

ZIPS

Zero to age 21: **I**nformation **P**romoting **S**uccess
for Public Health Professionals working with Kansas Kids



Special Points of Interest:

- WebMCH System Pilot Site Visits
- Enforcement of Booster Seat Law Begins July 1
- Free Vision Screening Program SEE TO LEARN® Identify Vision Problem In Preschool Age Children
- eLearning Opportunities for Kansas Public Health, Social Service Professionals, and Public
- The Balancing Act, Fostering Healthy Families

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Child Abuse Reporting: Revised Kansas Code for Care of Children

In January, the Kansas Code for Care of Children was revised. The revised code is found in the 2006 House Bill 2352 creating amendments to some statutes and repealing others. The entire house bill can be viewed at www.kslegislature.org/bills/2006/2352.pdf.

This document includes Kansas statutes related to reporting of child abuse and neglect. Of particular interest to public health practitioners and other mandated reporters are the following statutes contained within the code:

- **38-2201.** Citation; construction of code; policy of state.
- **38-2222.** Public information and educational program; reporting of suspected abuse or neglect.
- **38-2223.** Reporting of certain abuse or neglect of children; persons reporting; reports, made to whom; penalties; immunity from liability.
- **38-2224.** Same; employer prohibited from imposing sanctions on employee making report or cooperating in investigation; penalty.



- **38-2225.** Same; reporting of certain abuse or neglect of children in institutions operated by the Secretary; rules and regulations.
- **38-2226.** Investigation of reports; coordination between agencies.
- **38-2227.** Child advocacy centers.

To access the content of the aforementioned statutes, go to the Kansas Legislature site www.kslegislature.org/legsrv-statutes/toc.do and type in the six-digit statute number and click on "get statute."

An additional resource for reporting child abuse, *Guidelines for Reporting Child Abuse and Neglect in Kansas*, a publication of the Kansas Children's Service League and the

Kansas Department of Social and Rehabilitation Services, can be downloaded at www.srskansas.org/CFS/Child%20Abuse%20Reprting%20Guide.pdf

Image source http://news.bbc.co.uk/olmedia/900000/images/904658_abuse300.jpg



PERINATAL HEALTH

Joe Kotsch, Perinatal Consultant



WebMCH System Pilot Site Visits

The new WebMCH data system is up and running in a total of five counties in their local health departments. The WebMCH data system is a Web-based data entry module that is one part of the larger WebIZ data repository. In addition, the WebMCH data system collects information that is derived from MCH service encounters that occur primarily in local health departments. MCH visits include immunizations, well and sick child visits, Kan Be Healthy exams and other child health assessments, prenatal and postnatal visits of mothers and infants, and Healthy Start outreach and family support home visits.



MCH program staff visited all five local pilot sites using the WebMCH data system trying to elicit opinions, of their experiences with WebMCH. In addition, MCH program staff used these visits as reminders of how the system is designed to benefit each facility. For example, each facility was edu-

cated on how to use the report function to track various data points.

Most of the comments provided by the local health departments were positive and very constructive in nature and those participating felt that this was time well spent in helping to improve the data system from a user standpoint. Some stated that WebMCH made their lives easier by getting away from filling out so much paperwork by being able to access everything on their computer. However, some felt compelled to continue to document on paper and the computer creating a situation of double entry for staff due to time constraints during appointments as well as issues related to computer access within their agency. Overall, the WebMCH site visits were positive learning experiences for all involved. Stay tuned for further WebMCH updates.

Infant Mortality Rate and Kansas



According to a recent release from the National Center for Health Statistics, the overall infant mortality rate for the U.S. has remained fairly stable. The infant mortality rates compared were for the years 1999-2004. Kansas' infant mortality rate for 1999-2004 also reflected the national trend with a range of 6.7-7.3. Further, in Kansas from 1999-2003, non-Hispanic blacks had a 2.5 times greater chance of experiencing infant mortality (15.8 per 1,000 live births) than that of non-Hispanic whites (6.3 per 1,000 live births). This disparity is a national trend as well. The report goes on to say that almost half of the infant deaths to non-Hispanic blacks were due to preterm-related causes of death. Finally, the report noted in 2004, the preterm-related infant mortality rate for non-Hispanic black mothers was higher than

the infant mortality rate for all causes for non-Hispanic white, Mexican, and Asian or Pacific Islander women.

