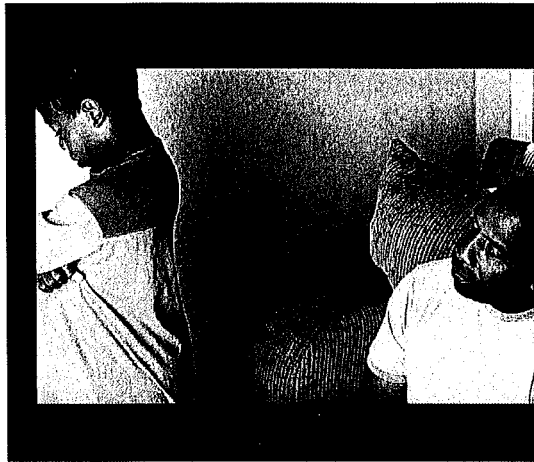


Complex Trauma: Facts For Caregivers

This fact sheet presents information that can help you recognize the signs and symptoms of complex trauma in your child and offers recommendations for what you can do to help your child heal.



Complex trauma describes both children's exposure to multiple traumatic events and the wide-ranging, long-term impact of this exposure. These events are severe, pervasive and often interpersonal, such as abuse or profound neglect. They usually begin early in life, may disrupt many aspects of the child's development, and interfere with the child's ability to form secure attachment bonds. Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability.

WHAT IS IT LIKE TO BE A CHILD WITH COMPLEX TRAUMA?

We all have an internal alarm system to warn us of danger and prepare us to respond. The "fight, flight, or freeze" response prepares us to fight off an attack, flee if fighting does not seem possible, or freeze if we can neither fight nor flee. This response is something that has been built into the human body and brain for thousands of years. When we perceive danger, this internal alarm system turns on, and when the danger passes, the alarm system shuts down.

Children with complex trauma often have overactive alarm systems, where their alarm system "goes haywire." These children may jump at any loud noise, or feel their hearts pounding when they see one child shove another on the playground. They might wake up from sleep every time a dog barks in the neighborhood. They are always on the lookout for danger. Often they think safe situations are dangerous. They have false alarms when things remind them of the traumatic events. We call these "trauma reminders."

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Recommended Citation: National Child Traumatic Stress Network. (2014). *Complex trauma: Facts for caregivers*. Los Angeles, CA, & Durham, NC: National Center for Child Traumatic Stress.

WHAT ARE REACTIONS TO REMINDERS?

Trauma reminders make a child think about or “relive” a frightening event from the past. Trauma reminders (some people may call these “triggers”) can be places, sounds, smells, tastes, colors, textures, words, feelings, and even other people. Children can have trauma reminders many times a day. They can be reminded of traumas that happened even before they could understand or talk about them.

A child may react to a trauma reminder without being aware of the reminder. Parents and caregivers may not be aware of them either. Here are some common trauma reminders for children with complex trauma:

- Ketchup—reminds a child of the blood she saw when her father hit her brother
- A book dropping off a desk—reminds a child of gunshots in his neighborhood
- Packing suitcases—reminds a child of the day he was taken from his mother’s home and placed in foster care
- Arguing—takes a child back to seeing her father beat her mother
- Feeling alone and overwhelmed—reminds a child of how she felt while being sexually abused

HOW MIGHT COMPLEX TRAUMA AFFECT THE WAY MY CHILD SEES THE WORLD?

Complex trauma changes how a child views the world and connects with other people. Some children with a complex trauma history may do the following:

- Believe that the world is and will always be an unsafe place
- Have trouble depending on a caregiver or other adults, such as teachers or police officers, to keep them safe
- Have trouble building and maintaining healthy relationships with others; approach relationships with suspicion and distrust
- Overreact or feel completely betrayed by a minor misunderstanding or squabble with a friend
- Respond negatively to seemingly positive events, such as praise, intimacy, or feelings of peace. A child who lacks experience of and memory for happy and safe times may not understand or be comfortable with such feelings.



HOW DOES COMPLEX TRAUMA CHANGE MY CHILD'S THINKING?

A child with a complex trauma history may:

- Have trouble developing skills and learning, due to the amount of mental energy being spent reacting to trauma reminders
- Have trouble focusing, organizing, and processing information; this might make the child seem to be ignoring a caregiver or teacher who has to repeat requests or instructions to get a response
- Seem distracted because he is trying to predict or avoid the next "bad thing" that will happen
- Seem very nervous, emotionally intense, or to have a "hair-trigger" response; frequently, she may be flooded by overwhelming and unbearable emotions
- Seem "shut down," numb, and unable to experience or express any emotions

PART OF TAKING CARE OF YOUR CHILD IS TAKING CARE OF YOURSELF FIRST.

- ***Be aware of your own feelings and reactions.*** How you are coping affects how you are able to help your child. Children often take their cues about how to react from the important adults around them, using the adult as a model for their own feelings and behaviors. If you are sad or upset in front of your child, that's okay. Show your child, through words and actions that, even when you're upset, you are still able to manage your feelings and to take care of him/her.
- ***Take care of yourself as best you can,*** and accept help from those around you. Taking care of yourself is an important part of taking care of your child. Try to get enough rest and exercise, and take some time away from your childcare responsibilities.
- ***Keep other family members and important adults*** (such as early child care and pre-school providers, teachers, coaches, clergy, and youth leaders) ***informed of what your child is experiencing.*** Partner with them to support your child by helping them to understand the connection between traumas and your child's feelings and behaviors.
- ***Do not hesitate to seek professional support.*** Parents and caregivers sometimes feel as though they should handle everything on their own. Experiencing repeated traumas can be extraordinarily painful, even overwhelming, and doesn't necessarily get better on its own. It makes sense to seek the advice, guidance, and support of someone who knows about trauma and can help you and your child.

WHAT ELSE CAN I DO TO HELP MY CHILD HEAL FROM COMPLEX TRAUMA?

- Keep to a daily routine**, as much as you can, so she knows what to expect. Children are reassured and comforted when things are predictable and familiar.
- Listen to his words and watch his behaviors**. While some children can tell you what they're experiencing, others won't want to talk about it, won't know what they are feeling, or can't express it in words. "Listen" to what your child is showing and telling you in words, behaviors, or physical complaints like headache or stomachache.
- Praise your child** for making good choices, cooperating, and handling things well.
- Set reasonable and consistent limits and give clear expectations**. Holding children accountable, especially children who have experienced traumas, helps them feel in control and successful.
- Use simple language and watch your child's reaction**, when explaining what has happened. Follow your child's cues as to how much to say. Don't get frustrated if she asks you to tell it again. Older children may get quiet and seem not to want to discuss things, even though they want to know.
- Reassure your child** when you leave him, in clear cut ways, and let him know when you will be back together. After an incident where your child has reacted to a trauma reminder or other upset, he might be clingier, have trouble separating, or be more fearful. If you tell your child, for example, "I will pick you up right after school," do your best to stick to that. (And it's best to be honest, rather than tell him what he wants to hear.)
- Watch for trauma-related reminders** or "triggers" that are hard for your child. If she gets overly upset or angry when seeing people who hurt or neglected her or when overhearing adults talk about what happened, she may need to learn how to cope with painful events or images.
- "Respond" to your child rather than "react."** Children often act out when faced with stressful situations. What seems like a tantrum or a rude demand may be a reaction to a trauma reminder. Before you jump in and punish, Think *trauma first*. Take some time to explore and understand the roots of the behavior.
- Advocate for your child within the school system**, discuss what the school can do to support her (e.g., understanding potential trauma reminders or triggers such as fire alarms, offering counseling or accommodations, etc.).
- Keep an eye out**, as your child gets older, for new situations that stir up trauma reactions. Be prepared for your child to "revisit" the traumas and, if you need to, seek professional support.



Name:

Date:

2 training hours

Complex Trauma

1. Name the three internal alarms that warn and prepare us to respond to danger?
 - a.
 - b.
 - c.

2. Children with complex trauma have an overactive alarm system that
“ _____ ”

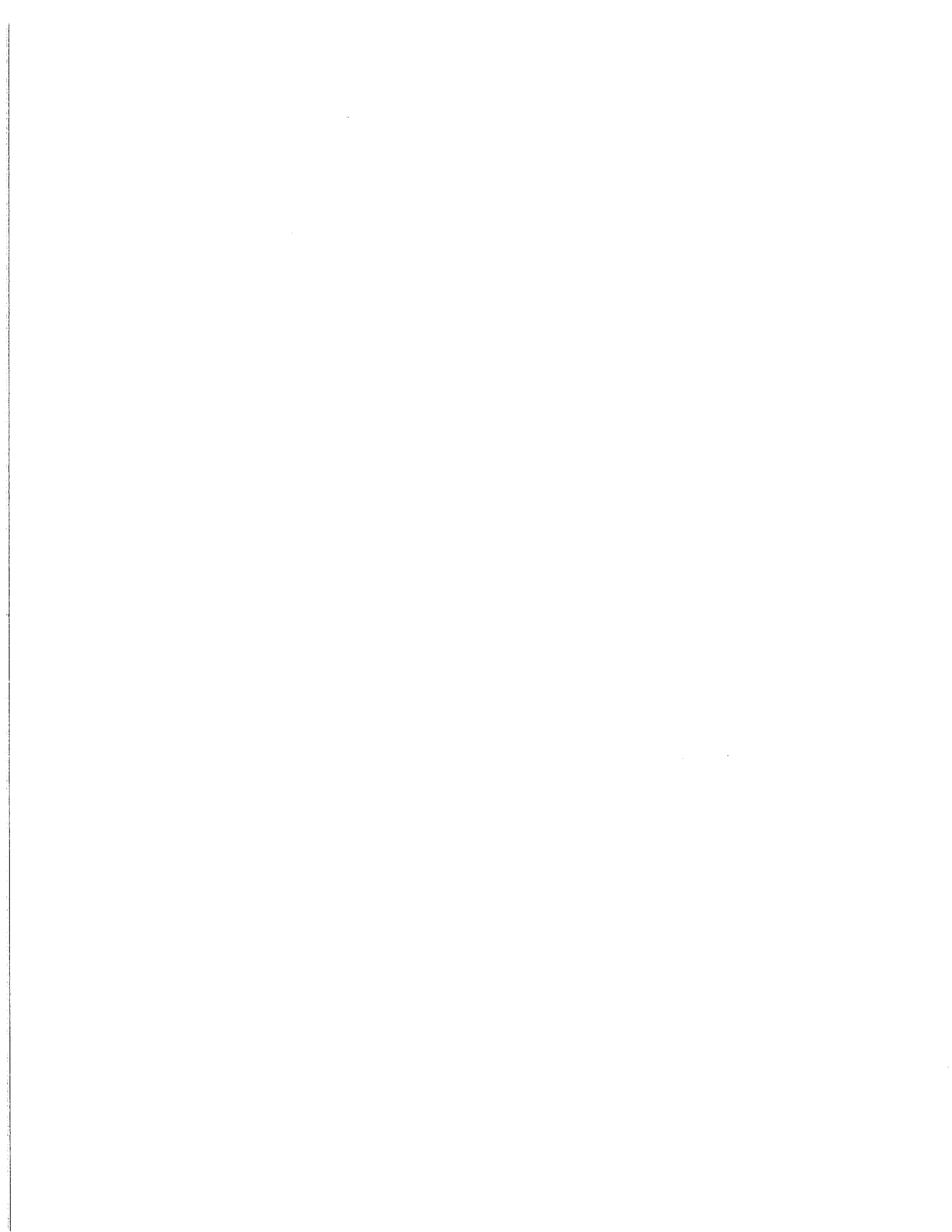
3. Name three behavioral responses that a child may display with complex trauma.
 - a.
 - b.
 - c.

4. Name three ways that you, as a caregiver, must take care of yourself in order to care for the child with complex trauma.
 - a.
 - b.
 - c.

5. Give four examples of trauma reminders or “triggers” that a child with complex trauma may experience.
 - a.
 - b.
 - c.
 - d.

6. Name four impacts of complex trauma for a child in how they view the world and are able to connect with others.
 - a.
 - b.
 - c.
 - d.

7. List five additional ways that you can help a child deal with complex trauma.
 - a.
 - b.
 - c.
 - d.
 - e.



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Staying Safe While Staying Connected

Tips for Caregivers

Text, tweet, facebook, IM, email, blog, snapchat, instagram, post . . .

between cell phones and computers youth can stay in touch with anyone, anytime, anywhere. But staying connected has its risks. Posting or sending sexual photos, images, messages, or videos—“sexting”—can lead to trouble that can last for years after the message or image is sent or posted.



Why Sexting Isn't Smart

The Internet is FOREVER.

