

Recruitment—Development—Support

Newsletter

Fall 2016

(Quarterly Newsletter for Kern's Resource Families)



Letter from the Ombudsman

Hello,

My name is Juan Rocha and I have been lucky enough to have been granted the opportunity to serve as the new Ombudsman for the Kern County Department of Human Services. Curt Williams has departed to continue his career helping foster youth as the new Foster Youth Services Director with the Kern County Superintendent of Schools. His tireless work on behalf of our children will be missed along with his infectious laugh.

I have worked for the Department of Human Services for fifteen years serving in many roles. I began my career as a Human Services Technician administering Medi-Cal and Cal Fresh benefits. After that I began my career as a social worker. I worked and supervised, in the Family Services and Emergency Response divisions. This provided me a wide range of experience in Child Welfare as well as with state laws and regulations that will allow me to assist you navigate through your journey as a caretaker for our beloved children.

In my role as Foster Family Ombudsman I look forward to assisting our children's caretakers in resolving issues or concerns that may come up. I will do this in an objective, unbiased manner when you are unable reach a resolution with the assigned social worker and their supervisor. My focus will be to reach resolutions that allow you to continue to provide the love and support our children need and deserve. I appreciate the hard work and dedication as well as the special role caretakers play in our children's lives and how indispensable you are in helping the Department of Human Services keep our children safe, assist them to reunify, or prepare them for independence. I hope to continue the path set down by the previous Ombudsmen and will work hard every day to assist you in caring for our children.

Thank you,
Juan Rocha, Ombudsman
661-631-6698

New DHS Education Liaison

The educational liaison for the Department of Human Services has changed. Please change your contacts from Vanessa Frando to Emily Stewart who has recently taken over this duty. If you have questions/concerns regarding educational issues for a foster youth in your care that are not being addressed by school staff please contact Emily at (661) 631-6162.

BACK TO SCHOOL
IS COOL



Caregivers of Kern County

Caregivers of Kern, our local resource family advocacy and support group, invites you to join them! They meet the third Thursday of each month at 9am at the Coco's Restaurant located on Rosedale Highway and all caregivers are encouraged to join. This group provides support, mentoring and more to its members all of whom are foster parents (both county and FFA), relative caregivers, or non-related extended family member caregivers. If you would like more information please stop by a meeting or contact Gayla Gibson at (661) 332-5129

Kern County Resource Families are Valued, Respected, Supported, and Skilled Partners and Advocates Who:

Provide safe loving homes • Commit to the development and success of children and families • Encourage family connections and nurturing relationships • Maintain a life long connection to children whenever possible

TRACK (Truancy Reduction Attendance Coalition of Kern):

Keeping kids home from school is “not a big deal.” Why not, right? “What’s the harm in that?” “They are young, it won’t matter, they have many years to go.” “What are a few days?” “What can they possibly be learning in kindergarten?” These are some of the excuses that are often used when keeping children home from school when they are not sick or otherwise legitimately unable to be there.

The California Legislature states that a student missing more than 30 minutes of instruction without an excuse three times during the school year must be classified as a truant and reported to the proper school authority. California State Law requires that a student attend school every day—all day, (Education Code of the State of California 48200). In California, 230,000 students missed 18 or more days of school in the 2014–2015 school year. According to the *In School + On Track 2015* report, absences happen mainly in the earliest grades. Nearly 15% of kindergarteners are chronically absent. Missing 2–3 days every month can turn into third graders unable to read on grade level. Missing school deprives students of important developmental, social, and learning opportunities and increases the risk of later involvement in the criminal justice system. Don’t let this happen to your student. Stay in touch with your student. Monitor your student’s attendance. Help your student succeed. If your child does not want to attend no matter what you do to encourage them, contact their school for assistance.

Take a moment to read the information included from T.R.A.C.K. (Truancy Reduction & Attendance Coalition of Kern). If you are going through difficult times, reach out to your child’s social worker, teacher or community agencies. You are not alone. For more information, including a brochure with a listing of other resources, visit them on the web at: <http://kern.org/schcom/truancy-reduction-attendance-coalition-of-kern-track/>

Resource Family Approval – what happens to existing caregivers?



As you have heard, all counties in California are required to begin a new approval process for caregivers by January 1, 2017. This process, called Resource Family Approval (RFA), is designed to ensure that all caregivers are offered the appropriate training and support to care for our foster youth. One of the biggest questions for our current licensed foster homes, approved relative homes, and approved non-relative extended family member (NREFM) homes is “what happens to my current license (or approval)?”

According to All County Letter 16-58, and Assembly Bill 403, the following procedures have been put into place to address currently licensed/approved homes.

- Licensed foster family homes or approved relatives/NREFMs who have an approved adoption home study prior to January 1, 2018 are deemed to be an approved Resource Family.
- For licensed foster family homes or approved relatives/NREFMs who do not have an approved adoption home study, but have a child placed in the home at any time between January 1, 2017 and December 31, 2017, the county will need to complete a psychosocial assessment of the family and document the results of the assessment. Upon successful completion of the psychosocial assessment, the family may be approved as a Resource Family.
- All licensed foster family homes that do not have a child in placement at any time between January 1, 2017 and December 31, 2017 shall forfeit their license by operation of law on January 1, 2018. If the family is interested in providing care again for a child or youth in foster care, they will need to apply to be a Resource Family.
- All homes must be converted to RFA by December 31, 2019 as their license/approval is considered forfeited after that date.



Kern County Sheriff's Office Home Alone Safety Tips

The following safety tips have been issued by the Kern County Sheriff's Department. When reading, please remember that at no time can a foster youth be left home alone overnight.

Many parents make the decision to leave their child home alone for periods of time during the summer. It is important to remember several factors when trying to determine if your child is ready to be left home alone for any length of time. It is also very important to prepare your child for any situation or emergencies that may come up during the time they are home alone. Age should not be the sole deciding factor on whether a child or teen is ready to stay home alone. Ensuring the child is responsible, can follow directions, and understands/follows the rules set in place by a parent are the most important factors in making the decision to leave a child unsupervised.

Making Sure Your Child is Ready

- * Consider your child's temperament and maturity level.
- * Does your child follow directions and act responsibly?
- * Has your child expressed interest/confidence in staying home unsupervised?
- * Ensure your child knows what to do in an emergency situation.
- * Go over "what if" scenarios to see how a child might handle an unexpected situation before it arises. Talk through situations with your child.
- * Try running short errands first to get your child confident with staying home alone before leaving him/her for longer periods of time.

In Case of an Emergency

- * Make sure your child knows how and when to dial 911 in an emergency situation.
- * Have all of your contact information (work phone, cell phone, etc.) printed near the phone along with the numbers of one or more trusted neighbors.
- * Discuss fire safety with your child and various escape routes should there be a fire in the home.
- * Your child should have your name, phone number and address memorized if needed in case of an emergency.

Other Various Tips

- * Make sure your child never answers the door when they are home alone.
- * Coach your child on what to say when they answer the phone. It is important they do not express they are home alone to a caller. Saying something like "My mom can't make it to the phone right now, can I take a message?" is better than "My mom isn't home right now."
- * It's best if children stay inside the home. Stay away from backyard pools or playing in the front yard.
- * Leave sensible snacks/meals for your child so that they do not have to use the oven/microwave/toaster.
- * Use caution in asking a child to supervise younger children in the home.
- * Determine what works for you and your family, such as "no friends over" or "no video games".
- * Monitor and take extreme caution in your child's computer usage. Children can access many websites if left unsupervised. Child predators aren't merely in parks and amusement parks.
- * They can easily access your child via internet, social media, etc. – and often pose as other children.

If you would like further information on this subject, or if you are interested in other crime prevention topics, please contact the Kern County Sheriff's Office Crime Prevention Unit at (661) 391-7559 or at crimeprevention@kernsheriff.com.



Over the Counter Medications and Foster Youth:

Recently we have received several questions regarding administering over the counter medications to foster youth. For county licensed foster parents, over the counter medication may be administered on an as needed basis as long as the directions on the label are being followed and the medication is being used for its intended purposes. This is covered by Title 22, Section 89475(c)(5) which states "non-prescription medication must be administered to a child as directed on the label or as directed by the appropriate medical professional." Should a child in your care have other health conditions, or take prescribed medications that may interact, it is strongly recommended that you check with his/her physician before administering.

CALLING ALL CAREGIVERS

If you have friends or family that may be interested in finding out more about becoming a resource family, please invite them to come to one of our orientations. Orientations are held monthly in English on the Second and Fourth Thursdays and in Spanish on the Third Thursday. All sessions are held at the Department of Human Services Partnership Building from 5:30pm-7:30pm. There is no commitment made by attending. Have your friends and family call the Recruitment Line at (661) 631-6204 for additional information.

BAKERSFIELD COLLEGE

The Foster and Kinship Care Education Program is excited to introduce their new website. Take a moment to visit:

<https://www.bakersfieldcollege.edu/FKCE>

Trainings are scheduled through the end of the year offering trainings at different times and on different days of the week.



Families
Formed With
Love



KERN COUNTY DEPARTMENT OF
Human Services
Opportunity. Options. Empowerment.



LICENSED FOSTER PARENTS NEEDED!!!

The Department is actively recruiting county licensed foster parents to meet the growing needs of our foster children. Please contact your Licensing Program Analyst if you have room in your heart to care for children who:

- Need Emergency Foster Home placement (generally 21 days or less)
- Have specialized medical needs
- Have emotional/behavioral challenges
- Are part of the Therapeutic Foster Care program at Kern County Mental Health
- Are part of large sibling groups
- Are pregnant or parenting teens
- Are ABI2 youth (18 – 21 years of age)
- Are victims of human trafficking.

Specialized training and support will be provided.

**BACK TO SCHOOL
IS COOL**

KERN COUNTY DEPARTMENT OF HUMAN SERVICES
100 E. CALIFORNIA AVENUE BAKERSFIELD, CA. 93307
PO BOX 511, BAKERSFIELD, CA. 93302
RECRUITMENT PHONE (661) 631-6204
RESOURCEFAMILIES@KERNDHS.COM
FAX (661) 633-7077

WE'RE ON THE WEB!
KCDHS.org

ATTEND school today, **ACHIEVE** in life tomorrow

Too many absences – excused or unexcused – can keep students from succeeding in school and in life. Missing 10% of the school year – that’s 18 missed days or 2 days per month – can knock students off track.

When do absences become a problem?



