MICHIGAN Department of Education

Michigan's Health and Safety Checklist For License Exempt-Unrelated Providers

Health and Safety Requirements	Observed	Discussed	Resource Provided	Not Compliant
Provider has a working phone available.	☐	☐	☐	☐
Emergency phone numbers are readily available.	☐	☐	☐	☐
Animals kept as pets appear to be non-threatening or are kept away from children.	☐	☐	☐	☐
Smoking is prohibited while children are present.	☐	☐	☐	☐
Provider can explain how to handle different emergencies and determine the appropriate actions to take.	☐	☐	☐	☐
An emergency plan has been developed and is practiced regularly (tornado, fire, injury).	☐	☐	☐	☐
Children are supervised appropriately for their age and developmental abilities.	☐	☐	☐	☐
Provider follows safe sleep practice recommendations from Great Start to Quality Orientation.	☐	☐	☐	☐
Provider follows transportation recommendations from Great Start to Quality Orientation.	☐	☐	☐	☐
Provider follows handwashing recommendations from Great Start to Quality Orientation.	☐	☐	☐	☐
The food preparation area is clean and equipped to prepare snacks and meals.	☐	☐	☐	☐
Perishable food is kept refrigerated, as appropriate.	☐	☐	☐	☐
Sharp objects (such as knives, scissors or tools) are out of reach of children.	☐	☐	☐	☐
Hazardous Materials are inaccessible to children (cleaning supplies, lighters, paint, etc.).	☐	☐	☐	☐

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Michigan's Health and Safety Checklist For License Exempt-Unrelated Providers

Health and Safety Requirements	Observed	Discussed	Resource Provided	Not Compliant
Prescription drugs and other medications are secured from children, stored out of reach and out of sight.	☐	☐	☐	☐
All weapons and ammunition are secured from children, stored out of reach and out of sight.	☐	☐	☐	☐
There is at least one unobstructed exit where the child is cared for in the home.	☐	☐	☐	☐
Designated child care areas, both inside and outside, are clean and safe for children. Non-child care areas are blocked from access.	☐	☐	☐	☐
Provider understands their role as a Mandated Reporter.	☐	☐	☐	☐

Additional Best Practices	Observed	Discussed	Resource Provided
Working smoke detector(s) is present.	☐	☐	☐
There is a working fire extinguisher readily available in the home.	☐	☐	☐
Protective covers are used on all electrical outlets that are easily accessible to young children.	☐	☐	☐

Reminders	Discussed	Resource Provided
Child care providers are required to immediately report incidents of serious injury or death of a child in care.	☐	☐
Annual ongoing health and safety training must be completed by the due date listed in the CDC handbook.	☐	☐

MICHIGAN Department of Education

CHILD CARE TIME AND ATTENDANCE RECORD

LARA LICENSING AND REGULATORY AFFAIRS CUSTOMER DRIVEN. BUSINESS MINDED.

Day / Date	Sun mm/dd/yy	Mon mm/dd/yy	Tues mm/dd/yy	Wed mm/dd/yy	Thur mm/dd/yy	Fri mm/dd/yy	Sat mm/dd/yy
Child Full Name							
Time In	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P
Time Out	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P
Absent?	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐
CACFP Meals	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E
Parent Initials							
Child Full Name							
Time In	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P
Time Out	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P
Absent?	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐
CACFP Meals	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E
Parent Initials							
Child Full Name							
Time In	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P
Time Out	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P
Absent?	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐
CACFP Meals	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E
Parent Initials							
Child Full Name							
Time In	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P
Time Out	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P	: A/P : A/P
Absent?	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐	Mark if Absent ☐
CACFP Meals	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E	B A L P D E
Parent Initials							

Comments:

- I certify that the above information is correct.
- I understand that if benefits are overpaid for any program or any reason, the extra benefits received will have to be repaid. If intentional errors caused the overpayment, any and all responsible parties may be disqualified from the program and/or prosecuted for fraud.

Provider Name:	ID #:	Pay Period Number:
Provider Signature:	Date:	Confirmation Number:

Page Number:_______

CACFP, CDC, and LARA provide equal opportunity programs.