Messages and posts are things youth can never take back. Many Internet sites keep records of everything posted, and may share that information with other people including the police and potential employers. And there is nothing youth can do to control copies that may have been downloaded or forwarded by other parties.

People forward things.

Nearly half of all teens who receive “sexts” forward them on to someone else, and 15% of teens say that they have had private chats made public. Many times messages and images are forwarded after a relationship ends as a means of “revenge porn.” Messages or pictures intended for just one person could end up anywhere and be seen by anyone.



People can get hurt.

Sexting can ruin people's lives. When sexual messages or pictures reach other people—including family members, schoolmates, coworkers, or potential bosses—they can lead to broken friendships, getting kicked out of school, not getting hired for a job, losing a scholarship, or worse.

It's illegal.

All across the country, states are passing laws against posting or sending messages meant to hurt, insult, or spread nasty rumors about another person—including sexts. And posting or sending sexual pictures of anyone under the age of 17, even the youth's own pictures, may be considered child pornography in the eyes of the law. In Pennsylvania and Florida, for example, teens who "sexted" naked pictures of each other have been arrested for child pornography a felony. Even if a sext did not start with the youth, there may be legal consequences for forwarding someone else's sexts.

Tips for Keeping Youth Safe

Educate yourself. Any child can become the victim of an online predator. Become familiar with social networking sites and any apps that youth are using to communicate. You can ask them to explain or demonstrate.



Teach youth to protect their identity. Teach youth to choose their screen names carefully and not use one that can easily identify them. Their passwords are the only thing standing between youth and a lot of potential trouble. Teach youth to keep their passwords and identifying information private. This includes their name, address, phone number, school grade, family member information, etc. Predators can use this information to locate and groom a victim. If your child has a key to your house you would be concerned about whom they might share that access with and where they might leave it or keep it safe. Passwords are like keys to your information.

Strengthen privacy setting. Make sure that privacy settings on all social networking sites are set high and that they remain unchanged after updates.

Discuss the dangers of "checking-in." Some apps allow users to share their current location sites which tell predators exactly where to find them. Disable geotagging on mobile devices so that youth's locations are not disclosed.



Talk regularly. Conversations about cyber and personal safety have to take place more than once. As children age, peer and social activities—as well as social media technology and platforms—evolve, and the conversations about being safe need to also evolve to stay current to youth's needs. If caregivers are not monitoring activities or having conversations about safety as often as they change the batteries in their smoke detectors, they are probably not happening often enough.

Monitor youth's activity on computers and all mobile devices. Become familiar with parental monitoring options and monitor desktops, laptops, tablets, cell phones, and video game consoles that have online connectivity. A caregiver has a responsibility to protect youth. You are not spying.

Be supportive. If you know or suspect that a youth is being cyberbullied as a result of sexting, get the facts and contact law enforcement and the National Center for Missing and Exploited Children's CyberTipline at <http://www.missingkids.com/cybertipline>. Teach youth about the consequences for those that cyberbully.

Talk about sexting. Many youth are engaging in sexting. Sending or receiving explicit images of minors is considered child pornography and can result in legal consequences for both the youth and caregiver.

Don't forget about young children. Ninety-one percent of children play video games, and gaming among young children has increased the most. Many video game consoles now come equipped with the capability for children to chat with other players. Warn children that the other player may not actually be a child, but rather a predator posing as a child. Remind them not to share any personal information.



Communicate. Maintain open and respectful communication with youth and set and enforce rules regarding online safety. Assure youth that they can come to you for help.

References

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<http://www.aliciaproject.org/internet-safety-tips.html>.

<http://www.cnet.com/news/91-percent-of-kids-are-gamers-research-says/>

For More Information

American Academy of Pediatrics

<https://www.aap.org/en-us/about-the-aap/aap-press-room/news-features-and-safety-tips/pages/Talking-to-Kids-and-Teens-About-Social-Media-and-Sexting.aspx>

Kids Health

http://kidshealth.org/parent/firstaid_safe/home/2011_sexting.html

National Center for Missing and Exploited Children NetSmartz Workshop

<http://www.netsmartz.org/Sexting>

Connect Safely

<http://www.connectsafely.org/tips-for-dealing-with-teen-sexting/>

Name:

Date:

1.5 training hours

Staying Safe While Staying Connected

1. What is "sexting"?

2. Name three potential reasons that it is not smart for a youth to send a sexting message.
 - a.
 - b.
 - c.

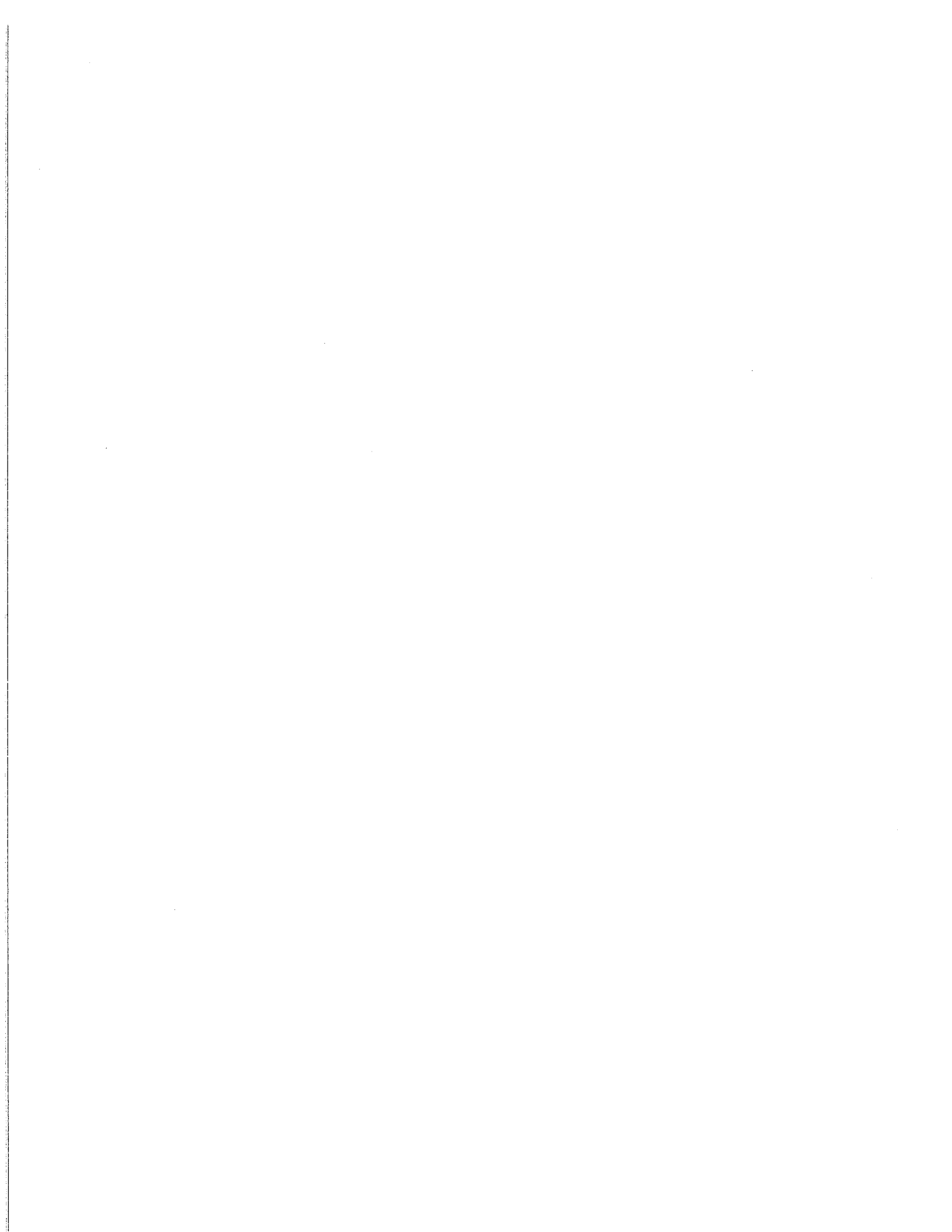
3. In Pennsylvania, what is the legal ramifications for teens who sext?

4. Name three identifying factors that youth must learn to keep private in order to protect their identity.
 - a.
 - b.
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5. Why is "checking-in" dangerous for youth and how can a caregiver help to maintain safety?

6. If your youth has disclosed cyber bullying, what can you do as a caregiver to be supportive?

7. What is the percentage of younger children who are interacting on gaming venues?



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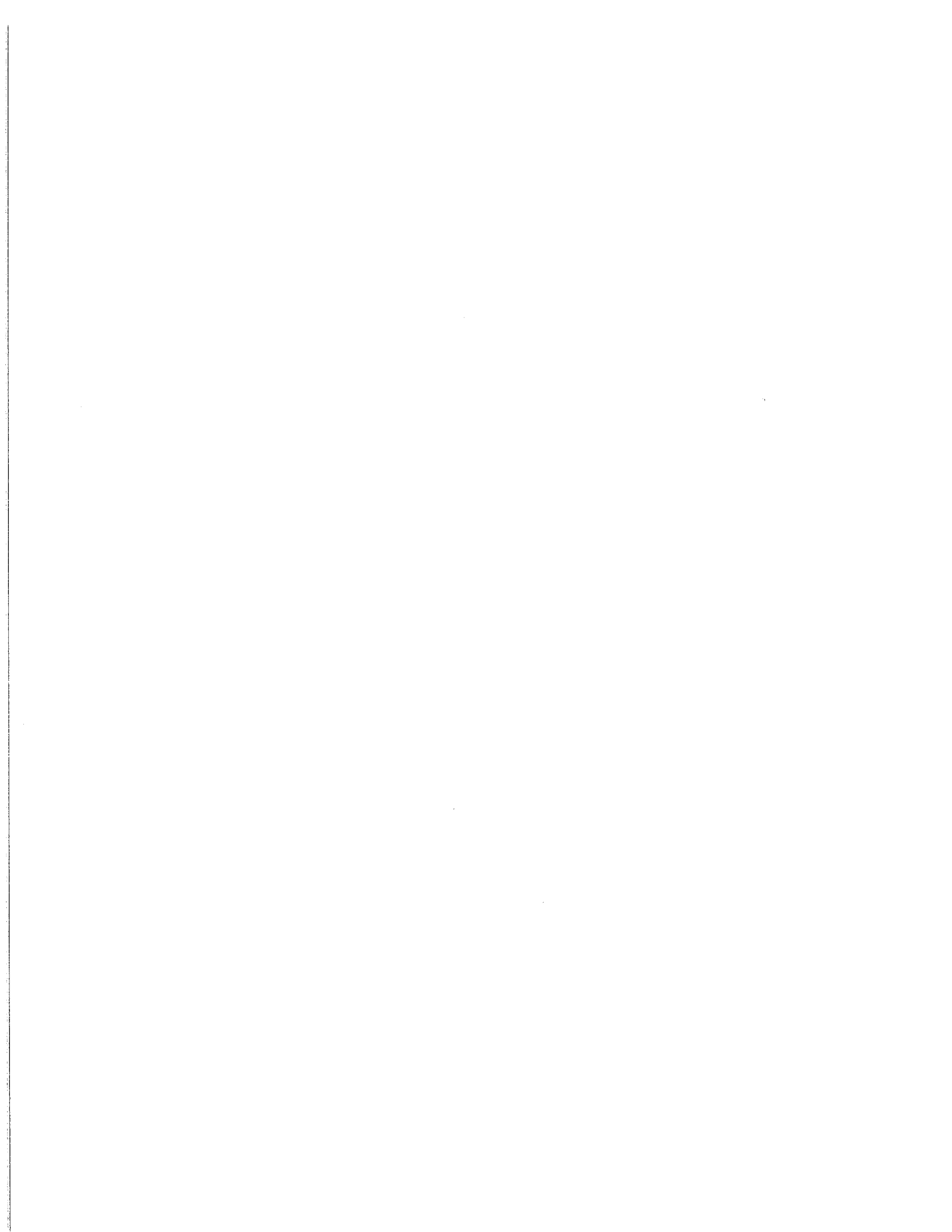
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What is Child Traumatic Stress?



What is child traumatic stress, how does it develop, and what are the symptoms? To answer these questions, we first have to understand what trauma is.

From a psychological perspective, trauma occurs when a child experiences an intense event that threatens or causes harm to his or her emotional and physical well-being.

Trauma can be the result of exposure to a natural disaster such as a hurricane or flood or to events such as war and terrorism. Witnessing or being the victim of violence, serious injury, or physical or sexual abuse can be traumatic. Accidents or medical procedures can result in trauma, too. Sadly, about one of every four children will experience a traumatic event before the age of 16.