CHRONIC ABSENCE

Absent 18 or more days

WARNING SIGNS

Absent 10 to 17 days

GOOD ATTENDANCE

9 or fewer absences



WHAT CAN YOU DO?

- Set a regular bed time and morning routine
- Lay clothes out and pack backpacks the night before
- Don't let your child stay home unless he/she is truly sick
- Develop back-up transportation plans
- Avoid medical appointments during the school day
- Only take extended trips during school holidays

Give your children their best chance for success – ensure they're in school **ALL DAY, EVERY DAY**

ASISTE a la escuela hoy, TRIUNFA en la vida mañana

Demasiadas ausencias- con o sin excusa- pueden evitar que los estudiantes triunfen en la escuela y en la vida. Faltando un 10% del año escolar- que son 18 días de faltas o 2 días al mes- puede afectar al estudiante en su educación.

¿Cuándo se convierten las ausencias en un problema?



Ausencia Crónica

Ausente 18 Días o más

Señales de Advertencia

Ausente 10 a 17 días

Buena Asistencia

9 ausencias o menos



Que puede hacer usted

Ponga una hora regular para dormir y una rutina por las mañanas.

•
Tienda ropa y las mochilas la noche anterior.

•
No deje que su hijo se quede en casa a lo menos que este verdaderamente enfermo.

•
Desarrolle un plan alternativo de transporte.

•
Evite las citas al médico durante los días de escuela.

•
Solamente tome viajes largos durante las vacaciones escolares.

Dele a sus hijos la mejor oportunidad para obtener el éxito – asegúrese que estén en la escuela **TODO EL DIA, CADA DIA**

Graduation

AB 167/216 allows foster youth to graduate by completing the CA requirements rather than their local district's credit requirements, when 3 requirements are met (EC § 51225.1(a)):

- (1) The foster youth student must have transferred schools after completing their second year of high school, using either the number of credits earned or length of time of enrollment, whichever will make a student eligible.
- (2) The district must find that the pupil is not reasonably able to complete the district's local graduation requirements by the end of their 4th year of high school.
- (3) The pupil must complete all CA graduation requirements.

Notice required: W/in 30 days of student's transfer district must provide notice to student, social worker, and ed right holder re: eligibility.

Note: Students with IEP or 504 plan are exempt from the CA exit exam (CHASEE). EC § 60852.3.

Ed Rights

Std to limit ed rights for a minor dependent:

necessary to protect the child. WIC § 361. (At detention: unwilling, unavailable, unable WIC § 319). Court form: JV-535 & JV-535 (A).

- Court must determine whether there is an available, willing adult known to the minor before appointing an unknown adult or ordering an LEA to do so. WIC §§ 319,726.



If you have a foster child or relative child in your care and you would like to have the right to make educational decision for him or her, contact your child's social worker.

To find a listing of your school district's Liaison, contact Foster Youth Services at 661-636-4488 or visit the Kern County Network for Children's website at www.kcnc.org and click under Foster Youth Services.

OTHER RESOURCES:

Foster Care Ombudsman's website at www.fosteryouthhelp.ca.gov or call their toll free number at 1-877-846-1602.

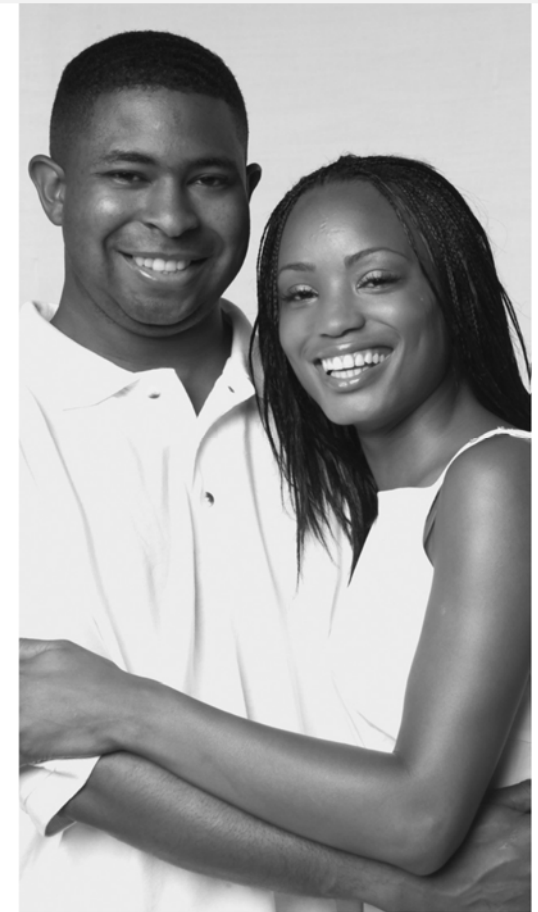


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KCDHS 336-Gen (11/15)

KCDHS is an equal opportunity agency.

Educational Rights for Foster Youth



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School Change

When Contemplating a School Change

- Youth has the right to remain in school/district or origin when there is a change in placement. EC § 48853.5(e)(1).
- The placing agency must consider a new home's proximity to the school of origin. WIC § 16501.1(c).
- W/in 24 hours of determining that a home change would result in a school change, the CWW must contact minor's counsel and the ed rights holder. CRC 5.651(e)(1)(A).
- Minor's counsel must, as appropriate, discuss the proposed school change with the child and the ed rights holder and may request a hearing. CRC 5.651(e)(2)(A).

Youth Remains in School of Origin

- Youth has the right to remain in school of origin for the duration of court's jurisdiction, or through graduation, if in high school when case is dismissed. EC § 48853.5(e)(3)(A).
- Youth is a resident of the school district of origin. EC § 48204(a)(1)(B)(2).
- School of origin = school attended while permanently housed, school last enrolled, or any school the youth attended within the last 15 months. EC § 48853.5(f).
- If youth has transportation in their IEP as a related service, school district of origin is responsible to provide it. EC §§ 48204(a)(1)(B)(2), 48853.5(e)(3)(B)(5).
- If no IEP transportation, foster parent may be reimbursed by Social Services for reasonable travel to school of origin. ACL No. 11-51; CRC 5.651(f)(1)(C).

Youth Changes School

- Foster youth liaison must give written explanation to the youth and ed rights holder why it's in the youth's best interest to change schools. EC § 48853.5(e)(3)(b)(7).
- If the pupil has an IEP, the CWW must give the new and old school 10 days prior written notice of the expected school change. CRC 5.651(e)(1)(B).
- If the pupil has an IEP and changes districts, the new district must immediately provide comparable services and hold an IEP meeting within 30 days. EC § 56325.
- CWW should compile school records and education passport for new caregivers. WIC § 16010 (a),(c).
- The NEW SCHOOL shall allow the pupil to IMMEDIATELY enroll even if the pupil lacks records normally required for enrollment (EC § 48853.5(e)(8)(B)) AND within 2 days must contact the previous school to request all the pupil's records. EC § 48853.5(e)(8)(C).
- The PREVIOUS SCHOOL w/in two days must provide the records including any PARTIAL CREDITS received, which the new school must accept. Id., EC § 48645.5.
- CWW provides new district/SELPA Director a copy of the IEP and relevant records, contact information of previous school

attended, and notice of who holds educational rights, when placing a child in licensed foster home or children's institution. See 2 CCR § 60510; EC § 56156.

- Open IEP assessment must be completed by new/old districts. 20 USC § 1414(b)(3)(D); EC § 56320(i).



Assess For Special Ed & 504 Plan

Referral

Written referral by ed rights holder OR service provider (e.g., teacher, CWW, attorney) to assess youth for SPED & 504 Plan (EC § 56029; 34 C.F.R. § 104.35) from birth to age 22. EC § 56026.

Assessment Plan

School must provide assessment plan w/in 15 days to ed rights holder (no SST is required). EC § 56321(a). If school refuses to assess, contact CWW & minor's counsel to discuss next steps.

IEP Meeting

IEP mtg held w/in 60 days of receipt of assessment plan signed by ed rights holder. EC § 56344(a).

Eligible

If pupil qualifies for special ed (5 CCR. § 3030), the pupil is eligible for a free appropriate public education (FAPÉ, e.g., SPED services & accommodations) in the least restrictive environment (LRE, 20 USC § 1412 (a)(5)(A)), annual IEP review (EC § 56344(d), & reassessment every 3 years (EC § 56381(a)2). If only eligible for a 504 plan, school must create a plan w/ accommodations and services. 34 CFR § 104.3(i).

Not Eligible

If the pupil does not qualify, contact CWW and minor's counsel. If you disagree with the assessment, consider an Independent Educational Evaluation (IEE). EC § 56329(b).

School Discipline

Suspension?

The school must make a reasonable effort to notify the ed rights holder by phone and must provide written notice. EC § 48911(d),(g). 20 days of suspension does not automatically create an expulsion rec. EC § 48903(a).

Extended Suspension / Rec to Expel?

If the pupil is referred for expulsion and suspension is extended b/c the pupil is deemed disruptive or a danger, the school must convene a meeting with the ed rights holder and invite the minor's lawyer and social services designee to the meeting. EC § 48911(g).

Pupil has a Disability?

If the pupil has a disability (IEP or 504 plan), or the school has knowledge of a suspected disability (e.g., referred for an assessment), and the pupil has (1) either been referred for expulsion or (2) been suspended more than 10 days constituting a change in placement, the school must hold a manifestation determination w/in 10 days. 20 USC § 1415 (k)(1)(E), (k)(5); 34 CFR § 300.534(b)

Manifestation Determination?

School must contact minor's lawyer & social services. EC § 48915.5(d). The MD requires 2 questions.

- (1) was the behavior cause by, or did it have "a direct and substantial relationship" to the pupil's disability; and
- (2) was the behavior a direct result of the district's failure to implement the IEP?

If answer is YES to either, pupil cannot be expelled, and school must develop a behavior plan. If the answer is NO to both questions, the pupil may be disciplined like a non disabled peer. 20 USC § 1415(k)(1)(F); 34 CFR § 300.530 (e),(f).

Expulsion Hearing?

If the pupil is not disabled or the answer was "no" to both MD questions, the school may hold an expulsion hearing within 30 days of committing any EC 48900 act EC § 48918 (a). Ten days prior to the hearing, written notice must be sent to the student (EC§ 48918(b)), and if it's discretionary act, the minor's attorney and social services designee must be contacted. EC § 48918.1. The pupil may request to postpone the hearing for up to 30 days. EC § 48918(a).

Expulsion Appeal

If expelled, the ed rights holder may appeal within 30 days of the governing board's decision to expel. EC § 48919.

