



# NewsLetter

Winter/Spring 2009

Philadelphia Interagency Coordinating Council:

A Collaboration of Families, Early Intervention Providers,  
& Early Childhood Community Agencies

## Information on The Inclusion Work Group

The Inclusion Work Group includes professionals from the Philadelphia early intervention programs, the Philadelphia Department of Maternal and Child Health, the South East Regional Key, Child Link, Therapy Solutions, Mental Retardation Services, Elwyn SEEDS, and The Children's Hospital of Philadelphia and parents.

The Inclusion Work Group invited 30 early care and education programs, identified by South East Regional Key (SERK) staff as interested in inclusion, to apply for free, on-site (PQAS accredited) professional development and consultation. Of the 30 programs in Philadelphia that expressed interest in applying for this collaborative, professional development program, 11 centers submitted applications for consideration. Five centers were selected based on the quality of their applications. These five centers will receive ten hours of training. The centers we chose to work with are:

- **Brightside Academy**  
North Philadelphia 3528 I Street
- **Building Blocks**  
LaSalle University, Box 409,
- **St. Mary's Nursery**  
West Philadelphia, 3916 Locust St.,
- **A Child's First Step**  
West Oak Lane, 5932 Ogontz Ave.
- **Reading Rainbow**  
North Philadelphia, 2632 Cecil B. Moore

We are excited to begin this collaborative venture in an effort to improve the quality of early care and education for all children.

Wendy L. Schmid, LCSW Chair of the PICC Inclusion Work Group

The Inclusion Work Group welcomes any parent that wishes to attend our meetings. For details or discussion, please contact the chair of this work group: Wendy L. Schmid LCSW (215)222-3708 or by e-mail at wendy\_schmid@elwyn.org.

## Medical Assistance Program for Children with Disabilities

Pennsylvania has a special Medical Assistance program for children with disabilities that determine eligibility on the basis of the child's disability – not the parents' income. This FREE Health Insurance Program has the broadest coverage of medical and mental health services of any insurance program. It can serve as your child's primary OR secondary insurance and can cover services rarely covered by employer provided insurance:

- **Shift Nursing (8 hours or more per day)**
- **In-home Personal Care Services**
- **Wraparound Services**
- **Diapers (after the age of 3 years)**
- **Nutritional Supplements**
- **Prescriptions**
- **Transportation to and from Medical Appointments**
- **Physical, Speech and/or Occupational Therapy**

In an effort to better serve families, Elwyn SEEDS has partnered with Public Citizens for Children and Youth (PCCY) to assist parents in the application process, at no charge. The goal of this partnership is to enroll as many eligible children as possible in this wonderful program. If you would like to enroll your preschool age child (3-5 years) in this program on your own, Elwyn SEEDS has developed a "Family Guide to Medical Assistance" that provides step-by-step instructions on the application process, as well as information about the documentation that you will need for the application.

For more information, please contact:

Missy Modesti, Elwyn SEEDS Social Worker at 215-823-5087 or PCCY Child Health Watch Helpline at 215-563-5848 extension 17.

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I would like to take this opportunity to discuss a moment of despair and one of the toughest times in my family's life. As a kid, I was told that when God cannot come Himself, He sends someone. Our story started when my son was late with his development and most elders said "you know boys start talking later than girls..." So we went along with that for a little bit. But, because we live in such an information driven age, we weren't going to settle. We needed answers. With a visit to a Developmental Pediatrician, we learned that my son had Autism Spectrum Disorder (ASD).

As new parents, we just didn't know what to do, who to turn to or what to expect. Eventually we found the help we needed, but were given the bare minimum. As I said, God kept sending His help and by building relationships. Through the help of therapists, we learned the ropes of how to effectively fight for early intervention services. Eventually, we were able to get one of the main therapies my son needed. You would think that if a child is not talking that the first therapist they would send is a speech therapist, not for us. We stumbled on Barbara (Speech Therapist, and Program Director of Therapy Solutions) and if I have to tell you all that she has done for us, not only as a therapist, but as our champion, this story would go on forever! With her efforts and experience, my son started using his words appropriately; and ironically, he now gets in trouble for talking too much in school.

My son is currently enrolled in a private school without an Individualized Education Plan (IEP) and is doing quite well. As vigilant parents, we are always on the lookout for issues and communication deficits, and still communicate with therapists that helped us along the way. Like any typical child, if our son acts out, we act immediately to rectify the issue. Life for us, like many parents, remains a work in progress.