When children have a traumatic experience, they react in both physiological and psychological ways. Their heart rate may increase, and they may begin to sweat, to feel agitated and hyperalert, to feel “butterflies” in their stomach, and to become emotionally upset. These reactions are distressing, but in fact they’re normal — they’re our bodies’ way of protecting us and preparing us to confront danger. However, some children who have experienced a traumatic event will have longer lasting reactions that can interfere with their physical and emotional health.

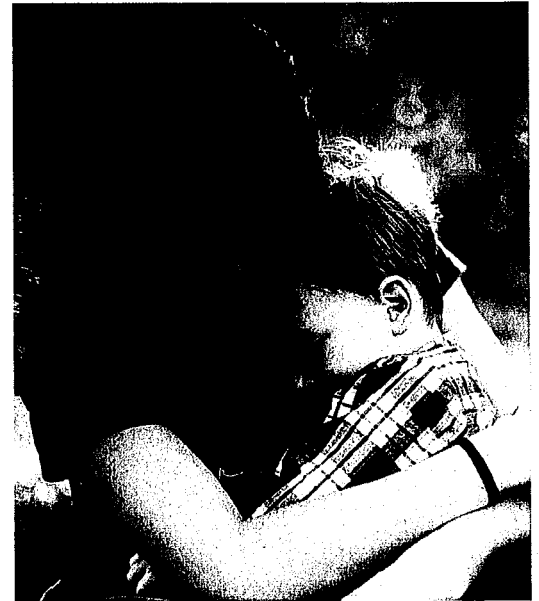
Children who suffer from child traumatic stress are those children who have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the traumatic events have ended. Traumatic reactions can include a variety of responses, including intense and ongoing emotional upset, depressive symptoms, anxiety, behavioral changes, difficulties with attention, academic difficulties, nightmares, physical symptoms such as difficulty sleeping and eating, and aches and pains, among others. Children who suffer from traumatic stress often have these types of symptoms when reminded in some way of the traumatic event. Although many of us may experience these reactions from time to time, when a child is experiencing child traumatic stress, they interfere with the child’s daily life and ability to function and interact with others.

Although many of us may experience reactions to stress from time to time, when a child is experiencing child traumatic stress, these reactions interfere with his or her daily life and ability to function and interact with others.

Some of these children may develop ongoing symptoms that are diagnosed as post-traumatic stress disorder (PTSD). When we talk about child traumatic stress, we’re talking about the stress of any child who’s had a traumatic experience and is having difficulties moving forward with his or her life. When we talk about PTSD, we’re talking about a disorder defined by the American Psychiatric Association as having specific symptoms: the child continues to re-experience the event through nightmares, flashbacks, or other

symptoms for more than a month after the original experience; the child has what we call avoidance or numbing symptoms—he or she won't think about the event, has memory lapses, or maybe feels numb in connection with the events—and the child has feelings of arousal, such as increased irritability, difficulty sleeping, or others. Every child diagnosed with PTSD is experiencing child traumatic stress, but not every child experiencing child traumatic stress has all the symptoms for a PTSD diagnosis.

And not every child who experiences a traumatic event will develop symptoms of child traumatic stress. Whether or not your child does depends on a range of factors. These include his or her history of previous trauma exposure, because children who have experienced prior traumas are more likely to develop symptoms after a recent event. They also include an individual child's mental and emotional strengths and weaknesses and what kind of support he or she has at home and elsewhere. In some instances, when two children encounter the same situation, one will develop ongoing difficulties and the other will not. Children are unique individuals, and it's unwise to make sweeping assumptions about whether they will or will not experience ongoing troubles following a traumatic event.



For children who do experience traumatic stress, there are a wide variety of potential consequences. In addition to causing the symptoms listed earlier, the experience can have a direct impact on the development of children's brains and bodies. Traumatic stress can interfere with children's ability to concentrate, learn, and perform in school. It can change how children view the world and their futures, and can lead to future employment problems. It can also take a tremendous toll on the entire family.

{ *Not every child who experiences a traumatic event will develop symptoms of child traumatic stress. Whether or not your child does depends on a range of factors.* }

The way that traumatic stress appears will vary from child to child and will depend on the child's age and developmental level. The good news is that over the past decade the mental health community has developed treatments that can help children suffering from traumatic stress. It's important to seek help from someone who has experience working with children and knows how to access resources in your community.

Although not every child will experience traumatic stress, it's unlikely that any of us are immune from exposure to trauma. To learn more about child traumatic stress, please visit the National Child Traumatic Stress Network website at www.NCTSN.org.

This article first appeared in the fall 2003 issue of Claiming Children, the newsletter of the Federation of Families for Children's Mental Health, www.ffcmh.org, which was co-produced by the Federation and the NCTSN.

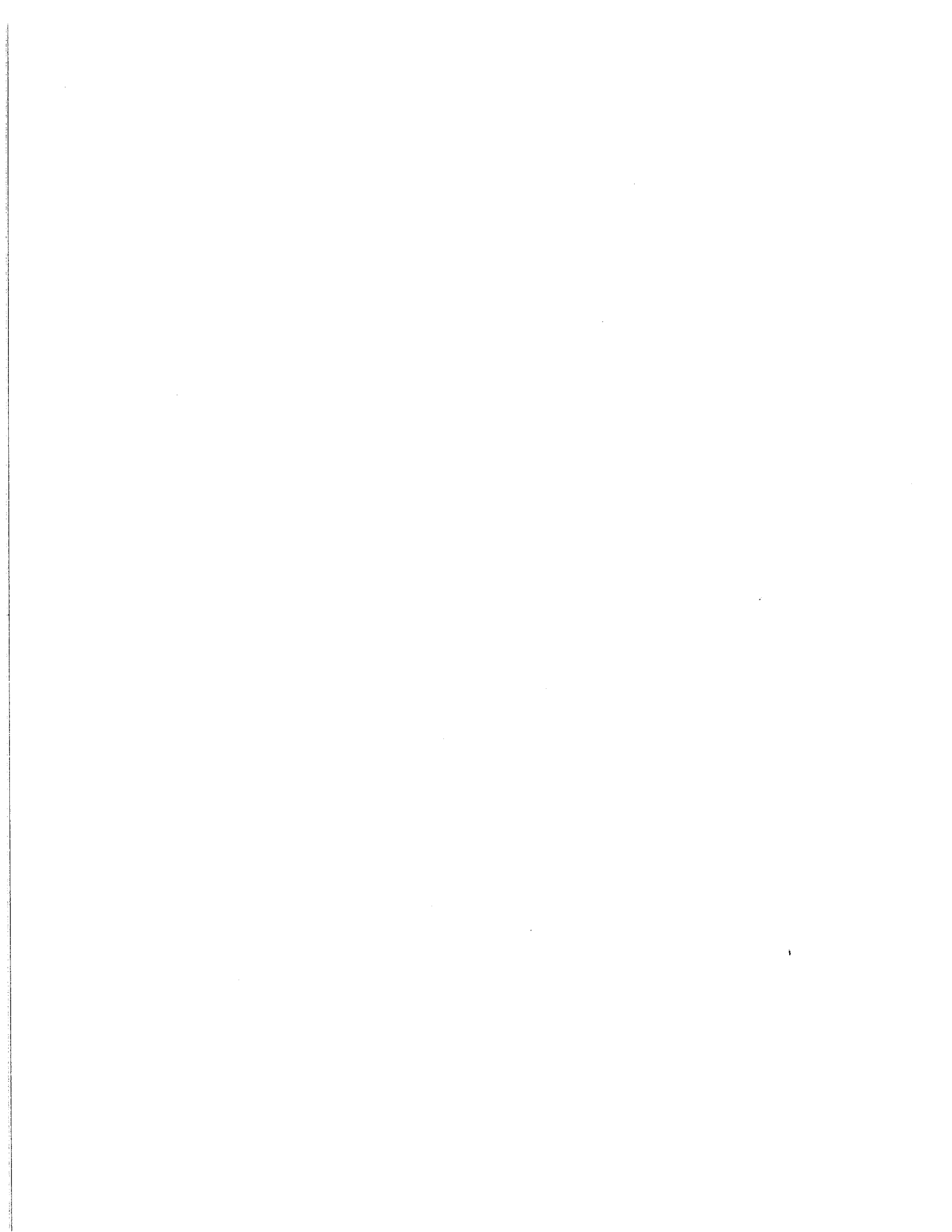
Name:

Date:

1.5 training hours

What is Child Traumatic Stress?

1. What is the statistic for children younger than age 16 to experience a traumatic event?
2. What are the two ways in which children react to trauma?
 - a.
 - b.
3. Name three immediate physical reactions that one may endure from experiencing a traumatic event.
 - a.
 - b.
 - c.
4. Children who suffer from traumatic stress meet what two criteria?
 - a.
 - b.
5. Name three traumatic reactions due to traumatic stress?
 - a.
 - b.
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Age-Related Reactions to a Traumatic Event



A fundamental goal of parenting is to help children grow and thrive to the best of their potential. Parents anticipate protecting their children from danger whenever possible, but sometimes serious danger threatens, whether it is manmade, such as a school shooting or domestic violence, or natural, such as a flood or earthquake. And when a danger is life-threatening or poses a threat of serious injury, it becomes a potentially traumatic event for children.

By understanding how children experience traumatic events and how these children express their lingering distress over the experience, parents, physicians, communities, and schools can respond to their children and help them through this challenging time. The goal is to restore balance to these children's lives and the lives of their families.

HOW CHILDREN MAY REACT

How children experience traumatic events and how they express their lingering distress depends, in large part, on the children's age and level of development.

Preschool and young school-age children exposed to a traumatic event may experience a feeling of helplessness, uncertainty about whether there is continued danger, a general fear that extends beyond the traumatic event and into other aspects of their lives, and difficulty describing in words what is bothering them or what they are experiencing emotionally.

This feeling of helplessness and anxiety is often expressed as a loss of previously acquired developmental skills. Children who experience traumatic events might not be able to fall asleep on their own or might not be able to separate from parents at school. Children who might have ventured out to play in the yard prior to a traumatic event now might not be willing to play in the absence of a family member. Often, children lose some speech and toileting skills, or their sleep is disturbed by nightmares, night terrors, or fear of going to sleep. In many cases, children may engage in traumatic play—a repetitive and less imaginative form of play that may represent children's continued focus on the traumatic event or an attempt to change a negative outcome of a traumatic event.

For school-age children, a traumatic experience may elicit feelings of persistent concern over their own safety and the safety of others in their school or family. These children may be preoccupied with their own actions during the event. Often they experience guilt or shame over what they did or did not do during a traumatic event. School-age children might engage in constant retelling of the traumatic event, or they may describe being overwhelmed by their feelings of fear or sadness.

A traumatic experience may compromise the developmental tasks of school-age children as well. Children of this age may display sleep disturbances, which might include difficulty falling asleep, fear of sleeping alone, or frequent nightmares. Teachers often comment that these children are having greater difficulties concentrating and learning at school. Children of this age, following a traumatic event, may complain of headaches and stomach aches without obvious cause, and some children engage in unusually reckless or aggressive behavior.



Adolescents exposed to a traumatic event feel self-conscious about their emotional responses to the event. Feelings of fear, vulnerability, and concern over being labeled “abnormal” or different from their peers may cause adolescents to withdraw from family and friends. Adolescents often experience feelings of shame and guilt about the traumatic event and may express fantasies about revenge and retribution. A traumatic event for adolescents may foster a radical shift in the way these children think about the world. Some adolescents engage in self-destructive or accident-prone behaviors.

{ *Some adolescents engage in self-destructive or accident-prone behaviors.* }

HOW TO HELP

The involvement of family, physicians, school, and community is critical in supporting children through the emotional and physical challenges they face after exposure to a traumatic event.

For young children, parents can offer invaluable support, by providing comfort, rest, and an opportunity to play or draw. Parents can be available to provide reassurance that the traumatic event is over and that the children are safe. It is helpful for parents, family, and teachers to help children verbalize their feelings so that they don't feel alone with their emotions. Providing consistent caretaking by ensuring that children are picked up from school at the anticipated time and by informing children of parents' whereabouts can provide a sense of security for children who have recently experienced a traumatic event. Parents, family, caregivers, and teachers may need to tolerate regression in developmental tasks for a period of time following a traumatic event.

Older children will also need encouragement to express fears, sadness, and anger in the supportive environment of the family. These school-age children may need to be encouraged to discuss their worries with family members. It is important to acknowledge the normality of their feelings and to correct any distortions of the traumatic events that they express. Parents can be invaluable in supporting their children in reporting to teachers when their thoughts and feelings are getting in the way of their concentrating and learning.