Graduación

AB 167/216 permite a jóvenes de crianza graduarse al completar el requisito de CA en lugar de los requisitos de crédito de su distrito local cuando se cumplen los siguientes 3 requisitos (EC § 51225.1(a)):

- (1) El joven de crianza estudiante deberá haber transferido escuela después de completar su segundo año de escuela secundaria, ya sea usando el número de créditos acumulados o el período de tiempo de inscripción, cual haría que un estudiante sea elegible.
- (2) El distrito debe encontrar que el alumno no es razonablemente capaz de completar los requisitos de graduación del distrito local para el final de su cuarto año de escuela secundaria.
- (3) El alumno debe completar todos los requisitos de graduación de CA.

Notificación Requerida: Dentro de 30 días de la transferencia el distrito debe proveer una notificación al estudiante, trabajador social, y titular de los derechos de educación re: elegibilidad.

Nota: Estudiantes con IEP o plan 504 son excluidos del examen de salida de CA (CHASEE). EC § 60852.3.

Derechos Educativos

Standard de limitar derechos educativos para un menor dependiente: necesario para proteger al niño. WIC § 361. (En la detención: indispuesto, no disponible, incapaz WIC § 319). Forma de corte: JV-535 & JV-535 (A).

- La corte debe determinar si hay un adulto, conocido por el menor, disponible y dispuesto antes de nombrar un adulto desconocido o ordenar la LEA para hacerlo. WIC §§ 319,726.



Si usted tiene un hijo de crianza o un niño en relación a su cuidado y le gustaría tener el derecho de hacer decisiones educativas para él o ella, póngase en contacto con el trabajador social de su hijo/a.

Para obtener una lista de coordinadores en su distrito escolar, contacte Foster Youth Services al 661-636-4488 o visite el sitio web de Kern County Network for Children en www.kcnc.org y oprima Foster Youth Services.

OTROS RECURSOS:

Foster Care Ombudsman's sitio web en www.fosteryouthhelp.ca.gov o llame al número gratuito al 1-877-846-1602.



100 E. California Ave. Bakersfield, CA 93307
Tel 661.631.6600 • Fax 661.631.6631 • TTY 800.735.2929

KCDHS 336-Gen (11/15)

KCDHS es una agencia de igualdad de oportunidades.

Derechos Educativos para Jóvenes de Crianza



Oportunidad. Opciones. Empoderamiento.
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Cambio Escolar

Quando Se Contempla Un Cambio De Escuela

- El joven tiene el derecho a permanecer en la escuela/distrito de origen cuando hay un cambio en colocación. EC § 48853.5(e)(1).
- La agencia de colocación debe tener en cuenta la proximidad de un nuevo hogar a la escuela de origen. WIC § 16501.1(c).
- Dentro de 24 horas de determinar que un cambio de hogar daría lugar a un cambio de escuela, el CWW (trabajador de bienestar infantil) debe contactar al abogado del menor y el titular de los derechos de educación. CRC 5.651(e)(1)(A).
- El abogado del menor debe, según el caso, discutir el cambio de escuela propuesto con el menor y el titular de derechos de educación y puede solicitar una audiencia. CRC 5.651(e)(2)(A).

Joven Permanece en La Escuela de Origen

- El joven tiene derecho a permanecer en la escuela de origen por la duración de la jurisdicción de la corte, o a través de la graduación, si está en la escuela secundaria cuando se desestima el caso. EC § 48853.5(e)(3)(A).
- El joven es residente del distrito escolar de origen. EC § 48204(a)(1)(B)(2).
- Escuela de origen = escuela de asistencia mientras alojado permanentemente, última escuela inscrita, o cualquier escuela que el joven asistió dentro de los últimos 15 meses. EC § 48853.5(f).
- Si el joven tiene transporte en su IEP (plan de educación individual) como un servicio relativo, el distrito escolar de origen es responsable de proveerlo. EC §§ 48204(a)(1)(B)(2), 48853.5(e)(3)(B)(5).
- Si no hay transporte IEP, el padre de crianza puede ser reembolsado por Servicios Sociales para viajes razonables a la escuela de origen. ACL No. 11-51; CRC 5.651(f)(1)(C).

Joven Cambia Escuela

- El coordinador de jóvenes de crianza debe dar una explicación, por escrito, al joven y titular de derechos de educación porque está en el mejor interés del joven cambiar escuela. EC § 48853.5(e)(3)(b)(7).
- Si el alumno tiene un IEP, el CWW debe dar a la nueva y previa escuela 10 días de previo aviso por escrito del cambio esperado de escuela. CRC 5.651(e)(1)(B).
- Si el alumno tiene un IEP y cambia distrito, el nuevo distrito debe, inmediatamente, ofrecer servicios comparables y tener una reunión de IEP dentro de 30 días. EC § 56325.
- CWW debe compilar los registros escolares y el pasaporte de educación para los nuevos cuidadores. WIC § 16010 (a),(c).
- La NUEVA ESCUELA deberá permitir al alumno a inscribirse INMEDIATAMENTE aun si al estudiante le faltan registros normalmente requeridos para la inscripción (EC § 48853.5(e)(8)(B)) Y dentro de 2 días debe comunicarse con la escuela anterior para solicitar todos los registros de alumno. EC § 48853.5(e)(8)(C).

- La ESCUELA ANTERIOR debe proveer, dentro de 2 días, los registros incluyendo CREDITOS PARCIALES acumulados, los cuales la nueva escuela debe aceptar. Id., EC § 48645.5.
- CWW proporciona al nuevo distrito/Director de SELPA una copia de registros IEP pertinentes, información de contacto de la escuela anterior, y aviso de quien tiene los derechos de educación, cuando coloca a un niño en un hogar de crianza con licencia o institución de niños. Ver 2 CCR § 60510; EC § 56156.
- Evaluación de IEP abierta debe completarse por nuevo/previo distrito. 20 USC § 1414(b)(3)(D); EC § 56320(i).



Evaluación Para Educación Especial Y Plan 504

Referencia

Referencia escrita por el titular de derechos educativos Q proveedor de servicios (ej., maestro, CWW, abogado) para evaluar al joven para SPED y plan 504 (EC § 56029; 34 C.F.R. § 104.35) desde nacimiento hasta los 22 años. EC § 56026.

Plan de Evaluación

La escuela debe proporcionar un plan de evaluación dentro de 15 días al titular de los derechos de educación (no se requiere SST). EC § 56321(a). Si la escuela se niega a evaluar, contacte CWW y el abogado del menor para discutir los pasos a seguir.

Reuniones IEP

Reunión de IEP dentro de 60 días de recibir el plan de evaluación firmado por el titular de los derechos de educación. EC § 56344(a).

Elegible

Si el alumno califica para educación especial (5 CCR. § 3030), el alumno tiene derecho a una educación pública apropiada gratis (FAPE, e.g., servicios SPED y acomodaciones) en el ambiente menos restrictivo (LRE, 20 USC § 1412 (a)(5)(A)), revisión anual de IEP (EC § 56344(d), y reevaluación cada 3 años (EC § 56381(a)2). Si es solamente elegible para un plan 504, la escuela debe crear un plan con acomodaciones y servicios. 34 CFR § 104.3(i).

No Elegible

Si el alumno no califica, comuníquese con CWW y el abogado del menor. Si no está de acuerdo con la evaluación, considere una Evaluación Educativa Independiente (IEE). EC § 56329(b).

Disciplina Escolar

Suspensión?

La escuela debe hacer un esfuerzo razonable para notificar a los titulares de derechos de educación por teléfono y debe dar aviso por escrito. EC § 48911(d),(g). 20 días de suspensión no crea automáticamente recomendar una expulsión. EC § 48903(a).

Suspensión Ampliada / Recomendación para Expulsar?

Si el alumno es referido para expulsión y la suspensión se extiende porque el alumno es considerado disruptivo o un peligro, la escuela debe convocar una reunión con el titular de los derechos de educación e invitar al abogado del menor y al representante de Servicios Sociales a la reunión. EC § 48911(g).

Alumno tiene una Discapacidad?

Si el alumno tiene una discapacidad (IEP o plan 504), o la escuela tiene conocimiento de una sospecha de discapacidad (e.g., referido para una evaluación), y el alumno tiene (1) ya sea referido para una expulsión o (2) ha sido suspendido más de 10 días que constituye un cambio de colocación, la escuela debe realizar una determinación de la manifestación dentro de 10 días. 20 USC § 1415 (k)(1)(E), (k)(5); 34 CFR § 300.534(b)

Determinación de Manifestación?

La escuela debe contactar al abogado del menor y Servicios Sociales. EC § 48915.5(d). El doctor requiere 2 preguntas.

- (1) Fue la conducta causada por, o tenía “una relación directa y sustancial” con la discapacidad del alumno; y
- (2) Fue el comportamiento un resultado directo del fracaso del distrito para implementar el IEP?

Si la respuesta es SI a cualquiera, el alumno no puede ser expulsado, y la escuela debe desarrollar un plan de comportamiento. Si la respuesta es NO a las dos preguntas, el alumno puede ser disciplinado como un compañero no discapacitado. 20 USC § 1415(k)(1)(F); 34 CFR § 300.530 (e),(f).

Audiencia de Expulsión?

Si el alumno no está discapacitado o la respuesta es “no” a ambas preguntas al doctor, la escuela puede retener una audiencia de expulsión dentro de 30 días de cometer cualquier EC 48900 acto EC § 48918 (a). Diez días antes de la audiencia, una notificación por escrito debe ser enviada al estudiante (EC § 48918(b)), y si el acto es discrecional, el abogado del menor y la persona designada por Servicios Sociales se debe contactar. EC § 48918.1. El alumno puede solicitar posponer la audiencia hasta por 30 días. EC § 48918(a).

Apelación de Expulsión

Si expulsado, el titular de los derechos de educación puede apelar dentro de los 30 días de la decisión de la junta de gobierno de expulsar. EC § 48919.



Grief and Loss Coping Strategies for Foster Parents

You may experience grief when a foster child leaves your home. Certainly, parents are grieving when their children have been placed in out of home care. Children being placed in your home are experiencing grief related to their removal, changing schools, losing contact with friends, worrying about their parents, missing their pets—the list is a long one!

Grief is a natural response to a loss. It is the emotional suffering that you feel when something or someone you love is taken away. Any loss can cause grief including:

- The end of a relationship
- Loss of health
- Changes in a role or job
- Loss of financial stability
- A miscarriage or still birth
- Death of a family member
- Death of a pet
- Loss of a cherished dream
- A loved one's serious illness
- Loss of a friendship
- Loss of safety after a traumatic experience



Dr. Elisabeth Kubler-Ross introduced the world to the theory of five stages of grief in 1969.