A lot of people wonder how a kid with the ASD can be enrolled in a private school. Well, we learned that even schools treated kids "special," and unknowingly perpetuated a diagnosis. I have constantly asked myself, why do we have early intervention services? Isn't the purpose to get a child to be at a "normal" range? With this, we decided that our son was ready for pre-Kindergarten like anyone his age and, by golly, he was going to get a fair shake! He wasn't going to be treated differently because we don't treat him differently and these things start at home. E.g., if a kid with ASD clapped his/her hands, my son could not do so as that would have prevented him from being in a typical school. We always think ahead. By no means, did we live in denial regarding the diagnosis; we accepted the diagnosis for services but never accepted the diagnosis as a way of life for our child.

As a result of our stubbornness, he has travelled to many international destinations and is as curious and excited as any kid would be. He recently won a trophy at a soccer game. He engaged in a basketball clinic, and the lists goes on, but mostly, he is typical boy. So my story tonight is to never treat a child differently because of his/her physical or psychological prognosis. Challenge him/her and challenge the therapists, the doctors, or anyone else that comes in contact with your child. I urge professionals to sit with the parents/caregivers and find out what their expectations are for that child and take it one step at a time. I have to admit that today, we are still climbing and the picture that is emerging looks brighter and brighter each day. Isn't it wonderful when you can say "we did all that we could, no regrets!"? Isn't it wonderful to look into your kid's eyes and see his/her emotions whether happy or sad? This year, the President Elect slogan embodied what we have always thought... "YES WE CAN!"

-Sandy

**"Never treat a child differently because of his or her physical or psychological prognosis. Challenge him/her and challenge the therapists, the doctors, or anyone else that comes in contact with your child."**

You can further contact Sandy at [sandy\\_phillymom@yahoo.com](mailto:sandy_phillymom@yahoo.com)  
Parents - if you would like to tell your story for the newsletter contact  
Robin Wright or Jackie King at 215-382-3171. We would love to share your story!

**Remember, the goal of an advocate is to assist parents in achieving an appropriate education for their child.**

## **1. Good advocates facilitate the IEP process.**

Advocates must set an example for the entire IEP Team. They must be a role model of behavior for the parent. Challenging school experts, demeaning school staff, or being inconsiderate or impolite, will not advance the child's cause. Your goal is to get better school services for the child. Good advocates ask questions and make valuable suggestions to advocate for a child. It's okay to disagree, but not to put down or verbally attack someone.

## **2. Good advocates know the child and understand the disability.**

Do your homework before you attempt to advocate for the child. Research the child's disability. Be ready with ideas about instructional methods that are research-based and peer-reviewed. Meet the child and the family in the home environment. Put off making recommendations until you fully understand how the child's disability affects his or her life and education.

## **3. Good advocates try to reduce existing barriers between the parent and the school.**

Your goal is to bring the school and the parent closer to agreement. Good advocates explain to parents that negotiation is part of the IEP Team process – and a part of life! Pouring gasoline on a fire ensures that everyone gets burned and does not improve the child's lot.

## **4. Good advocates are willing to admit mistakes and to apologize.**

No one is perfect. We all make mistakes. Good advocates are not afraid to say they are sorry when they make a mistake. They may even write a note to everyone involved, apologizing and asking for forgiveness.

## **5. Good advocates hone their listening skills to a fine edge.**

You must learn to listen to everything that others say. Sometimes, what others do not say is most important. If you are not listening, you may not hear what others say and what they do not say. Good advocates repeat and paraphrase what they have heard to avoid misunderstandings. They ask others to verify that they understood correctly. Good advocates ask follow-up questions. They do not interrupt even when they are faced with rudeness and discourtesy.

## **6. Good advocates learn the art of negotiation.**

Remember the old saying, "You catch more flies with honey than you do with vinegar"? Learning to negotiate is not a sign of weakness or that the parent's position is not valid. Negotiation is an art that good advocates polish to a fine finish. Successful negotiations allow everyone to come out of the IEP Team Meeting feeling like winners. Brice Palmer, noted advocate from Vermont, says it best: "Good advocates learn to develop a language of persuasion rather than a language of positional combat."

## **7. Good advocates understand special and general education law and the interrelationship between these and other laws.**

The law is not a static entity. It changes every day through court decisions and other types of clarifications. Good advocates review special education law often. They know that answers to frequently asked special education questions may be found in other unrelated laws. For example, Department of Agriculture regulations address special dietary requirements for children. A State's Department of Health regulations may address classroom size, lighting, and window light. General education law may provide insight into class size and case load issues. The U.S. Justice Department provides guidance on bullying and harassment. Good advocates understand that school policies often omit the special needs of students with disabilities. School emergency plans may not address the needs of children in wheelchairs or children who are deaf or blind. Good advocates learn to research many different laws.