For adolescents who have experienced a traumatic event, the family can encourage discussion of the event and feelings about it and expectations of what could have been done to prevent the event. Parents can discuss the expectable strain on relationships with family and peers, and offer support in these challenges. It may be important to help adolescents understand “acting out” behavior as an effort to voice anger about traumatic events. It may also be important to discuss thoughts of revenge following an act of violence, address realistic consequences of actions, and help formulate constructive alternatives that lessen the sense of helplessness the adolescents may be experiencing.

When children experience a traumatic event, the entire family is affected. Often, family members have different experiences around the event and different emotional responses to the traumatic event. Recognizing each others' experience of the event, and helping each other cope with possible feelings of fear, helplessness, anger, or even guilt in not being able to protect children from a traumatic experience, is an important component of a family's emotional recovery.

Name:

Date:

2 training hours

Age-Related Reactions to a Traumatic Event

1. What are two examples of a dangerous and traumatic event?
 - a.
 - b.

2. What are two determinants in how children express their distress from a traumatic event?
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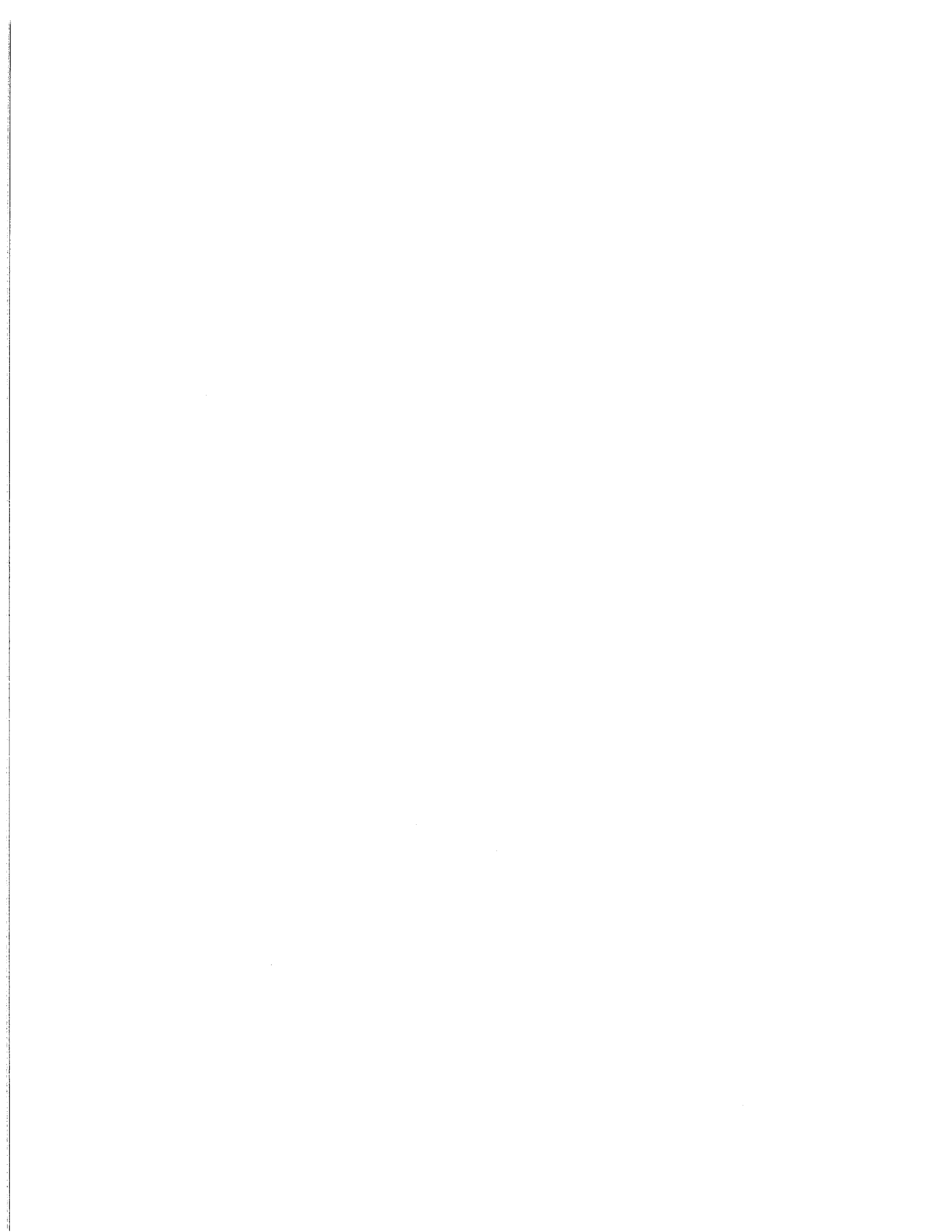
3. For pre-school and younger children, name three behaviors that could be exhibited when feeling anxiety from trauma?
 - a.
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4. What is traumatic play?

5. How could a school aged child be impacted by trauma as noted by teachers?

6. What are three potential feelings that adolescents may have to deal with post-trauma?
 - a.
 - b.
 - c.

7. Name two specific ways that caregivers can offer support to children who have experienced traumatic events.
 - a.
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How to Keep Your Sleeping Baby Safe: AAP Policy Explained

By: Rachel Y. Moon, MD, FAAP

Every year, around 3,500 babies in the United States die suddenly and unexpectedly while they're sleeping. Most of these tragic deaths are due to sudden infant death syndrome (SIDS) or accidental deaths from suffocation or strangulation.

To reduce the risk of all sleep-related infant deaths, we revised ([/English/news/Pages/safe-sleep-back-is-best-avoid-soft-bedding-inclined-surfaces-and-bedsharing.aspx](#)) our policy statement

(<https://publications.aap.org/pediatrics/article/150/1/e2022057990/188304/Sleep-Related-Infant-Deaths-Updated-2022?autologincheck=redirected>) and technical report

(<https://publications.aap.org/pediatrics/article/150/1/e2022057991/188305/Evidence-Base-for-2022-Updated-Recommendations-for>) on safe sleep. They include more ways to reduce the risk of SIDS, as well as some new recommendations. Read on to learn more.

Note: Unless mentioned otherwise, all these recommendations are for babies up to 1 year of age. Talk with your pediatrician if you have questions about any of these recommendations.

Recommendations for a safe sleep environment

There's no guaranteed way to prevent SIDS. However, research tells us that a safe sleep environment can help reduce your baby's risk of SIDS ([/English/tips-tools/ask-the-pediatrician/Pages/are-some-babies-at-higher-risk-for-sids.aspx](#)).

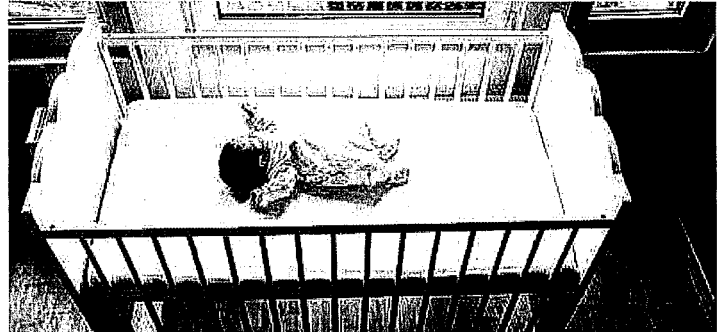
We also know how to prevent unintentional suffocation and strangulation in bed. Our guidance on safe sleep helps to protect babies from these deaths.

A safe sleep environment lowers the risk of all sleep-related infant deaths. Here are some ways you can help create a safe sleep environment.

Put your baby on their back for all naps & at night

Babies who sleep on their backs are much less likely to die suddenly and unexpectedly than babies who sleep on their stomachs or sides. The problem with the side position is that your baby can roll more easily onto their stomach.

Some parents worry that babies will choke when they're on their backs. But your baby's airway anatomy and their gag reflex will keep that from happening. Even babies with gastroesophageal reflux disease ([/English/health-issues/conditions/abdominal/Pages/GERD-Reflux.aspx](#)) (GERD) ([/English/health-issues/conditions/abdominal/Pages/GERD-Reflux.aspx](#)) should sleep flat on their backs.



5 Safe Sleep Essentials for Your Baby | AAP



Also keep in mind:

- **A newborn should be placed skin-to-skin** (</English/ages-stages/baby/preemie/Pages/About-Skin-to-Skin-Care.aspx>) **with their parent** as soon after birth as possible, for at least an hour. After that, or when the mother needs to sleep or take care of her other needs, the baby should be placed on their back in a bassinet with no incline.
- **Preemies** (</English/ages-stages/baby/preemie/Pages/default.aspx>) **may need to be on their stomachs temporarily** while they're in the NICU, but you should place them on their backs as soon as they're medically stable. This helps them adjust to sleeping on their backs before going home.
- **Some babies will roll** (</English/ages-stages/baby/Pages/Movement-4-to-7-Months.aspx>) **onto their stomachs.** You should always place your baby to sleep on their back. But if they're comfortable rolling both ways (back to tummy, tummy to back), then you don't need to keep turning your baby to their back again. Just be sure that there are no blankets, pillows, stuffed toys or bumper pads in your baby's bed. Your baby could roll into any of these items, which could block their airflow.

Use a firm, flat sleep surface

A firm surface means that it shouldn't indent when your baby is lying on it. Any surface that inclines more than 10 degrees isn't safe for your baby to sleep on.

- **Place your baby in a crib** (</English/safety-prevention/at-home/Pages/New-Crib-Standards-What-Parents-Need-to-Know.aspx>), **bassinet, portable crib or play yard that meets the safety standards** of the Consumer Product Safety Commission (CPSC) (<http://www.cpsc.gov/>).
- **Check the CPSC website** (<https://www.cpsc.gov/Recalls>) **to make sure your crib hasn't been recalled,** especially if it's not new.
- **Make sure your crib mattress is designed for your specific crib and that it fits tightly.** Use a fitted sheet only—nothing else should be in the crib with your baby.
- **Don't use a crib that doesn't have instructions,** is missing hardware or that's broken.
- **Alternative sleep surfaces are only considered a safe option if they comply** with the June 2021 CPSC rule (<https://www.cpsc.gov/Newsroom/News-Releases/2021/CPSC-Approves-Major-New-Federal-Safety-Standard-for-Infant-Sleep-Products>) that all infant sleep products meet existing federal safety standards for cribs, bassinets, portable cribs or play yards. This includes inclined sleep products (</English/ages-stages/baby/sleep/Pages/Inclined-Sleepers-and-Other-Baby-Registry-Items-to-Avoid.aspx>), hammocks, baby bouncers, in-bed sleepers, baby nests and pods, compact bassinets, travel bassinets and baby tents. If a product doesn't meet federal safety standards, avoid it.

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- **If your baby falls asleep in a car seat** (</English/safety-prevention/on-the-go/Pages/Car-Safety-Seats-Information-for-Families.aspx>), **stroller, swing, infant carrier or sling**, you should move them to a firm sleep surface on their back as soon as possible.
- **Don't use products for sleep that aren't specifically marketed for infant sleep.** Examples (</English/ages-stages/baby/sleep/Pages/Inclined-Sleepers-and-Other-Baby-Registry-Items-to-Avoid.aspx>) include Boppy pillows and Dock-a-Tots.
- **In an emergency**, you can temporarily put your baby to sleep in a box, basket, dresser drawer or something similar. It should have thin, firm padding. As soon as you can get a CPSC-approved sleep surface, move your baby to that instead.
- **If you need financial help**, there are organizations throughout the United States that provide low-cost or free sleep surfaces. Check with your local Social Services agency (<https://www.usa.gov/state-social-services>).

Never sleep with your baby

Based on the evidence, the AAP doesn't recommend bed sharing with your baby under any circumstances. This includes twins and other multiples.

- **If you bring your baby into your bed to feed or comfort them**, place them in their own sleep space when you're ready to go to sleep.
- **If there is any possibility that you might fall asleep while your baby is in your bed** (</English/ages-stages/baby/sleep/Pages/Safe-Sleep-Charlies-Story.aspx>), make sure there are no pillows, sheets, blankets or any other items that could cover your baby's face, head and neck or overheat them. As soon as you wake up, be sure to move your baby to their own bed.
- **Avoid falling asleep with your baby in other spots, too.** The risk of sleep-related infant death is up to 67 times higher when infants sleep with someone on a couch (</English/ages-stages/baby/sleep/Pages/Safe-Sleep-Charlies-Story.aspx>), soft armchair or cushion.

