

Grandparents Raising Grandchildren In South Carolina



Table of Contents

Grandparents Raising Grandchildren	1 - 6
Emotions	
Types of Grandparent Caregivers	
Child Development/ Health and Safety	7 - 29
Car Seats	
Child Development	
Immunizations/Shots	
Backpack Safety	
Safety Tips	
Daycare	30 - 34
Types of Child Care Facilities	
How to Choose a Provider	
Information for Daycares/Sitters	
Education	35 - 41
First Steps	
Head Start	
School Enrollment Law	
Nutrition	42 - 54
Healthy Eating	
Weight Chart & Height Charts	
Picky Eaters	
Resources for Food	
General Assistance	55 - 60
TANF	
Foster Care Payments	
Adoption Assistance Payments	
Subsidized Guardianship	
Child Support Payments	
Social Security Benefits	
Tax Credits	
Kinship Care Licensing	
Housing	61 - 68
Reverse Mortgages	
Home Repair	
Abuse, Neglect and Exploitation	69 - 79
Child Protective Services	
Adult Protection Services	

Legal Issues	80 - 91
Custody	
Guardianship	
Adoption	
Termination of Parental Rights (TPR)	
Medical/Dental	92 - 105
Adult Health Care Consent Act	
Know Your Grandchild's Medical History	
Dental Guidelines	
Challenges	106 - 132
Hitting Behavior	
Substance Abuse	
Teenage Pregnancy	
Coping Strategies	133 - 152
Setting Limits	
Time Management	
Communication Tips	
Using a Computer	153 - 162

A special thank you to the Illinois Department of Aging who was gracious enough to all us to “borrow” much of the material they developed for their “Starting Points” resource guide.

Why in the World Would I Want This Job?	
Challenges	Rewards
Some days I get terribly tired.	These kids keep me on my toes!
What am I going to do with these kids?	Nothing can feel better than the hugs I get!
What if something happens to me?	At least they're safe and happy when they're with me.

Grandparents Raising Grandchildren

Each year, more and more grandparents from all geographic areas, socio-economic and ethnic groups are becoming primary caregivers for their grandchildren. As the children's parents struggle with substance abuse, mental illness, incarceration, economic hardship, divorce, domestic violence, and other challenges, grandparents are providing a vital safety net to children inside and outside of the foster care system.

According to the AARP Grandparent Information Center (May 2007), there are more than 6 million children across the United States, being raised in 1.5 million households headed by grandparents; 2.5 million children are in these households without any parents present. One million are single grandmothers.

In South Carolina, there are 90,866 children living in grandparent-headed households (9.0% of all children in the state). Of the children living in households headed by grandparents (or other relatives) in South Carolina, 51,755 are living there without either parent present. 72% of grandparents are under the age of 60 and 27% live in poverty.

The Lieutenant Governor's Office on Aging, has recognized this need and is reaching out to these grandparents. Of course, their needs vary from legal assistance to counseling services to information about day care. All grandparents raising grandchildren have one thing in common; they seek to provide a loving, safe and stable environment for their grandchildren.

The Office on Aging wants to help grandparents with their challenges by giving them this resource guide as a place to start. It summarizes many of the support systems, resources and services available to them. This guide has been divided into sections beginning with some statistics and then progressing through the life of the child: Child Development/Health and Safety, Day Care, Education, Disabilities, Nutrition, Medical/Dental, Housing, Legal Issues, General Assistance and Coping Strategies. The guide begins with emotional ups and downs that are often common experiences associated with being a grandparent caregiver. The last section of this guide includes resources available to grandparents raising grandchildren. We attempted to list resources and services that are statewide and that serve as clearinghouses for further referrals— starting points. If you know of valuable services that are statewide and benefit grandparents raising grandchildren, please let us know so we can include them in future revisions of this guide.

	African American	Hispanic Latino	White	Live in Poverty
National	29%	17%	47%	19%
South Carolina	55%	1%	42%	27%

You Can't Do Everything

Takas (1995) cites in her book, *Grandparents Raising Grandchildren*, "caring for your grandchildren is hard work. You can't do everything. All you can do is your best . . ."

Can't keep grandchild from feeling sad or angry. You *can* offer your grandchild care and understanding, and help finding counseling if needed.

Can't make grandchild a better student overnight. You *can* help with homework, read together, limit television, and work with your grandchild's school.

Can't make grandchild's parents better. You *can* suggest treatment programs or other services that might offer them encouragement and assistance.

Can't do everything right any more than any parent can. You *can* get services and supports to help you do your best with all the challenges.

There is relief in knowing that you can't--and need not--do everything. You can take pride in doing your best.

Emotions

Anger, resentment, frustration, confusion, happy, fulfilled, content.

Do any of these emotions sound familiar? If so, you are not alone. Grandparents raising their grandchildren experience all kinds of emotional ups and downs. Raising your grandchild can be both rewarding and challenging. The emotions listed above represent the feelings of grandparents who are confronted with the challenge of raising their children's children. Parenting is a difficult, emotional job even in the best of situations. The transition to this new relationship may be stressful for the entire family. While your grandchildren are getting used to a new home and caregiver, you must readjust to the responsibilities of parenting. Remember to take a moment now and then to commend yourself for what you are doing—making a difference in your grandchild's life by giving her or him the chance to be a safe, loved and nurtured child.

Moving your grandchild into your home can bring up many emotions for everyone in the family. Listed below are some suggestions to make the transition a little easier.

Give the children individual attention

Listen to their feelings

Some extra time with young children and reassure them that their world is safe

Establish routines

Help children maintain contact with old friends

Set clear, age-appropriate rules for their behavior and enforce those

Be consistent

Have them help around the house

Bringing grandchildren into your home brings new challenges, it can also be very rewarding. You will get to have experiences that most grandparents don't have, such as getting to see them when they first wake up and watching them grow and develop. With time, patience, and caring, you can adjust to your new role and help your grandchildren feel comfortable in their new home.

Gifts

There are several gifts children bring into our lives. Welcome these gifts and encourage them in your relationship with your grandchildren:

Energy

Activity

Satisfaction

Optimism

Love

Laughter

Youthfulness

Some characteristics you as a grandparent bring to the relationship include:

Maturity

Stability

Family roots

Unique wisdom that comes from years of experiences

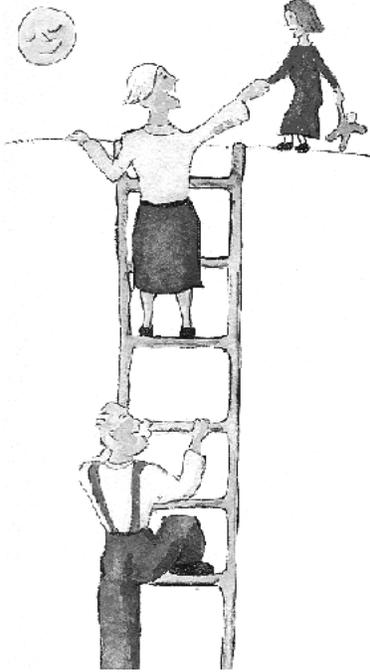
Emotional Ups...

Faith that your grandchildren's lives will be stable and sound

Satisfaction in knowing you are making a better life for your grandchildren

Comfort in knowing your grandchildren are safe with you

Gratification in knowing you are making a difference in your grandchildren's lives



Patience to cope with yourself and your grandchildren

Courage to take on the responsibility of parenting (and it is a big responsibility)

Inspiration that comes from hearing your grandchildren say, "I love you"

Gain in personal satisfaction from knowing you are strong enough for this task

Sense of Order when things go right

Happiness that you made it through another day

Pride in yourself and your grandchildren for persevering through tough times

Compassion in your relationships with your grandchildren, their friends and others

Hope that the situation will get better

and Downs that You May Encounter...

Denial of the current situation - unrealistic expectations that the parents will become responsible

Fear of how you will be able to financially and emotionally care for your grandchildren

Guilt in thinking you should have or could have done things differently with your own child

Anger at your child for abandoning or not being a responsible parent

Sacrifice in order to keep your family together

Loss of the grandparent-grandchild relationship, as well as peer contacts

Frustration when things don't go as planned

Sadness at the loss of a child and of the typical grandparent role

Disappointment in not being able to do the things you wanted at this stage in your life

Confusion in understanding the issues facing today's children

Embarrassment at having to ask for assistance for raising your "new family"

*Emotional Ups and Downs courtesy of the Illinois Department on Aging "Starting Points for Grandparents Raising Grandchildren"



Types of grandparent caregivers?

One common way to categorize grandparent caregivers is to divide them into three types:

Custodial grandparents - have legal custody of their grandchildren; they provide daily care and decision making tasks. Typically, severe problems existed in the child's nuclear family. The focus of this type of caregiving is on the grandchild and providing them with a sense of security.

"Living with" grandparents - provide daily care for their grandchildren, but do not have legal custody. The child's parent may or may not live in the home. These grandparents focus on providing an economically and emotionally stable environment for the child, and often on helping the parent. Because the grandparent does not possess legal custody, he or she has no way of protecting the child from an unsuitable or dangerous parent.

"Day care" grandparents - focus is on helping the child's parent and on fulfilling their own needs. These grandparents tend to be least affected by their caretaking role because the children return home at the end of the day. They function closest to the societal definition of "grandparent."



Child Development/ Health and Safety

Car Seats
Child Development
Immunizations/Shots
Backpack Safety
Safety Tips

CAR SAFETY SEATS - A Guide for Families 2008

4 out of 5 Car Seats Are Used Wrong!



One of the most important jobs you have as a parent is keeping your child safe when riding in a vehicle. Each year thousands of young children are killed or injured in car crashes. Proper use of car safety seats helps keep children safe. But with so many different car safety seats on the market, it's no wonder many parents find this overwhelming.

The type of seat your child needs depends on several things including age, size, and type of vehicle.

All VIPs ride in the back seat. While air bags can save lives, kids riding in the front seat can be seriously injured or killed when an air bag comes out during a crash.

Types of car safety seats at a glance

The chart below is a quick guide to where to start your search. Once you've found your car safety seat, it's important to read more about the seat in this guide.

Age	Type of Seat	General Guideline
Infants	Infant-only and rear-facing convertible	All infants should always ride rear-facing until they are 1 year of age and weigh at least 20 pounds.
Toddlers Preschoolers	Convertible, combination, and forward-facing	Children 1 year of age and at least 20 pounds can ride forward-facing. It is best to ride rear-facing as long as possible.
School-aged children	Booster	Booster seats are for older children who have outgrown their forward-facing car safety seats. Children should stay in a booster seat until the adult seat belts fit correctly (usually when a child reaches about 4' 9" in height and is between 8 and 12 years of age).
Older children	Seat belts	Children who have outgrown their booster seats should ride in a lap and shoulder belt; they should ride in the back seat until 13 years of age.

Infants-rear-facing

The American Academy of Pediatrics (AAP) recommends that all infants should ride rear-facing starting with their first ride home from the hospital until they have reached at least 1 year of age and weigh at least 20 pounds. It is even better for them to ride rear-facing until they reach the highest weight or height allowed by their car safety seat's manufacturer.

There are 2 types of rear-facing car safety seats: infant-only seats and convertible seats.

Infant-only seats

Are small and have carrying handles (and sometimes come as part of a stroller system).

Are used for infants up to 22 to 30 pounds, depending on the model.

Many come with a base that can be left in the car. The seat clicks into and out of the base so you don't have to install the base each time you use it. Parents can even buy more than one base for additional vehicles.



Infant-only car safety seat

Convertible seats (used rear-facing)

Can be used rear-facing then "converted" to forward-facing for older children. This means the seat can be used longer by your child. They are bulkier than infant seats, however, and do not come with carrying handles or a separate base.

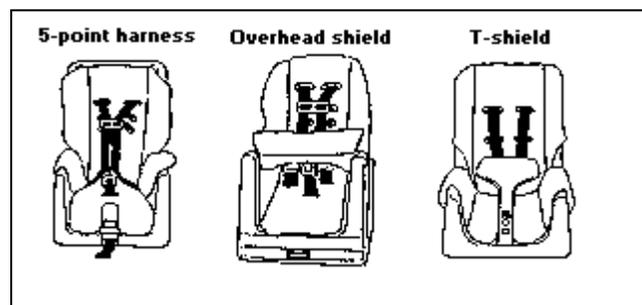
Have higher rear-facing weight and height limits than infant-only seats, which makes them ideal for bigger babies.

Have the following types of harnesses:

5-point harness—attach at the shoulders, hips, and between the leg

Overhead shield—a padded tray-like shield that swings down over the child

T-shield—a padded t-shaped or triangle-shaped shield attached to the shoulder straps



Installation tips for rear-facing seats

When using a rear-facing seat, keep the following in mind:

Make sure the car safety seat is installed tightly in the vehicle and that the harness fits the child snugly.

Never place a rear-facing car safety seat in the front seat of a vehicle that has a front passenger air bag. If the air bag inflates, it will hit the back of the car safety seat, right where your baby's head is, and could cause serious injury or death.

If your rear-facing seat has more than one set of harness slots, make sure the harnesses are in the slots at or below your baby's shoulders.

Be sure you know what kind of seat belts your vehicle has. Some seat belts need locking clips. Locking clips come with all new car safety seats. If you're not sure, check the manual that came with your vehicle. Locking clips are not needed in most newer vehicles.

If you are using a convertible seat in the rear-facing position, make sure the seat belt is routed through the correct belt path. Check the instructions that came with the car safety seat to be sure.

If your vehicle was made after 2002, it may come with the LATCH system, which is used to secure car safety seats. See below for information on using LATCH.

Make sure the seat is at the correct angle so your infant's head does not flop forward. Many seats have angle indicators or adjusters that can help prevent this. If your seat does not have an angle adjuster, tilt the car safety seat back by putting a rolled towel or other firm padding (such as a pool noodle) under the base near the point where the back and bottom of the vehicle seat meet.

Be sure the car safety seat is installed tightly. If you can move the seat more than an inch side to side or front to back, it's not tight enough.

Still having trouble? There may be a certified Child Passenger Safety (CPS) Technician in your area that can help. See below for information on how to locate one.

Common questions

Q: What if my baby weighs more than 20 pounds but is not 1 year old yet?

A: Use a seat that can be used rear-facing by children who weigh more than 20 pounds and keep your baby rear-facing as long as possible, or at least until he has reached his first birthday.

Q: What do I do if my baby slouches down or to the side in his car safety seat?

A: Pad around your child (never under or behind) with rolled-up cloth diapers or blankets. Do not use any sort of car safety seat insert unless it came with the

seat or was made by the manufacturer of the seat.

Q: Can I adjust the straps when my baby is wearing thicker clothing, like in the winter?

A: Yes, but make sure the harnesses are still snug. Also remember to tighten the straps again after the thicker clothes are no longer needed. Dress your baby in thinner layers instead of a bulky coat or snowsuit, and tuck a blanket around your baby over the buckled harness straps if needed.

Q: Are rear-facing convertible seats OK to use for preemies?

A: Premature infants should be tested while still in the hospital to make sure they can ride safely in a reclined position. Babies who need to lie flat during travel should ride in a crash-tested car bed. Very small infants who can ride safely in a reclined position usually fit better in infant-only seats; however, if you need to use a convertible seat, choose one without a tray-shield or T-shield harness. The shields often are too big and too far from the body to fit correctly.

Toddlers and preschoolers-forward-facing

Once your child is at least 1 year of age and weighs at least 20 pounds, she can ride forward-facing. However, it is best for her to ride rear-facing to the highest weight or height allowed by the manufacturer of her car safety seat. She should ride in a forward-facing seat with a harness until she outgrows it (usually at around 4 years of age and about 40 pounds).

There are 5 types of car safety seats that can be used forward-facing.

Convertible seats—seats that “convert” from rear-facing to forward-facing seats.

Forward-facing toddler seats—these seats can be used forward-facing with a harness for children who weigh up to 40 to 80 pounds (depending on the model).

Combination forward-facing/booster seats—these seats can be used forward-facing with a harness for children who weigh up to 40 to 65 pounds (depending on the model) or without the harness as a booster (up to 80 to 100 pounds).

Built-in seats—some vehicles come with forward-facing seats built in. Weight and height limits vary. Read your vehicle owner’s manual or contact the manufacturer for details about how to use these seats.

Travel vests—these can be worn by children between 20 and 168 pounds and can be an alternative to traditional forward-facing seats. They are also useful for when a vehicle has lap-only seat belts in the rear.

Installation tips for forward-facing seats

Make sure the car safety seat is installed tightly in the vehicle and that the harness fits the child snugly.

To switch a convertible seat from rear-facing to forward-facing,

Move the shoulder straps to the slots that are at or above your child's shoulders. On some convertible seats, the top harness slots must be used when facing forward. Check the instructions that came with the seat to be sure.



Forward-facing seat

You may have to adjust the recline angle of the seat. Check the instructions to be sure.

Make sure the seat belt runs through the forward-facing belt path. When making these changes, always follow the car safety seat instructions.

If your vehicle was made after 2002, it should come with the LATCH system, which is used to secure car safety seats. See below for information on using LATCH.

A tether is a strap that attaches to the top of a car safety seat and to an anchor point in your vehicle (see your owner's manual to find where the tether anchors are in your vehicle). Tethers give extra protection by keeping the car safety seat and the child's head from moving too far forward in a crash or sudden stop. All new cars, minivans, and light trucks have been required to have tether anchors since September 2000. New forward-facing car safety seats come with tethers. For older seats, tether kits are available. Check with the car safety seat manufacturer to find out how you can get a tether if your seat does not have one.

Common questions

Q: What if I drive more children than can be buckled safely in the back seat?

A: It's best to avoid this, especially if your vehicle has air bags in the front seat. All children younger than 13 years should ride in the back seat. If absolutely necessary, a child in a forward-facing car safety seat with a harness may be the best choice to ride in front. Just be sure the vehicle seat is moved as far back away from the dashboard (and the air bag) as possible.

Q: What do I need to know if my child will be driven by someone else, such as for child care or school?

A: If your child is being driven by someone else, make sure the car safety seat your child will be using is appropriate for the vehicle used for transport.

The car safety seat being used is appropriate for the age and size of your child.

The person in charge of transporting your child knows how to install and use the

car safety seat correctly.

Child care programs and schools should have written guidelines for transporting children. These guidelines should include the following:

All drivers must have a valid driver's license. In some states, school bus drivers need to have a special type of license.

Staff-to-child ratios for transport should meet or exceed those required for the classroom.

Every child should be supervised during transport, either by school staff or a parent volunteer, so the driver can focus on driving.

School staff, teachers, and drivers should know what do to in an emergency, know how to properly use car safety seats and seat belts, and be aware of other safety requirements.

For more information on written transportation guidelines for schools and child care programs, visit www.healthykids.us/chapters/transportation_main.htm and www.healthychildcare.org.

School-aged children-booster seats

Booster seats are for older children who have outgrown their forward-facing car safety seats. A child has outgrown his forward-facing seat when one of the following is true:

He reaches the top weight or height allowed for his seat with a harness. (These limits are listed on the seat and are also included in the instruction booklet.)

His shoulders are above the top harness slots.

His ears have reached the top of the seat.

Booster seats are designed to raise the child up so that the lap and shoulder seat belts fit properly. High-back and backless booster seats are available. They do not come with harness straps but are used with the lap and shoulder seat belts in your vehicle, the same way an adult rides. Booster seats should be used until your child can correctly fit in lap and shoulder seat belts. Booster seats typically include a plastic clip or guide to help ensure the correct use of the vehicle lap and shoulder belts. See the instruction booklet that came with the booster seat for directions on how to use the guide or clip.



Installation tips for booster seats

Booster seats must be used with a lap and shoulder belt (never a lap-only belt).

When using a booster seat, make sure

The lap belt lies low and snug across your child's upper thighs.

The shoulder belt crosses the middle of your child's chest and shoulder.

Common questions

Q: What if my car only has lap belts in the back seat?

A: Lap belts work fine with infant-only, convertible, and forward-facing seats. They cannot be used with booster seats. If your car only has lap belts, use a forward-facing car safety seat with a harness and higher weight limits. Other options are

Check to see if shoulder belts can be installed in your vehicle.

Use a travel vest (some can be used with lap belts).

Consider buying another car with lap and shoulder belts in the back seat.

Q: Is there a difference between high-back and backless boosters?

A: Both types of boosters are designed to raise your child so the seat belts fit properly. High-back boosters are useful in vehicles that do not have head rests or have low seat backs. Many seats that look like high-back boosters are actually combination seats. They come with harnesses that can be used for smaller children and can then be removed for older children. Backless boosters are usually less expensive and are easier to move from vehicle to vehicle. Backless boosters can safely be used in vehicles with head rests and high seat backs.

Older children-seat belts

Seat belts are made for adults. Your child should stay in a booster seat until adult seat belts fit correctly (usually when the child reaches about 4' 9" in height and is between 8 and 12 years of age). This means

The shoulder belt lies across the middle of the chest and shoulder, not the neck or throat.

The lap belt is low and snug across the upper thighs, not the belly.

Your child is tall enough to sit against the vehicle seat back with her knees bent without slouching and can stay in this position comfortably throughout the trip.

Other points to keep in mind when using seat belts include

Make sure your child does not tuck the shoulder belt under her arm or behind her back. This leaves the upper body unprotected, putting your child at risk of severe injury in a crash or with sudden braking.

Never allow anyone to "share" seat belts. All passengers must have their own car safety seats or seat belts.

Common Questions

Q: I've seen products that say they can help make the seat belt fit better. Should we get one of these?

A: No, these products should not be used. In fact, they may actually interfere with

proper seat belt fit by causing the lap belt to ride too high on the stomach and making the shoulder belt too loose. They can even damage the seat belt. This rule applies to car safety seats too; do not use any extra products unless they came with the seat. There are no federal safety standards for these products and until there are, the AAP does not recommend they be used. As long as children are riding in the correct restraint for their size and age, they should not need to use any additional devices.

Shopping for car safety seats

When shopping for a car safety seat, keep the following tips in mind:

No one seat is the “best” or “safest.” The best seat is the one that fits your child’s age and size, is correctly installed, fits well in your vehicle, and can be used properly every time you drive.

Don’t decide by price alone. A higher price does not mean the seat is safer or easier to use.

Avoid used seats if you don’t know the seat’s history. Never use a car seat that

Is too old. Look on the label for the date it was made. Check with the manufacturer to find out how long they recommend using the seat.

Has any visible cracks on it.

Does not have a label with the date of manufacture and model number. Without these, you cannot check to see if the seat has been recalled.

Does not come with instructions. You need them to know how to use the seat.

Is missing parts. Used car safety seats often come without important parts. Check with the manufacturer to make sure you can get the right parts.

Was recalled. You can find out by calling the manufacturer or by contacting the Auto Safety Hotline at 888/DASH-2-DOT (888/327-4236) or the National Highway Traffic Safety Administration (NHTSA) at www-odi.nhtsa.dot.gov/cars/problems/recalls/childseat.cfm.

Do not use seats that have been in a moderate or severe crash. Seats that were in a minor crash may still be safe to use. The NHTSA considers a crash minor if all of the following are true:

The vehicle could be driven away from the crash.

The vehicle door closest to the car safety seat was not damaged.

No one in the vehicle was injured.

The air bags did not go off.

You can’t see any damage to the car safety seat.

If you are unsure, call the manufacturer of the seat. See “Manufacturer phone numbers and Web sites” below for manufacturer contact information.

INSTALLING CAR SAFETY SEATS CORRECTLY

What you should know about air bags

All new cars come with front air bags. When used with seat belts, air bags work very well to protect teenagers and adults. However, air bags can be very dangerous to children, particularly those riding in rear-facing car safety seats and to child passengers who are not properly positioned. If your vehicle has a front passenger air bag, infants in rear-facing seats must ride in the back seat. Even in a relatively low-speed crash, the air bag can inflate, strike the car safety seat, and cause serious brain and neck injury and death.

Vehicles with no back seat or a back seat that is not made for passengers are not the best choice for traveling with small children. However, the air bag can be turned off in some of these vehicles if the front seat is needed for a child passenger. See your vehicle owner's manual for more information.

Side air bags

Side air bags improve safety for adults in side-impact crashes. Read your vehicle owner's manual for more information about the air bags in your vehicle. Read your car safety seat manual for guidance on placing the seat next to a side air bag.

LATCH (Lower Anchors and Tethers for Children) is an attachment system that eliminates the need to use seat belts to secure the car safety seat. Vehicles with the LATCH system have anchors located in the back seat. Car safety seats that come with LATCH have attachments that fasten to these anchors. Nearly all passenger vehicles and all car safety seats made on or after September 1, 2002, come with LATCH. However, unless both your vehicle and the car safety seat have this anchor system, you will still need to use seat belts to install the car safety seat.

If you need installation help

If you have questions or need help installing your car safety seat, find a certified CPS Technician. A list of certified CPS Technicians is available by state or ZIP code on the NHTSA Web site: www.nhtsa.dot.gov/people/injury/childps/contacts. A list of inspection stations—where you can go to learn how to correctly install a car safety seat—is available in English and Spanish at www.seatcheck.org or toll-free at 866/SEATCHECK (866/732-8243). You can also get this information by calling the toll-free NHTSA Auto Safety Hotline at 888/DASH-2-DOT (888/327-4236) from 8:00 am to 10:00 pm ET, Monday through Friday.

Important reminders

Be a good role model. Make sure you always wear your seat belt. This will help your child form a lifelong habit of buckling up.

Never leave your child alone in or around cars. Any of the following can happen when a child is left alone in or around a vehicle:

Temperatures can reach deadly levels in minutes, and the child can die of heat stroke.

He can be strangled by power windows, sunroofs, or accessories.

He can knock the vehicle into gear, setting it in motion.

He can be backed over when the vehicle backs up.

He can become trapped in the trunk of the vehicle.

Always read and follow manufacturer's instructions. If you do not have the manufacturer's instructions for your car safety seat, write or call the company's customer service department. They will ask you for the model number, name of seat, and date of manufacture. The manufacturer's address and phone number are on the label on the seat. Also be sure to follow the instructions in your vehicle owner's manual about using car safety seats.

The information contained in this publication 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.

The American Academy of Pediatrics (AAP) is not a testing or standard setting organization, this guide sets forth the AAP recommendations based on the peer-reviewed literature available at the time of its publication, and sets forth some of the factors that parents should consider before selecting and using a car safety seat.

The appearance of the name American Academy of Pediatrics (AAP) does not constitute a guarantee or endorsement of the products listed or the claims made.

Photographs courtesy of the National Highway Traffic Safety Administration.
Copyright © 2008 American Academy of Pediatrics

Child Development



Some grandparents raising their grandchildren are concerned that they lack the knowledge and ability it takes to raise a child. Some may be parenting for the first time in their lives. Others may have been away from the role of parent for so long that they do not remember or simply do not know the latest “ins and outs” of parenting today. And, things change—new technologies, ideas and practices affect the ways we raise and care for our children.

Developmental Milestones

Children are unique individuals who can develop at quite different rates, and still be healthy and normal. They think, look, act and grow in different ways. This is part of what makes them so special. The following charts have been developed to give examples of what you might expect at certain ages. Should you have any questions or concerns about your child's growth or development, consult your pediatrician. Children may have been exposed to emotional or physical traumas, or prenatal conditions that could make their development and behavioral patterns different from other children their own age.

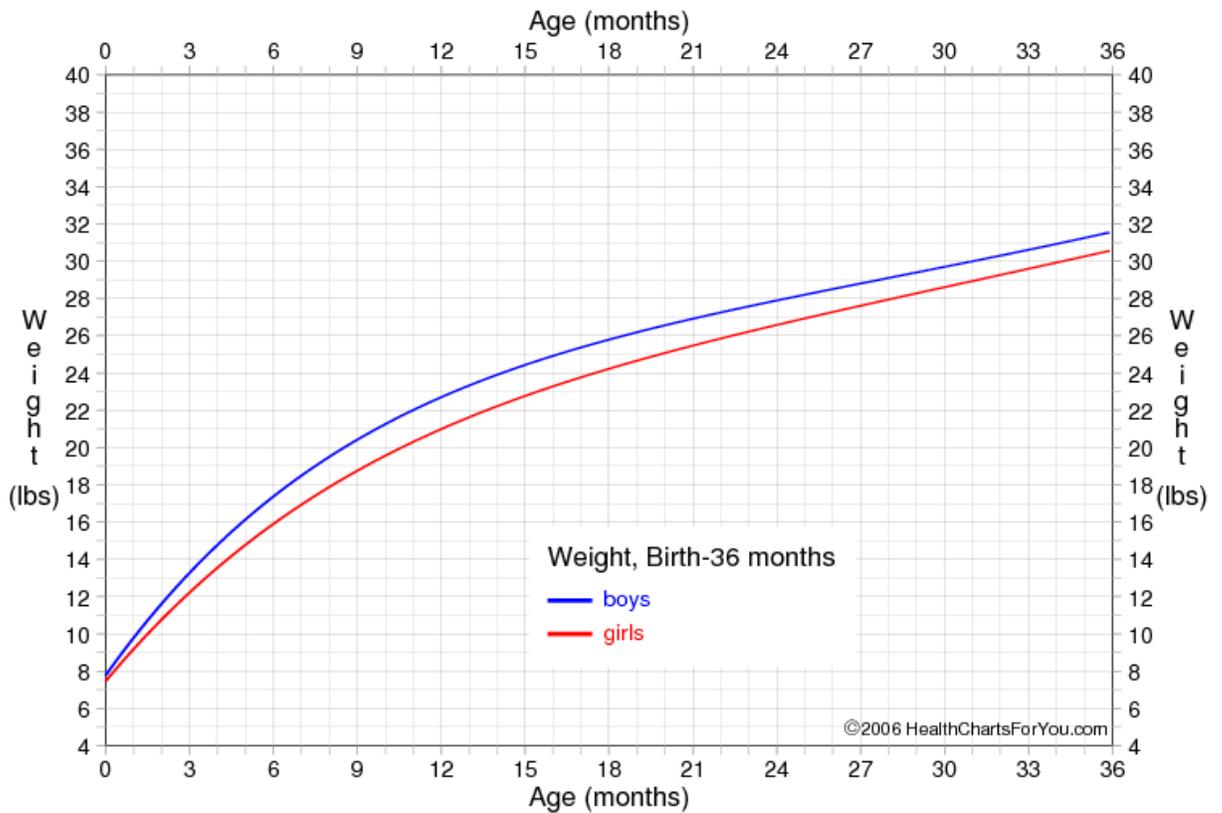
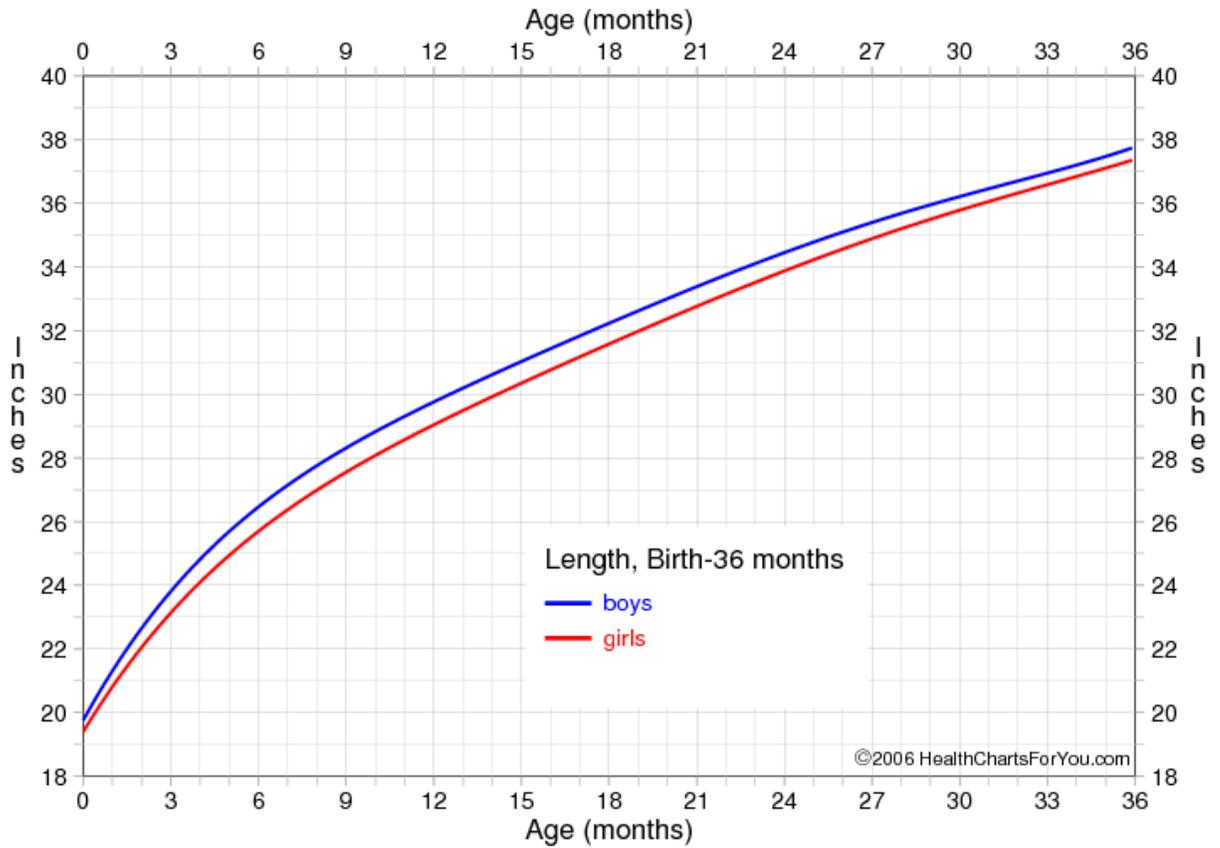
Remember that no development is as important as your baby's sense of being loved and accepted for who he or she is.