The message seems all too clear. One of the most cost-effective ways of both lowering the infant mortality rate in Kansas and elsewhere is to teach women (especially those who are non-Hispanic blacks) the signs and symptoms of preterm labor. Further, these women have a need for access to affordable, quality and culturally appropriate and sensitive healthcare www.minorityhealthks.org/. In order to access fact sheets on the signs and symptoms of preterm labor go to: www.marchofdimes.com/prematurity/21239_5809.asp





CHILD HEALTH

Brenda Nickel, Child Health Consultant



Booster Seat Law Enforcement of KSA 8-1344 Begins July 1



Safe Kids Kansas is reminding parents that a change in the enforcement of the Kansas booster seat law takes effect on July 1 when warnings for violations of the booster seat law will be replaced by citations carrying a fine of \$60 plus court costs. Motorists are required to properly restrain children ages four through seven in a booster seat, unless the child weighs more than 80 pounds or is taller than four feet nine inches. A Web site, www.kansasboosterseat.org was launched in June 2006 with 9,176 visitors to date accessing information regarding the law, best practice recommendations, and frequently asked questions.

According to *Safe Kids Kansas*, 21,421 child safety seats and booster seats have been distributed to low-income families through the Safe Kids program. Within local communities, several local health departments have staff that has received training to serve as Child Passenger Safety (CPS) technician for car seat installation and inspection of installed car seats. Currently, there are 614 CPS technicians and 29 CPS technician inspectors that have been nationally certified in Kansas.

“Belt-positioning booster seats help protect children who are too big for child seats but too physically immature to use an adult seat belt,” said Jan Stegelman, *Safe Kids Kansas* coordinator. A belt-positioning booster seat raises the child up so that the seat belt fits the child’s body. Because children in booster seats use the adult seat belt, no installation of the seat is required. “A belt-positioning

booster seat not only makes a child safer, but also makes the safety belt fit better and feel better to the child,” said Stegelman.

The American Academy of Pediatrics Web site offers a parent resource guide called *Car Safety Seats: A Guide for Families 2007* that provides parents with specific information regarding appropriate car seats for their child www.aap.org/family/carseatguide.htm

Booster seats that meet federal safety standards and fit children from 40 to 80 pounds are readily available for \$12-\$30 at local retailers around the state. In fact, all currently manufactured combination child safety seats will convert to a belt-positioning booster seat, so in many cases, a new seat is not even needed. *Safe Kids Kansas* and local community groups will continue to work with retailers to assure that adequate supplies of reasonably priced booster seats are available to Kansas’s parents.

“The law enforcement community and the Kansas Highway Patrol are dedicated to the safety of all Kansas children,” said Colonel William Seck, Superintendent of the Kansas Highway Patrol. “We will be aggressively enforcing the booster seat law, as we do all provisions of Kansas’ child passenger safety laws.”

The lead agency for *Safe Kids Kansas* is the Kansas Department of Health and Environment. For more information visit www.kansassafekids.org.





ADOLESCENT HEALTH

Jane Stueve, Adolescent Health Consultant
Pamela Combes, Abstinence Education Consultant



Body Art -- An Increasingly Common Practice

A belief in one's own uniqueness can be expressed through body art. Teens may engage in body art for a number of reasons, including a desire for social bonding. Adolescents, in a period of identity formation, may engage in art that allows them to look like their peer group or commemorate a friend or loved one with their art. About 14.8 percent of teens have a tattoo and are 16.8 years old at the time of tattooing. Tattoos have been around throughout history. They have been found on mummified bodies as early as 3300 B.C.

A tattoo is a puncture wound made deep in your skin that is filled with ink usually creating a design. What makes tattoos last so long is that the ink is injected into the dermis, where cells do not shed and are very stable. Most tattoo shops use a hand held electric tattoo machine that uses a tube and needle system. On one end is the sterilized needle, which is attached to tubes that contain ink. A foot switch is used to turn on the machine, which moves the needle in and out while driving the ink about 1/8 inch (about three millimeters) into the skin until the desired design is achieved. Depending on pain level, the tattoo may feel like a tingling to being stung by a hornet multiple times.