Rev. 1.2021

This form is accepted as an official attendance record for the following programs:

Child Development and Care (CDC) **Child and Adult Care Food Program (CACFP)** **Licensing and Regulatory Affairs (LARA)**

Please record all of the following:

Date: Enter the date next to each day of the week.

Child Full Name: Enter the full name of each child. Enter them in alphabetical order by last name. (Do not enter multiple children on one line.)

Time In/Out: Enter the time in hours and minutes. Circle A for A.M. or P for P.M. Use the second line if the child leaves and returns in the same day.

Absent?: When the child is absent but would normally have been in care, write a check mark or "X" in the "Mark if Absent" box.

For CDC, child absences may be billed when the child is not in care but normally would have been in care, either when the child is absent while the provider is open or when the provider is closed (such as holidays or snow days). Child absences may not be billed after a child's last day in care. If you bill for a child's absence, you may not enter more hours than the child would have normally been in care that day. In I-Billing, enter the begin and end time the child would normally be in care, and mark the absent box.

To avoid payment of absences that don't reflect a child's normal attendance, CDC reimbursement is limited to 360 hours per fiscal year (October 1 to September 30) and 10 days of absences when no regular care time has been billed.

Meals: For the Child and Adult Care Food Program (CACFP), circle the meals each day that were served to each child.

Meal types are as follows: B = breakfast, A = A.M. snack, L= lunch, P = P.M. snack, D = dinner, E = evening snack.

Parent Initials: For CDC, the parent (or authorized representative) must initial daily for each child to indicate that the entries are correct.

Note: CDC suggests acquiring parent initials for absence days as a best practice.

Comments: Space is available to make notes regarding reasons for a child's absences, building closures, or any detail not entered in the records.

Provider Name: Enter the provider or facility name.

ID #: Enter the provider's seven-digit Bridges Provider ID number (listed on the DHS-198 form) or the childcare license number.

Pay Period Number: For CDC, enter the number of the pay period that corresponds to the billing dates. Use a separate page for each week.

Page Number: Enter the page number to keep track of multiple pages.

Provider Signature and Date: The person authorized to complete CDC billing must sign and date the form, certifying that the information is accurate.

Confirmation Number: For CDC, after you have submitted your billing, write the invoice confirmation number from your billing invoice.

Additional CDC Information:

At the end of each pay period, providers must bill for child care hours by using I-Billing at: **www.michigan.gov/childcare**. You will need your Bridges Provider ID number and PIN. For questions about billing, refer to the CDC Handbook. If you still need help, call CDC at 1-866-990-3227.

Providers must keep complete and accurate records for each approved CDC child in care for four years, showing time of arrival and departure for each child on a daily basis.

Please note: Parents are responsible for childcare expenses that are not paid by CDC, including expenses incurred while a parent or provider's eligibility is being determined.

MICHIGAN Department of Education

Michigan Department of Education
CDC 2022 PAYMENT SCHEDULE

The Child Development and Care (CDC) Payment Schedule gives you the Pay Period Dates, Pay Period Numbers, Billing Deadline Dates, and the estimated Check/EFT Date for the CDC program.

Billing deadlines on days before holidays are at 4:00pm on the indicated date (*). Otherwise, they are at the end of the day

Pay Period Begin Date	Pay Period End Date	Pay Period Number	Billing Deadline Date	Check/EFT Issue Date
12/19/2021	01/01/2022	201	01/06/2022	01/13/2022
01/02/2022	01/15/2022	202	01/20/2022	01/27/2022
01/16/2022	01/29/2022	203	02/03/2022	02/10/2022
01/30/2022	02/12/2022	204	02/17/2022	**02/25/2022
02/13/2022	02/26/2022	205	03/03/2022	03/10/2022
02/27/2022	03/12/2022	206	03/17/2022	03/24/2022
03/13/2022	03/26/2022	207	03/31/2022	04/07/2022
03/27/2022	04/09/2022	208	04/14/2022	04/21/2022
04/10/2022	04/23/2022	209	04/28/2022	05/05/2022
04/24/2022	05/07/2022	210	05/12/2022	05/19/2022
05/08/2022	05/21/2022	211	05/26/2022	**06/03/2022
05/22/2022	06/04/2022	212	06/09/2022	06/16/2022
06/05/2022	06/18/2022	213	06/23/2022	06/30/2022
06/19/2022	07/02/2022	214	07/07/2022	07/15/2022
07/03/2022	07/16/2022	215	07/21/2022	07/28/2022
07/17/2022	07/30/2022	216	08/04/2022	08/11/2022
07/31/2022	08/13/2022	217	08/18/2022	08/25/2022
08/14/2022	08/27/2022	218	09/01/2022	**09/09/2022
08/28/2022	09/10/2022	219	09/15/2022	09/22/2022
09/11/2022	09/24/2022	220	09/29/2022	10/06/2022
09/25/2022	10/08/2022	221	10/13/2022	10/20/2022
10/09/2022	10/22/2022	222	10/27/2022	11/03/2022
10/23/2022	11/05/2022	223	*11/09/2022	11/17/2022
11/06/2022	11/19/2022	224	*11/22/2022	12/01/2022
11/20/2022	12/03/2022	225	12/08/2022	12/15/2022
12/04/2022	12/17/2022	226	*12/20/2022	12/29/2022
12/18/2022	12/31/2022	227	01/05/2023	01/12/2023