Ages	Expectations
1	<i>plays games like patty cake and peek-a-boo, sits up without support, pulls into a standing position, feeds self finger foods, knows own name and repeats sounds</i>
2	<i>makes 2-word sentences, walks alone, eats with a spoon, names toys and people, recognizes self in mirror, can point and name ears, eyes, nose</i>
3	<i>toilet training, plays simple games, counts out loud on fingers, rides a tricycle</i>
4	<i>begins thinking in an organized manner, knows about 1,000 words</i>
5	<i>plays logically, able to perform activities in sequential order</i>
6	<i>able to learn and recognize differences between right and wrong</i>
7	<i>able to concentrate well on tasks at hand, often self-absorbed to the point of appearing withdrawn, shows sensitivity to others</i>
8	<i>curious about all things they are learning - including sexuality, high energy, and often act impulsively</i>
9	<i>acts with independence, likes to learn facts, rules and standards, takes on more responsibility and engages in chores around the house</i>

*Sources: Grandparents Guide: Helping to raise your children's children, Phoenix, AZ.
Second Time Around. Kalamazoo, MI.*

Average Height and Weight Charts

These charts/graphs combine data extracted from the CDC growth charts.



Shots (Immunizations)

Shots (immunizations) are a very important part of keeping your child healthy.



Shots are needed to protect your child from serious illnesses and disabilities from birth through the first years of life. Teenagers also need booster shots for continued protection against these diseases.

Shots are required for day care and school. All children can get their shots from the health department or their health care provider. Call your health department for the time when shots are given.

The Health Department or your pediatrician issues immunizations to protect against childhood diseases. South Carolina requires children in schools and day cares to be immunized. The Health Department or your pediatrician will give immunizations to keep children up-to-date for their ages. The Health Department also offer shots for tetanus, MMR, PPD, flu and pneumonia to adults.

Health Department Fees: All sites are enrolled as South Carolina Vaccine Assurance for All Children (VAFAC) providers. There is no cost for Infants to 21 years of age to receive shots at the Health Department. Adult shots are given at a minimal cost for administration only.

Immunization Schedule		
Age	Immunizations Needed	Provider/Date
<i>Newborn</i>	<i>Hepatitis B</i>	
<i>2 months old</i>	<i>DPT, HIB, IPV</i>	
<i>4 months old</i>	<i>DPT, HIB, IPV</i>	
<i>6 months old</i>	<i>DPT, HIB, IPV, Hepatitis B</i>	
<i>15 months old</i>	<i>MMR and HIB</i>	
<i>18 months old</i>	<i>DPT</i>	
<i>4-6 year</i>	<i>DPT, IPV</i>	
<i>5-18 years</i>	<i>MMR</i>	
<i>Every 10 years</i>	<i>Adult tetanus, Diphtheria</i>	

Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2008

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB		<i>see footnote 1</i>		HepB					
Rotavirus ²				Rota	Rota	Rota						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	<i>see footnote 3</i>	DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴	Hib					
Pneumococcal ⁵				PCV	PCV	PCV	PCV				PPV	
Inactivated Poliovirus				IPV	IPV		IPV					IPV
Influenza ⁶							Influenza (Yearly)					
Measles, Mumps, Rubella ⁷							MMR					MMR
Varicella ⁸							Varicella					Varicella
Hepatitis A ⁹							HepA (2 doses)				HepA Series	
Meningococcal ¹⁰											MCV4	

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for **high-risk conditions**: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

 Range of recommended ages
 Certain high-risk groups

Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2008

For those who fall behind or start late, see the green bars and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Diphtheria, Tetanus, Pertussis ¹		<i>see footnote 1</i>	Tdap	Tdap
Human Papillomavirus ²		<i>see footnote 2</i>	HPV (3 doses)	HPV Series
Meningococcal ³		MCV4	MCV4	MCV4
Pneumococcal ⁴		PPV		
Influenza ⁵		Influenza (Yearly)		
Hepatitis A ⁶		HepA Series		
Hepatitis B ⁷		HepB Series		
Inactivated Poliovirus ⁸		IPV Series		
Measles, Mumps, Rubella ⁹		MMR Series		
Varicella ¹⁰		Varicella Series		

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 7–18 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for **high risk conditions**: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

 Range of recommended ages
 Catch-up immunization
 Certain high-risk groups

Catch-up Immunization Schedule

UNITED STATES • 2008

for Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS–6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks <small>(at least 8 weeks after 1st dose)</small>		
Rotavirus ²	6 wks	4 weeks	4 weeks		
Diphtheria, Tetanus, Pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ⁴
<i>Haemophilus influenzae</i> type b ⁴	6 wks	4 weeks <small>(if first dose administered at younger than 12 months of age)</small> 8 weeks (as final dose) <small>(if first dose administered at age 12–14 months)</small> No further doses needed <small>(if first dose administered at 15 months of age or later)</small>	4 weeks ¹ <small>(if younger age is younger than 12 months)</small> 6 weeks (as final dose) ¹ <small>(if younger age is 12 months or older)</small> No further doses needed <small>(if younger age is 15 months or older)</small>	6 weeks (as final dose) <small>This schedule is necessary for children aged 12 months–5 years who received 2 doses at 15 months</small>	
Pneumococcal ⁵	6 wks	4 weeks <small>(if first dose administered at younger than 12 months of age)</small> 8 weeks (as final dose) <small>(if first dose administered at age 12–14 months)</small> No further doses needed <small>(if first dose administered at age 15 months or older)</small>	4 weeks <small>(if younger age is younger than 12 months)</small> 8 weeks (as final dose) <small>(if younger age is 12 months or older)</small> No further doses needed <small>(for healthy children 15 months–5 years old or at least at age 15 months or older)</small>	8 weeks (as final dose) <small>This schedule is necessary for children aged 12 months–5 years who received 2 doses at 15 months</small>	
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ¹	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
Hepatitis A ⁹	12 mos	6 months			
CATCH-UP SCHEDULE FOR PERSONS AGED 7–18 YEARS					
Tetanus, Diphtheria, Tetanus, Diphtheria, Pertussis ¹⁰	7 yrs ¹¹	4 weeks	4 weeks <small>(if 1st dose administered at younger than 12 months of age)</small> 6 months <small>(if 1st dose administered at age 12 months–4 yrs)</small>	6 months <small>(if 1st dose administered at younger than 12 months of age)</small>	
Human Papillomavirus ¹²	9 yrs	4 weeks	12 weeks <small>(at 12 weeks after 1st dose)</small>		
Hepatitis A ⁹	12 mos	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks <small>(at least 8 weeks after 1st dose)</small>		
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ¹	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	4 weeks <small>(if first dose administered at age 3 years or older)</small> 3 months <small>(if first dose administered at younger than 12 years of age)</small>			

Backpack Safety



Backpacks come in all sizes, colors, fabrics, and shapes and help kids of all ages express their own personal sense of style. If they're used properly, they can be a useful tool for kids.

Many packs come with multiple compartments that help students stay organized while they tote their books and papers from home to school and back again. Compared to shoulder bags, messenger bags, or purses, backpacks are better because the strongest muscles in the body - the back and the abdominal muscles - support the weight of the packs. When worn correctly, the weight is evenly distributed across the child's body, and shoulder and neck injuries are less common than if the child carried a

briefcase or purse.

As practical as backpacks are, though, they can strain muscles and joints and may cause back pain if they're too heavy or are used incorrectly. However, there are steps you can take to help your child avoid back pain and other problems associated with improperly used packs.

Most doctors and physical therapists recommend that kids carry no more than 10% to 15% of their body weight in their packs.

To help understand how heavy backpacks can affect your child's body, it helps to understand how the back works. Your child's spine is made of 33 bones called vertebrae, and between the vertebrae are discs that act as natural shock absorbers. When a heavy weight, such as a backpack filled with books, is incorrectly placed on your child's shoulders, the weight's force can pull your child backward. To compensate, your child may bend forward at the hips or arch his or her back, which can cause your child's spine to compress unnaturally. Because of the heavy weight, your child might begin to develop shoulder, neck, and back pain.

Kids who wear their backpacks over just one shoulder - as many kids do, because they think it looks better - may end up leaning to one side to offset the extra weight. They might develop lower and upper back pain and strain their shoulders and neck. Improper backpack use can also lead to poor posture. Girls and younger children may be especially at risk for backpack-related injuries because they're smaller and may carry loads that are heavier in proportion to their body weight.

Also, backpacks with tight, narrow straps that dig into the shoulders can interfere with a child's circulation and nerves. These types of straps can contribute to tingling, numbness, and weakness in the child's arms and hands. Bulky or heavy backpacks don't just cause back injuries. Here are some other safety issues to consider:

People who carry large packs often aren't aware of how much space the packs take up and can hit others with their packs when turning around or moving through tight spaces, such as the aisles of the school bus.

Students are often injured when they trip over large packs or the packs fall on them.

Carrying a heavy pack changes the way a person walks and increases the risk of falling, particularly on stairs or other places where the backpack puts the student off balance.

Purchasing a Safe Pack

Despite their potential problems, backpacks are an excellent tool for children when used properly. But before you buy that trendy new backpack your kid or teen has been begging you for, consider the backpack's construction. The American Academy of Pediatrics (AAP) recommends that parents look for the following when choosing the right backpack:

- a lightweight pack that doesn't add a lot of weight to your child's load (for example, even though leather packs look cool, they weigh more than traditional canvas backpacks)

- two wide, padded shoulder straps - straps that are too narrow can dig into shoulders

- a padded back, which not only provides increased comfort, but also protects your child from being poked by sharp edges on objects (pencils, rulers, notebooks, etc.) inside the pack

- a waist belt, which helps to distribute the weight more evenly across the body

- multiple compartments, which can also help distribute the weight more evenly

Although packs on wheels (which look like small, overhead luggage bags) may be good options for students who have to lug around really heavy loads, they may be less practical than traditional backpacks because they're extremely difficult to pull up stairs and to roll through snow. Check with your child's school before buying your child a rolling pack; many schools don't allow them because they can pose a tripping hazard in the hallways.

Using Backpacks Wisely

Here are some easy steps your child can take to prevent injury when using a backpack:

Lighten the load. No matter how well-designed the backpack, doctors and physical therapists recommend that children carry packs of no more than 10% to 15% of their body weight - but less is always better. If your child doesn't know what 10% to 15% of his or her body weight feels like, use the bathroom scale to get an idea (for example, if your child weighs 80 pounds, his or her backpack shouldn't weigh more than 8 to 12 pounds).

A lot of the responsibility for packing lightly - and safely - rests with your child:

Encourage your child to use the locker or desk frequently throughout the day instead of carrying the entire day's worth of books in the backpack.

Make sure your child isn't toting unnecessary items - laptops, CD players, and video games can add extra pounds to your child's pack.

Encourage your child to bring home only the books that are needed for homework or studying each night.

Ask about your child's homework planning. If you've noticed that your child seems to have a heavier pack on Fridays, he or she may be procrastinating on homework until the weekend, which may make the backpack much heavier.

Use and pick up the backpack properly. Make sure your child uses both shoulder straps. Bags that are slung over the shoulder or across the chest - or that only have one strap - aren't as effective at distributing the weight as bags with two wide shoulder straps, and therefore may strain muscles. It's also a good idea to tighten the straps enough for the backpack to fit closely to your child's body and sit 2 inches (5 centimeters) above your child's waist.

Picking up the backpack the right way can also help your child to avoid back injuries. As with any heavy weight, your child should bend at the knees and grab the pack with both hands when lifting a backpack to the shoulders.

Use all of the backpack's compartments, putting heavier items, such as textbooks, closest to the center of the back.

Being a Safe Backpack Advocate

Involving other parents and your child's school in solving students' backpack burdens might help to lessen kids' loads. Some ways the school can get involved include:

- allowing students more time in between classes to use lockers
- purchasing paperback books
- implementing school education programs about safe backpack use
- purchasing books on CD-ROM or putting some curriculum on the school's website, when possible

You may need to adjust your child's backpack and/or reduce how much your child is carrying if he or she:

- struggles to get the backpack on or off
- has back pain
- leans forward to carry the backpack

If your child continues to have back pain or has numbness or weakness in the arms or legs, talk to your child's doctor or physical therapist.

Updated and reviewed by: Mary L. Gavin, MD; September 2007

Young Infants	Older Infants	Toddlers	Preschoolers
<p>Young infants follow objects with their eyes. They explore with their hands, feet and mouths. They begin sitting and crawling.</p> <ul style="list-style-type: none"> ■ Put your grandchild to sleep on his or her back in a crib with a firm, flat mattress and no soft bedding. ■ Make sure your crib is sturdy, with no loose or missing hardware; used cribs may not meet current safety standards. ■ Don't give grandchildren toys or other items with small parts, or tie toys around their necks. ■ In a car, always buckle your grandchild in a child safety seat on the back seat. 	<p>Older infants crawl and learn to walk. They enjoy bath play and explore objects by banging and poking.</p> <ul style="list-style-type: none"> ■ Never leave your grandchild alone for a moment near any water or in the bathtub, even with a bath seat; check bath water with your wrist or elbow to be sure it is not too hot. ■ Don't leave a baby unattended on a changing table or other nursery equipment; always use all safety straps. ■ If you use a baby walker for your grandchild, make sure it has special safety features to prevent falls down stairs, or use a stationary activity center instead. ■ Keep window blind and curtain cords out of reach of grandchildren; dress them in clothing without drawstrings. 	<p>Toddlers have lots of energy and curiosity. They like exploring, climbing and playing with small objects.</p> <ul style="list-style-type: none"> ■ Keep all medicines in containers with safety caps; be sure medicines, cleaning products, and other household chemicals are out of reach and locked away from children. ■ Use safety gates for stairs, safety plugs for electrical outlets, and safety latches for drawers and cabinets. ■ Buy toys labeled for children under age 3; these are often safety recommendations, not measures of a child's skill or ability. ■ Never leave your grandchildren alone in or near swimming pools. 	<p>Preschoolers are very active. They run, jump and climb.</p> <ul style="list-style-type: none"> ■ Keep children-and furniture they can climb on-away from windows. At playgrounds, look for protective surfacing under equipment. ■ Be sure your grandchildren wear helmets when riding tricycles or bicycles. ■ At all ages, make sure your smoke detectors work; keep matches and lighters away from children. <p style="text-align: right;">www.cpsc.gov/</p>

Grandbaby Proofing Your Home

It's probably been years since you have had small children in your home, right? Here are a few tips to consider making sure that your home is as safe and secure for little ones as it is for you.



Electricity

Cover all electrical outlets that are not in use with safety plugs that snap into outlets.

Check for exposed outlets behind furniture that you may have overlooked.

Keep your fans out of children's reach.

Do not use extension cords unless absolutely necessary. (These are also trip hazards if left out in the open.) Also, make sure that the cords are not frayed or contain any exposed wires.

Doors

Watch those little fingers when you close the door.

Use doorknob covers on doors that you don't want your grandchildren to open. (exterior doors, bedroom, basement, etc.)

Windows

Tie up cords to blinds or draperies so that babies can't get entangled in them. Do not place a crib, playpen, highchair or bed anywhere near the cords.

If your home is over 10 years old, you may not have tempered (safety) glass in your windows and doors that are within 16" from the floor. Consider having safety glass in large windows and French doors so they won't shatter if a child falls into them. A local glass company can do this for you. Tempered (safety) glass breaks into thousands of little pieces that are not sharp and therefore are not as much of a hazard as regular glass that can break into big jagged pieces.

Halls and Stairways

Install a safety gate at the top (or bottom) of the stairway.

Never leave anything on the stairs that you can trip on while carrying your grandbaby.

Fireplaces and Stoves

Fireplaces can be very dangerous, even when not in use. When in use, if it's a woodburning unit, keep in mind that sparks can pop and come out of the fireplace and onto the floor or babies. When not in use, a hearth can be a hard object to fall against. Consider adding some padding to protect the sharp corners and edges.

Keep children away from stoves at all times. When in use, keep all handles turned in so that little hands can't reach them, or so that you won't accidentally knock it off on them. Never leave items unattended on the stove for more than a few moments.

Others

If your grandchildren play out of your direct sight, it is a good idea to keep them within "sound". A baby monitor or an intercom can help you keep tabs on them.

Be careful when picking up small children. Bend your knees and use your legs to

help prevent back strain.

Be prepared if a fire should break out. Be sure all smoke detectors are working.

www.lifehome.com/artcl016.htm

Choking

Young children can choke on virtually any object. Tragically, children have died from choking on things such as small balls, tiny toys, balloons and plants. For this reason, it is important to be aware of how to prevent choking:



Hot dogs, nuts, peanuts, peanut butter, popcorn, carrots and grapes should not be given to children less than 4 years of age. In older children hot dogs should be sliced lengthwise first.

Children should eat or drink only when sitting upright, and not while lying down. Also children should not be forced to feed, especially when they are sleepy.

Children should never be allowed to eat or drink while playing or running around.

Young children should always be supervised by an adult during meals or snacks, and even playtime.

Toys your child plays with should be labeled appropriate for his or her age, and keep older children's toys away from any young child.

If you have had visitors for a party or a dinner, remember to always immediately remove all foods, beverages or other objects potentially dangerous to a young child.

It is important that your child's play and sleep areas are free of small objects.

Latex balloons are pretty and often tempting to give as a gift or use as a decoration; But they pose a great choking hazard. Young children should not be given nor be in contact with balloons at all.

Jewelry can easily be swallowed or inhaled. For this reason children should not wear any earrings, rings nor any other jewelry items before the age of 5.

Keep coins and other small objects such as buttons, toothpicks, paper clips, plants, etc. (and any other household or office item that can be a potential choking threat) away from young children at all times.

Read the label before buying the toy. Warning labels provide important information about how to use a toy, what ages the toy is safe for, and whether adult supervision is recommended. Be sure to show your child how to use the toy properly.

Think LARGE when it comes to choosing toys. Make sure all toys and parts are larger than your child's mouth to prevent choking. Avoid small toys intended for older children that could fit into your child's mouth. This will decrease the risk of choking.

Avoid toys that shoot small objects into the air. They can cause serious eye injuries or choking.

Look for sturdy toy construction. When buying a soft toy or stuffed animal, make sure the eyes, nose and any other small parts are secured tightly. Make sure it is machine washable. Check to see that seams and edges are secure. Remove loose ribbons or strings to avoid strangulation. Avoid toys containing small bean-like pellets or stuffing that can cause choking or suffocation if swallowed.

Be careful when buying crib toys. Strings or wires that hang in a crib should be kept short. They may pose a serious strangulation hazard when a child begins to crawl or stand. Remove crib gyms and mobiles as soon as your child can push up on her hands and knees.

Choose a toy chest carefully. Look for smooth, finished edges that are nontoxic. If it has a lid, make sure it is sturdy, with locking supports and safe hinges. It should stay open in any position and hinges should not pinch your child's skin. The chest also should have ventilation holes to prevent suffocation if your child becomes trapped inside. The best toy chest is a box or basket without a lid.

When visiting a friend's or neighbor's house or on vacation, make sure your child is not exposed to any choking hazards.

Pediatrician DR.PAUL Roumeliotis is certified by the American Board of Pediatrics and Royal College of Physicians and Surgeons of Canada.

Daycare

Types of Child Care Facilities
How to Choose a Provider

Child Care

Types of Child Care Facilities



Family Child Care Home (FCCH)

May provide care for up to six (6) children at any given time within a residence occupied by the operator. Registration is required if a person provides care to more than one unrelated family of children on a regular basis (more than two days a week and more than four hours a day). All applicants must have written approval from their local zoning

Board before a permit can be issued. A FCCH must have a working, listed telephone number.

Group Child Care Home (GCCH)

Applies to facilities operating with a capacity from seven (7) to twelve (12) children. May care for eight (8) children without an additional caregiver. When the attendance reaches nine or there are more than three children under the age of 24 months, an additional caregiver must be present at all times. In addition, there must be an emergency backup person available that is not included in the staff to child ratio.

A Group Child Care Home may not be operated in a separate building. A Group Child Care Home must be in the residence of the operator. If the operator resides in a mobile home, they must contact the State Fire Marshal's office (803-896-9800) to discuss if the structure meets Fire Codes.

Child Care Center (CCC)

Applies to facilities operating with a capacity of 13 or more children. A child care center must be licensed if the program operates more than four hours a day and more than two days a week. Programs that operate less than four hours a day may keep children during school vacations and

The South Carolina Department of Social Services approves all child care centers that are publicly funded by federal, state, county or city monies. Requirements for approval are the same as licensing requirements stated above.

Child Care Centers Operated by Religious Bodies or Groups

A child care facility sponsored by a religious body must be registered and has the option of becoming licensed. If this type of facility chooses to become licensed, it must meet the licensing requirements listed above for a Licensed Child Care Center.

Choosing Quality Child Care

Before you leave your child or grandchild in child care, you need to be sure that they will be in a safe facility with a trained, caring and nurturing staff. You should also make a choice that is right for your child's needs.

Before enrolling your child, make an appointment to spend some time at the facility observing programs and asking questions. If an operator does not allow you to visit before you leave your child, do not use their facility. If possible, also let your child visit the facility before you make a final decision.



Things to look for:

Facility

Is a current, valid license or registration displayed?

Is the building clean and safe?

Is play equipment sturdy, safe and accessible?

Is the space adequate for the number of children?

Can the facility meet any special needs that your child may have?

Staffing

Are staff authorized to work?

Does director have background and central registry results?

Is there enough staff and are they actively supervising the children?

Are the staff trained in child development, as well as safety, emergency, and first aid procedures?

Do staff relate well with the children, parents and other staff?

Parent Involvement

Are parents allowed to visit the facility at any time? Parents should be allowed unlimited access?

Are parents encouraged to be involved in the activities of the facility?

Are there parent-staff meetings?

Are policies available for review?

Programs and Activities

Is the daily schedule posted?

Are groups of children appropriate for their age: infants and toddlers separated from older children in larger facilities - planned activities for each age group?

Is the weekly menu posted?

Are meals and snacks balanced, varied and nutritious?

Is there a good balance of indoor and outdoor activities, active and quiet play?

Are appropriate materials and equipment which contribute to growth and development easily accessible to the children?

Are the children happily engaged or just lingering about?

Is mealtime pleasant?

Are infants held individually for feeding?

Is appropriate discipline used with the children? Remember, physical punishment is not allowed without parent's written permission.

Complaints and Concerns 📌

Any complaints or concerns that you have about the child care facility should be discussed with the facility director. However, if you feel that your child has been abused or neglected, if you think that there are problems with the facility that place children in danger you should report this to your regional or state Department of Social Services office (a list of all DSS offices can be found in the resource section of this guide).

To report suspected abuse or neglect call Child Protective Services at (803) 898-7318.

To report problems with child care facilities, policies or practices call Child Care Licensing at (803) 898-7345.

Education

First Steps

Head Start

School Enrollment Law

Helping Your Grandchild Succeed



First Steps is the state's only entity focused exclusively on increasing school readiness outcomes for all children ages 0 to 5.

Every South Carolina county has a First Steps office that identifies local needs and collaborative opportunities to help our state's youngest learners be better prepared for school.

Family Strengthening

First Steps works collaboratively with its agency partners, the faith community and private sector to support parents and families in their own efforts to maximize the school readiness, well being and long-term academic success of the state's young children. Through family strengthening programs, First Steps seeks to:

Increase family literacy and parent education levels;

Improve parental employability and employment;

Increase effectiveness of parenting related to child nurturance, learning and interaction, language, health and safety;

Increase successful parenting/family literacy program targeting, service integration, and results documentation; and

Increase early parent involvement in 4K-12 education settings.

(803) 734-0479 or Toll Free: 877-621-0865 or 1ststeps@scfirststeps.org

Head Start is a comprehensive school readiness program serving kids 0-5 that has a strong focus on ensuring that they start school ready to learn. They offer many other services to these children to help them and to support their families. Families may enroll their children in Head Start programs based on their income and a number of other factors. There are Head Start programs available in every county.



Head Start programs are federal-to-local programs, which means that the funding goes directly from the federal government to the local agencies providing Head Start services. A Head Start Collaboration Office is provided in every state. In South Carolina that office is located at the Department of Social Services. This federal grant funds a Head Start Collaboration Director, who ensures that all low-income children are served. The Director also encourages partnerships between Head Start and other agencies involved in the care and education of young children.

For further information, please contact: the Collaboration Office at **803-898-2550**.
Additional information about Head Start can be found at www.scacap.org.



Educational Consent and/or School Enrollment Law

S.C. Code Ann. § 59-63-31 (c) (2006):

A grandparent can enroll a grandchild in school - S.C. Code Ann. § 59-63-32 allows an adult caring for a child to enroll the child in school by signing an affidavit confirming that the child's residency in the district is not primarily related to attending a particular school in the district and that the adult accepts responsibility for the child's educational decisions, including receiving discipline notices, attending conferences, and giving permission to participate in school activities.

What is the residency requirement for eligibility in a school district?

A student is entitled to attend school in a district if the student lives with a parent or legal guardian who resides in the district.

Exceptions:

residing with a person who has custody (non-parent/guardian)
residing with a foster parent
residing with an adult because of
death, illness, or incarceration of parent
relinquishment by parent of control
abuse or neglect by parent
parent physically or mentally cannot care for child
homeless parent

To qualify under S.C. Code Ann. § 59-63-31

adult must complete and sign an affidavit
upon receipt of affidavit school must enroll the student
if school later finds that information is false, child must be removed from school
adult can be prosecuted for willfully providing false information

Age of Attendance

kindergarten: 5 on or before Sept. 1

first grade: 6 on or before Sept. 1

Exception - student who completed a public school kindergarten may enroll in first grade

Admission Requirements

Birth certificate requirement kindergarten and first grade only

birth certificate or other documentation to verify birth date, as allowed by local board of trustees

Immunization Certificate, medical and religious exceptions

one-time 30-day special exemption may be issued by principal

Schools cannot require parents to give a social security number as a condition for attendance.

Helping Your Grandchild Succeed in School



Making sure that your grandchildren do well in school could be the biggest challenge you'll face over the next few years. Guiding your grandchildren through school could also be one of the most rewarding parts of raising your second family.

What are the keys to success? They're simple.

Take an active role in your grandchildren's education.

Get to know the people who are teaching them.

Take advantage of the services that your school offers to you and your family.

Find out how you can help the school do its job.

Work closely with your grandchildren to make sure they have all the tools they need to succeed.

The First Day

Have you already enrolled your grandchild? Great! Now the fun can begin. But first, you and your grandchild must get through the first day of school.

The first day of school is hard for any child. A child who has experienced a family trauma may have an even harder time separating from you. Be patient and upbeat but be honest, too. Tell your grandchild what a wonderful time he or she will have at school. Warn the child that there will be moments when he or she will want to be home with you. Assure the child that these feelings are normal, and that they will pass. Knowing this will help your grandchild cope with homesickness.

Talking with the Teacher

Your grandchild's teacher could be your strongest ally during the school year. Introduce yourself to this teacher early in the year. Ask the teacher to give you ideas about how you can support your young student.

It's okay to tell the teacher about your grandchild's family background but don't feel that you have to reveal every detail. Just tell the teacher what you feel comfortable sharing. This information will help the teacher understand your grandchild.

Your grandchild may need some extra help as he or she adjusts to living with you and going to a new school. Ask your grandchild's teacher about tutoring or after-school programs that can help the child keep up with school work. Find out if the school offers counseling and other services to help your grandchild cope with his or her feelings about what has happened in your family. Don't hesitate to use these services. Emotional issues play a big role in school success. It's best to address them early.

Helping Your Grandchild Succeed

You can do lots of things at home to help a grandchild succeed in school. Remember, your grandchild doesn't have to get all A's but you should be satisfied that the child is working hard and doing the best that he or she can. Try these tips:

Take an interest when your grandchild tells you about school. Look at the work that the child brings home. Ask questions about it.

Provide a special place for doing homework. Set aside a certain period of time each day when your grandchild must do homework. Don't allow TV or video games until homework is done.

Read to your grandchild. Encourage him or her to read, too. Make frequent trips to the library. Remember, readers do better in school!

Broaden your grandchild's experiences. Take your grandchild to museums, exhibits and science fairs. Sometimes the best learning takes place outside the classroom.

Don't criticize teachers—or even school—in front of your grandchild. Does a child complain about something the teacher or school is doing? Thank the child for sharing. Promise to follow up on the issue but don't join in the criticism. That won't solve the problem. Instead, it will encourage the child to be disrespectful.

Volunteering

Volunteer at school. You'll be glad you did. Being in the classroom can help you understand better what today's schools are like. It will also show your grandchildren that school is important, and that you are interested in what they are doing. An added bonus: you'll have lots to talk about when your grandchildren come home at the end of the day.

Special Needs

Do you think that your grandchild has a learning disability? Ask your public school to evaluate the child. After the evaluation, a special group will meet to decide if the child can get special education services. You can-and should-take part in this decision-making group.

Every child who receives special education services must have an Individualized Education Program, or IEP. The IEP sets goals that your grandchild should reach during the next year. It also describes the services that the school district will give the child. A team develops the IEP. Be sure you are a part of this team. You know your grandchild very well. The school needs to know your concerns.

www.aarp.org

Nutrition

Healthy Eating
Weight & Weight Charts
Picky Eaters
Resources for Food

Nutrition

Children learn from adults. If you practice good, healthy eating habits— chances are your grandchildren will too. The food guide pyramid can be used to ensure that your grandchildren are eating a variety of foods and getting an adequate supply of vitamins and nutrients for growth and health. Remember: Quality rather than quantity of food is the important factor for meeting your grandchildren's nutritional needs.

In general, 1 cup of fruit or 100% fruit juice, or 1/2 cup of dried fruit can be considered as 1 cup from the fruit group. Any fruit or 100% fruit juice counts as part of the fruit group. Fruits may be fresh, canned, frozen, or dried, and may be whole, cut-up, or pureed.

Eating Out: Finding Healthier Choices

For today's busy families, eating out is a chance for parents to take time off from meal planning, cooking, and cleaning. But finding a place that's kid-friendly and serves nutritious foods can be difficult.

You can eat out and eat healthy, too. Many restaurants offer delicious meals that are low in saturated fat, trans fat, and cholesterol. That's good news because a diet high in saturated and trans fat can raise blood cholesterol. High blood cholesterol is a major risk factor for heart disease and stroke. At home, try to replace the saturated and trans fats in your food with more healthful unsaturated oils like canola, olive, and corn oil. When eating out, ask which type of fat the restaurant uses. At the table, request soft and trans-fat-free margarine.



Here are some tips for your family to eat healthier when you're out:
A guide from the American Heart Association

Look out for the extras. Kids' menus often offer a free soda or dessert with every entrée. This can add hundreds of calories without adding any nutrition to the meal. Ask for a substitution like water or milk for the soda or fruit instead of the standard dessert.

Ask for a different side dish. Choose dishes low in saturated fat and cholesterol. While many chain restaurants do not list any side dish other than french fries, most will allow you to substitute something healthier, like steamed, grilled or roasted vegetables, sliced tomatoes, or a side salad if you ask.

Limit fried oysters, fish, or chicken, au gratin, crispy, escalloped, pan-fried, sautéed, or stuffed foods high in fat and calories. Ask instead for boiled, broiled, baked, or poached or grilled fish, chicken or seafood.

Think outside the kids' section. Adult menus almost universally offer healthy options. Consider sharing an entrée like grilled chicken or fish with your child, or ask about ordering a half portion or lunch portion. Give your children a few choices and have them pick one. This gives them independence while teaching them examples of healthy foods.

Explore the salad bar. Your kids will love the colorful options of all-you-can-eat salad bars. Let them build their own salads with lots of vegetables and fruits; just limit high-fat toppings like cheese, fried noodles, and bacon bits. Keep creamy dressings to a minimum, and ask that dressings on pre-made salads be on the side.

Order water or low-fat or skim milk as your beverage. (For children under age two, stick with whole milk.) Avoid sweetened soft drinks, which are full of sugar.

Avoid high-fat condiments such as cheese, sour cream, mayonnaise, tartar sauce, and butter. Ask for low-fat versions if you have to have them.

Try to limit eating out to twice a week, and when you do eat out, choose restaurants that you know have healthy choices.

Watch the portion size. Help control your weight by asking for smaller portions or sharing entrees. Split a large entree with another family member. You'll save dollars and calories. Try to avoid all-you-can-eat buffets as you are more likely to eat more food than you need.

Eliminate high-sodium foods, which include those that are pickled, in cocktail sauce, smoked, in broth, or au jus. Also limit those in soy or teriyaki sauce.

Choose bread or pita pockets over croissants to reduce fat.

Tips for Your Family—Let's Eat Healthy

Here are some suggestions for easy ways to make healthy eating a way of life for your family.

1. Eat meals together on a regular basis. Eating healthy foods together as a family will help your children learn healthy eating habits. Regular family meals also give you a chance to check in with each other.

Make cooking and food preparation a team effort. Shop, cook, and plan meals together.