If your child or you are thinking about getting a tat-



too, keep safety in mind. Since a tattoo is a wound, it is at risk for infections and disease. Make sure first that your immunizations (hepatitis and tetanus) are up to date. Plan where you'll get medical care if your tattoo becomes infected (signs of infection include excessive redness or tenderness around the tattoo, prolonged bleeding, pus, or changes in your skin color around the tattoo). If you have a medical problem such as heart disease, allergies, diabetes, skin disorders, a condition that affects your immune system, infections or if you are pregnant, ask your doctor if there are any special concerns you should have or precautions you should take beforehand. It's very important to make sure the tattoo studio is clean and safe, and

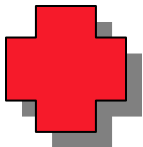
that all equipment used is disposable (in the case of needles, gloves, masks, etc.) and sterilized (everything else). Tattoos are governed under Kansas Statute 65-1946 and licensed by the State Board of Cosmetology. The regulations they must meet can be found in KAR 69-15-2. Look for the tattoo artist license. If the studio looks unclean, if anything looks out of the ordinary, or you feel in any way uncomfortable, find a better place to get the tattoo. Getting a tattoo is a big deal, do your homework finding a tattoo artist, especially because tattoos are designed to be permanent.

TEEN BRAINS: STILL UNDER CONSTRUCTION

Contrary to what most parents have thought at least once, "teens really do have brains," quipped Dr. Jay Giedd, an NIH research scientist, in a lecture on the "Teen Brain under Construction." Researchers are now beginning to understand the biological basis for their sometimes peculiar behavior.

Giedd, who studies brain development at NIH's National Institute of Mental Health, explained that scientists have only recently learned more about the path of brain growth. One finding showed that the frontal cortex area—which governs judgment, decision-making and impulse control—doesn't fully mature until around age 25. But why is that? "It must be behavior and impulse control," he said. "Whatever these changes are, the top bad things that happen to teens involve emotion and behavior." Medically, Giedd said, in terms of cancer, heart disease and other serious illnesses, people in their teens and early 20s are incredibly healthy. But with accidents as the leading cause of death in adolescents and suicide following close

behind, "this isn't a great time emotionally and psychologically. We call it the great paradox of adolescence: right at the time you should be on the top of your game, you're not." The next step in Giedd's research, he said, is to learn more about what influences brain growth, for good or bad. "Ultimately, we want to use these findings to treat illness and enhance development." Until then, parents need to know that the science shows they really can influence their children's brain development. "From imaging studies," Giedd said, "one thing that seems especially intriguing is this notion of modeling . . . that the brain is pretty adept at learning by example. As parents, we teach a lot when we don't even know we're teaching, just by showing how we treat our spouses, how we treat other people, what we talk about in the car on the way home. . . . Things that a parent says in the car can stick with them for years. They're listening," he said, "even though it may appear they're not." So, what can we do to change our kids? "Well, start with yourself in terms of what you show by example," Giedd advised.



PUBLIC HEALTH

Children and Families Section



eLearning Opportunities for Kansas Public Health Practitioners, Social Service Professionals, and the Public

Kansas's public health providers have a variety of learning needs, but often lack the resources to secure training in a timely or cost effective manner. The Kansas Children's Service League is trying to meet these diverse learning needs through offering of courses on-line that pertain to a variety of practice areas and settings and are designed to provide continuing education credit hours as well as meet professional licensing requirements.



Kansas Children's Service League's *eLearning* program is providing online professional development courses for a variety of professionals including child care providers, social workers, home visitors, foster and adoptive parents, nurses, educators, and head start employees who desire to increase their effectiveness in serving families and children.