It's extra important not to bed share with your baby if:

- **You have been drinking alcohol, used marijuana or taken any medicines or illicit drugs.** The risk of sleep-related infant death is more than **10 times higher** (<https://publications.aap.org/pediatrics/article/150/1/e2022057991/188305/Evidence-Base-for-2022-Updated-Recommendations-for>) for babies who bed share with someone who is fatigued or has taken medications that make it harder for them to wake up or has used substances such as alcohol or drugs.
- **Your baby is very young, small or was born prematurely** (</English/ages-stages/baby/preemie/Pages/default.aspx>). The risk of sleep-related infant death while bed sharing is 5 to 10 times higher when your baby is younger than 4 months olds. And the risk of sleep-related infant death is 2 to 5 times higher when your baby was born preterm or with low birth weight.

Instead of bed sharing, room share with your baby

This means keeping your baby's sleep area in the same room (but not in the same bed) where you sleep for at least the first 6 months. Place your baby's crib, bassinet, portable crib or play yard in your bedroom, close to your bed.

The AAP recommends room sharing because it can decrease the risk of SIDS by as much as 50% and it's much safer than bed sharing. Room sharing will also make it easier for you to feed, comfort and watch your baby.

Keep soft objects & loose bedding out of your baby's sleep area

These objects can increase your baby's risk of entrapment, suffocation or strangulation. This includes pillows and pillow-like toys, quilts, comforters, mattress toppers, non-fitted sheets, blankets, toys, bumper pads or related products that attach to crib slats or sides.

- **If you're worried about your baby getting cold**, you can dress them in layers of clothing or use a wearable blanket. In general, you should dress your baby in only one layer more than you're wearing.
- **Don't use weighted blankets, sleepers, swaddles** or other weighted objects on or near your baby.

Don't let your baby get overheated

Overheating can increase the risk of SIDS. Your baby only needs one more layer than you would wear in the same environment to be comfortable.

- **Check your baby for signs of overheating** such as sweating, a hot chest or flushed skin.
- **Don't put a hat on your baby while indoors** once you're home from the hospital.

Other ways to lower SIDS risk

Along with creating a safe sleep environment, here are some other ways to lower your baby's risk of SIDS.

Feed your baby breast milk

Evidence shows that human milk reduces the risk of SIDS. The longer you give your baby breast milk, the more protection it gives.

- **Breastfeed or feed your baby expressed breast milk.** The AAP recommends breastfeeding (</English/ages-stages/baby/breastfeeding/Pages/Where-We-Stand-Breastfeeding.aspx>) as the sole source of nutrition for your baby for about 6 months.
- **Even after you add solid foods to your baby's diet, continue breastfeeding** until they're at least 12 months, or longer if you and your baby desire.

Try giving your baby a pacifier at nap time and bedtime

This helps reduce the risk of SIDS, even if the pacifier falls out after your baby is asleep. But keep in mind:

- **If your baby is breastfed, wait until breastfeeding is established** before offering a pacifier (</English/safety-prevention/at-home/Pages/Pacifier-Safety.aspx>). That means your milk supply is good, breastfeeding is comfortable and consistent, your baby is latching well and they're gaining weight like they should. If you're not breastfeeding your baby, you can start the pacifier whenever you like.
- **It's OK if your baby doesn't want a pacifier.** You can try offering again later, but some babies simply don't like them. If the pacifier falls out after your baby falls asleep, you don't have to put it back in.
- **Don't hang a pacifier around your baby's neck** or attach it to their clothing when they're sleeping.

Get regular prenatal care & avoid substance use during pregnancy

There's strong evidence that routine prenatal (</English/ages-stages/prenatal/Pages/default.aspx>) care reduces your baby's risk of SIDS. Also, avoid alcohol, marijuana, opioids or illicit drugs during pregnancy and after your baby is born. The risk of SIDS is higher when babies are exposed to alcohol or illicit substances.

Don't smoke or use nicotine during pregnancy or after your baby is born

Smoking while you're pregnant, and smoke in your baby's environment after birth, are significant risk factors for SIDS. Don't smoke anywhere near your baby, even if you're outside. This includes vaping and electronic cigarettes, which
1 nicotine.

Also keep your car and home smoke-free (</English/health-issues/conditions/tobacco/Pages/Importance-of-Smoke-Free-Homes-and-Cars.aspx>). Get rid of secondhand smoke in any areas your baby and other nonsmokers spend time. If you're a smoker or you smoked during pregnancy, remember that it's especially important that you don't bed share with your baby. The risk of SIDS is especially high, even when the smoker doesn't smoke in bed.

Schedule and go to all well-child care visits (</English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx>)

Regular check-ups (</English/ages-stages/Your-Childs-Checkups/Pages/default.aspx>) help ensure your baby's growth and development is on track. In addition, your baby will receive important immunizations at these well-child visits (</English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx>) with your pediatrician. Evidence suggests that infant vaccinations (</English/safety-prevention/immunizations/Pages/Your-Babys-First-Vaccines.aspx>) may help protect against SIDS.

Make sure your baby has tummy time while awake every day

An awake adult should supervise awake tummy time (</English/ages-stages/baby/sleep/Pages/back-to-sleep-tummy-to-play.aspx>). This helps with your baby's motor development and prevents flat head syndrome (</English/health-issues/conditions/Cleft-Craniofacial/Pages/Positional-Skull-Deformities-and-Torticollis.aspx>). Start with a short amount of tummy time soon after you get home from the hospital. Gradually increase the time until your baby is doing at least 15 to 30 minutes of tummy time every day by the time they're 7 weeks old.

Swaddle your baby if you like

Just keep in mind that swaddling (</English/ages-stages/baby/diapers-clothing/Pages/Swaddling-Is-it-Safe.aspx>) doesn't reduce the risk of SIDS. Tips to swaddle safely:

- **Make sure that your baby is always on their back** when swaddled (</English/ages-stages/baby/diapers-clothing/Pages/swaddling-is-it-safe.aspx>).
- **The swaddle should not be too tight** or make it hard for your baby to breathe or move their hips.
- **When your baby looks like they're trying to roll over**, you should stop swaddling them. The risk of suffocation is higher if your baby rolls to their stomach while they're swaddled. Rolling over usually happens around 3 to 4 months, but it can happen earlier.
- **Don't use weighted swaddle (</English/ages-stages/baby/diapers-clothing/Pages/Swaddling-Is-it-Safe.aspx>) blankets** or weighted objects like rice bags (</English/tips-tools/ask-the-pediatrician/Pages/bag-of-rice-on-a-baby%e2%80%99s-tummy-to-help-them-sleep.aspx>) inside the swaddle.

Be cautious when buying certain products

- **Avoid baby products that aren't consistent with safe sleep recommendations.** This is especially true for products that claim to reduce the risk of SIDS or other sleep-related infant deaths. There's just no evidence that this is true. If you're not sure about a specific product, check the CPSC website (<https://www.cpsc.gov/>).
- **Don't use home cardiorespiratory monitors as a way to reduce the risk of SIDS.** You can buy consumer wellness devices such as heart rate and pulse oximetry monitors. Some of these are wearable. But remember that there is no evidence that these devices, which don't have to meet the same requirements as medical devices, decrease SIDS risk. Don't let them give you a false sense of security. It's fine to use one if you want to, just don't use it as a substitute for following all the above safe sleep guidelines.

Remember

Don't hesitate to talk with your pediatrician if you have any questions or concerns about the safety of your baby's sleep environment.

More information

- Ask the Pediatrician: Are some babies at higher risk for SIDS? (</English/tips-tools/ask-the-pediatrician/Pages/are-some-babies-at-higher-risk-for-sids.aspx>)
- Safe Sleep: Charlie's Story (</English/ages-stages/baby/sleep/Pages/Safe-Sleep-Charlies-Story.aspx>)
- Inclined Sleepers, Soft Nursing Pillows & Other Baby Products to Avoid (</English/ages-stages/baby/sleep/Pages/Inclined-Sleepers-and-Other-Baby-Registry-Items-to-Avoid.aspx>)
- Swaddling: Is it Safe for Your Baby? (</English/ages-stages/baby/diapers-clothing/Pages/Swaddling-Is-it-Safe.aspx>)
- Safe Sleep: Back is Best, Avoid Soft Bedding, Inclined Surfaces, Bed Sharing (</English/news/Pages/safe-sleep-back-is-best-avoid-soft-bedding-inclined-surfaces-and-bedsharing.aspx>)
- Back to Sleep, Tummy to Play (</English/ages-stages/baby/sleep/Pages/back-to-sleep-tummy-to-play.aspx>)

About Dr. Moon



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The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Name (Nombre):

Date (Fecha):

2 training hours
(2 horas de entrenamiento)

Safe Sleep
Sueño Seguro

1. Name two reasons why more than 3,500 infants die unexpectedly in the United States each year.
¿Nombra dos razones de porque más de 3,500 infantes mueren de manera inesperadamente en los Estados Unidos cada año?
 - a.
 - b.

2. Until a child is one year old, in what position should an infant be sleeping for naps and at night?
¿Hasta que el niño tenga un año, en que posición debe el infante dormir cuando toma siestas y en la noche?

3. On what three pieces of furniture should you never place a sleeping baby?
¿En qué tres piezas de muebles nunca deberían poner un bebe para dormir?
 - a.
 - b.
 - c.

4. Name four reasons why bed-sharing with an infant is **not** recommended:
*¿Nombra cuatro razones porque el compartir una cama con un infante **nunca** es recomendada?*
 - a.
 - b.
 - c.
 - d.

5. When should you stop swaddling an infant?
¿Cuándo debería de dejar de envolver un infante?

Name (Nombre):

Date (Fecha):

2 training hours
(2 horas de entrenamiento)

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5. When should you stop swaddling an infant?
¿Cuándo debería de dejar de envolver un infante?

Name (Nombre):

Date (Fecha):

2 training hours
(2 horas de entrenamiento)

6. Name two reasons why daily tummy time is beneficial for an infant?
¿Nombra dos razones porque el tiempo boca bajo (barriga) es beneficioso para un infante?
 - a.
 - b.

7. How much time should an infant be on their stomach for tummy time?
¿Cuánto tiempo debería un infante estar en su barriga (estomago) para tiempo boca bajo?

8. Name three methods to reduce the risk of an infant developing a flat spot on their head:
Nombra tres métodos para reducir el riesgo para un infante desarrollar un lugar plano en su cabeza:
 - a.
 - b.
 - c.

9. Name two ways that play time can be incorporated with tummy time:
Nombra dos maneras tiempo de juego se puede incorporar con el tiempo de boca bajo (en su barriga):
 - a.
 - b.

10. Name four practices to create a safe sleep environment for an infant:
Nombra cuatro practicas para crear un ambiente seguro durante el dormir para un infante:
 - a.
 - b.
 - c.
 - d.



FACTSHEETS FOR FAMILIES | MAY 2019

Partnering With Birth Parents to Promote Reunification

The most successful foster caregivers understand their role goes beyond supporting the children in their care to supporting the children's families as a whole. Many factors may influence how you interact with a birth family, including your agency's approach and the supports and training you receive as a caregiver.

Children, youth, and families benefit when foster and birth parents are supported by an agency culture that encourages a meaningful partnership and that provides quality support.

Child Welfare Information Gateway conducted a series of interviews with birth and foster parents—many of whom are partnership advocates with either the Birth Parent National Network (BPNN) or the Birth and Foster Parent Partnership (BFPP)—to help dispel some of the myths each may hold about the other. This factsheet shares their advice and highlights the many opportunities to help children, youth, and families in need.

What follows are common themes and tips that emerged in our conversations with birth and foster parents on how attitudes, expectations, and child- and family-centered actions can affect outcomes for children and families.

WHAT'S INSIDE

Building connections from the start

Leaning on your caseworker and agency

Keeping an open mind and an open heart

Maintaining contact after reunification or other permanency

Partnership resources



BUILDING CONNECTIONS FROM THE START

Making connections with birth parents as soon as possible and keeping communication open and honest from the start can help build a strong and ongoing partnership. Below, birth and foster parents discussed important points to consider along the way.

COMMUNICATE EARLY AND OFTEN. MORE IS BETTER. KEEP IT REAL.

When safe and if case plans allow, foster parents should meet birth parents as early as the initial day of placement to exchange essential information about the child and to help ease any worries about foster care. Try putting yourself in the birth parent's shoes and think about what you would want to know about the people caring for your child. Regular check-ins through emails, phone calls, texts, photo sharing, etc., can help birth parents feel closer to their children, build trust with you, and encourage reunification.

