



May & June 2015

EUP Great Start Connections

"ALL CHILDREN WILL BEGIN KINDERGARTEN SAFE, HEALTHY, AND READY TO SUCCEED IN SCHOOL AND LIFE."

Immunization Update

Key points regarding claiming a nonmedical waiver for Michigan schools and licensed childcares.

(article on page 2)

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Photo Sources: www.fantasticfunandlearning.com,
www.notimeforflashcards.com, and www.thecraftycrow.net

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Key Points Regarding Claiming a Nonmedical Waiver for Michigan Schools and Licensed Childcares

Michigan recently modified the administrative rules that change how nonmedical waivers for immunizations will be processed for school/childcare programs. The new rule went into effect on January 1, 2015. With Michigan having one of the highest waiver rates in the country, a proactive approach has been established to help inform everyone regarding the benefits of vaccinations and the risks of disease. Some counties in Michigan have waiver rates as high as 20.7%. This means that more than 20% of the students in those counties haven't gotten all their vaccines. Some school buildings have even higher waiver rates. The hope is that the new rule will help answer any questions/concerns one may have regarding immunizations.

Key Points

- The new rule applies to all children who are enrolled in a public or private:
 - o Licensed childcare, preschool, and Head Start programs
 - o Kindergarten, 7th grade, and any newly enrolled student into the school district
- The new rule does not take away your right to obtain a nonmedical waiver.
- Nonmedical waivers (religious or philosophical (other) objections) will need to be obtained from a county health department; the schools/childcare centers will not have them.
- Parents/Guardians must follow these steps when requesting a nonmedical waiver:
 - o Contact your county health department for an appointment to speak with a health educator.
 - o During the visit, there will be an opportunity to have a discussion about immunizations with the county health department staff.
 - o If at the end of the visit, you request a nonmedical waiver for your child, you will receive a copy of the current, certified (stamped and signed) State of Michigan Nonmedical Waiver Form.
 - § Schools/childcare centers will only accept the current, official State of Michigan form (Current date: January 1, 2015).
 - § Forms cannot be altered in any way (such as crossing information out).
 - o Take completed, certified waiver form to your child's school or childcare center.
- If your child has a medical reason (a true contraindication or precaution) for not receiving a vaccine, a physician must sign the State of Michigan Medical Contraindication form; this form is available at your doctor's office (not the county health department).
- Based on the public health code, a child without either an up-to-date immunization record, a certified non-medical waiver form or a physician signed medical waiver form can be excluded from school/childcare.

For more information regarding the law changes please visit:

http://www.michigan.gov/mdch/0,4612,7-132-2942_4911_4914_6385-344843--,00.html

Contact Information:

Chippewa County Health Department: [\(906\) 635-1566](tel:9066351566) (by appointment or walk-ins are welcome up until 4pm each day)

Luce County - [\(906\) 293-5107 ext. 317](tel:9062935107)

Mackinac County - [\(906\) 643-1100 ext. 140](tel:9066431100)

Source: Michigan Department of Community Health: http://www.michigan.gov/documents/mdch/Parent_Key_Point_Flyer_478857_7.pdf

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GREAT START PARENT COALITION

The Great Start Parent Coalition had a busy spring and are looking forward to all the fun things yet to come! Our Mackinac County Parent Coalition members hosted a successful Mom to Mom sale in April and are looking to schedule another one toward the end of summer! The sale was a fundraiser for the Dolly Parton Imagination Library - a program that allows children birth to age 5 years to receive free books! In addition, they raised money to purchase a Music and Rhythm kit for the St. Ignace Public Library. The kit will be used as part of a class a parent will be facilitating on a regular basis in the upcoming months. Chippewa County Parent Coalition members also began working on a Mom to Mom sale for fundraising purposes. The May 16 sale date has been cancelled, however they are currently working on a new date. More details to come.