Try eating one meal a day together.

Try healthy, ready-to-eat foods from a store or restaurant if time is an issue.

2. Eat breakfast. Studies show that kids learn better if they eat breakfast.

Start the night before; mix juice, get breakfast foods ready, and set the table.

Offer quick and easy foods such as low-fat granola bars, fruit, and yogurt.

3. Make healthy foods available. Stock your refrigerator/shelves with healthy foods.

Limit sugary sodas and soft drinks.

Try to have at least two fruits or vegetables with every meal.

Keep a bowl of fruit on your kitchen table or counter.

Wash and cut up fruits and vegetables as soon as you are ready to eat and keep them in the refrigerator, along with a low-fat dip or salsa.

Canned and frozen vegetables are often less expensive and have a longer shelf-life.

Serve lean meats (like chicken and turkey) and other good sources of protein (like eggs and fish).

Choose whole-grain breads and cereals.

For children over age two, choose 1% or fat free milk rather than whole or 2% milk.

4. Limit fast-food and other low-nutrient foods. There's no need to ban the chips and candy forever, just make these "once-in-a-while" foods.

Be a good role model and eat healthy foods.

Never force your kids to clean their plates. Let them decide when they're full.

Never use food as a reward for good behavior. Try stickers for younger kids, and physical family outings for older ones, like going to the park, to the zoo, or bowling.

5. Add physical activity everyday and stay active. Kids need regular physical activity (such as physical education programs in school) because it helps them both physically and mentally. According to the University of Michigan, physical education programs can help children do well in school, improve their self-image, and decrease bad behavior and drug use. In addition to not eating well, kids aren't getting enough exercise to use up all those extra calories. According to a recent Kaiser Family Foundation report, 8- to 18-year-olds spend an average of 6.5 hours a day on media including watching TV, using the computer, and playing video games. Studies have shown that the more TV kids watch, the more likely they are to be overweight. Kids can get exercise by:

Participating in community activities such as biking, bowling, and swimming.

Joining a team activity such as baseball, soccer, track, volleyball, and gymnastics

Spending free time being active, not sitting. Using play grounds, biking, hiking, roller skating, skiing, and playing tennis and kick ball are all activities that keep kids moving.

2007 Rutgers, The State University of New Jersey.

Healthy Snacks and Beverages

Proper nutrition will help ensure your child's normal growth and development, from the very important first few months through the teenage years. It is easy to see, that your child's nutrition will definitely have a long-term impact.



It is important to establish good eating habits from a young age. It is never too early to teach children the value of avoiding high fat foods and the importance of fiber, calcium, iron and other minerals in the diet. Understanding the value of and adapting a well balanced diet at an early age has life long benefits.

Healthy Snacks

Apple	Low-fat trail mix
Apple Rings	Low-fat yogurt
Applesauce	Low-sugar ice pops
Apricots	Melon
Bagel with Cheese	Nuts (small, 1/4 cup portion)
Baked Apple	Oatmeal Cookies
Baked chips & salsa	Orange Slices
Banana Bread	Peaches
Banana Slices	Peanut Butter
Bran Muffin	Pears
Brown rice cakes with peanut butter	Pineapple Chunks
Carrots	Plums
Cherry Tomatoes	Pretzels
Cottage Cheese	Prunes
Cucumbers	Pumpernickel Bread
Dried fruit (small, 1/4 cup portion)	Raisin Toast
Enriched Bread	Refried Beans
Fresh, canned or frozen fruit	Rye Wafers
Frozen banana slices	Saltines
Fruit Cocktail or Fruit Cup	Soft Pretzel
Fruit Kabobs	Strawberries
Gingersnaps	Tangerine
Graham crackers	Tortillas
Granola	Vanilla wafers or ginger snaps
Grapefruit Section	Vegetable Sticks
Hard-Cooked Egg	Veggies & low-fat dip
Low-fat bean dip & crackers	Whole grain crackers
Low-fat cheese	Whole-Wheat Breadsticks
Low-fat cottage cheese & fruit	Whole-Wheat Toast
Low-fat frozen yogurt	Zwieback
Low-fat popcorn	

Healthy Beverages

Buttermilk	Low-fat fruit smoothie
Grapefruit Juice	Low-fat yogurt drink
Juice (Apple, Grape, Grapefruit, Orange, Pineapple, Tomato)	Frozen 100% juice or fruit bars
Milk	Low-fat milk
	100% juice (mix with water)

BREAKFAST

Breakfast plays an important role in children's health. Children who eat breakfast have a higher intake of vitamins and calcium and therefore are more likely to meet the government's recommendations for nutrients as compared to children who skip breakfast. Research has shown that regardless of income, children who eat breakfast eat a better variety of foods, as well as more grains, fruit products, and milk. They also consume less saturated fat.

Eating breakfast helps school performance!



Studies have shown that omitting breakfast may interfere with learning. Breakfast consumption does improve school attendance and has a positive effect on the overall nutritional quality of a child's diet. Research has also shown that students who eat breakfast have higher reading and math scores, and improved memory on cognitive tests.



Skipping breakfast—not a good weight loss diet

Some kids skip breakfast because they sleep too late or because they think it's a way to stay thin. But skipping breakfast does not help people maintain a healthy weight. Studies have found that children who skip breakfast are at greater risk for being overweight. This may be because they get so hungry that they end up overeating at other meals. It is better for kids to eat three small or moderately sized meals a day with some healthy snacks in between. Eating regular meals will help a child's body to process food more efficiently than if the child were to eat one or two large meals a day.

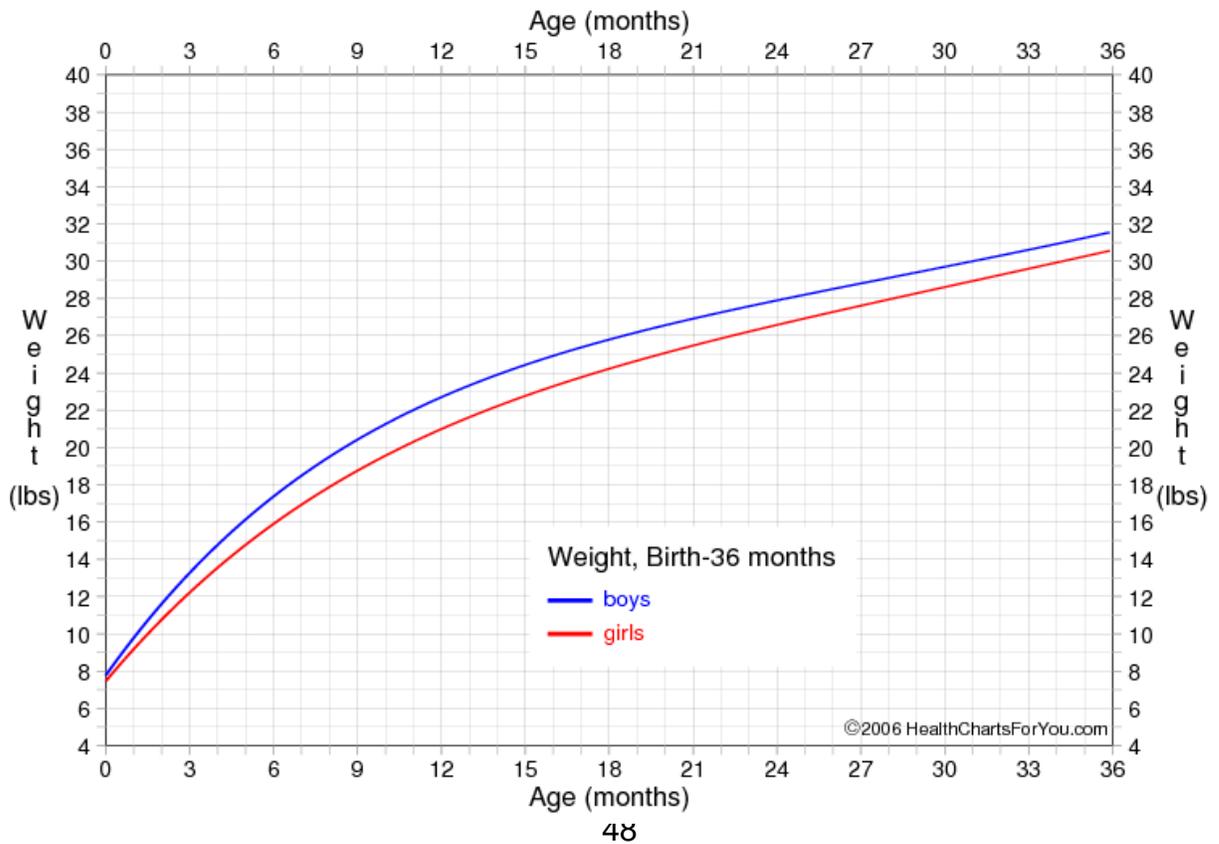
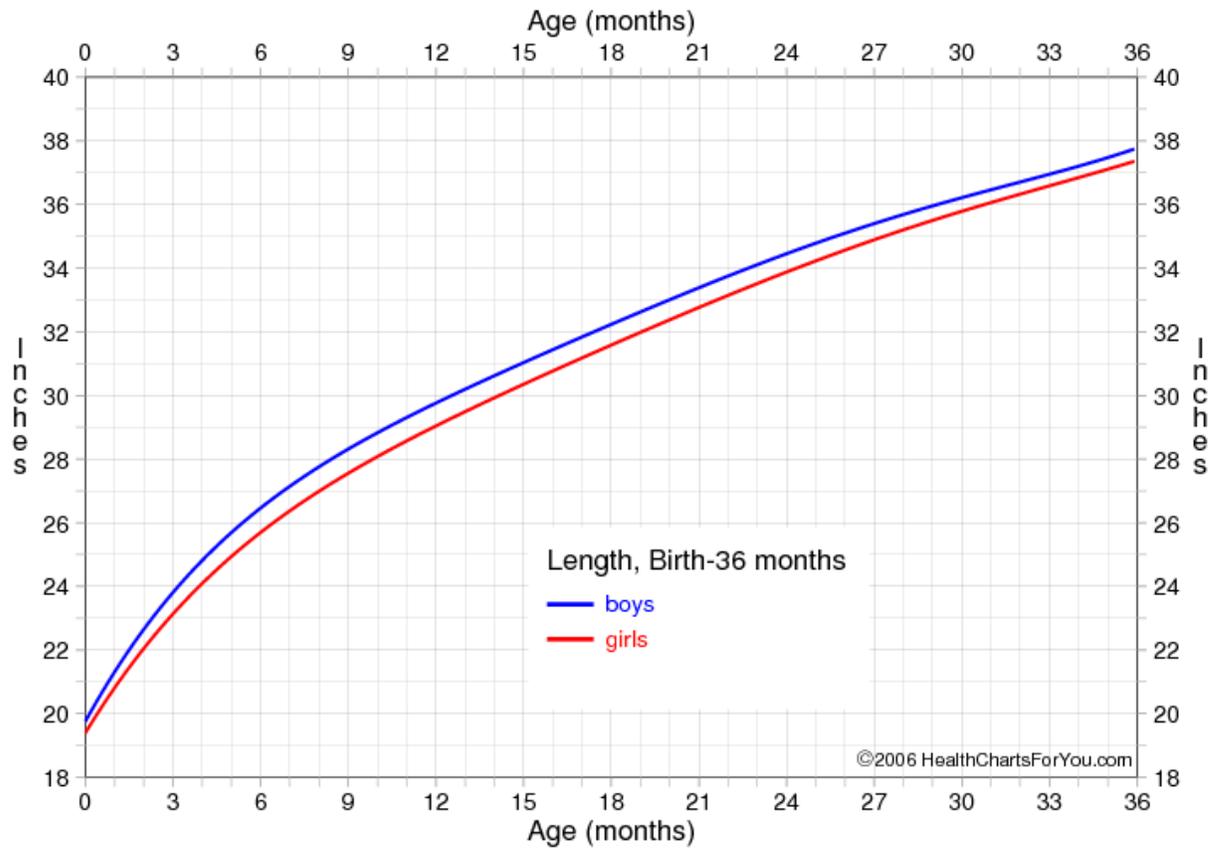
Breakfast Foods Can Be Quick, Easy & Healthy

Any breakfast food is better than no breakfast at all. Try to make healthy selections and eliminate the doughnuts or pastries all the time. They're high in calories, sugar, and fat and don't contain the nutrients that everyone needs. Just like with other meals, eat a variety of foods, including: grains (breads and cereals), protein (meats, beans, and nuts), fruits and vegetables, milk, cheese, and yogurt. Some common ones: eggs; french toast; waffles; or pancakes (try wheat or whole-grain varieties); cold cereal and milk; hot cereal, such as oatmeal or cream of wheat (try some dried fruit or nuts on top); whole-grain toast, bagel, or english muffin with cheese; yogurt with fruit or nuts; and fruit smoothie, such as a strawberry smoothie. Other ideas include: banana dog (peanut butter, a banana, and raisins in a long whole-grain bun); breakfast taco (shredded cheese on a tortilla, folded in half and micro-waved, topped with salsa); country cottage cheese (apple butter mixed with cottage cheese); fruit and cream cheese sandwich (use strawberries or other fresh fruit); sandwich - grilled cheese, peanut butter and jelly; or another favorite, leftovers.

<http://kidshealth.org> "Ready, Set, Breakfast" June 27, 2006.

Average Height and Weight Charts

These charts/graphs combine data extracted from the CDC growth charts.



Picky or Fussy Eaters: How To Deal With Them

One of the most common concerns of parents is a fussy or picky eater. Fortunately, most picky eaters do get enough to eat and continue to grow well. Here are some facts and tips to help parents deal with their picky eaters:

Children need to eat frequently to sustain their high energy levels and keep their bodies growing. As a general rule, they should have 3 meals daily, and 2 well-spaced snacks.



What's most important to the child's health and growth is not the quantity, but the quality of the food he/she eats. So be sure to put nutritious food in front of your child, without over-emphasizing portion sizes or how much is eaten.

Because drinking too much liquid can lessen your child's appetite, limit liquids to a total of 3 to 4 cups daily. This will help ensure that your child is hungry enough to eat solid foods. Also, limit liquid intake in the hour or two before meals.

Satisfy your child's sweet tooth by serving foods that are naturally sweet but nutritious - like fruit instead of candy or chocolates.

Snacks can be as important as regular meals in obtaining needed nutrients but don't allow your child to snack all day. This encourages a regular meal schedule, and avoids power struggles over when to eat. If your child doesn't eat much at one meal, he or she will probably eat more at the next.

Handle frustrating situations with patience, a positive attitude, and firmness without being aggressive or emotional. Also, avoid struggles, don't force-feed, plead, bribe your child, or make him/her feel guilty.

Try to present healthy foods in a positive light. Avoid placing foods into categories of "good" and "bad".

Offer your child lots of opportunities to make his/her own food choices from a variety of balanced foods that you offer and give small portions, so as not to overwhelm your child with too much food.

Try preparing and presenting rejected foods separately from other dishes. For example, if your child doesn't like carrots, don't put them on her plate or in the main dish. Instead, place them in a separate bowl on the table, and allow your child the choice of whether or not to have them.

Try serving foods your child doesn't like in new, original ways. For example, if your child insists that she hates spaghetti, try serving bow-tie pasta instead. Also, cutting vegetables in fun shapes may turn previously rejected vegetables into food that's fun to eat.

Make the mealtime table a relaxed and positive environment, free of family conflict tensions and distractions (such as TV, toys or games).

Pediatrician DR.PAUL Roumeliotis is certified by the American Board of Pediatrics and Royal College of Physicians and Surgeons of Canada.

Vegetables

Making veggies more appealing:

Make sure you choose salads, veggies, and healthy produce on a daily basis. Meals and snacks need to include vegetables and fruits so the average adult consumes 2-1/2 cups per day. Eat it raw or cooked, and choose the whole food rather than juice for the added fiber intake. Make vegetables a priority for your health.

Serve vegetables with a dip or dressing.

Try a low-fat salad dressing with raw broccoli, red and green peppers, celery sticks or cauliflower.

Add color to salads by adding baby carrots, shredded red cabbage, or spinach leaves.

Include in-season vegetables for variety throughout the year.

Vegetable tips for the Family:

Set a good example for children by eating vegetables with meals and as snacks.

Try ethnic foods such as bok choy and endive, raw in salads.

Let children decide on the dinner vegetables or what goes into salads.

Depending on their age, children can help shop for, clean, peel, or cut up vegetables.

Allow children to pick a new vegetable to try while shopping.

Use cut-up vegetables as part of afternoon snacks.

Children often prefer foods served separately.

Try serving two vegetables separately.



Keep Veggies Safe:



Wash hands **OFTEN** with hot soapy water for 20 seconds before, during, and after preparation.

Wash vegetables with cool tap water before cutting, eating raw, or cooking.

Rub vegetables briskly with your hands and a clean produce brush to remove dirt and surface residues. Dry after washing.

Do not use soap or detergents to clean vegetables.

Keep vegetables separate from raw meat, poultry, and seafood while shopping, preparing, or storing.

2007 Rutgers, The State University of New Jersey.

Food Pyramid

US Department of Agriculture

Grains

Make half your grains whole



- Eat at least 3 ounces whole grain bread, cereal, crackers, rice, pasta every day.
- Look for "whole" before the grain name on the list of ingredients.

Milk

Get your calcium-rich foods



- Go low-fat or fat-free
- If you don't or can't consume milk, choose lactose-free products or other calcium sources

Fruits

Focus on fruits



- Eat a variety of fruit
- Choose fresh, frozen, canned, or dried fruit
- Go easy on fruit juices

Vegetables

Vary your veggies



- Eat more dark green veggies
- Eat more orange veggies
- Eat more dry beans and peas

Meat & Beans

Go lean on protein



- Choose low-fat or lean meats and poultry
- Bake it, broil it, or grill it
- Vary your choices—with more fish, beans, peas, nuts, and seeds

Oils

Know your fats



- Make most of your fat sources from fish, nuts, and vegetable oils
- Limit solid fats like butter, stick margarine, shortening, and lard

How much food from the Meat & Beans group is needed daily?

The amount of food from the Meat and Beans group you need to eat depends on age, sex, and level of physical activity. Most Americans eat enough food from this group, but need to make leaner and more varied selections of these foods. Recommended daily amounts are shown in the chart.

Daily recommendation		
Children	2-3 years old	2 ounce equivalents
	4-8 years old	3 - 4 ounce equivalents
Girls	9-13 years old	5 ounce equivalents
	14-18 years old	5 ounce equivalents
Boys	9-13 years old	5 ounce equivalents
	14-18 years old	6 ounce equivalents
Women	19-30 years old	5½ ounce equivalents
	31-50 years old	5 ounce equivalents
	51+ years old	5 ounce equivalents
	ars old	6 ounce equivalents
	51+ years old	5½ ounce equivalents

These amounts are appropriate for individuals who get less than 30 minutes per day of moderate physical activity, beyond normal daily activities. Those who are more physically active may be able to consume more while staying within calorie needs.

Rutgers – New Jersey Agricultural Experiment Station



Resources for Food

WIC - Provides nutrition education, counseling and food vouchers to mothers, babies and children up to age 5 who qualify. Grandparent caregivers can apply for this service for their grandchildren. Program participation is based on income (you may have a job and still meet these guidelines), child's age and medical or health risk. Contact your local Health Department to apply. **Grandparents can apply for WIC for their grandchildren**

Food Stamps

Food Stamps: Kinship care families (grandparents raising grandchildren) may also be eligible for food stamps to help meet their children's food and nutrition needs. For more information, all (803) 898-2500.

National School Lunch Program (NSLP) - provides nutritionally balanced, low-cost or free lunches to children each school day. Contact your grandchild's school.

School Breakfast Program (SBP) - Contact your grandchild's school.

Summer Food Service Program (SFSP) - Contact your grandchild's school.

Your local Community Action Agency, Economic Opportunity Councils and churches may also have food pantries to assist in emergencies.

Emergency Food

This list of resources can make your search for food assistance easier.

Golden Harvest Food Bank Aiken

13 Enterprise Avenue
Aiken, SC 29803
803-648-0752

Golden Harvest Food Bank Upstate

7931 Morefield Memorial Highway
Liberty, SC 29657
864-843-6161

Harvest Hope Food Bank

2220 Shop Road
Columbia, SC 29201
Phone: 803-254-4432
Serves Calhoun, Chester, Chesterfield, Clarendon, Darlington, Dillon, Fairfield, Florence, Greenville, Kershaw, Laurens, Lee, Lexington, Marion, Marlboro, Newberry, Orangeburg, Richland, Saluda and Sumter counties
Call for the closest program nearest you.

Lowcountry Food Bank

1635 Cosgrove Ave.

Charleston, SC 29405

Phone: 843-747-8146

Serves 10 counties in the lowcountry

Second Harvest Food Bank of Metrolina

500 B Spratt St.

Charlotte, NC 28206

Phone: 704-376-1785

Covers 16 cities/towns in the upstate of SC

General Assistance

TANF

Foster Care Payments

Adoption Assistance Payments

Subsidized Guardianship

Child Support Payments

Social Security Benefits

Tax Credits

Kinship Care Licensing

Financial Assistance for Grandparents

There are several potential sources of financial assistance for relative caregivers: (1) Temporary Assistance for Needy Families (TANF) under Family Independence (FI); (2) foster care; (3) adoption assistance; (4) subsidized guardianships and (5) child support payments. Each of these sources of support has advantages and disadvantages and caregivers, as well as those who work with them, need to evaluate which options are available in a given case and which best meet the needs of a particular family. In addition to these supports, social security benefits or tax credits may be available to help certain kinship care families.

TANF or Temporary Assistance for Needy Families provides financial assistance in the form of a monthly check to help families care for children who need help. This program also provides help to children who have been deprived of parental support or care. Most grandchildren under a grandparent's care are eligible to receive child-only grants under the TANF program. This means that the grandparent's income and assets are not counted toward the child's eligibility. Unfortunately, child-only grants are typically quite small and may be insufficient to meet the needs of the child.

Grandchildren who are eligible for TANF are also eligible for Medicaid health care assistance.

The second type of TANF grant for which relative caregivers may be eligible is a "family grant." One of the purposes of TANF is "to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives." Thus, relative caregivers who meet the state's income criteria are eligible to receive a grant that addresses their needs, as well as those of the child. Although these grants are larger than the child-only grants, federal law imposes a 60-month time limit and work requirements on such grants. Thus, TANF family grants may not be appropriate for retired relative caregivers or for caregivers who will need assistance for more than 60 months.

Foster Care Payments - Grandparents caring for children may be eligible for assistance through the child welfare system. In most states, kinship caregivers can receive foster care payments on behalf of the children in their care if the children are involved in formal foster care. However, some children are ineligible for such help because grandparents or other relatives stepped in before the child was abused or neglected and thus kept the child out of foster care. Additionally, foster care is intended to be temporary, while permanent plans are made for the child in accordance with the Adoption and Safe Families Act of 1997 (ASFA).

Foster care payment is almost always higher than a TANF family grant. Foster payments also multiply (e.g. double, triple) as the number of children cared for increases. However, many relative caregivers who are caring for children who are eligible to receive foster payments prefer not to be involved with the child welfare system. They are uncomfortable with the oversight of the child welfare agency and the court. Kinship caregivers may not want to be subject to criminal

background checks or home studies and they are often fearful that the agency will remove the children from their homes if disagreements arise. States or counties make foster care payments to foster parents on behalf of children in their care. Sometimes the payments are funded solely with state or county dollars and sometimes the child is eligible for the federal foster care program and states may seek federal funds to cover a portion of the costs associated with those children. Generally, federal foster care payments under Title IV-E of the Social Security Act are available only for very poor children.

Eligibility for the federal foster care program is important because it may impact the amount of financial assistance available to relative caregivers. Under federal law, a relative who is a licensed foster parent for a child who is Title IV-E eligible must receive the same foster care payment as non-kin foster parents. All states except, California and Oregon, use state or local funds to provide foster care payments to licensed, relative foster parents caring for children who do not meet the IV-E income criteria. In addition, states may provide assistance, with state or local funds, to unlicensed relatives caring for children in foster care. In some states, however, unlicensed relative foster parents are simply referred to TANF for assistance.

Adoption Assistance Payments - may also be available to relative caregivers who choose to adopt the children in their care. All states provide adoption assistance on behalf of certain children who are adopted from the child welfare system. States may receive federal reimbursement, through Title IV-E, for a portion of the adoption assistance payments made on behalf of very poor children who have "special needs." "Special needs" are defined by the state, but generally include characteristics or conditions that make it difficult to place the child with adoptive parents without a subsidy. As with foster care, Title IV-E eligibility can make a difference in the amount of the subsidy available and in whether other benefits, like eligibility for Medicaid, come with the subsidy.

Subsidized Guardianship - for relative caregivers who do not want to adopt the children in their care, legal guardianship can provide the relative caregiver with the rights and authority needed to properly care for children. Guardianship itself does not address the need for financial assistance, but 35 states and the District of Columbia now offer financial assistance for guardians. Most are available only for relatives who obtain legal guardianship of children who have been in the foster care system for some period of time. Subsidized guardianship programs vary from state to state and South Carolina does not have such a program at this time.

Child Support Payments - Until a court has terminated parental rights, a parent generally remains financially responsible for his or her children. Every state has a child support enforcement agency that typically helps custodial parents collect child support from non-custodial parents. However, this office can also assist grandparents and other relatives who wish to obtain child support on behalf of the children in their care. The amount of the support is based on the needs of the child and on the resources and abilities of the parent(s) to pay. Some kinship caregivers do not want to pursue child support because they are uncomfortable

initiating what can become an adversarial process that might result in the child's parent(s) having their driver's license or business license revoked or being incarcerated for failure to comply with child support orders. Sometimes grandparents who are caring for children because the children's parents were violent are fearful that the child support process will lead to additional violence. These relatives may choose not to pursue child support collection. However, when grandparents are receiving TANF benefits on behalf of a child, they must assign their rights to child support to the state. In most states kinship caregivers must cooperate with the child support agency unless they can demonstrate that seeking child support is potentially harmful and they have "good cause" not to cooperate. In such cases, child support collection will not be pursued or will be pursued in ways that protect the safety of the caregiver and the children. Kinship caregivers who receive federally funded foster care payments may be required by the child welfare agency, where appropriate, to sign over their rights to child support and to work with the child support agency. Here too, though, "good cause" exceptions may be made. Under current law, most of the child support collected for children receiving TANF or foster care payments is kept by the state to recoup the costs of providing assistance. However, states may pass through to kinship caregivers any or all of the child support collected. Generally, only a modest amount is passed through, often no more than \$50 per month.

Social Security Cards - Grandparent may obtain a Social Security card for the grandchild without being the legal guardian. The grandparent will need a copy of the grandchild's birth certificate, baptismal record, or proof of citizenship.

Social Security Benefits - The Supplemental Security Income (SSI) program provides benefits for individuals who are elderly, blind or have disabilities and who have limited income and assets. SSI is an important source of assistance for grandparents raising children who are blind or who have other serious disabilities. This program, administered by the U.S. Social Security Administration (SSA), provides a cash benefit to the child. To qualify for benefits, the child must be under 18 and meet the SSI disability, income, and asset criteria. Under a recent U.S. Supreme Court decision, *Washington v. Keffler*, child welfare agencies who petition for SSI on behalf of children in their custody can, in certain circumstances, receive and keep all or a portion of the child's SSI payments to cover the costs of providing for the child. Children being raised by grandparents may be eligible for social security dependent benefits under Old-Age Survivors and Disability Insurance (OASDI) if the child's parent is collecting retirement or disability insurance benefits or if the parent was fully insured at the time of his or her death. Generally, these benefits are available for children under the age of 18. Grandparents and other relatives can apply for benefits on behalf of the child based on the work record of the child's parent. If a child is not receiving dependent benefits based on a parent's work record, the child may qualify for dependent benefits based on his or her grandparent's work record. Generally, the grandparent must be raising the child because the child's parents are deceased or disabled. Additionally, the child must have begun living with the grandparent before the age of 18 and have received at least one-half of his or her support during the year prior to the grandparent becoming eligible for benefits. Children raised by relatives other than grandparents may qualify for dependent benefits only if they are legally adopted by that caregiver.

Tax Credits - The Earned Income Tax Credit (EITC) may be available for certain low or moderate income relative caregivers who are working. This tax credit is refundable so that even workers who do not earn enough to pay taxes can get cash from the IRS. The amount of the credit depends upon the income earned and upon the number of qualifying children in the family. Qualifying children include a worker's sons, daughters, stepchildren, grandchildren, brothers, sisters, stepbrothers and stepsisters, (as well as any descendants of these relatives). Such children must have lived with the working relative for more than half the year or have been placed with this relative by a child welfare agency. The children must be under age 19 or under age 24 if they are full-time students, although children of any age who have permanent disabilities are considered qualifying children.

The Child Tax Credit of \$1,000 per child may also be available to some grandparents and other relatives raising children. This credit can generally be claimed for sons, daughters, stepchildren, grandchildren, brothers, sisters, stepbrothers, stepsisters, (as well as any descendants of these relatives), who are under age 17 and are dependents of the taxpayer. Unlike, the EITC, the child tax credit is only partially refundable.

The Child and Dependent Care Tax Credit may also be available to kinship caregivers who incur child care expenditures in order to work. This credit is generally available for dependent children under age 13 or older children who are not mentally or physically able to care for themselves. The credit is based on actual child care expenditures, up to a certain maximum. This credit is not refundable and thus will be of little use to relative caregivers who do not pay taxes.

Child Support - People who apply for TANF must give specific information about the absent parent of their children in order to help DSS collect child support. Identifying the absent parent and then locating that parent are two of the steps in that process. DSS will make every effort to collect child support for the children of clients participating in TANF.

Programs for Young People - DSS offers a program designed specifically for young people involved in FI. The Young Parent Program helps youth who have already had babies to complete their own adolescent development while learning good parenting skills. This program also provides prevention information so that participants might avoid additional pregnancies.

Birth Certificates - Only parents and guardians of children can obtain birth certificates. If the parent will not provide a birth certificate for the grandparent, the grandparent will need to get an order from a judge giving permission to obtain a birth certificate for the grandchild. This can be done through the guardianship process in Probate Court.

Medicaid - Grandparents do not need to have legal custody of their grandchildren in order for the grandchildren to receive Medicaid. Grandparents will need to prove that they are the primary caregiver. They will also need to

show that their grandchildren are deprived of parental care, proof of their grandchildren's ages, their relationship to the grandparent, and the current living arrangement.

In many cases, grandchildren being raised by grandparents qualify for Medicaid. Grandparents do not need to be receiving public assistance for their grandchildren to receive Medicaid under a child-only grant.

Kinship care licensing: There is no separate licensing program for kinship foster parents. Kin have to meet the same licensing standards and requirements and receive the same foster care payment rate as non-kin foster parents.

State kinship care contact: Questions about kinship foster care placements should be directed to South Carolina Department of Social Services, Out of Home Care Unit, at (803) 898-7726.

Housing and Home Repair

HOUSING LEGISLATION

Grandparents and other relatives raising children provide a tremendous service to their family and community at large. Among the range of difficulties these caregivers often face are inadequate conditions for families living in or requiring public housing. In recognition of the growing need for federal housing legislation to support these families, the LEGACY Intergenerational Housing Bill was created. Several of the LEGACY Bill provisions were added to the American Dream Downpayment Act (P.L. 108-186). The Act passed both the House and the Senate and was signed into law by the president on December 16, 2003.



The American Dream Downpayment Act requires HUD to implement the following provisions:

- Create national demonstration projects that provide opportunities within HUD's Section 202 program to develop housing specifically for grandparents and other relatives raising children.
- Train and educate front line workers who, through no fault of their own, may be misinterpreting policies that affect the grandparent-and other relative-headed families.
- Conduct a national study of the housing needs of grandparents raising grandchildren.

While government subsidized elderly housing does not legally exclude children, there is a widespread belief among housing professionals that children are not allowed. Private housing landlords may also attempt to evict tenants when a family's composition changes, despite the fact that eviction on this basis is illegal. Furthermore, in many localities, housing officials tell caregivers they are required to have legal custody of the children to qualify for housing assistance even though the law does not require it.

REVERSE MORTGAGES

A reverse mortgage may provide the necessary resources for long term home care or home modifications for an individual to remain in their home. Reverse mortgages are loans that allow homeowners aged 62 and over to convert home equity into cash while living at home for as long as they want. Borrowers continue to own their homes, and do not need to make any monthly payments. Instead, they can choose to receive the funds as a lump sum, line of credit, or as monthly payments (for up to life). The loan comes due only when the last borrower moves out, dies or sells the home. For many older families, home equity is their single, biggest financial asset. Unlocking these substantial resources can help empower “house rich, cash poor” seniors by giving them additional resources to purchase the services they feel best suit their needs.

<http://www.Aginghelp.com/housing.html#reverse>



5 Questions To Ask Before Considering a Reverse Mortgage

1) Do you really need a reverse mortgage? Why are you interested in these loans? What would you do with the money you would get from one? Are the needs you intend to meet really worth the high total cost of these loans? If you want to take a dream vacation, a reverse mortgage is a very expensive way to pay for it. Investing the money from these loans is an especially bad idea, because the loan is highly likely to cost more than you could safely earn. If anyone is trying to sell you something and recommending you use a reverse mortgage to pay for it, that’s generally a good sign that you don’t need it and shouldn’t be buying it.

