not tightly) in a light blanket and hold him/her close.
- Rock your baby or walk with him/her.
- Sing or talk to your baby.
- Take your baby for a ride in the stroller or a walk in a body carrier.
- Play soothing music.
- Run a fan. Babies often like rhythmic noise.
- Lower the lights and turn off noises, like the television or radio, if you think your baby is overtired or over stimulated.
- Call a family member, friend, or neighbor to talk about your frustration, or see if someone can take over for a while and give you a well-deserved break.

Sometimes babies just need to cry for no reason. If you have tried everything, the baby is still crying, and you're feeling frustrated, *gently* place the baby on his back in his crib, close the door, and walk away. Check on the baby every 5 to 10 minutes until he stops crying, or until you are calm enough again to comfort the baby. If you are still concerned, call your doctor. Tell this to anyone caring for your baby, and make sure whoever watches your child has the patience to care for a crying child.

Listening to a baby cry can be very upsetting. Remember to congratulate yourself on your patience and your good parenting skills when you safely care for your crying baby. Your caseworker will give you a copy of the pamphlet *Hug Your Baby...Don't Shake Your Baby!* **Share this pamphlet with anyone who may care for your baby.**

Prevent a TV Fall in Your Home

Every two weeks a child 8 years old or younger dies from a TV, piece of furniture or an appliance falling on them. These fatal accidents often occur when toddlers are climbing on entertainment units, dressers, bookcases or other pieces of furniture to reach the television. In some cases this leads to a TV or a piece of furniture falling onto and crushing the child. These incidents are tragic – and preventable.

You can easily safeguard your house by doing the following:

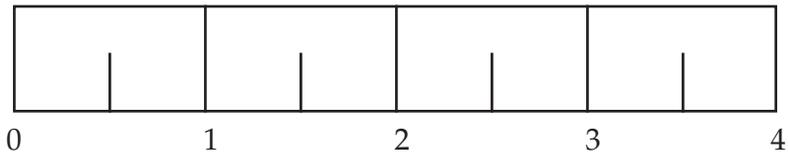
- Make sure that your furniture is stable.
- Place televisions on sturdy furniture appropriate for the size of the TV or on a low-rise base.
- Push the TV as far back as possible from the front of its stand.
- Remove items such as toys and remote controls from the top of the TV and furniture. These items may tempt children to climb.
- Place electrical cords out of a child's reach and teach children not to play with the cords.
- When possible, install an anchor on all entertainment units, TV stands, bookcases, shelving, and dressers. Attach the anchor to the wall or floor.

Don't let your television or your furniture endanger your children. Take action now to prevent this from happening to your child.

Falls From Windows

The combination of open windows and unsupervised children can result in serious injury or death. The risk of children falling out an open window is particularly high during the summer months or whenever temperatures rise. Remember: screens are made to keep bugs out, not children in. Window screens can easily give way under a child's weight, and do not provide protection against accidental falls.

- **Four inch rule:** Do not leave any window open more than four inches. Any window open more than four inches is potentially dangerous for children.



- Children's cribs, beds and other furniture should be moved away from open windows. Active children are often at risk of falling.
- Window guards are simple to install and remove and can prevent falls when used correctly. If guards or other safety measures such as window stops are not used, parents and caregivers should follow the four-inch rule.

Auto Safety

- Babies and young children should never be left alone in or around a vehicle. A number of infants suffer death or injury each year from being left alone in a hot car. The system that controls an infant's body temperature is not yet fully developed and, on a hot day, heat could overcome a baby in 5 to 10 minutes.
- Babies should never be left alone in a car with the keys in the ignition or the engine running. Infants have died from carbon monoxide poisoning and have been abducted during automobile thefts.

Violence Prevention

Violence is a serious threat to the health and safety of children. Most parents focus on ways to prevent their children from being the victim of violent acts.

What children learn at home is carried with them for the rest of their lives. The American Academy of Pediatrics recommends the following age appropriate interventions at home to help prevent youth violence (adapted from the American Academy of Pediatrics by the Child Health Data Lab, Children’s Memorial Hospital):

Category	Infancy/Early Childhood (0-2 years)	Preschool (3-5 years)	School Age (6-12 years)	Early Adolescence (13-16 years)	
Early Nurturing	Nurture bonding and attachment		Encourage empathy skills		
	Read to your child	Teach social skills	Help develop anger management skills		
	Nurture healthy sibling friendships	Know normal age-appropriate behavior	Find opportunities for positive activities		
	Spend time with children				
Limit Setting	Avoid corporal punishment				
	Employ age-appropriate disciplinary practices, including praise for positive behavior	Employ appropriate time-outs		Employ appropriate restrictions on: Driving Drugs Curfews	
	Praise positive behavior	Lay the foundation for family rules	Expand family rules	Acknowledge positive behavior	
		Introduce responsibilities: putting dirty clothes in hamper, etc.	Include among responsibilities: school and chores		

Category	Infancy/Early Childhood (0-2 years)	Preschool (3-5 years)	School Age (6-12 years)	Early Adolescence (13-16 years)
Basic Safety	Make sure child is safe in high quality child care		Make sure child is safe going to and from school	Remind your child about safety
	Confront and get help for domestic violence			
	Make non-violent conflict resolution a habit			
	Do not keep firearms in the home. If you must own a gun, keep it stored safely locked, unloaded, and with ammunition locked up separately.			

Firearms

In addition to being used in violent crime, firearms pose a substantial safety risk around the home. The best way to protect children against gun violence is to remove all guns from the home. Have a “no guns” rule in your home. Stress to visitors “You are welcome but your gun is not.”

If parents feel they must keep one or more guns in the home, there will always be some dangers. To reduce the dangers:

- Store all firearms unloaded in a securely locked container. Only the parents should know where the container is located and have the keys or combination to open it.
- Store the guns and ammunition in separate locked locations.
- For a revolver, place a padlock around the top strap of the weapon to prevent the cylinder from closing, or use a trigger lock; for a pistol, use a trigger lock. When handling or cleaning a gun, never leave it unattended, even for a moment; it should be in your view at all times.

When anyone uses alcohol or drugs and has access to a gun, the risk for violence rapidly increases.

Facts:

- 11 children are killed every day by firearms.
- Three-year-old children have the coordination and strength to pull the trigger of many handguns.
- It is difficult for children under the age of eight to distinguish between real and toy guns.
- Fifty percent of all childhood unintentional shooting deaths occur in the home of the victim and nearly 40 percent occur in the home of a relative or friend.
- Firearms are the most common means of death in adolescent suicide. Suicide is the third leading cause of death among young people 15–24 years of age. A firearm in the house at least double the risk of an adolescent suicide.
- More teenagers die as a result of gunshot wounds than from all natural causes combined.