Our Parent Liaisons have been very busy with events and parent education opportunities. Most recently, Becky and Raulaniesa hosted "Empowering your parent voice" in Kinross with an amazing turnout!

Did you know, our Parent Liaisons have several Parent Education topics they are able to assist with? Topics include: Empowering Your Parent Voice (Becoming the advocate your child needs); Strengthening Families - 5 Protective Factors and how to incorporate them into everyday life; Early Childhood Literacy; Family Financial Literacy - Don't go Broke!; and Parent Leadership - Creating parent leaders.



Photo Sources: www.travelmusepress.com

Please contact them regarding parent/family groups you may be working with who could benefit from any of these training opportunities. Please email Becky Freitas bfreitas@eup.k12.mi.us or Raulaniesa Aranda raranda@eup.k12.mi.us for more information.



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Parents & Collaborative

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GREAT START COLLABORATIVE

Greetings from the Great Start Collaborative! I cannot believe that May is already here, and the end of the school year is fast approaching. At the Great Start Collaborative Board meeting, I had the opportunity to briefly share about the Strengthening Families Approach, and I am excited to share the same information with our readers.

Strengthening Families is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building 5 protective factors:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete supports in times of need
- Social and emotional competence of children

A protective factor, the exact opposite of a risk factor, is a characteristic that makes a parent, child, or family more likely to thrive and less likely to experience a negative outcome. They are what help children and families thrive despite whatever risk



factors they may be facing at the time. Often, programs target specific families to participate because of the risk factors they face; however, in Strengthening Families, all families are included, because this approach recognizes that all families need some level of support in building protective factors.

Parental resilience is the ability of families to get through difficult and challenging circumstances, recover, and even grow from the experience.

Social connections is having a network of people who care, listen, share parenting values, and offer help.

Knowledge of parenting and child development focuses on having a basic understanding of how children develop and what children need from their parents, as well as parenting skills and strategies for guiding children's behavior.

Concrete support in times of need focuses on having access to needed resources, including financial help, housing support, mental health or substance abuse services, health care, and more, through formal and informal supports.

Social and emotional competence in children describes the age-appropriate ability of children to understand and cope with feelings such as anger, happiness and sadness, and relate to others.

The Great Start Collaborative is happy to bring additional information to our communities in regards to this meaningful approach. On September 24th and 25th we look forward to providing a two-day seminar in regards to implementing this approach in our communities, so please **save the date!** Location details will be provided in the near future.

Photo Source: www.ahaparenting.com

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Early On® and Infants & Toddlers

Tips for Breastfeeding

*Information from Parents as Teachers
Curriculum*

www.ParentsasTeachers.org

Your baby will benefit in many ways when you breastfeed. Breast milk is easy to digest and full of antibodies to prevent illness. Feeding time creates an opportunity for you and your baby to bond and a special time for you to be together. While it is the natural way to feed your baby, breastfeeding will be a new skill for you. You will need information before your baby arrives and plenty of support after you deliver. Find out as much as you can about breastfeeding through these sources:

- Talk to your prenatal instructor and/or take a breastfeeding class (contact your local health department for more information)
- Call La Leche League at 1-800-LALECHE or check its web site: www.lalecheleague.org. This organization has volunteers to answer questions 24 hours a day.
- Check out books and tapes on breastfeeding.

Take care of yourself during your pregnancy and while you nurse your baby.

- Eat a balanced diet and drink at least 6-8 glasses of fluid a day.
- Avoid tobacco, alcohol, and drugs. Consult with your doctor about necessary medications.
- Wear supportive undergarments to prevent over-stretched ligaments
- Sleep when your baby sleeps

What to expect in the beginning

The first time you nurse your baby will probably be right after delivery. Until your milk supply "comes in", your baby will be nourished by colostrum. This fluid gives your baby protection from certain bacteria, is high in protein, and is easy to digest. Sit up or lie on your side as you feed your baby. Lightly brush your baby's cheek that is nearest the breast and watch him turn toward the touch. This is the rooting reflex. Your baby is seeking to nurse. When our baby takes the breast, his mouth should close around the entire areola, forming a seal. Proper "latching on" is important. IT will make your nursing more comfortable for you, and your baby will be able to suck effectively. Letting your nipples air dry after each nursing will also help make nursing more comfortable.