- Denial: "This cannot be happening to me!"
- Anger: "Why is this happening? Who is to blame?"
- Bargaining: "Make this not happen and in return, I will _____"
- Depression: "I am too sad to do anything."
- Acceptance: "I am at peace with what happened."

If you experience any of these emotions following a loss, or observe these emotions in others, it may help to know that the reaction is natural and that healing will come in time.

Grief is a roller coaster, not a series of stages. People often do not experience the stages in the same order:

It is best not to think of grief as a series of stages, rather, we might think of the grieving process as a roller coaster, full of ups and downs, highs and lows. Like many roller coasters the ride tends to be rougher in the beginning, the lows deeper and longer. The difficult periods should become less intense and shorter as time goes by but it takes time to work through a loss. Even years after a loss, especially at special events such as a family wedding or the birth of a child, we may still experience a strong sense of grief.

For more help in addressing your own or a child's feelings of loss and grief, go to:

<http://www.helpstartshere.org/mind-and-spirit/grief-and-loss>. For more training and information about foster parenting, go to: http://www.dshs.wa.gov/ca/fosterparents/be_FosterIntro.asp.

Common symptoms of grief:

While loss affects people in different ways, many people experience the following symptoms when they are grieving. Just remember almost anything you experience in early states of grief is normal.

- Shock and disbelief—Right after a loss, it can be hard to accept what happened. You may feel numb and have trouble believing that the loss really happened, even deny the truth.
- Sadness—Profound sadness is probably the most universally experienced symptoms of grief. You may have feelings of emptiness, despair, yearning or deep loneliness. You may also cry a lot or feel emotionally unstable.
- Guilt—You may regret or feel guilty about things you did or did not say or do. You may also feel guilty about certain feelings. Sometimes, children will blame themselves for causing the loss, even though they did nothing wrong.
- Anger—Even if the loss was nobody's fault, you may feel angry and resentful. You may feel the need to blame someone for the injustice that was done to you.
- Fear—A significant loss can trigger a host of worries and fears. You may feel anxious, helpless or insecure. You may even have panic attacks.
- Physical symptoms— We often think of grief as a strictly emotional process, but grief often involves physical problems, including fatigue, nausea, lowered immunity weight loss or weight gain, aches and pains and insomnia.

Practicing Self-care during periods of grief:

- The single most important factor in healing from grief and loss is having supportive people around you. You can help the children in your care heal by asking about their feelings, spending time just being with them and listening when they want to talk.
- Remember that being a caregiver may sometimes lead to your own feelings of loss. When you are grieving, it is more important than ever to take care of yourself. The stress of a major loss can quickly deplete your energy and emotional reserves. Looking after your physical and emotional needs will help you get through this difficult time.
- Face your feelings. You can try to suppress your grief but you cannot avoid it forever. In order to heal, you have to acknowledge the pain. Unresolved grief can also lead to complications such as depression, anxiety, substance abuse and health problems.
- Express your feelings in a tangible or creative way. Write about your loss in a journal or write a letter to the one who is gone...even if you can't mail it. It can make you feel better.
- Look after your physical health. The mind and body are connected. When you feel good physically, you also can feel better emotionally. Combat stress and fatigue by getting enough sleep, eating right and exercising. Don't use alcohol in excess. See your medical provider if needed.
- Don't let anyone tell you how to feel and don't tell yourself how to feel. Your grief is personal. Let yourself and the children in your home feel whatever you feel without embarrassment or judgment. It is ok to be angry, to yell at the heavens, to cry or not to cry. It is also ok to laugh to find moments of joy and to let go when you are ready.
- Plan ahead for "Grief Triggers". Anniversaries, holidays and milestones can reawaken memories and feelings. Be prepared for an emotional hit and know that it is completely normal.
- Feelings of grief and loss can be uncomfortable and overwhelming, especially for children whose coping skills are not fully developed. But the feelings are common, maybe even inevitable.
- Keep a lookout for signs of grieving in children you serve, in the families you work with and yes, even in yourself.
- Having a plan and knowing where to look for support will help you get through it.

RFA Conversion Dates –Welfare & Institutions Code 16519.5

•Counties shall provide NOTIFICATION to licensed foster family homes and approved relatives and NREFMs residing within the county:

- A detailed description of the RFA program
- Notification that in order to continue to care for a foster child, Resource Family approval is required by December 31, 2019
- Notification that a foster family home license and approval of a relative or NREFM shall be forfeited by operation of law on December 31, 2019

No later
than July 1,
2017

•Licensed foster family homes or approved relatives/NREFMs who have an **approved** adoption home study prior to January 1, 2018 are deemed to be an approved Resource Family.

•There are no additional requirements that will need to be completed to be deemed a Resource Family.

Prior to
January 1,
2018

•For licensed foster family homes or approved relatives/NREFMs who **do not** have an approved adoption home study, but have a child placed in the home at any time between January 1, 2017 and December 31, 2017, the county will need to complete a psychosocial assessment of the family and document the results of the assessment.

•Upon successful completion of the psychosocial assessment, the family may be approved as a Resource Family.

Before
January 1, 2018

•All licensed foster family homes that **do not** have a child in placement at any time between January 1, 2017 and December 31, 2017 shall forfeit their license by operation of law on January 1, 2018.

•If the family is interested in providing care again for a child or youth in foster care, they will need to apply to be a Resource Family.

By January 1,
2018

•All licensed foster family homes must convert to RFA.

• All approved relatives/NREFMs must convert to RFA.

By December
31, 2019

* More detailed information about conversion will be forthcoming in an All County Letter

**UPCOMING ILP EVENTS IN 2016 – Contact Your Independent Living Program
Social Service Worker to Secure Your Attendance**



The following workshops dates and times are to be announced.

August 2016

*Money Matters Workshop- August 17th from 4pm-6pm,
Career Resource Department (CRD) 2727 F St., Bakersfield, Rm 101*

September 2016

*Housing Workshop- at CRD, date TBA
Tier I/II Life Skills Classes – at CRD, September or October, TBA*

October 2016

*Independent City-all day event-9am-4pm
Location: Bakersfield College, date TBA*

November 2016

AB12 Workshop – at CRD, date TBA

December 2016

Female and Male Health/Sex Education Workshop – at CRD, date TBA



Foster & Kinship Care Education Program

Foster Parent Training Schedule August- December 2016

August 2, 2016

Session 1

Time: 5:00pm-7:00pm

Topic: Caring for Children with
Severe/Emotional Behavioral Needs
Level 2

Presented by KCDHS & KCMH

Session 2

Time: 7:00pm-9:00pm

Topic: Caring for Children with
Severe/Emotional Behavioral Needs
Levels 3&4

Presented by KCDHS & KCMH

August 9, 2016

Time: 6:00pm-8:00pm

Topic: Best Practices for LGBTQ in
Care (AB458 & AB18556)

Presented by Lori Toia, Resource Specialist
Teacher- PBUSD

Training on LGBTQ (Lesbian, Gay,
Bisexual, Transgender, & Questioning)
youth laws and issues related to children
placed in foster care and cultural awareness
necessary in order to provide a safe and
nurturing foster placement of LGBTQ
youth.

August 25, 2016

Session 1

Time: 4:00pm-6:00pm

Topic: Caring for Children with
Severe/Emotional Behavioral Needs
Level 2

Presented by KCDHS & KCMH

Session 2

Time: 6:00pm-8:00pm

Topic: Caring for Children with
Severe/Emotional Behavioral Needs
Levels 3&4

Presented by KCDHS & KCMH

All Classes will be held at: Weill Institute, 2100 Chester Avenue
Bakersfield, CA 93301 Room 102

*Movie Events will be held @ Bakersfield College

- ❖ The classes being offered will fulfill training hours for licensing.
- ❖ Pre-Register: (661)319-1836 or Araceli Navarro (661)395-4737

September 8, 2016

Time: 5:30pm-7:30pm

Movie Event: “WO AI NOI MOMMY”

Bakersfield College

September 13, 2016

Session 1

Time: 4:00pm-6:00pm

Topic: Caring for Children with Severe/Emotional Behavioral Needs Level 2

Presented by KCDHS & KCMH

Session 2

Time: 6:00pm-8:00pm

Topic: Caring for Children with Severe/Emotional Behavioral Needs Levels 3&4

Presented by KCDHS & KCMH

September 27, 2016

Time: 5:00pm-8:00pm

Topic: The 5 Love Languages of Children.

Presented by Cherilyn Price, LCSW
Every one of us has a Primary Love Language of love, a way that fills our “love tank” better than any other. In this class series, specifically designed for kinship and foster families, we will utilize the best-selling book The 5 Love languages of children to inform our understanding of the love languages of the children in physical touch, words of affirmation, quality time, gifts, and acts of service.

October 4, 2016

Time: 5:30pm-8:30pm

Topic: Early Childhood Development

Presented by Barbara Reifel, LCSW

This Work shop will discuss physical emotional and cognitive development of children from birth to age five. Included will be a discussion of parent/child attachment, brain development, the effects of chronic trauma and stress, and techniques to overcome those effects and enhance attachment

October 13, 2016

Session 1

Time: 4:00pm-6:00pm

Topic: Caring for Children with Severe/Emotional Behavioral Needs Level 2

Presented by KCDHS & KCMH

Session 2

Time: 6:00pm-8:00pm

Topic: Caring for Children with Severe/Emotional Behavioral Needs Levels 3&4

Presented by KCDHS & KCMH

October 25, 2016

Time: 4:00pm-8:00pm

Topic: Commercial Sexual Exploitation of Children Awareness and Identification

Presented by Deena Graves

Topics covered will include: What is CSEC?, Scope of CSEC at a national and state level, where does the state stand, victim vulnerabilities, local high-risk factors, identification and professional intervention, recruitment, and control, demand drives the machine, unique treatment needs, and societal influence.

November 8, 2016

Time: 4:00pm-6:00pm

Topic: Caring for Children with Severe/Emotional Behavioral Needs Level 2

Presented by KCDHS & KCMH

Session 2

Time: 6:00pm-8:00pm

Topic: Caring for Children with Severe/Emotional Behavioral Needs Levels 3&4

Presented by KCDHS & KCMH

November 17, 2016

Time: 5:00pm-8:00pm

Topic: Parenting the Sexually Abused Child

Presented by Cherilyn Price, LCSW
This Training will assist foster parents in identifying traumatic signs of possible sexual abuse, as compared to normative sexual development. We will also discuss how childhood sexual abuse impacts the child's worldview and how that impact results in a variety of maladaptive behaviors in the home. Finally, we will talk about some tools to help manage the child's behavior while supporting their process of dealing with the trauma.