2) Can you afford a reverse mortgage? These loans are very expensive, and the amount you owe grows larger every month. The younger you are when you take out a reverse mortgage, the more the compound interest will grow, and the more you will owe. On the other hand, due to high up-front costs, these loans can be especially costly if you sell and move just a few years after taking one out.

3) Can you afford to start using up your home equity now? The more you use now, the less you will have later when you may need it more, for example, to pay for future emergencies, health care needs, or everyday living expenses. This is especially so if your needs suddenly grow or your income does not keep pace with inflation. You may also need your equity to pay for future home repairs or a move to assisted living. If you are not facing a financial emergency now, then consider postponing a reverse mortgage. Homeowners who decide to wait have “a reasonable expectation of securing a better product at a lower cost in the not-too-distant future,” according to a report by the Fidelity Research Institute.

4) Do you have less costly options? Do you have other financial resources that you could use instead of taking out a loan? If you don't, and if you could easily make the monthly repayments on a home equity loan or home equity line-of-credit, these alternatives are much less costly than a reverse mortgage. Many state and local governments offer very low-cost loans for paying your property taxes or making home repairs. Have you seriously looked into the costs and benefits of selling your home and moving to a less expensive one?

5) Do you fully understand how these loans work? Reverse mortgages are quite different from any other loans, and the risks to borrowers are unique. Before considering one, you need to do your homework carefully and thoroughly.

Reverse Mortgage Calculator - <http://nrmla.edthosting.com/>

Online calculator to help determine the benefits and costs of a reverse mortgage. This calculator allows seniors to calculate benefits under three types of programs, including the federally insured home equity conversion mortgage. Individuals enter their birth date, estimated home value, zip code and information about home liens and major repairs needed on the property along with the amount of cash they want to take from the transaction.

HOME REPAIR

City of Greenville, Community Development

<http://www.greenergreenville.com>

(864) 467-4570

Emergency Repair Program - provides emergency and handicap repairs to households who meet HUD's low-to-moderate income guidelines. Must be a City homeowner in need of repairs that pose an immediate threat to health or safety, such as roofs, plumbing, etc.

Community Improvement - assists owner occupants with repairs in specific neighborhoods. Homeowners must be in the City of Greenville and meet HUD's low-to-moderate income guidelines.



Emergency Repair Grants – Batesburg/Leesville

Answering Machine (803)604-8799 or Alternate Phone (803)608-0008

Designed to assist elderly, handicapped and disabled individuals. There is no cost to the applicant. Qualifications: 1) must own their home and 2) be considered low income for the county in which they live. These repairs must be "emergency" in nature. This includes roof replacements, flooring problems, etc. It does not include cosmetic repairs such as painting.

Rebuilding Together - <http://www.rebuildingtogether.org/>

Homeowners must be low-income and elderly, disabled, or families with children, and unable to do the work themselves. The site selection process takes place locally, within broad national guidelines. Criteria differ slightly from affiliate to affiliate.

All repairs are free for homeowners. Labor and many supplies are typically donated. Homeowners and family members are asked to welcome the volunteers into their homes and work alongside them to the extent possible. Work is done *with* families and neighborhoods, not *for* them. A homeowner brochure is provided to clarify the process & partnership -

http://www.rebuildingtogether.org/downloads/homeowner_brochure.pdf

Florence, SC
843-621-2751
rtciaf@yahoo.com

Hollywood, SC 29449
843-810-0979
rtcastpauls@yahoo.com
<http://rebuildingtogetherstpauls.org/>

Hartsville, SC
(843) 332-6401
preshart@aol.com

Home Works - www.homeworks-sc.org

803-781-4536 or email: homewrksc@aol.com

An ecumenical volunteer program enabling teens, with assistance of adults, to make repairs to the homes of the elderly and the disadvantaged. Provides home repairs to homeowners who are on fixed income. The type and extent of repairs depends on the skill level and number of volunteers for any given session. Will also build wheelchair ramps. Most work is done during one week in July.

Homes of Hope – Greenville, SC www.homesofhope.org or 864-269-4663
Manufactured Housing Program - you must have a real need and you must have some form of regular income to insure your ability to maintain occupancy of the home. Through the rehabilitation of donated used manufactured housing, as well as occasionally rehabilitating conventionally constructed housing, Homes of Hope strives to help 50 families each year that otherwise would be either homeless or living in unhealthy conditions.

Affordable Rental Housing Program offers both older homes we own and have renovated, and newly constructed houses we have developed. Monthly rents range from \$395 to \$595. Families must earn less than 50% of the area median income to qualify (in some cases families can earn up to 80% of the area median income) and must submit to credit checks and other screening processes.

Samaritan Village is a former mobile home park that is owned and operated by Homes of Hope for individuals who are homeless. Samaritan Village is located in Easley, SC. The HUD definition of “homeless” is a person living in a shelter, a person within 3 days of eviction or a person living in a place not meant for human habitation. Any person who fits this definition may apply for housing at Samaritan Village by calling 269-4663.

Homeownership Program offers both older homes we own and have renovated, and newly constructed houses we have developed. Prices range from \$49,000 to \$99,000. The client must obtain financing, but help locating financing, as well as homeowner counseling, credit counseling and financial management counseling is offered through Homes of Hope. Families must earn less than 80% of the area median income to qualify and must submit to credit checks and other screening processes.

Nails in Hand – Colleton, SC 843-549-5001

Assistance to the unfortunate in Colleton County regarding the construction of wheel chair ramps and basic minor house repairs. Eligibility: Specifically in terms of fostering recovery from debilitating disease or injury and through treatment

Widows' Watchman Ministries - (864) 379-8114

E-mail: widowswatch@wctel.net

Handyman/Mr. Fixit offering assistance with repairs to low income widows' homes. Development of Directory containing area businesses offering dependable and reliable services to area widows who can afford to repair their home. SERVES: Widows in portions of Abbeville, Anderson, Greenwood, Greenville, and Laurens Counties (area surrounding Honea Path). Hours Vary - Leave message on machine

AIM Ramps and Repairs Program – Anderson County only (864) 226-2273

<http://www.aimcharity.org/minorrepairs.asp>

This program builds ramps and provides small home repairs for homeowners who are disabled and/or have someone living in their home who has a disability and are in need. From example, a homeowner may be able to buy materials but may not be able to afford the cost of labor to build a ramp, this program may be able to provide volunteer labor for this homeowner. To help a homeowner stay self-sufficient small home repair assistance may include installing or repairing

items such as stair railings. This program is coordinated with church groups and other civic organizations who volunteer their time and donate materials to assist those in need.

Hilton Head Deep Well - Hilton Head Island Residents only (843) 785-2849

A private social service agency that assists with rent, utilities and food for Hilton Head Island residents only. The agency may also be able to help with prescription expenses, distribution or donation of furniture, home repairs and renovations and transportation to medical appointments for persons able to demonstrate need. When funds are available, there may also be interest-free loans to purchase air conditioning or heating units and septic systems. Some services through Deep Well are free of charge, but some require a down payment and re-payment plan. Transportation may be provided for doctor visits.

Humble Housing Assistance Program (803) 259-0056

This program is intended to assist the elderly and people living with disabilities with home rehabilitation, home repairs or emergency housing repairs. The home in need of repair must be owned and occupied by low-to-moderate income persons. Help is provided for all of South Carolina but most of their services are provided in Aiken, Barnwell, Allendale, Bamberg, Orangeburg counties.

Rural Development Office (USDA) - www.rurdev.usda.gov/sc

Homeowners 62 years and older with very low incomes may be eligible for home improvement. Funds may only be used for repairs or improvements to remove health and safety hazards, make them more sanitary or to complete repairs to make the dwelling accessible for household members with disabilities. Homeowners less than 62 years with very low incomes may be eligible to receive loans from the Rural Housing Service for the same purpose at a 1% interest rate. Assistance may also be available to elderly, disabled or low-income rural residents of multi-unit housing buildings to ensure they are able to make rent payments. With the help of the Rental Assistance Program, a qualified applicant pays no more than 30% of his or her income for housing. Residents of multi-family housing complexes built under the Rural Rental Housing Program (section 515) and the Farm Labor Housing Program (section 514) are eligible to apply for the Rental Assistance Program. There may be a waiting list for some of these programs.

SC State Housing Home Program – www.schousing.com

Home Program: (803) 896-9248

Single Family Home:(803) 896-9508

Section 8: (803) 896-9170

Housing Trust Fund:(803) 896-9263

HOME provides the flexibility needed to fund a wide range of low income housing initiatives through creative and unique housing partnerships. Six programs available - Owner occupied emergency repairs, owner occupied rehabilitation, resale housing, group home, homeownership and shelter/transitional housing. Eligibility: Must be a non-profit, for profit, local government or housing authority. Application cycle is scheduled in the Spring of each year. \$25.00 application fee

SC Aging in Place Coalition (800) 375-0351

Located in Charleston but serves the entire state. The coalition works with churches, businesses and other organizations to provide financial or other assistance to seniors who need home repairs or modifications.

AMRAMP - www.americanramp.com

800-649-5215 or 803-255-0233 (Marc Gardner - Cola. Area)

A ramp provider that takes Medicaid, works with the Medicaid Waivers and affiliated service systems, and are a preferred provider for the VA. Will take all normal payment types (cash, credit card, etc.), will set up payment plans, and will occasionally work with indigent cases. If you have a "hard case" where funding is an issue, call him and he will see what he can work out.

Eastern Carolina CDC

Mobile home repair program. The regions where there is no assistance is due to lack of contractors. If a person resides in Florence, Marion, Dillon, Darlington, Horry, Marlboro, Chesterfield, Richland, Jasper, or Clarendon counties, they may be eligible for the mobile home repair program.

Rev. Woodberry
Executive Director
Eastern Carolina CDC
474 West Cheves Street
Florence, SC 29501
(843) 665-4747
(843) 245-0073 cell

Vonda Chaplin
Executive Assist/Office Mgr.
S.C. Assn. of CDCs
658 Rutledge Avenue, 2nd Floor
Charleston, SC 29403
(843) 579-9855

Abuse, Neglect and Exploitation

Child Protective/Preventive Services
Adult Protection Services

Child Protective/Preventive Services

If you need to report possible abuse or neglect, or have a question about reporting possible abuse or neglect, please contact your local (county) DSS office. One of the jobs of the Department of Social Services (DSS) is to protect children from abuse and neglect. If DSS gets a report that a child may have been abused or neglected, it will investigate. If DSS decides the child has been hurt, it will do different things to protect the child and make the family safe. DSS can help a family get services like counseling or financial assistance. Sometimes, the child will need to be placed away from the family to make sure the child is safe. If DSS is investigating, whether your child has been abused or neglected, many people will help to figure out how to keep your child safe and healthy. The case could end up in Family Court, where a judge will decide how to keep your child safe. If the case goes to court, a person called a Guardian ad Litem (GAL) will be involved. The GAL's job is to make a decision about what is best for your child and to tell the judge about that decision.

What is Abuse and Neglect? Abuse can be physical, like hitting too hard, or it can be mental, like saying mean things to your child all the time. Sexual contact with a child is abuse. Neglect is when you do not give your child enough food; clothing; shelter; education; medical care; or supervision, and you either have the money or are given the money to do so. Suspected abuse or neglect of a child can trigger the involvement of DSS with a family.

- * Physical abuse of a child includes non-accidental injuries, burns, bruises, broken bones or cuts, as well as excessive corporal punishment.
- * Sexual abuse of a child includes adults engaging in sexual acts with children or involving children in pornography or prostitution.
- * Neglect of a child includes not providing the child with necessary food, clothing, shelter, education, health care or supervision appropriate to the child's age and development.
- * Mental injury of a child means an injury to the child's intellectual or psychological capacity as evidenced by a discernible and substantial impairment to the child's ability to function.

What happens if DSS decides to investigate? If DSS thinks the report sounds like abuse or neglect, DSS must start its investigation within 24 hours of receiving the report, as they want to prevent any harm to the child. They may also be required to tell the sheriff or the police about the report or their findings. During the investigation, DSS or law enforcement may interview your child who is named in the report, and any other child that lives with you. These interviews can be done without you being there. DSS or law enforcement should tell you about any interviews with your child unless telling you might not be safe for your child. DSS may also interview other people who have been involved with your family. They may review copies of medical, school, or police records. South Carolina's law seeks to protect children and keep them safe. The Department of Social Services (DSS) must follow certain steps when it receives a report of child abuse or neglect.

Investigating Reported Abuse or Neglect If a report is made that a child has been harmed, DSS must begin to investigate, or assess, the situation within 24 hours. The person assigned to look into the report is called a caseworker. The caseworker will talk to parents and the child to find out what happened. It is likely that the caseworker will need to talk to other people who may know about the parent(s) and the family. The assessment may include an examination of the child by a doctor, and the taking of photographs. DSS has 45 days to complete this assessment process. If there is specific information that can't be gathered in that time, 15 extra days may be approved. Sometimes when a child is harmed, the child is placed in foster care, or with a relative. At other times, DSS will require the family to correct its problems, and the child will remain at home. If DSS and the parent(s) cannot agree on a treatment plan, DSS can ask the family court for a hearing. When a case does not go to family court, the person named as harming the child may appeal the decision. DSS encourages you to seek and accept services to help your family.

Some Important Questions

Q: What are the possible outcomes of the assessment?

A: The case may be "indicated" or "unfounded." "Indicated" means that it is more likely than not that the child was abused or neglected. "Unfounded" means the report is untrue or not supported by the information gathered. Unfounded cases fall into four categories:

- *Category I:* Abuse or neglect was ruled out following assessment.
- *Category II:* There is not enough evidence to decide if the child was abused or neglected.
- *Category III:* The assessment could not be completed because DSS could not locate the child or family or for some other reason.
- *Category IV:* Information received about harm to a child did not result in an investigation.

Q: If my family is involved in a report of abuse or neglect, how will the records be kept?

A: Information about an investigation or a case is kept in a paper file and on the agency database. Paper records will be filed in the county DSS office except when foster parents, employees or volunteers of an institution, group home or child care facility are involved. When foster parents or employees or volunteers are involved in a report, the records will be kept at the state DSS office. For both paper files and database records, information on indicated reports is kept for seven years from the date the case is closed. If no abuse or neglect is found, the records will be kept for at least five years from the date of the decision to unfound. Information contained in agency records, whether on paper or in the electronic database, is kept confidential.

Q: Will my name be recorded in DSS records as a suspected perpetrator?

A: Yes. Your name will be recorded in DSS records as a suspected perpetrator until a case decision is made following the assessment.

Q: Is my name going to be entered in a central registry of child abuse or neglect? **A:** A court order is required to enter your name on this Registry unless you are a foster parent or an employee or volunteer of a group home, institution

or child care facility. The order may come from family court or criminal court. The Central Registry is not the same thing as the DSS case record. The Central Registry is a perpetrator registry separate from the DSS agency data system.

Q: What happens to records in an unfounded case?

A: If the case is unfounded, the records will be kept in confidence, but will be used to assess other reports or for certain purposes allowed by state law.

Q: Do I have the right to inspect DSS records about my child's case?

A: Yes. You do have a right to inspect these records if the case is indicated. You also have the right to a copy of the report but not to the name of the person making the report. If the report is unfounded and you think the report is made by someone who was only trying to hurt you, ask your caseworker what you can do about it.

Q: What if I don't cooperate with the caseworker?

A: DSS still must complete the assessment. DSS will use the family court or law enforcement to help it do that job. You have the right to consult with a lawyer at any time you wish. However, the right to a court-appointed lawyer, if you cannot pay for one, does not exist unless your case is going to court.

Q: If I give DSS information, how will that information be used?

A: It may be used to determine if a child was abused or neglected. It may be used to determine who abused or neglected the child. In an indicated case, DSS may share the information you provide with people who need it in order to serve you or your family. Your caseworker will tell you who gets any information you provide.

Q: Can the worker give the information to law enforcement?

A: Yes. Under state statute, DSS records are available to law enforcement officials investigating certain crimes.

Q: Is someone going to talk to my child?

A: Yes. During the course of the assessment, DSS workers will talk to your child. A parent's permission is not necessary for DSS workers to talk to any child in the household. Law enforcement officers may talk with your child, if needed. Your child also may be seen by a doctor or other professional.

Q: What is the process of resolving complaints about a case?

A: First, talk to your caseworker, then the supervisor, and finally, if questions or problems are not resolved, speak with the county director.

Children in Foster Care

If your child has been abused or neglected and is not considered to be safe at home, law enforcement officers or the family court can remove the child from the home. DSS will place the child in foster care. Foster care is a temporary service for you and your child.

In most cases, arrangements will be made for you to visit your child. Your caseworker can discuss with you plans for your child and services for you and

your child. The family court may order you to do certain things. After a child has been in foster care for a year or less, the court will hold a “permanency planning” hearing. This hearing will review the progress toward the child’s return home or any other “permanent plan” approved at an earlier hearing. If the judge decides it is safe for the child to return home, the judge might require that the family be supervised by DSS and receive services. If your child is removed, you will be given more detailed information on the foster care system’s procedures.

Safeguarding Rights

State law gives DSS the authority to protect and aid children. Safeguards for both parents and children are built into the law.

- * Only law enforcement officials or family court judges, not DSS workers, have the authority to remove a child from the home.
- * Law enforcement officials may remove a child from the home only if there is a likelihood of substantial and imminent danger to a child’s life, health or physical safety.
- * Parents whose children have been removed by law enforcement officials have the right to a court hearing within 72 hours and the right to receive services to promote timely reunification with their child

**If You are Reported for Child Abuse or Neglect
you have the following rights:**

- To be represented in family court by a lawyer. If you cannot pay for one, a lawyer will be appointed by the family court.
- To be notified that you are the subject of a report and that your name has been recorded by DSS as a “suspected perpetrator” of child abuse or neglect.
- To be notified if your name is entered into the Central Registry of Child Abuse or Neglect.
- To examine the report and evidence used to decide an indicated case, except for the identity of the reporter.
- To a timely handling of your case.
- To visit any children removed from your home, if appropriate.
- To help plan and take part in your family treatment.
- To be notified of, and take part in family court hearings that involve your case.
- To ask for a review of your case by the county Child Protective and Preventive Services supervisor and/or county director.
- To challenge a finding against you through a DSS hearing if the case is not brought before family court.

Adult Protection Services

Who is a vulnerable adult?

A vulnerable adult is defined under the SC Code of Laws, as “a person eighteen years of age or older who has a physical or mental condition which substantially impairs the person from adequately providing for his or her own care or protection. This includes a person who is impaired in the ability to adequately provide for the person’s own care or protection because of the infirmities of aging including, but not limited to, organic brain damage, advanced age, and physical, mental or emotional dysfunction. A resident of a facility is a vulnerable adult.



What is abuse, neglect, and exploitation?

South Carolina Code of Laws gives the following definitions:

“Abuse” means physical abuse or psychological abuse.

“Physical abuse” means intentionally inflicting or allowing to be inflicted physical injury on a vulnerable adult by an act or failure to act. Physical abuse includes, but is not limited to, slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery as defined in Section 16 3 651, use of medication outside the standards of reasonable medical practice for the purpose of controlling behavior, and unreasonable confinement. Physical abuse also includes the use of a restrictive or physically intrusive procedure to control behavior for the purpose of punishment except that a therapeutic procedure prescribed by a licensed physician or other qualified professional or that is part of a written plan of care by a licensed physician or other qualified professional is not considered physical abuse. Physical abuse does not include altercations or acts of assault between vulnerable adults.

“Psychological abuse” means deliberately subjecting a vulnerable adult to threats or harassment or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress.

Indicators of Abuse

Some of the indicators described below, often in some sort of combination, could be the signal that abuse is present.

- Bruises, welts, lacerations, broken bones
- Hemorrhaging below the scalp line
- Burn marks
- Untreated injuries
- Unexpected deterioration of health
- Repeated injuries
- Frequent need for medical care
- Repeated “accidental injuries”
- Hospital visits with vague complaints, anxiety, depression
- Delay in seeking medical treatment
- Makes reference to family member’s anger or temper
- Flee from home
- Victim or caregiver minimizes injuries
- Abuser prevents vulnerable adult from follow-through on medical care

Indicators of Psychological Abuse

- Inappropriate confinement or restriction
- Depression
- Agitation
- Isolation
- Unusual weight gain or loss
- Loss of interest in self, activities or environment
- Ambivalence towards caregivers
- Withdrawal

“Neglect” means the failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a vulnerable adult including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services. Neglect may be repeated conduct or a single incident which has produced or can be proven to result in serious physical or psychological harm or substantial risk of death. Noncompliance with regulatory standards alone does not constitute neglect. Neglect includes the inability of a vulnerable adult, in the absence of a caretaker, to provide for his or her own health or safety which produces or could reasonably be expected to produce serious physical or psychological harm or substantial risk of death.

Indicators of Neglect

Neglect is often attributed to caregiver stress, lack of knowledge in caregiving duties or lack of resources. Another form of neglect is self-neglect and occurs when the vulnerable adult is unable to provide for his/her own care and necessities.

- Untreated sores, unexplained rashes
- Odorous, lying in urine, feces, old food
- Untreated bedsores
- Hungry, gobbles food
- Inadequate or inappropriate clothing for the weather
- Unkempt appearance, soiled clothes, unshaven
- Absence of food, water, heat, adequate shelter
- Malnutrition, dehydration, weight loss
- Caregiver does not allow access to health care

Caregivers who display some or all of the behaviors listed below may indicate the existence of abuse, neglect or exploitation:

- Will not allow you to talk to the individual alone
- Answers for the individual before he/she can answer
- Is clean and well-dressed while the individual is filthy
- Talks about the pressure he/she is under and what a burden the individual is
- Seems disinterested or withdrawn

“Exploitation” means:

(a) causing or requiring a vulnerable adult to engage in activity or labor which is improper, unlawful, or against the reasonable and rational wishes of the vulnerable adult. Exploitation does not include requiring a vulnerable adult to

participate in an activity or labor which is a part of a written plan of care or which is prescribed or authorized by a licensed physician attending the patient;

(b) an improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a vulnerable adult by a person for the profit or advantage of that person or another person; or

(c) causing a vulnerable adult to purchase goods or services for the profit or advantage of the seller or another person through: (i) undue influence, (ii) harassment, (iii) duress, (iv) force, (v) coercion, or (vi) swindling by overreaching, cheating, or defrauding the vulnerable adult through cunning arts or devices that delude the vulnerable adult and cause him to lose money or other property.

Indicators of Financial Exploitation

Financial exploitation includes many different kinds of criminal acts, illegal schemes and suspects both known and unknown to the victim. Illegal acts are often performed under the guise of “legality”, such as the misuse of a power of attorney or guardianship. Rather than a single act, the financial abuse often occurs over a period of time as the suspect gains power and control over the victim and his/her assets. The resulting “paper trail” can be difficult to follow. In many cases, the suspect is dependent on the victim for financial support and may have a criminal history. Indicators include:

- Implausible explanations given by the suspect about the victim’s financial status
- Transfers of funds or property to the suspect by the victim
- Excessive activity in the bank accounts or credit cards
- Isolation of the victim from other family members
- Nonpayment of bills
- Changes in wills, powers of attorney or guardianship
- Disparity between assets and living conditions

Who should report abuse, neglect and exploitation of vulnerable adults?

Anyone who suspects a vulnerable adult has been or is being abused, neglected or exploited should report it. A person who reports may remain anonymous. A reporter, acting in good faith, is immune from civil or criminal prosecution. The investigation of the suspected activity is not the reporter’s responsibility. It is the responsibility of the SC Department of Social Services, the SC Long Term Care Ombudsman program, SLED or local law enforcement.

Reporting of Abuse and Neglect in Long Term Care Facilities

The purpose of the Long Term Care Ombudsman Program is to improve the quality of life and quality of care of all residents in long-term care facilities in South Carolina.

Residents in long-term care facilities are often physically and emotionally vulnerable, facing daily challenges in pursuing a meaningful quality of life. Whenever problems arise, residents or families can call upon an ombudsman for help. Ombudsmen receive complaints about long-term care services and then voice the residents’ concerns to nursing homes, residential care facilities, and other providers of long-term care.

The Ombudsman Program is governed by the federal Older Americans Act and by the South Carolina Omnibus Adult Protection Act.

The Lt. Governor's Office on Aging administers the statewide program through ten (10) regional offices located throughout the state. These programs are located within Area Agencies on Aging and funded with federal, state, and local dollars. There is no charge for services provided by the Ombudsman Program.

Appalachia - Serves: Anderson, Cherokee, Greenville, Oconee, Pickens, and Spartanburg
Phone: 864-242-9733 or 1-800-434-4036 (outside Greenville County)

Upper Savannah - Serves: Abbeville, Edgefield, Greenwood, Laurens, McCormick, and Saluda
Phone: 864-941-8070 or 1-800-922-7729 (outside Greenwood County)

Catawba - York, SC - Serves: Chester, Lancaster, York, and Union
Phone: 803-329-9670 or 1-800-662-8330 (outside York County)

Central Midlands- Serves: Fairfield, Lexington, Newberry, and Richland
Phone: 803-376-5389 or 1-866-394-4166 (outside Richland County)

Lower Savannah - Serves: Aiken, Allendale, Bamberg, Barnwell, Calhoun, and Orangeburg
Phone: 803-649-7981 or 1-866-845-1550 (outside Aiken County)

Santee-Lynches - Serves: Clarendon, Kershaw, Lee and Sumter
Phone: 803-775-7381 or 1-800-948-1042 (outside Sumter County)

Pee Dee - Serves: Chesterfield, Darlington, Dillon, Florence, Marion, and Marlboro
Phone: 843-383-8632 or 1-866-505-3331 (outside Darlington County)

Waccamaw - Serves Georgetown, Horry and Williamsburg
Phone: 843-546-4231 or 1-888-302-7550 (outside Georgetown County)

Trident - Serves: Berkeley, Charleston and Dorchester
Phone: 843-554-2280 and 1-800-864-6446 (outside Charleston County)

Lowcountry - Serves: Beaufort, Colleton, Hampton, and Jasper
Phone: 843-726-5536 or 1-877-846-8148 (outside Jasper County)

State Long Term Care Ombudsman's Office

Lt. Governor's Office on Aging
1301 Gervais St., Suite 200
Columbia, SC 29201
Phone: 803-734-9900 or 1-800-868-9095 (outside Richland County)

The South Carolina State Law Enforcement Division (SLED) has set up a new statewide toll free number that is answered 24 hours a day, 7 days a week for reports of abuse of people with mental illness and developmental disabilities who live in facilities - 1-866-200-6066.

SLED immediately investigates when there is reasonable suspicion of abuse, neglect, or exploitation of a person living in a facility operated by or contracted for operation by the Department of Mental Health (DMH) or the Department of Disabilities and Special Needs (DDSN). SLED refers reports of non-criminal problems, such as violations of residents' rights, to the state's Long Term Care Ombudsman, the Department of Social Services, or the Attorney General's Medicaid Fraud Control Unit for investigation and further action.

How do I report?

If suspected abuse, neglect or exploitation of a vulnerable adult occurs in a facility, reports of your suspicions should be made to the State Long Term Care Ombudsman at 1-800-868-9095.

Reports of incidents in facilities operated by or contracted for operation by the SC Department of Mental Health or SC Department of Disabilities and Special Needs must be reported to SLED at 1-866-200-6066.

If suspected activity occurs in a private home or in the community, report your suspicions to your local county Department of Social Services, Division of Adult Protective Services (number can be found in your telephone directory) or to the State Department of Social Services at 803-898-7601.

Reports can be made to local law enforcement for any location.

Who investigates abuse, neglect, and exploitation?

SLED investigates or refers to local law enforcement abuse, neglect, or exploitation in a residential facility contracted with or operated by DDSN or DMH - 1-866-200-6066

SC Long Term Care Ombudsman's Office investigates other residential facilities, such as private nursing homes and most community residential care facilities - 1-800-868-9095 or www.state.sc.us/lsgov/aging/Seniors/Ombudsman.htm

SC Department of Social Services investigates abuse, neglect, or exploitation of vulnerable adults in private or foster homes. Reports should be made to county DSS offices. Suspicions of abuse, neglect, or exploitation of a child should also be reported to DSS.

State DSS Adult Protective Services: 803-898-7318

Local phone numbers can be found in the blue pages of phone books or www.state.sc.us/dss/counties.html

SC Attorney General's Medicaid Fraud Control Unit investigates misuse of Medicaid funds, including financial exploitation of Medicaid recipients - 1-888-662-4328

In an emergency, call your local law enforcement (911).

Legal Issues

Custody

Guardianship

Adoption

Termination of Parental Rights (TPR)

Legal Issues

Does your grandchild live with you? Chances are it started out as an informal arrangement. You probably thought the child would stay for a short time. In the eyes of the law, the parent was still in charge. You had no legal rights or legal relationship to your grandchild. You could not make decisions for the child. You were an "informal" caregiver.

After a while, some grandparent caregivers find that it's hard to raise their grandchildren without some legal rights or a formal legal relationship. These grandparents may have trouble enrolling their grandchildren in school. They may not be able to give a doctor permission to treat their grandchild. They worry that an unfit parent may come back and take the child away. And often they have trouble getting financial help to raise the child. To get more rights, these grandparents may ask the court to help. They may ask to change their legal relationship to the grandchildren they are raising by getting legal custody or guardianship, or they may ask to adopt their grandchildren. Other grandparents may not take those steps, but they may find other legal options that will help.

Changing your legal relationship is a big decision. If the parents will not willingly give you legal custody, then you will need to hire an attorney and sue your grandchild's parents in court. You will have to prove that those parents are not fit to raise their child. You must also prove that your new legal relationship with your grandchild is the best thing for the child. This kind of legal action can tear a family apart.

Before you make any decisions, be sure to learn about all the legal options your state gives you. You may be surprised at how many options you have. You may be able to become a foster parent to your grandchild. You may be able to adopt. You might become a legal guardian or ask for custody. In some states you can fill out a simple form that lets you get some services, like medical care or school enrollment, for your grandchild. Make sure you know the differences between the options. Find out how each option will affect you and your family.

Remember, each state law is different. Your legal options will depend on where you live. You may need a family law attorney to help you sort things out.

Some of your legal options might include the following:

Formal Kinship Care

You might be able to raise your grandchildren in the foster care system. You will receive some financial help if you pick this option. In some states this option will give the child the most financial help. But there is a downside. The state gets legal custody of your grandchild. This means that the state makes all decisions for the child and there is a chance that the state could remove your grandchild from your care at any time. Want to know more? Call your local child welfare agency or ask an attorney.

Adoption

Adoption is a big step. A grandparent who adopts a child becomes that child's parent. The child's natural parents can no longer make decisions for the child. They also cannot take the child away.

Adopting a grandchild may cause you to lose some types of financial help you already have. Do you get a "child-only" grant from the Temporary Assistance for Needy Families (TANF) program? You will lose that grant if you adopt your grandchild. On the other hand, you may be able to get support from other programs like Social Security or the federal adoption subsidy program for children with "special needs." Does your state have an open adoption law? If so, then you could agree to let the child's parent stay in touch with the child after the adoption. You would still make all the decisions for the child. About one third of the states have an open adoption law.

Legal Guardianship

Guardianship is different from adoption. You make some decisions for the child. But the child's parents still have some rights. The parents could go back to court and ask a judge to end the guardianship. Some states have "permanent guardianships" which are harder to end. Your state may give financial help to legal guardians. You might get this help through a state guardianship subsidy program. Thirty-five states and the District of Columbia have these programs. Each program is different. Most programs help children who have been in state custody.

Legal custody

Legal custody is like guardianship. But a different court grants it and it has different rules. Be aware that a "guardian" in your state may have more rights than someone who has legal custody. Make sure you find out the difference between these two options.

Other Options

What if you just want to enroll your grandchildren in school or get medical care for them? In some states, you do not need to adopt the child or become a legal guardian. In California, for instance, they have education and medical consent laws that say if a grandparent raising grandchildren completes a "caregiver's authorization affidavit" form, then he or she can enroll grandchildren in school and/or get medical care for them. Many states have education and medical consent laws like this.

Getting information

There are many ways to get the legal information you need. You can:

- Attend a legal workshop at your area agency on aging (AAA), grandparent resource center, senior center, child welfare agency, court system or bar association.
- Ask for help at a local law library or university to find the laws that affect you.
- Ask a family law attorney to be a guest speaker at a meeting of your support group.

- Find out if the court system has any services or programs that will let you apply for legal relationships without an attorney.
- If you need to use an attorney, and can't afford to hire one, you can find out if a law firm in your area offers "pro bono" or free services. You may also be able to get low-cost or free legal services through your Area Agency on Aging, legal aid clinic or a university law clinic.
- If you can afford it, you can hire a private family law attorney to help you. The state bar association can help you find a family law attorney in your area.

LEGAL RELATIONSHIPS IN SOUTH CAROLINA

If you are taking care of your relative's child, what rights do you have? What if the parent of the child decides that he or she wants to take the child back? While you are taking care of the child, what decisions can you make about schooling or about medical care? Your rights to have the child and your rights to make decisions for the child depend on the legal relationship that you establish.

The basic starting point under South Carolina law is that parents are the natural guardians of their minor children. This means that, unless there is a change in the legal relationship, only parents can get medical and educational services for the child and only parents decide where the child can live. This section describes possible changes in the legal relationship.