(midnight). Please plan for delays in payments (**) during holidays when State offices and post offices are closed.

License Exempt Provider Serious Injury Report

Child Development and Care (CDC)

Instructions: Complete this form for all serious injuries or deaths which occurred in a license exempt child care setting for those receiving child care subsidy. Complete one form for each incident. Providers are also required to notify parents of any incidents.

*__Serious Injury__ means any physical harm to a child that requires emergency safety intervention. This includes, but is not limited to, burns, lacerations, bone fractures, significant blood loss, and injuries to internal organs, whether self-inflicted or by someone else.

Report Date _____ Injury Date _____ Injury Location (address and city) _____

Child(ren) involved in the incident (first and last name) _____

Child Care Provider Name _____ Provider ID# _____ Provider Phone Number _____

Parent/Guardian Name _____ Parent Case # _____ Parent Phone Number _____

Describe the incident. Be specific. _____

Did the incident cause:

The death of a child?	Yes ☐	No ☐
A child's broken bone?	Yes ☐	No ☐
A child needing stitches?	Yes ☐	No ☐
A child being burned?	Yes ☐	No ☐
Any other serious injury? (If yes, please explain)	Yes ☐	No ☐

Were the police involved? Yes ☐ No ☐

Did the incident require a hospital visit? Yes ☐ No ☐

Person reporting this incident _____ I am the _____ (parent, caregiver, etc.)

Submit this form to the CDC office by:

Fax:
517-284-7529

or

Mail:
Child Development and Care
P.O. Box 30267
Lansing, MI 48909

*Please Note: This form is not for reporting abuse or neglect. To report suspected abuse or neglect, please call 855-444-3911 or use the online reporting system at www.michigan.gov/mandatedreporter.

CONSENT TO TREAT MINOR CHILDREN

I, _____, parent or legal guardian of _____, born

the ___ day of _____, 20___ do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of

my child while said child is under the care of _____ of

_____, City of _____ State of _____ and I am not reasonably available by telephone to give consent.

This authorization is effective from the ___ day of _____, 20___ to

___ day of _____, 20___

_____ _____

Signature of Parent or Legal Guardian **Date**

_____ _____

Witness Signature Witness Name (please print)

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family Address _____

Father's Telephone: _____ Mother's Telephone: _____

Last Tetanus: _____

Allergies to drugs or foods: _____

Special Medications, Blood Type or Pertinent Information: _____

_____

Child's Physician: _____ Phone: _____

Insurance: _____ Policy # _____

Preferred Hospital: _____

Positive Parenting Tips for Healthy Child Development

Middle Childhood (9-11 years of age)

Developmental Milestones

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

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

Emotional/Social Changes

Children in this age group might:

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

Thinking and Learning

Children in this age group might:

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

Positive Parenting Tips

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

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

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

Child Safety First

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

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

Healthy Bodies

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

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

Additional Information:

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

Children and Mental Health

Is This Just a Stage?

From the **NATIONAL INSTITUTE *of* MENTAL HEALTH**

Mental Health in Childhood

Raising a child can be challenging. Even under the best circumstances, their behaviors and emotions can change frequently and rapidly. All children are sad, anxious, irritable, or aggressive at times, or they occasionally find it challenging to sit still, pay attention, or interact with others. In most cases, these are just typical developmental phases. However, such behaviors may indicate a more serious problem in some children.