December 8, 2016

Time: TBD

Movie Event "Short Term 12"
Documentary
Bakersfield College

December 20, 2016

Session 1

Time: 8:00am-10:00am

Topic: Caring for Children with Severe/Emotional Behavioral Needs Level 2

Presented by KCDHS & KCMH

Session 2

Time: 10:00am-12:00pm

Topic: Caring for Children with Severe/Emotional Behavioral Needs Levels 3&4

Presented by KCDHS & KCMH

DHS

MOVIE NIGHT

Please join us
at the **Boys and Girls Club**
for a **FREE** Movie night!

To be held on the second and fourth Fridays of the month.

Upcoming dates:

~~July 8th and 22nd~~

August 12th and 26th

September 9th and 23rd

October 14th and 28th



FREE

HOT DOG! CHIPS! FUN!

Limited Seating,

First come first served basis.

Must RSVP to reserve spot:

Monica Goodell (661) 631-6201

6:00 P.M. Check in

6:30 P.M. Dinner

7:00 P.M. Movie start time

8:30 P.M. Pick Up



BOYS & GIRLS CLUB
801 Niles St, Bakersfield, CA 93305

Facts for National Immunization Awareness Month

FACT: August is National Immunization Awareness Month (NIAM). The goal of NIAM is to increase awareness about immunizations from infants to the elderly.

FACT: Vaccines have eradicated smallpox, eliminated wild poliovirus in the United States and significantly reduced the number of cases of measles and other diseases.

FACT: Immunization is one of the most effective ways to protect children and adults against many common infectious diseases.

FACT: Vaccines are safe, and scientists continually work to make sure they become even safer.

FACT: Vaccines are available for these preventable diseases

- Anthrax
- Diphtheria
- Hepatitis A
- Hepatitis B
- *Haemophilus influenzae* type b (Hib)
- Human Papillomavirus (HPV)
- Influenza (Seasonal Flu)
- Measles
- Rubella (German Measles)
- Poliomyelitis (Polio)
- Meningococcal
- Mumps
- Shingles (Herpes Zoster)
- Tetanus (Lockjaw)
- Tuberculosis
- Typhoid Fever
- Varicella (Chickenpox)
- Rabies Rotavirus
- Pneumococcal
- Pertussis (Whooping Cough)

FACT: Each year, on average, more than 36,000 people die from seasonal flu complications: 90 percent of these deaths are in persons 65 years of age and older.

FACT: Each year in the United States, pneumococcal disease accounts for nearly 40,000 cases of bacteremia (bloodstream infection), and several thousand cases of meningitis (inflammation of the tissues and fluids surrounding the brain and spinal cord).

FACT: Without immunizations, your child is at greater risk of catching one of the vaccine-preventable diseases.

FACT: Most childhood vaccines produce immunity 90 percent to 100 percent of the time.

FACT: There are 10 routine childhood vaccines that protect children from the 14 vaccine-preventable diseases:

- DTaP: Protects against Diphtheria, Tetanus & Pertussis
- MMR: Protects against Measles, Mumps & Rubella
- HepA: Protects against Hepatitis A

- HepB: Protects against Hepatitis B
- Hib: Protects against *Haemophilus influenzae* type b
- Flu: Protects against Influenza
- PCV13: Protects against Pneumococcal disease
- Polio: Protects against Polio
- RV: Protects against Rotavirus
- Varicella: Protects against Chickenpox

FACT: Pertussis has been on the rise nationally in recent years. In 2010, the U.S. saw 27,550 pertussis cases, representing the highest number of cases since 1959. Thus far, in 2012, nearly 18,000 cases have been reported so far in the U.S. — more than the total number of cases for 2011.

FACT: Women of childbearing age should ideally receive Tdap vaccine before they become pregnant. If not, they may receive Tdap vaccination during the third trimester of pregnancy or after giving birth but before leaving the hospital.

FACT: Vaccination with Tdap is particularly important for any families with infants or caregivers of infants.

FACT: Many infants who get pertussis are infected by older siblings, parents or caregivers who might not even know they have the disease.

FACT: CDC recommends that everyone 6 months and older get a flu vaccine each year.

FACT: Hospitalization rates for flu are high among children, especially those under 1 year.

FACT: In the United States, according to the National Foundation for Infectious Diseases, an estimated 1.25 million people are chronically infected with the hepatitis B virus (HBV) and can infect household members and sexual partners.

FACT: Almost all reported cases of tetanus occur in persons who either have never been vaccinated or who completed their primary series but have not had a booster vaccination in the past 10 years.

FACT: Approximately 20 million Americans are currently infected with human Papillomavirus (HPV). Another 6 million people become newly infected each year. HPV is so common that at least 50% of sexually active men and women get it at some point in their lives according to the CDC, Division of STD Prevention.

FACT: Before the varicella (chickenpox) vaccine, almost every child in the United States (about 4 million annually) contracted chickenpox.

FACT: Mumps in approximately 1 in 10 children can lead to meningitis. Occasionally mumps can also lead to encephalitis, deafness (about 1 in 20,000 children) or death (about 1 in 10,000 children).

FACT: Worldwide, there are estimated to be 20 million cases of measles and 197,000 deaths from measles each year.

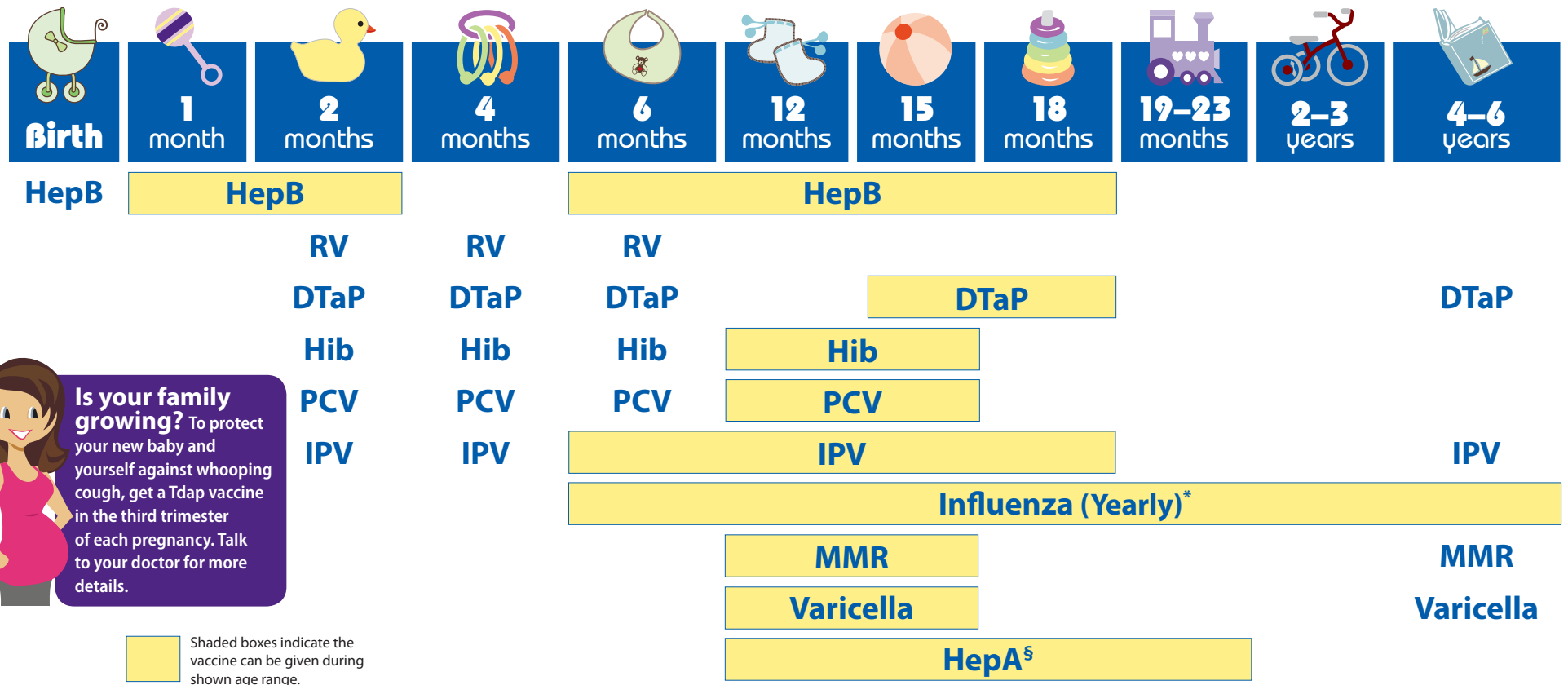
FACT: Measles transmission has been interrupted in the United States through vaccination, but it is still common in many parts of the world, including Europe.

FACT: Almost all reported cases of measles in the United States are in unvaccinated persons who either travel abroad or come in to contact with a foreign traveler.

FACT: In 2011, Georgia had 178 pertussis cases reported.

FACT: Thus far, in 2012, Georgia has had two measles cases reported.

2016 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES: * Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
[§] Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.



For more information, call toll free **1-800-CDC-INFO** (1-800-232-4636) or visit <http://www.cdc.gov/vaccines>



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

Talk to your child's doctor or nurse about the vaccines recommended for their age.

	Flu <i>Influenza</i>	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Hepatitis B	Hepatitis A		Inactivated Polio	MMR Measles, mumps, rubella	Chickenpox <i>Varicella</i>
				MenACWY	MenB							
7-8 Years	Green	Orange		Purple		Purple	Orange	Purple	Orange	Orange	Orange	Orange
9-10 Years	Green	Orange	Purple	Purple		Purple	Orange	Purple	Orange	Orange	Orange	Orange
11-12 Years	Green	Green/Orange	Green/Orange	Green/Orange		Purple	Orange	Purple	Orange	Orange	Orange	Orange
13-15 Years	Green	Orange	Orange	Orange		Purple	Orange	Purple	Orange	Orange	Orange	Orange
16-18 Years	Green	Orange	Orange	Green/Orange		Purple	Orange	Purple	Orange	Orange	Orange	Orange

More information:


Preteens and teens should get a flu vaccine every year.


Preteens and teens should get one shot of Tdap at age 11 or 12 years.