Courses offered include:

- Child Abuse and Neglect Recognition and Reporting
- Cultural Competency

- Understanding Multiple Intelligences and Children's Learning Styles
- Creating Positive Settings for Children and Families
- Methamphetamine Safety Training
- Home Visitor Safety Training
- Strategies to Advocate for Needed Community Support of Adoptive Families: Training Curriculum for Adoptive Families
- Best Practices in Community Based Support of Adoptive Families: Training Curriculum for Professionals working with Adoptive Families
- Critical Issues of Methamphetamine

For full course descriptions and more information on schedules, costs, or to register, please visit www.kcsl.org and click on *eLearning*.

One Motivation is worth ten threats, two pressures and six reminders.

— Paul Sweeney

Extension Cords



As we all know, on some level of consciousness, extension cords are involved in a lot of fires we read about. Have you ever wondered why?

Bottom line is, read the fine print on the cords and strips, find the UL label, read the ratings of the device and what restrictions may be on the cord or strip regarding the load rating to be plugged in. Cheap cords frequently are NOT UL listed or have load ratings below the ampere ratings. Also, some have the polarity backwards which can be a safety and fire hazard. Compound that with a cord plugged to a cord, or running the cord under a rug (where heat is trapped) and presto, instant problem.

When buying a cord, find one that is UL label approved with 12 AWG wire. This cord is fatter and stiffer than the less expensive cord. The cord you buy should have a ground prong on the plug. Do not remove the ground, as it is to protect your family and you.

And lastly, never plug a 1500W space heater or 1500W hair dryer in the cheap cords and if at all possible never plug those items into any extension cord unless the wire is #12 and the cord is labeled to handle 1500W.



Ask Ken! ELECTRONIC SUBMISSION OF DATA & CVR'S

Q: Can I enter two cases in WebMCH for a client?

A: It is possible to enter two cases for a client, however this must NOT be done because the client will be counted twice.

Q: Should I close a case if I think a client will not be back for services?

A: NO, leave all cases open unless you know they will not be back because they died or moved.

Q: Is form 7 and 8 reporting properly?

A: At this time these forms are not operating properly.

Q: When I send in KIPHS data, should it be from 1/1/07 to the end of last month?

A: NO, it should be from 1/1/07 to the present date.



SCHOOL HEALTH

Brenda Nickel, Child Health Consultant
Jane Stueve, Adolescent Health Consultant



Free Vision Screening Program SEE TO LEARN® Identify Vision Problems In Preschool Age Children



Studies indicate that more than 20 percent of kindergarten children have vision problems, and this number climbs to between 30 and 40 percent by the time these children reach high school graduation. SEE TO LEARN® was developed to reduce these statistics, and optometrists from across the country are working together to make sure all children can see to learn.

Todd Fleischer, the Executive Director of the Kansas Optometric Association, is very enthusiastic about the "See to Learn" program that offers free, no-cost optometric screenings to kids three years of age across the state regardless of whether or not the family has insurance. Public health practitioners can assist in getting the message out to families by providing information about this program in their clinic settings, other health agencies in their communities, local businesses, schools, and child care settings.

Although some vision conditions have no symptoms, here are the warning signs of some potential problems:

- Frequent rubbing or blinking of the eyes
- Short attention span or daydreaming
- Poor reading
- Avoiding close work
- Frequent headaches
- A drop in scholastic or sports performance
- Covering one eye
- Tilting the head (when reading)
- Squinting one or both eyes
- Placing head close to book or desk when reading or writing
- Difficulty remembering, identifying and reproducing basic geometric forms
- Poor eye-hand coordination skills

To learn more about this program and order materials, visit the Eye Council's SEE TO LEARN® Web site at: www.seetolearn.com/

To locate a participating optometrist in your Kansas community, go to: www.seetolearn.com/member-list.html

Early Childhood Initiatives Being Explored by Kansas Partners with a Passion for Children and Families

Early childhood stakeholders from across the state have partnered to develop the Kansas Early Childhood Comprehensive Systems (KECCS) Plan. This plan builds on the extensive work of early childhood professionals and has resulted in the Kansas School Readiness Initiative, and the early childhood priorities of Governor Kathleen Sebelius and the Kansas Legislature. This plan serves as a roadmap to guide the provision of services to young children and families in Kansas with five targeted areas:

