Delaware Pre-Service Training Handouts Part 1

Mission Statement

Children's Choice is a Christian social service agency which provides specialized community-based services.

Children's Choice serves as a bridge for individuals who are in need of the re-integrative process of family living. Intensive, individualized, supportive services are provided to empower clients in achieving their highest potential.

As a response to changing needs in families and society, Children's Choice seeks to be an agent of positive change to those we serve throughout the world.

CORE VALUES

- To be committed to serve
- To uphold Christian values
- To provide and promulgate positive family environments
- To promote family reunification
- To facilitate choices, respecting each individual's right to choose
  - *(continued on next slide)*

CORE VALUES (CONT'D)

- To work in a team-oriented approach
- To provide for the physical, psychological and spiritual needs of others
- To stimulate personal growth and self determination
- To be agents of faith
- To encourage and enhance social consciousness

Handout #1

Goals of Preservice Training

To promote awareness and self-selection based on realistic criteria, and to begin educating prospective parents and caregivers about what they can expect from the caregiving experience

To promote an atmosphere for mutual assessment and exploration of each prospective parent's values, strengths, and needs

To create an awareness of the commonalities and differences between fostering, adopting, and providing kinship care

To promote team building among the foster parent, birth parent, adoptive parent, agency staff, and community resources

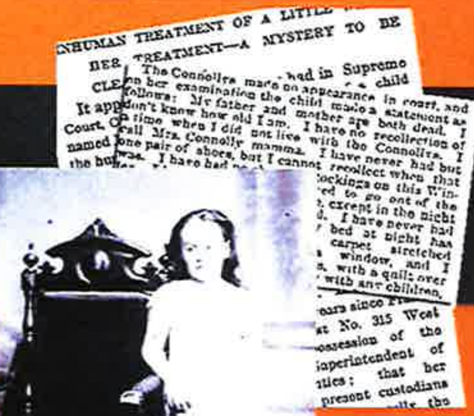
To assure safety and improve the quality of care provided to children who live in foster, adoptive, or kinship homes

To reduce the number of moves for children in foster care, kinship care, and adoption

To initiate and promote the establishment of a support system for parents and caregivers within the foster care, adoption, and kinship care system

To promote child advocacy and develop more advocates for children

Timeline of Foster Care



Mary Ellen McCormack, NYC 1874
First child abuse case in the US

1874: Animal protection laws were used in the first child abuse court case

1912: The U.S. Children's Bureau was established to represent the interest of children.

1930: Children's Charter acknowledged that each child has the right to grow and develop in a home environment

1950: Professionals began to realize the needs of children could be best met in family settings rather than in institutions. Foster homes began to replace orphanages.

Timeline of Foster Care

1970: Permanency Planning movement

1980: Reasonable Efforts: professionals had to show reasonable efforts were made to avoid placing children in foster care.

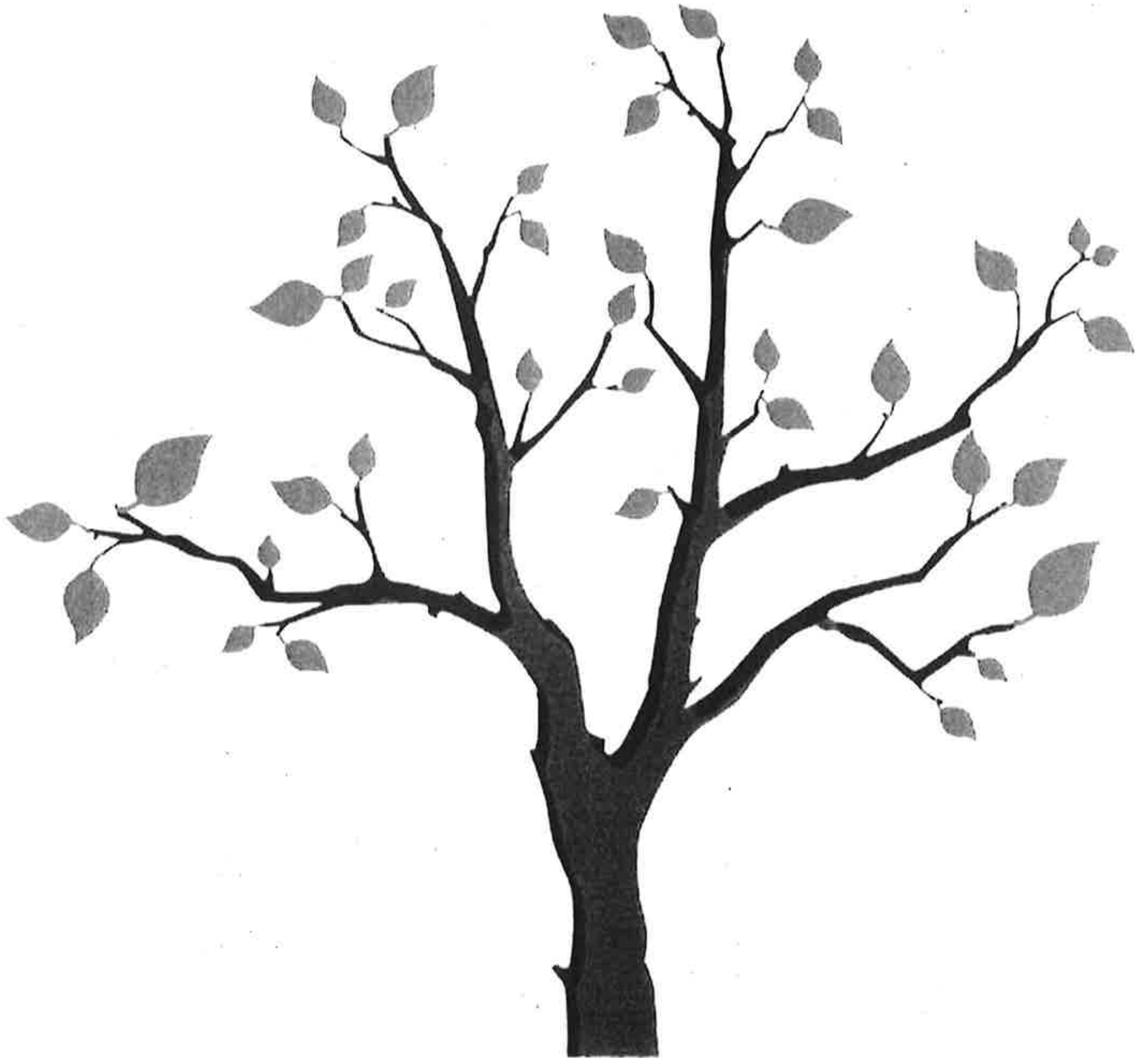
1996: Adoption and Safe Families Act provided timelines for children to be placed in foster care and reach permanency.

1999: Foster Care Independence Act: increased funding for children who remained in foster care until the age 21.

History and Mission Notes

History and Mission Notes

Three Parent Model



Who the Parents Are Notes

Who the Parents Are Notes

Coping Mechanisms

Positive:

- Talking to a friend, spouse, or pastor
- Developing a plan
- Taking a walk (exercise)
- Reading , listening to music
- Doing something nice for oneself (a hot bath, a favorite food, a small gift)
- Putting other things "on the back burner."

Negative:

- Using drugs or alcohol
- Violence
- Oversleeping
- Blaming others for the problem
- picking a fight
- Denial or it's not that bad

Effects of Caregiving on the Family Notes

Effects of Caregiving on the Family Notes

Additional Information

STRENGTHS & NEEDS WORKSHEET

This self-assessment tool is for adoptive parents who are considering adopting a child who has been living with them. In a two-parent family, both parents should complete a worksheet and then compare answers. The worksheet provides ideas to be discussed with the agency social worker during the decision-making process.

	STRENGTHS: To what degree is the statement true?	**NEEDS:** What remains to be accomplished?
I have discussed the entire placement history of my child with at least one social worker and believe I have all information that is available.		
I have identified several strengths and several potential problems with this adoption.		
I have discussed ways to solve the potential difficulties with those I consider to be family.		
I have all information that is available about this child's birth family and have determined ways to help this child maintain positive connections with his or her roots.		
I have considered levels of "openness" in adoption and have planned for a level of openness that will meet the needs of this child and work for our family.		
I have discussed the difference between attachment and commitment with those I consider to be family. Those close to me understand that I am making a lifetime commitment to a child who may later in life have challenges and difficulties as a result of early experiences.		
This child has a lifebook which I plan to use to help him or her understand the differences between foster care and adoption as well as to help with developmental grieving.		

(Continued on next page)

STRENGTHS & NEEDS WORKSHEET

(PAGE 2)

	STRENGTHS: To what degree is the statement true?	**NEEDS:** What remains to be accomplished?
I have considered the ways this child expressed loss earlier in life and have anticipated and planned for ways this child may grieve at the time of adoption and at other important milestones during life (developmental grieving).		
I have planned ways to help this child maintain a tie to his or her cultural, racial, or ethnic roots.		
I have planned ways to talk with other children in the family about this adoption, including ways to help the family understand the differences between foster care and adoption.		
I have planned for the future financial and medical needs of this child and have thoroughly discussed subsidy with at least two social workers.		
I have identified people who will support me if I become discouraged.		
I am pursuing adoption willingly and at this time do not feel coerced by a loved one or the agency.		
I have talked with at least one family who has adopted through the foster care program.		
I have considered this decision for several months and believe that adoption of this child is important for the well being of this child, my family, and myself.		

This worksheet is adapted with permission from material published in *From Foster Parent to Adoptive Parent*, developed by Heather L. Craig-Oldsen, M.S.W., and published by the Child Welfare Institute, 1365 Peachtree Street, N.E., Suite 700, Atlanta, GA 3039, 1988.

Child Abuse Notes

Child Abuse Notes

Mental Health Disorders Notes

Mental Health Disorders Notes

Additional Information

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ADHD

Attention deficit hyperactivity disorder (ADHD) is characterized by inattention, hyperactivity and impulsivity. ADHD is most commonly diagnosed in young people, according to the Center for Disease Control and Prevention (CDC). An estimated 9% of children between ages 3–17 have ADHD. While ADHD is usually diagnosed in childhood, it does not only affect children. An estimated 4% of adults have ADHD.

Symptoms

While some behaviors associated with ADHD are normal, someone with ADHD will have trouble controlling these behaviors and will show them much more frequently.

Signs of inattention:

- Becoming easily distracted and jumping from activity to activity
- Becoming bored with a task quickly
- Difficulty focusing attention or completing a single task or activity
- Trouble completing or turning in homework assignments
- Losing things such as school supplies or toys
- Not listening or paying attention when spoken to
- Daydreaming or wandering with lack of motivation
- Difficulty processing information quickly
- Struggling to follow directions

Signs of hyperactivity:

- Fidgeting and squirming, having trouble sitting still
- Non-stop talking
- Touching or playing with everything
- Difficulty doing quiet tasks or activities

Signs of impulsivity:

- Impatience
- Acting without regard for consequences, blurting things out
- Difficulty taking turns, waiting or sharing
- Interrupting others

Causes

There are several factors believed to contribute to ADHD:

- **Genetics.** Research shows that a person's genetics may cause a high risk of developing ADHD which often runs in families and some trends in specific brain areas that contribute to attention.
- **Environmental factors.** Studies show a link between a mother's cigarette smoking and alcohol use during pregnancy and children who have ADHD. Exposure to lead as a child has also been shown to increase the likelihood of ADHD in children.