Your milk will come in a few days after delivery. Your breasts may feel overly full at the end of your baby's first week. Try to feed him as often as possible. If he has trouble latching on, gently express some milk before feeding him so he can latch on more easily. You may notice a tingling or ache in

Photo Source: www.babycentre.co.uk

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Early On®/Infants & Toddlers

Tips for Breastfeeding (continued)

your breasts right before nursing or when your baby cries. This is normal. When your baby sucks, his movements stimulate nerve fibers in the nipple which signal the brain to trigger the “let-down” reflex. This allows the milk to begin to flow.

Many women like to nurse their babies in the “cradle position”. In this position, the mother is sitting up and holding the baby so he is positioned tummy-to-tummy with her. Lying down is another option. Keep in mind that your baby’s head should be higher than his feet for proper digestion and to avoid ear infections. The “football hold” involved placing the baby’s trunk to your side. This position can work if you wish to nurse twins at the same time. Remember to give your baby lots of eye contact and speak softly to him, no matter what position you prefer.

To ensure an adequate supply of milk for your baby:

- Breastfeed within a couple hours after birth
- Expect to nurse every 2-4 hours, 24 hours a day
- Nurse on demand; usually 8-12 feeding, ever 24 hours, for the first two months.
- Try to offer both breasts and allow your baby to nurse as long as he wants. The last of the milk is called the hind milk. It is higher in fat and helps the baby feel full and satisfied after nursing.
- Make sure nursing time is as relaxed and comfortable as possible. Keep noise and lights low. Sit or recline with your feet up.
- Rest as often as possible
- Restrict bottles for the first 4 weeks
- Check with your doctor if you do not seem to have much milk or don’t feel the let-down reflex. A medication which contains oxytocin can help stimulate milk flow.

Your baby is getting enough milk if you see these signs:

- 6 or more wet diapers per 24 hours
- Several stools per 24 hours in the first month
- Your baby is gaining weight
- Your baby is alert, happy, and waking to be fed
- You hear your baby swallowing milk throughout the nursing session
- Your baby nurses 20-30 minutes per session
- Your breasts are sore after nursing



Photo Source: www.babyrecs.com

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Early On®/Infants & Toddlers Tips for Breastfeeding (continued)

Special Issues

Expressing milk for bottles

You may find that a pump makes it easier to express milk for bottles than manual expression. Check your hospital, clinic, or WIC office to borrow or rent pumping equipment. Make sure your equipment and hands are clean. Store milk in amounts that your baby is likely to use in one feeding; 3-4 ounces for a young baby, 6-8 ounces for an older baby. Use the guidelines below from <http://lactiful.com/blog/category/breastfeeding-pumping> for more information on storing and re-using breastmilk.

Breast Milk Storage Guidelines

Location	Temp	Expires after	Notes
Warm Room	78°F	4 hours	Put in fridge as soon as possible
Normal Room	72°F	8 hours	Put in fridge as soon as possible
Cool Room	68°F	10 hours	Put in fridge as soon as possible
Fridge	37°F	8 days	Freeze on day 8 or before
Refrigerator Freezer	20°F	4 months	Thaw and use in 24 hours. Do not refreeze.
Deep Freezer	0°F	12 months	Thaw and use in 24 hours. Do not refreeze.

Vitamin and Mineral Supplements

Until your baby is around 4-6 months old, breast milk can be his complete source of nutrition. By 6 months, the stored iron is consumed. By 4-6 months, most babies have started iron-fortified cereal which contains the iron your baby needs. Your baby will probably need additional fluoride and vitamin D. Talk to your baby's pediatrician about possible vitamin D supplements by 6 months of age.