Your Children's Health

Health Care and Emergencies

Be prepared in case your children become ill or injured:

- Keep your doctor, clinic, and emergency room numbers easily accessible. Place these numbers near the phone or on the fridge door. *Your caseworker will assist you in preparing this **Important Phone Number List** and placing it near your phone.* Make sure anyone who cares for your child knows where these numbers are located.
- Keep a **first aid kit** of emergency medical supplies handy. The kit should contain:
 - Thermometer
 - Children's pain reliever
 - Band-aids
 - Antibiotic ointment such as Neosporin
 - Soap or BactineKeep this kit out of your children's reach.

- If your child eats or drinks something that you think is poisonous or could harm him, call the **Poison Control Hotline** immediately for instructions, 1-800-222-1222. This is a national, toll free number open 24 hours a day. If you are still concerned, call your doctor immediately.
- Do your children have any **special conditions** that a babysitter or childcare provider should be aware of? Asthma? Allergies?
- In case of **emergency** or other problem in your home, do your children or the other children in your home know whom to call and where they should go? A neighbor's home, for example.

Include these numbers on the **Important Phone Number List** located at the back of this guide.

Are you familiar with signs and symptoms of illness?

- Unusual crying that cannot be consoled
- Irregular sleep patterns – too much or too little
- Runny Nose – unusual discharge, too much discharge
- Bowel movement (poop or BM) has unusual smell or color
- Diarrhea
- Poor Appetite
- Breathing Problems - Wheezing, Asthma
- Vomiting
- Rashes
- Fever
- Coughing – Sneezing
- Pain – in stomach
- Pain – in ear
- Pain – during peeing (urination)
- Pain – during pooping (bowel movement)

It is very important that you keep up with your child's immunizations (shots) for:

- Measles, Mumps and Rubella (mmr) – 12 months and 4-6 years
- Diphtheria, Pertussis and Tetanus (dpt) – 2, 4, 6 and 15 months and 4-6 years
- Polio – 2, 4, and 12 months and 4-6 years
- Hepatitis b – birth and 1 and 6 months
- Haemophilus and influenza type b (hib) – 2, 4, 6 and 12 months
- Varicella (chickenpox) – 12 months and 4-6 years
- Tetanus and diphtheria (td) – 11-14 years
- Tuberculosis (tb) test

Also review the Recommended Childhood and Adolescent Immunization schedules located in Appendix C. Speak to your caseworker if you have questions about immunizations for your child. Keep regular **doctor's appointments** for your children. They are usually requested at: 2 weeks of age; 2, 4, 6, 9, 12 and 18 months of age, and yearly after that, according to the family's clinic schedule.

It is just as important that the children get regular **dental check-ups** and brush their teeth twice a day.

Safety Information Regarding Asthma

Asthma is a very common disease for people living in Illinois. It can be a serious problem and, unfortunately, some people die from asthma.

More people have asthma and die from asthma in Chicago than in any other city in the United States. The Department of Human Services reports that people have died from asthma in every county in Illinois for each of the last five years. There is no cure for asthma, but it is a controllable disease. *No one should die because they have asthma!*

Asthma is a chronic disease that affects the way you breathe. The most common “asthma triggers” are dust, animals, cockroaches, smoke, changes in the weather, mold, and pollen. The redness and swelling inside the lungs makes it hard for someone with asthma to breathe.

If your child has asthma, ask his doctor to develop an **Asthma Action Plan**. Also, ask your caseworker for a copy of the DCFS Guide *Caring for Children with Chronic Health Care Conditions* (read about asthma in Chapter 7). This Guide also has information about diabetes, epilepsy, and other chronic health conditions.

Substance Abuse and Parenting

Partying and Parenting Don't Mix

You cannot use drugs and be a good parent. **Being high or drunk around your child is dangerous.** Drugs alter your senses, impair your judgment, make you careless, and dull your ability to quickly respond to situations happening around you and your child. Alcohol and drugs also affect your ability to make good decisions, and the consequences of making bad decisions could be deadly. In one case, a mother took her baby into a closet with her to get high. The baby inhaled second-hand cocaine smoke and died. In another case, a parent left a bag of rock cocaine within the reach of her child and the child ate the cocaine and died.

A lifestyle of drugs and alcohol is no life for you or your children. Neither you nor anyone else should get or be high or drunk around your children. Never leave your children in the care of someone who is high or drunk. Violence associated with drug use puts your children at risk. Always keep your children away from people, places, or situations where drugs are known to be used or sold.

If you have a history of substance abuse, speak to your caseworker about it and read the information on substance abuse, birth control, maintaining recovery, and relapse in Appendix B.

Section 2

How to Protect Your Children From Risk

In this section we will look at some important ways you can protect your children. Think about *who* is watching your children. Some adults and teens are not good with kids. Some may not know how to care for children in a gentle and kind way. Some may be good with ten-year-olds, but not with two-year-olds. Some may have an explosive temper or be resentful of a baby who cries, feeling that the baby is preventing them from doing the things they want to do.

Questions to Consider When Choosing Someone to Watch Your Children:

- Does this person want to watch your children?
- Will you have an opportunity to watch your children when they are with this person before you leave?
- Will this person become angry if the children bother them?
- Are they good with children your child's age?
- Have they done a good job of caring for other children that you know?
- If they are angry with you for leaving, will they treat the children roughly?
- Do they have a history of violence that may make them a danger to your children?
- Were their own children removed from their care because they were unable to care for them?
- Is the place they will care for your children safe?
- Are they (older caregivers) physically capable of caring for your children?

When you invite any person into your home, ask yourself, does this person:

- Enjoy spending time with you and your child?
- Say nice things about your child?
- Talk to your child in a respectful way?
- Know your child's daily activities?
- Provide attention to your child through positive words and actions?
- Listen to your child and respect his feelings?
- Understand what children can do at different ages?
- Use non-violent and non-physical discipline strategies?

Or

- Single out a particular child for excessive punishment?
- Use harsher forms of discipline, or encourage you to?
- Get jealous of the time you spend with your children?
- Become angry if your child bothers them?

If you are in a relationship with someone who is hurting you, there is a good chance that he or she may be hurting your child. To keep your child safe, listen to him or her. Watch for unexplained or suspicious bruises, injuries, or a marked change in your child, such as crying, fearful behavior, acting out, or unusual silence.

Managing Frustration

- **When you get so angry that you can't think straight, what do you do?**

Make a plan for what to do when you get angry, such as walking away for a little while, doing some physical exercise, and/or calling a friend for help. The least helpful way of

handling your anger is to get so upset that you do things that you regret later.

- **When you begin to feel out of control, what do you do?**

The best thing to do is try to take a break from the situation. Ask the children's father, a friend, or a relative to come over and watch the children for a while until you have calmed down. Have the phone number of your friends or family available in case you need a break.