## **8. Good advocates know that understanding the law is different from quoting the law.**

Good advocates know the law but they understand that it is often ineffective and counterproductive to quote it. Pete Wright once said, "[A] parent should never quote law, even if they are an attorney, it simply polarizes relationships, instead seek 'help' in better understanding something best left to rocket scientists and lawyers." -- Pete Wright Deltaville, VA USA - Tuesday, March 02, 1999 at 20:55:35 (EST).

## **9. Good advocates understand the importance of ethical behavior in their practice.**

There is no Code of Ethics or Professional Responsibility for special education advocates. Advocates have nothing to look to for guidance and there is no governing body to oversee their practice. There are no penalties for advocates who act unprofessionally or unethically. This does not suggest that advocates should disregard ethics or engage in irresponsible behavior. Good advocates understand that the professional respect of the IEP Team is key to successfully assisting parents achieve an appropriate education for their child.

## **10. Good advocates treat others how they would like to be treated.**

No one likes surprises. Members of IEP Teams do not respect or trust advocates who drop bombshells. Taking the team by surprise is likely to backfire, especially if the team "captain" is a gatekeeper or is determined to be the one who runs the show. Making the IEP Team Meeting a battle of wits does not benefit the child nor facilitate the process for the parents.

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# Behavioral Support Tips

**Review each of the tips below and think about situations you have experienced that are similar to the provided examples. You will need to decide which strategies are likely to work best for your family. You might want to try one or two of the strategies at first and then add others as you become more comfortable with the process. Remember, the idea is to develop.**

## **Tip #1: Keep Expectations Realistic**

It is important for you to know and understand your child's abilities and limitations. When you expect too much or too little from your child it can lead to problems and frustrations for you both. You are in a restaurant with a group of friends. The waiter took your order over 30 minutes ago and your food still hasn't arrived. Two-year-old Simone is getting impatient, throwing her crayons and saying that she wants down. Instead of getting angry and frustrated with her for acting up, try taking her for a short walk to give her and others a needed break.

## **Tip #2: Plan Ahead**

Try to anticipate what your child may do or need in various situations. Make sure that you plan ahead to set your child up for a successful experience. Hope for the best, but plan for the worst. Always have a back-up plan! Your family is in the car headed to your mother's house for dinner. It is usually a short drive, but rush-hour traffic is snarled, it's 6:30 pm, and you're already 45 minutes late. Your three-year-old is screaming for food in the backseat. Luckily, you remembered to bring some snacks and a sippy cup of water to hold him over until you can make it home.

## **Tip #3: Clearly State Your Expectations in Advance**

Some undesirable behavior occurs because your child can't act differently, other times it occurs because your child simply doesn't want to act differently. Either way, it helps for you to remember that your child cannot read your mind. Be sure to give your child one clear instruction so that he knows what it is that you want him to do.

You are visiting at your sister's house and your daughter has been playing with her favorite cousin. Over the course of the afternoon, toys have been tossed aside and scattered throughout the room.

When you say, "Come on, Alicia, it's time to get ready to go!" She ignores you completely and continues to play. A better approach might be to say, "All right, time to get going. Alicia, let's start by putting the blocks in their box. I see it over there in the corner!"

## **Tip #4: Offer Limited, Reasonable Choices**

Most children are not born with the built-in ability to make decisions and then accept the consequences. In order for your child to learn to take personal responsibility, he/she will need plenty of support and practice.

You have just picked up your son at childcare and he doesn't want to get into his car seat. You sense a battle of the wills coming on. One way to avoid a struggle might be to say, "Zachary, the car won't start until you get buckled in your seat. Do you want to climb in yourself, or do you want Daddy to help?"

## **Tip #5: Use "When...Then" Statements**

A "when...then" statement is a simple instruction that tells your child what he or she must do in order to earn a desired consequence (what he/she wants to do). This is also known as a contingency. When using a contingency statement, be sure you: Give it a positive focus. State it only once. Set a reasonable time limit. Follow through. Are you prepared for your child's response- -it may be "NO"

It's a sunny day and your barefoot child has decided she wants to go out in the backyard and play. She starts outside and you stop her, saying, "No... put on your shoes." She throws a tantrum. Here's an alternative approach you might want to use next time: "When you put on your shoes, then you may go outside." You are not just saying "No." You are letting her know what needs to happen in order for her to reach her desired destination.

## **Tip #6: Catch Your Child Being Good**

Did you ever stop to think about how much time you spend telling your child what he should not do? Instead, try giving specific, positive attention to the behavior you want to see. This will teach your child what you want him to do and increase the likelihood that this behavior will occur again and again.