Weaning

If you choose to wean your baby before he is 12 months old, wean him to a cup or bottle of iron-fortified formula. Babies 7 months and younger usually need the suck a bottle offers and will need help to hold a cup. After his first birthday, your baby should be able to digest cow's milk. While weaning is a personal choice, most babies self-wean between the ages of 10-18 months of age.

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Great Parents, Great Start

SLEEP AND DEVELOPMENT

Submitted by: Joan Killips, Parent Educator

Sources: *Parents as Teachers* and *KidsHealth.org*

Sleep is a topic that comes up during many home visits. Parents sometimes feel that bedtime is a stressful event, or sometimes aren't sure how much sleep their child needs. It is always a good idea to discuss sleep concerns with your child's doctor. This article will provide you with information about sleep as it relates to different age groups.

As our children grow and change you may notice changes in their sleep patterns and needs. Children often experience changes in sleep patterns and needs during growth spurts and during advances in development. During these times their brains process changes and you may notice they are sleeping more or less than usual. Sleep during the day and at night provides much needed time for growth and rejuvenation.

Until age 1:

Always place your baby to sleep on their back to reduce the risk of Sudden Infant Death Syndrome (SIDS) or other Sudden Unexplained Infant Death (SUID) risks.

Birth to 3 months old:

It is normal for babies to wake during the night because their sleep stages are not fully developed and because it is normal to wake during the night for feedings. Babies are not expected to go through the night without feedings.

By about 6 months old:

A regular schedule and a calm, caring bedtime routine helps babies to develop an internal sense for when and how to fall asleep.

Toddlers:

Sleep disorders are common with toddlers. It is a good idea to talk with your child's doctor if you notice breathing that is not regular (or apnea), possible reactions to medications, seizures, allergies, or asthma, to name a few.

Some sleep issues can be related to bedtime battles, lack of a bedtime routine, changes in the normal routine, transitioning to a big bed, being over tired, stress, or large amounts of food or drink before bedtime.

Separation anxiety can also cause nap or bedtime to be difficult. Parents can help children with separation anxiety by providing extra reassurance during bedtime routines and spending plenty of awake time with their child.

Photo Source: www.allparenting.com

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Great Parents, Great Start Sleep and Development



Around age 2:

As a child's memory begins to increase along with their limited understanding of the world around them you may see nightmares begin. Your child's sense of fantasy versus reality is developing along with their memory and it is a work in progress.

General guide for sleep requirements:

- **Birth to 6 months:** Infants require about 16-20 total hours of sleep per day (this includes naps). Younger infants sleep on and off around the clock, waking every 2-3 hours to eat. At around 4 months of age their sleep rhythms become more established. Most babies sleep 10-12 hours at night, with interruptions for feeding and average 3-5 hours of sleep during the day (2-3 naps).
- **6 to 12 months:** Babies this age usually sleep around 11 hours at night, plus 2 daytime naps totaling 3-4 hours. At this age, most infants do not need to wake at night to feed, but may begin to experience separation anxiety, which can contribute to sleep disturbances.
- **Toddlers (1-3 years):** Toddlers usually require 10-13 hours of sleep, including an afternoon nap of 1-3 hours. Young toddlers might still be taking 2 naps, but naps should not occur too close to bedtime as they may make it harder for toddlers to fall asleep at night.
- **Preschoolers (3-5 years):** Preschoolers average about 10-12 hours at night, plus an afternoon nap. Most children give up this nap near or during the 5th year of age.
- **School age (5-12 years):** School aged kids need about 10-12 hours of sleep at night. Some 5-year-old children might still need a nap, and if a regular nap isn't possible, they might need an earlier bedtime.
- **Teenagers** still need a lot of sleep too. Their body and brain is still growing and developing. Sleep is a time for the body and brain to rest and recover. Teens require 8 1/2 - more than 9 hours of sleep every day.