- **After you are calm, what do you do?**

Think about what happened and how you felt about it. Can you think of some different ways to handle this problem? Some people do this by themselves and others need to talk out problems with a friend. If the situation is really difficult, it would probably be much better to talk to a wise friend or a counselor.

Think about what you want to do next. Check out your thinking about this by asking one of the people you listed on the **Important Phone Numbers List located at the end of Appendix A**. Think of all your options and decide which would be best.

- **Is there a person or an agency near you that can help?**

Also include these numbers on the **Important Phone Number List located at the end of Appendix A**.

Avoid Patterns of Conflict

- Do you have problems or bad times around certain people, places, or homes?
- If you cannot avoid these situations or locations, can you limit the amount of time you spend with people or in places that lead to conflict? Sometimes a person's home (former friend or a family member with whom you have regular arguments)

triggers trouble for you. Can you avoid these places? Or, can you be more aware of your behavior when you are there?

- Are there certain places or times where problems regularly occur with the children?
- Sometimes certain activities with children, such as bath time or bedtime, can start a family conflict. Be aware of these times and remember to control your temper. For example, it might not be the best time to bathe your children when either you or your children are tired or crabby. Bathrooms can be a dangerous place when you are upset. In one case, a parent got so angry during bath time that they struck their baby's head on the faucet. If you ever feel this angry, **give yourself a break**. Take the child out of the tub and put him in a safe place. **DO NOT** leave your child unattended in the bath.

Routines May Help Your Child Behave Better

Having a familiar routine and clear, consistent rules will help you manage your children's behavior. Children respond well to structure in their lives.

- Have regular meals (babies being bottle or breast fed will require more than three meals a day).
- Have regular nap and bed times for the children.
- Keep rules and guidelines consistent, so your children know what to expect.

Ask anyone who cares for your children to keep the same schedules you use for your children. Children do better with consistent routines.

Praise Good Behavior

Be sure you notice your child's behavior and respond to it consistently. Your response to how your child acts will help shape his or her behavior in the future. Children get confused when rules and expectations constantly change. They learn and respond best to consistency.

When your children behave well, be sure to offer them positive reinforcement with a reward, such as praise, a hug, or a special treat. Your praise and approval will motivate them to repeat that behavior.

If they make a big improvement, or do something that is extra helpful, show your approval with a big reward that they may enjoy, such as quality one-on-one time with you, a colorful sticker, or a trip to the zoo.

Developmental Stages & Temperamental Behavior

By doing some simple activities with your children, such as playing with them, feeding them nutritious foods, reading them stories every day and making sure they get enough sleep, you can help ensure that your child's brain and body develop properly.

Some babies constantly cry; two-year olds often say "no" to whatever they are told to do. It is easier to stay calm and not get frustrated when you know what is normal for your child's age. If you have concerns about some of your child's behaviors, discuss the behavior and your concerns with your caseworker and be sure to mention it to your child's doctor during the next check-up.

So, what is normal for your children at certain ages and developmental stages? The following section may help you recognize behaviors that can be trying and difficult, but that are perfectly normal. It may help to know that your children are normal and healthy and that they are displaying the behaviors that all children display.

Always remember to stop and get help when you feel you need it. If you ever feel overwhelmed and feel that you might harm your baby, stop, gently put the baby down on his or her

back, and get help from a safe and reliable caregiver. All parents feel overwhelmed at times! Self-regulation is an important skill, and recognizing when you need help is an invaluable skill.

Ask for help when you need it!

Step away when you feel angry or feel that you may harm your baby!

A Fussy Baby Could Be A Colicky Baby

Sometimes a baby is fussy and cries when she is not hungry or in pain. Fussy crying can start in the first weeks of life and usually stops suddenly in the third or fourth month. Crying can last from 20 minutes to two or three hours and a lot of parents have a hard time soothing their baby. This crying is the baby's way of getting used to its life outside of the mother's womb. It is a part of the settling in process. Remember, the baby is used to the feelings inside of its mother. Your baby's new world can feel pretty confusing.

It is important for a parent to understand colic. It can be hard to feel close to and care for your baby if you are frustrated that she is crying all the time. Know that colic is normal and not your fault. Do not take the crying personally. If your baby cries a lot, take your baby to the doctor. The doctor will confirm whether or not your baby has colic and ways in which you can help your baby and yourself.

When Your Baby Is Colicky

- Do not try to calm the baby by feeding him/her too often. If the baby is overfed, his/her stomach will become full and the baby will be uncomfortable – and may cry more.

- The most likely way to calm the baby is a soothing, comforting, rhythmic movement, such as soft rocking or slow dancing.
 - A front pack or pouch is helpful during the day.
 - At night, rocking the baby in a chair or swing and stroking the baby's back can be helpful. Also, using a cradle or rhythmic chair can help.
- If none of these suggestions work and you feel frustrated, sad, or unhappy, talk to a friend, relative, or neighbor about your frustration and feelings, or see if someone who is good with your baby can take over for a while.
- If your baby is up a lot at night, take a nap during the day while your baby is napping, to get your rest. Take the phone off the hook and ask a friend or relative to come over and help you catch up on your sleep.
- Keep in contact with your doctor's office until the colic improves.
- NEVER NEVER SHAKE YOUR BABY!!!

Normal Exploratory Behavior

By the time your child is about one year old, he or she will become very interested in everything around him. Your child will want to explore, touch things, and get into things. While it is important to keep your baby safe while he explores (please see Home Safety Checklist), it is important to remember that **exploration is normal**.

Keep in mind that your baby is healthy and curious and wants to learn more about his world. Some people think their baby is being bad or is not listening when he displays this exploratory behavior. But remember, this is how your baby develops a sense of curiosity and learns about the world. It is important to keep your baby safe, but also to help develop this normal and healthy exploration.

Defiant Children Can Be Exhibiting Normal Negativism

Saying “no” is a normal part of being a toddler. Between one-and-a-half and three years of age, many children respond to requests with a “no.” They seem to love refusing to do what they are told. This is the child’s attempt to have some control over his own life. This phase may last a long time, and it is important to understand this is something that all children go through, so you will not be angry with your child

What to do when your child says “No”:

- Remember that this behavior is normal. Do not take it personally.
- Do not punish your child for saying no. Turn away or ignore your child when he or she says no.
- Reading to your child can help. For example, try fun books like “No David!” by David Shannon. Books can be helpful and fun.
- Do not make too many rules. Too many rules can be hard for you and your child.
- Give your child choices, so that she can feel she is making decisions. For example: Which book shall we read? Do you want a banana or an apple? Do you want to play with the boat or the train?
- Do not give your child choices about things they have to do. For example: Don’t say, “Do you want to go to bed?” when your child *must* go to bed.
- When you want your child to do something, make a positive statement like: “Let’s get dressed now.”
- If your child is doing something he likes, and you want him to do something different, give him a warning. For example, if your child is playing with toys and it’s almost time for dinner, tell him, “We’re going to eat dinner in three minutes.” Even setting a timer for a specific length of time can be helpful so that you and your child can hear at the same time when the time is up.