Diagnosis

ADHD occurs in both children and adults, but is most often seen and diagnosed in childhood. Getting a diagnosis can sometimes be difficult because the symptoms are similar to typical behavior in most young children.

Teachers are often the first to notice symptoms because they see children in a learning environment with peers every day. There is no one single test that can diagnose a child with ADHD, so meet with a doctor or mental health professional. The goal is to rule out any outside causes for symptoms, such as environmental changes, difficulty in school, medical problems and ensure that a child is otherwise healthy.

Treatment

A treatment plan is most effective if it is uniquely tailored to an individual's needs, and if it is implemented early on. Treatment plans should take into consideration learning style and potentially include medication that can be prescribed by a pediatrician, general practitioner or mental health professional.

Commonly prescribed medications include both stimulants and non-stimulants. While stimulants are usually the first choice for treating ADHD, antidepressants might be something a doctor suggests especially if someone is living with ADHD in addition to depression. If effective, medications can improve attention span, the ability to deal with frustration and ultimately lead to better relationships with teachers, family members and peers.

A doctor or mental health professional may also want to incorporate behavioral therapy into the treatment course. Having structure and routine, as well as clear expectations of what is allowed and not allowed in terms of behavior and outbursts can help a child learn and feel more in control of their own life. Behavior therapy can also help improve social skills of people living with ADHD, such as sharing and interacting with peers.

Complementary Health Approaches

- **Elimination diets** are based on the theory that people are sensitive to sugar and artificially added colors, flavors and preservatives, and that eliminating these substances from the diet could improve learning and behavioral problems.
- **Nutritional supplements**, such as omega-3s, are thought to help the deficiency of fatty acids that are sometimes associated with ADHD.
- **Neurofeedback (EEG biofeedback)** teaches individuals how to increase arousal levels in the frontal areas of the brain. This is because people living with ADHD show low levels of arousal in these areas, which results in an impaired ability to focus.

See more at: http://www.nami.org/Learn-More/Mental-Health-Conditions/ADHD

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Depression

Depression is more than just feeling sad or going through a rough patch. It's a serious mental health condition that requires understanding and medical care. Left untreated, depression can be devastating for the people who have it and for their families. Fortunately, with early detection, diagnosis and a treatment plan consisting of medication, psychotherapy and lifestyle choices, many people do get better.

Some people have only one episode in a lifetime, but for most people depression recurs. Without treatment, episodes may last a few months to several years.

An estimated 16 million American adults—almost 7% of the population—had at least one major depressive episode in the past year. People of all ages and all racial, ethnic and socioeconomic backgrounds experience depression, but it does affect some groups of people more than others. Women are 70% more likely than men to experience depression, and young adults aged 18–25 are 60% more likely to have depression than people aged 50 or older.

Symptoms

Just like with any mental illness, people with depression experience symptoms differently. But for most people, depression changes how they function day-to-day. Common symptoms of depression include:

- Changes in sleep
- Changes in appetite
- Lack of concentration
- Loss of energy
- Lack of interest
- Low self esteem
- Hopelessness
- Changes in movement
- Physical aches and pains

Causes

Depression does not have a single cause. It can be triggered, or it may occur spontaneously without being associated with a life crisis, physical illness or other risk. Scientists believe several factors contribute to cause depression:

- **Trauma.** When people experience trauma at an early age, it can cause long-term changes in how their brains respond to fear and stress. These brain changes may explain why people who have a history of childhood trauma are more likely to experience depression.
- **Genetics**. Mood disorders and risk of suicide tend to run in families, but genetic inheritance is only one factor.
- **Life circumstances.** Marital status, financial standing and where a person lives have an effect on whether a person develops depression, but it can be a case of "the chicken or the egg."

- **Brain structure.** Imaging studies have shown that the frontal lobe of the brain becomes less active when a person is depressed. Depression is also associated with changes in how the pituitary gland and hypothalamus respond to hormone stimulation.
- **Other medical conditions.** People who have a history of sleep disturbances, medical illness, chronic pain, anxiety, and attention-deficit hyperactivity disorder (ADHD) are more likely to develop depression.
- **Drug and alcohol abuse.** Approximately 30% of people with substance abuse problems also have depression.

Diagnosis

To be diagnosed with depression, a person must have experienced a major depressive episode that has lasted longer than two weeks. The symptoms of a major depressive episode include:

- Loss of interest or loss of pleasure in all activities
- Change in appetite or weight
- Sleep disturbances
- Feeling agitated or feeling slowed down
- Fatigue
- Feelings of low self-worth, guilt or shortcomings
- Difficulty concentrating or making decisions
- Suicidal thoughts or intentions

Treatments

Although depression can be a devastating illness, it often responds to treatment. The key is to get a specific evaluation and a treatment plan. Treatment can include any one or combination of:

- **Medications** including antidepressants, mood stabilizers and antipsychotic medications
- **Psychotherapy** including cognitive behavioral therapy, family-focused therapy and interpersonal therapy
- **Brain stimulation therapies** including electroconvulsive therapy (ECT) or repetitive transcranial magnetic stimulation (rTMS)
- **Light therapy,** which uses a light box to expose a person to full spectrum light and regulate the hormone melatonin
- **Exercise**
- **Alternative therapies** including acupuncture, meditation, and nutrition
- **Self-management strategies and education**
- **Mind/body/spirit approaches** such as meditation, faith, and prayer

See more at: http://www.nami.org/Learn-More/Mental-Health-Conditions/Depression

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Anxiety Disorders

Everyone experiences anxiety. However, when feelings of intense fear and distress are overwhelming and prevent us from doing everyday things, an anxiety disorder may be the cause. Anxiety disorders are the most common mental health concern in the United States. An estimated 40 million adults in the U.S., or 18%, have an anxiety disorder. Approximately 8% of children and teenagers experience the negative impact of an anxiety disorder at school and at home.

Symptoms

Just like with any mental illness, people with anxiety disorders experience symptoms differently. But for most people, anxiety changes how they function day-to-day. People can experience one or more of the following symptoms:

Emotional symptoms:

- Feelings of apprehension or dread
- Feeling tense and jumpy
- Restlessness or irritability
- Anticipating the worst and being watchful for signs of danger

Physical symptoms:

- Pounding or racing heart and shortness of breath
- Upset stomach
- Sweating, tremors and twitches
- Headaches, fatigue and insomnia
- Upset stomach, frequent urination or diarrhea

Types of Anxiety Disorders

Different anxiety disorders have various symptoms. This also means that each type of anxiety disorder has its own treatment plan. The most common anxiety disorders include:

- **Panic Disorder.** Characterized by panic attacks—sudden feelings of terror—sometimes striking repeatedly and without warning. Often mistaken for a heart attack, a panic attack causes powerful, physical symptoms including chest pain, heart palpitations, dizziness, shortness of breath and stomach upset.
- **Phobias.** Most people with specific phobias have several triggers. To avoid panicking, someone with specific phobias will work hard to avoid their triggers. Depending on the type and number of triggers, this fear and the attempt to control it can seem to take over a person's life.
- **Generalized Anxiety Disorder (GAD).** GAD produces chronic, exaggerated worrying about everyday life. This can consume hours each day, making it hard to concentrate or finish routine daily tasks. A person with GAD may become exhausted by worry and experience headaches, tension or nausea.
- **Social Anxiety Disorder.** Unlike shyness, this disorder causes intense fear, often driven by irrational worries about social humiliation–"saying something stupid," or "not knowing what to say." Someone with social anxiety disorder may not

participate in conversations, contribute to class discussions, or offer their ideas, and may become isolated. Panic attack symptoms are a common reaction.

Causes

Scientists believe that many factors combine to cause anxiety disorders:

- **Genetics.** Some families will have a higher than average numbers of members experiencing anxiety issues, and studies support the evidence that anxiety disorders run in families. This can be a factor in someone developing an anxiety disorder.
- **Stress.** A stressful or traumatic situation such as abuse, death of a loved one, violence or prolonged illness is often linked to the development of an anxiety disorder.

Diagnosis

The physical symptoms of an anxiety disorder can be easily confused with other medical conditions like heart disease or hyperthyroidism. Therefore, a doctor will likely perform a carefully evaluate involving a physical examination, an interview and ordering lab tests. After ruling out a medical illness, the doctor may recommend a person see a mental health professional to make a diagnosis.

Treatment

As each anxiety disorder has a different set of symptoms, the types of treatment that a mental health professional may suggest also can vary. But there are common types of treatment that are used:

- Psychotherapy, including cognitive behavioral therapy (CBT)
- Medications, including anti-anxiety medications and antidepressants
- Complementary health approaches, including stress and relaxation techniques.

See more at: http://www.nami.org/Learn-More/Mental-Health-Conditions/Anxiety-Disorders

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Bipolar Disorder

Bipolar disorder is a chronic mental illness that causes dramatic shifts in a person's mood, energy and ability to think clearly. People with bipolar disorder have high and low moods, known as mania and depression, which differ from the typical ups and downs most people experience. If left untreated, the symptoms usually get worse. However, with a strong lifestyle that includes self-management and a good treatment plan, many people live well with the condition.

Although bipolar disorder can occur at any point in life, the average age of onset is 25. Every year, 2.9% of the U.S. population is diagnosed with bipolar disorder, with nearly 83% of cases being classified as severe. Bipolar disorder affects men and women equally.

Symptoms

A person with bipolar disorder may have distinct manic or depressed states. Severe bipolar episodes of mania or depression may also include psychotic symptoms such as hallucinations or delusions. Usually, these psychotic symptoms mirror a person's extreme mood.

Mania. To be diagnosed with bipolar disorder, a person must have experienced mania or hypomania. Hypomania is a milder form of mania that doesn't include psychotic episodes. People with hypomania can often function normally in social situations or at work. Some people with bipolar disorder will have episodes of mania or hypomania many times; others may experience them only rarely.

Although someone with bipolar may find an elevated mood very appealing—especially if it occurs after depression—the "high" does not stop at a comfortable or controllable level. Moods can rapidly become more irritable, behavior more unpredictable and judgment more impaired. During periods of mania, people frequently behave impulsively, make reckless decisions and take unusual risks. Most of the time, people in manic states are unaware of the negative consequences of their actions.

Depression. Depression produces a combination of physical and emotional symptoms that inhibit a person's ability to function nearly every day for a period of at least two weeks. The level of depression can range from severe to moderate to mild low mood, which is called dysthymia when it is chronic.

Causes

Scientists have not discovered a single cause of bipolar disorder. They believe several factors may contribute:

- **Genetics.** The chances of developing bipolar disorder are increased if a child's parents or siblings have the disorder. But the role of genetics is not absolute.
- **Stress.** A stressful event such as a death in the family, an illness, a difficult relationship or financial problems can trigger the first bipolar episode. In some cases, drug abuse can trigger bipolar disorder.

- **Brain Structure.** Brain scans cannot diagnose bipolar disorder in an individual. However, researchers have identified subtle differences in the average size or activation of some brain structures in people with bipolar disorder. While brain structure alone may not cause it, there are some conditions in which damaged brain tissue can predispose a person.