Mental disorders can begin in childhood. Examples include anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, depression and other mood disorders, eating disorders, and post-traumatic stress disorder (PTSD). Without treatment, these mental health conditions can prevent children from reaching their full potential. Many adults who seek mental health treatment reflect on the impact of mental disorders on their childhood and wish they had received help sooner.

When to Seek Help

How can you tell the difference between challenging behaviors and emotions that are a normal part of growing up and those that are cause for concern? In general, consider seeking help if your child's behavior persists for a few weeks or longer; causes distress for your child or your family; or interferes with your child's functioning at school, at home, or with friends. **If your child's behavior is unsafe, or if your child talks about wanting to hurt themselves or someone else, seek help immediately.**

Young children may benefit from an evaluation and treatment if they:

- Have frequent tantrums or are intensely irritable much of the time
- Often talk about fears or worries
- Complain about frequent stomachaches or headaches with no known medical cause
- Are in constant motion and cannot sit quietly (*except* when they are watching videos or playing video games)
- Sleep too much or too little, have frequent nightmares, or seem sleepy during the day
- Are not interested in playing with other children or have difficulty making friends
- Struggle academically or have experienced a recent decline in grades
- Repeat actions or check things many times out of fear that something bad may happen

Older children and adolescents may benefit from an evaluation and treatment if they:

- Have lost interest in things that they used to enjoy
- Have low energy
- Sleep too much or too little or seem sleepy throughout the day
- Are spending more and more time alone and avoid social activities with friends or family
- Diet or exercise excessively, or fear gaining weight
- Engage in self-harm behaviors (such as cutting or burning their skin)
- Smoke, drink, or use drugs
- Engage in risky or destructive behavior alone or with friends
- Have thoughts of suicide
- Have periods of highly elevated energy and activity and require much less sleep than usual
- Say that they think someone is trying to control their mind or that they hear things that other people cannot hear

Learn more about warning signs at **www.nimh.nih.gov/children.**

Get Immediate Help

If you, your child, or someone you know is in immediate distress or is thinking about hurting themselves, call the **National Suicide Prevention Lifeline** toll-free at 1-800-273-TALK (8255) or the toll-free TTY number at 1-800-799-4TTY (4889). You also can text the Crisis Text Line (HELLO to 741741) or go to the **National Suicide Prevention Lifeline** website at **https://suicidepreventionlifeline.org**.

First Steps for Parents

If you are concerned about your child's mental health, you can start by talking with others who frequently interact with your child. For example, ask their teacher about your child's behavior in school, at daycare, or on the playground.

You can talk with your child's pediatrician or health care provider and describe the child's behavior, as well as what you have observed and learned from talking with others. You also can ask the health care provider for a referral to a mental health professional who has experience and expertise in treating children. (See the section, Choosing a Mental Health Professional, for additional information.)

Choosing a Mental Health Professional

When looking for a mental health professional for your child, you may want to begin by asking your child's pediatrician for a referral. If you need help identifying a provider in your area, you can call the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline at 1-800-662-HELP (4357). You also can search SAMHSA's online Behavioral Health Treatment Services Locator (**https://findtreatment.samhsa.gov**), which lists facilities and programs that provide mental health services. It's especially important to look for a mental health professional with training and experience treating children, particularly your child's specific problems.

Asking questions and providing information to your child's health care provider can improve your child's care. Talking with the health care provider builds trust and leads to better results, quality, safety, and satisfaction. Here are some questions you can ask when meeting with prospective treatment providers:

- Do you use treatment approaches that are supported by research?
- Do you involve parents in the treatment? If so, how are parents involved?
- Will there be "homework" between sessions?
- How will progress be evaluated?
- How soon can we expect to see progress?
- How long should treatment last?

To find ideas for starting the conversation with your health care provider, visit the Agency for Healthcare Research and Quality website (**www.ahrq.gov/questions**) and the National Institute of Mental Health (NIMH) website (**www.nimh.nih.gov/talkingtips**). Additional information about finding a qualified mental health professional is available at **www.nimh.nih.gov/findhelp** and through other organizations listed in the More Information and Resources section of this fact sheet.