A birth parent who had been involved with child welfare and who is now a birth parent advocate talked about facilitating CHAT (Communicating History and Transition) meetings as a way to encourage communication. "It's a time for both parties to ask whatever questions they want. It's a safe environment. Some foster parents don't want to do it, because they already have a picture of how this (birth) parent is. I have pushed hard for [foster parents] to be able to have these CHATs so they can understand [the process] is all about reunification, and if they want adoption, they're in the wrong place. I love holding these meetings and making sure [birth] parent voices are heard. I ask what the [foster] parent needs from the birth parent and what the birth parent needs from the [foster] parent to have a successful transition to reunification."

"There should be an initial meeting to introduce the foster and the birth parents so they can ask the little questions. What is your child like? What are their sleeping hours? What are their dislikes? This can be a great opportunity for [birth parents] to see that the foster caregiver is really concerned about their child and doesn't want to replace them. It lets them know right off the bat that you are on their side." —Keely, foster parent, BFPP

"Before she even came to our home, I had the opportunity to speak with her mother on the phone to start building a relationship. She was able to ask me questions about my family. Looking back on it, I think that was pivotal to her feeling comfortable with the placement." —Beth, foster parent, BFPP

"I wish my extended family had been more involved when I was in care, and I wish there had been more conversations with caseworkers about my [noncustodial father]. I would have been so much more grounded and connected if I had been allowed to maintain these relationships." —Jeri, a young adult who experienced several foster placements

LEANING ON YOUR CASEWORKER AND AGENCY

Your caseworker can help you go beyond simply “checking the boxes” of a case plan to actively partnering toward reunification by promoting a positive relationship with the birth family. Caseworkers can help make sure birth parents get to know their foster caregivers. A recipe for success includes caseworkers, caregivers, and families who prioritize partnership.

“We tell the [birth] parents, ‘We’re going to follow the rules, but we don’t make them,’ and we encourage them to do the things they need to do to move to unsupervised visits. As we build trust with birth parents, we can advocate for unsupervised visits.” —Ellen, foster parent, BFPP

“When I had a supervisor or social worker where partnership was the goal, the case went really well. We were able to really connect and be together and the children were obviously much better. The chances of going home happened more often. Whoever is responsible for that relationship from the very first minute can make a difference with reunification.” —Roberta, foster parent, BFPP

“My visit supervisor was amazing. One day she was like, ‘This is ridiculous—you have never met the people caring for your child!’ I said, ‘No, never. I think they hate me.’ She thought we should meet. [When we met] that foster parent could look at me and see that I was a loving mother. [This] allowed me to know [my child] was okay so I could work on what I needed to work on. I couldn’t focus on anything until that happened.” —Julie, birth parent, BPNN

KEEPING AN OPEN MIND AND AN OPEN HEART

How child welfare professionals and foster care providers interact with the families they serve can have an impact on child and family well-being and chances for reunification. The points below reflect the importance of resisting the urge to judge.

CHILDREN IN THE CHILD WELFARE SYSTEM ALREADY HAVE FAMILY MEMBERS WHO LOVE THEM.

The children in your care are not with you because their parents don’t love them. They are with you because their parents or primary caregivers are struggling with a specific problem or need. Neglect may have occurred because the primary caregiver has challenges that, in most cases, can be overcome with the right support, treatment, and encouragement.

"The most dangerous thing I see is that black and white thinking of foster and adoptive parents 'saving' kids. These children are not orphans. They have families." —Amy, foster parent, BFPP

"One of my huge pet peeves is the language they use to recruit foster parents: 'These children just need some love.' These children *already* have love. They *already* have parents." — Roberta, foster parent, BFPP

"Know that [birth parents] want the best. They love their kids just like you love yours." —Sandra, birth parent, BPNN

A MOMENT IN TIME DOES NOT DEFINE A FAMILY.

Sometimes one heated moment can change lives, break up families, and have serious consequences for children or youth. Understanding that individuals are more than the sum of their mistakes or behaviors is important for moving forward.

"The incident between his mother and me was not only isolated but inflated with alcohol and drugs. That was not the [norm] for us."—Robert, birth parent, BPNN

"There was nothing wrong with my household and what we were doing as a family. We did have that 1-minute incident. You would come out of [family court] thinking, 'I must be an awful person.' I would carry this card that said, 'You will not be diminished by a 1-minute incident. You are a great mom.'" —Sandra, birth parent, BPNN

YOU DON'T KNOW WHAT YOU DON'T KNOW. KNOWLEDGE IS POWER.

There is a story behind the circumstances and actions that lead to child welfare involvement, and remember, there are two sides to every story. What you see may not represent that child's truth or the full extent of the child's family history.

“I don’t know who [the foster mother] thought I was. Obviously, she didn’t think very highly of me because of the way that she was relating to me. Who was telling her who I was? Who we are as a family? Who my kid was? Who his brother was? Not only had my son never been away from me, he had never been away from his brother.”—Sandra, birth parent, BPNN

“When I came to the [BFPP] conference and heard [birth parents] say what they thought of foster parents, I wanted to stand on the table and say, ‘No! I’m not standing in judgment of you. I’m definitely not trying to turn your child against you!’” —Keely, foster parent, BFPP

HELP, TRUST, AND EMPATHY MAKE ALL THE DIFFERENCE.

Birth parents don’t choose to be involved with child welfare. Their involvement may be a result of their circumstances or, in many cases, of their own history. Temporarily losing custody of a child can result in an emotional roller coaster of grief, anger, and guilt. Putting yourself in the birth parents’ shoes and asking yourself how you might feel in the same situation can give you an idea of what they might be going through and, more importantly, what they might need to be successful. You are most likely to build trust with birth parents when they believe you are trying to support them and understand how they feel—an essential part of any successful relationship.

“[Birth parents] are already so ashamed of themselves. They already feel like the most awful parent in the world. Just by saying ‘You’ve done a great job’ or ‘Your kids have a really great bond with you’ is really groundbreaking! Be the bigger person and take the first step. Be a part of family healing, and reach out in a very human way.” —Julie, birth parent, BFPP

“It would have been helpful if someone at the hospital had asked me if there was anything I needed, because I was desperate for change. Instead, there was no engagement and instead punitive words. It was the darkest time of my life. I needed someone to believe in me.” —Nancy, birth parent, BPNN

“[Birth parents] are scared and upset because you have their child. It takes a real strong person to say [to a birth parent], ‘I’m so sorry you’re angry. How can I help?’” —Linda, foster parent, BFPP

“I think empathy and compassion are key. If a [birth] parent read their bio to the foster parent, I think they would immediately have compassion.” —Julie, birth parent, BFPP

MAINTAINING CONTACT AFTER REUNIFICATION OR OTHER PERMANENCY

Strong partnerships between birth and foster families can continue long after families have been reunified or after an adoption or other permanency option has been achieved. This ongoing relationship can help increase important social connections for children, youth, and families as well as their sense of stability and belonging. It can also provide families with extended support (e.g., someone to call when a parent needs a word of encouragement, or a babysitter) that can help prevent further child welfare involvement.

"We see a lot of kids that have lived with us at different times and their families. [With one] child we had at one point, his grandmother still calls us, and we do all the babysitting whenever she needs help. We have another young adult who went back to her family, and she calls us almost every weekend. She had a baby, and we're the godparents." —Ellen, foster parent, BFPP

"One of the outcomes [of a birth-foster parent partnership] where maybe a baby is not going to go home is that it allows that child to keep everybody important in its life. On the flip side, where the babies have gone home, the birth mom can still call upon the foster caregivers for occasional help. They're actually working together to raise these children." —Julie, birth parent, BFPP

"Just last week a birth mom we had worked with reached out to me and asked if we could talk. She was very honest with me about some stress she was experiencing and just needed to talk to somebody before she found a support group. I was deeply honored that she trusted me enough to be that person she called in that moment." —Beth, foster parent, BFPP

PARTNERSHIP RESOURCES

Everyone benefits when there are trusted professionals, neighbors, family members, and friends to call on for help with meals, tutoring, child care, and life's inevitable ups and downs. When families have this type of extended moral support, they are less likely to require any additional involvement with child welfare or other agencies. Your caseworker can help you build a community of support for yourself and the children in your care and their families.

Active partnerships that support the reunification process can take time to develop. Fortunately, there are resources to help. Below is a list of organizations, publications, and websites or webpages to support your work.

ORGANIZATIONS

The **Birth and Foster Parent Partnership (BFPP)** (<https://ctfalliance.org/partnering-with-parents/bpnn/resources/#bfpp>) supports birth families working together with foster and kinship care providers to strengthen families and promote reunification. BFPP is a partnership of the National Alliance of Children's Trust and Prevention Funds, the Youth Law Center's Quality Parenting Initiative, and Casey Family Programs.

The **Birth Parent National Network (BPNN)** (<https://ctfalliance.org/partnering-with-parents/bpnn/>) promotes and champions birth parents as leaders and strategic partners in prevention and child welfare system reform.

Circle of Parents (<http://circleofparents.org>) provides a supportive environment to discuss the challenges of raising children.

Parents Anonymous (<http://www.parentsanonymous.org>) uses mutual support and shared leadership to empower, inspire, and create long-term positive change.

The **Quality Parenting Initiative (QPI)** (<http://www.qpi4kids.org/>) is an approach as well as a network of sites dedicated to strengthening foster care with a focus on quality parenting. QPI seeks to define and raise expectations for foster care parenting, recruit and retain quality foster caregivers, and give caregivers a voice. QPI is an initiative of the Youth Law Center.

PUBLICATIONS

Birth Parents With Trauma Histories and the Child Welfare System: A Guide for Resource Parents provides tips that foster parents can use to understand how trauma may affect the way birth parents parent. (<https://www.nctsn.org/resources/birth-parents-trauma-histories-and-child-welfare-system-guide-resource-parents>)

Reunification: Bringing Your Children Home From Foster Care provides a general overview of the reunification process for families with children removed from their care. (<https://www.childwelfare.gov/pubs/reunification/>)

Supporting Successful Reunifications explores strategies for achieving reunification and preventing reentry. (<https://www.childwelfare.gov/pubs/supporting-successful-reunifications/>)

WEB RESOURCES

The **Birth Parent/Foster Parent Relationships to Support Family Reunification** section of the Information Gateway website provides a list of useful resources. (<https://www.childwelfare.gov/topics/permanency/reunification/parents/reunification/>)

CFSA Family Link provides resources that promote foster parent-birth parent partnerships and is a project of the District of Columbia's Child and Family Services Agency (CFSA) and Foster and Adoptive Parent Advocacy Center. (<https://cfsa.dc.gov/page/cfsa-family-link>)

The **Foster and Adoptive Parent Advocacy Center** provides trainings on shared parenting to address the concerns of foster, adoptive, and kinship parents in the District of Columbia. (<http://dcfapac.org/trainings.html>)

Resources for Parents With Children and Youth in Out-of-Home Care provides a list of organizations and publications to help caregivers navigate foster care and the reunification process. (<https://www.childwelfare.gov/topics/outofhome/casework/parentcasework/parentresources/>)

The **Reunifying Families** section of the Information Gateway website provides a list of resources to support family reunification. (<https://www.childwelfare.gov/topics/permanency/reunification>)

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SUGGESTED CITATION:

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U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



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Name:

Date:

2 training hours

Partnering with Birth Parents to Promote Reunification

1. How would a foster parent build a strong and ongoing partnership with birth parents?

2. Name three types of communication which allow the birth parent to feel closer to their children while in placement?
 - a.
 - b.
 - c.