Fussy Finicky Eater

Most children's appetites lessen between 18 months and 3 years of age because they are growing more slowly. Although they may not eat as much, they will not starve themselves. Your child will grow out of this stage as he discovers his own unique appetite.

If you are concerned about your child's weight, have it checked at the doctor's office to make sure your child is normal and is developing in a healthy way. Discuss any feeding concerns you may have with your doctor.

- Do not worry about your child's appetite decreasing a little around age two; this happens often.
- Keep your child's milk down to about two cups (16 ounces) a day. Sometimes children do not eat because milk is their favorite food and they fill up drinking it. Milk has lots of calories, so think of it as food.
- Limit snacks to two per day so that your child will be able to eat meals. Try to give your child healthy snacks like fruit, crackers, or cheerios.
- If your child really does not like a particular food, just let the child taste it. Don't force it on the child.
- If your child eats most of his meal, that is good. There is no need to insist he clean his plate before dessert.
- Above all, do not force your child to eat. Once she can use a spoon, let her use it herself. Do not try to coax or trick her into eating. Make mealtime pleasant.

Toilet Training

Most children are ready to be toilet trained between two and three years of age. But it is not the same for all children. You must be sure your child is ready. Some signs that your child is ready are:

- Your child is cooperative and wants to please you.

- Your child is curious about using the potty.
- Your child knows that it is best to urinate in the potty.
- Your child understands the connection between dry pants and using the potty.
- Your child wakes up dry from a nap.

You can help your child get ready by talking about using the potty when you change the child's diapers, and settling him on the potty for practice. Trying to force a child to learn too fast can make the child resist. For example, some children become toilet trained in as little as two weeks, and some may take months. It takes longer for kids to learn to control their bladder at night. Don't get angry if they wet their bed. They feel bad and ashamed when they make a mistake or wet the bed. **TOILET TRAINING TAKES TIME.**

Comfort your child if he has an accident, letting him know you love him and that going in the potty will happen sooner or later. Finally, boys can sometimes take longer to toilet train than girls and some boys wet their beds at night for a longer period of time. It is very normal for your child to refuse to toilet train or to resist using the toilet. Your child may be confused and afraid and will need your patience and support to get through this important stage.

- Make sure your child is ready. Do not try to toilet train a child who is not ready.
- Practice using the potty to make it fun. Talk to your child about something he likes. Good times to practice are after naps and meals, or when you think your child may have to go.
- Praise your child and give him treats when he goes to the toilet.
- The first time your child spontaneously goes to the potty on his or her own, you may want to give them a big reward, like buying some "big boy" or "big girl" underwear.

- When your child makes a mistake, be sympathetic. You could say “You wanted to go peepee in the potty, but you made peepee in your pants. I know that makes you sad. You like to be dry. You’ll do better. It takes time to learn something new.”
- Some children have night time wetting accidents until the age of 12.

Sadly, some parents become angry when the child has a toileting accident and soils herself, her clothing, or bedding and furniture. Because of this, some children are shaken, slapped, and even burned by hot water, and many children suffer lasting harm from their parent’s anger. It is important to remember that sometimes your duties are unpleasant as a parent, but remember that this stage will pass. For more information on betwetting, ask your caseworker for a copy of the DCFS guide *Caring for Children with Chronic Health Care Conditions* and read Chapter 6.

Trained Night Crying

Some babies wake up in the middle of the night even after they have had their nighttime feeding. Some babies will sleep through the night by the time they are three or four months old, but *other babies will continue to wake up and cry.*

This can be hard for parents who are often very tired themselves. Some parents mistakenly believe that their baby is crying on purpose or may think the baby is doing this on purpose to drive them crazy. Babies do not have the ability to think this way. Your baby will grow out of this developmental stage in time.

Talk with your doctor. He or she may have some helpful suggestions about night crying and night waking.

Separation Anxiety

Your baby may be fearful and anxious when he or she is apart from you or from other caregivers. Many babies begin to display this fear at about six months old. They become afraid and cry when their mother or father is out of sight, and feel secure and happy when their parent is nearby.

Some people fear that their babies are becoming spoiled, but they are not. This is a normal stage and it is important for your baby to learn that even when you are out of sight, you will come back. This is how your baby learns to trust you and learns to feel safe when you are not around.

How to deal with separation anxiety

- Play peek-a-boo
- Give your child something comforting, like a favorite toy, stuffed animal, or blanket
- Tell your child where you are going, why you are going, and when you will be back
- Always reassure your child that you will be back – then do your best to return when you said you would
- It is best to say goodbye to your child and then leave, rather than linger

Children Using Sexualized Behavior

Most children engage in at least some sexual behaviors before age 13. Normal sex play might include checking out their own body or a playmate's body by looking and touching or "playing doctor."

- If you see your child exploring his or her body, let your child know that it is not wrong to engage in healthy, natural sexual exploration, but that it needs to be done in private when he/she is alone. Also, let your child know that he or she can come to you with any questions.

- Some sexual behaviors, however, are not appropriate for children and may require professional intervention. If you have any concerns or questions, discuss them with your caseworker.
- If a child is performing inappropriate sexual behavior, parents are often afraid that their child has been sexually abused. While this is a real possibility, it is not always the case.
- Children exposed to a drug lifestyle may have witnessed adults openly engaging in sexual behavior. Children using sexualized behavior may be modeling what they have seen.
- Also, it is not true that all persons who are sexually abused become abusers. While some do, most do not.
- If you are concerned with your child's sexual play, or feel that your child has been inappropriately touched, you should talk to your child's doctor or contact an early education or children's mental health specialist.

Slow or Delayed Child

Some children have learning problems (the school may call these learning disabilities), and some children develop more slowly. Different children develop at different rates, and this is normal. If your child does not follow your directions, it may be that she does not understand; not that she is being "bad." Your child may not be old enough to understand directions or questions as they are presented; however:

- If your child does have some learning problems, it does not mean that your child is "stupid." It does mean that you will need to show more patience.
- Your child may also have other problems that you do not recognize right away. Does it seem like your child does not see or hear as well as other children? These problems could have an impact on your child's learning in school. Therefore, you should talk to your child's doctor about your concerns.

If you think your child may have some trouble learning or understanding, depending on your child's age, she can be helped by an Early Intervention Program. Ask your caseworker or your child's pediatrician about resources. Your child's pediatrician can help determine if your baby needs additional assessments.