Assessing Your Child's Behavior

An evaluation by a mental health professional can help clarify problems underlying your child's behavior and provide reassurance or recommendations for the next steps. An evaluation offers an opportunity to learn about your child's strengths and weaknesses and to determine which interventions might be most helpful.

A comprehensive evaluation of a child's mental health includes the following:

- An interview with the parents to discuss the child's developmental history, temperament, relationships with friends and family, medical history, interests, abilities, and any prior treatment. It is important for the mental health professional to get a picture of the child's current situation—for example, a recent change in schools, an illness in the family, or another change that affects the child's daily life.
- Information gathering from the child's school, such as standardized tests and reports on behavior, capabilities, and difficulties.
- If needed, an interview with the child and the mental health professional's testing and behavioral observations.

Treatment Options

The mental health professional will review the evaluation results to help determine if a child's behavior is related to changes or stresses at home or school or if it's the result of a disorder for which they would recommend treatment. Treatment recommendations may include:

- **Psychotherapy ("talk therapy")**. There are many different approaches to psychotherapy, including structured psychotherapies directed at specific conditions. For more information about types of psychotherapies, visit the NIMH website at **www.nimh.nih.gov/psychotherapies**. Effective psychotherapy for children always includes:

- Parent involvement in the treatment
- Teaching the child skills to practice at home or school (between-session "homework assignments")
- Measures of progress (such as rating scales and improvements on "homework assignments") that are tracked over time.

- **Medications.** As with adults, the type of medicines used for children depends on the diagnosis and may include antidepressants, stimulants, mood stabilizers, or other medications. For general information on specific classes of medications, visit **www.nimh.nih.gov/medications**. Medications are often used in combination with psychotherapy. If multiple health care providers or specialists are involved, treatment information should be shared and coordinated to achieve the best results.
- **Family counseling.** Including family members in treatment can help them to understand how a child's challenges may affect relationships with parents and siblings.
- **Support for parents.** Individual or group sessions for parents that include training and the opportunity to talk with other parents can provide new strategies for supporting a child and managing difficult behavior in a positive way. The therapist also can coach parents on how to communicate and work with schools on accommodations.

To find information about treatment options for specific disorders, visit the NIMH website at **www.nimh.nih.gov/health**. Researchers continue to explore new treatment options for childhood mental disorders; the Participating in a Research Study for Children section in this fact sheet provides information on participating in clinical research.

Working With the School

Children who have behavioral or emotional challenges that interfere with success in school may benefit from plans or accommodations provided under laws that prevent discrimination against children with disabilities. Your child's health care providers can help you communicate with the school.

A first step may be to ask the school whether accommodations such as an individualized education program may be appropriate for your child. Accommodations might include measures such as providing a child with a tape recorder for taking notes, allowing more time for tests, or adjusting seating in the classroom to reduce distraction. There are many sources of information on what schools can and, in some cases, must provide for children who would benefit from accommodations and how parents can request evaluation and services for their child:

- There are Parent Training and Information Centers and Community Parent Resource Centers located throughout the United States. The Center for Parent Information and Resources website (**www.parentcenterhub.org/find-your-center**) lists centers in each state.
- The U.S. Department of Education website (**www.ed.gov**) has detailed information on laws that establish mechanisms for providing children with accommodations tailored to their individual needs and aimed at helping them succeed in school. The Department also has a website on the Individuals with Disabilities Education Act (**https://sites.ed.gov/idea**), and its Office for Civil Rights (**www.ed.gov/about/offices/list/ocr/frontpage/pro-students/disability-pr.html**) has information on other federal laws that prohibit discrimination based on disability in public programs, such as schools.
- Many of the organizations listed in the section, More Information and Resources, also offer information on working with schools as well as more general information on disorders affecting children.

More Information and Resources

Information on specific disorders is available on the NIMH website (**www.nimh.nih.gov/health**).

The following organizations and agencies have information on symptoms, treatments, and support for childhood mental disorders. Some offer guidance for working with schools and finding mental health professionals. Participating in voluntary groups can provide an avenue for connecting with other parents dealing with similar issues.