3. What is CHAT and why might it be beneficial for birth parent and foster parent?

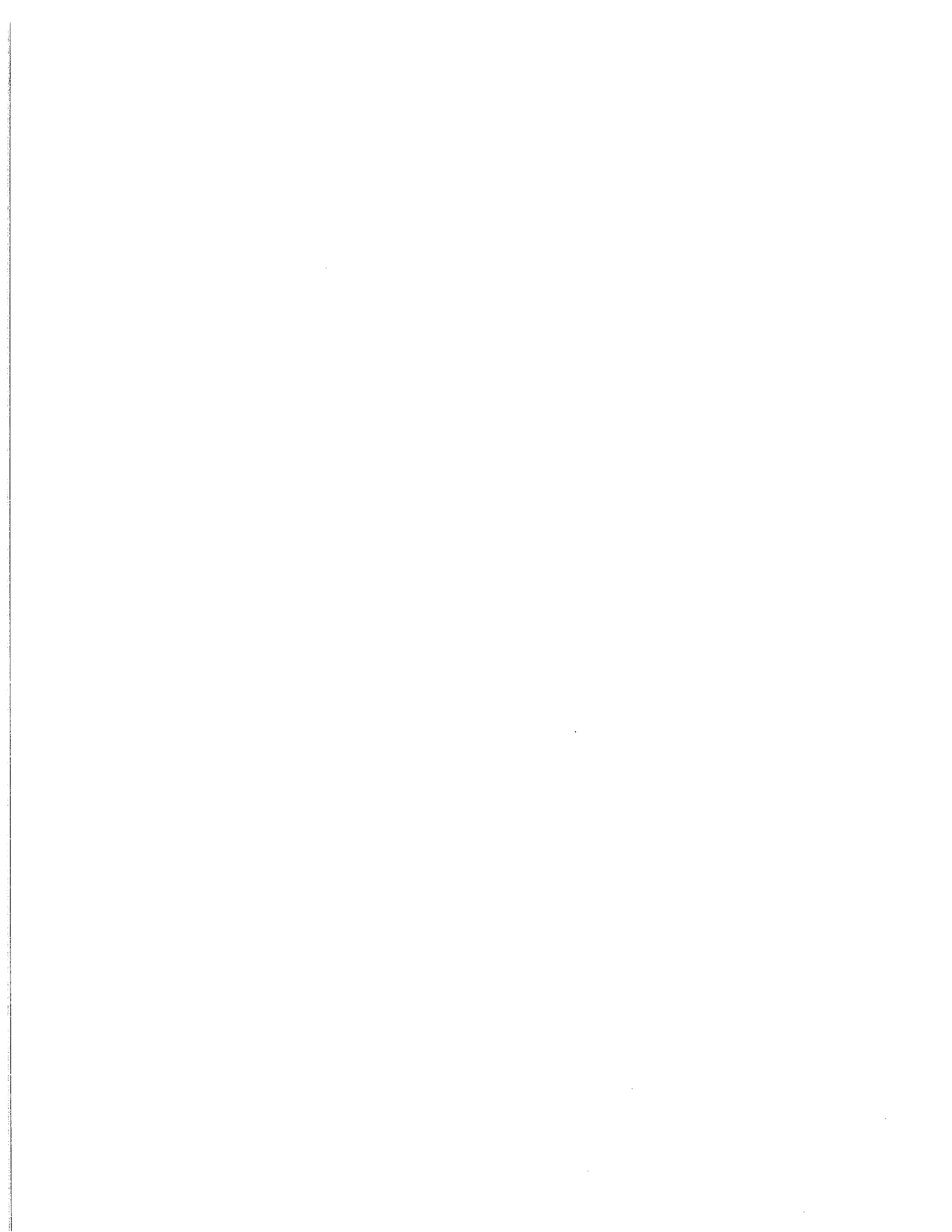
4. Who can assist the birth parent and the foster parent by promoting a positive relationship?

5. Keep an open _____ and open _____, in order to resist the urge to _____.

6. Why does building trust and having empathy with/for the birth parents make all the difference?

7. Recall one comment from a birth parent in the article that informs you as a resource parent and/or will make you a better resource parent when interacting with birth parents.

8. Why would maintaining an ongoing relationship with the birth parent post-reunification or -adoption be beneficial?



Name:

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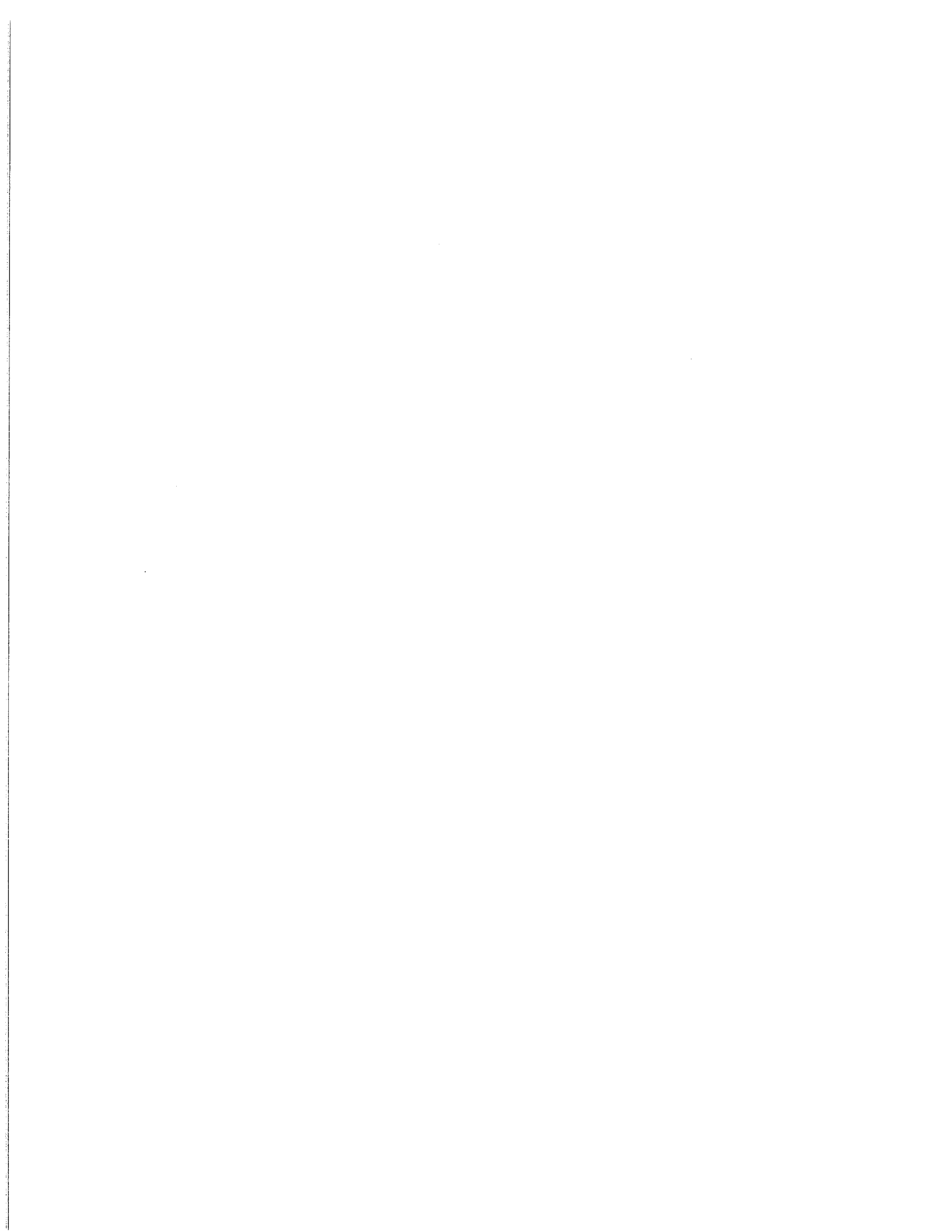
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Leaving Children Alone in Hot Cars — Know the Risks and Consequences

Prevent Vehicle Related Heatstroke!

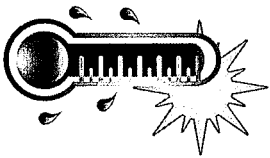
As outside temperatures rise, the dangers for children being seriously injured or even dying from being left alone inside a hot car also rise. Heatstroke begins when the core body temperature reaches about 104 degrees and the ability to maintain or control body temperature is overwhelmed. Children and Hot Cars are a Deadly Combination!

Vehicles heat up quickly - even with a window rolled down two inches, if the outside temperature is in the low 80's Fahrenheit, the temperature inside a vehicle can reach deadly levels in only 10 minutes. Children's bodies overheat easily, and infants and children under four years of age are among those at greatest risk for heat-related illness.

Children's bodies absorb more heat on a hot day than an adult. Also, children are less able to lower their body heat by sweating. When a body cannot sweat enough, the body temperature rises rapidly. In fact, when left in a hot vehicle, a young child's body temperature may increase three to five times as fast as an adult. High body temperatures can cause permanent injury or even death.

Risks

- ◆ In 10 minutes, a car can heat up 20 degrees Fahrenheit.
- ◆ Cracking a window **does little to keep the car cool.**
- ◆ With temperatures in the 60s, your car can heat up to well **above 110 degrees.**
- ◆ A child's body temperature can rise up to **five times faster** than an adult's body temperature.
- ◆ Heatstroke can happen when the temperature is as low as **57 degrees outside!**
- ◆ A child dies when his/her temperature reaches **107 degrees.**



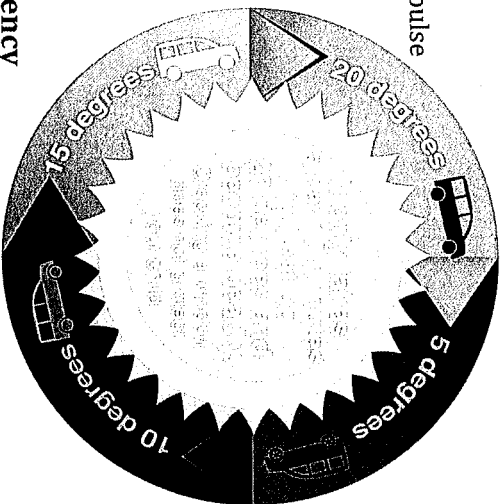
Warning signs of heatstroke include:

- ◆ Red, hot, and moist or dry skin
- ◆ No sweating
- ◆ Strong rapid pulse or slow weak pulse
- ◆ Nausea
- ◆ Confusion, or acting strangely

If a child exhibits any of these signs after being in a hot vehicle, cool the child rapidly. Do Not place child in an ice bath but by spray the child with cool water.

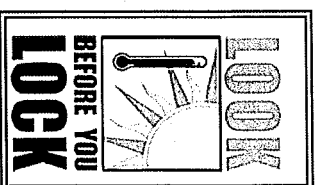
Take Action:

Call 911 or your local emergency number immediately



Prevention Tips to Avoid a Tragic Heatstroke

- ◆ **ALWAYS LOOK BEFORE YOU LOCK!**
- ◆ Always check the back seat before you lock the vehicle and walk away.
- ◆ Get in the habit of always opening the back door to check the back seat before leaving a vehicle. Put something you will need like your cell phone, handbag, or briefcase, etc., in the back seat to create a reminder to open the back door to retrieve that item every time you park.
- ◆ Keep a large stuffed animal in the child's car seat. When the child is placed in the car seat, put the stuffed animal in the front passenger seat as a visual reminder that the child is in the back seat.
- ◆ **Distractions and/or a change in routine increase the risk of forgetting a child in a back seat.** If someone else is driving your child, or your daily routine is altered, always check to make sure your child has arrived safely.
- ◆ Have a strict policy in place with the childcare provider about morning drop-off.
 - ◆ If your child will not be attending childcare as scheduled, the parent's responsibility is to call and inform the childcare provider.
 - ◆ If the child does not show up as scheduled, and the child care provider did not receive a call, the childcare provider pledges to contact the parent immediately to ensure the safety of your child.
- ◆ Never leave a child alone in a car.
- ◆ Never let children play in an unattended vehicle. Teach children that a vehicle is not a play area.
- ◆ Never leave a child in a parked vehicle, even if the windows are partially open.
- ◆ **Observe and Report:**
 - ◆ If you see a child alone in a car, call 911, especially on warm days!



Heat Related Deaths ARE Preventable
LOOK BEFORE YOU LOCK

weather.gov/heat nhtsa.gov

The temperature in your car can quickly become deadly!

Outside Temperature: 80°F

Inside: 95°F	Time Elapsed: 10 Minutes
Inside: 105°F	Time Elapsed: 20 Minutes
Inside: 115°F	Time Elapsed: 30 Minutes
Inside: 125°F	Time Elapsed: 60 Minutes

Traffic Injury Prevention Project
Pennsylvania
1-800-CAR BELT
www.pakidstravelsafe.org



Keeping Kids Warm & Safe Through Winter

The Danger of Winter Coats in Car Seats

As cooler weather approaches, parents bundle children in bulky coats to keep them warm. Using these thick coats may keep children warm, but they reduce the safety of their car seat. The car seat harness keeps the child in the car seat and spreads the crash forces over a large area of the body. The harness provides the best protection when correctly placed on the child and tightened snugly. A bulky coat can compress in a crash and create slack in the harness.



To determine if the child's coat is too bulky and not safe to use under the harness while traveling in the car:

1. Put the coat on the child and correctly place the car seat harness on the child's body. Secure the harness and adjust snugly to fit the child. A snug harness does not allow the webbing to be folded between your thumb and forefinger when pinched at the shoulder.
2. Without loosening the harness, unbuckle and remove the child from the car seat.
3. Remove the coat and place the child back in the car seat. Correctly place the harness on the child's body and buckle the harness straps. If you can pinch the webbing between your thumb and forefinger, the coat is too bulky to be worn under the harness.