Both girls and boys should receive 3 doses of HPV vaccine to protect against HPV-related disease. HPV vaccination can start as early as age 9 years.


All 11-12 year olds should be vaccinated with a single dose of a quadrivalent meningococcal conjugate vaccine (MenACWY). **A booster shot is recommended at age 16.**

Teens, 16-18 years old, **may** be vaccinated with a MenB vaccine.

 These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

 These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.

 These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html

 This shaded box indicates the vaccine is recommended for children not at increased risk but who wish to get the vaccine after speaking to a provider.



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AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Diphtheria (Can be prevented by Tdap vaccination)

Diphtheria is a very contagious bacterial disease that affects the respiratory system, including the lungs. Diphtheria bacteria can be passed from person to person by direct contact with droplets from an infected person's cough or sneeze. When people are infected, the diphtheria bacteria produce a toxin (poison) in the body that can cause weakness, sore throat, fever, and swollen glands in the neck. Effects from this toxin can also lead to swelling of the heart muscle and, in some cases, heart failure. In serious cases, the illness can cause coma, paralysis, and even death.

Hepatitis A (Can be prevented by HepA vaccination)

Hepatitis A is an infection in the liver caused by hepatitis A virus. The virus is spread primarily person-to-person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Symptoms can include fever, tiredness, poor appetite, vomiting, stomach pain, and sometimes jaundice (when skin and eyes turn yellow). An infected person may have no symptoms, may have mild illness for a week or two, may have severe illness for several months, or may rarely develop liver failure and die from the infection. In the U.S., about 100 people a year die from hepatitis A.

Hepatitis B (Can be prevented by HepB vaccination)

Hepatitis B causes a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain, and jaundice. Symptoms of acute hepatitis B include fever, fatigue, loss of appetite, nausea, vomiting, pain in joints and stomach, dark urine, grey-colored stools, and jaundice (when skin and eyes turn yellow).

Human Papillomavirus (Can be prevented by HPV vaccination)

Human papillomavirus is a common virus. HPV is most common in people in their teens and early 20s. It is the major cause of cervical cancer in women and genital warts in women and men. The strains of HPV that cause cervical cancer and genital warts are spread during sex.

Influenza (Can be prevented by annual flu vaccination)

Influenza is a highly contagious viral infection of the nose, throat, and lungs. The virus spreads easily through droplets when an infected person coughs or sneezes and can cause mild to severe illness. Typical symptoms include a sudden high fever, chills, a dry cough, headache, runny nose, sore throat, and muscle and joint pain. Extreme fatigue can last from several days to weeks. Influenza may lead to hospitalization or even death, even among previously healthy children.

Measles (Can be prevented by MMR vaccination)

Measles is one of the most contagious viral diseases. Measles virus is spread by direct contact with the airborne respiratory droplets of an infected person. Measles is so contagious that just being in the same room after a person who has measles has already

left can result in infection. Symptoms usually include a rash, fever, cough, and red, watery eyes. Fever can persist, rash can last for up to a week, and coughing can last about 10 days. Measles can also cause pneumonia, seizures, brain damage, or death.

Meningococcal Disease (Can be prevented by meningococcal vaccination)

Meningococcal disease is caused by bacteria and is a leading cause of bacterial meningitis (infection around the brain and spinal cord) in children. The bacteria are spread through the exchange of nose and throat droplets, such as when coughing, sneezing or kissing. Symptoms include nausea, vomiting, sensitivity to light, confusion and sleepiness. Meningococcal bacteria also cause blood infections. About one of every ten people who get the disease dies from it. Survivors of meningococcal disease may lose their arms or legs, become deaf, have problems with their nervous systems, become developmentally disabled, or suffer seizures or strokes.

Mumps (Can be prevented by MMR vaccination)

Mumps is an infectious disease caused by the mumps virus, which is spread in the air by a cough or sneeze from an infected person. A child can also get infected with mumps by coming in contact with a contaminated object, like a toy. The mumps virus causes swollen salivary glands under the ears or jaw, fever, muscle aches, tiredness, abdominal pain, and loss of appetite. Severe complications for children who get mumps are uncommon, but can include meningitis (infection of the covering of the brain and spinal cord), encephalitis (inflammation of the brain), permanent hearing loss, or swelling of the testes, which rarely results in decreased fertility.

Pertussis (Whooping Cough) (Can be prevented by Tdap vaccination)

Pertussis is caused by bacteria spread through direct contact with respiratory droplets when an infected person coughs or sneezes. In the beginning, symptoms of pertussis are similar to the common cold, including runny nose, sneezing, and cough. After 1-2 weeks, pertussis can cause spells of violent coughing and choking, making it hard to breathe, drink, or eat. This cough can last for weeks. Pertussis is most serious for babies, who can get pneumonia, have seizures, become brain damaged, or even die. About two-thirds of children under 1 year of age who get pertussis must be hospitalized.

Pneumococcal Disease (Can be prevented by pneumococcal vaccination)

Pneumonia is an infection of the lungs that can be caused by the bacteria called pneumococcus. This bacteria can cause other types of infections too, such as ear infections, sinus infections, meningitis (infection of the covering around the brain and spinal cord), bacteremia and sepsis (blood stream infection). Sinus and ear infections are usually mild and are much more common than the more serious forms of pneumococcal disease. However, in

some cases pneumococcal disease can be fatal or result in long-term problems, like brain damage, hearing loss and limb loss. Pneumococcal disease spreads when people cough or sneeze. Many people have the bacteria in their nose or throat at one time or another without being ill—this is known as being a carrier.

Polio (Can be prevented by IPV vaccination)

Polio is caused by a virus that lives in an infected person's throat and intestines. It spreads through contact with the stool of an infected person and through droplets from a sneeze or cough. Symptoms typically include sore throat, fever, tiredness, nausea, headache, or stomach pain. In about 1% of cases, polio can cause paralysis. Among those who are paralyzed, About 2 to 10 children out of 100 die because the virus affects the muscles that help them breathe.

Rubella (German Measles) (Can be prevented by MMR vaccination)

Rubella is caused by a virus that is spread through coughing and sneezing. In children rubella usually causes a mild illness with fever, swollen glands, and a rash that lasts about 3 days. Rubella rarely causes serious illness or complications in children, but can be very serious to a baby in the womb. If a pregnant woman is infected, the result to the baby can be devastating, including miscarriage, serious heart defects, mental retardation and loss of hearing and eye sight.

Tetanus (Lockjaw) (Can be prevented by Tdap vaccination)

Tetanus is caused by bacteria found in soil, dust, and manure. The bacteria enters the body through a puncture, cut, or sore on the skin. When people are infected, the bacteria produce a toxin (poison) that causes muscles to become tight, which is very painful. Tetanus mainly affects the neck and belly. This can lead to "locking" of the jaw so a person cannot open his or her mouth, swallow, or breathe. Complete recovery from tetanus can take months. One out of five people who get tetanus die from the disease.

Varicella (Chickenpox) (Can be prevented by varicella vaccination)

Chickenpox is caused by the varicella zoster virus. Chickenpox is very contagious and spreads very easily from infected people. The virus can spread from either a cough, sneeze. It can also spread from the blisters on the skin, either by touching them or by breathing in these viral particles. Typical symptoms of chickenpox include an itchy rash with blisters, tiredness, headache and fever. Chickenpox is usually mild, but it can lead to severe skin infections, pneumonia, encephalitis (brain swelling), or even death.

If you have any questions about your child's vaccines, talk to your healthcare provider.

If you are this age, talk to your healthcare professional about these vaccines

If you are this age,	Flu <i>Influenza</i>	Td/Tdap Tetanus, diphtheria, pertussis	Shingles <i>Zoster</i>	Pneumococcal		Meningococcal		MMR Measles, mumps, rubella	HPV <i>Human papillomavirus</i>		Chickenpox <i>Varicella</i>	Hepatitis A	Hepatitis B	Hib <i>Haemophilus influenzae type b</i>
				PCV13	PPSV23	MenACWY or MPSV4	MenB		for women	for men				
19 - 21 years	Green	Green		Blue	Blue	Blue	Blue	Green	Green	Green	Green	Blue	Blue	Blue
22 - 26 years	Green	Green		Blue	Blue	Blue	Blue	Green	Green	Blue	Green	Blue	Blue	Blue
27 - 49 years	Green	Green		Blue	Blue	Blue	Blue				Green	Blue	Blue	Blue
50 - 59 years	Green	Green		Blue	Blue	Blue	Blue	Green			Green	Blue	Blue	Blue
60 - 64 years	Green	Green	Green	Blue	Blue	Blue	Blue				Green	Blue	Blue	Blue
65+ year	Green	Green	Green	Blue	Blue	Blue	Blue				Green	Blue	Blue	Blue

More Information:

You should get flu vaccine every year.

You should get a Td booster every 10 years. You also need 1 dose of Tdap. Women should get a Tdap vaccine during every pregnancy to protect the baby.

You should get shingles vaccine even if you have had shingles before.

You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.

You should get this vaccine if you did not get it when you were a child.

You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.



Recommended For You: This vaccine is recommended for you *unless* your healthcare professional tells you that you cannot safely receive it or that you do not need it.



May Be Recommended For You: This vaccine is recommended for you if you have certain risk factors due to your health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.

If you are traveling outside the United States, you may need additional vaccines.
Ask your healthcare professional about which vaccines you may need at least 6 weeks before you travel.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

If you have this health condition,

talk to your healthcare professional about these vaccines



	Flu <i>Influenza</i>	Td/Tdap Tetanus, diphtheria, pertussis	Shingles <i>Zoster</i>	Pneumococcal		Meningococcal		MMR Measles, mumps, rubella	HPV <i>Human papillomavirus</i>		Chickenpox <i>Varicella</i>	Hepatitis A	Hepatitis B	Hib <i>Haemophilus influenzae type b</i>
				PCV13	PPSV23	MenACWY or MPSV4	MenB		for women	for men				
Pregnancy	Green	Green	Light Purple	Green	Blue	Blue	Blue	Light Purple	Green	Green	Light Purple	Blue	Blue	Green
Weakened Immune System	Green	Green	Light Purple	Green	Green	Blue	Blue	Light Purple	Green	Green	Light Purple	Blue	Blue	Green
HIV: CD4 count less than 200	Green	Green	Light Purple	Green	Green	Blue	Blue	Light Purple	Green	Green	Light Purple	Blue	Blue	Green
HIV: CD4 count 200 or greater	Green	Green	Green	Green	Green	Blue	Blue	Green	Green	Green	Green	Blue	Blue	Green
Kidney disease or poor kidney function	Green	Green	Green	Green	Green	Blue	Blue	Green	Green	Green	Green	Blue	Blue	Green
Asplenia (if you do not have a spleen or if it does not work well)	Green	Green	Green	Green	Green	Blue	Blue	Green	Green	Green	Green	Blue	Blue	Green
Heart disease Chronic lung disease Chronic alcoholism	Green	Green	Green	Green	Green	Blue	Blue	Green	Green	Green	Green	Blue	Blue	Green
Diabetes (Type 1 or Type 2)	Green	Green	Green	Green	Green	Blue	Blue	Green	Green	Green	Green	Blue	Blue	Green
Chronic Liver Disease	Green	Green	Green	Green	Green	Blue	Blue	Green	Green	Green	Green	Blue	Blue	Green

More Information:

You should get flu vaccine every year.