Please Note: This resource list is provided for informational purposes only. It is not comprehensive and does not constitute an endorsement by NIMH, the National Institutes of Health (NIH), the U.S. Department of Health and Human Services, or the U.S. government.

- American Academy of Child and Adolescent Psychiatry, Facts For Families Guide (**www.aacap.org/FFF**)
- Association for Behavioral and Cognitive Therapies (**www.abct.org**)
- Centers for Disease Control and Prevention, Children's Mental Health (**www.cdc.gov/childrensmentalhealth**)
- Child Mind Institute (**https://childmind.org/topics-a-z**)
- Mental Health America (**www.mhanational.org**)
- National Alliance on Mental Illness (**www.nami.org**)
- National Association of School Psychologists (**www.nasponline.org/resources-and-publications/families-and-educators**)
- National Federation of Families (**www.ffcmh.org**)
- Society of Clinical Child and Adolescent Psychology, Effective Child Therapy (**https://effectivechildtherapy.org**)
- StopBullying.gov (**www.stopbullying.gov**)

Research on Disorders Affecting Children

NIMH conducts and supports research to help find new and improved ways to diagnose and treat mental disorders that occur in childhood. This research includes studies of risk factors—including those related to genetics, experience, and the environment—which may provide clues to how these disorders develop and how to identify them early.

NIMH also supports efforts to develop and test new interventions, including behavioral, psychotherapeutic, and medication treatments. Researchers are also seeking to determine whether the beneficial effects of treatment in childhood continue into adolescence and adulthood.

Participating in a Research Study for Children

Children are not little adults, yet they are often given medications and treatments that have been tested only in adults. Research shows that, compared to adults, children respond differently to medications and treatments, both physically and mentally. The way to get the best treatments for children is through research designed specifically for them.

Researchers at NIMH and around the country conduct clinical trials with patients and healthy volunteers. Talk to your health care provider about clinical trials, their benefits and risks, and whether one is right for your child. For more information about clinical research and how to find clinical trials being conducted around the country, visit **www.nimh.nih.gov/clinicaltrials**.

For More Information

MedlinePlus (National Library of Medicine)

https://medlineplus.gov
(En español: **https://medlineplus.gov/spanish**)

ClinicalTrials.gov

www.clinicaltrials.gov
(En español: **https://salud.nih.gov/investigacion-clinica**)

National Institute of Mental Health
Office of Science Policy, Planning, and Communications
Science Writing, Press, and Dissemination Branch
Phone: 1-866-615-6464
Email: **nimhinfo@nih.gov**
www.nimh.nih.gov

Reprints

National Institute of Mental Health

NIH Publication No. 21-MH-8085
Revised 2021

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Administration of Medication

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

Administration of Medication: The Five Rights

The Five Rights:

1. Right Child
2. Right Medication
3. Right Dose
4. Right Way
5. Right Time

Check the Five Rights:

When medication is taken out of storage

Immediately before administering

After administering

Water Safety at Home

Everything you need to know to keep your kids safe in and around water at home.

Whether you're bathing your baby in the sink or splashing around with your toddler in the bathtub, water is great fun for kids. But it's also a place where safety must come first, so here are a few tips for kids who love to get wet.

Don't Leave Kids Alone In or Around Water

- Never leave your child unattended around water. We know it sounds strict, but there is no room for compromise on this one. Babies can drown in as little as one inch of water.
- Put the cell phone away, forget about all the other things you have to do and give young children 100 percent of your attention when they are near or around water.
- When using inflatable or portable pools, remember to empty them immediately after use. Store them upside down and out of children's reach. These types of pools can pose a drowning risk.

Remove Water From Tubs and Buckets After Use

- Once bath time is over, immediately drain the tub.
- Empty all tubs, buckets, containers and wading pools immediately after use. Store them upside down and out of children's reach.

Close Lids and Doors

- Keep toilet lids closed and use toilet seat locks to prevent drowning.
- Keep doors to bathrooms and laundry rooms closed.

Learn CPR

- Parents have a million things to do, but learning CPR should be on the top of the list. It will give you tremendous peace of mind – and the more peace of mind you have as a parent, the better.