POWER OF ATTORNEY

Power of attorney is a short-term arrangement you can do without going to court. Power of attorney alone will not allow you to register the child in a school district different from where the parent resides.

South Carolina law allows a parent to give you power of attorney for a child. Power of attorney will give you practically all the power regarding care and custody of the child. The power of attorney is a written statement from the parent that lets you act as the parent for things such as medical care. It only lasts for six months, though, so if you want it to last longer, the parent will need to sign a new statement at the end of that time. The power of attorney needs to be signed before a notary public or attorney. The parent can take back the power of attorney at any time.

GUARDIANSHIP can give your relationship with your child more stability. Guardianship gives you basically all of the legal rights and responsibilities of a parent of a minor child. To get guardianship, you petition (ask) the Probate Court of the county in South Carolina where the child lives or is present. Typically, the Probate Court judge grants guardianship with the consent of the parents. If the parents do not consent to guardianship, the judge can still grant guardianship if the judge finds that the living situation with the parent is intolerable for the child. In order to change guardianship back to the parents, the parents would need to petition the Probate Court again.

The Probate Court also has the flexibility to grant a limited guardianship. This allows you to write into the guardianship specific rules so that, for example, the child lives with you, but the parent keeps the right to make decisions about

schooling, or keeps visitation rights. You may want the court to order child support payments at the same time that guardianship is granted.

You can also become a guardian if the parent appointed you as the guardian in the parent's will.

If you have guardianship, you will need to provide the court with an annual update regarding the child.

District Court judges can appoint a permanent guardian for children in DSS custody. This means a relative may be appointed permanent guardian for the child with the rights and responsibilities similar to guardianship through Probate Court. DSS may provide a subsidy for some children in permanent guardianship

ADOPTION is a permanent decision whereby you become the child's legal parent with all the same rights and responsibilities as any parent.

When can I adopt? There is a step before adoption when the court terminates the birth parents' rights. The parents may voluntarily give up their rights in court or the judge may terminate parental rights. Once the court has terminated the parents' rights, you may petition for adoption.

What is a homestudy? The adoption may require a homestudy. This means a caseworker will extensively interview you, other family members, and references that you provide to the caseworker. The caseworker will tour your home. After the caseworker has gathered all the information, she or he will recommend whether the adoption is appropriate for the child.

I want to adopt, but I am worried that I can not afford it. If the child is in DSS custody at the time of the adoption, the child may be eligible for adoption assistance. Adoption assistance may include Medicaid health insurance for the child, a monthly subsidy, and/or financial assistance for adoption expenses. The amount of monthly subsidy depends on the special needs of the child. To find out about adoption assistance, call the child's adoption worker.

For general information about adoption, call DSS at (800) 922-2504.

OTHER LEGAL ISSUES

You may gain some stability in the context of a divorce, a protection from abuse order, or other court case in which the District or Superior Court decides who gets custody of a child. If the court decides that placing the child with either parent will put the child in jeopardy, the court can award custody to a third party.

LEGAL ASSISTANCE

You can petition the court or seek power of attorney without a lawyer, but the assistance of a lawyer could be a great help. A lawyer should be able to help you understand the range of possible agreements under guardianship or power of attorney. He or she can tell you the possible results of taking legal action or not taking action. If you are going to court, the attorney can guide you through the

court system and tell you what the judge will be looking for in order to make a decision.

There is legal assistance for some low income children and adults. You can access these services by the South Carolina Bar Association (888) 346-5592. You can obtain a low cost referral and initial half hour appointment. Even if approached directly, many lawyers offer a free or low cost initial consultation.

If you are shopping for a lawyer, be sure to ask the following questions:

- Has the attorney had experience with these types of cases?
- What is the hourly rate?
- What are the things you can do on your own to reduce the fee?

Free Legal Clinics 803.799.6653

The South Carolina Bar sponsors free legal clinics around the state. Most involve a 30-45 minute lecture followed by either a question and answer or five minute one-on-one session with an attorney.

Legal Aid Services in South Carolina (888) 346-5592. The Lawyer Referral Service is a public service of the South Carolina Bar. The service is offered by telephone and online. The telephone service operates from 9 a.m. to 5 p.m. Monday through Friday. The online service is available 24/7. The lawyers signed up with our service are all in good standing with the South Carolina Bar, maintain malpractice insurance coverage (which is not required by lawyers licensed to practice in the state of South Carolina) and the lawyers agree to offer a 30-minute consultation for no more than \$50.

Legal Assistance for Military Personnel (803) 799-6653, ext. 169

Attorneys who have volunteered to provide free services to military personnel called to active duty are listed according to county and area of practice.

Please note that this program serves active military personnel and in some circumstances their immediate family members. If you are not active duty military, please review our pro bono and Find a Lawyer resources.

Your request will be reviewed, and you will be matched with an appropriate program volunteer. You may submit your request via e-mail to lamp@scbar.org.

The Differences Between Adoption and Guardianship

Many grandparents and special others have legal custody of their grandchildren but wonder if it might be better to adopt. The information below explains the different rights and responsibilities between adoption and guardianship as explained by the South Carolina Department of Social Services adoption unit. Consult a good attorney before proceeding

DSS provides workshops for adoptive family preparation and assessment. Placements are planned and supported through counseling to decrease adjustment problems. DSS supervises and supports the placement throughout the adoption process until legalization (the legal transfer of parental rights.)

Some financial assistance is available to help with adoption expenses and care for children with special needs. The amount of the assistance depends on the needs of the particular child.

Adoption preservation services are available after adoption finalization through the department's regional adoption offices.

- Adoption - Adoption is life long plan.
- Full legal and parental rights for the child
- Terminates child's legal relationship with birth parents
- Adopted child has inheritance rights from adoptive parents
- Adoptive parents may claim child for income tax purposes
- Child can take family name of adoptive parents (is not required just possible)
- Child is entitled to health plans of adoptive parents
- Child can receive financial and medical assistance through the ADOPTION ASSISTANCE PROGRAM (AAP). This is a non-taxable subsidy that may affect public assistance, lower income housing eligibility and social security benefits.
- Court Jurisdiction terminates when adoption is finalized. CPS closes case.
- Adopted children may get Social security benefits on their adoptive parents records.

Legal Guardianship and Custody

Legal guardian has sole rights to custody and control of child

- SUSPENDS rights and responsibilities of birth parents (but does not remove them.
- Parents can petition the court at any time to regain custody of the child.)
- No inheritance rights
- Child is not considered dependent of legal guardian. (But child may be considered dependent for tax purposes if Guardian pays more than half the total support of the child.)
- Child's birth name remains legal name.
- Child's health needs may not be covered by guardians health plan

- Related Legal guardian may be eligible for TANF (welfare assistance) when court jurisdiction has been terminated.
- Related Legal guardian may be eligible for foster care funds when court jurisdiction remains and the family resides in South Carolina.
- Non Related Legal Guardians may be entitled to receive foster care funds as long as residing in South Carolina. NOTE: the amount of foster care funds varies by county for all legal guardians.
- For Legal guardians receiving Foster care funds, services worker visits family minimum of 1 time every 6 months.
- Court jurisdiction may terminate when legal guardianship is granted.
- Legal guardianship (custody) terminates when child reaches 18, marries, emancipated, or is adopted.

OR

Legal Guardianship (custody) can also be terminated if the guardian petitions the court to do so or if new petition is filed naming new legal guardian.

OR

- If Legal Guardian moves out of state.
- Rights and Responsibilities Of Legal Guardians
- Guardian can:
 - Establish the child's residence anywhere in the state without a court order.
 - In the absence of a court ordered visitation schedule, make all decisions regarding parental visitation.
 - Make decisions regarding the Child's education, sports participation, and driver education
 - Consent to child obtaining drivers license
 - Give consent for medical treatment
 - Consent to the child enlisting in the armed services or foreign legion

Guardian cannot:

- Change child's residence to a state other than South Carolina without a court order allowing them to do so.
- Change the child's religion
- Legal guardians are not entitled to the child's earnings

ADDITIONAL RESPONSIBILITIES OF LEGAL GUARDIANS

Guardian is responsible for the care and control of the child at all times. (The health, welfare and safety is the sole responsibility of the legal guardian including those times when the child is away on parental visits.)

The Guardian is legally liable for the child's willful misconduct including but not limited to traffic accidents, shoplifting, use of fire arms resulting in property damage.

The Guardian must notify DSS if they are unable or unwilling to continue to act as the child's guardian. (Guardian may not return children to a parent without the approval of the court).

Custody and Guardianship: Common Sense Answers

"Custody" is a court process. If the court orders custody, it can mean who the child lives with; who makes important decisions for the child (health care, education, and other important decisions).

"Guardianship" is a court process. If the court orders guardianship, it can mean Guardianship of the child's person (custody), Guardianship of the child's property (called "estate") or Both.

Why do I need this?

You need custody or guardianship in order to make decisions on behalf of the child such as medical and educational decisions. Things as simple as signing a permission slip for a child's field trip to the zoo or obtaining routine immunizations can be difficult to impossible without showing legal papers that prove you have the right to make decisions for the child.

You need custody or guardianship if the parents of the child are a danger to the child. If you do not have custody or guardianship either of the child's parents can show up at your home or the child's school in any condition and take the child at any time without your permission.

How do I get it?

The best and easiest way to get custody or guardianship is to find yourself a good Family Lawyer with experience in grandparents cases. Your lawyer can file the needed papers with the proper court and advise you on how to proceed.

Custody and guardianship cases can be filed "Pro Se" (without a lawyer and you are representing yourself) in your local probate court, children's court, juvenile court or superior court. Which court you use depends upon what your particular state laws are. However there are many perils and pitfalls involved in representing ones self in court and we advise that you get a lawyer if you possibly can. You may think you cannot afford a lawyer but ask yourself if your child can afford for you not to have one.

A judge gives someone that is not the child's parent custody or guardianship of the child or the right to control the child's property, or both. To become a guardian, you must file a petition, and the court has to approve it.

What is involved in obtaining custody or guardianship?

First you must go to court. In order to get Custody or Guardianship of the child the court will need to remove the parents as guardians and name you the new guardian. In order to do this the judge will need either the consent of both parents, or you will have to convince the judge that they are a danger to the child and need to be removed.

If the child is in FOSTER CARE, you must convince the judge that you are the proper guardian for the child and that state care is not needed. If the judge

agrees that the parents need to be removed as guardians he will order temporary custody or guardianship. During this temporary phase the court will order CPS to do a home study to be sure that your home is a proper place for the child. The child may or may not be placed with you during this time. Usually the child stays with you though. The Judge may also order that the child be represented by a court appointed lawyer or Guardian ad Litem (GAL).

What is a Home Study? A home study may include an inspection of your home; a criminal background check on all adults in the home; a domestic violence assessment; several phone calls and home visits.

During a home study a caseworker assigned to the child will visit your home and look around to be sure that it is a safe place to raise a child. In homes with small children they will look for safety plugs in outlets, and other common safety devices. The caseworker will ask a lot of personal questions. No matter how intrusive you feel these questions are answer them anyway. By cooperating with the caseworker you are helping him or her see that your home is the best place for a child to grow and succeed. Make a friend of your caseworker. He or she can be your greatest ally in court. Make an enemy of your caseworker and he or she will recommend that the child should not be placed with you.

What is a GAL?

Depending on what your state laws are a Guardian ad Litem (GAL) can be a trained volunteer or paid lawyer who is appointed by the court to advocate for the best interests of an abused or neglected child. In court, the GAL serves as an important voice for the child. The GAL is assigned the task of interviewing the child and other parties and speaking for the child's wishes and need in court. In most states the GAL is paid by the court but in some states the petitioner (YOU) are required to foot the bill.

Foster Care

Foster care provides temporary services for children removed from their families because of abuse, neglect or exploitation by a parent or guardian. DSS seeks to license foster care providers who can best meet the individual needs of children. Whenever possible, DSS places the child close to home and in the most family like setting available. In South Carolina, about two-thirds of foster children live in foster family homes, and the rest live in group care and institutional settings. If the child cannot be reunified with family or placed with relatives, permanency may be brought about by termination of parental rights, adoption and independent living.

Independent Living is defined as an array of services provided to adolescents ages 13 to 21. The purpose of the Independent Living program is to provide the developmental skills necessary for foster adolescents to live healthy, productive, self-sufficient and responsible adult lives. The program's overall goal is to provide foster adolescents with opportunities to learn needed independent living skills and increase the likelihood of their successful transition from the foster care system.

Individuals who are interested in becoming foster or adoptive parents may call 1-

888-CARE-4-US (1-888-227-3487). This line is toll-free from anywhere in the country. Staff are available during regular business hours to respond to general questions regarding foster/adoptive parenting in South Carolina. Callers are also referred to local recruitment offices and case managers for questions regarding specific children showcased in the media or on the internet.

Legal

DSS - Division of Foster Care Licensing reports:

Number of children in kinship foster placements: As of March 2001, (getting updated info) there were 4,820 children in out-of-home placements under Department's care. Of these children, approximately 250 (5%) were placed with kin.

Preference for kinship placements: State policy requires that kin be considered first when an out-of-home placement is sought for a child under the Department's care.

State foster care contact: Questions about kinship foster care placements should be directed to South Carolina Department of Social Services, Division of Foster Care Licensing, (803) 898-7547 or (803) 898-7707.

Children in Foster Care

Sometimes state child welfare agencies place children in foster care with grandparents or other relatives. Most state agencies call these placements "kinship care." In South Carolina, the Department of Social Services, Division of Foster Care Licensing reports:

Number of children in kinship care: As of November 2006, there were 5,270 children in out-of-home placements under Department's care. Of these children, approximately 367 were placed with kin.

Preferences for kinship care: State policy requires that kin be considered first when an out-of-home placement is sought for a child under the Department's care.

Preference for Placement

S.C. Code Ann. § 20-7-2275(C) (2006):

When a child has been removed from his home and is in the care, custody, or guardianship of the department, the department shall attempt to identify a relative who would be appropriate for placement of the child.

S.C. Code Ann. § 20-7-764 (2006):

In the absence of good cause to the contrary, preference must be given to placement with a relative or other person who is known to the child and has a constructive and caring relationship with the child.

Medical/Dental

Adult Health Care Consent Act
Know Your Grandchild's Medical History

Title 44 - Health
CHAPTER 66.
ADULT HEALTH CARE CONSENT ACT

SECTION 44-66-10. Short title.

This chapter may be cited as the "Adult Health Care Consent Act".

SECTION 44-66-20. Definitions.

As used in this chapter:

(1) "Health care" means a procedure to diagnose or treat a human disease, ailment, defect, abnormality, or complaint, whether of physical or mental origin. It also includes the provision of intermediate or skilled nursing care; services for the rehabilitation of injured, disabled, or sick persons; and the placement in or removal from a facility that provides these forms of care.

(2) "Health care provider" or "provider" means a person, health care facility, organization, or corporation licensed, certified, or otherwise authorized or permitted by the laws of this State to administer health care.

(3) "Health care professional" means an individual who is licensed, certified, or otherwise authorized by the laws of this State to provide health care to members of the public.

(4) "Person" includes, but is not limited to, an individual, a state agency, or a representative of a state agency.

(5) "Physician" means an individual who is licensed to practice medicine or osteopathy under Chapter 47 of Title 40.

(6) "Unable to consent" means unable to appreciate the nature and implications of the patient's condition and proposed health care, to make a reasoned decision concerning the proposed health care, or to communicate that decision in an unambiguous manner. This definition does not include minors, and this chapter does not affect the delivery of health care to minors unless they are married or have been determined judicially to be emancipated. A patient's inability to consent must be certified by two licensed physicians, each of whom has examined the patient. However, in an emergency the patient's inability to consent may be certified by a health care professional responsible for the care of the patient if the health care professional states in writing in the patient's record that the delay occasioned by obtaining certification from two licensed physicians would be detrimental to the patient's health. A certifying physician or other health care professional shall give an opinion regarding the cause and nature of the inability to consent, its extent, and its probable duration. If a patient unable to consent is being admitted to hospice care pursuant to a physician certification of a terminal illness required by Medicare, that certification meets the certification requirements of this item.

SECTION 44-66-30. Persons who may make health care decisions for patient who is unable to consent; order of priority; exceptions.

(A) Where a patient is unable to consent, decisions concerning his health care may be made by the following persons in the following order of priority:

(1) a guardian appointed by the court pursuant to Article 5, Part 3 of the South Carolina Probate Code, if the decision is within the scope of the guardianship;

(2) an attorney-in-fact appointed by the patient in a durable power of attorney executed pursuant to Section 62-5-501, if the decision is within the scope of his authority;

(3) a person given priority to make health care decisions for the patient by another statutory provision;

(4) a spouse of the patient unless the spouse and the patient are separated pursuant to one of the following:

(a) entry of a pendente lite order in a divorce or separate maintenance action;

(b) formal signing of a written property or marital settlement agreement;

(c) entry of a permanent order of separate maintenance and support or of a permanent order approving a property or marital settlement agreement between the parties;

(5) a parent or adult child of the patient;

(6) an adult sibling, grandparent, or adult grandchild of the patient;

(7) any other relative by blood or marriage who reasonably is believed by the health care professional to have a close personal relationship with the patient;

(8) a person given authority to make health care decisions for the patient by another statutory provision.

(B) If persons of equal priority disagree on whether certain health care should be provided to a patient who is unable to consent, an authorized person, a health care provider involved in the care of the patient, or any other person interested in the welfare of the patient may petition the probate court for an order determining what care is to be provided or for appointment of a temporary or permanent guardian.

(C) Priority under this section must not be given to a person if a health care provider responsible for the care of a patient who is unable to consent determines that the person is not reasonably available, is not willing to make health care decisions for the patient, or is unable to consent as defined in Section 44-66-20(6).

(D) An attending physician or other health care professional responsible for the care of a patient who is unable to consent may not give priority or authority under subsections (A)(5) through (8) to a person if the attending physician or health care professional has actual knowledge that, before becoming unable to consent, the patient did not want that person involved in decisions concerning his care.

(E) This section does not authorize a person to make health care decisions on behalf of a patient who is unable to consent if, in the opinion of the certifying physicians, the patient's inability to consent is temporary, and the attending physician or other health care professional responsible for the care of the patient determines that the delay occasioned by postponing treatment until the patient regains the ability to consent will not result in significant detriment to the patient's health.

(F) A person authorized to make health care decisions under subsection (A) of this section must base those decisions on the patient's wishes to the extent that the patient's wishes can be determined. Where the patient's wishes cannot be determined, the person must base the decision on the patient's best interest.

(G) A person authorized to make health care decisions under subsection (A) of this section either may consent or withhold consent to health care on behalf of the patient.

SECTION 44-66-40. Provision of health care without consent where there is serious threat to health of patient, or to relieve suffering; person having highest priority to make health care decision.

(A) Health care may be provided without consent to a patient who is unable to consent if no person authorized by Section 44-66-30 to make health care decisions for the patient is available immediately, and in the reasonable medical judgment of the attending physician or other health care professional responsible for the care of the patient, the delay occasioned by attempting to locate an authorized person, or by continuing to attempt to locate an authorized person, presents a substantial risk of death, serious permanent disfigurement, or loss or impairment of the functioning of a bodily member or organ, or other serious threat to the health of the patient. Health care for the relief of suffering may be provided without consent at any time that an authorized person is unavailable.

(B) Health care decisions on behalf of a patient who is unable to consent may be made by a person named in Section 44-66-30 if no person having higher priority under that section is available immediately, and in the reasonable medical judgment of the attending physician or other health care professional responsible for the care of the patient, the delay occasioned by attempting to locate a person having higher priority presents a substantial risk of death, serious permanent disfigurement, loss or impairment of the functioning of a bodily member or organ, or other serious threat to the health of the patient.

SECTION 44-66-50. Provision of health care without consent to relieve suffering, restore bodily function, or to preserve life, health or bodily integrity of patient.

Health care may be provided without consent to a patient who is unable to consent if no person authorized by Section 44-66-30 to make health care decisions for the patient is reasonably available and willing to make the decisions, and, in the reasonable medical judgment of the attending physician or other health care professional responsible for the care of the patient, the health care is necessary for the relief of suffering or restoration of bodily function or to preserve the life, health, or bodily integrity of the patient.

SECTION 44-66-60. No authority to provide health care to patient who is unable to consent where health care is against religious beliefs of patient, or patients prior instructions.

(A) Unless the patient, while able to consent, has stated a contrary intent to the attending physician or other health care professional responsible for the care of the patient, this chapter does not authorize the provision of health care to a patient who is unable to consent if the attending physician or other health care professional responsible for the care of the patient has actual knowledge that the health care is contrary to the religious beliefs of the patient.

(B) This chapter does not authorize the provision of health care to a patient who is unable to consent if the attending physician or other health care professional responsible for the care of the patient has actual knowledge that the health care is contrary to the patient's unambiguous and uncontradicted instructions expressed at a time when the patient was able to consent.

(C) This section does not limit the evidence on which a court may base a determination of a patient's intent in a judicial proceeding.

SECTION 44-66-70. Person who makes health care decision for another not subject to civil or criminal liability, nor liable for costs of care; health care provider not subject to civil or criminal liability.

(A) A person who in good faith makes a health care decision as provided in Section 44-66-30 is not subject to civil or criminal liability on account of the substance of the decision.

(B) A person who consents to health care as provided in Section 44-66-30 does not by virtue of that consent become liable for the costs of care provided to the patient.

(C) A health care provider who in good faith relies on a health care decision made by a person authorized under Section 44-66-30 is not subject to civil or criminal liability or disciplinary penalty on account of his reliance on the decision.

(D) A health care provider who in good faith provides health care pursuant to Sections 44-66-40 or 44-66-50 is not subject to civil or criminal liability or disciplinary penalty on account of the provision of care. However, this section does not affect a health care provider's liability arising from provision of care in a negligent manner.

MEDICAL CONSENT:

A New Tool for Grandparents and Others Caring for Children by Jenny Hellman, SeniorLAW Center

Grandparents and other elders are playing a larger and larger role in the care of young children in our community. These elders -- known as *kinship caregivers* -- have assumed the role of parent to ensure that these children receive medical care, an education, and the stability, affection, and sense of family they need to survive. Many other grandparents also care for children while parents are at work, for a few hours when needed, or during a difficult period such as a divorce.

In all such instances, older adults may need to take a child to a doctor for either routine medical care, such as check-ups, or for emergency treatment. If the caregiver is not the legal guardian or custodian, they are not able to give consent for medical, dental or mental health treatment.

The **Medical Consent Act** allows a parent or legal custodian to authorize another person to consent to medical, dental or mental health care for children by completing and signing a simple document. The relative or family friend that is named may consent to a child's medical, dental, surgical, developmental, and/or mental health examination or treatment, and may have access to any and all records, including insurance records regarding such services.

The Medical Consent Act creates a procedure where children can get the necessary medical care without affecting the rights of the full-time caregiver, whether it be the child's parent or a grandparent who has legal custody. The Act also protects physicians and insurance providers. Any person, facility or insurer who in good faith relies on a medical consent from will not be subject to civil or criminal liability for treating a minor.

What is the Importance of Medical Consent?

A grandparent or anyone raising a child who has already obtained legal custody through the court system already has the right to consent to that child's medical care.

Many grandparents raising grandchildren or other caregivers have only informal custody, not legal custody, or assist the parents in raising the child at certain times of the day. For example, a grandmother may serve as caregiver during the day while a child's mother is on the welfare-to-work program. In addition, a parent with substance abuse or other problems may ask an elderly relative to care for a child temporarily, but fails to return for a lengthy period of time -- or never at all. In these instances, the medical consent document allows the caregiver to consent to medical treatment and medical care for children designated in the document. Designating authorization for medical consent to a caregiver **does not** revoke the birth parents' rights.

It is important to obtain a medical consent from the birth parent **before** a medical issue or emergency arises. It can take time to find a birth parent if the caregiver has limited contact with the parent. Having a medical consent prevents the hassles of going to court and requesting emergency legal custody. When a grandparent or other elder becomes a primary caregiver, the medical consent should be completed immediately.

How Do Caregivers Get Medical Consent?

The parent or legal caregiver giving the authorization may complete a medical consent form, available from many local organizations, or simply write a statement. The form or statement **must** contain the following:

- identity of the caregiver
- the names and dates of birth of the children at issue
- a description of the medical treatments for which authorization is given
- a statement that there are no court orders in effect which would prohibit the authorization
- the signatures of the parent, legal guardian, or custodian, in the presence of two witnesses. (The caregiver receiving the consent *cannot* be one of the witnesses signing.)

The Medical Consent or written statement is not a permanent document. It can be revoked at anytime. The parent can revoke consent by notifying the caregiver, health care and insurance providers in writing. Parents, caregivers, health care and insurance providers can put a time limit on the consent; however, this is not required by law.

The medical consent form may **not** be used if a child is in the custody of the county children and youth agency.

If you want more information or have difficulty with medical providers accepting this consent form as a legal document, contact the Support Center for Child Advocates at (215) 925-1913. Medical consent forms may be obtained by calling or visiting SeniorLAW Center (215-988-1244) or the Support Center (112 N. Broad Street, 12th floor, 215/925-1913). It is always advisable to call first.

SeniorLAW Center assists older adults raising young children in many ways, including direct legal representation in custody and support matters, advice and information, and referral to other available resources and services. If you would like more information about grandparent custody or kinship care issues, call SeniorLAW Center's intake line at 215-988-1242.

Can grandparents who do not have legal custody, guardianship or who have not adopted their grandchild include them on their insurance?

Is free or low cost health insurance available through Medicaid for the grandchild and/or the grandparent?

Can grandparents give consent for medical treatment? Get immunizations for school?

Can grandparents who are employed take leave for a sick child, to attend school functions, take the child to the Dr., etc.?

Health Insurance: Grandparents and other relative caregivers may apply for free or low-cost health insurance on behalf of the children they are raising through South Carolina's Partners for Healthy Children program. In some cases, caregivers may also be eligible for free coverage under Medicaid. For more information about Partner's for Healthy Children, call (888) 549-0820.



Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____ - _____

Home Phone: _____ Cell Phone: _____

The most important factor in receiving good healthcare is to give specific medical information to your health care provider. Keeping permanent records of your medical history promotes better communication between you and your provider in ensuring you get the best care possible.

As the patient you have the right to:

- Receive complete, accessible and quality health care and information that is provided in a respectful and timely manner.
- Ask questions. It is very acceptable to ask questions of your doctor. Continue to ask questions until you understand. Write down answers, or record answers with a tape recorder so you don't get confused. Call back to ask additional questions. Take a friend or family member so they can get the information or ask questions. They may hear things you miss.
- Obtain the necessary information to make an informed decision regarding your health.
Receive privacy and confidentiality regarding your symptoms, treatment, tests and medication.
- Request and receive copies of your medical records and written reports.

Providing the correct information about your health is central to a successful visit to your doctor's office. Your relationship with your doctor is a partnership. Use this guide for providing your doctor with the following information:

- A list of symptoms you're experiencing. Don't be shy, ashamed or embarrassed about asking questions. Tell the truth. List the most severe and most problematic symptoms first. Be specific. How long have you had them? When did they occur? What makes the symptoms better? Or worse?
- A list of questions for the doctor.
- Your medical background/health history. Accuracy is essential! Write down your health history and add to it as the years go by.
- A description of your pain – where, how, and how much your symptoms hurt. Tell the doctor if the pain is sharp, dull, burning, etc. Pain scales are very common and are used to help describe pain. A pain scale is 0-10, with 0 being no pain and 10 being unbearable pain.
- A list of prescription medication, herbs, supplements, vitamins and over the counter medications you are taking on a regular basis, or that you have taken or applied topically to relieve your symptoms. Accuracy of dosages is important. You can list these in your health history.

Be patient and allow your doctor some quiet time to think about what you are sharing with her/ him and to review your chart. This will give her/ him the opportunity to better diagnose and treat your symptoms. Be sure to

answer the doctor's questions in a straightforward, direct manner.

My Doctor's Information

Primary care doctor: _____

Address: _____

Phone/Fax: _____

Other doctors

Name	Phone	Specialty
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Medical History

(cancer, diabetes, heart disease, high blood pressure, etc.)

Relative (aunt, grandparent, sister)	Disease or Illness
_____	_____
_____	_____
_____	_____
_____	_____

Your Medical History

(serious illness, childhood illness, birth defects, etc.)

Age	Type	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact or Nearest Relative

Name: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Phone: _____ Other Phone: _____

Pharmacy

Name: _____

Location: _____

Phone: _____

Medication

Purpose/Illness	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies (drug, food, environmental)

Type	Symptoms	Medications
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surgeries/Procedures

Type	Date	Hospital	Attending Physician
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Tests Screenings

Type	Date	Doctor / Location	Results
Mammogram	_____	_____	_____
Pap Smear	_____	_____	_____
Bone Density Test	_____	_____	_____
Blood Pressure	_____	_____	_____
Weight	_____	_____	_____
Cholesterol	_____	_____	_____

Physical Exam _____

Colonoscopy _____

Diabetes _____

Health Insurance

Insurance Provider: _____

Policy Number: _____

Phone: _____

Contact Person: _____

Other Insurance: _____

I Have these Advanced Directives:

Living Will

Health Care Power of Attorney

Documents are kept at: _____

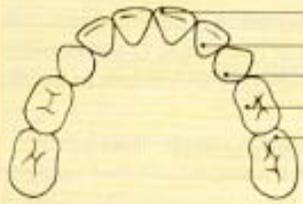
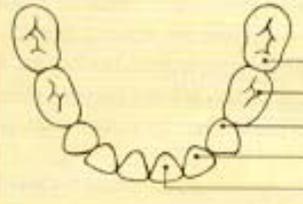
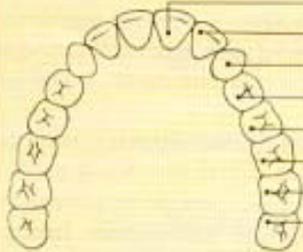
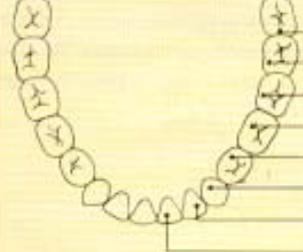
Dental Guidelines

Why are the Primary (Baby) Teeth so Important?

It is very important to maintain the health of the primary (baby) teeth. Neglected cavities can and frequently do lead to problems which affect developing permanent teeth. Primary teeth are important for:

- proper chewing and eating
- providing space for the permanent teeth
- guiding permanent teeth into the correct position
- permitting normal development of the jaw bones and muscles

Primary teeth also affect the development of speech and add to an attractive appearance. While the front 8 teeth last until 6-7 years of age, the back teeth (cuspid and molars) are not replaced until age 10-12.

Primary Teeth		Upper Teeth	Erupt	Shed
	Central incisor		8-12 mos.	6-7 yrs.
	Lateral incisor		9-13 mos.	7-8 yrs.
	Canine (cuspid)		16-22 mos.	10-12 yrs.
	First molar		13-19 mos.	9-11 yrs.
	Second molar		25-33 mos.	10-12 yrs.
	Second molar	Lower Teeth	Erupt	Shed
	First molar		23-31 mos.	10-12 yrs.
	Canine (cuspid)		14-18 mos.	9-11 yrs.
	Lateral incisor		17-23 mos.	9-12 yrs.
	Central incisor		10-16 mos.	7-8 yrs.
			6-10 mos.	6-7 yrs.
Permanent Teeth		Upper Teeth	Erupt	
	Central incisor		7-8 yrs.	
	Lateral incisor		8-9 yrs.	
	Canine (cuspid)		11-12 yrs.	
	First premolar (first bicuspid)		10-11 yrs.	
	Second premolar (second bicuspid)		10-12 yrs.	
	First molar		6-7 yrs.	
	Second molar		12-13 yrs.	
	Third molar (wisdom tooth)		17-21 yrs.	
	Third molar (wisdom tooth)	Lower Teeth	Erupt	
	Second molar		17-21 yrs.	
	First molar		11-13 yrs.	
	Second premolar (second bicuspid)		6-7 yrs.	
	First premolar (first bicuspid)		11-12 yrs.	
	Canine (cuspid)		10-12 yrs.	
	Lateral incisor		9-10 yrs.	
	Central incisor		7-8 yrs.	
			6-7 yrs.	

Baby Bottle Tooth Decay

One serious form of decay among young children is baby bottle tooth decay. This condition is caused by frequent and long exposure of an infant's teeth to liquids that contain sugar. Among these liquids are milk (including breast milk), formula, fruit juice and other sweetened drinks.

Putting a baby to bed for a nap or at night with a bottle containing anything other than water can cause serious and rapid tooth decay. Sweet liquid pools around the child's teeth giving bacteria an opportunity to produce acids that attack tooth enamel. If you must give your baby a bottle as a comforter at bedtime, it should contain only water.

After each feeding wipe the baby's gums and teeth with a damp washcloth or gauze pad to remove plaque. The easiest way to do this is to sit down and place the child's head in your lap, or lay the child on a changing table. Whatever position you use, be sure you can see into the child's mouth easily.

Eruption of Your Child's Teeth

Children's teeth begin forming under the gums before birth. Usually at 6-8 months of age, the lower central incisors begin to erupt followed closely by the upper central incisors. Although all 20 primary teeth usually appear by age 3, the pace and order of their eruption varies.

Permanent teeth begin appearing around age 6, starting with the first molars and lower central incisors. This process continues until approximately age 21. Adults have 28 permanent teeth, or up to 32 including the third molars (or wisdom teeth).