- Health Insurance and Medical Homes
- Mental Health and Social-Emotional Development
- Early Care and Education Services
- Parent Education
- Family Supports

In addition to the KECCS Plan, during the 2007 session, the Legislature passed Senate bill 384 that charges the legislature educational planning committee and the 2010 commission with exploring the status of the early childhood education system in the state. As part of an effort to de-

velop a comprehensive, coordinated system of early childhood education services, the planning committee and the 2010 commission will identify priorities and barriers, and make recommendations to improve the quality and accessibility of early childhood education services to children and families. By December 31 the legislative educational planning committee will submit a report with recommendations regarding the establishment of an Office of Early Childhood Education. The early childhood initiatives being discussed in venues of health, education, social and mental health, childcare and school settings, as well as among families in Kansas, can only positively affect the health and well-being of our children.

To get a quick overview of the KECCS Plan, visit:

www.keccs.org/~eccs/plan/overview/index.shtml

To view resources and information on the KECCS site, visit: www.keccs.org/~eccs/home/mission/index.shtml

To read Senate bill 384, click on the following link: www.kslegislature.org/bills/2008/384.pdf



EVENTS



RESOURCES

Kansas Spit Tobacco Summit "Smokeless Does Not Mean Harmless" will be held Wednesday, August 29 from 10:00 a.m. to 3:30 p.m. at the Kansas Cosmosphere, 1100 N. Plum, Hutchinson. Registration begins at 9:30 a.m. For more information go to www.tobaccofreekansas.org/home/spittobaccosummit.shtml

Tackling Underage Drinking in Your Community will be held on Thursday, July 19, at the Wichita Airport Hilton Executive Conference Center. The seminar is designed to provide current information regarding the risks and challenges of preventing underage drinking at the community level as well as suggestions for implementing positive change. The seminar is free of charge but registration is required and a limited number of seats are available. Register by calling Amy Boyles, 1-877-715-3377 or kddpp@ksna.net before July 16.

Training on Emergency Preparedness - The Kansas Association for the Medically Underserved (KAMU) urges clinicians to attend the "Emergency Preparedness & Emerging Infections in the Community" workshop at the Capitol Plaza Conference Center in Topeka, on July 25. Follow the link below to obtain the workshop brochure for event details and registration information. <http://krhis.kdhe.state.ks.us/olrh/website.nsf/MainFrameSet?OpenFrameSet&Frame=NotesView&Src=http://krhis.kdhe.state.ks.us/olrh/Notices.nsf/bf25ab0f47ba5dd785256499006b15a4/E11CE1A8CD0EE449862572F2005D48AF>

Hearing Screening Certification Level 1 Initial Training and Renewal is Aug. 23 - 24 in Lawrence. To access further information and a registration form, visit: <http://kuahec.kumc.edu/hearing.html>

Vision Screening and Assessment Training - Sept. 7 in Kansas City. To access further information and a registration form, visit: <http://kuahec.kumc.edu/vision.html>

2007 Kansas Chapter of the American Academy of Pediatrics Annual Fall Conference will be held Aug. 30-31 at the Marriott Hotel in Wichita. A brochure will be made available soon. If you would like more information, contact the KAAP Executive Director Chris Steege at 913-780-5649 or kansasaap@aol.com.



Home Visitor Training Junction City, July 10-12 & 18-19; Oakley, July 31-August 3

Kansas School Nurse Conference Wichita, July 16-20
Immunization: You Call the Shots -
Module 6: Hepatitis A (Web-based)

For other trainings offered see <http://ks.train.org>

If you can't be a good example -- then you'll just have to be a horrible warning.