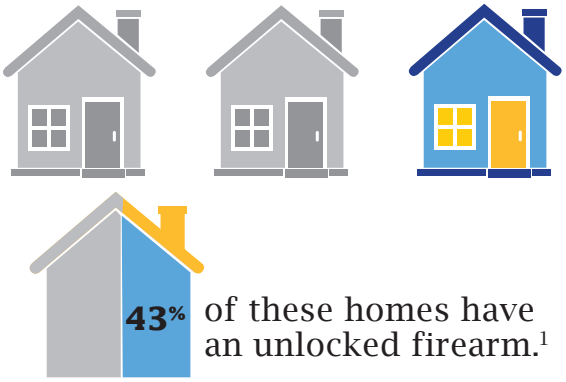
Drowning is the leading cause of injury-related death among children between 1 and 4 years old. And it's the third leading cause of death among children.

INJURY PREVENTION CENTER
UNIVERSITY OF MICHIGAN

Parents' Guide to Home Firearm Safety

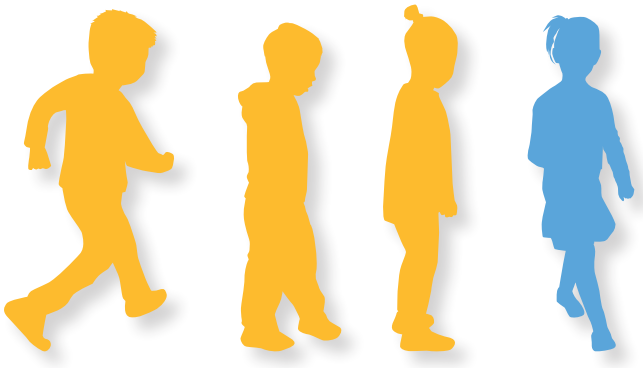
Children have **easy** access to firearms.

1 in 3 U.S. homes with children under 18 has a firearm.[1]



of these homes have an unlocked firearm.[1]

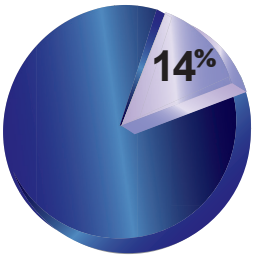
3 in 4 children age 5 to 14 know where firearms are kept in their home.[2]



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

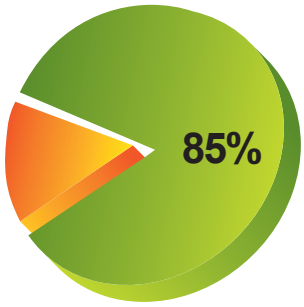
Over 41,000 children and youth* are injured or killed by firearms each year. That equals **113** children or youth a day.[3]

Unintentional shootings account for **14%** of all firearm deaths in children under 15.[3]



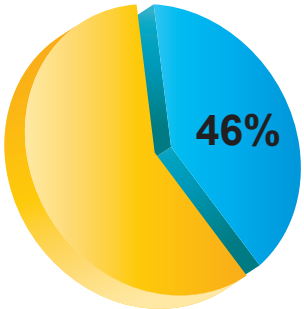
Children as young as **3 years old** are strong enough to fire a handgun.[4]

Homicide is the **2nd leading cause** of death among young people aged 1 to 24 in the U.S.[3]



85% of all youth **homicides** involved a firearm in 2012.[3]

In 2012, **46%** of all youth **suicides** involved a firearm.[3]



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

www.injurycenter.umich.edu | UMInjuryCenter@umich.edu

* Youth are defined as ages 15-24 unless otherwise defined

What's the **solution**?

If the answer is **"No"** that's one less thing you have to worry about.

Ask:
Is there a gun where my child plays?

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

If the answer is **"Yes"** **make sure all guns are stored, unloaded, and locked with no access to keys,** ideally in a gun safe, with ammunition locked separately.

What are the **safe** storage options?