Thumb, Finger and Pacifier Habits

This type of sucking is completely normal for babies and young children. It provides security. For young babies, it is a way to make contact with and learn about the world. In fact, babies begin to suck on their fingers or thumbs even before they are born.

Most children stop sucking on thumbs, pacifiers or other objects on their own between two and four years of age. No harm is done to their teeth or jaws. However, some children repeatedly suck on a finger, pacifier or other object over long periods of time. In these children the upper front teeth may tip toward the lip or not erupt properly. Your pediatric dentist will carefully watch the way your child's teeth come in and jaws develop, keeping the sucking habit in mind at all times.

When your child is old enough to understand the possible results of a sucking habit, your pediatric dentist can encourage your child to stop, as well as talk about what happens to the teeth if your child does not stop. This advice, coupled with support from parents, helps most children quit. If this approach does not work, your pediatric dentist may recommend a habit appliance that blocks sucking habits.

Challenges

Hitting Behavior
Substance Abuse
Teenage Pregnancy

There Is Help!

Watching a child you love struggle with the pain of past hurts may be one of life's hardest tasks. But it's also an opportunity to help.

Seek assistance from:

- Support groups
- Websites
- Social services
- Legal services
- Relatives
- Government programs

What to Do When Your Child Hits You?

by Anthony Kane, MD

Recently, a number of parents have contacted me about their children's violent behavior. These children, usually 2-6 years old, have started to strike out at anyone who denies them what they wish, including their parents. Most of these parents are concerned that their children are going off in the wrong direction and are in somewhat of a panic about their child's violent acts. This article will discuss what it means when your young child hits you and what you should do about it.

Aggressive Behavior in Young Children

The first thing a parent should realize is that aggressive behavior is both normal and common in young children. Until a child reaches the age of six, he is not developmentally mature enough to curb his impulse to hit, kick, or bite. A child may actually know that hitting is wrong, but a child at this age often can't control himself.

Why a Child Hits

There are several reasons why a small child chooses to hit. I will go through the common ones.

Frustration and Anger

Anger is a major problem with children. Anger is an expression of the child's pain and frustration concerning the lack of control he has over his world.

Something happens that deeply troubles your son. He wants to do something and you stop him. Since your child is young, even though his feelings are very strong, he lacks the tools to express his frustration appropriately. This further frustrates him and he explodes in anger. He may strike at you with the only tools at his disposal, by hitting.

Inability to Communicate

One of the reasons the "terrible two's" are terrible is that two year olds have very strong wants and desires, but they lack the skills to communicate them to others. Since they lack the verbal skills they express themselves by other means. They have tantrums and they hit.

Let's take a common example. Your child wants to do something and you stop him. This displeases him greatly.

He really wants to say to you:

"Mummy, dear, I find it confining and inhibiting when you don't let me explore my environment. If you will consult the latest child developmental research you will realize that I have a need to learn about my world and delve into its intricacies. This is how I grow and develop intellectually. Don't you think it is unwise to be an overprotective parent? Surely you don't want to stunt my growth. I plan to be in University in sixteen years. How do you expect me to be prepared for it if you don't let me learn? So please, just back off a little. I want to see what happens when I stick my fork in the electrical outlet."

Most toddlers do not express themselves like this, but if they could this is the type of thing they would say. Instead they express themselves with the tools that they have available which include, crying tantrums, and hitting you.

Times of Stress

Growing up is hard work. Many times children, who face developmental challenges and are under a lot of stress, go through an aggressive phase. This can be because they have less energy for self control or because the stressful event just pushes them over and makes every little inconvenience seem so much bigger. The result is that such a child is more likely to resort to hitting.

Need to Feel Control

We all need to feel like we have control of the world around us and children are no exception. However, your child has very little control over what happens to him. Often hitting is your child's way of trying to control some aspect of his world. It can be his form of self assertion.

Getting Attention

Your child needs your attention. Normally he would prefer to get it in a positive way. However, negative attention is better than nothing. A child who is frequently ignored may quickly discover that he becomes center stage when he fights and hits others.

If you react strongly to your child's hitting you may be fueling a lot of future problems. Reacting strongly to negative behavior encourages the child to continue behaving badly.

Testing Your Rules

This is a less common reason for hitting. Children are constantly testing their limits. A child may hit just to see if he can get away with it.

What to do About Hitting

Redirect

You can get your child to stop hitting by giving him another outlet to express his frustration. You might be able to channel his desire to hit by giving him something appropriate to strike. We have used a punching bag in the past. My wife even drew a picture of each member of the family so the child could pound the particular person that was causing him anger. If you don't like a punching bag you can also use a doll or stuffed animal. One parent chose to teach her child who had a biting problem to bite a doll.

Review the Incident

This works as your child gets older. After the crisis has passed go back over the incident and talk it over with your child when he is calm and rational. Make lists of what might work when he gets angry or when there is something you need to tell him that he won't like. Then, when the next crisis happens, you can refer back to the conversation you had with him:

"You are getting angry again... remember what you and I have decided? You

said, and we wrote this down, that when you got angry you would... instead of hitting people."

Teach Communication through Language

It is very healthy for a child to learn to use words to express negative emotions. Teach them to say, "I am really mad right now!" or "I am fuming right now!" Once a child can express his feelings in a more direct and mature way, the hitting will slowly stop.

Acknowledge Your Child's Feelings

Children hit because they can't communicate their feelings. When you acknowledge your child's feelings you eliminate this reason for hitting.

Say things like: "You must be very upset that I won't let you do----" This does not mean you are giving in, but it will remove one of the causes of his anger by showing him you understand his feelings. It is alright for a child to feel angry. It is normal. What you want to teach him is to express anger in ways other than hitting.

Teach that Hitting is Wrong

Even though your child may not be old enough to help himself, it is important that your child know that aggressive behavior is wrong. Children don't know automatically that hitting is wrong. This is something they have to be taught.

When your child tries to hit you, grab his hands firmly, look him in the eyes and say: "You are not allowed to hit Mummy." Children's books that deal with anger are also a great teaching tool for children.

Pay Attention to Triggers

Pay attention to your child's daily cycles. Is there a particular time of day that aggressive behavior increases? If your child loses control before dinner or after school, it may just be a sign that he is hungry. Healthy snacks like nuts, vegetables and fruits may take care of the problem.

Does your child hit when overtired? Then quiet time might be the answer. If you pay attention to what is happening in your child's world, then you may find an easy solution to much of his aggressive behavior.

Be a Good Role Model

I do not want to get into the issue of whether smacking a child is good or bad parenting. However, children are more likely to hit if they see the parents hitting. If you are concerned about aggressive behavior in your child, then your child should not see you use spanking as a form of punishment. That means if you choose to smack another child, you should do it privately and in a way your aggressive child does not see or know about it.

Limit Exposure to Aggression

You should keep your children from seeing aggressive images on television, in movies, and in books. You should also avoid aggressive video games and toys.

For most children, violent behaviour is just a stage. Sooner or later they grow out of it. Your job as a parent is to understand the cause of your child's hitting. Then you can teach your child better ways of expressing himself other than by hitting.

Why? And ?

- * If money does not grow on trees, why do banks have branches?
- * Why do we press harder on the remote when we know the batteries are flat?
- * When I got home from work last night, my wife demanded that I take her out to some place expensive.....So I took her to a petrol station!!!!!!

Substance Abuse



Alcoholism, drug dependence and addiction, known as *substance abuse disorders* are complex problems.

People with these disorders were once thought to have a character defect or moral weakness (some people mistakenly believe that). However, most scientists and medical researchers now consider dependence on alcohol and drugs to be a long-term illness, like asthma, hypertension, or diabetes. (Taken from U.S. Department of Health and Human Services, DHHS Publication No. (SMA) 04-3955)

- Family History-The importance of talking to the children you are raising about your family history (patterns) of substance abuse (you'd tell them if high blood pressure or cancer ran in your family, wouldn't you?) Children of substance abusers are much more likely to become addicted if they use drugs. They may have inherited the genes that make them react to alcohol and drugs differently.
- Types of Drugs-An awareness of **what** is available to our kids including alcohol, cigarettes, pharmaceuticals, marijuana, methamphetamines, cocaine, etc. How do our kids get access to these drugs?
- Why does a child use drugs? From the child's perspective and the adult's. You will be surprised to learn that what you the adult think, is very different from why the child decides to experiment.
- Signs that your child is using drugs-withdrawn, depressed, hostile, deteriorating relationships, grades slipping?
- Tips on talking to your child about drugs. Discuss the problem openly. If not an option, accessing resources to get help for your child.

Alcohol and Sexual Risk Taking - Dr. Brian Johnson, Assistant Clinical Professor of Psychiatry at Harvard Medical School, says adults choose to avoid the issue for a variety of reasons. Sometimes, he says, they fear pushing their child away. Other times it's denial. "When something is frightening, like you know your child is behaving in an unsafe way," Dr. Johnson explains, "You can decide you won't think about it. You tell yourself it will be all right. But kids' drinking is Russian roulette."

The following facts underscore Dr. Johnson's point—that underage drinking is indeed a form of Russian roulette:

- Teens who report drinking alcohol on at least one occasion are seven times more likely to have had sexual intercourse than nondrinkers.
- Binge drinkers, like those who have ever used drugs, are three times more likely to have contracted an STD than non-problem drinkers and non-drug users.
- Alcohol is more closely linked to sexual violence than any other drug and is a common companion to rape, including date rape. Alcohol use, by the

victim, the perpetrator or both, is implicated in 46 to 75 percent of date rapes of college students.

Source: The National Center on Addiction and Substance Abuse at Columbia University, Dangerous Liaisons: Substance Abuse and Sex, 1999.

Many parents who say they talk with their kids about alcohol focus only on drinking and driving. One parent states, "When kids drink at our house, we insist they throw the keys into a pile and no one leaves the house 'til morning."

Other parents minimize alcohol's potential for harm saying, "At least they aren't doing drugs!"

Each year, over 100,000 Americans die from alcohol-related causes—alcohol, the leading drug of choice.

Parents—who love their kids and say they will do anything for them—are turning a blind eye to destructive behavior. By ignoring the use of alcohol, and at times supplying it, parents send a message that alcohol is harmless.

Research shows that the first use of alcohol typically begins around age 13. So, to protect children, include them in ongoing family dialogue with clear messages about the link between alcohol and risky behavior, including sexual risk taking.

Not to do so, leaves a child vulnerable. Dr. Paula Rauch, Chief of Pediatric Psychiatry at Massachusetts General Hospital says many parents recall their own drinking as teens and remain silent on the issue. They ask themselves, "How can I judge my child's behavior? I wasn't perfect." But that robs their children of a mature guide, one who confronts the myth that bad things only happen to other people.

Department of Alcohol and other Drug Abuse Services

The statewide system provides a range of services to meet a variety of needs, including services for individuals who are experiencing problems related to gambling addiction. In addition, DAODAS places major emphasis on disseminating information about the problem of alcohol, tobacco and other drug abuse, as well as promoting the availability of the many resources that are available in the state. Much of the printed information available through DAODAS can be found online in the [Education Center](#) section of this website. Information and assistance are also available through the 1-888-SC PREVENTS (727-7383), a statewide toll-free telephone information service for South Carolina residents.

Following are the three basic types of services (prevention, intervention and treatment) that are available through the statewide service-delivery system

Preventing Underage Drinking

Underage drinking is a definite problem in our state -- approximately 186,000 youth under 21 drink alcohol each year in South Carolina. The 2005 Youth Risk Behavior Survey indicated the following of high school students:

- 71% had at least one drink of alcohol on one or more days during their life
- 26% had their first drink of alcohol, other than a few sips, before age 13
- 43% had at least one drink of alcohol on one or more occasions in the past 30 days
- 24% had five or more drinks of alcohol in a row in the past 30 days

In 2005, South Carolina's underage drinking problem totaled \$228 million in alcohol sales, or 12.2% of all of the alcohol consumed in the state (*Underage Drinking in South Carolina: The Facts*, Pacific Institute for Research and Evaluation [PIRE], 2006).

In South Carolina, the cost of underage drinking is \$899 million, which translates to \$2,203 per year for each youth in the state (*Underage Drinking in South Carolina: The Facts*, PIRE, 2006).

Research indicates that young people who start drinking before the age of 15 are four times more likely to become alcohol dependent. They are two and a half times more likely to become abusers of alcohol than those who do not drink until they are 21 (Grant, B.F. & Dawson, D.A. Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse*. 9:103-110. 1997). By providing a mechanism, such as stringent enforcement with swift consequences, communities can have an impact on youth who are drinking before the minimum legal age of 21.

Preventing Underage Use of Tobacco

According to the Centers for Disease Control and Prevention (CDC), 38.6% of South Carolina youth in grades nine through 12 are current smokers, a rate that is higher than the national average. As a result, the department has made a major commitment to preventing underage tobacco use by encouraging retailers to comply with state laws prohibiting tobacco sales to minors. The department also works to prevent underage use of tobacco products through retailer education.

General Questions

Q. How can I tell if someone is using drugs?

A. Adolescents typically have difficulty compensating for their drug-induced dysfunction. One of the first signs of drug abuse among teens is that they need more money. Behavioral changes may include increased secrecy, extreme mood swings, loss of interest in school accompanied by tardiness and absences, quitting extracurricular activities and acquiring a new circle of friends. Adults also will need more money and may exhibit similar behavioral symptoms. However, they are often better at hiding a drug problem for a longer period.

Q. What are the legal consequences surrounding alcohol, tobacco or other drug abuse?

A. Laws, fines and penalties surrounding alcohol, tobacco and other drug use differ from state to state, and are also regulated by the federal government. The primary tobacco laws in South Carolina regulate youth access to tobacco products and establish taxes and wholesale vending licenses. Although there is currently no law that prohibits minors from purchasing or possessing tobacco products, state, criminal and federal civil penalties exist for anyone who sells or otherwise provides tobacco products to a person under the age of 18 in South Carolina. Any person who sells or supplies cigarettes or other tobacco products to a minor is guilty of a misdemeanor, with fines beginning at \$25 for a first offense. Retailers who sell to minors risk federal civil penalties ranging from fines of \$250 to up to \$10,000 or more.

In South Carolina, it is illegal for anyone under the age of 21 to purchase or possess alcohol. Like tobacco, penalties exist for anyone who sells or otherwise provides alcohol to a person under 21. It is also illegal in South Carolina to drive a car or boat under the influence of alcohol. For both driving under the influence (DUI) and boating while under the influence (BUI), a person is considered to be under the influence if their blood alcohol concentration (BAC) is .10 percent or greater. Both DUI and BUI can result in arrest, fines and loss of a license, as well as cause injury, property damage and death.

The possession of illicit drugs is also illegal, regardless of age, for anyone in South Carolina. Specifically, it is illegal to have, make or intend to distribute any controlled substance in South Carolina. Penalties vary depending on the circumstances and the particular drug, but may include a suspended driver's license for up to one year, fines and imprisonment. If someone in your home is using drugs, you will have to prove the drug is not yours to escape punishment.

Q. What can I do as a parent to keep my kids off drugs?

A. Build Trust

In general, parents should build trust and establish open lines of communication with their children. Studies show that children whose parents listen, respect them, validate them and foster positive self-images are less likely to develop problems with alcohol or other drugs.

Get Involved

It is also important for parents to be actively involved in their kids' world. Family dinners afford parents the opportunity to hear what is going on at school, who their children's friends are and what activities interest them. If possible, get to know the parents of these other children. By keeping in touch with them, you can

exchange ideas about parenting techniques that work and those that don't. Also, you will be able to verify that those parents will be home when your child goes to visit or attends a party there.

Just the Facts

Rather than lecturing your child about the dangers of alcohol and other drugs, look for opportunities to have brief dialogues or "learning moments." Also, provide kids with factual information about alcohol, tobacco and other drugs. Without using scare tactics, let your children know the consequences of using these substances. Emphasize the effects on the family, on the child and any legal consequences. Effects such as loss of privileges, bad breath and yellow teeth are more tangible to kids than overall health risks.

Seek Help

Finally, parents are encouraged to seek help if needed. Several support groups are available for family members of those who struggle with alcohol and other drug addiction. Many communities have parent education programs. Family physicians are also a valuable resource. For a listing of resources for parents in your area, contact your county alcohol and drug abuse authority .

Q. Is it safe to use alcohol, tobacco or other drugs during pregnancy?

A. No. Many serious health problems and birth defects can occur if a woman uses alcohol, tobacco and other drugs during pregnancy. For this reason, the U.S. Surgeon General and other healthcare professionals encourage women who are pregnant or trying to get pregnant, as well as those who are breast-feeding, to abstain from all types of alcohol - beer, wine, wine coolers and distilled liquor - during this critical time. It's also best for pregnant and breast-feeding women to avoid the use of tobacco products and illicit drugs and to follow the doctor's orders with regard to other prescription and over-the-counter medications.

Q. What should I do if someone I know needs help?

A. Seek help. A variety of services are available in every county of the state for anyone who needs them. Services are tailored to meet the unique needs of each individual and/or family. Services are provided by a statewide system of county alcohol and drug abuse authorities, all of which are nationally accredited. To get a listing of the county authorities in South Carolina call the South Carolina Department of Alcohol and Other Drug Abuse Services at 1-800-942-DIAL (3425).

Q. Where can I get more information about alcohol, tobacco and other drugs?

A.In South Carolina, the Department of Alcohol and Other Drug Abuse Services operates a statewide toll-free telephone line that provides information and assistance on a variety of topics related to alcohol and other drug abuse. The number is 1-800-942-DIAL (3425).

The county alcohol and drug abuse authorities and other public and private service providers offer local information and assistance as well.

Alcohol Questions

Q. How can I tell if I have a drinking problem?

A. Any of the following can be signs of dependence on alcohol (i.e., alcoholism):

- loss of control - attempts to control drinking fail despite promises to self and others;
- blackouts - inability to recall all or part of a drinking episode;
- increased tolerance - more alcohol is needed than before to obtain the same effects, as well as the ability to "outdrink" most people;
- continued drinking despite academic, legal, health, financial, relationship and/or other problems;
- changes in personality;
- neglect of responsibilities;
- preoccupation with drinking - frequent thoughts of drinking occur and non-drinking activities and acquaintances often are avoided;
- "pre-partying" - drinking occurs before a social event where alcohol will be served and drinks are often "gulped" to get drunk as quickly as possible;
- denial and minimizing - claims drinking is not a problem and/or tries to justify it;
- prone to suffer accidents, injuries and illness;
- drinking to feel "normal" - uses alcohol to cope, escape problems, solve problems or feel like everyone else; and
- drinking in the morning - often to control tremors or "shakes" that result from drinking the night before.

Q. How much alcohol is in one drink?

A. Many people think that there is less alcohol in beer and wine than in distilled spirits. However, the same amount of alcohol, six-tenths of one ounce, is contained in the following: a five-ounce glass of table wine (12 percent alcohol by volume); a 12-ounce beer (5 percent alcohol by volume); one and one-half ounces (one "shot") of 80 proof liquor (40 percent alcohol by volume); and one 12-ounce wine cooler (5 percent alcohol by volume). Even though the beverages differ, the alcohol's effect on the body by volume is the same.

Q. How many drinks will impair my ability to drive?

A. Blood alcohol concentration (BAC) levels as low as .03 percent - approximately one drink for a woman and two drinks for a man - can impair driving ability. In South Carolina, individuals are presumed to be driving under the influence (DUI) if they have a BAC of .10 percent or greater. DUI can result in arrest, fines and loss of a driver's license. It also can result in injury, property damage and death.

Q. Are there "safe" levels of alcohol consumption?

A. The Nation's Dietary Guidelines offer the following recommendations for low-risk alcohol consumption. First, the guidelines recognize abstinence as an acceptable choice. Second, for adults (ages 21 and older) who choose to drink and do not fall into any of the high-risk categories identified below, the guidelines recommend limiting consumption to no more than one drink a day for a woman or no more than two drinks a day for a man, consumed on no more than five days

per week, at a rate no faster than one drink per hour. Alcohol consumption that exceeds these limits is considered to be high risk because it is associated with adverse health consequences and/or risk of dependence. High-risk use can be dangerous and is discouraged in all situations.

Finally, the Council on Alcohol Policy of the National Association for Public Health Policy has established guidelines that identify people who are at high risk of experiencing problems related to the use of alcohol. For these individuals, there is no "safe" level of consumption. Specifically, the following individuals are considered to be at high risk and are encouraged to abstain from drinking altogether:

- anyone with a personal history of dependence on alcohol, tobacco or other drugs;
- anyone with a strong family history of depression, or alcohol or other drug dependence;
- anyone who is driving or operating machinery;
- anyone who is using other depressant drugs (including over-the-counter medications);
- anyone who is using other psychoactive drugs;
- anyone younger than the legal purchase age of 21 (except in the presence of a parent or legal guardian as provided by state law, or in religious ceremonies);
- anyone who is pregnant, considering pregnancy or breast-feeding a baby;
- anyone who is under stress; or
- anyone with other physical or psychological conditions that make alcohol consumption unhealthy.

Tobacco Questions

Q. Is it really that bad for teens to try tobacco?

A. Absolutely. If we can prevent our young people from ever starting a tobacco habit, we will see a tremendous reduction in the number of adults who are hooked. The vast majority of current adult smokers began smoking before the age of 20. The decision to smoke or chew tobacco is almost always made during the teen years, and more than half of these teens will be addicted as adults.

Q. Why is tobacco dangerous?

A. Tobacco contains thousands of chemicals and byproducts that can make it harmful. The three most dangerous byproducts of tobacco are nicotine, tar and carbon monoxide.

Nicotine is the pharmacologically active agent in tobacco that acts on the brain primarily as a stimulant, but which also has sedative effects. Nicotine is largely concentrated at the base of the tobacco leaf stem. In this form, it is a deadly poison that has been used for centuries as a lethal pesticide.

The nicotine "kick" that most smokers get causes a rush of adrenaline that stimulates increased blood pressure, respiration and heart rate. It directly causes a release of brain chemical called dopamine in the region of the brain that controls pleasure and motivation. Nicotine's effect on the brain's "pleasure center" is what creates a craving and reaction similar to that seen with other drugs of abuse, such as cocaine and heroin.

Tar is the gummy substance that is left behind when tobacco is smoked or chewed. It is the primary carcinogenic (cancer-causing) agent in tobacco. Over time, tar builds up inside the cells of the lungs and causes severe damage. *Carbon monoxide*, a deadly, poisonous gas, is readily released with each puff of smoke. The most toxic agent found in tobacco smoke, carbon monoxide lowers or displaces the level of oxygen in the bloodstream, thereby increasing heart rate, blood pressure and respiration.

While nicotine, tar and carbon monoxide are clearly the three most dangerous byproducts of tobacco, approximately 4,000 other known chemicals are released as byproducts of both cigarette smoke and smokeless tobacco. Forty-three of these chemicals increase the risk of cancer, while hundreds more are toxic and lethal. Some of the more common chemicals found in tobacco smoke include: *acetone* (solvent thinner); *ammonia* (household cleaner); *formaldehyde* (embalming fluid and preservative); *hydrogen cyanide* (poison); *methane* (flammable gas and fuel); *naphthalene* (dry-cleaning fluid); *nickel and cadmium* (metals); and *vinyl chloride* (plastic). The average pack-a-day smoker inhales about 150,000 doses of these chemicals in one year, with up to 90 percent remaining trapped in the lungs.

Q. What risks are associated with secondhand smoke for nonsmokers?

A. Secondhand smoke, also known as environmental tobacco smoke (ETS), has been declared by the U.S. Environmental Protection Agency as a "Class A carcinogen" - meaning that it is a major cause of cancer and other serious public health problems. The health of nonsmokers is adversely affected by secondhand smoke as seen in more than 3,000 cases of lung cancer and 40,000 heart attack deaths of nonsmokers each year who have been exposed regularly to ETS. Babies and young children, however, suffer the greatest risk from exposure to the toxic chemicals in smoke. Between 150,000 and 300,000 children who have been exposed to tobacco smoke in the environment are diagnosed each year with lower respiratory tract infections, such as pneumonia and bronchitis. These same children also suffer from a higher number of middle-ear infections, asthma attacks, and chronic coughing and wheezing. More recent studies have linked Sudden Infant Death Syndrome (SIDS) or "crib death" to infants whose mothers smoked during pregnancy or around them after birth.

Q. I've been smoking for 20 years. What good will it do me to quit now?

A. There are plenty of reasons to quit smoking - improved health, savings in money, a cleaner environment and an improved personal appearance - regardless of your age.

Almost 70 percent of smokers say they want to quit, but they don't want to face the unpleasant withdrawal symptoms that occur, such as headaches, dizziness, anxiety, irritability, coughing, dry throat and hunger. Unfortunately, the addicted body craves nicotine and it needs a "fix" for the withdrawal symptoms to go away. The good news is these symptoms are not life threatening and they will go away.

The American Cancer Society and the Centers for Disease Control and Prevention reveal that immediately upon quitting smoking, the body begins a series of changes and improvements that continue for years. All benefits are lost, however, by smoking just one cigarette per day. After smoking that last cigarette, health benefits are gained within:

- 20 minutes - Blood pressure and heart rate drop to normal. Temperature in hands and feet return to normal.
- Two days - The risk of heart attack decreases. The ability to taste and smell improves.
- Three to nine months - Lung function improves by up to 30 percent. Coughing, sinus congestion, fatigue and shortness of breath decrease.
- One year - The risk of heart disease is half that of a smoker.
- Five years - The death rate from lung cancer is cut in half.

Q. How can I quit smoking?

A. Help is available if you or someone you know wants to quit. Talk to your physician or other healthcare provider about how quitting would benefit you and whether any of the prescribed medical treatments that are currently available would be appropriate for you. You can also contact national and community organizations that offer smoking cessation programs, support groups, information and advice to help smokers quit for good. For information and assistance to help you quit smoking, call the American Cancer Society at 1-800-ACS-2345; the American Heart Association at 1-800-AHA-USA1; and/or the American Lung Association at 1-800-LUNG-USA.

Inhalant Questions

Q. What are inhalants?

A. Inhalants are breathable chemicals that produce mind-altering effects in people who inhale them. Terms associated with the use of inhalants include "huffing" and "sniffing." Slang terms often used to identify the products themselves include "bolt," "bullet," "climax," "laughing gas," "locker room," nitrous oxide, "poppers," "rush," "snappers," "solvents," "Texas shoe shine" and "whippets."

Q. Can inhalants be found in my home and, if so, what should I do to protect my child?

A. Yes. More than 1,000 common household products are misused as inhalants including adhesives, household cleaning products and paint products. Keep them away from children by placing a lock on where you keep them, or by storing them in a place that a child can't reach.

Q. Can inhalant use cause medical problems?

A. Yes. Use of inhalants can cause serious medical problems, including death, even the first time they're used, as they literally starve the user's body of oxygen. Inhalants are very dangerous substances because once inhaled they enter the brain very quickly and absorb into the lungs causing blood levels to rise rapidly. Short-term medical problems associated with inhalant use include seizures, nosebleeds, nausea, loss of appetite, decreased heart rate, decreased respiratory rate, headaches and abdominal pain. Long-term medical problems associated with frequent inhalant use include pallor; weight loss; sores on the nose and mouth; bone marrow damage; impaired liver function including cirrhosis; impaired kidney function; decreased motor coordination; fatigue; decreased sense of smell; lung damage; hearing loss; and impaired immune function.

Illegal Drug Questions

Q. What are club drugs?

A. "Club drugs" is the term used to describe various dangerous drugs that are being used by young adults at dance clubs, bars and all-night dance parties known as "raves" or "trances." Often used in combination with alcohol, these drugs can be extremely dangerous, causing serious health problems and even death. MDMA (Ecstasy), gamma-hydroxybutyrate (GHB), flunitrazepam (Rohypnol or Roofies) and ketamine (Special K or Vitamin K) are all considered to belong to this newly emerging category. Other drugs sometimes categorized as club drugs include alcohol, amphetamines and methamphetamines.

Q. What effects will smoking marijuana have on me?

A. Marijuana users may experience many problems, even when taking the drug in low doses. Problems include headaches and dizziness; disturbances with short-term memory and learning; distorted perception of sight, sound, time and touch; trouble with thinking and problem solving; loss of coordination; and paranoia and anxiety or panic attacks. Furthermore, people who eat marijuana may experience nausea and vomiting.

Medical problems associated with heavy marijuana use include cancer, respiratory disorders, reproductive problems and immune-system deficiencies.

HIV/AIDS Questions

Q. Is there a link between HIV/AIDS and alcohol and other drug abuse?

A. Substance abuse and HIV/AIDS have been described as linked epidemics. Behavior associated with drug abuse is the largest factor in the spread of HIV in the United States. Injection drug use and unsafe sexual practices with multiple partners or with known injection drug users resulting from alcohol and other drug use are leading causes of HIV infection. Evidence also suggests that alcohol and other drug use may suppress the immune system, making people who use these substances more prone to HIV infection.

Q. What should I do if I think I have been exposed to HIV?

A. The South Carolina Department of Health and Environmental Control (DHEC) offers free and confidential HIV testing for anyone who requests it. Pre- and post-test counseling is available for everyone who takes the test, regardless of HIV status. If the test is negative, post-test counseling can help individuals learn how to prevent future infection. If the test is positive, post-test counseling can help them deal with the medical and psychological issues associated with knowledge of HIV infection.

Regardless of whether the test is positive or negative, it is important to engage in safe sexual practices and abstain from drug use to avoid future infection and to protect others from infection. In South Carolina, it is a crime for an individual who knows he is HIV positive to engage in sex or share needles with another person without first informing that person of his HIV status.

For more information, call DHEC's HIV/AIDS hotline at 1-800-322-AIDS.

Teenage Pregnancy Facts

Every 55 minutes a South Carolina teen gets pregnant.

- 52% of SC high school students have had sex. By graduation, this number increases to almost 74%.
- 87% of teens agree that it would be easier for them to delay sex and prevent teen pregnancy if they were able to have more open, honest conversations about these topics with their parents.
- A sexually active teen who does not use contraceptives has a 90% chance of becoming pregnant within a year.

Source: Harlap S, Kost K and Forrest JD, Preventing Pregnancy, Protecting Health: A New Look at Birth Control Choices in the United States, New York: AGI, 1991

- Abstinence is the only 100 percent effective method for avoiding unintended pregnancy and sexually transmitted infections, including HIV (*Source: Advocates for Youth*)
- Babies born to teens are at an increased risk of low birth weight and the attending health problems; mental retardation, blindness, deafness, mental illness, cerebral palsy and infant death. (*Source: Lifeline Family Center*)
- Did you know that up to 120 hours (five days) after unprotected sex, you can take emergency contraceptive pills to reduce your risk of becoming pregnant? (*Source: Advocates for Youth*)
- Every 1 in 4 females and 1 in 5 males will be sexually abused before their 18th birthday.
- Every 58 minutes a teen gets pregnant in South Carolina.
- Girls born to teen mothers are 22% more likely to become mothers as teens themselves. (*Source: Lifeline Family Center*)
- In a recent poll, eight of ten teens surveyed (82 percent) agreed that teens should not be sexually active. (*Source: The National Campaign to Prevent Teen and Unplanned Pregnancy*)
- Only 20 percent of the fathers marry the teen mothers of their first children. (*Source: The National Campaign to Prevent Teen and Unplanned Pregnancy*)
- SC taxpayers spend \$22,000 per year for each baby born to a teen mother.
- Teen girls can get pregnant the first time they have sex, and every time after that. (*Source: The National Campaign to Prevent Teen and Unplanned Pregnancy*)
- The majority of pregnancies to 15 - to 19-year-olds - 78 percent - are not planned. (*Source: Henshaw, S.K. (1998) Unintended pregnancy in the United States. Family Planning Perspectives, 30(1):24-29&46*)
- The U.S. has the highest rates of teen pregnancy and birth in the industrialized world. (*Source: The National Campaign to Prevent Teen and Unplanned Pregnancy*)
- Worldwide, over 50% of new HIV infections occur among people 25 or younger. (*Source: Advocates for Youth*)

Tips for Talking with Sexually Active Teens about Contraception

Each year in the United States nearly 750,000 teens experience pregnancy, mostly unintentionally.(1) U.S. teens also experience about three million sexually transmitted infections (STIs) each year.(2) A critical issue in reducing these numbers is encouraging teens to use contraception consistently and correctly.

Grandparents can play an important role in helping young people to utilize their own values, aspirations, and expectations in deciding the appropriate time in life for initiating sexual intercourse. Grandparents can also provide teens with important information about contraception and encourage them to use contraception correctly and consistently. The following tips can help grandparents talk with their teens about contraception and to support them in using contraceptives effectively and consistently.