Early Intervention Programs

What are Early Intervention Programs?

Early Intervention Programs help delayed or disabled children (ages 0 to 3) learn when their brains are in a period of growth.

What is the purpose of these services?

To meet infants and toddlers developmental needs in one or more of the following areas:

- physical development (movement)
- cognitive development (learning)
- communication development (interaction)
- social or emotional development (behavior)
- adaptive development (use of existing skills)

How are services provided?

- Services can be provided in the home or at a center. Home visiting programs provide trained people, and parent coaches, who visit your home and bring activities to help your child learn and grow, and help you understand how your child is developing.
- High quality infant-toddler center based programs provide trained staff and warm, sensitive caregivers who support children and parents.

If you think your child:

- is at risk for developmental delays, or
- has a developmental delay, or
- has a physical or mental condition which typically results in developmental delays;

talk to your pediatrician or call Child and Family Connection (1-888-222-9592) for information and referral resources.

For help choosing a quality Early Intervention Program, talk to your caseworker or pediatrician about helping you finding a program that meets your family's needs, or use the following resources to find a quality services in your area:

- Child and family Connections:
www.childandfamilyconnections.org
- Use the DHS Office Locator: www.dhs.state.il.us or call 1-800-323-GROW (4769) to find the Early Intervention Office in your local area.

Getting your children “ready” for school

Being ready for school is one of the keys to your child's future success. Children begin learning the minute they are born. Language, letter, number skills, and the ability to get along with others develop during a child's earliest years and help them get ready for school.

Children who are ready for school are able to:

- Follow directions
- Say the alphabet
- Use words to express feelings and thoughts
- Go to the bathroom independently
- Tolerate being away from parents

- Get along with other children and adults
- Make friends
- Ask a trusted adult for help

Every child can benefit from early educational programs. Enrolling your child in an early learning program provides him/her with the opportunity to develop necessary school-readiness skills. Studies have shown that children enrolled in quality preschool programs have better social skills, higher test scores, less grade retention, higher graduation rates, less teen pregnancy, and higher incomes.¹

Early Education Programs

Early Education Programs operate in a variety of settings, including public and private schools, child care centers, community and faith-based organizations.

Children over the age of three should be enrolled for at least part of the day in a Preschool for All (State Pre-Kindergarten) or Head Start program.

Preschool for All and Head Start programs prepare 3 and 4-year-olds to succeed in school and in life. Preschool for All and Head Start offer high quality educational programs.

- Preschool for All is a free half day preschool program (2.5 hours a day).
- Parents needing a full-day program can extend their child's day using their own funds or a child care subsidy if they qualify.

¹Barnett, W. S., & Masse, L. N. (2007). Early Childhood Program Design and Economic Returns: Comparative Benefit-Cost Analysis of the Abecedarian Program and Policy Implications, *Economics of Education Review*, 26(1), 113-125.

- Head Start eligibility is based on federal poverty guidelines and family income.
- Head Start offers half-day and full-day programs.
- Start planning early! It is important to look into Preschool for All and Head Start programs in your area before your child turns 3 or 4 years old.

Ask your caseworker to help you find a Head Start or Preschool for All program that meets your family's needs, or use the following resources to find quality programs in your area:

In Chicago:

- www.earlychildhoodchicago.org
Lists all preschool programs and child care centers in your area

Anywhere in Illinois:

- www.isbe.net/earlychi/html/directories.htm
Lists Illinois state-funded preschool programs, sorted by county
- www.ilheadstart.org/a2zlistings.html
Lists all Head Start programs in Illinois
- www.inccrra.org
The Illinois Network of Child Care Recourses & Referral Agencies lists statewide child care resources

Section 3

Helping Your Children Do Better In School

How to Help Your Children Do Better In School

- Have frequent contact with the school. (Know your children's teachers and friends.)
- Be calm with your children.
- Get involved in your children's schooling. (Go to Parent/Teacher night.)
- Expect your children to work hard in school.
- Get your children thinking about college or trade school.
- Have clearly stated rules about bedtime, homework, etc., and be sure they are followed.
- Enforce your rules consistently.
- Be supportive and nurturing.
- Ask your children what they learned in school.
- Don't expect your children to be perfect. Accept their mistakes and praise their accomplishments.

Source: Reginald Clark, *Family Life and School Achievement: Why Poor Black Children Succeed or Fail*.

Homework

Having trouble getting your children to do homework?

- It is often helpful to create a special place in a house where homework is done (this could be the kitchen table). Is there enough light for the children to read? Is the T.V. off?
- It is helpful to make rules about doing homework; for example, homework must be done before watching T.V.

- If your children are struggling with their homework and you can't help, you may want to contact your local Homework Hotline for assistance. In the Chicago area, the Homework Hotline number is (312) 645-5555. Assistance is available Monday through Thursday from 5 p.m. to 8 p.m.
- Are there school supplies?

Working with Teachers

When you meet with your children's teachers during school conferences, you may want to make a list of any questions or concerns you have ahead of time. Take the list with you as a reminder. Here are some things that you can discuss with your children's teachers:

- What are my children's strengths?
- Do any of my children need extra help in any area?
- How much time should my children spend on homework each school night?
- Are they turning in their homework assignments?
- Is there anything I can do to make my children do better in school?
- Is there tutoring available?
- Do my children have friends?
- Are there any opportunities for me to volunteer in my children's classes?

One good way for teachers and parents to work together is to pick specific behaviors that need improvement and ask the teacher to send home a "Good News" note whenever the children use the good behavior. Make sure you give your children lots of praise for a "Good News" note and reward them with a special treat.

Reading to Your Children

You are a role model for your children whether you know it or not. Children learn from the actions and the words of people they see regularly. You are your children's first and most important teacher. The more time you spend interacting with your children by talking, listening, and reading aloud, the more likely your children will develop a love for reading.

When reading aloud to your children, remember: What is important is that the children become used to the rhythmic sounds of your reading voice and they associate it with a special, secure time of day. It is never too early to introduce reading to your children.

Your caseworker will be discussing the importance of reading with you. You will have an opportunity to discuss what you have learned and practice reading aloud to your child.