You should get a Td booster every 10 years. You also need 1 dose of Tdap vaccine. Women should get Tdap vaccine during every pregnancy.

You should get shingles vaccine if you are age 60 years or older, even if you have had shingles before.

You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.

You should get this vaccine if you did not get it when you were a child.

You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.

You should get Hib vaccine if you do not have a spleen, have sickle cell disease, or received a bone marrow transplant.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines

Recommended For You: This vaccine is recommended for you *unless* your healthcare professional tells you that you cannot safely receive it or that you do not need it.

May Be Recommended For You: This vaccine is recommended for you if you have certain other risk factors due to your age, health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.

YOU SHOULD NOT GET THIS VACCINE



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



The **ABC's** of Safe Sleep



Alone

BABY SHOULD SLEEP ALONE



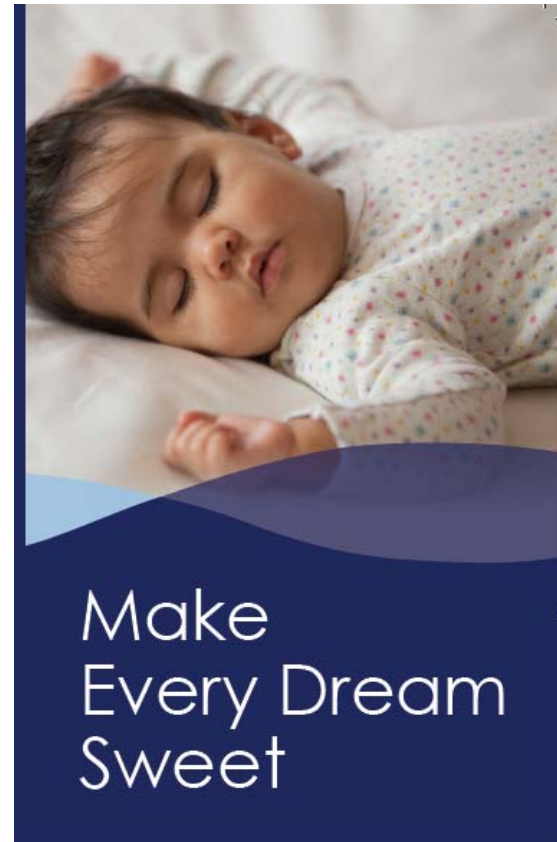
Back

PUT BABY ON BABY'S BACK



Crib

PUT BABY IN A SAFE CRIB



Make
Every Dream
Sweet



SIMPLE STEPS TO PREVENT SUDDEN
UNEXPECTED INFANT DEATH

Breast Cancer: *What You Need to Know*

Cancer is a disease in which cells in the body grow out of control. When cancer starts in the breast, it is called *breast cancer*. Except for skin cancer, breast cancer is the most common cancer in American women.

Breast cancer *screening* means checking a woman's breasts for cancer before she has any symptoms. A *mammogram* is an X-ray picture of the breast. Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms.

Most women who are 50 to 74 years old should have a screening mammogram every two years. If you are 40 to 49 years old, or think you may have a higher risk of breast cancer, ask your doctor when to have a screening mammogram.



Some things may increase your risk

The main factors that influence your breast cancer risk are being a woman and getting older. Other risk factors include—

- Changes in breast cancer-related genes (BRCA1 or BRCA2).
- Having your first menstrual period before age 12.
- Never giving birth, or being older when your first child is born.
- Starting menopause after age 55.
- Taking hormones to replace missing estrogen and progesterone in menopause for more than five years.
- Taking oral contraceptives (birth control pills).
- A personal history of breast cancer, dense breasts, or some other breast problems.
- A family history of breast cancer (parent, sibling, or child).
- Getting radiation therapy to the breast or chest.
- Being overweight, especially after menopause.

Symptoms

Some warning signs of breast cancer are—

- New lump in the breast or underarm (armpit).
- Thickening or swelling of part of the breast.
- Irritation or dimpling of breast skin.
- Redness or flaky skin in the nipple area or the breast.
- Pulling in of the nipple or pain in the nipple area.
- Nipple discharge other than breast milk, including blood.
- Any change in the size or the shape of the breast.
- Pain in the breast.

Other conditions can cause these symptoms. *If you have any signs that worry you, call your doctor right away.*

More Information

www.cdc.gov/cancer/breast/ • (800) CDC-INFO (800-232-4636) • TTY: (888) 232-6348

Can't afford a mammogram?

If you have a low income or do not have insurance and are between the ages of 40 and 64, you may qualify for a free or low-cost mammogram through CDC's National Breast and Cervical Cancer Early Detection Program. To learn more, call (800) CDC-INFO.

Smoke Alarms at Home



SMOKE ALARMS ARE A KEY PART of a home fire escape plan. When there is a fire, smoke spreads fast. Working smoke alarms give you early warning so you can get outside quickly.

SAFETY TIPS

- » Install smoke alarms inside and outside each bedroom and sleeping area. Install alarms on every level of the home. Install alarms in the basement.
- » Large homes may need extra smoke alarms.
- » It is best to use interconnected smoke alarms. When one smoke alarm sounds they all sound.
- » Test all smoke alarms at least once a month. Press the test button to be sure the alarm is working.
- » There are two kinds of alarms. Ionization smoke alarms are quicker to warn about flaming fires. Photoelectric alarms are quicker to warn about smoldering fires. It is best to use both types of alarms in the home.
- » A smoke alarm should be on the ceiling or high on a wall. Keep smoke alarms away from the kitchen to reduce false alarms. They should be at least 10 feet (3 meters) from the stove.
- » People who are hard-of-hearing or deaf can use special alarms. These alarms have strobe lights and bed shakers.
- » Replace all smoke alarms when they are 10 years old.

FACTS

- ! A closed door may slow the spread of smoke, heat, and fire.
- ! Smoke alarms should be installed inside every sleeping room, outside each separate sleeping area and on every level. Smoke alarms should be connected so when one sounds, they all sound. Most homes do not have this level of protection.
- ! Roughly 3 out of 5 fire deaths happen in homes with no smoke alarms or the alarms are not working.



Your Source for SAFETY Information

NFPA Public Education Division • 1 Batterymarch Park, Quincy, MA 02169



Fire Safety Tips

Everything you need to know to keep your kids safe around fire.

Home fires can start and spread quickly, which is why we all need to be careful and educated when it comes to fire safety. Just a little bit of planning can make a big difference for your family.

Check Your Smoke Alarms

- Working smoke alarms reduce the chances of dying in a fire by nearly 50 percent. They are a critical first step for staying safe, but in order to be effective, they have to be working properly.
- For the best protection, install smoke alarms on every level of your home, outside every sleeping area and in each bedroom.
- Use Daylight Savings Time as a reminder to check your smoke alarms. Replace conventional batteries at least once a year, even if alarms are wired directly into your home's electrical system.
- Consider installing a smoke alarm that has a 10-year battery.
- Smoke alarms expire after 10 years. So if your alarm is more than 10 years old, you should install a new one.



Create and Practice a Fire Escape Plan

- Create and practice a home fire escape plan with two ways out of your house in case of a fire. Get a stopwatch and time how fast your family can escape. The kids will love it.
- As part of your plan, designate one person to get infants and small children out safely. Have a back-up plan for young children just in case the primary person is overcome by smoke.
- Smoke is toxic. Teach children to “get low and go” if there is smoke when they are leaving the home.
- Practice feeling the door, doorknob and cracks around the door with the back of your hand to see if they are too hot. Help your children practice this step.
- Choose a place to meet outside that is a safe distance away from your home.

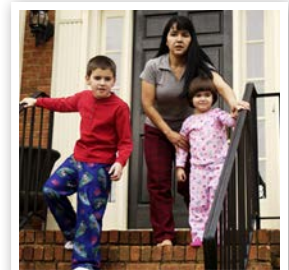


Every hour approximately 16 children are injured from fires or burns. Eighty-five of all fire-related deaths are due to home fires, which spread rapidly and can leave families as little as two minutes to escape once an alarm sounds.



In an Emergency, Leave Home Immediately

- In the event of a fire, grab your family and leave your home immediately. Once you're out of the house, stay out.
- Wait to call 911 until after you are out of the home.



If You Live in an Apartment, Pull the Alarm

- If you don't hear the building's fire alarm, pull the nearest fire alarm "pull station" while leaving the floor.
- Know all of your building's fire escape exits and use the stairs to get out. Don't use the elevator.

If You're Stuck Inside, Cover the Areas Where Smoke Might Come In

- If you cannot safely escape your home or apartment, keep smoke out of the room by covering vents and cracks around the door, and call 911 or your fire department as quickly as possible.
- Then signal for help at the window with a light-colored cloth or a flashlight.

Keep Flammable Materials in Safe Areas

- Remember to keep space heaters at least three feet away from anything that can burn, and always closely supervise children and pets when the heater is turned on.
- Make sure you turn space heaters off when you leave the room.
- If using gasoline-powered devices, store gasoline in a locked location where children cannot access it. Keep only small quantities in an approved container that has child safety features.



Don't Over Plug

- To prevent possible fires, avoid plugging several appliance cords into the same electrical socket.

Stay Focused Around the Kitchen

- Use common sense in the kitchen. Limit distractions when cooking and don't leave a hot oven or stovetop unattended.
- Keep anything that can catch fire, such as dish towels or wooden spoons, away from your stovetop.
- Have a fire extinguisher in the kitchen in case of emergency, and make sure you know how it works. You might be surprised that most people don't know how to use one.