You are enjoying a remarkably calm family meal. Instead of waiting for your four-year-old to begin fidgeting, trying to leave, or stuffing green beans down his shirt, you look at him and exclaim, "Manuel, it makes Daddy so happy to see you eating your dinner like a big boy!"

## **Tip #7: Stay Calm**

When your child's behavior is unacceptable, you can choose to either respond to it or ignore it. If you decide that a reaction is required, keep in mind that the least response necessary is usually best. Reaction with a minimum of attention will reduce the risk of promoting the very behavior you wish to discourage. When you remain calm, it also gives you time to think about how you want to respond. Remember, you are modeling desired behavior for your child. The more out of control your child becomes, the more self-control you need to show. When you remain calm, the child learns appropriate ways to respond to difficult situations.

You are cleaning your house in preparation for your in-laws' annual visit. You go to the kitchen for just a moment and return to your family room to find that your two-year-old son has colored on a white wall with red and blue crayons. Your immediate reaction is to scream in horror. However, you think twice, take a deep breath and say, "Christopher, paper is for coloring, Mommy's walls are not," and buckle him in his high chair where he can continue to create his art on paper.

## The Early Autism Longitudinal Investigation (EARLI)

Lauren Clay, EARLI Study Outreach Coordinator

As the number of children diagnosed with Autism Spectrum Disorders (ASD) continues to rise, the causes of ASD remain a mystery. The Early Autism Risk Longitudinal Investigation (EARLI) study, an ambitious new national research study of ASD risk factors hopes to change that. The project is one of just eleven research efforts designated as Autism Center of Excellence by the National Institutes of Health. The EARLI study is based at the Drexel University School of Public Health and it will begin enrolling families from the Philadelphia metropolitan area this Spring. The project is unique in that it focuses on mothers of children with an ASD at the start of a subsequent pregnancy.

Researchers gather information from participating mothers throughout pregnancy, at delivery, and during the child's early years. It will also closely follow the development of the baby from birth to age three. By studying families who already have a child with an ASD and collecting comprehensive information about what the baby is exposed to during pregnancy and beyond, the EARLI study scientists believe they may be able to show how genetic susceptibility and environmental factors work together to cause ASD. The EARLI Study research team is led by Dr. Craig Newschaffer at Drexel and, in the Philadelphia area, involves Drs. Susan Levy and Jennifer Culhane from CHOP and Dr. Jennifer Pinto-Martin from the University of Pennsylvania School of Nursing.

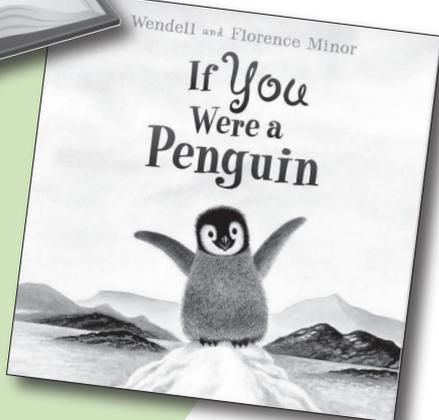
Mothers who have a child with an ASD diagnosis may be eligible for the EARLI Study when they become pregnant with another child. However, the EARLI study wants to hear from any mother of a child with ASD even if she's not pregnant.

Families participating in the EARLI Study will complete surveys and interviews, will have research staff visit them at their homes, and will make visits to the study clinic. The EARLI staff will work with busy families to make participation as easy as possible and the study can compensate for time and travel. In addition, the babies born to mothers participating in EARLI will receive developmental assessments at the Children's Hospital of Philadelphia's (CHOP) Center for Autism. Elwyn SEEDS is helping the Philadelphia-based EARLI study team reach out to families who could be eligible to participate in this landmark research. Families may receive letters about EARLI as well as see signs and brochures about the study. No identifying information from Elwyn SEEDS families will be given to the EARLI study staff. Elwyn SEEDS does strongly support the EARLI study.

For more information about this study, contact: Lauren Clay EARLI Study Outreach Coordinator Drexel University School of Public Health 877-821-0015 or 215-762-1806 EARLI@drexel.edu – www.EARLIStudy.org

## Book Corner

Did you know that there are at least eight different kinds of penguins?



Do you know how fast penguins swim? Learn more interesting fun facts by reading: *If You Were A Penguin* by Wendell and Florence Minor. This book has been chosen as the Pennsylvania One Book, Every Young Child 2009 Selection. The goal of this program is to raise awareness about the importance of reading with your child every day.

Visit [www.paonebook.org](http://www.paonebook.org) for past selections of Pennsylvania's One Book.