Diagnosis

To be diagnosed with bipolar illness, a person has to have had at least one episode of mania or hypomania. *The Diagnostic and Statistical Manual of Mental Disorders* (DSM) defines four types of bipolar illness:

- **Bipolar I Disorder** is an illness in which people have experienced one or more episodes of mania. Most people diagnosed with bipolar I will have episodes of both mania and depression, though an episode of depression is not necessary for a diagnosis. To be diagnosed with bipolar I, a person's manic or mixed episodes must last at least seven days or be so severe that he requires hospitalization.
- **Bipolar II Disorder** is a subset of bipolar disorder in which people experience depressive episodes shifting back and forth with hypomanic episodes, but never a full manic episode.
- **Cyclothymic Disorder or Cyclothymia,** is a chronically unstable mood state in which people experience hypomania and mild depression for at least two years. People with cyclothymia may have brief periods of normal mood, but these periods last less than eight weeks.
- **Bipolar Disorder "other specified" and "unspecified"** is diagnosed when a person does not meet the criteria for bipolar I, II or cyclothymia but has had periods of clinically significant abnormal mood elevation.

Treatment

Bipolar disorder is a chronic illness, so treatment must be ongoing. If left untreated, the symptoms of bipolar disorder may get worse, so diagnosing it and beginning treatment in the early stages is important. There are several well-established types of treatment for bipolar disorder:

- **Medications,** such as mood stabilizers, antipsychotic medications and antidepressants
- **Psychotherapy,** such as cognitive behavioral therapy and family-focused therapy
- **Electroconvulsive therapy (ECT)**
- **Self-management strategies and education**
- **Complementary health approaches** such as meditation, faith and prayer

See more at: http://www.nami.org/Learn-More/Mental-Health-Conditions/Bipolar-Disorder

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Autism

Autism spectrum disorder (ASD) is a developmental disorder that affects a person's ability to socialize and communicate with others. ASD can also result in restricted, repetitive patterns of behavior, interests or activities. The term "spectrum" refers to the wide range of symptoms, skills and levels of impairment or disability that people with ASD can have. Some people are mildly impaired by their symptoms, while others are severely disabled.

The prevalence rate for ASD is 1 in 68 children and rising. Boys are four times more likely than girls to develop ASD. ASD crosses racial, ethnic, and social backgrounds equally. Awareness of this disorder and improved screening methods have contributed to the increase in diagnoses in recent years.

Symptoms

Symptoms of ASD start to appear during the first three years of life. Typically, developing infants are social by nature. They gaze at faces, turn toward voices, grasp a finger, and even smile by 2-3 months of age. By contrast, most children who develop autism have difficulty engaging in the give-and-take of everyday human interactions.

Their symptoms may include:

- Delay in language development
- Repetitive and routine behaviors
- Difficulty making eye contact
- Sensory problems
- Difficulty interpreting facial expressions
- Problems with expressing emotions
- Fixation on parts of objects
- Absence of pretend play
- Difficulty interacting with peers
- Self-harm behavior
- Sleep problems

Symptoms of ASD fall on a continuum. This means that the learning, thinking, and problem-solving abilities of children with ASD can range from gifted to severely challenged. Some children with ASD need a lot of help in their daily lives, while others need less. With a thorough evaluation, doctors can make a diagnosis to help find the best treatment plan for the child.

Causes

Scientists have not discovered a single cause of ASD. They believe several factors may contribute to this developmental disorder.

- **Genetics.** If one child in a family has ASD, another sibling is more likely to develop it too. Likewise, identical twins are highly likely to both develop ASD if one of them has developed it. Relatives of children with autism show minor signs of

communication difficulties. Scans reveal that people on the autism spectrum have certain abnormalities of the brain's structure and chemical function.

- **Environment.** Scientists are currently researching multiple environmental factors that are thought to play a role in contributing to ASD. Many prenatal factors may contribute to a child's development, such as a mother's health. Other postnatal factors may affect development as well. Despite many claims that have been highlighted by the media, strong evidence has been shown that vaccines do not cause ASD.

Diagnosis

Diagnosing ASD is often a two-stage process. The first stage involves general developmental screening during well-child checkups with a pediatrician. Children who show some developmental problems are referred for additional evaluation. The second stage involves a thorough evaluation by a team of doctors and other health professionals with a wide range of specialties. At this stage, a child may be diagnosed as having ASD or another developmental disorder. Typically, children with ASD can be reliably diagnosed by age 2, though some may not be diagnosed until they are older.

Treatment

Many treatment plans exist for ASD, and each is tailored to every person's unique needs. These can consist of medications, therapy or both. Many therapists work closely with ASD children and adults, using a variety of therapies to help increase their social and communication skills. ASD is treated and managed in several ways:

- **Education and development**, including specialized classes and skills training, time with therapists and other specialists
- **Behavioral treatments**, such as applied behavior analysis (ABA)
- **Medication** for co-occurring symptoms, combined with therapy
- **Complementary and alternative medicine (CAM)**, such as supplements and changes in diet

See more at: http://www.nami.org/Learn-More/Mental-Health-Conditions/Autism

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Child and Adolescent Development

Notes

Child and Adolescent Development Notes

Additional Information

Your Baby at 2 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 2 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 Babies Do by this Age:

Social/Emotional

- ☐ Begins to smile at people
- ☐ Can briefly calm himself (may bring hands to mouth and suck on hand)
- ☐ Tries to look at parent

Language/Communication

- ☐ Coos, makes gurgling sounds
- ☐ Turns head toward sounds

Cognitive (learning, thinking, problem-solving)

- ☐ Pays attention to faces
- ☐ Begins to follow things with eyes and recognize people at a distance
- ☐ Begins to act bored (cries, fussy) if activity doesn't change

Movement/Physical Development

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

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't respond to loud sounds
- ☐ Doesn't watch things as they move
- ☐ Doesn't smile at people
- ☐ Doesn't bring hands to mouth
- ☐ Can't hold head up when pushing up when on tummy

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist 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 information, go to **cdc.gov/Concerned**.

DON'T WAIT.
Acting early can make a real difference!

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

Download CDC's Milestone Tracker App

Learn the Signs. Act Early.

Help Your Baby Learn and Grow

You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 2-month-old baby today.

What You Can Do for Your 2-Month-Old:

- ☐ Cuddle, talk, and play with your baby during feeding, dressing, and bathing.
- ☐ Help your baby learn to calm herself. It's okay for her to suck on her fingers.
- ☐ Begin to help your baby get into a routine, such as sleeping at night more than in the day, and have regular schedules.
- ☐ Getting in tune with your baby's likes and dislikes can help you feel more comfortable and confident.
- ☐ Act excited and smile when your baby makes sounds.
- ☐ Copy your baby's sounds sometimes, but also use clear language.
- ☐ Pay attention to your baby's different cries so that you learn to know what he wants.
- ☐ Talk, read, and sing to your baby.
- ☐ Play peek-a-boo. Help your baby play peek-a-boo, too.
- ☐ Place a baby-safe mirror in your baby's crib so she can look at herself.
- ☐ Look at pictures with your baby and talk about them.
- ☐ Lay your baby on his tummy when he is awake and put toys near him.
- ☐ Encourage your baby to lift his head by holding toys at eye level in front of him.
- ☐ Hold a toy or rattle above your baby's head and encourage her to reach for it.
- ☐ Hold your baby upright with his feet on the floor. Sing or talk to your baby as he is upright.

Milestones adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

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

Learn the Signs. Act Early.

Your Baby at 4 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 4 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 Babies Do by this Age:

Social/Emotional

- ☐ Smiles spontaneously, especially at people
- ☐ Likes to play with people and might cry when playing stops
- ☐ Copies some movements and facial expressions, like smiling or frowning

Language/Communication

- ☐ Begins to babble
- ☐ Babbles with expression and copies sounds he hears
- ☐ Cries in different ways to show hunger, pain, or being tired

Cognitive (learning, thinking, problem-solving)

- ☐ Lets you know if she is happy or sad
- ☐ Responds to affection
- ☐ Reaches for toy with one hand
- ☐ Uses hands and eyes together, such as seeing a toy and reaching for it
- ☐ Follows moving things with eyes from side to side
- ☐ Watches faces closely
- ☐ Recognizes familiar people and things at a distance

Movement/Physical Development

- ☐ Holds head steady, unsupported
- ☐ Pushes down on legs when feet are on a hard surface
- ☐ May be able to roll over from tummy to back
- ☐ Can hold a toy and shake it and swing at dangling toys
- ☐ Brings hands to mouth
- ☐ When lying on stomach, pushes up to elbows

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

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

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist 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 information, go to **cdc.gov/Concerned**.

DON'T WAIT.
Acting early can make a real difference!

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

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Learn the Signs. Act Early.

Help Your Baby Learn and Grow

You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 4-month-old baby today.

What You Can Do for Your 4-Month-Old:

- ☐ Hold and talk to your baby; smile and be cheerful while you do.
- ☐ Set steady routines for sleeping and feeding.
- ☐ Pay close attention to what your baby likes and doesn't like; you will know how best to meet his needs and what you can do to make your baby happy.
- ☐ Copy your baby's sounds.
- ☐ Act excited and smile when your baby makes sounds.
- ☐ Have quiet play times when you read or sing to your baby.
- ☐ Give age-appropriate toys to play with, such as rattles or colorful pictures.
- ☐ Play games such as peek-a-boo.
- ☐ Provide safe opportunities for your baby to reach for toys and explore his surroundings.
- ☐ Put toys near your baby so that she can reach for them or kick her feet.
- ☐ Put toys or rattles in your baby's hand and help him to hold them.
- ☐ Hold your baby upright with feet on the floor, and sing or talk to your baby as she "stands" with support.

Milestones adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics

This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

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Learn the Signs. Act Early.

Your Baby at 6 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 6 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 Babies Do by this Age:

Social/Emotional

- ☐ Knows familiar faces and begins to know if someone is a stranger
- ☐ Likes to play with others, especially parents
- ☐ Responds to other people's emotions and often seems happy
- ☐ Likes to look at self in a mirror

Language/Communication

- ☐ Responds to sounds by making sounds
- ☐ Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
- ☐ Responds to own name
- ☐ Makes sounds to show joy and displeasure
- ☐ Begins to say consonant sounds (jabbering with "m," "b")

Cognitive (learning, thinking, problem-solving)

- ☐ Looks around at things nearby
- ☐ Brings things to mouth
- ☐ Shows curiosity about things and tries to get things that are out of reach
- ☐ Begins to pass things from one hand to the other

Movement/Physical Development

- ☐ Rolls over in both directions (front to back, back to front)
- ☐ Begins to sit without support
- ☐ When standing, supports weight on legs and might bounce
- ☐ Rocks back and forth, sometimes crawling backward before moving forward

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

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

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist 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 information, go to **cdc.gov/Concerned**.

DON'T WAIT.
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Download CDC's Milestone Tracker App

Learn the Signs. Act Early.

Help Your Baby Learn and Grow

You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 6-month-old baby today.