Signs of insufficient sleep can range from the obvious, like fatigue, to the less obvious, like problems with behavior or school work.

Ask yourself these questions:

- Does my child act sleepy during the day?
- Does my child get cranky and irritable in the late afternoon?
- Is it a battle to get my child out of bed in the morning?
- Is my child inattentive, impatient, or aggressive?
- Does my child have trouble focusing on schoolwork and/or other tasks?

Photo Source: www.preschoolers.about.com

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Great Parents, Great Start Sleep and Development (continued)

If you answered Yes to any of these questions, consider adjusting your child's sleep or nap schedule. It may take several weeks to find a routine that works. Talk to your doctor if you have concerns about your child's sleep.

Nap Time Routines and Other Concerns

The key to good napping can be as simple as setting up a good nap routine early on and sticking to it. With infants, watch for cues like fussing and rubbing eyes, then put your baby to bed while sleepy but not yet asleep. This teaches children how to fall asleep themselves, a skill that only becomes more important as they get older. Soft music, dim lights, or a quiet story or rhyme at bedtime can help ease the transition to sleep and become a source of comfort for your child.

For toddlers and preschoolers, sticking to a nap time schedule can be more challenging. Though many do still love their nap, others don't want to miss out on a minute of the action and will fight sleep even as their eyes are closing. In this case, don't let nap time become a battle, you can't force your child to sleep, but you can insist on some quiet time. Let your child read books or play quietly in his or her room. Parents are often surprised by how quickly quiet time can lead to sleep time, but even if it doesn't, at least your child is getting some much needed rest. If your child has given up daytime naps, consider adjusting to an earlier bedtime.

Many parents worry that nap time will interfere with kids' bedtime (and if a child takes a late afternoon nap, this could be the case). Before you end naps entirely in an effort to wear out your child by bedtime, consider this: Well rested kids are quicker to settle down at night than overtired ones. Overtired kids are often "wired" and restless, unable to self-soothe at bedtime and more likely to wake through the night.

If you feel that your child's late nap time is the cause of bedtime problems, try making the nap a little bit earlier, which may mean waking your child a little earlier in the morning so the nap can begin smoother.

You might also try waking your child from a nap earlier than usual so he or she has a longer active period before bedtime. In other words, try to make some adjustments before abandoning the nap. Both you and your child will feel much better if there is one!



Photo Sources: www.maternityinstitute.com

& www.nestlebaby.com.au

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Preschool

Listen, Talk, Answer - Support Your Child's Learning

Source of article: <http://families.naeyc.org/child-development/listen-talk-answer-support-your-childs-learning>

Most children come home every day with stories to share. Do you stop what you are doing and listen carefully? Your child probably asks a lot of questions. Do you try to answer them? If you do, then you already know the benefits of giving your child time and attention. Teachers call these daily conversations powerful interactions. They help adults and children keep in touch and enjoy being together. These interactions also support children's learning. Here are some communication tips and examples of the types of things to say.

Acknowledge and accept all of your child's emotions.

This helps your child feel safe and secure and willing to share all kinds of feelings. "Are you feeling happy? I see a big smile on your face." "You look a little sad. Is there something you want to talk about?"

Describe what you see your child doing rather than just saying, "Good job."

He will know that you see and appreciate his efforts. "Wow, you've added lots of squiggly lines and circles to your drawing."

Help your child make connections to familiar experiences, ideas, or information.

"I know you like pineapple. Today we're having papaya for breakfast. I think you'll like it as much as pineapple. Let's see what you think."

Offer a small challenge to nudge your child to try something new or a bit harder.

"You ran so fast to the fence! This time, can you think of a really slow way to get there?"

Repeat and extend what your child says to you.

As your child looks through a book and says, "I like lizards," you might say, "I know you like lizards. What do you like about them?"

Use interesting words to build your child's vocabulary.

"I think this ice cream is delicious. I love the creamy texture and swirls of caramel."