Winter Coats and Harnessing

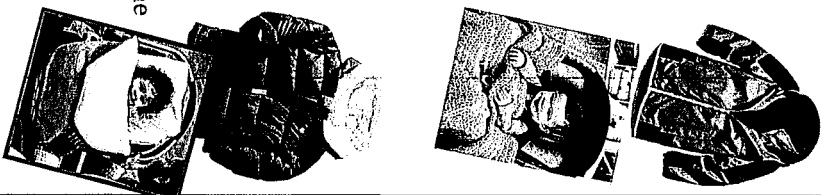
What you CAN Do

- Purchase coats that come in layers or offer warmth with thinner fabrics and fillers.
- Place a blanket over the child who is secured in a car seat for additional warmth.
- Put the child's coat on backwards once the harness is buckled and tightened in the car.
- Secure the child in the car seat with the clothes that will be worn while indoors.
- Buckle and tighten the harness snugly. A snug harness does not allow any slack. It lies in a relatively straight line without pressing on the child's body and pushing it into an unnatural position. The harness should be snug enough on the child that you cannot pinch any extra webbing.
- Slip the child's arms through the sleeves to wear the coat backwards and over the snug harness.
- In the event of a crash, the snug harness will keep the child secure.
- Warm up the car in a well-ventilated area prior to taking the child outside.

What you SHOULD NOT Do

- Purchase and use puffy coats, bunnings and snowsuits or too much padding under the harness.
- Use head roll supports that do not come with the car seat (non-regulated). These items can actually interfere with the harness, add padding under the child and affect how the car seat protects in a crash.
- Use car seat covers that cover the entire car seat for warmth and decoration. Unless the car seat cover comes with the car seat, it should not be used in the car during travel.

Note: A common misuse for car seats is a loose harness. Wearing a bulky winter coat under the harness is just one of the causes for a loose harness. Extra slack in the harness can be very dangerous; it can lead to too much forward movement or even ejection during a crash.



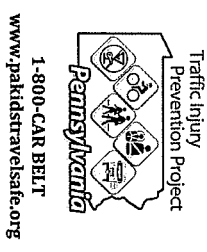
Following Manufacturer's Instructions

Install the child's car seat correctly to reduce the risk of injury in a crash. It is important to follow the car seat and vehicle instructions carefully to achieve a correct installation. Useful tips to obtain a correct installation:

- **Read the car seat instruction manual and the portion of your vehicle owner's manual covering car seat installation.**
- Place the car seat in a back seat of the vehicle and secure it tightly. It should not move side-to-side or front-to-back more than 1-inch when pulled at the belt path.

Secure Children Correctly In the Car Seat

- Properly position the harness on your child.
- **Rear-facing:** The harness straps should lie flat and be threaded through the slot that is **at or below** your child's shoulders.
- **Forward-facing:** The harness straps should lie flat and be threaded through the **reinforced slot** that is **at or above** your child's shoulders.
- Buckle the harness and secure the chest clip. Tighten the harness until it is snug on the child.
- The harness is snug when the webbing cannot be pinched at the shoulder.
- Make sure the chest clip on the harness is at armpit level.



1-800-CAR BELT

www.pakidtravelsafe.org

Make Safe Choices When Buckling Up Children

Children who are correctly buckled in a car seat, booster seat, or seat belt benefit from the single most effective way to protect vehicle occupants and reduce fatalities in a crash. Securing children in age and size appropriate car seats is the best way to keep children safe. It is also important to increase booster seat/seat belt use among children age 8 through 13 and spread the message that they are safer in the back seat of a vehicle. By educating children and families on the importance of occupant protection, they will make buckling up a habit for life.

- ◆ Selection: Choose a car seat, booster seat, or seat belt based on the child's age, height, weight, and developmental level.
- ◆ Direction: Children should remain rear-facing as long as possible, until they reach the top height or weight limits allowed by the manufacturer.
- ◆ Location: Select a seating position with seat belts that can be locked or approved for LATCH (Lower Anchors and Tethers for Children) to secure the car seat. Children should remain in a back seat through age 12.
- ◆ Installation: Read and follow the car seat manufacturer's instructions and vehicle manual for guidance on correctly installing and using the car seat, booster seat, and seat belt.
- ◆ Harnessing: Place the harness through the correct slots and secure the child snugly with the harness retainer clip at armpit level. You should NOT be able to pinch excess webbing at the shoulder or hips once the harness is buckled.

Before Baby Arrives - Buckling up through all stages of pregnancy is the single most effective action to protect you and your unborn child in a crash. Place the shoulder belt across the chest (between the breasts) and the lap belt secured below the belly across the hips and pelvic bone. Move the vehicle seat back to keep as much distance as possible between the belly and the steering wheel.

Rear-Facing



Under 2 years old?

Secure children in a rear-facing car seat until 2 years of age or until the maximum weight or height allowed by the manufacturer of the car seat. Children younger than 1 year should always ride in a rear-facing car seat. Never place a rear-facing car seat in the front seat with an active passenger-side front air bag.

Traveling rear-facing is 5 times safer than forward-facing.

Forward-Facing



Over 2 years old?

When children outgrow the rear-facing car seat, secure them in a forward-facing car seat with a harness for as long as possible, up to the highest weight or height allowed by the manufacturer of the car seat.

Forward-Facing car seats reduce the risk of injury for children by 71% compared to children using the seat belt only.

Belt-Positioning Booster



Once children outgrow the forward-facing car seat, secure them in a belt-positioning booster seat with a lap and shoulder belt until the seat belt fits properly. Typically when a child is approximately 4 feet 9 inches and between 8 and 12 years of age.

Booster seats lower the risk of injury for children age 4 to 8 years by 45% compared to children using the seat belt alone.

Seat Belt



When children outgrow the belt-positioning booster seat, secure them in a properly fitted lap and shoulder belt. A lap and shoulder belt fits properly when the lap belt lays low and snug across the hips/upper thighs and the shoulder belt fits across the center of the chest and shoulder.

The lap and shoulder seat belts reduce the risk of injury by 45%.

Children younger than age 13 should ride in a back seat.

Any Age, Weight or Height, Always Buckle Your Family Right

Follow basic "correct use" principles to provide education and guidance to child restraint users without compromising the child's safety. Parents must become familiar with their safety belt systems, car seat and other vehicle safety features.

1. READ AND FOLLOW BOTH THE CAR SEAT AND VEHICLE OWNER'S MANUALS TO LEARN HOW TO INSTALL AND CORRECTLY USE A CAR SEAT.

- ◆ Labels on car seats provide important information:
- ◆ Basic instructions for correct installation and use
- ◆ Name, address, and contact information of manufacturer
- ◆ Model Number and Manufacture Date
- ◆ Expiration Date



2. Infants must ride rear-facing until two years of age or until the maximum weight or height allowed by the manufacturer of the car seat.

- ◆ Many convertible car seats are approved for rear-facing use up to 40 pounds and should be considered for children who have exceeded the limits of a rear-facing only car seat.



3. Infants always ride rear-facing at no greater than a 45-degree recline angle.

- ◆ The correct angle enables the infant to maintain an open airway.

4. NEVER place a rear-facing car seat in the front seat of a vehicle with an active passenger-side front air bag.

- ◆ A rear-facing car seat may be used in a front seat only when there is an air bag on/off switch when the switch is in the OFF position.
- ◆ To determine if air bags are present in the vehicle, check the:
 - ◆ sun visor
 - ◆ dashboard
 - ◆ owner's manual



5. Children younger than age 13 should ride in a back seat. Older children can ride in the front seat with an active passenger-side front air bag only when no other back seat position is available and properly secured. Always:

- ◆ push the vehicle seat back as far as possible.
 - ◆ use the car seat harness or seat belt according to the manufacturer's instructions.
- ## 6. Children who have outgrown the rear-facing car seat should be secured in a forward-facing car seat with a harness for as long as possible, up to the highest weight or height allowed by the manufacturer of the car seat.

7. Place the car seat harness through the correct slots:

- ◆ at or below the shoulders for rear-facing.
 - ◆ at or above the shoulders for forward-facing in a reinforced slot
- ## 8. The car seat harness should not allow any slack.

A snug harness:

- ◆ lies in a relatively straight line without sagging.
- ◆ should not, however, be so tight as to press into a child's body.



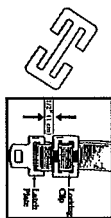
9. Seat Belt: Place the vehicle seat belt through the correct belt path following the car seat manufacturer instructions.

10. Tighten and LOCK the vehicle seat belt according to directions found in the vehicle owner's manual.

- ◆ Check for tightness at the seat belt path.
- ◆ The car seat should NOT move more than one inch when pulled side-to-side or front-to-back at the belt path.

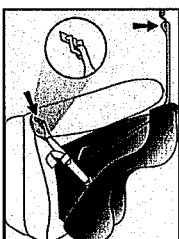
11. When the seat belt cannot be locked, use one of the following approved methods as directed by the vehicle and/or car seat manufacturer:

- ◆ Locking Clip/Lock-Off
- ◆ Belt-Shortening Clip
- ◆ Flip the Latchplate
- ◆ Twist the Buckle Stalk



12. LATCH (Lower Anchors and Tethers for Children): Route the lower anchor connector webbing through the designated belt path

- ◆ following the manufacturer's instructions.
- ◆ Attach the lower anchor connectors on the car seat to the lower anchors in the vehicle following instructions in the car seat and vehicle owner's manual.
- ◆ Check for tightness at the lower anchor belt path.
- ◆ Attach the tether connector (if applicable) to the tether anchor and tighten. Car seat and vehicle manufacturers provide a maximum weight limit for lower anchor and tether use. Lower anchors and tethers should be discontinued when the weight limit is met.



13. Children who have outgrown their forward-facing car seat should be properly secured in a booster seat until the vehicle lap and shoulder belt fits correctly, at approximately 4'9" and between 8 and 12 years of age.

- ◆ Sit with their back and hips against the vehicle seat back without slouching.
- ◆ Bend their knees over the front edge of the vehicle seat and their feet flat on the floor.
- ◆ Place the snug shoulder belt across the center of the chest and shoulder.
- ◆ Place the lap belt low and snug across the hips/thighs.
- ◆ Stay in position for the entire ride.



14. The vehicle lap and shoulder belt can be used safely when the child is able to:

- ◆ Sit with their back and hips against the vehicle seat back without slouching.
- ◆ Bend their knees over the front edge of the vehicle seat and their feet flat on the floor.
- ◆ Place the snug shoulder belt across the center of the chest and shoulder.
- ◆ Place the lap belt low and snug across the hips/thighs.
- ◆ Stay in position for the entire ride.



15. When in doubt, don't guess - read instructions and/or call for technical assistance:

- ◆ TTPP: 1-800-CAR BELT or www.pakidstravelsafe.org
- ◆ NHTSA: 1-888-dash2dot or www.nhtsa.dot.gov
- ◆ www.safercar.gov/parents/index.htm

7/2016

Name:

Date:

3 training hour

Transporting Children Safely: Summer, Winter, Car Seats and Seat Belts

Leaving Kids Alone in Hot Cars:

1. List the six risks related to heat in vehicles and children?
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.

2. Name the four signs of heatstroke.
 - a.
 - b.
 - c.
 - d.

3. List six prevention tips to avoid heatstroke.
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.

4. Why does a child's body absorb more heat than an adult?

Winter Safety Tips for Children:

1. Why should thicker winter coats **NOT** be worn on a child in a car seat?

2. Name the three steps for determining if the child's winter coat is too bulky for the car seat harness?
 - a.
 - b.
 - c.

3. If you are not wearing a winter coat on the child in the car seat, name three other options for keeping the child warm.
 - a.
 - b.
 - c.

Making Safe Choices When Buckling Up Children

1. A child under the age of 2 years should be facing in what direction in their car seat?
2. Traveling rear-facing is _____ times safer than forward facing.
3. Forward facing car seats reduce the risk of injury for children by _____% compared to children using a seat belt only.
4. A child should be approximately _____ feet _____ inches and between the ages of _____ and _____ years to use a shoulder seat belt with a booster seat.
5. Lap and shoulder seat belts reduce the risk of injury by _____%.

Any Age, Weight or Height, Always Buckle Your Family Right

1. Infants riding rear-facing should be at what angle in the car seat and why?
2. Name the three places in your vehicle to check to determine if air bags are present:
 - a.
 - b.
 - c.
3. At what age is a child permitted to sit in the front seat? _____ years
What two items should the driver oversee before having a young youth sit in the front seat:
 - a.
 - b.
4. A car seat harness should never slack. How should the snug harness be?
 - a.
 - b.
5. If in doubt, name two places where a driver can seek assistance:
 - a.
 - b.

Name:

Date:

3 training hour

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