What You Can Do for Your 6-Month-Old:

- ☐ Play on the floor with your baby every day.
- ☐ 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.
- ☐ Show your baby how to comfort herself when she's upset. She may suck on her fingers to self soothe.
- ☐ Use "reciprocal" play—when he smiles, you smile; when he makes sounds, you copy them.
- ☐ Repeat your child's sounds and say simple words with those sounds. For example, if your child says "bah," say "bottle" or "book."
- ☐ Read books to your child every day. Praise her when she babbles and "reads" too.
- ☐ When your baby looks at something, point to it and talk about it.
- ☐ When he drops a toy on the floor, pick it up and give it back. This game helps him learn cause and effect.
- ☐ Read colorful picture books to your baby.
- ☐ Point out new things to your baby and name them.
- ☐ Show your baby bright pictures in a magazine and name them.
- ☐ Hold your baby up while she sits or support her with pillows. Let her look around and give her toys to look at while she balances.
- ☐ Put your baby on his tummy or back and put toys just out of reach. Encourage him to roll over to reach the toys.

Milestones adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

Your Baby at 9 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 9 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 Babies Do by this Age:

Social/Emotional

- ☐ May be afraid of strangers
- ☐ May be clingy with familiar adults
- ☐ Has favorite toys

Language/Communication

- ☐ Understands "no"
- ☐ Makes a lot of different sounds like "mamamama" and "bababababa"
- ☐ Copies sounds and gestures of others
- ☐ Uses fingers to point at things

Cognitive (learning, thinking, problem-solving)

- ☐ Watches the path of something as it falls
- ☐ Looks for things he sees you hide
- ☐ Plays peek-a-boo
- ☐ Puts things in her mouth
- ☐ Moves things smoothly from one hand to the other
- ☐ Picks up things like cereal o's between thumb and index finger

Movement/Physical Development

- ☐ Stands, holding on
- ☐ Can get into sitting position
- ☐ Sits without support
- ☐ Pulls to stand
- ☐ Crawls

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

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

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist 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 information, go to **cdc.gov/Concerned**.

DON'T WAIT.
Acting early can make a real difference!

★ **It's time for developmental screening!**
At 9 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.

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

Download CDC's Milestone Tracker App

Learn the Signs. Act Early.

Help Your Baby Learn and Grow

You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 9-month-old baby today.

What You Can Do for Your 9-Month-Old:

- ☐ Pay attention to the way he reacts to new situations and people; try to continue to do things that make your baby happy and comfortable.
- ☐ As she moves around more, stay close so she knows that you are near.
- ☐ Continue with routines; they are especially important now.
- ☐ Play games with "my turn, your turn."
- ☐ Say what you think your baby is feeling. For example, say, "You are so sad, let's see if we can make you feel better."
- ☐ Describe what your baby is looking at; for example, "red, round ball."
- ☐ Talk about what your baby wants when he points at something.
- ☐ Copy your baby's sounds and words.
- ☐ Ask for behaviors that you want. For example, instead of saying "don't stand," say "time to sit."
- ☐ Teach cause-and-effect by rolling balls back and forth, pushing toy cars and trucks, and putting blocks in and out of a container.
- ☐ Play peek-a-boo and hide-and-seek.
- ☐ Read and talk to your baby.
- ☐ Provide lots of room for your baby to move and explore in a safe area.
- ☐ Put your baby close to things that she can pull up on safely.

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Learn the Signs. Act Early.

Your Child at 1 Year

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 1. 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

- ☐ Is shy or nervous with strangers
- ☐ Cries when mom or dad leaves
- ☐ Has favorite things and people
- ☐ Shows fear in some situations
- ☐ Hands you a book when he wants to hear a story
- ☐ Repeats sounds or actions to get attention
- ☐ Puts out arm or leg to help with dressing
- ☐ Plays games such as "peek-a-boo" and "pat-a-cake"

Language/Communication

- ☐ Responds to simple spoken requests
- ☐ Uses simple gestures, like shaking head "no" or waving "bye-bye"
- ☐ Makes sounds with changes in tone (sounds more like speech)
- ☐ Says "mama" and "dada" and exclamations like "uh-oh!"
- ☐ Tries to say words you say

Cognitive (learning, thinking, problem-solving)

- ☐ Explores things in different ways, like shaking, banging, throwing
- ☐ Finds hidden things easily
- ☐ Looks at the right picture or thing when it's named
- ☐ Copies gestures
- ☐ Starts to use things correctly; for example, drinks from a cup, brushes hair
- ☐ Bangs two things together
- ☐ Puts things in a container, takes things out of a container
- ☐ Lets things go without help
- ☐ Pokes with index (pointer) finger
- ☐ Follows simple directions like "pick up the toy"

Movement/Physical Development

- ☐ Gets to a sitting position without help
- ☐ Pulls up to stand, walks holding on to furniture ("cruising")
- ☐ May take a few steps without holding on
- ☐ May stand alone

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't crawl
- ☐ Can't stand when supported
- ☐ Doesn't search for things that she sees you hide.
- ☐ Doesn't say single words like "mama" or "dada"
- ☐ Doesn't learn gestures like waving or shaking head
- ☐ Doesn't point to things
- ☐ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist 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 information, go to **cdc.gov/Concerned**.

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Learn the Signs. Act Early.

Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 1-year-old child today.

What You Can Do for Your 1-Year-Old:

- ☐ Give your child time to get to know a new caregiver. Bring a favorite toy, stuffed animal, or blanket to help comfort your child.
- ☐ In response to unwanted behaviors, say "no" firmly. Do not yell, spank, or give long explanations. A time out for 30 seconds to 1 minute might help redirect your child.
- ☐ Give your child lots of hugs, kisses, and praise for good behavior.
- ☐ Spend a lot more time encouraging wanted behaviors than punishing unwanted behaviors (4 times as much encouragement for wanted behaviors as redirection for unwanted behaviors).
- ☐ Talk to your child about what you're doing. For example, "Mommy is washing your hands with a washcloth."
- ☐ Read with your child every day. Have your child turn the pages. Take turns labeling pictures with your child.
- ☐ Build on what your child says or tries to say, or what he points to. If he points to a truck and says "t" or "truck," say, "Yes, that's a big, blue truck."
- ☐ Give your child crayons and paper, and let your child draw freely. Show your child how to draw lines up and down and across the page. Praise your child when she tries to copy them.
- ☐ Play with blocks, shape sorters, and other toys that encourage your child to use his hands.
- ☐ Hide small toys and other things and have your child find them.
- ☐ Ask your child to label body parts or things you see while driving in the car.
- ☐ Sing songs with actions, like "The Itsy Bitsy Spider" and "Wheels on the Bus." Help your child do the actions with you.
- ☐ Give your child pots and pans or a small musical instrument like a drum or cymbals. Encourage your child to make noise.
- ☐ Provide lots of safe places for your toddler to explore. (Toddler-proof your home. Lock away products for cleaning, laundry, lawn care, and car care. Use a safety gate and lock doors to the outside and the basement.)
- ☐ Give your child push toys like a wagon or "kiddie push car."

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Learn the Signs. Act Early.

Your Child at 18 Months (1½ Yrs)*

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

- ☐ Likes to hand things to others as play
- ☐ May have temper tantrums
- ☐ May be afraid of strangers
- ☐ Shows affection to familiar people
- ☐ Plays simple pretend, such as feeding a doll
- ☐ May cling to caregivers in new situations
- ☐ Points to show others something interesting
- ☐ Explores alone but with parent close by

Language/Communication

- ☐ Says several single words
- ☐ Says and shakes head "no"
- ☐ Points to show someone what he wants

Cognitive (learning, thinking, problem-solving)

- ☐ Knows what ordinary things are for; for example, telephone, brush, spoon
- ☐ Points to get the attention of others
- ☐ Shows interest in a doll or stuffed animal by pretending to feed
- ☐ Points to one body part
- ☐ Scribbles on his own
- ☐ Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"

Movement/Physical Development

- ☐ Walks alone
- ☐ May walk up steps and run
- ☐ Pulls toys while walking
- ☐ Can help undress herself
- ☐ Drinks from a cup
- ☐ Eats with a spoon

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't point to show things to others
- ☐ Can't walk
- ☐ Doesn't know what familiar things are for
- ☐ Doesn't copy others
- ☐ Doesn't gain new words
- ☐ Doesn't have at least 6 words
- ☐ Doesn't notice or mind when a caregiver leaves or returns
- ☐ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist 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 information, go to **cdc.gov/Concerned**.

DON'T WAIT.
Acting early can make a real difference!

★ **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.

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

Download CDC's Milestone Tracker App

Learn the Signs. Act Early.

Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 18-month-old child today.

What You Can Do for Your 18-Month-Old:

- ☐ Provide a safe, loving environment. It's important to be consistent and predictable.
- ☐ Praise good behaviors more than you punish bad behaviors (use only very brief time outs).
- ☐ Describe her emotions. For example, say, "You are happy when we read this book."
- ☐ Encourage pretend play.
- ☐ Encourage empathy. For example, when he sees a child who is sad, encourage him to hug or pat the other child.
- ☐ Read books and talk about the pictures using simple words.
- ☐ Copy your child's words.
- ☐ Use words that describe feelings and emotions.
- ☐ Use simple, clear phrases.
- ☐ Ask simple questions.
- ☐ Hide things under blankets and pillows and encourage him to find them.
- ☐ Play with blocks, balls, puzzles, books, and toys that teach cause and effect and problem solving.
- ☐ Name pictures in books and body parts.
- ☐ Provide toys that encourage pretend play; for example, dolls, play telephones.
- ☐ Provide safe areas for your child to walk and move around in.
- ☐ Provide toys that she can push or pull safely.
- ☐ Provide balls for her to kick, roll, and throw.
- ☐ Encourage him to drink from his cup and use a spoon, no matter how messy.
- ☐ Blow bubbles and let your child pop them.

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Learn the Signs. Act Early.

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

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

Language/Communication

- ☐ Points to things or pictures when they are named
- ☐ Knows names of familiar people and body parts
- ☐ Says sentences with 2 to 4 words
- ☐ Follows simple instructions
- ☐ Repeats words overheard in conversation
- ☐ Points to things in a book

Cognitive (learning, thinking, problem-solving)

- ☐ Finds things even when hidden under two or three covers
- ☐ Begins to sort shapes and colors
- ☐ Completes sentences and rhymes in familiar books
- ☐ Plays simple make-believe games
- ☐ Builds towers of 4 or more blocks
- ☐ Might use one hand more than the other
- ☐ Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- ☐ Names items in a picture book such as a cat, bird, or dog

Movement/Physical Development

- ☐ Stands on tiptoe
- ☐ Kicks a ball
- ☐ Begins to run
- ☐ Climbs onto and down from furniture without help
- ☐ Walks up and down stairs holding on
- ☐ Throws ball overhand
- ☐ Makes or copies straight lines and circles

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't use 2-word phrases (for example, "drink milk")
- ☐ Doesn't know what to do with common things, like a brush, phone, fork, spoon
- ☐ Doesn't copy actions and words
- ☐ Doesn't follow simple instructions
- ☐ Doesn't walk steadily
- ☐ Loses skills she once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist 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 information, go to **cdc.gov/Concerned**.

DON'T WAIT.
Acting early can make a real difference!

★ **It's time for developmental screening!**
At 2 years, 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.

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

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Learn the Signs. Act Early.

Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 2-year-old child today.