1. Educate yourself about the specifics of contraception and STIs. Learn about contraception, including emergency contraception, and about condoms. Learn how contraceptives work, the cost of various methods, side effects, pros and cons of each method, and where teens can go for information and services. Learn also about STIs—gonorrhea, syphilis, herpes, genital warts, and HIV—including ways they are transmitted, symptoms, risks, and treatment options.
2. Carefully explain your own feelings and values about sexual intercourse and contraceptive use. Include personal memories and values. Values that are related to contraceptive and condom use include respect for self and partner, responsibility, and trust. Other values pertinent to discussing contraception may include, but are not limited to, those related to life, children, and future aspirations.
3. Listen carefully. Only by listening to your teen's feelings and values will you understand how he/she approaches decisions, including sexual decisions. When you understand your teen's values, you can ask questions that help the teen clarify how to act consistently with those values. For example, a teen might say, "I believe that too many children need homes and there are too many people in the world." This is an opportunity to ask what actions related to preventing pregnancy would be consistent with that value.
4. Avoid assumptions.
 - Do not assume that your teen knows everything he/she needs to know about contraception and condoms. Assure your teen that knowledge is power and that you want him/her to have the power that comes from knowledge. Assure your teen that you will not make assumptions based on the teen's questions or concerns.
 - Do not make assumptions about the teen's sexual orientation or about his/her sexual behavior based on that orientation.
 - Do not assume that there is only one kind of sexual intercourse. Many teens are having oral and/or anal intercourse, believing that this is not "sex." Be clear with your teen that all these types of intercourse are sexual intercourse and are behaviors that necessitate protection.

5. Arm your teen with information. Talk with your teen about what you have learned about contraception, including condoms and emergency contraception (EC). Encourage your teen to seek out further information and to decide what method would be right for him/her. Say that being prepared in advance is always the intelligent, mature choice. Make sure your teen knows where he/she can go for confidential sexual health services, including contraception and STI testing and treatment.
6. Be sure that your teen has information about contraception and condoms regardless of his/her sexual orientation. Gay and lesbian teens sometimes have sexual intercourse with members of the opposite gender in order to hide their sexual orientation. Any young person may experiment. Regardless of sexual orientation, all youth need to know how to prevent pregnancy as well as STIs.
7. Discuss using condoms as well birth control. Teens need to know that contraceptive methods, such as birth control pills, Depo-Provera, and the IUD, don't protect against STIs. Teens need to know that they can contract STIs, including HIV, from unprotected vaginal, anal, or oral intercourse. For best protection, a teen and his/her partner need to use both condoms and another form of birth control. Consider making condoms available in your home.
8. Make sure your teens knows know about emergency contraception (EC)—which can be taken to prevent pregnancy up to 120 hours (five days) after unprotected intercourse or when a contraceptive method fails. Consider keeping EC on hand so your teen can use it if they need to.
9. Encourage your teen to take equal responsibility with a partner for using condoms and birth control. Just as a male should not be the only one responsible for providing condoms, so a female should not be the only one responsible for providing for other forms of contraception. Protection is a mutual responsibility within a caring relationship.
10. Discuss being "swept away." Many teens say they did not use condoms or contraception because they "just got swept away." Be clear that this is not okay. Anyone who is mature enough to have sexual intercourse is mature enough to use protection.
11. Discuss sexual coercion and dating violence with your teen. Make sure that your teen knows she/he has the right to say no and the right to be safe. Make sure your teen knows that he/she can come to you or another trusted adult if a relationship involves or threatens to involve coercion or violence. Make sure your teen knows that it is both illegal and contrary to your family's values to use coercion or violence against anyone else. Help teens identify ways to avoid/get away from sexual situations that feel uncomfortable or dangerous.
12. Identify with your teen the names of other adults to whom he/she can go if unable or unwilling to come to you. This could be a relative, clergy member, health care provider, or friend, but identify the person as someone your teen can trust for confidential guidance and support. Give your teen permission to confide in someone else and say that these conversations will remain confidential although the other adult may encourage the teen to involve you.

13. Consider incorporating the Rights. Respect. Responsibility.® philosophy into your value system, especially in relation to talking about sexual health and contraception with your teen.
- RESPECT your young person's RIGHT to confidential sexual and reproductive health services. Share with your teen what to expect at his/her first visit for sexual health services. Then, ensure that your teen has private sessions with the health care provider. Private sessions empower teens to discuss issues honestly with the provider and to go for care when they need it.
 - Encourage your teen to take RESPONSIBILITY for her/his personal sexual and reproductive health needs. Provide support so teens can make and keep appointments for annual medical exams and other needed health care.

References:

1. Alan Guttmacher Institute. U.S. Teenage Pregnancy Statistics: National and State Trends and Trends by Race and Ethnicity, <<http://www.guttmacher.org/pubs/2006/09/11/USTPstats.pdf>>, accessed Sept. 12, 2006.
2. Alan Guttmacher Institute. Facts in Brief: Teen Sex and Pregnancy. New York, NY: The Institute, 1998.

Ten Tips for Talking with Teens about Sex

1. Be clear about your own sexual values and attitudes.

Communicating with your grandchildren about sex, love, and relationships is often more successful when you are certain in your own mind about these issues. To help clarify your attitudes and values, think about the following kinds of questions:

- What do you really think about school-aged teenagers being sexually active - and perhaps even becoming parents?
- Who is responsible for setting sexual limits in a relationship and how is that done, realistically?
- Were you sexually active as a teenager and how do you feel about that now? Were you sexually active before you were married? What do such reflections lead you to say to your own children about these issues?
- What do you think about encouraging teenagers to abstain from sex?
- What do you think about teenagers using contraception?

2. Talk with your grandchildren early and often about sex, and be specific.

Kids have lots of questions about sex, and they often say that the source they'd most like to go to for answers is their parents/grandparents. Start the conversation, and make sure that it is honest, open, and respectful. If you can't think of how to start the discussion, consider using situations shown on television or in movies as conversation starters. Tell kids candidly and confidently what you think and why you take these positions; if you're not sure about some issues, tell them that, too. Be sure to have a two-way conversation, not a one-way lecture. Ask them what they think and what they know so you can correct misconceptions. Ask what, if anything, worries them.

Age-appropriate conversations about relationships and intimacy should begin early in a child's life and continue through adolescence. Resist the idea that there should be just one conversation about all this - you know, "the talk." The truth is that you should be talking about sex and love all along. This applies to both sons and daughters and to both grandmothers and grandfathers. All kids need a lot of communication, guidance, and information about these issues, even if they sometimes don't appear to be interested in what you have to say. And if you have regular conversations, you won't worry so much about making a mistake or saying something not quite right, because you'll always be able to talk again.

Many inexpensive books and videos are available to help with any detailed information you might need, but don't let your lack of technical information make you shy. Kids need as much help in understanding the meaning of sex as they do in understanding how all the body parts work. Tell them about love and sex, and what the difference is. And remember to talk about the reasons that kids find sex interesting and enticing; discussing only the "downside" of unplanned pregnancy and disease misses many of the issues on teenagers' minds.

Here are the kinds of questions kids say they want to discuss:

- How do I know if I'm in love?
- Will sex bring me closer to my girlfriend/boyfriend?
- How will I know when I'm ready to have sex?
- Should I wait until marriage?
- Will having sex make me popular?
- Will it make me more grown-up and open up more adult activities to me?
- How do I tell my boyfriend that I don't want to have sex without losing him or hurting his feelings?
- How do I manage pressure from my girlfriend to have sex?
- How does contraception work?
- Are some methods better than others?
- Are they safe?
- Can you get pregnant the first time?

In addition to being an "askable grandparent," be a grandparent with a point of view. Tell your grandchildren what you think. Don't be reluctant to say, for example:

- I think kids in high school are too young to have sex, especially given today's risks.
- Whenever you do have sex, always use protection against pregnancy and sexually transmitted diseases until you are ready to have a child.
- Our family's religion says that sex should be an expression of love within marriage.
- Finding yourself in a sexually charged situation is not unusual; you need to think about how you'll handle it in advance. Have a plan. Will you say "no"? Will you use contraception? How will you negotiate all this?
- It's okay to think about sex and to feel sexual desire. Everybody does! But it's not okay to get pregnant/get somebody pregnant as a teenager.
- One of the many reasons I'm concerned about teens drinking is that it often leads to unprotected sex.
- (For boys) Having a baby doesn't make you a man. Being able to wait and acting responsibly does.
- (For girls) You don't have to have sex to keep a boyfriend. If sex is the price of a close relationship, find someone else.

Research clearly shows that talking with your grandchildren about sex does not encourage them to become sexually active. Remember, too, that your own behavior should match your words. The "do as I say, not as I do" approach is bound to lose with children and teenagers, who are careful and constant observers of the adults in their lives.

3. Supervise and monitor your children and adolescents.

Establish rules, curfews, and standards of expected behavior, preferably through an open process of family discussion and respectful communication. If your grandchildren get out of school at 3 pm and you don't get home from work until 6 pm, who is responsible for making certain that your grandchildren are not only safe during those hours, but are also engaged in useful activities? Where are they when they go out with friends? Are there adults around who are in charge?

Supervising and monitoring your grandkids' whereabouts doesn't make you a nag; it makes you a responsible grandparent.

4. Know your children's friends and their families.

Friends have a strong influence on each other, so help your grandchildren and teenagers become friends with kids whose families share your values. Some parents of teens even arrange to meet with the parents of their children's friends to establish common rules and expectations. It is easier to enforce a curfew that all your grandchild's friends share rather than one that makes him or her different - but even if your views don't match those of other parents, hold fast to your convictions. Welcome your grandchildren's friends into your home and talk to them openly.

5. Discourage early, frequent, and steady dating.

Group activities among young people are fine and often fun, but allowing teens to begin steady, one-on-one dating much before age 16 can lead to trouble. Let your grandchild know about your strong feelings about this throughout childhood - don't wait until your young teen proposes a plan that differs from your preferences in this area; otherwise, he or she will think you just don't like the particular person or invitation.

6. Take a strong stand against your granddaughter dating a boy significantly older than she is. And don't allow your grandson to develop an intense relationship with a girl much younger than he is.

Older guys can seem glamorous to a young girl - sometimes they even have money and a car to boot. But the risk of matters getting out of hand increases when the guy is much older than the girl. Try setting a limit of no more than a two- (or at most three-) year age difference. The power differences between younger girls and older boys or men can lead girls into risky situations, including unwanted sex and sex with no protection.

7. Help your teenagers have options for the future that are more attractive than early pregnancy and parenthood.

The chances that your grandchildren will delay sex, pregnancy, and parenthood are significantly increased if their futures appears bright. This means helping them set meaningful goals for the future, talking to them about what it takes to make future plans come true, and helping them reach their goals. Tell them, for example, that if they want to be a teacher, they will need to stay in school in order to earn various degrees and pass certain exams. It also means teaching them to use free time in a constructive way, such as setting aside certain times to complete homework assignments. Explain how becoming pregnant - or causing pregnancy - can derail the best of plans; for example, child care expenses can make it almost impossible to afford college. Community service, in particular, not only teaches job skills, but can also put teens in touch with a wide variety of committed and caring adults.

8. Let your kids know that you value education highly.

Encourage your grandchildren to take school seriously and to set high expectations about their school performance. School failure is often the first sign of trouble that can end in teenage parenthood. Be very attentive to your

grandchildren's progress in school and intervene early if things aren't going well. Keep track of your grandchildren's grades and discuss them together. Meet with teachers and principals, guidance counselors, and coaches. Limit the number of hours your teenager gives to part-time jobs (20 hours per week should be the maximum) so that there is enough time and energy left to focus on school. Know about homework assignments and support your child in getting them done. Volunteer at the school, if possible. Schools want more parental involvement and will often try to accommodate your work schedule, if asked.

9. Know what your kids are watching, reading, and listening to.

The media (television, radio, movies, music videos, magazines, the Internet) are chock full of material sending the wrong messages. Sex rarely has meaning, unplanned pregnancy seldom happens, and few people having sex ever seem to be married or even especially committed to anyone. Is this consistent with your expectations and values? If not, it is important to talk with your grandchildren about what the media portray and what you think about it. If certain programs or movies offend you, say so, and explain why. Be "media literate" - think about what you and your family are watching and reading. Encourage your grandkids to think critically: ask them what they think about the programs they watch and the music they listen to. You can always turn the TV off, cancel subscriptions, and place certain movies off limits. You will probably not be able to fully control what your grandchildren see and hear, but you can certainly make your views known and control your own home environment.

10. These first nine tips for helping your grandchildren avoid teen pregnancy work best when they occur as part of strong, close relationships with your grandchildren that are built from an early age. **Strive for a relationship that is warm in tone, firm in discipline, and rich in communication, and one that emphasizes mutual trust and respect.** There is no single way to create such relationships, but the following habits of the heart can help:

- Express love and affection clearly and often. Hug your grandchildren, and tell them how much they mean to you. Praise specific accomplishments, but remember that expressions of affection should be offered freely, not just for a particular achievement.
- Listen carefully to what your grandchildren say and pay thoughtful attention to what they do.
- Spend time with your grandchildren engaged in activities that suit their ages and interests, not just yours. Shared experiences build a "bank account" of affection and trust that forms the basis for future communication with them about specific topics, including sexual behavior.
- Be supportive and be interested in what interests them. Attend their sports events; learn about their hobbies; be enthusiastic about their achievements, even the little ones; ask them questions that show you care and want to know what is going on in their lives.
- Be courteous and respectful to your grandchildren and avoid hurtful teasing or ridicule. Don't compare your teenager with other family members (i.e., why can't you be like your older sister?).
- Show that you expect courtesy and respect from them in return.

- Help them to build self-esteem by mastering skills; remember, self-esteem is earned, not given, and one of the best ways to earn it is by doing something well.
- Try to have meals together as a family as often as possible, and use the time for conversation, not confrontation.

It's never too late to improve a relationship with a child or teenager. Don't underestimate the great need that children feel--at all ages--for a close relationship with their parents or grandparents and for their guidance, approval, and support.

SC DHEC - Women and Children's Services: Family Planning

Family Planning

The South Carolina Department of Health and Environmental Control, through its Division of Women and Children's Services (WCS), offers Family Planning services which represent major preventive strategies for reducing infant deaths and improving family health. These services are available in all 46 counties and 100 clinic sites and include:

- Counseling and education about planning and spacing pregnancies
- Counseling relative to risk-taking behaviors including risks for HIV/AIDS
- A comprehensive physical exam
- Pap smear (cervical cancer screening test)
- Screening and, if needed, treatment for sexually transmitted diseases
- Pregnancy testing
- Providing information about all methods of birth control, including abstinence

Any woman of childbearing age is eligible to receive Family Planning Services. These services are offered without regard to religion, race, color, national origin, creed, handicap, sex, number of pregnancies, marital status, age, or contraceptive preference.

Charges for services are based on a sliding scale; income and family size are taken into account in determining the financial burden of women desiring services.

The goal of Family Planning is to prevent unintended pregnancy and to reduce the cost of high risk pregnant women and sick or pre-term babies. Family Planning services link clients to primary care providers and to a wealth of available resources to help women plan for children who are wanted. Studies have demonstrated that at least two tax dollars are saved for every dollar spent on Family Planning. Women who have an unwanted pregnancy are less likely to seek prenatal care early or to make changes in their lives to improve the likelihood of having a healthy infant. Low income women and teenagers are even more likely to develop problems during pregnancy.

Teen Pregnancy

Today's teens face special challenges our rapidly changing world. Adolescents are now more likely than ever to live in diverse family structures. In the United States today, one in five white adolescents grow up in a one-parent household. Fifty percent of black and 30 percent of Latino adolescents live with only one parent.[1]

There are serious health risks for adolescents who have babies. Young adolescents (particularly those under age 15) experience a maternal death rate 2.5 times greater than that of mothers aged 20-24. Common medical problems among adolescent mothers include poor weight gain, pregnancy-induced hypertension, anemia, sexually transmitted diseases (STDs), and cephalopelvic disproportion (CPD) (i.e., your baby is too big to fit through your pelvis in a vaginal delivery). Later in life, adolescent mothers tend to be at greater risk for obesity and hypertension than women who were not teenagers when they had their first child.

Children born to teen mothers suffer from higher rates of low birth weight and related health problems. The proportion of babies with low birth weights born to teens is 28 percent higher than the proportion for mothers age 20-24. Low birth weight raises the probabilities of infant death, blindness, deafness, chronic respiratory problems, mental retardation, mental illness, and cerebral palsy. In addition, low birth weight doubles the chances that a child will later be diagnosed as having dyslexia, hyperactivity, or another disability.

Children of adolescent mothers are more likely to grow up in homes without their fathers. What's more, the quality of their homes is usually substantially lower than that of their counterparts[2], meaning that these children have less access to books, educational toys and games than their peers. Less access to learning aids often means lower academic achievement. Lower academic achievement usually means a less prosperous life.

It's no secret that teen-aged moms are under a lot of stress. Mothers who are trying to raise children have a lot of growing up to do also. Because they struggle, their children struggle, and become so unhappy in their homes that they try to escape. Statistics show that teen-aged moms are two to three times more likely to have run-away children. In homes of older parents, only two percent of children run away. (<http://www.scdhec.gov/health/mch/wcs/fp/teen.htm>)

Contact your local Health Department for Family Planning Services

10 Tips for Talking about the Facts of Life

Initiating conversations about the facts of life may be difficult for some grandparents because they did not grow up in an environment where the subject was discussed. Some grandparents may be afraid they do not know the right answers or feel confused about the proper amount of information to offer. To help, here are 10 tips from the experts at Advocates for Youth:

1. First, encourage communication by reassuring your grandchildren that they can talk to you about anything.
2. Take advantage of teachable moments. A friend's pregnancy, news article, or a TV show can help start a conversation.
3. Listen more than you talk. Think about what you're being asked. Confirm with your grandchild that what you heard is in fact what he or she meant to ask.
4. Don't jump to conclusions. The fact that a teen asks about sex does not mean they are having or thinking about having sex.
5. Answer questions simply and directly. Give factual, honest, short, and simple answers.
6. Respect your grandchild's views. Share your thoughts and values and help your child express theirs.
7. Reassure young people that they are normal—as are their questions and thoughts.
8. Teach your grandchildren ways to make good decisions about sex and coach them on how to get out of risky situations.
9. Admit when you don't know the answer to a question. Suggest the two of you find the answer together on the Internet or in the library.
10. Discuss that at times your teen may feel more comfortable talking with someone other than you. Together, think of other trusted adults with whom they can talk.

Coping Strategies

Setting Limits
Time Management
Communication Tips

Setting Limits

Youth who stay away from risky behaviors tend to have parents who set clear limits for behavior.

These parents usually have rules about homework, television use, curfew, drugs and alcohol.



While these parents may appear to be more strict than other parents, they are not harsh. These parents make it clear that they love their children, but they also are very clear about how they expect their children to behave. They help their children learn acceptable ways to act.

Setting limits is saying “I love you.” Setting limits is a way of expressing love for our children. It’s the most important message we can give them, and it’s the message they most want to hear — I LOVE YOU!

Setting limits is a way of showing our concerns for their physical and emotional safety. When children and teens know that the rules are made to protect them, they feel cared for.

Children and teens really want to please their parents. They want their parents’ approval, and they will work hard to please when they feel loved and respected.

Children in the middle years — 6 through 12 — are very concerned about justice and fair play. They expect to have rules and directions, and they understand appropriate penalties for not following them.

This is an ideal time to begin providing simple and brief explanations about decisions and letting children express their feelings about these decisions. Keep in mind that reasoning powers are just beginning to develop for 6 to 12-year-olds, and their reactions may not be very logical. But it is important at all ages to recognize their efforts and to encourage continued development.

Youth want to prove they can be responsible. Teens have a greater need to prove their independence when we don’t change the rules from childhood to adolescence. When we give them more privileges as a way of recognizing their increasing maturity and willingness to take responsibility, we build self-esteem and encourage appropriate growth.

Teens are experiencing tremendous changes in their bodies and in their social world. It is equally important to them that we recognize these changes by allowing them greater freedom to make some decisions while continuing to set limits that protect them in their expanded, and sometimes scary, world. Setting limits enables us to “let go” gradually with confidence that our children and teens are learning how to make healthy decisions for themselves.

Teens are better able to deal with peer pressure when they know they are loved and respected by their parents. They are more likely to make healthy decisions if they've already learned from us to focus on their well-being while making decisions.



Children and teens will feel loved and be less likely to question limits or complain if:

- the rules are made to protect them
- the rules are easily understood
- the rules are consistently enforced
- the rules are appropriate for the age and recognize increasing maturity and willingness to accept responsibility
- the rules are made to help reach goals we and they have set
- We are role models of good behavior (not smoking or using drugs).
- To change children's behavior, sometimes we have to make the first changes.

We may find that hard to do for several reasons:

- **We may deny that problems exist.**
Every family has some problems. Recognizing the problem is the first step in solving it. Sometimes we can find our own solutions. We can also learn from relatives and friends or seek help through community agencies, churches and schools.
- **We may think problems are our fault.**
We should remember that no parent is perfect, and that our children can overlook many of our faults when they know they are loved. If we are contributing to a problem, we can change if we understand our shortcoming. Again relatives, friends, community agencies, churches or schools are good sources of support and help.
- **We may think children won't change.**
Children do respond to new approaches, especially those which are expressions of concern for their well-being. We often become discouraged because changes in behavior or attitudes may come slowly, but patience will usually bring about good results.

Limit setting, especially for teens, may be easier when we talk about appropriate rules with other parents. Teens compare the strictness of their parents against their friends' parents. We don't have a similar group with which to talk about our rules. We may also be more concerned about what other adults will say about our rules. Talking with other parents can help ensure that we're being fair and realistic. It can also help us learn that "everyone else's parents" aren't as permissive as reported!

Remember that love builds the foundation for effective discipline. If you want your children to obey family rules regularly let them know you love and appreciate them.

Ten Ways to Have More Responsible Children

We'd all like our kids to develop into responsible people. How can we help to ensure that our kids learn the lessons of responsibility? Here are some ideas:

1. **Start them with tasks when they're young.**

Young kids have a strong desire to help out, even as young as age 2. They can do a lot more than you think if you're patient and creative. This helps build confidence and enthusiasm for later tasks in their life.

2. **Don't use rewards with your kids**

If you want your kids to develop an intrinsic sense of responsibility, they need to learn the "big picture" value of the things they do. They won't learn that if they're focused on what they're going to "get."

3. **Use natural consequences when they make mistakes.**

If they keep losing their baseball glove somewhere, let them deal with the consequences. Maybe they have to ask to borrow one for the game. Maybe they have to buy a new one if it's lost. If you rescue them every time they screw up, they'll never learn responsibility.

4. **Let them know when you see them being responsible.**

Specifically point out what you like about their behavior. This will make it more likely to continue to happen.

5. **Talk often about responsibility with your kids.**

Make responsibility a family value, let them know it's important.

6. **Model responsible behavior for your kids.**

This is where they'll learn it from. Take care of your stuff. Try to be on time. They're watching you very closely.

7. **Give them an allowance early in their life.**

Let them make their own money decisions from an early age. They'll learn their lessons in a hurry. Don't bail them out if they run out of money.

8. **Have a strong, unflinching belief that your kids are responsible.**

They'll pick up on this belief and they'll tend to rise to the level of expectation. And keep believing this even when they mess up!

9. **Train them to be responsible.**

Use role play and talk to them about exactly what kind of behavior you expect from them. It's hard for kids to be responsible when they don't know what it looks like.

10. **Get some help and support for your parenting.**

It's hard to know sometimes whether you're being too controlling or too permissive as a parent. Talk to other parents, read books, join parent support groups, whatever will help you feel like you're not alone.

What to Do When They Just Won't Talk!

By Maggi Ruth P. Boyer, M.Ed., A.C.S.E., Consultant

So, let's just set the stage. Your grandson or granddaughter is entering adolescence or may be fairly launched into that exciting, confusing, exhilarating stage of life. You've had a good, strong relationship. You still do. **But** ... you know you want to keep conversations going about relationships, life goals, and sexuality and suddenly, you're talking, they're not. Maybe they're rolling their eyes, looking past you, shrugging their shoulders. Or, maybe they listen when you talk, but they are silent. What's a grandparent to do????



First of all, don't panic! It is normal for teens to have their silent times, their stormy times, and their close and conversational times. It may not be on your time schedule, but that's normal, too.

Second, remember that you have been communicating with your teens about sexuality and relationships from the moment they came into your life—whether you've ever actually had a formal conversation about those topics or not. They have been listening, observing your behaviors and your values, through your behaviors, from day one. Over time, they simply *absorb* much about your values and what you consider important from this process. That may, in itself, give you pause, because no one is perfect and you may remember times when your behaviors have been out of alignment with your values. That's okay. Such times provide opportunities for conversation with your teens, times when you both **are** talking.

But, back to our original premise: they're **not** talking. That doesn't mean the end of communication ... Here are a dozen tips for ways to keep communicating, even when they won't talk to you. The tips all pretty much fall into the category of using "teachable moments." What's a teachable moment? It's an opportunity that you find to say something brief about sexuality that might affirm a value important to you, or provide accurate information, or express the way you feel about a sexual situation. You can also use a teachable moment to invite your granddaughter or grandson to respond, if they want to.

All that fits nicely into an acronym, "FIVE," which can help you to remember the important elements of a teachable moment: Feelings, Information, Values, and Encouragement to continue. "FIVE" is also a nice reminder that you can be effective **and** brief—like well under five minutes!

Here are the tips:

1. Remember that you communicate with your granddaughters and grandsons all the time about relationships and sexuality, simply by the way you live your life. By the way you treat, appreciate, and touch others. So, communication is happening, even if verbal conversations are not.

Don't underestimate the power of your facial expressions and your expressions of affection.

2. Ask for information indirectly. For example, ask what "most" kids in school do if they feel pressured to do something. Or, ask what your grandson or granddaughter's friends think about the health education curriculum. And, don't assume that you know what your grandson or granddaughter thinks, feels, or does as a result of this information that he or she has shared. If the conversation is going well, you could ask what your granddaughter or grandson thinks or feels about what the "other" kids are choosing to do/not do. You could ask what is the best thing about the health curriculum. You could ask what the current hero/heroine might say about a situation.
3. Ask for help. (Part I) Most people like to be helpful, so ask your granddaughter or grandson for help. Perhaps you could say something like, "Can you help me understand a little more about sexually transmitted diseases? I think I saw that on the discussion list for your class and I just read an article in the paper that said something I didn't understand ..."
4. Use the media. Yes, the media. There are plenty of opportunities to say one quick sentence or two that could be a springboard to a more lengthy discussion, but could just as easily have impact on its own. For instance, you're sitting at the table, having coffee, and your teen is shoveling in the cheerios. You read a "Dear Abby" column that deals with a painful break up and what a hard time the teen is having with this. You can simply say, "This 'Dear Abby' column today sure tackles a tough topic—breaking up and how to do it fairly, in a way that won't be quite so hurtful. I believe it's important to find ways to be kind, even when breaking up..." Or whatever you think is essential to say. Let it go at that. No long lecture. No verbal essay. You might add, "How do your friends handle breaking up?" If you get no response, let it go. And be sure to leave the paper lying around!

Or, maybe you're walking through the TV room and there's a DVD playing. You see a scene that you like. You can say, as you keep moving through the room, "I like the way that guy said straight out what he was feeling, even though he seemed a little worried about what someone would think. I admire that he stood up for himself ...". Or, if something you don't like is on, same thing. Keep moving, but say something like, "That sure looks like a set up. He's lying to her. To get her to do something she really doesn't want to do? Doesn't seem like love to me. Seems like pressure."

5. Post it. Lots of families have one place in their home that they use as "communication central," where they know to look for notes to each other. When you find a good article, cartoon, advice column, etc., cut it out and post it in your home's communication central. Refer to it once or twice. "Did you see that cartoon? Pretty funny, huh? And, pretty pointed about gender roles ...". Encourage everyone in the family to post things here. Make comments about what you find there that you didn't post. "Hey, interesting picture of _____. What do you think we should do about _____?"
6. Ask for help. (Part II) Your granddaughter or grandson may not be talking to *you* right now, so you can enlist the help of another adult that you trust and that your granddaughter or grandson trusts and likes. Talk with this adult—could be your brother or sister, the youth clergy, a dear friend—about what you are asking, and what you want her/him to do about

confidentiality of information. What has worked well for some people is that the "other" adult tells the teen that the adult will keep everything confidential *except* if the adult hears something that indicates the teen may be endangering her/his life or that of another person. The adult and the teen should clearly define the behaviors each regards as "endangering." And, in those circumstances, the adult will ask the teen to talk to her/his grandparents, and if the teen can't or won't, the adult will.

Don't try to limit this relationship just to issues about sexuality or relationships. Every young person needs trustworthy adults in addition to parents who can significantly and safely contribute to their growth and development. So, maybe they could start out by going to a movie together (or, having dinner, tossing a ball around, going for a walk through the neighborhood, and/or talking on the phone once a week). In other words, let the relationship develop naturally. Sometimes the conversation may be about sexuality and relationships, sometimes not. But, the trust will be building and you'll know there's another adult available to your granddaughter or grandson.

7. Write it down or record it. Send E-mail if your teen has her/his own address. One young person I know was in a phase of being totally unable to have a civil conversation with her father. It confused them both, and hurt them both. The father, to his credit, began leaving cassette tapes for his daughter, just five minutes or less of how he was feeling, how he missed her, why he was saying the things he was. She occasionally responded, more often verbally to him, than on a tape. Still he left them. And over the years they have both come to realize how essential it was that they found some way to stay connected. You could also leave letters or notes.
8. "Take prisoners. "Well, not literally. The best conversations you could have with your teens occur when you make a special time for just the two of you to go out for a meal or when an opportunity for a meal just crops up, like on the way home from some place. As one parent put it, "My son never walked away from food, no matter what he had to 'endure' to get it. Plus we're less stressed when it's just the two of us. " Other parents say they have good opportunities when they're driving somewhere in the car together because at least one of them has to have their eyes on the road. If the subject is uncomfortable, they don't even have to have eye contact!
9. Don't let their silence silence you. Teens typically want to know what their caregivers think about sexuality, sexual behaviors, and relationships. They want to know what values are important to you. You are the adult in this situation. It is *your* role to initiate conversations, even when it is difficult; to keep trying again and again and again; to find ways to stay connected even as you honor your teen's journey towards independence.
10. Be prepared. Know what you are willing to talk about and what you're not willing to talk about in your own history. Know which question or subject will give you the most anxiety. Think about what you'll say when the subject comes up and think about why you'll say that. Know which value question feels most unsettling to you and do some discovery about why. Then, **rehearse** how you want to be able to respond when any subject that is sensitive for you comes up. Actually say the words out loud, to

yourself, maybe while driving; maybe in the shower. Say them to the mirror.

11. Be honest. Say what you believe, what you value. Say what you're not sure about. Say what you don't know. If you say you want to think about it and will get back to your teen, make sure you do. If you forget to say something, go back and say some more. Keep it short. Keep it light. Use open ended questions to encourage conversation if there's one to be had. Use some self deprecating humor, always with you as the subject. Say something like, "I know I'm really out of it here, but ..." or, "Even though you think I was born before sex was invented, I still want you to know that I believe ..." Keep sarcasm and put downs out of the conversations.
12. Always remember that it's not a matter of *whether* your teens will have conversations about sexuality. They will. It's simply a matter of whether you'll be a significant part of these conversations that happen—even if, sometimes, you're the only one talking.

Avoiding Power Struggles: Tips for Teens

As a grandparent, it is always important to avoid power struggles with your teen. Many times this can be difficult or seem unrealistic, due to circumstances or household dynamics. Power struggles can begin when teens feel as if they have no authority or voice in issues that directly affect them. Furthermore, power struggles escalate when one or more individuals are not able or willing to compromise.

Grandparents can feel defeated by power struggles as they try to manage conflict or verbal altercations. The following tips for avoiding power struggles will allow for a healthy resolution that will satisfy the entire family.

- Be consistent with rules and communicate the consequences for breaking those rules.
- Give choices that you can live with and that are reasonable (some things will not be open to choice and you should communicate that).
- Listen to your youth and validate their feelings.
- Be able to compromise within your set rules if needed.
- Recognize the issues or topics that may push your own buttons. Set boundaries for yourself when talking with your teen (ex. Set real boundaries for the conversation including being able to take breaks).
- Be able to reason and avoid verbal altercations by being able to stop and walk away.

It is also important to conduct conversations with your teen in an area that is neutral or with a third party to mediate. Oftentimes, it is helpful for some families to have a family friend or social worker involved with ongoing power struggles that cannot be resolved by compromise. Most importantly, continue to role-model non-aggressive communication skills in your home so that your youth can learn these skills!

Huckleberry House, Inc. – Columbus, Ohio - (614) 294-8097

Teens and Communication

Adults worry a lot about teens. They worry that teens are going to get into trouble, that their teen won't be ready for adulthood, that they don't matter anymore with their teen. We've learned that teens worry a lot too, and good communication can help parents and teens work this out.

Teens are mostly worried that they are going to be treated like a baby forever, and at the same time they worry that they aren't ready yet to be a grownup. They worry about grades, school or finding a job. They worry about sex, drugs and alcohol. They worry about their families. They worry about their friends, but mostly they worry about themselves. The hard part about communicating with a teen is that she doesn't always tell you what she's worried about. This is because, for many teens, letting a parent in on the problem means that the teen can't handle it herself=she's still a little kid. Often the most that parents get to see is an uncommunicative or irritable teen, and the parent is left wondering what they said to make their child so angry.

The first step is recognizing that this stage doesn't last forever. Once teens start feeling more comfortable about taking on grown-up stuff, usually around ages 17 to 22, they feel less that talking to a parent equals "being a baby". In the meantime, here are some things that we find make communicating easier:

Make Your Point Fast:

When the lecture starts, the teen stops listening. Parents sometimes worry about making sure their child "understands how important this is". Believe us, chances are your teen already knows how you feel. Keep your message short, calm and to the point. "I expect you not to smoke. If I find out you have been smoking, we will talk more about it. If you need help or have questions you can always come to me about it".