-Catherine-

CDC Posts Questions and Answers on HPV The CDC has posted questions and answers about the safety and efficacy of Gardasil® , the human papillomavirus (HPV) vaccine, on the *National Center for Immunization and Respiratory Diseases* website. To access the site, go to www.cdc.gov/vaccines/vpd-vac/hpv/downloads/vac-faqs-vacsafe-efficacy.pdf

New Immunization Action Coalition "Questions and Answers" Sheets AC - The Immunization Action Coalition recently developed ready-to-print versions of some of the CDC-reviewed Q&A. The newly formatted Q&As present information on mumps, pertussis, and pneumococcal polysaccharide vaccine (PPV). To access "Mumps: Questions and Answers," go to: www.immunize.org/catg.d/p4211.pdf; "Pertussis: Questions and Answers," go to: www.immunize.org/catg.d/p4212.pdf; "PPV: Questions and Answers," go to: www.immunize.org/catg.d/p4213.pdf; "Hepatitis A: Questions and Answers," go to: www.immunize.org/catg.d/p4204.pdf; "Hepatitis B: Questions and Answers," go to: www.immunize.org/catg.d/p4205.pdf; "Measles: Questions and Answers," go to: www.immunize.org/catg.d/p4209.pdf; IAC's online disease/vaccine Q&A material for patients and parents, go to: www.vaccineinformation.org and click on the pertinent link(s).

New Consumer Health e-newsletter-Keeping up with the latest consumer health information from the U.S. Food and Drug Administration (FDA) just got easier. FDA announced two new initiatives to enhance online communications. A Web page, "Consumer Health Information for You and Your Family" (www.fda.gov/consumer), provides comprehensive and timely consumer information. A free monthly e-newsletter, "FDA Consumer Health Information" (www.fda.gov/consumer/consumernews.html), will alert consumers to content contained on the page.

Clean School Bus USA - The goal of Clean School Bus USA is to reduce both children's exposure to diesel exhaust and the amount of air pollution created by diesel school buses. New 2007 Clean School Bus USA funding available this summer through EPA's Regional Diesel Collaborative. Clean School Bus USA brings together partners from business, education, transportation, and public health organizations to work toward these goals: Encouraging policies and practices to eliminate unnecessary public school bus idling, upgrading buses that will remain in the fleet with better emission control technologies and/or fueling them with cleaner fuels and replacing the oldest buses in the fleet with new, less polluting buses.



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“Providing leadership to enhance the health of Kansas women and children through partnerships with families and communities.”

We hope this newsletter continues to be a useful resource for you. We encourage you to give us your comments, feedback and suggestions. Previous editions of ZIPS can be found at:

www.kdheks.gov/c-f/zips/

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Visit our Web site at www.kdheks.gov/c-f

The Balancing Act, Fostering Healthy Families

Is your family constantly on the go, meeting each other coming and going from one activity to another? Slow down, take control, and schedule family time to foster a well-balanced and all-around happier family. Here are a few tips:



- **Start with a family meeting.** Even young children can participate in a discussion that can be as general as asking what they would like to see happen in order to have a happier family. Ask about their activities, and their commitment to them. Take this time to ask about whether they have other pursuits they'd like to consider, desire more unstructured time, or whether they feel their life is just right as it is.
- **Pick a family night.** Designate one night a week as family time. It can be a movie night, game night, pizza or take-out night, entertainment night, or even a time to exercise together. The point is to be together in a quality fashion.
- **Encourage your child's friendships.** Sure your food bill may soar, but encourage children to bring their friends over, stay for dinner, and participate in family time. Time with friends in unstructured play helps to build relationships. For parents, having your children's friends come to your house means that not only do you know who your child is hanging out with, what he's doing and where he is at, but it helps to foster a greater level of understanding as to what makes your child tick.

- **Eat together.** You've heard this before, but child experts really emphasize that this simple act improves family time with members through conversation and togetherness. Research shows that eating meals as a family is one of the most important things you can do to stay connected, especially with older children and teens.

- **Share responsibilities.** Children really should be active contributors to the household. Get children involved with taking out the trash, setting the table, cooking meals, cleaning up after themselves, or other age appropriate responsibilities.
- **Set reasonable expectations for activity levels.** Balance is the key for happiness and overall family time quality. Consider a child's age and interests and be sure to weigh those against your own dreams for that child. Accept that your child may not share your passions or interests and find out what does make them excel.
- **Be realistic.** Many activities require an increasing amount of time and create financial burden. Consider transportation, practice conflicts, and missed games or competitions due to being only one place at a time. Be sure your family finances can afford activities such as all-star cheer, competitive dance, or select sports, which can require traveling, additional uniforms, and equipment purchases.