What You Can Do for Your 2-Year-Old:

- ☐ Encourage your child to help with simple chores at home, like sweeping and making dinner. Praise your child for being a good helper.
- ☐ At this age, children still play next to (not with) each other and don't share well. For play dates, give the children lots of toys to play with. Watch the children closely and step in if they fight or argue.
- ☐ Give your child attention and praise when he follows instructions. Limit attention for defiant behavior. Spend a lot more time praising good behaviors than punishing bad ones.
- ☐ Teach your child to identify and say body parts, animals, and other common things.
- ☐ Do not correct your child when he says words incorrectly. Rather, say it correctly. For example, "That is a ball."
- ☐ Encourage your child to say a word instead of pointing. If your child can't say the whole word ("milk"), give her the first sound ("m") to help. Over time, you can prompt your child to say the whole sentence — "I want milk."
- ☐ Hide your child's toys around the room and let him find them.
- ☐ Help your child do puzzles with shapes, colors, or farm animals. Name each piece when your child puts it in place.
- ☐ Encourage your child to play with blocks. Take turns building towers and knocking them down.
- ☐ Do art projects with your child using crayons, paint, and paper. Describe what your child makes and hang it on the wall or refrigerator.
- ☐ Ask your child to help you open doors and drawers and turn pages in a book or magazine.
- ☐ Once your child walks well, ask her to carry small things for you.
- ☐ Kick a ball back and forth with your child. When your child is good at that, encourage him to run and kick.
- ☐ Take your child to the park to run and climb on equipment or walk on nature trails. Watch your child closely.

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

Learn the Signs. Act Early.

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

- ☐ Copies adults and friends
- ☐ Shows affection for friends without prompting
- ☐ Takes turns in games
- ☐ Shows concern for a crying friend
- ☐ Understands the idea of "mine" and "his" or "hers"
- ☐ Shows a wide range of emotions
- ☐ Separates easily from mom and dad
- ☐ May get upset with major changes in routine
- ☐ Dresses and undresses self

Language/Communication

- ☐ Follows instructions with 2 or 3 steps
- ☐ Can name most familiar things
- ☐ Understands words like "in," "on," and "under"
- ☐ Says first name, age, and sex
- ☐ Names a friend
- ☐ Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats)
- ☐ Talks well enough for strangers to understand most of the time
- ☐ Carries on a conversation using 2 to 3 sentences

Cognitive (learning, thinking, problem-solving)

- ☐ Can work toys with buttons, levers, and moving parts
- ☐ Plays make-believe with dolls, animals, and people
- ☐ Does puzzles with 3 or 4 pieces
- ☐ Understands what "two" means
- ☐ Copies a circle with pencil or crayon
- ☐ Turns book pages one at a time
- ☐ Builds towers of more than 6 blocks
- ☐ Screws and unscrews jar lids or turns door handle

Movement/Physical Development

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

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

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

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

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

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Learn the Signs. Act Early.

Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 3-year-old child today.

What You Can Do for Your 3-Year-Old:

- ☐ Go to play groups with your child or other places where there are other children, to encourage getting along with others.
- ☐ Work with your child to solve the problem when he is upset.
- ☐ Talk about your child's emotions. For example, say, "I can tell you feel mad because you threw the puzzle piece." Encourage your child to identify feelings in books.
- ☐ Set rules and limits for your child, and stick to them. If your child breaks a rule, give him a time out for 30 seconds to 1 minute in a chair or in his room. Praise your child for following the rules.
- ☐ Give your child instructions with 2 or 3 steps. For example, "Go to your room and get your shoes and coat."
- ☐ Read to your child every day. Ask your child to point to things in the pictures and repeat words after you.
- ☐ Give your child an "activity box" with paper, crayons, and coloring books. Color and draw lines and shapes with your child.
- ☐ Play matching games. Ask your child to find objects in books or around the house that are the same.
- ☐ Play counting games. Count body parts, stairs, and other things you use or see every day.
- ☐ Hold your child's hand going up and down stairs. When she can go up and down easily, encourage her to use the railing.
- ☐ Play outside with your child. Go to the park or hiking trail. Allow your child to play freely and without structured activities.

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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

- ☐ Enjoys doing new things
- ☐ Plays "Mom" and "Dad"
- ☐ Is more and more creative with make-believe play
- ☐ Would rather play with other children than by himself
- ☐ Cooperates with other children
- ☐ Often can't tell what's real and what's make-believe
- ☐ Talks about what she likes and what she is interested in

Language/Communication

- ☐ Knows some basic rules of grammar, such as correctly using "he" and "she"
- ☐ Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus"
- ☐ Tells stories
- ☐ Can say first and last name

Cognitive (learning, thinking, problem-solving)

- ☐ Names some colors and some numbers
- ☐ Understands the idea of counting
- ☐ Starts to understand time
- ☐ Remembers parts of a story
- ☐ Understands the idea of "same" and "different"
- ☐ Draws a person with 2 to 4 body parts
- ☐ Uses scissors
- ☐ Starts to copy some capital letters
- ☐ Plays board or card games
- ☐ Tells you what he thinks is going to happen next in a book

Movement/Physical Development

- ☐ Hops and stands on one foot up to 2 seconds
- ☐ Catches a bounced ball most of the time
- ☐ Pours, cuts with supervision, and mashes own food

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Can't jump in place
- ☐ Has trouble scribbling
- ☐ Shows no interest in interactive games or make-believe
- ☐ Ignores other children or doesn't respond to people outside the family
- ☐ Resists dressing, sleeping, and using the toilet
- ☐ Can't retell a favorite story
- ☐ Doesn't follow 3-part commands
- ☐ Doesn't understand "same" and "different"
- ☐ Doesn't use "me" and "you" correctly
- ☐ Speaks unclearly
- ☐ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

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

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Learn the Signs. Act Early.

Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 4-year-old child today.

What You Can Do for Your 4-Year-Old:

- ☐ Play make-believe with your child. Let her be the leader and copy what she is doing.
- ☐ Suggest your child pretend play an upcoming event that might make him nervous, like going to preschool or staying overnight at a grandparent's house.
- ☐ Give your child simple choices whenever you can. Let your child choose what to wear, play, or eat for a snack. Limit choices to 2 or 3.
- ☐ During play dates, let your child solve her own problems with friends, but be nearby to help out if needed.
- ☐ Encourage your child to use words, share toys, and take turns playing games of one another's choice.
- ☐ Give your child toys to build imagination, like dress-up clothes, kitchen sets, and blocks.
- ☐ Use good grammar when speaking to your child. Instead of "Mommy wants you to come here," say, "I want you to come here."
- ☐ Use words like "first," "second," and "finally" when talking about everyday activities. This will help your child learn about sequence of events.
- ☐ 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.
- ☐ When you read with your child, ask him to tell you what happened in the story as you go.
- ☐ Say colors in books, pictures, and things at home. Count common items, like the number of snack crackers, stairs, or toy trains.
- ☐ Teach your child to play outdoor games like tag, follow the leader, and duck, duck, goose.
- ☐ Play your child's favorite music and dance with your child. Take turns copying each other's moves.

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Learn the Signs. Act Early.

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

- ☐ Wants to please friends
- ☐ Wants to be like friends
- ☐ More likely to agree with rules
- ☐ Likes to sing, dance, and act
- ☐ Is aware of gender
- ☐ Can tell what's real and what's make-believe
- ☐ Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
- ☐ Is sometimes demanding and sometimes very cooperative

Language/Communication

- ☐ Speaks very clearly
- ☐ Tells a simple story using full sentences
- ☐ Uses future tense; for example, "Grandma will be here."
- ☐ Says name and address

Cognitive (learning, thinking, problem-solving)

- ☐ Counts 10 or more things
- ☐ Can draw a person with at least 6 body parts
- ☐ Can print some letters or numbers
- ☐ Copies a triangle and other geometric shapes
- ☐ Knows about things used every day, like money and food

Movement/Physical Development

- ☐ Stands on one foot for 10 seconds or longer
- ☐ Hops; may be able to skip
- ☐ Can do a somersault
- ☐ Uses a fork and spoon and sometimes a table knife
- ☐ Can use the toilet on her own
- ☐ Swings and climbs

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

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

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

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

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Learn the Signs. Act Early.

Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 5-year-old child today.

What You Can Do for Your 5-Year-Old:

- ☐ Continue to arrange play dates, trips to the park, or play groups. Give your child more freedom to choose activities to play with friends, and let your child work out problems on her own.
- ☐ Your child might start to talk back or use profanity (swear words) as a way to feel independent. Do not give a lot of attention to this talk, other than a brief time out. Instead, praise your child when he asks for things nicely and calmly takes "no" for an answer.
- ☐ This is a good time to talk to your child about safe touch. No one should touch "private parts" except doctors or nurses during an exam or parents when they are trying to keep the child clean.
- ☐ Teach your child her address and phone number.
- ☐ When reading to your child, ask him to predict what will happen next in the story.
- ☐ Encourage your child to "read" by looking at the pictures and telling the story.
- ☐ Teach your child time concepts like morning, afternoon, evening, today, tomorrow, and yesterday. Start teaching the days of the week.
- ☐ Explore your child's interests in your community. For example, if your child loves animals, visit the zoo or petting farm. Go to the library or look on the Internet to learn about these topics.
- ☐ Keep a handy box of crayons, paper, paint, child scissors, and paste. Encourage your child to draw and make art projects with different supplies.
- ☐ Play with toys that encourage your child to put things together.
- ☐ Teach your child how to pump her legs back and forth on a swing.
- ☐ Help your child climb on the monkey bars.
- ☐ Go on walks with your child, do a scavenger hunt in your neighborhood or park, help him ride a bike with training wheels (wearing a helmet).

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Learn the Signs. Act Early.

Attachment Notes

Attachment Notes

Handout #2

Myths and Realities

Myth	Reality
Birth parents who abuse, neglect, or relinquish their children do not care about them.	Birth parents do not plan to abuse or neglect children. Maltreatment of children usually occurs following overwhelming stress. Parents who maltreat their children may, in fact, love their children dearly, but may not be able to cope with circumstances or may not know how to parent successfully. Furthermore, parents who voluntarily relinquish their children usually do so with tremendous ambivalence; they do not walk away from these relationships without significant, lifelong grief.
Most birth parents are violent, dangerous people who pose a threat to the foster families caring for their children.	Some birth parents have a history of violence or mental health problems that indicate risk for caregivers. Most birth parents, however, can build a collaborative relationship with foster or kinship parents that can be invaluable in the rapid reunification of the family. When the caseworker or foster parent is unsure about the level of risk posed by a birth family, relationships should be built with deliberate care along a continuum of openness, with the safety of the foster caregivers of paramount concern.
Foster families are expected to function as caseworkers or therapists for birth families.	Foster families may serve in key roles as mentors with birth families. When foster and birth families develop a partnership, this will be part of a total intervention plan developed by the child welfare team. The intervention planning will involve the foster parent and will spell out the expectations for the foster parents, when those interventions will occur, and why they are planned to improve the outcomes for the child.

Myth	Reality
The agency is "setting up" foster families to be hurt by dangerous birth parents.	The agency will not expect foster families to place themselves at risk in working with birth families. The agency will always consider risks when developing a partnering plan for birth and foster families, and foster families will be involved in the development of the plan. Communication between foster and birth families may, at times, need to occur through an agency intermediary, usually the caseworker, to protect the safety of the child and the foster family.
Foster families are expected to work with all birth families of children who come into foster care.	Foster families are expected to communicate with the birth parents of all children. That communication may take many forms, depending on the characteristics of the birth family, the wishes of the foster family, and the stage of the developing relationship between the foster and birth families. Relationships may begin with a journal of the child's progress, move into telephone calls between the birth and foster parents, meetings during supervised visits at the agency, and eventually evolve into unsupervised visits at the foster or birth home prior to reunification.
Foster parents will be responsible for caring for the birth parents as well as the child.	The role of the foster parent is to provide a safe, temporary home for children who are unable to remain in their birth homes. Foster parents are part of a team whose primary goal is reunification. Visitation and communication are essential to achieving that goal. However, caring for the birth parent is ***not*** an expectation of the foster parent; it would actually be counterproductive to the development of adult, responsible behavior by the birth parent.