Top Tips for Early Reading

- Talk and sing with your children
- Read to your children daily
- Limit television and watch appropriate shows with your children
- Serve as a role model by spending quiet time reading in front of your children
- Visit the public library to spark your children's interest in books
- Attend fun and free story times at the public library or local bookstores

Section 4

Getting Organized

Getting Kids Off to School on Time

Preparing ahead of time can help you avoid being stressed in the morning. Whatever you can do ahead of time will help make your life easier. It is important that children get to school on time. But it is often hard to get everyone out the door with his or her lunches, homework, shoes, and so on. It will help if you can take no more than ten minutes at night, before the kids go to bed, to organize everything they need for the next morning. Get school age children to help round up everything by the door where they will go out. You can make it more fun by playing music on the radio or T.V. Call it:

The Ten-Minute Evening Roundup

- In a backpack or bag:
 - Homework
 - Books
 - Signed permission slips or notes to/from teacher
 - Gym clothes and/or shoes
- By the door:
 - Shoes and/or boots
 - Coats, hats, gloves
- In the kitchen:
 - Lunchboxes cleaned out

Schedules

Ensure there are schedules for your children at home. For example, children all need a certain amount of sleeping time (including taking naps), a regular bathing schedule, and to brush their teeth in the morning and at night. Your caseworker should go through a list of important health considerations for your child.

During certain times of the day you may need help; for example, in the morning you may need help getting kids to school, in the evening preparing dinner and getting children to bed, and on weekends and school vacation times when children are at home. These times all require extra planning.

Budget

If you are on public benefits, you will have to plan to budget your money to have enough for rent, groceries, and transportation. Since your pay or benefits arrive at the first of the month, could you set some of it aside for the end of the month? If this is hard for you, your caseworker has budgeting guides. If you have accumulated debt, there are credit-counseling agencies that can help you.

If you were used to buying drugs at the same time you got your check, what can you do during this specific time of month to keep you from repeating this pattern?

TANF Appointments

TANF appointments are really important. The new rules are strict and missing an appointment or not participating in work activities could have negative consequences. This would jeopardize your children. Keep your TANF appointments on your calendar and make sure you have plenty of travel time to keep your appointments.

Keep a Calendar

Have a calendar that has everything on it (**use blank calendars in Appendix C**). Is it overwhelming? Is there too much to do without back-up or help? If it feels like too much, talk to your caseworker.

Another good way to remember things is to make reminders for yourself or get others to help, especially if you are changing an old schedule or needing to do an activity that is not done on a daily or weekly basis. Leave yourself notes on the refrigerator door or bathroom mirror to help you remember.

Transportation

- **Plan** how you will get from place to place ahead of time.
- **Check** with your support person to arrange transportation in advance.
- What **resources** are available to provide transportation services or financial assistance (transit cards) to service providers?
- Do you have a **car seat**? Even if you do not have a car, if your child rides in someone else's vehicle, a car seat is required by law for infants and children up to age 8.
- Will you need to familiarize your children's caregiver with the area, bus route, or type of transportation available?

Completing Household Tasks

Shopping, Cooking, Doing Dishes

Simple tasks such as shopping require transportation and help carrying groceries. How will this be accomplished? Do you have older children who can help? Can you afford to buy a grocery cart?

Share the work of household chores. Are kids old enough to help with chores? If so, make a schedule for kids to do chores. Keep in mind, however, that children should also not have too many chores. If the children are too young, who else could help: a parent, others living in the home?

House Cleaning and Laundry

DCFS requires clients to meet certain cleanliness criteria in their homes. The following hints can keep you in compliance:

- Do laundry regularly and put clean laundry away. Sometimes if you don't put away clean laundry, and it is piled near dirty laundry, it may appear that you have not done laundry at all. Also, you might not remember which laundry you did and wash items twice. Have a storage space for clean laundry, and a place to put dirty laundry that is out of the way.
- Particularly important rooms to keep clean are the kitchen and the bathroom. (Wipe off counters, sweep floors, refrigerate perishables, and wash tubs and sinks.)
- Regularly empty the garbage can.
- Bedrooms do not have to be overly neat, but the sheets on the beds should be clean.
- Keep all cleaning supplies out of children's reach.

Appointments

You will have a lot of appointments for yourself and your children, such as doctor's appointments, school meetings, and even getting kids to recreation programs. You will have to be sure these appointments are not scheduled at the same time or too closely together that you might not make one. Write down all appointments on a calendar and look at your calendar daily to keep track of upcoming appointments.

Legal Appointments

Whether for juvenile, civil or criminal court, the easiest way for you to keep these appointments is to write them on your visible monthly calendar.

Future court dates are often decided when you are in court. If you bring your calendar with you, you can request a court date that does not conflict with other important appointments.

If a court date does conflict with your treatment, school, or day care schedule, try to contact your other appointments to reschedule ahead of time.

Section 5

Setting Yourself Up for Success

Make a Plan: Your Map to Success

To reach your goals, you must make a plan. If you were going to drive to a place you had never been before, you would consult a map or get directions on how to get there. Making your plan is making a map for how you will work to build a healthy and safe family.

One Step at a Time

Parenting is a step-by-step process. Using your plan and following your map requires breaking things down into manageable pieces. You and your family can identify the steps you need to take by questioning **who, what, where, when and how**.

For example, at the beginning of the school year, and whenever you need to get your children to school you might want to ask yourself:

- Where is the school located?
- What time does school start?
- What do they need to bring with them (lunch money, homework, gym clothes, instruments)?
- Are they old enough to walk alone to school?
- Can you drive or walk with the children?
- Can a neighbor who takes their children take yours, too?

Obstacles are Inevitable

Every family encounters obstacles and problems. Several, like those listed on the next few pages, are common for parenting families. If you are aware of obstacles ahead of time, you can be prepared to cope with them.

Obstacle 1: Changing Habits

Choosing to comply with DCFS rules and recommendations also means altering many old habits. For example, the problems that brought you and your family to the attention of DCFS may have been related to an unstructured and chaotic lifestyle. Your days may have begun at 10 a.m., or even later. Part of your plan now, however, will be to get up in the morning to get yourself to work, treatment, or job training, and to get your children ready for school, preschool, or to go to a caretaker. Remember, changing daily habits is hard and takes time, but the rewards are worth the effort.

Obstacle 2: Unanticipated Crisis

Unexpected events happen. Your children can get sick, or you could oversleep on a day when you have an appointment. If these things happen, what will you do? Missed appointments are recorded in your file; you can appear as if your lifestyle is not changing and you may risk an unfavorable review. Planning ahead will help you get where you need to be on time and demonstrate the progress you are making. In spite of your planning ahead, unexpected things still can happen. When they do, contact your caseworker immediately and tell him or her what happened.

Obstacle 3: Too Much To Do At One Time

Without careful planning, you may face what seems like too many demands at once. If you have several caseworkers, they may give you instructions that conflict; or they may not consider everything you need to do in order for you to comply with their directions. When this happens, talk to your caseworker right away about

your concerns. It may be helpful to use a daily calendar to help keep appointments and meetings straight.

Obstacle 4: Transportation

One of your biggest obstacles may be transportation. When you do not have a car, you do need to do extra planning. You will have to find out which bus or train will get you where you need to be on time. You may need to contact your local public transportation information and direction center for assistance.