What's it called?		What does it look like?	Where can I buy it?
Cable Lock	**Do not** install around the trigger.		amazon.com ($7-$20) May be available free from local police.
Trigger Lock	**Do not** use on a loaded gun.		amazon.com ($6-$35)
Lock Box	Store ammunition separately. Only adults should have access to keys.		Dick's Sporting Goods ($30-$100+)
Gun Safe	Store ammunition separately.		Cabela's ($150+) Home Depot ($70+)
Take Apart Firearm			

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www.injurycenter.umich.edu UMInjuryCenter@umich.edu

Our thanks to ASK and CSN for information shared here.
ASK ASKINGSAVESKIDS WWW.ASKINGSAVESKIDS.ORG
CSN Children's Safety Network www.ChildrensSafetyNetwork.org

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

Indicators of Child Abuse/Neglect

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

Category	Physical Indicators	Behavorial Indicators
Physical Abuse	• Bruises more numerous than expected from explanation of incident. • Unexplained bruises, welts or loop marks in various stages of healing. • Adult/human bite marks. • Bald spots or missing clumps of hair. • Unexplained fractures, skin lacerations, punctures, or abrasions. • Swollen lips and/or chipped teeth. • Linear/parallel marks on cheeks and/or temple area. • Crescent-shaped bruising caused by pinching. • Puncture wounds that resemble distinctive objects. • Bruising behind the ears.	• Self-destructive/self-mutilation. • Withdrawn and/or aggressive-behavior extremes. • Uncomfortable/skittish with physical contact. • Repeatedly arrives at school late. • Expresses fear of being at home. • Chronic runaway (adolescents). • Complains of soreness or moves uncomfortably. • Wears clothing inappropriate to weather to cover body. • Lacks impulse control (e.g., inappropriate outbursts). • Is frequently absent from school • Abuses animals or pets
Physical Neglect	• Distended stomach, emaciated. • Unattended medical needs. • Lack of supervision. • Consistent signs of hunger, inappropriate dress, poor hygiene. • Sudden or unexplained weight change.	• Regularly displays fatigue or listlessness; falls asleep in class. • Steals, hoards or begs for food. • Reports that no caretaker is at home. • Is frequently absent from school • Abuses animals or pets
Sexual Abuse	• Pain or itching in genital area. • Bruises or bleeding in genital area. • Frequent urinary or yeast infections. • Sudden or unexplained weight change. • Becomes pregnant or contracts a venereal disease, particularly if the child is under the age of 14.	• Withdrawal, chronic depression. • Sexual behaviors or references that are unusual for the child's age. • Seductive or promiscuous behavior. • Poor self-esteem, self-devaluation, lack of confidence. • Suicide attempts. • Habit disorders (sucking, rocking). • Experiences a sudden change in appetite. • Runs away. • Attaches very quickly to strangers or new adults in their environment.

Indicators of Child Abuse/Neglect (continued)

Category	Physical Indicators	Behavorial Indicators
Medical Neglect	• Developmental delays. • Failure to Thrive. • Untreated serious physical injury.	• Social withdrawal or a loss of interest or enthusiasm in daily activities. • Somatic complaints. • Frequent absence from school. • Frequently missed medical appointments.
Maltreatment	• Habit disorders (sucking, biting, rocking, etc.). • Conduct disorders (antisocial, destructive,etc.). • Neurotic traits (sleep disorders, speech disorders, inhibition of play). • Has scars or marks from self-harm. • Shows extreme behaviors (overly compliant or demanding, extreme passivity and/or aggression. • Is delayed in physcial and emotional development. • Reports lack of attachment to the parent.	• Behavior extremes such as compliant/passive or aggressive/ demanding. • Overly adaptive behavior such as inappropriately adult or infant. • Developmental delays (Physical, mental, and emotional). • Depression and or/suicide attempts. • Over sensitive to light, noise. • Has attempted suicide. • Acts inappropriately as an adult by parenting other children. • Acts inappropriately infantile by frequently rocking or head banging.
Human Trafficking	• Minors have contracted sexually transmitted diseases. • Minors have symptoms of post-traumatic stress including anxiety, depression, addictions, panic attacks, phobias, paranoia or hyper vigilance, or apathy. • Avoids eye contact. • Lacks health care. • Appears malnourished and/or always hungry. • Shows signs of physical and/or sexual abuse, physical restraint, confinement or torture.	• Minor may not identify themselves as a victim. • Victims and perpetrators are often skilled at concealing their situations. • Minors live with other unrelated youth and with unrelated adults. • Minors have significant and unexplained gaps in school attendance. • Minors are not in control of their own identification documents. • Minors do not live with their parent(s) or know the whereabouts of their parent(s).