Heaven Sent

My son's foster mother came through for us both.

By Lynne Miller

The first time I set eyes on my son's foster mother, I did not see her through rose-colored glasses—they were more like fire red! I was angry and resentful that my son had been removed from me, so I was in no mood to be friendly or forgiving.

I met her at my first visit with my son—eight weeks after he went into care! I noticed a tall blond woman with a kind but crooked face walk in and speak to my caseworker.

He Called Her "Mom'

I had been sitting on a couch waiting for about 15 minutes. A little short-haired blond boy ran past me and I just sat there staring at my caseworker. She turned to me and said, "Aren't you going to say hello to your son?"

I said, "Where is he?"

She pointed to the kid and said, "Right there!"

Now, when they took my son from me, he had long hair and a longer tail down his back. The little boy she pointed out had one of those ugly mushroom cuts. I called my son's name and the boy turned around. I almost fainted—that was my son! I was furious.

Then I heard him call the blond woman "Mom." I nearly lost my mind. After I calmed down, the caseworker explained to me that since all the kids in her home called her mom, it made him feel comfortable to call her that, too. Guess how much I liked that!

I Asked Questions

After my son said a tearful goodbye, I stayed behind to ask the caseworker about the foster parent. I found out that she and her husband had been doing this for many years and they were in the process of adopting the four sisters they had in their home. The father was a clerk in family court and the mom had been a registered nurse but was now a stay at home mom.

While I wasn't happy about my son being in the system, my impression was that he was with people who fostered out of love, not for money,

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and would be stable in his life.

I knew my son would not be coming home soon. I had been using drugs, and to get my son back, I had to do an 18-month drug rehab program, take a parenting skills class and show I had housing and a steady income.

Getting to Know Each Other

At the time, the agency didn't actively encourage parents and foster parents to connect. Now they do, because they've seen that children do better when both families that are raising them can communicate and trust each other. My son's foster mother and I built a relationship anyway.

To show my commitment to my son, I always made it a point to get to the visits early. When my son arrived, I would greet his foster mom and we would speak briefly about my son. She would give me a progress report of sorts. She was so friendly and thoughtful.

His foster mom usually brought the other kids in her home for visits, too, and sometimes she had to wait for the other children's mother to show up, so my son and I would stay with his foster family and talk.

Other moms asked me how I could stand talking to the foster mom. They were taking their anger and shame out on the foster parent, just as I had on our first visit. I told that to the other moms. Believe me, that did not make too popular, but I saw some starting to speak to their children's foster parents.

A Caring, Loving Family

As I got to know my son's foster mom, I found her and her whole family to be warm, caring, loving and patient. My son loved his foster family. The only problem he had was adjusting to the foster mother's cooking. Once the foster mom asked me, "Is your son a fussy eater?"

I looked at her kind of puzzled and said, "He always ate everything on his plate and nearly always asked for seconds."

"He hasn't been eating very much except at breakfast," she told me.

"I'll speak to him," I said. He told me he didn't like her cooking but didn't want to tell her. After all, I had brought him up to be polite and not hurt people's feelings.

After the visit, I told the foster mother, as politely as I could, that he was just used to my cooking and that I used a lot of garlic and oregano. I didn't want to tell her that my son thought she couldn't cook!

Little Adjustments

The only problem I had was that I felt my son was being spoiled. At every visit, he had a new toy or a new outfit to show me. I didn't know how I was going to keep that up once I got him back. Soon I was bringing him presents, too.

When I spoke to the foster mom about the presents, she said that she understood and scaled back on what she got him (or at least what I saw of it).

I also stopped bringing anything but food to visits, except on special occasions. I wanted to be sure my son was happy to see me. I wanted our visits to be about us, not about me sitting and watching him play with his new toy.

At first I didn't ask my son too much about where he was living. I didn't want to hear that they were taking better care of him than I had

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when I was using drugs. But after a while I did ask. My son told me he liked having a lot of kids to play with, that the house was really nice and that he had pets to take care of. I was very jealous. At the time, I didn't believe I'd ever be able to provide a good home for him again.

She Encouraged Me

At one very low point in my recovery, when I felt there was no hope, I spoke to the foster mother and the caseworker about surrendering my rights voluntarily. The foster mom looked startled and asked me why.

"You seem to be able to do so-o-o-o much more for my son than I can do. You take him to great vacation places, buy him anything he asks for, and give him a wonderful place to live."

She said to me, "No matter what I do for him, no one can give him the love you can—so don't give up."

I began to believe that my recovery was possible. I had someone who actually believed I could get him back! While she might have loved to adopt my son, she nevertheless encouraged me to do my best to reunite with him. That meant a lot to me.

An Astounding Gift

About a week before Christmas, the time finally came for my son to come home. What a wonderful gift Santa gave us that year! That day, my son's foster mother did an unbelievably compassionate and astounding thing—she handed me a check.

"What is this for?" I asked her.

"This is the rest of the foster care money for this month. I thought you might need it to get him some Christmas gifts, since you're not working yet," she said.

Well, I gave that woman the biggest hug and thanked her.

She and I also agreed to keep my son in the Catholic school he attended, which was some distance from my house. She offered to pick my son up and drop him off every day so he could finish the term with his friends.

Even after he transferred to the public school near our house, she was there for us. If I had to work late or he got sick at school, she would pick him up and bring him to me when I got home.

Giving to Each Other

Now it's been almost 11 years since my son has come home. There have been many changes in our lives, but one consistent thing has been our relationship with his former foster parents.

My son has spent many nights and weekends at their house. He's gone with them on vacations and to family celebrations, ball games, swim meets and more. I have gone to some, too!

I've also been able to help them out by babysitting their youngest daughter. Their trust in me made me feel especially good about myself.

His 'Other Family'

Packing up my son for a vacation or overnight, I've felt grateful that my son has had another family that enriches his life. I also feel good that I'm no longer an angry, jealous and resentful person but one who can appreciate that my son benefits from the caring of a family that took him into their hearts and home.

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In the years since he came home, I've also regained my confidence that I, too, can take my son places and expand his horizons.

Sometimes my son throws it at me in anger that he was in foster care. But once he told me that he was really glad we were able to be friends with his ex-foster parents. He had come to love his "other family" almost as much as he loved his siblings and me.

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LEADER'S GUIDE

Heaven Sent by Lynne Miller

My son's foster mother came through for us both.

DISCUSSION FOCUS

Communicating about the child's needs.

ACTIVITY GOAL

Participants will explore how parents and foster parents can communicate about the child's needs.

STORY SUMMARY

Lynne's first reaction to her son's foster mother is negative – in the weeks that passed between placement and their first visit, the foster mom cut his hair and he started calling her "mom." But Lynne asks the agency workers about the foster mom and begins to feel more comfortable. She arrives early for visits and takes time to talk with the foster mom about her son's adjustment. She tries to be sensitive while asking the foster mom not to spoil her child.

The foster mom ends up being a real support to Lynne and her son, encouraging Lynne to reunify, helping her buy her son Christmas gifts and staying very involved in their lives after reunification.

DISCUSSION GUIDE

GROUP INTRODUCTION: 10 minutes

Today we're going to talk about the kind of relationship that's possible between parents and foster parents when they focus on the child's needs and communicate openly with each other. By communicating about the child's adjustment, foster parents show that they respect the parent's knowledge of her child and care about the child's well-being. Parents show that they love, worry about and notice their child. Children feel safe and loved when parents and foster parents work together to ensure that the child is adjusting well.

- Does anyone have a question about this topic before we get started?

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READ AND DISCUSS STORY: 15 + 30 minutes

Read the story out loud as a group. Remind participants about important moments in the story and ask them to reflect on the motivations and behaviors described in the story.

STORY MOMENT	DISCUSSION QUESTION
Lynne's first impression of the foster parent is negative.	Why did Lynne change her mind about her son's foster parent?
The foster mom asked Lynne about her son's appetite.	How did the foster parent open up communication with Lynne?
Lynne was concerned that the foster mom was spoiling her son.	How did Lynne open up communication with the foster parent?
The foster mom helped Lynne take care of her son after he came home.	How did Lynne and the foster mom communicate about their expectations after reunification?
The foster parents have remained a stabilizing force in Lynne's life and in her son's.	How do you think their lasting relationship affects Lynne's son?

REFLECTION: 30-45 minutes

Through writing, participants can more deeply reflect on their own experiences and what they've learned. Hand out the "Group Reflection" worksheet and give participants time to write. They can share their responses with the group or in pairs.

To promote self-reflection, hand out the "Personal Reflections" worksheet. Participants can share their responses in the group, in pairs, or after the workshop with a peer, family member, therapist or other important person in their lives.

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GROUP REFLECTION: Heaven Sent by Lynne Miller

Let's reflect on what we've learned from this story and consider how the topic relates to our own experiences and roles. Take a few minutes to jot down your responses on this sheet and then we'll share our responses with the group.

How did the story affect you? Choose a few sentences to complete.

This reminds me of... ______________________________

I can't really understand... ______________________________

I could relate to... ______________________________

I was surprised... ______________________________

I noticed... ______________________________

I'm concerned that... ______________________________

I hope that... ______________________________

What have you learned? Write down your suggestions.

1. If I were a foster parent, I could open and maintain communication with the parent by:

____

____

2. If I were a parent, I could open and maintain communication with the foster parent by:

____

____

3 If I were an agency worker, I could help parents and foster parents open and maintain communication by:

____

____

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PERSONAL REFLECTION: Heaven Sent by Lynne Miller

How does this story relates to you—your relationship with your child's family or foster family, or your role as a support to parents and foster parents? Use the questions below to consider how the story relates to your own experiences.

MY ROLE

How has your thinking changed since reading this story?

____

____

____

What do you feel excited about or concerned about after reading and reflecting on the story?

____

____

____

ACTION STEPS

How can you use what you learned from the story? Please write down a few steps you plan to take related to your role as a parent, foster parent, or child welfare staff,

1. ______________________________

____

2. ______________________________

____

3. ______________________________

____

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Crossing the Bridge

Suggestions for building connections

Many parents and foster parents connect only during visits, but parents and foster parents can take baby steps toward stronger partnerships.