- See more at: <http://families.naeyc.org/child-development/listen-talk-answer-support-your-childs-learning#sthash.uYfU19ki.dpuf>

Photo Source: www.helpful.com

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Preschool

Help Your Child Become a Great Problem Solver

Source of article: <http://families.naeyc.org/child-development/help-your-child-become-great-problem-solver>

Preschoolers who can solve their own problems feel confident and enjoy learning. They are willing to make mistakes and learn from them and keep trying until they succeed. Families can help children develop problem-solving skills by taking advantage of opportunities to talk about solving problems. Here are some ways to start a conversation.

- Point out that it takes time to learn something new (like riding a bicycle). Explain that learning something new can take a while and that "practice makes better."
- Remind your child that problems and challenges are chances to "grow our brains." Say "You know how to do lots of things. You practiced until you got good at them." Or "Remember when you didn't know the letters in your name? Now you write them all in order! We can read your name!"
- Work with your child to think of three ways to solve a problem. Talk about each one and then have your child pick one to try out.
- Let your child know that you believe in him or her. Say "Do you think you can solve that problem on your own? I think you can. What do you want to do first?"
- Point out your own mistakes as part of life and learning. "Uh-oh, I spilled my soup. But everyone makes mistakes. Next time I won't put the mug where my elbow can bump it."

Applying for Preschool is as Easy as 1 , 2, 3

1. Visit www.eupkids.com and click on the "**Preschool**" tab, located at the top of the page.
2. Select "**Local Preschools**" (This will take you to a listing of preschools available in your area, each of which will have application links on their page.)
3. Fill out either the online form or print a hard copy and mail it to the address listed.



Photo Source: www.pbs.org

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COMMUNITY RESOURCES SPOTLIGHT

Overview of the Healthy Families - UP Initiative

Healthy Families America is a nationally accredited, evidence-based home visiting program being implemented in the Upper Peninsula with funding from the Michigan Department of Community Health. Healthy Families-UP will be implemented through a partnership between all six district health departments in the Upper Peninsula. The program is designed to work with overburdened families who are at-risk for child abuse and neglect and other adverse childhood experiences. The HFA model, developed in 1992 by Prevent Child Abuse America, is based upon 12 Critical Elements which provide best practice standards for ensuring program quality. The Healthy Families America model is proven not only to prevent child abuse and neglect, but also to promote healthy child development, increase family stability and self-sufficiency.

Services will begin early, during pregnancy or shortly after the birth of a baby and can last up to five years, depending on the unique needs of each family – The most rapid period of brain development occurs in the first five years of life, the period when most abuse and neglect occurs. Research shows that the key to preventing child abuse and neglect is intervening early when parents are eager to learn. Healthy Families-UP will help participants gain the knowledge and skills they need to navigate the challenges of parenting right from the start, before patterns of behavior develop that could have a detrimental impact on their child.

Services will be intensive – Families will receive weekly home visits that decrease in frequency and duration as families increase protective factors and make progress in providing a safe, healthy, stable environment for their children. During visits, family support workers will:

- Educate parents on how to recognize and respond to their babies' needs at every developmental stage
- Educate parents on the importance of immunizations and well-child checks
- Connect parents and children to medical providers
- Serve as mentors and model positive parent-child interaction that promotes bonding and healthy brain development
- Screen for maternal depression and child developmental delays
- Teach parents positive discipline techniques, how to cope in healthy ways with the day-to-day stress of parenting and how to problem solve when crises arise
- Instill confidence and empower parents and caregivers to accept personal responsibility for themselves and their children by setting goals that lead to family self-sufficiency
- Help them recognize and address potential safety hazards in and around their homes
- Provide information on prevention topics including safe sleep to prevent infant suffocation, water safety to prevent drowning and ways to cope with crying to prevent shaken baby syndrome
- Connect them to community resources and a support network of family, friends, neighbors and faith-based organizations

For more information please contact:

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