Install Barriers Such as Safety Gates Around Fireplaces, Ovens and Furnaces

- Make sure your fireplace is protected by a sturdy screen. Remember that glass screens can take a long time to cool down.
- If you are using a fireplace or wood stove, make sure you burn only seasoned hardwood such as oak, ash or maple.
- If small children live in or visit your home, use a safety gate around your fireplace or wood stove.

Blow Out Candles and Store Matches Out of Reach

- Keep candles at least 12 inches away from anything that can burn, and always blow them out when you leave the room or before you go to sleep.
- Make a habit of placing matches, gasoline and lighters in a safe place, out of children's reach. Avoid novelty lighters or lighters that look like toys.
- Teach kids to never play with matches, lighters or [fireworks](#). Depending on the age and maturity level of your child, it may be reasonable to use the items with the supervision of an adult. Just be sure that a fire extinguisher and a phone are close by in case of an emergency.



Halloween Safety Tips

Everything you need to know to keep your kids safe on Halloween.

Everyone loves a good scare on Halloween, but not when it comes to child safety. There are several easy and effective behaviors that parents can share with kids to help reduce their risk of injury.

Walk Safely

- Cross the street at corners, using traffic signals and crosswalks.
- Look left, right and left again when crossing and keep looking as you cross.
- Put electronic devices down and keep heads up and walk, don't run, across the street.
- Teach children to make eye contact with drivers before crossing in front of them.
- Always walk on sidewalks or paths. If there are no sidewalks, walk facing traffic as far to the left as possible. Children should walk on direct routes with the fewest street crossings.
- Watch for cars that are turning or backing up. Teach children to never dart out into the street or cross between parked cars.



Trick or Treat With an Adult

- Children under the age of 12 should not be alone at night without adult supervision. If kids are mature enough to be out without supervision, remind them to stick to familiar areas that are well lit and trick-or-treat in groups.

Keep Costumes Both Creative and Safe

- Decorate costumes and bags with reflective tape or stickers and, if possible, choose light colors.
- Choose face paint and makeup whenever possible instead of masks, which can obstruct a child's vision.
- Have kids carry glow sticks or flashlights to help them see and be seen by drivers.
- When selecting a costume, make sure it is the right size to prevent trips and falls.

Drive Extra Safely on Halloween

- Slow down and be especially alert in residential neighborhoods. Children are excited on Halloween and may move in unpredictable ways.
- Take extra time to look for kids at intersections, on medians and on curbs.
- Enter and exit driveways and alleys slowly and carefully.
- Eliminate any distractions inside your car so you can concentrate on the road and your surroundings.
- Drive slowly, anticipate heavy pedestrian traffic and turn your headlights on earlier in the day to spot children from greater distances.
- Popular trick-or-treating hours are 5:30 p.m. to 9:30 p.m. so be especially alert for kids during those hours.

On average, children are more than twice as likely to be hit by a car and killed on Halloween than on any other day of the year.



Fall Family Fun Fest



Bakersfield, California
Sept 19 to Oct 31

Mon-Fri \$8.99
Noon-6pm
Sat-Sun \$12.99
8am-6pm

Ages 3 and under FREE!!!

EVERYDAY FUN!

- ALL NEW - Murray Hill Slide and Ride!
- Corn Maze
- Spookly the Square Pumpkin Kiddy Maze
- Pumpkin Patch
- Hay Rides
- Animal Garden
- Duck Races
- Jumping Pillow
- Butterfly House
- Ball Toss
- FOOD!!! - OKIE-FRY PIES™



Festival Calendar

- September 19 — Pepsi Day
- September 26-27 — School Spirit Day and Contest
- October 3-4 — Senior Citizens/Grandparents Day and Classic Car Show - Free Gift
- October 10-11 - Service Men/Women and Scouts - Free Gift
- October 17-18 - Family Fun Fest
- October 24-25 - Family Fun Fest
- October 31 - Costume Party and Trick or Treating



Additional WEEKEND FUN!

- Animal Shows
- Face Painting
- Corn Cannon
- Animal Train
- Pumpkin Craft

Only at the Big Red Barn
6700 General Beale Rd.
Bakersfield
661-330-0100



check www.murrayfamilyfarms.com for night time activities and Festival Information



Safe Halloween
at the Kern County Museum



KERN COUNTY'S
BIGGEST FAMILY TRADITION
RETURNS ON OCTOBER 30TH AND 31ST!

GET YOUR TICKETS TODAY!

40 simple ways to *show* your child

1. Take them to a movie *they* want to see.
2. Go on a treasure hunt (collect all the loose change around the house/car) together and then make a trip to the arcade with your findings.
3. Take a long nature walk together, at their pace. Let them lead the conversation.
4. Find qualities about them that you genuinely love, and compliment them in front of others.
5. Frame a photo of the two of you, and display it in their room.
6. Put a few Hershey's Hugs in one of their coat pockets, and Kisses in the other.
7. Play a game with them.
8. Let them win.
9. Make bath time special. Add lots of bubbles, colored soaps, maybe you could purchase a new tub toy or let them play with things found around the house. I let my kids play with things like colanders and funnels from the kitchen—they love it. Don't forget to warm the towel!
10. Send them a handmade card in the mail with a coupon to go get ice cream with you.
11. Gather all the home movies that feature them as the "star" and have a movie night complete with popcorn and treats.
12. Using blankets and chairs, or a card table, build a clubhouse together and have a picnic inside.
13. Read "I love you" books together.
14. Let them stay up past their bedtime with you and watch cartoon classics together.
15. Do a chore that is normally reserved for them.
16. Tuck an encouraging note inside their lunchbox.
17. Give them your full attention.
18. Tell them some of the ways they make you happy.
19. Make them laugh.
20. Laugh with them.
21. Make their favorite treat to welcome them home from school with.
22. Show them your joy when they arrive.
23. Ask for hugs and kisses.
24. Listen, and let them make their own decisions whenever possible.
25. Make them a coupon book filled with things they'd enjoy doing, or things they'd like to *get out of* doing.
26. Take a day off from everything: work, household duties, technology, etc. and focus entirely on them.
27. Cook together.
28. Write them a poem using the initials of their name.
29. Decorate their room for no reason.
30. Create a sign that lavishes them with praise.
31. Kidnap them from school and take them out for lunch.
32. Make home a fun place to be.
33. Make a treasure box from an old shoe box, fill it with "gold" (chocolate coins) and make an official looking treasure map with clues for them to locate the hidden treasure with.
34. Go to the store and let them pick out all the ingredients to make banana splits. Make and eat them together.
35. Wrap up in a warm blanket together and take turns making up stories to tell each other.
36. Make a list of things you love about them and put it on their pillow before bedtime.
37. Talk about what they did in their day at dinnertime.
38. Sit down together and write a list of fun activities to do in a day. Write each idea on small slips of paper, roll up the papers and stick them inside balloons. Blow up all the balloons and then pop one balloon at a time until you've completed all the activities.
39. Play back rub/tickle games—ie; *Spider crawling up your back...*
40. Make a CD with all their favorite tunes and have a dance party.



August 2016



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Bilingual Family Story time @Arvin Branch Library @5:30pm	2 Maya Cinemas 10am The Croods \$1 Movie 	3 Maya Cinemas 10am The Lorax \$1 Movie 	4 7 th Annual Ready Set Back 2 School Health & wellness fair 9am-12pm Kern County Fair Grounds	5 Free-Movies in the Park River Walk BHNA Zootopia movie starts @ dusk 	6 Harry Potter craft Lamont Branch Library 11:30am 
7 Arts and Craft time @ Shafter Branch Library @2pm 661-868-0700	8	9	10	11 Foster Parent Orientation 5:30pm -7:30PM #631-6204	12	13
14	15	16	17 Back to School 	18 Spanish DHS Foster Parent Orientation 661-631-6204	19	20
21	22	23	24	25 Foster Parent Orientation 5:30pm -7:30PM #631-6204 BC F&KCEP Training 661.319.1836	26	27
28	29	30	31			

**** For specific information on events please call the phone number provided.**



September 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 Harry Potter celebration @kern River Valley Branch Library @1pm 	2	3
4	5	6	7	8 DHS Foster Parent Orientation 661-631-6204 BC F&KCEP Training 661-319-1836	9  \$ Ringling Bros. & Barnun & Bailey presents Out of this World 661-852-7300	10  \$ Ringling Bros. & Barnun & Bailey presents Out of this World 661-852-7300
11  \$ Ringling Bros. & Barnun & Bailey presents Out of this World 661-852-7300	12	13 BC F&KCEP Training 661-319-1836	14	15 Spanish DHS Foster Parent Orientation 661-631-6204	16	17
18	19 Fall Family Fun Fest 8am-6pm 661-330-0100 	20	21 Kern County Fair Through October 2nd 	22 Kern County Fair Through October 2nd  DHS Foster Parent Orientation 661-631-6204	23 Kern County Fair Through October 2nd 	24 Kern County Fair Through October 2nd 
25 Kern County Fair Through October 2nd 	26 Kern County Fair Through October 2nd  Fall Family Fun Fest 8am-6pm Thru 11/1  661-330-0100	27 Kern County Fair Through October 2nd  Foster Parent Training 661-319-1836	28 Kern County Fair Through October 2nd 	29 Kern County Fair Through October 2nd 	30 Kern County Fair Through October 2nd 	

**** For specific information on events please call the phone number provided.**

October 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 Kern County Fair Through October 2nd 
2 Kern County Fair Through October 2nd 	3 Fall Family Fun Fest 8am-6pm Thru 11/1 661-330-0100 	4 BC F&KCEP Training 661-319-1836	5	6	7 First Friday Downtown	8
9	10 Fall Family Fun Fest 8am-6pm Thru 11/1 661-330-0100 	11	12	13 DHS Foster Parent Orientation 661-631-6204 BC F&KCEP Training 661-319-1836	14 \$ Disney on Ice Passport to Adventure # 661- 852-7300 	15 \$ Disney on Ice Passport to Adventure # 661-852- 7300 
16 \$ Disney on Ice Passport to Adventure # 661- 852-7300 	17 Fall Family Fun Fest 8am-6pm Thru 11/1 661-330-0100 	18	19	20 Spanish DHS Foster Parent Orientation 661-631-6204	21	22
23	24 Fall Family Fun Fest 8am-6pm Thru 11/1 661-330-0100 	25 BC F&KCEP Training 661-319-1836	26 Adoption and Permanency Orientation 661-868-8900	27 DHS Foster Parent Orientation 661-631-6204	28	29
30	31 Fall Family Fun Fest 8am-6pm Thru 11/1 661-330-0100 	** For specific information on events please call the phone number provided.				