- Place a note in a baby's diaper bag for the parent to take home from a visit
- Send school papers, report cards, pictures with the child to visits
- Encourage the child to draw pictures or write letters to give to the parent
- Write note to the parent describing the child's week
- Write a letter to the foster parent about your child's needs, habits and interests
- Write a letter to your child and give to the foster parent to share with the child
- Give family photos to the foster parent to share with the child
- Let the foster parent know about progress you've made in your case
- Ask for mediation to resolve conflicts with the parent or foster parent
- Give your phone number to the parent or foster parent
- Call the parent or foster parent to discuss the child
- Call the parent to plan positive visits
- Meet the parent or foster parent before or after visits for 5-10 minutes
- Talk about how to say goodbye at the end of visits
- Ask to attend/invite the parent to doctor's appointments
- Ask to attend/invite the parent to parent-teacher conferences at the child's school
- Talk with the parent or foster parent at court hearings or agency meetings
- Set up a regular time for the parent to call the child
- Allow the parent to visit at the foster home
- Bring the child to the parent's home for visits
- Invite the parent to participate in a school function
- Allow the child to attend religious functions with the parent
- Let the parent or foster parent know about community resources
- Invite the parent to participate in holiday and birthday celebrations with the child

After reunification:

- Invite the foster parent to call, send letters or photos, or visit
- Invite the foster parent to holiday and birthday celebrations
- Share recipes for foods the child got used to in the foster home
- Share parenting strategies
- Provide respite support to the parent or include the child in special trips with the foster family

Suggestions adapted from training materials developed by Denise Goodman.

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Acknowledgments

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Rise was founded with the support of the Child Welfare Fund. We developed the discussion guide format used in this booklet with the support of Hedge Funds Care. We developed our method of training parent writers through work with our longtime partners, the Child Welfare Organizing Project (CWOP) and Youth Communication. CWOP is a parent / professional partnership dedicated to public child welfare reform in New York City through increased, meaningful parent involvement in service and policy planning. Thanks to Teresa Bachiller, Mike Arsham and many parents at CWOP for supporting Rise. Youth Communication publishes *Represent*, a magazine by and for youth in foster care, and incubated Rise. Many thanks to YC staff Jeff Faerber, Laura Longhine, Loretta Chan, Tom Brown, Efrain Reyes and Keith Hefner for lending their expertise to Rise.

Finally, Rise is indebted to the writers who chose to contribute their stories to this booklet. All of the writers took real risks in sharing their experiences and writing their stories during the 16-week writing workshop. Thank you for your courage in writing stories that are thoughtful, useful and beautiful.

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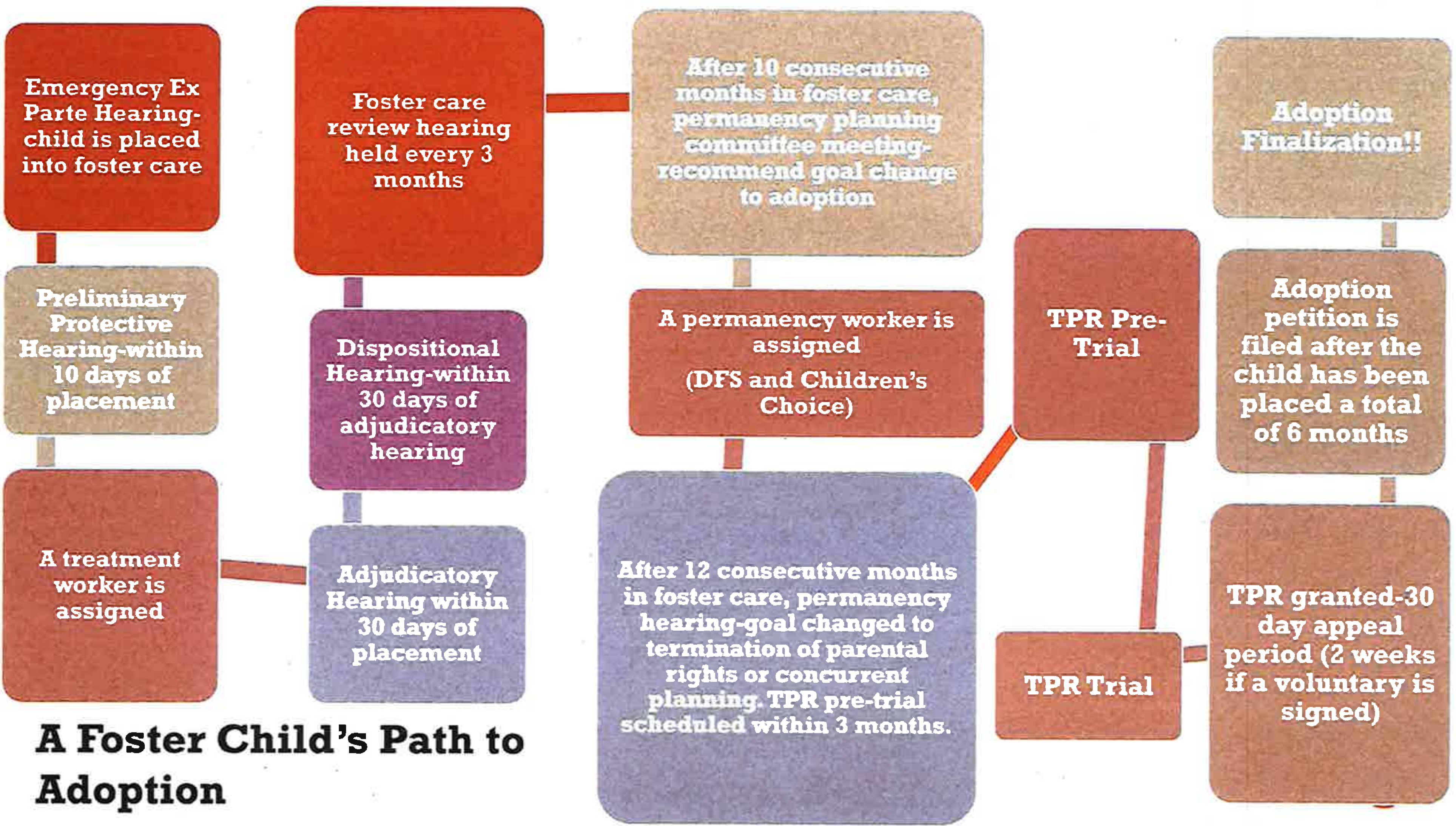
Primary Families Notes

Primary Families Notes

Respite Notes

Respite Notes

A Foster Child's Path to Adoption



How the System Works Notes

How the System Works Notes

Setting: At a school program

Question: "Don't you want children of your own?"

Setting: Out in a store with the 4 or more children

Question: "Are they all yours?"

Setting: Church

Comment: "Wow, they're so well-behaved for foster kids!"

Setting: On the phone, telling a friend how tired you are after the kids are in bed

Question: "Well, you *chose* to do this, what did you expect? Why did you choose to make this a long-term commitment then?"

Setting: Mom waiting in check-out line with the child of a race different than hers, and customer behind her says:

Comment: (to the child)

"You're very lucky to have that lady, you'd better behave for her!"

Handout # 2

Survival Skills for Adoptive Parents:

- Acknowledge the child's grief and let the child understand your losses.
- Network with other adoptive families to avoid isolation.
- Don't over-react to problems. Not all problematic behaviors or feelings are related to adoption; many are developmental or are related to circumstances in the child's environment. Talk with other parents and/or knowledgeable professionals to determine whether problems are really related to adoption, or are a normal part of growing up.
- Don't under-react to problems. Get post adoption services early, if needed. Adoptive families often need post adoption support at key times in the life of their child. Families should be aware of available services prior to onset of crisis.
- Talk openly about adoption in the family. It is often necessary to *initiate* conversation, as children can be fearful of hurting the adoptive parent's feelings.
- Encourage the child to have positive feelings about his/her birth family. To enjoy positive self esteem, s/he must feel good about his/her "roots". Remember that parents are allowed to love more than one child. Children should be allowed to love more than one parent. Don't force your child to choose between you and the birth parent.
- Get as much information as possible about the birth family and the child's history. Remember that the "trail" gets cold quickly; get as much information as possible at the time of placement. You can return to the agency at any point in the future to clarify information or to obtain additional information.
- Always be honest in sharing information about the birth parent and the birth history. If the information is very difficult, some facts may be deferred while the child is very young. Facts should *never* be changed. As a rule of thumb, children should have complete information by the time they enter adolescence
- Be alert for signs of distress when losses or transitions occur. Remember to be sensitive to "anniversary reactions" and increased emotional stress around birthdays, holidays, and Mother's Day. Be sure to discuss feelings and fears openly.
- Allow the adoptive father to become the primary parent during adolescence. Much of the child's grief, anger regarding abandonment, and divided loyalties are directed toward the birth mother. This anger is often transferred to the adoptive mother. The mother/ teen

relationship can become very strained. The adoptive father should handle limit-setting whenever possible.

- Avoid control battles. You may need to lose a few battles in order to win the war. Parents can successfully work on only one or two behaviors at a time. Prioritize your battles, and be prepared to let a lot of other less important issues slide for the time being.

Prediction Sheet

Understanding that we have no functional crystal ball here at Children's Choice nor do we have any documented psychic powers to foretell the future...

What we DO have is great deal of experience in the placement of children for adoption. We have read many, many histories on kids. From the material we have read on the child you are considering, we humbly make these predictions for:

ADOPTIVE FAMILY NAME: Mr. & Mrs. Davis

CHILDREN-NAME & BIRTHDAY: Jane
DOB: June 12, 2010

Children's History/Known Early Life Experience:

Jane was born on June 12, 2010 at Nanticoke Memorial Hospital in Seaford, DE. Unfortunately her hospital records were unable to be obtained regarding her delivery. However, a hotline report was made by the hospital the day she was born indicating she tested positive for drugs, specifically marijuana and opiates. Birth mother openly admitted she had an addiction to Percocet for at least two years. A safety plan was put in place and a treatment case opened.
A second hotline report was received on October 29, 2010 alleging physical neglect of Jane, who was only 3 ½ months old, due to drug use in the home. Birth mother admitted to the use of marijuana as well as other illegal drugs. This was "unsubstantiated with concerns" and was linked back to the current treatment case.

A third hotline report was received on July 26, 2011 alleging physical neglect of Jane. The reporter stated birth mother and birth father would "drive around all day crushing and snorting pills with Jane in the vehicle." At the time, mother was also pregnant with her second child. This report was unfounded and closed, and the treatment case was closed on October 12, 2011.

A fourth hotline report was received on November 15, 2011 after a report alleging neglect when mother and new baby, Jon, both tested positive for marijuana at the time of his birth. Birth mom admitted to abusing Percocet and marijuana 3-4 times per week during her pregnancy. The case was "unsubstantiated with severe concerns" and was transferred to the treatment unit.

On December 11, 2011, a fifth hotline report was made alleging abuse and neglect. The report stated that 27 day old Jon had been transported to the emergency room with symptoms of respiratory problems. Further examination revealed he had a swollen penis, a fractured leg, and several bruises on his back and chest. During this investigation it was discovered that mom's paramour had been caring for baby Jon and caused the injuries.

Jane was brought into care with her brother on December 13, 2011 due to abuse her brother endured while being left with mother's paramour, as well as birth mother's poor decision making and drug addiction. It is indicated she was present when the physical abuse of her brother occurred. She was placed in a DFS foster home, where she and her brother adjusted well to the placement while they maintained a close connection to their mother through visitation.

In July of 2012, Jane and her brother moved into your home. Visits with birth mother were consistent and regular, and Jane as well as their brother continued to evidence a strong bond with their mother. However, mother ultimately was not able to maintain stability, and signed over her parental rights in November of 2013.

Jane was evaluated by Child Development watch in February of 2012, and no concerns were noted. She appears to be fully developmentally on target. Her last physical was completed on October 10, 20113, and no concerns were noted at the time of the exam.

Jane currently presents as an attractive and healthy three year old child. She is a loving and active little girl who loves to read books, play pretend, and sing songs. She is a social and friendly child who shares a strong bond with her adoptive family.