Stay Cool:

Teens often think parents are angry, even when it isn't true. If you really are angry, admit it and ask yourself if you can calm down enough to talk it out. If the answer is no, reschedule the conversation for a time you can be calm. Sometimes teens can be really over-sensitive, and they read a lot of things into a simple sentence or question. It's hard to put up with, but be patient and let your teen know you're not angry. Chances are the "You're always angry with me!" tactic is really about your teen worrying (there it is again!) that they are messing up in some way.

Allow for Space:

Don't expect your teen to tell you everything. Teens need to feel they manage things without parents. Sometimes they act like they are allergic to parents to point out to everybody, and mostly themselves, how grownup they are. Let them do this. Don't listen in on conversations, don't read diaries, don't snoop. On the other hand, explain there are some things you need to know, like where, who, when and what they're doing (including online). We know, it's tricky.

Take Care of Yourself (and Let Stuff Go):

Teens can be very thoughtless and hurtful at times. It's OK, and even important, to let your teen know he made you angry or hurt your feelings, but don't keep the fight going or say hurtful things back "to teach him a lesson". You are the grown-up. Grown-ups take care of their own feelings. Children, including teenagers, feel overwhelmed at the idea of being a grown-up or taking care of one, so saying to your teen "I'm so upset, but you can make me feel better by...", in other words making him responsible for fixing how you feel, is too hard for your teen to handle.

Take Responsibility:

Teens become very good at catching parents at making mistakes, fudging the truth or not always living up to their own rules. This is part of how a teen learns to look critically at herself and the world. Be honest, and admit mistakes. Showing your teen that you know you're not perfect, and that you're OK with that, teaches her that it's OK if she's not perfect either. It also teaches honesty and builds trust between you and your teen.

Most importantly, always tell your teen how much you love him or her, no matter what. Communicate!

Huckleberry House, Inc. – Columbus, Ohio - (614) 294-8097

Teenagers and Independence

Independence is the ultimate goal of adolescence. Even though it's sometimes hard for parents to think about letting go of their child, the best relationships are the ones that teens come back to, as adults, recognizing how their parents have helped them into adulthood by not clinging or pushing them away too soon.

We recommend that parents look for opportunities to teach independence, starting in childhood. Giving choices, encouraging (reasonable) risk-taking and allowing a child to make mistakes are all ways that parents build the skills that make independence possible.

We've talked a lot about the push and pull of adolescence; they desperately want to be adults, but are also afraid of it. That process of trying new things, making choices and making mistakes becomes even more important in the teen years. Here are some areas that can offer good practice for independence.

Managing time:

Encourage your teen to be responsible for his or her own time. "How much time do you need for homework?" "How long do you need to unwind after school?" If the answers to these questions are, "None" and "Until midnight", then your teen needs some help making a schedule. Many teens, though, can come up with a reasonable time for getting things done, with some practice and initial limits from you. You may want to let her try out her schedule though, say, one grading period. If grades go down, the schedule needs work and maybe supervision from you.

Getting themselves up:

Many parents complain about the daily battles trying to get their teen out of bed. Teens need almost as much sleep as infants, and often don't get enough of it. After you've done your part in limiting the distractions before bedtime (TV and phone calls are common culprits!), help your teen become responsible for getting himself up. Every teen should have his own alarm clock. The natural consequence of not getting up could be a detention at school, or losing a job. After a few repetitions, your teen will likely get the message, and you don't have to do anything. If you feel your teen is deliberately avoiding school, there may be a more serious problem that requires outside help.

Learning to Handle Money:

Not knowing basic financial skills can be one of the first things to trip up a newly independent young adult. Look for chances to teach basic money skills. Some parents give their teen a set amount of money and let her plan the weekly grocery shopping or family vacation. Have her help you pay utility bills and budget for expenses. A few experiments can teach a lot more than lectures. Explain carefully about credit cards and limit access to credit. Teens are impulsive, and easily get stuck in the trap of charging more than they can pay off. An after school job is a great opportunity for your teen to start practicing the Law of Thirds: Save/invest a third, spend a third, donate a third. Teens should have their own savings accounts.

Making Mistakes:

More than anything else, teens learn from making mistakes. As a parent, your job is to try to make sure that the mistakes your teen makes aren't life-threatening, like getting into the car with a drunk driver. In other articles we've recommended creating a safety agreement with your teen so that, for example, your teen can call home and get a ride with no questions asked rather than drive drunk. Talk with your teen about the safety agreements you feel are important.

Most mistakes, though, will not fall into that category. No one is perfect, especially parents. It's important that you teen see that that you do not expect perfection from him or from yourself, and that you can admit your mistakes when you make them. Letting your teen make mistakes, and letting him suffer the consequences of a mistake, can be hard to do. But when you give your teen permission to make mistakes, and let him know you love him anyway, you tell him that you believe in his ability to take a fall, get up and learn from it. And that's what being an adult is all about.

Stay patient, keep talking and keep trying. You and your teen are worth it!

Huckleberry House, Inc. – Columbus, Ohio - (614) 294-8097

Teenagers and Discipline - Setting Limits

Over the years we've found that parents and teens clash about rules and discipline maybe more than any other issue. To get a handle on this, we think it's helpful to look at how teens develop. Some people have compared teenagers to toddlers. Toddlers are finding out the limits of their space and their power. They're getting ready to become children instead of babies, with bodies they now have much more control over than before. A teenager is in a similar position, going from being a child to an adult. Their bodies are much bigger and stronger than before. They're more mentally and emotionally mature, so they can handle more complicated situations than they could before. If they can drive or take public transportation, they are now much more in charge of where they are, just like a toddler learning to walk.

Some of the questions teens need to figure out are basically the same issues of independence and control-it's just that the stakes are a lot higher. If I can go to a supervised party, can I go to an unsupervised one? Can my parents still make me do stuff if I'm bigger than they are?

Rules should allow teens to try out their new skills but keep them safe:

The rules for a teenager need to let them explore, without giving them more room than they can handle, just like a toddler crawling up the stairs. Parents need to say that some stairs are safe to explore on your own, the rickety basement stairs are not.

Teens, even though they would usually pick death by torture rather than admit this, often feel really unsure about what they're ready to handle. Teens still look at their parents or the caring adults around them to see if they can in fact handle it, if they should be worried or not. Teens also need to feel that someone is watching and paying attention, ready to say "Hey! Not those stairs, not yet." Sometimes teens will behave badly, taking more and more risks, to try to get some adult to do just that.

New freedoms should mean new responsibility:

Teens need to know that doing more things with friends means letting adults know where you are. Getting to put up your own things in your room means keeping it reasonably clean (no health inspectors!). Getting a job means taking responsibility for getting yourself there and back, or letting adults know in advance what transportation help is needed. As teens get older, they get better at putting themselves in someone else's shoes. They should be able to understand, for example, that someone will worry if they are not home on time. They'll probably still need reminders, though!

New responsibilities should mean new freedom:

When teens show parents that they can handle a new level of responsibility, more freedom should follow. "Since you called me every day this month when you got home from school, I feel better about letting you go to a friend's house instead of coming straight home." When anyone learns a new skill, there are slip-ups at first. Parents should talk with their teen about expecting mistakes. "If you forget to call me, I will worry. I will call all your friends to figure out where you are.

Then we'll need to talk about helping you remember better." Talking about this ahead of time will cut down on the teen feeling she failed, or the parent feeling she made a mistake in giving the teen a new privilege.

However, lots of mistakes may mean the teen isn't really ready for the new freedom.

Teens need to understand that, if they consistently stop showing this new level of responsibility, the new freedom will be taken back until they are ready to try again.

Out and About:

Until teens are ready for adult independence, parents or guardians need to know where teens are, what they're doing, with whom, how to reach them, and when to expect them back. If they can't give this basic information, they shouldn't be allowed to go. Asking these questions, meeting friends, friends' parents and checking up means more work for the parent in the short-term, but a more responsible-and safer-teen in the long run.

Rules At Home:

Being an adolescent often means feeling two ways about growing up. Teens love to remind adults that they are not babies anymore-until it comes to household responsibilities! Then many teens wish (who wouldn't?) that the grown-ups around them will keep on doing all or most of the cooking, cleaning, pet care, etc. like when the teen was little. This does not mean they're lazy, just that they're human. It's OK for parents to allow a little babying after a particularly rough time, but not to routinely give into it. Teens need to get the message that they are expected to contribute and help out at home. Parents need to remind teens that, like we said above, freedom and responsibility go together.

Rules Should be Consistent:

Teens need to know what you expect of them, and it helps a lot if they don't have to guess. No one is totally consistent all the time, but teens should have a basic, day-to-day understanding of what you want them to do and not to do. Discussing rules, leaving notes around the house or a message on a cell phone can remind your teen of what you expect without feeling quite so much like nagging. You might have to do some nagging too! Remember to talk about family rules. Listening and sometimes compromising about a rule can make a big difference in how your teen feels about following it.

Teens really need to know that you appreciate their efforts. Let them know what they've made a good decision, won your trust or done something right. It matters!

Huckleberry House, Inc. – Columbus, Ohio - (614) 294-8097

Teenagers and Discipline - Limits, Lies and Confrontations

Limits

Limits should be explained ahead of time, be fair and consistent, and as much as possible have natural consequences. Natural consequences are the ones that happen with little or no involvement from you. If your teen needs to keep up her grades to stay on a sports team, for example, then bad grades will naturally end up in a consequence-getting cut from the team. You don't have to say a word. This experience teaches your teen a powerful lesson. It also tells her that you trust her ability to learn it without a lecture from you.

Your child should know the rules for everyday behavior and expectations, and these rules should mostly stay the same from day to day. "I expect you to do your homework after school before you get on the computer" is a lot clearer than "Be responsible". If you act like you don't care about their homework on one day and then yell about it the next, your child will feel confused, anxious and angry. Plus, you're not likely to get the result you want.

It's important to have realistic expectations of teens. Predicting the consequences of their actions, allowing enough time to get everything done, putting chores before play and ignoring the temptations of their peers are all things that teens find very hard to do. New research shows that teens' brains are actually different from adult brains. The parts of the brain that let adults make thoughtful decisions, or put work before excitement, haven't fully grown yet in teens. Structure, frequent reminders and help making decisions are realistic ways to look at teaching your teen to make responsible decisions.

Lying

Lying is often a huge source of conflict with parents and teens. Many teens lie to avoid work ("Sure I did my chores!"), avoid punishment ("The report cards haven't come out yet, I guess") and gain pleasure ("No, there won't be boys or alcohol at the party"). This behavior is common, and that means that parents shouldn't become enraged or worry that their teen will grow up to be a bad person because of occasional lying. However, this doesn't mean that parents should put up with it, either! Let your teen know that you expect him or her to tell you the truth, and if caught in a lie they will be punished for the lie as much as the act itself. If you do catch a lie, make it clear that this is unacceptable. But remember that even with these consequences, your teen may still try to lie at times. Constant lying, to the point that you don't feel you can trust that your teen is safe, is a problem that you should get counseling to help.

Anthony Wolf, a psychologist who writes frequently for the parents of teens, suggests that parents talk with their teen about punishment-free situations. For example, parents may want to ask teens to call home if they have been drinking and need a ride home. The parent agrees to pick up the teen, anytime, with no questions asked and no lectures. These "bargains" should be made for situations in which the possibility of harm (i.e., drunk driving) is too great to risk the teen lying to avoid punishment.

Dr. Wolf points out that parents often assume their rules aren't effective if the teen doesn't follow them completely; for example, when a teen come in at 12:00 instead of 11:00. Dr. Wolf argues that the rule actually is working; otherwise, the teen would come in any time! Something is reminding that teen to return, but the need for independence, and not wanting to put responsibility before fun, are keeping him or her from following the rule completely. This is frustrating, but parenting teens is all about staying patient with small issues while working toward the big goal-a safe, independent young adult. Like lying, parents need to remind teens that being late is unacceptable, and give a consequence. Most teens, even though they might say the consequence doesn't matter, dislike displeasing parents and will feel the "pull" of the rule. Sometimes it takes a lot of confrontation and consequences to make it worth it to the teen to remember to come home, but parents should also be willing to settle for some compromises when a teen is making a genuine effort to improve.

Confrontation

This should happen as soon after the event as possible. Remember, teens don't always do a great job of linking their behavior (I was late) to an effect (Mom is mad and I've lost a privilege), so if you wait too long to address the problem, your teen might be genuinely confused or upset at your behavior coming "out of nowhere". On the other hand, don't confront your teen if you are too angry to be responsible for your words or actions. As the adult, you are responsible for keeping a confrontation within the bounds of respect and safety. If you are so angry that insults, swearing or violence might occur, you need to either stop the conversation or postpone the confrontation until later.

When you are calm, explain the rule and how your teen broke it. Listen to any valid explanations, but do not get caught up in excuses or arguments with your child. Teens have lots more energy than adults! Often, teens think that if they can just argue long enough, the parent will back down out of exhaustion. Don't let this happen. A good rule of thumb is, never explain yourself more than twice. After that, you can safely assume that your child is no longer trying to understand you or to make a new point, but trying to wear you down.

Don't get caught in the trap: "You can't prove it!" With reasonable evidence, it's OK to trust your judgment about what your teen has been doing. "You're right, I can't prove that you have been smoking pot. But your appearance, behavior and the situation all make me believe that you have, and without evidence against it, I am going to act as though I am right. If I am wrong, sorry. You are not allowed to smoke pot and, as a result, you are grounded for a month [or whatever]."

Trust your instincts as a grandparent.

Huckleberry House, Inc. – Columbus, Ohio - (614) 294-8097

Teenagers and Discipline - Consequences

Consequences should fit you and your child. It's true that some consequences just aren't options anymore when your child becomes a teenager. Still, it's important that teens know that you care enough to set limits and, on occasion, give consequences for bad behavior. You still have a lot of control over your child's environment, so use that. Loss of a TV, CDs, video game system or special outfits are usually doable consequences for parents.

If your child is social and always on the go, grounding might be an effective consequence. However, make sure you can follow through on this one. Having a complaining teen stuck at home can become more of a punishment for the parent! Extra chores, written apologies, even fines are penalties that can be imposed. Try as much as possible to "make the punishment fit the crime". If the rule that was broken was being out too late with friends, a logical consequence is losing time with friends for a while; scrubbing the garage is not.

Remember that natural consequences, like getting cut from a sports team for bad grades, are really powerful tools. Some natural consequences are too high a price to pay, like getting HIV from unprotected sex. Parents need to step in as much as possible to protect their teen from that kind of consequence. Many natural consequences in a teens life, though, are not as drastic and good chances for your teen to learn about their behavior on their own.

Make sure you stick to a consequence even if your teen complains. In fact, this reaction tells you that you picked something meaningful! If you see your teen make an effort to take responsibility, make a situation right or change her attitude, it's OK to compromise or to end a consequence early. Whining, sulking or excessive arguing should never make you change the decision you've made.

The most effective tool parents have is their approval. Let your child know his behavior isn't up to your expectations. Even though this may seem weak, remember that, for most of us, wanting to please our parents is strong and goes all the way back to babyhood. You are a very important person in your teen's life, and your approval is important too, even though he'd never admit it. Your teen may complain, ignore you or mutter under his breath, but your disapproval will register and eventually cause so much annoyance (discomfort, guilt) that the behavior will change.

Some problems go beyond a parent's ability to handle. Look for patterns of behavior in your teen, not just one bad decision. If your teen completely ignores all rules, regularly skips school, is physically intimidating or violent with you, seems sad or depressed for more than a few weeks, talks about suicide, diets excessively, uses drugs or alcohol or gets involved with crime, get help right away.

Focus on the behavior, not on your teen. Teens need to know their parents will always love them, even if they don't love their behavior.

Time Management



For grandparents who are raising or caring for grandchildren, time management seems almost impossible. Many of today's grandparents are working, doing housework, watching kids, fixing meals, and carpooling, to name just a few of their many jobs.

If you are a stressed-out grandma or grandpa, there's good news. You can take charge of your time and your life. These steps will help:

1. Set Goals and Priorities.

A big part of time management is deciding, in advance, what you're going to do today and in the future. You can't possibly do everything. So you need to choose carefully the tasks you want to invest your time in.

Your first step is to set long-term goals for yourself: career goals, personal goals and family goals. What would you like to accomplish in each of these areas during the next 6 months? The next year? Write down these goals. Then pick three or four goals that are most important to you. Focus on these goals first.

Your goals will change over time. So, be sure to review them often. These goals are your road maps. They can help you decide which tasks you'll take on each day and which ones you will leave undone. Tasks that fit your goals should get done first. Tasks that don't fit your goals can be postponed or forgotten.

Start out each morning by choosing the things you will do today. Three to five tasks should be plenty. Don't choose more tasks than you think you can get done today.

Read over your "to-do" list a few times during the day. Make sure the tasks you picked at the beginning of the day are still your most important ones. Change your list if you need to. This will help you stay on track.

2. Keep Track of Your Time.

It's hard to decide how you want to spend your time if you don't know how you spend it now. So find out. Write down everything you do for the next week. Record how long it takes you to do it. When you're done, take a hard look at your list.

You may be shocked at how much time you spend doing unimportant things. And you'll discover that most tasks take longer to do than you thought they would. Your biggest surprise will be how much of your time gets wasted. Other people waste our time by interrupting us when we're trying to get things done. Sometimes we waste our own time. We focus on busywork when we should be doing an important task. We talk on the phone for 45 minutes when we intended to talk for 10. Or we put off until tomorrow what we could do today.

Keeping track of your time will give you great information. You'll learn how long it takes to finish certain tasks. That should keep you from taking on too many jobs. You'll learn exactly how you waste time. That should help you waste less time. You'll see how you divide your time between work, family and leisure. You may decide to make some changes so your life is more balanced.

3. Manage Your Attitude.

Managing your attitude toward your "to do" list can help you manage your time. Try adopting these two rules:

Rule #1: You don't have to do everything. In fact, you should be looking for ways to do less. Ask someone else to do a task. Finish a task tomorrow if you have more important things to do today. Or decide to say "no" to certain tasks.

Rule #2: You don't have to be perfect. When you're really busy, you may have to be satisfied with doing an "okay" job sometimes. Make peace with imperfection. Otherwise, you'll always feel like you're falling short.

4. Get organized.

Being organized saves time. Keep your important papers filed and you won't spend hours looking for a needed document. Tidy the closet and your grandson will find his baseball glove in a minute instead of an hour. Post a master calendar in the kitchen and you'll know about—and can plan for—each family member's schedule. Keep your keys, purse and backpacks near the door and the morning rush will go smoother.

5. Do it now.

So, you followed all these steps and you're still not getting anything done? You could be procrastinating. That means you're putting off tasks without a good reason. Procrastinating is a bad habit. And it's a big time waster. But it's a habit you can break.

Have you postponed an important task two or three times? It's time to take action. Break the task into small steps. Then set a specific time to complete the first step. Focus only on that step. Once you get started, you'll find the energy to continue.

6. Take Time for Yourself.

Finally, don't forget to take time for yourself. Just finished a big task? Reward yourself. This will help you focus on what you did, rather than on what remains undone. And every once in a while, forget about time altogether. Put your "to do" list away. Take a stroll. Putter. Do something with your grandchild that you both enjoy.

It's important to create these special moments, because that's when time truly stands still!

Using a Computer

Getting Grandparents Online

Using a computer is a good way to connect and get to know each other's interest and even discover things that you have in common with your grandchildren. You can play games, watch home movies, send photos to family and friends, research school projects, etc. Here are some ideas for using a computer:

E-mail

Sending quick messages a few times a week will help keep family members stay in touch. It does not have to be lengthy letters, but just little notes that say, "I was thinking about you today or Good Luck on your exam".

Instant Messaging

Kids spend a lot of time instant messaging each other, so why not add the grandparents to the list? It is very easy to get them set up, and once they are up and going, it will be fun to "talk" when there is time.

Sharing Photos

Computers make it so easy to share photo albums online. Just be aware that before you sign up with a place that you will have a protected password so your photos will only be shared with those that you intend for them to be shared with.

Playing Games

Remember those nights staying up and playing games? Places like itsyourturn.com let you sign in and play only with the person you choose. It is free to join, and they offer lots of different games to play, like Checkers, Backgammon, Battleship, Othello, and many more.

Start Blogging

Grandparents and kids who want to keep in touch with multiple family members may find building a blog the perfect solution. You can post messages and encourage all family members to respond with messages. Some good websites for setting up a blog are [Connected Family](http://ConnectedFamily.com) and Multiply.com. Get your aunts, uncles, and cousins in on it, too!

Keep the bonds with your loved ones strong through online activities. They are lots of fun!

Computer Pornography Prevention Plan: Help For Grandparents

1. Keep all forms of inappropriate material out of your home, including images on magazines, videos, CDs, etc.
2. Place the computer in an open, supervised area of your home.
3. Install a filter on your internet, realizing that the Internet still needs supervision.
4. Learn enough about your computer so you can see what sites have been visited.
5. Check your filter's history often.
6. "Ask" your grandchildren what they have seen. Be calm and non-accusing as they share. Maintain a good relationship so you can talk about these issues.
7. Check every disk that comes into your home. A "friend" might have given your children pornography.
8. Talk to your child about the guilt he/she will feel if they accidentally pull up a porn site.
9. Monitor movies, television, videos and video games. Repeated exposure to "one bad scene" accumulates and desensitizes.
10. Warn children to stay out of chat rooms, out of newsgroups, and off instant messages.
11. Recognize that girls as well as guys are getting involved with pornography.
12. Have rules.

Teach children/youth the deceptiveness of advertising.

13. Know that just because your grandchild is protected in your home, he is not protected in the community.
14. Be an example of clean living in your home. Your choice of recreation and the way you treat one another as a couple will influence your children.

Know that politely speaking up whenever you see something in a store that offends you DOES make a difference. Silence means acceptance. One storeowner said that if six or eight people mention something at the service desk in a two-week period of time, he responds. That is the key. As neighbors, chose a store and work together. Ask, "Would you please cover or remove the magazines (or anything else) that is inappropriate for children? If it is hard for you to verbalize this, write it on the back of your sales slip and just hand it to someone at the service desk. If inappropriate things are covered, take time at the service desk to say thank you. It is difficult for manager to keep the covers on and your mentioning it will help them know that this is important in this community.

Know the Warning Signs of a Child Who is Involved
(It is easier to solve a small problem than a big one.)

Most of us have been desensitized to one degree or another. Below are indicators that usually accompany exposure to pornography:

1. Your child spends large amounts of time online, especially at night.
2. Your child turns the computer monitor off or quickly changes the screen on the monitor when you come into the room.
3. Your teen locks the door when working on the computer.
4. You catch some lying about computer use (a child/teen that is usually totally honest will often lie about pornography.)
5. A teen/child isolates from his friends, is depressed and leaves formerly enjoyed pursuits. He becomes withdrawn from the family.
6. You find pornography on your child's computer
7. When you check sites your child has visited, they are all erased.
8. Picture files are checked and are inappropriate.
9. A teen or child will change his thinking. Things that he formerly thought were bad won't seem so bad anymore. He will think you have a problem.
10. Tolerance for bad movies will change.
11. Dating patterns may change and appropriateness become much more liberal.
12. A high phone bill with unfamiliar numbers is a good indicator that there is a problem.
13. Your child is using an online account belonging to someone else.
14. Time in chat rooms is usually a problem.
15. Your child receives phone calls from people you don't know or he is making calls to people you don't know. HE might also receive gifts or packages.
16. Your teen won't talk about what is bothering him/her.
17. Know that the higher your child's IQ is, the more quickly he can become addicted to pornography.
18. E-mail teasers are hard for some youth to resist. They have been carefully worded to lure youth into pornography.

Computer-Obsessed Teens: The Dangers

When does a teenager's use of computers and the internet stop being fun, and start being cause for concern?

It's a good idea to check out what he is doing, so ask him. It's just possible that it is something highly educational!...

Is it unsuitable for my teen?

Unfortunately, there is a lot of unsuitable material on the Internet. If you don't want your teen learning how to make a bomb or viewing pornography, do not allow totally unsupervised access to the Internet. Buy software to screen offensive material and make sure he understands basic rules for chat rooms.

'We don't talk much any more...'

With teenagers, it's often a case of taking advantage of the occasions when you are all together. Between school and peer group, there is often little room left for the family. Make room; try to make sure that you eat together as a family. Don't let him rush his food in silence; encourage him to chat.

Is schoolwork suffering?

If you think he is neglecting his schoolwork because he spends too much time on his computer, talk to him about it. Get him to agree how much time his homework should take - most schools give guidelines on this and get a commitment not to rush his homework just so that he can access the computer.

As always with teenagers, the most effective way to get agreement is by discussion where both sides listen and give their viewpoint. Avoid bossing, lecturing.

Computer Terms

Bandwidth in computer networking refers to the data speed supported by a network connection. It is most often expressed in terms of bits per second (bps) or megabits per second (Mbps). The term represents the total distance between the highest and lowest signals on the communication channel (band).

Blog is a frequent, chronological publication of personal thoughts and web links. Blogs are short for weblogs.

Broadband is usually used to describe any high speed connection to the internet.

Browser is a program that you install on your computer to access the Web. The browser reads Web pages and interprets the commands they include to produce a visually appealing page on your screen. Netscape is the most popular of the graphic browser programs. The two main Web browsers are Netscape Navigator and Microsoft Internet Explorer. Both are currently available for free.

Cable Modem is designed to operate over cable TV lines. Because the coaxial cable used by cable TV provides much greater bandwidth than telephone lines, a cable modem can be used to achieve extremely fast access to the World Wide Web.

Central Processing Unit (CPU) or often simply called a processor, is the component in a computer that interprets instructions and processes data contained in computer programs.

Dial-up refers to connecting a device to a network via a modem and a public telephone network. Dial-up access is really just like a phone connection, except that the parties at the two ends are computer devices rather than people. Because dial-up access uses normal telephone lines, the quality of the connection is not always good and data rates are limited.

Digital Subscriber Line (DSL) is a technology for bringing high-bandwidth information to homes and businesses over ordinary copper telephone lines.

Downloading is the process of copying a file from an Internet site to the hard drive of a personal computer.

E-mail is short for electronic mail. A way to correspond with someone else on the Internet who also has an e-mail connection. You can communicate locally, within the United States or throughout the world, all without paying for stamps or a telephone bill. Netscape Navigator and Microsoft Internet Explorer have a built-in e-mail program or you can use commercial programs such as Eudora or Pine.

Email virus will use an email message as transportation, and will copy itself by automatically mailing itself to hundreds of people in the victim's address book.

Encryption is a way of coding the information in a file or email so that if it is read by a third party as it travels over a network it cannot be read. Only the persons sending and receiving the information have the key and this makes it unreadable to anyone except the intended persons.

FAQ (frequently asked questions) - there are many FAQ files available for almost every subject that you might find on the Internet. Going to the site's FAQ files is the best place to start to find answers to your questions.

Firewall is a system that prevents unauthorized access to or from a private network. Firewalls can be hardware or software, or a combination of both.

Font is design for a set of characters. A font is the combination of typeface and other qualities, such as size and spacing. The term font is often used incorrectly as a synonym for typeface. The font you're currently looking at is called Arial.

FTP (file transfer protocol): A fast way of uploading or downloading files on the Internet. Web browsers can perform basic FTP downloads, but dedicated FTP programs do it better.

Hacker is a clever programmer that accesses other computers and usually does some damage.

Hard Drive/Hard Disk is the most commonly used computer storage device which reads and writes one or more spinning disks. Hard drives are the storage medium in desktop and laptop computers.

Home page is a location (or page) on the Web that contains information and/or links that take you to other related sites. The home page tells you what is available at that Web site. A well-designed home page gives you attractive graphics and easy-to-read information about their project while often supplying you with links to other interesting sites on the Internet.

HTML (HyperText Markup Language) is the programming language or code in which every page on the Internet is written. Originally, home pages had to be created by programmers who knew how to use HTML. Now easy-to-use software programs help users design Internet Web sites and automatically create the HTML tags for the sites.

Icon is a tiny picture on the screen that represents a program, file or folder.

Internet is a global network of computer networks that contains a huge collection of information from various universities, governments, businesses, libraries, museums, private individuals, etc. All of these sites are linked together by an international network of computers that speak the same language (HTML), and are able to communicate with each other. When you connect to the Internet, your computer becomes part of this worldwide network of computers. On the Internet, you can exchange electronic mail, access and participate in discussion forums, search databases, purchase the latest gadget, share information about your hobby, and so forth. No one owns the Internet and no one controls it. The backbone of the Internet connects supercomputers in major cities all around the world.

Internet Protocol (IP) Address is a string of four numbers separated by periods (such as 192.168.211.100) used to represent a computer on the Internet.

Internet Service Provider (ISP) is a company, university or institution that sells or provides you with access to their server so that your computer can access the Internet. ISP's connect to this backbone through their own lines, and provide your computer with a connection through the telephone line.

Java is a powerful Web page programming language that allows programmers to add basic animation and other automated tasks. Java can run on any platform (Mac or PC).

Links (hypertext links) are the colored (usually blue) or underlined words or images or graphics that automatically connects you to another Web page when you click on it with your mouse. Links can be made from either text or graphics.

Mailing lists are subject-based forums where you can communicate with others with a similar interest by e-mail. You send your e-mail to a central point and then you receive all the messages that have been sent to that list.

Megapixel or a million pixels - picture elements - or tiny dots that make up a digital image. It is a measure commonly used to describe the image quality that a digital camera is capable of - the more megapixels, the better.

Modem (modulator/demodulator): the hardware that allows your computer to communicate with another computer through the telephone lines.

Newsgroups - Public discussion groups where people can read messages posted by others and contribute their own. There are thousands of newsgroups on the Internet, covering many different subjects.

Phishing is email fraud where the perpetrator sends out legitimate looking emails that appear to come from trustworthy web sites in an attempt to gather personal and financial information from the recipient.

Plug-in: Software that enhances the capabilities of your Web browser to enable it to do things like play animations, video clips and/or sound.

Portal is a web site that the user sets up as an entrance to other sites on the internet. A portal typically has search engines, email, news, etc.

Public domain: If something on the Internet is in the public domain, you should be able to use it without infringing on the copyright.

Random Access Memory (RAM) is the best known form of computer memory. RAM is considered "Random Access" because you can access any memory cell directly. RAM is **volatile** memory -- its contents are lost as soon as power to the computer is turned off.

Read Only Memory (ROM) is memory that holds all the basic instructions the computer needs to do very simple stuff, such as making the letter "X" appear on the monitor when you press the "X" key. This memory cannot be changed, so losing power does not affect it.

Search engines: Tools to search the World Wide Web to find specific information that is needed. Search engines scan the Web, based on keywords that are entered, and provide users with direct hyperlinks to the sites discovered. Some of the more popular search engines are Yahoo, Excite, Lycos and Infoseek. They can be activated by using the Net Search button while in Netscape or the Search button in Microsoft's Internet Explorer.

Server is a central computer system that provides client stations with access to files as shared resources to a computer network. Web sites are stored on Web servers.

Shareware/Freeware: Many software programs are available on the Internet as shareware (try before you buy), or freeware (free use by anyone). Later we will discuss several excellent health-related shareware and freeware programs.

Software provides operating instructions for specific task based applications. The computer processors (CPU) carry out these instructions. These include all packaged programs like word processing, image editing, databases, games, and so on. Software has to be written for a specific computer operating system (OS) like Windows, Apple or Linux.

Spam is an inappropriate attempt to use email as if it was a broadcast medium by sending the same message to many people who didn't ask for it.

Spreadsheet is a computer program that lets the user enter numbers or text into a table with rows and columns. These numbers can be manipulated using formulas.

Spyware is computer software that collects personal information about users without their informed consent. The term is often used interchangeably with adware and malware. Personal information is secretly recorded with techniques such as logging keystrokes, recording browsing history, and scanning documents on the computer's hard disk. Some spyware attempts to track the web sites a user visits and then send this information to an advertising agency. More malicious variants attempt to intercept passwords or credit card numbers as a user enters them into a web form or other applications.

Uploading is moving or copying a file from a local computer to a remote network or Web server.

URL (uniform resource locator): This is the generic term for the addresses on the World Wide Web or Internet. All Web site addresses start with http:// The rest of the URL will include the DNS or Domain Name System which is the unique identification of that site.

USB or Universal Serial Bus is used to connect many types of peripherals to a computer including joysticks, mice, keyboards, printers, scanners and external CD-R/RW, DVD-R/RW recorders. Computers do not have to be rebooted when a USB device is attached because these devices are automatically recognized by the system. USB version 2.0 is

the latest version allowing improved performance. Most modern PCs come equipped with several USB connections.

Virus is a software program capable of reproducing itself and usually capable of causing great harm to files or other programs on the same computer.

Web space: The space on a Web server that is allocated for hosting a Web site.

Word Processor is a computer program designed to replace the typewriter. A word processor can create, edit, print, and store documents.

World Wide Web (WWW or "The Web"): The Web is an easy-to-use-program that runs on top of the Internet, making many of the sites accessible through hyperlinks and other tools. Many of the sites on the Internet are organized so that they can be easily found on the Web by the search engines mentioned below.

Worm is software that uses computer networks and security flaws to create copies of itself. It replicates itself to new computers using the flaws and then begins scanning and replicating again.