You will have to allow extra travel time, and you will have to budget enough money for regular bus or train fare. If you run out of money, you need to know if there are agencies that can assist you with your transportation costs before the day that you need to travel. Contact your caseworker for assistance.

If you have a car, you will need to budget monthly for insurance, gas, registration and maintenance.

Obstacle 5: Expecting the Help of Others

We all need help from others. Especially during this time, you will need considerable help from family and/or close friends. However, people sometimes expect help and after receiving it they do not return the favor.

You must be aware that people who help you and your children are going out of their way and sacrificing some of their time and energy to help you. Helpers need thanks, even if only in a small way; and they must believe you would return the favor if needed. For example, if your grandmother helps by offering to care for your children, think about the increased demands on her time and the extra work she will do. How can you thank her? How could you make the situation easier for her?

If you are the caregiver and a parent does not appreciate your efforts and makes too many demands, it may be necessary to

discuss the issue with the parent. Your family's caseworker can help you in planning how to talk to the parent and may find it helpful to participate in your discussion.

Obstacle 6: Legal Problems

If at some time in the past you have failed to appear in court, or if you have a felony case pending, an arrest warrant has probably been issued for you.

If you do have an outstanding arrest warrant and you do nothing about it, you face the possibility of being arrested on the warrant at any time: for example, if you are stopped for a traffic offense. Every time the police stop someone, the police do a warrant check. If you are going to Juvenile Court and the State's Attorney learns of the warrant, the State's Attorney is obligated to inform the police or sheriff that you have an outstanding warrant and you can be arrested as you leave the courtroom. This is not likely to be the best time and place for this to happen, for your sake as well as for your children's sake. There are other ways in which this might be handled better.

For example, you could take care of an outstanding warrant by turning yourself in at the local police station. It is likely that you will be held, at least overnight, until you can be brought before the judge for a bail hearing.

Your caseworker may be able to assist you in surrendering so that you may be able to avoid time in custody before appearing before the judge. If your caseworker needs help, the Department's Office of Legal Services or the Office of the Inspector General will walk him or her through the process. Also, if your case is in court, you could contact the Public Defender appointed on your case or your private attorney to assist you in surrendering yourself on the warrant.

Also, if you know or suspect that you have an outstanding arrest warrant, you should have the warrant cleared up before you

begin a treatment program. Many treatment programs do not want to take clients who have outstanding warrants because of the risk that you could be arrested and jailed before completing treatment.

The bottom line is you need to clear up any warrants as you begin work on building your healthy and safe family.

Parental Self-Care

Being a parent can be stressful. It is important that parents set aside time to identify ways to take care of themselves. Parental self-care is a combination of finding ways to rest, relax, and reach out to others. Exercise, church, sports, and other types of active recreation are good ways to get and stay in shape, blow off stress, and just feel better.

Interactive Resource Guide for You and Your Children

There are many resources available to help you during this time and in the future. Your caseworker has materials that can inform you about how to protect your children from Sudden Infant Death Syndrome (SIDS), how to improve the safety of your home, how to read to your baby, and more. The following are some of the resources that your caseworker can give you.

Resource Recommendations

- **Back to Sleep Campaign** (SIDS pamphlet)
- **Parents' Guide to Fire Safety for Babies and Toddlers** (Fire Safety and Prevention)

- **Hug Your Baby...Don't Shake Your Baby!** (Shaken Baby Syndrome pamphlet)
- **Violence Prevention** (Firearm Safety and Violence Prevention)

The next time you are working on a computer at home, school, or at the public library, check out these web sites. (If you don't have access to a computer, ask your caseworker to print out pages from these Web sites.)

- **www.coderedrover.org** - home safety site
- **www.usfaparents.gov** - Fire safety site
- **www.fathers.com** - practical help for being a good dad
- **www.cpsc.gov** - Sometimes baby products are "recalled." That means the product you might be using is defective and may pose a risk to your baby. You can learn about product recalls through this product safety Web site.



APPENDIX A

Teen Parents as Students and Teachers

Importance of a High School Education

Graduating from high school is necessary if you want to go to college or get a good job.

These days, teens that drop out of high school rarely get good paying jobs. They and their children are more likely to end up living in poverty.

A working parent offers a strong positive role model for children. Having a parent with a good job has been shown to help children's psychological well-being.

Success in school depends on regular attendance, doing your homework, and studying for tests. All of the organizational skills you are learning as a parent can help you succeed in your job as a student. You can do it, for yourself and your baby!

Homework

Having trouble getting your homework done?

Your caseworker can help you figure out what might be the best place for you to study. For example, some teens like to work at the kitchen table; others like to study on their bed (remember never to put your baby on an adult bed because of the risk they'll fall off it and hurt themselves). But some teens need more privacy than that. As a young parent, your challenge is to figure out how to do homework while caring for a small child. Perhaps sometimes someone can care for your child when you study, in exchange for help later on.

You might want to try to get your homework done while your baby takes a nap or try to get your baby to sleep at a reasonable time in the evening so you will still have time to do homework. Regular nap and bedtime routines for your baby will help you keep up your studies.

If you are having trouble with a class, talk to your caseworker, your school counselor or your teacher about finding a tutor or some extra help.

Getting Off to School on Time

It's important to get to school on time. That means getting up on time and getting organized. Create a checklist of things to do every night right before bed. Here are some suggestions:

School Night Evening Roundup

- Review your childcare plan for tomorrow
- Set your alarm clock
- Lay out something to wear
- In a backpack or bag:
 - Homework
 - Books
 - Gym clothes/shoes/instruments
 - Lunch
- By the door:
 - Shoes or boots
 - Baby bag packed and ready to go

Remember that preparing ahead of time can help you avoid being stressed in the morning. Whatever you can do ahead of time will help make your life easier.

PACK YOUR BAG!

- Baby bag
- Bottles (make bottles up ahead of time and have them ready in the refrigerator)
- Diapers
- Lotion/Oil
- Hair needs
- Books/toys
- Change of clothes
- Blanket
- Medications (if any)
- Coats, hats, mittens, boots, raincoat
- Note for the caregiver (any important emergency information such as your phone number, baby's medication schedule, allergies, doctor's phone number)

A checklist like this can help you get yourself and your baby ready for your day. With your caseworker, make your own list. Be sure to include any special needs that your baby may have.