Predictions of What You Might Expect After You Adopt Jane:

1. Jane was born addicted to drugs. Also, from birth mother's history as well as admissions of continued drug use throughout her pregnancy, we can assume that Jane was exposed fairly heavily to drugs throughout her development in utero. The lifelong impact of drug addiction in utero varies from child to child. Some children may evidence few to no symptoms related to being exposed to drugs in utero, some may experience some more significant issues. These can include developmental delays, learning delays, and behavioral issues. Jane is currently developmentally on target, is displaying appropriate behaviors, and is an intelligent little girl. However, in the future Jane may evidence special needs due to this exposure, and it is important to keep this in mind as she grows and develops.

2. Jane was a victim of neglect in her early childhood. From what we know about the first eighteen months of her life, it can be surmised that her basic needs were not met and that she witnessed her parent's substance abuse as well as behaviors they evidenced while under the influence. We know that children who were neglected physically and emotionally in their early years can evidence issues with attachment, bonding, behaviors, and development. This can be especially difficult as Jane was pre-verbal when she experienced this, so her reaction, even at an older age, will likely be in the form of "feelings" rather than something she can express in words. Jane is currently developmentally on target and displays and loving and affectionate bond with you. However, it is important to keep in mind that her early life experiences may have an impact on her as she grows, and she may need counseling to address her early childhood unmet needs. This counseling may also require participation on your part, helping her to

feel safe and secure in your environment, and perhaps meeting some of her basic developmental/emotional needs that were unmet during her early childhood.

3. It is probable that Jane was a victim of sexual abuse in her early childhood. It is known that her birth family has a very extensive history of sexual abuse against children, that she may have been exposed to sexually explicit material on her grandfather's computer, that there were inappropriate pictures found of Jane as an infant, and that she was noted to be unusually limp/pliable during her early physical exams by the doctor. As with the previously noted neglect, Jane was pre-verbal during these experiences, so her reaction, even at an older age, will likely be in the form of "feelings" rather than something she can express in words. It is possible she may be more sensitive to anything that resembles sexual material, or have curiosity at a younger age about sexual issues due to her exposure. In her pre-teen and teen years, she may also have a more mature interest in sexual exploration due to the fact that somewhere in her mind there is a sense of familiarity. It is important to ensure that Jane has healthy outlet for sexual questions/discussions (parent, therapist, etc), and that you are vigilant about monitoring her for any sexually inappropriate behaviors she may display. She may also need clarification/education about her experiences, and what is appropriate and not appropriate.

4. Jane has seen some very upsetting and disturbing things in her early childhood. This includes her parent's drug addiction and very likely being witness to the physical abuse of her younger brother. From her birth family's extensive history with the Division, it can be surmised there were also other very disturbing events she witnessed. At this time, Jane does not appear to be disturbed by any traumatic events from her early childhood. However, we know that PTSD affects even very young children, and in the future, she may need counseling to revisit and work through some of these traumatic and disturbing experiences she was been witness to.

5. Jane has had multiple caregivers in her young life, and has bonded to at least two other parental figures. This includes her previous foster parents, whom she was placed with for approximately eight months, and her birth mother, who Jane visited with until November of 2013. It has been stated by you and others involved with this case that Jane evidenced a strong bond and connection with her mother. Due to the fact that she has lived with other parental figures and in other homes, she may have difficulty understanding the family "permanence" that adoption provides. It is important to keep this in mind as she grows, and she may need to be reminded at various times/stages throughout her life that you are her permanent adoptive family, and she will not have to move from your home. She may "test" your commitment at times through her words and behaviors, and it is important to remain stable and reassuring about the fact that you are her permanent family.

6. It is very natural for adopted children to be curious about their biological family. Due to her age, Jane may remember her birth mother, and the connection they shared. Be prepared to answer questions she may have about her birth mother and family in an

honest and age appropriate way throughout her life. You have had the fortunate experience of interacting and connecting with the birth mother throughout your experience as foster parents. As she will always have a "love" for her birth mother, please remember and relay positive things about her, as well as the challenges she experienced which ultimately made her an inappropriate caregiver for her children. As we never know when Jane may be ready to ask these questions, it may be helpful to write down memories and details now while they are fresh in your mind. This way, less is lost down the road. It is important to honor what Jane's birth family represents to her and where they come from, as it may directly relate to how she feels about herself. Being patient, supportive, and willing to listen will be extremely helpful to Jane as she accepts her past and looks towards a positive future. Jane may also choose to search for her biological family when she is older. Although this may be a difficult process for you as a family, it is important for you to be supportive of her as she ventures out on this journey. If she is disappointed by this experience, it will be important for her to have a strong and supportive family for her to fall back on, cry to, and rely on.

7. Your family has adjusted beautifully to having Jane as a part of it, and at this time you consider parenting her to be a pleasure and a joy. However, as discussed above, Jane may experience physical/emotional/behavioral challenges later in her life that may be difficult for you and or your family to cope with. It is important that you surround yourself with supportive people who can encourage you. It is equally important that you seek out knowledgeable resources who understand the impact of trauma and adoption on children. There are many qualified therapists in the area, and we encourage you to seek out individual and/or family therapy if the need arises. There is also an excellent post-adoption support program available to guide you and your family. We encourage you to participate in the services they offer, which include support groups, Rec-N-Respite, and trainings on many different topics that are relevant to the children often parented through adoption.

8. Jane's future is uncertain! This is true of any child as well as adults. However, she comes from a difficult past, which has impacted her. Your love and guidance will help her tremendously. Have realistic and obtainable expectations when parenting her. Keep in mind that each child must grieve and walk his or her own path. Jane, as any child, will ultimately make decisions that are different from the ones you want her to make. Be aware of your own expectations for her, and remember that no matter what she decides as an individual, Jane is your daughter, and you are both her parents.

If you have any additional comments or concerns, please feel free to add them below:

Adoptive Mother: Date:
Adoptive Father: Date:
Children's Choice
Adoption Worker: Date:

My predictions

Based on my child's experiences before they were placed with me, here are three predictions about how their future may be impacted:

1.

2.

3.

Adoption Subsidy

- All children adopted from foster care are considered a "special needs" adoption and are eligible for the adoption tax credit.
- All children adopted from foster care are eligible for an adoption subsidy, which includes Medicaid until the age of 18. Medicaid also covers counseling services
- This applies for families who provide permanent guardianship as well

Adoption Subsidy (continued)

- Some children may qualify for an ongoing financial payment, depending on their level of special needs:
  - age of the child
  - sibling group of 3 or more who are being adopted together
  - medical disability
  - mental disability
  - emotional disability
  - a family history indicating that the child may need medical treatment or therapy at various developmental milestones
  - member of a minority group

Children's Choice

- Provides support groups for families who achieve permanency through adoption or permanent guardianship
- Provides referral services

A Better Chance for Our Children

- Wilmington Location
- 1307 Philadelphia Pike
- Wilmington, DE 19809
- 302-746-7265

Milford Location
805 S. DuPont Boulevard
Milford, DE 19963
302-725-5008

- Toll free Number: 1-877-533-2212
- Website: www.abcfoc.org

Permanency and Adoption Notes

Permanency and Adoption Notes

Additional Information

Preparing Children to Answer Questions About Adoption

Children learn how to manage life by modeling their parents behavior. How you, the parents, respond to questions about your family, about your child's heritage, personal story, family membership, etc. will have a profound impact how your child responds to questions and comments about adoption!

Children need to feel empowered to **choose to** answer or to **choose not to** answer questions regarding their heritage, their adoption, their personal story, etc.

Even well meaning, polite questions and comments from friends, relatives, and/or strangers can be inappropriate and intrusive. Out of curiosity or genuine personal interest many adults say and/or ask things that are either not really their business or that are not appropriate to ask in this setting or at this time. Remember, when you are out in public with your children your first responsibility is to parent your children not to educate others about the joys and validity of adoption. Toddlers and preschoolers often groove on the attention that public questions brings. Still they are being ' paid attention to' because they are or appear to be different from you the parent(s). This very fact can undermine your child's sense of belonging to and with you. Belonging, feeling that you belong and knowing that you belong to and with your parents is one of the cornerstones of attachment. Explaining how and why your child is related to you, how you belong together can undermine your child's very sense of belonging. On an experiential level, if people and things belong together they do not have to be explained, especially in public, to strangers, next to the lettuce! Acting like the parent that you are, by monitoring your responses in your child's best interests, shows the questioner and more importantly your child that you do belong together.

Actively considering if, when and how to answer any and all questions empowers your child choose whether or not to give out personal information: teaches (by modeling) your child to be proactive, not reactive to questions and/or comments. Children need to develop the capacity to be proactive in situations where they feel others are being intrusive and in situations where they are being teased.

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Please try to recognize both the immediate and the long term effects of answering questions about your family or your child in public.

Questions to ponder when considering whether or not to respond to questions and/or comments:

⇒ Do I want to give this information to anyone?

⇒ Do I want to give this information to this person?

⇒ Do I want to give this information out here, e.g. next to the lettuce?

⇒ Do I want to give this information out now, for instance answer questions about the adoption process in your children's presence?

⇒ Why is this person asking this question, here and now?

⇒ What does this person really want to know?

⇒ Is it my responsibility to educate this person re: adoption?

⇒ If I consider it my responsibility to educate others is this the place and time to do so?

⇒ How will my child(ren) perceive my interrupting our time together to respond to these kinds of questions?

Remember, these episodes of questions and comments do not just happen once or even once in awhile. If your child looks or acts " different", different from the norm and/or different from you, you and your child are vulnerable to questions and comments *any time you are out and about.* The damage these questions can do to your child's sense of belonging to and with you and to your child's self-esteem occurs not just from one or two episodes, but from the experience that this ***can and will*** happen more than once.

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ADOPTION TERMINOLOGY

Adapted from the work of the Parenthesis Post Adoption Program, Columbus, Ohio, 1986

Certain adoption-related terminology evokes negative feelings and should be avoided. Below are suggested alternatives that communicate the same information in more positive ways.

POSITIVE	NEGATIVE
Birthparent (father, mother) Biological (parent, child, ancestry) Woman (lady) who gave birth	Real parent Natural parent
Adopted person Adoptee Adult Adoptee	Adopted child (when speaking of an adult
Adoption Triad Adoption Triangle Adoption plan was made for... The baby joined the family The older child moved in with his/her family An adoption was arranged for... He/she was placed	Adopted out Put up for adoption Given away Given up
Birthchild	Their own child Their real children
To opt for, to take on, to choose, to continue parenting	Keeping

POSITIVE	NEGATIVE
Born outside of marriage Born to a single person (Divorced Single , Never married, Unwed mother)	Illegitimate child Bastard Unwanted child
Termination of parental rights; Unable to continue parenting (older child) Court termination	Gave up for adoption
Made an adoption plan Legally released Voluntary release	Gave away
My child	Adopted (when it is used constantly, it can become a label)
The waiting child Child with special needs Child available for adoption	Hard to place child
Search Reunion Making contact	Finding one's real family Locating one's parents

- Language is important in describing adoption.
- Adoptees are sensitive to feeling different.
- We want to try to avoid negative terms and use less judgmental language.
- How is language used in your own family? What does Grandma say? Peers? Outsiders?
- Help to educate yourself and others to routinely use positive and constructive language