Important Phone Numbers

Police / Fire Department	911
Doctor's Name	Phone Number
_____	_____
Nearest Hospital Emergency Room	Phone Number
_____	_____
Local Public Health Dept.	Phone Number
_____	_____
Poison Control	1-800-222-1222
Relative's Name	Phone Number(s)
_____	_____
_____	_____
Friend's Name	Phone Number(s)
_____	_____
_____	_____
Neighbor's Name:	Phone Number(s)
_____	_____
_____	_____
Caseworker's Name	Phone Number
_____	_____
Children's Father	Phone Number
_____	_____
_____	_____



APPENDIX B

Substance Abuse

Persons who regularly use alcohol and/or other drugs may not realize the many ways their parenting is compromised. If you have a history of substance abuse or your caseworker determines the need for substance abuse assessment and treatment, your caseworker will assist you in arranging for assessment and treatment. You need to be aware of how alcohol or drug use can sabotage parenting ability and greatly increase the likelihood of accidents and injury for both parents and children.¹

A parent tired and worn out from drugs or alcohol use has little ability to praise or offer kindly guidance and appropriate discipline to a child. Under the influence of drugs or alcohol, parents may not be able to respond to active, curious children who can put themselves in risky situations. Furthermore, the stress of withdrawal, coupled with a child who is a finicky eater or overly active, increases the likelihood of a parent neglecting, hitting or otherwise harming the child. Parents can also lose their temper or blow up at their children because they may have unrealistic expectations of their children – for example, they may think the three-year-old soiled his or her pants on purpose to make the parent angry.

Parents under the influence of alcohol and other drugs can have a negative affect on children's success in school. A parent who is craving drugs or coming down from a high cannot help his or her children with their homework. They may also expect older children to help younger siblings, failing to recognize that children need adult help. Some parents who use drugs have older children stay home from school "to watch the younger children." This interferes with the older child's education and puts them further and further behind in school.

¹ D. Brown & L. Peterson. (1997). Unintentional injury and child abuse and neglect in *Handbook of prevention and treatment with children and adolescents*. Ed. R.T. Ammewrman & M. Hersen. New York: John Wiley & Sons, Inc.

Finally, when parents use substances, their cravings can cause them to use essential money needed for diapers and formula on drugs.

An individual struggling with substance abuse is in a poor position to begin caring for a newborn child. Overcoming a substance abuse problem requires a tremendous amount of focus and dedication. It can be difficult to achieve this level of commitment while pregnant or after becoming a new parent.

Birth Control

You need to take extra precautions to protect yourself from pregnancy and sexually transmitted diseases. If you have recently had a baby, make sure to schedule your six-week postpartum doctor's check-up. That is the time to discuss what form of birth control you will use.

There are several methods of protection, all of which have specific benefits and side effects. Work with your doctor to find the most appropriate method, considering your medical history and lifestyle. Of the various methods, only condoms will protect you from sexually transmitted diseases. Female condoms are also available. Along with these, you will also want to use another birth control method, such as birth control pills, an IUD, a diaphragm or a time-released birth control shot.

Title X is the federal program that funds family planning and reproductive health care services. There are a number of neighborhood Title X clinics. Ask your caseworker for a list of clinic locations.

Maintaining Recovery

Substance abuse recovery is possible, but it requires you to do a lot. You must change your thinking and your behavior. You must also believe you can stop using drugs with the help of treatment and the support of sober family members and friends. Recovery is a lifelong journey, so to make changes you must work on your recovery each day. The following changes in behavior are necessary if you want to succeed.

Changes in your behavior must include:

- Attending and completing substance abuse treatment.
- Attending and completing aftercare programs.
- Attending 12-Step meetings.
- Locating and communicating with a 12-Step sponsor.
- Reading 12-Step literature (e.g., Big Book, AA/NA/CA pamphlets).
- Incorporating 12-Step slogans into your daily conversations. The slogans are used to interrupt negative thinking (e.g., one day at a time, easy does it, keep it simple).
- Attending drug-free leisure activities (AA, dances, movies).
- Making and associating with drug-free friends (enrolling in a class at your local community college, attending social functions at your church or community center).
- Reconnecting with drug-free family and support systems.
- Identifying and avoiding relapse triggers (people, places, and extreme emotions).
- Follow your *Relapse Prevention Plan*.

Relapse

If relapse occurs, do not panic. You are not a failure.

Get back on track:

- Call your sponsor.
- Make a meeting.
- Talk to your Substance Abuse Counselor.
- Work on a new Relapse Prevention Plan.
- If you had unprotected sex during your relapse, see your doctor.

Are You Aware of Post Acute Withdrawal Symptoms?

Post acute withdrawal (PAW) can affect your brain (thinking, concentration, emotions, and memory). Symptoms PAW can begin 7–14 days after your last drug use and can last up to 18 months. If you experience any of the following symptoms, discuss them with your substance abuse counselor, your sponsor, or your caseworker. Remember, these symptoms will pass, but you must remain drug free.

Post Acute Withdrawal Symptoms:

- Difficulty thinking clearly
- Difficulty managing feelings and emotions
- Difficulty managing stress
- Difficulty sleeping
- Difficulty remembering



APPENDIX C



When Do Children and Teens Need Vaccinations?

Age	HepB Hepatitis B (1-2 mos)	DTaP/Tdap diphtheria, tetanus, pertussis (whooping cough)	Hib Haemophilus influenzae type b	IPV Polio	PCV Pneumococcal conjugate	RV Rotavirus	MMR Measles, mumps, rubella	Varicella Chickenpox	HepA Hepatitis A	HPV Human papillo- mavirus	MCV4 Meningococcal conjugate	Influenza Flu
Birth	✓											
2 months	✓	✓	✓	✓	✓	✓						
4 months	✓	✓	✓	✓	✓	✓						
6 months		✓	✓		✓	✓						
12 months		✓	✓	✓	✓	✓	✓	✓	✓			
15 months	✓	✓	✓	✓	✓		✓	✓	✓			
18 months		✓	✓	✓	✓		✓	✓	✓			✓
19-23 months		Catch-up	Catch-up	Catch-up	Catch-up		Catch-up	Catch-up	Catch-up			✓
4-6 years		✓		✓			✓	✓				
7-10 years		Catch-up								✓✓✓		
11-12 years		✓		Catch-up			Catch-up	Catch-up	Catch-up	✓✓✓	✓	
13-15 years		Catch-up		Catch-up			Catch-up	Catch-up	Catch-up	Catch-up	Catch-up	
16-18 years											Catch-up	✓

Please note: Cases of pertussis (whooping cough) have increased in children, teens, and adults in the last few years. Tragically, some infants too young to be fully protected by vaccination have died. Ask your doctor or nurse if your children have received all the pertussis shots needed for his or her age. Also, if you haven't had your pertussis shot, you need to get one.

What is "Catch-up?": If your child's vaccinations are overdue or missing, get your child vaccinated as soon as possible. If your child has not completed a series of vaccinations on time, he or she will need only the remainder of the vaccinations in the series. There's no need to start over.



Calendar

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY



Calendar

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Calendar

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Printed by Authority of the State of Illinois
DCFS #632 – March 2012 – 2,000 Copies
CFS 1050-69 – Rev. 3/12