## Craft Corner



## Flower & Sunshine Masks

Source: [www.dltk-holidays.com](http://www.dltk-holidays.com)

### Materials:

- A paper plate or a circle of cardboard
- Construction paper (you can use any color for the flower, yellow & orange for sunshine)
- Glue
- Popsicle stick or unsharpened pencil

Celebrate the change of seasons with these cute masks that you can make as bright and vibrant as you like!

### Instructions:

1. Cut out petal shapes and triangles from the construction paper.
2. Decorate the shapes with markers, glitter, etc.
3. Have an adult cut out the center of the paper plate or circle of cardboard, so that the child's head becomes the center.
4. Paint the Popsicle stick green for the flower stem.
5. Glue the petals all the way around the edge of the circle.
6. Glue the triangles all the way around the edge of the circle with the orange ones just touching. Then glue the yellow ones so that they overlap the orange ones.
7. Glue on a Popsicle stick or unsharpened pencil as a handle. Add tape to reinforce the handle.
8. Hold the flower or sunshine up and peek through!

# Soothing the Stress

## **You are probably already an expert on stress.**

Juggling work, the kids, and getting dinner on the table, you probably know more about it than you ever wanted to.

## **Kids learn how to handle stress by watching you.**

When your kids see you stressing out, they may stress out too. They learn from the people around them. If you take a breath, have a stretch or laugh a little, your baby will see you coping with stress in a positive way, and your kids will learn positive ways to cope with stress from your example.

## **What is stress anyway?**

When you feel anxious or in danger, your body produce stress hormones, such as cortisol. These hormones cause physical changes in your body. You might get sweaty palms, experience rapid or shallow breathing, feel like your heart is pounding and experience loss (or increase) of appetite.

## **Stress isn't always a bad thing.**

In fact, healthy stress-called the "fight or flight" reaction-is essential for survival. Increased levels of stress hormones give us the energy to respond quickly and even calm down when coping with real emergencies. However, when we experience stress most of the time, health problems may occur.

## **Babies experience stress too!**

Babies experience stress when their needs are not met. They tend to cry when they are hungry, need to be changed or are getting too much or too little attention. Not attending to a crying baby can cause your baby to feel stress.

## **Babies need your help learning to calm down.**

Babies aren't born knowing how to handle stress because their brains are still developing. That's why babies need help from grownups in calming down. Research shows that babies whose cries are soothed quickly tend to cry less, not more. Don't worry-

responding to your baby's cries does not train him to cry just to get your attention.

## **Teaching young babies how to calm down helps as they grow up.**

You can't protect your baby from everything that causes stress. But you can soothe him. And that, in turn, teaches him how to soothe himself. This skill will help your baby throughout his life. Don't assume that letting a baby handle stress on his own, or crying it out, will make him a tougher or more resilient adult.

## **There are different ways to soothe a baby through stress.**

Every baby is unique. One baby may be soothed by warm baths, another may want to be cuddled, and another may want to be gently rocked. You can learn what works best for your child just by doing what comes naturally.

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## Family Fun Day... Coming May 16, 2009



The biggest PICC sponsored event of the year will be happening on Saturday, May 16, 2009 from 10am to 2pm at the Carousel House in Fairmount Park. Family Fun Day is a wonderful day for families! Families will once again have the opportunity to meet other families involved with Early Intervention, find community resources and enjoy some great entertainment and activities.

The entertainment and activities this year will include face painting, a moon bounce, live music, games, arts and crafts, and once again, the outdoor confetti pit and obstacle course. We will also have various foods and snacks available throughout the day!

Last year, more than 300 children and their families had a great time at Family Fun Day, and this year, we are looking forward to seeing even more of you on the 16th. A "Save the Date" flyer will be sent to all families involved in early intervention in March.

*If you would like to get involved or volunteer for Family Fun Day, please call 215-731-2464.*

## Behavioral Support Tips

- continued from page 4

### **Tip #8: Use Neutral Time**

Neutral time cannot be found in the middle of a difficult situation filled with strong feelings. Instead, neutral time is when everyone is calm enough to think and talk and listen. It's important to remember that neutral time can occur either before or after a child's unacceptable behavior occurs. You can talk about what happened earlier and talk about positive ways to handle problems in the future. The challenge is to identify neutral time and make use of these opportunities.

You are sitting on the sofa reading books with your daughter when you look at the clock and realize it is 7:30; bedtime is approaching fast. Getting Emma to brush her teeth each night has become more and more of a struggle. As you hold her on your lap you say, "Almost bedtime kiddo. Hey, tonight Mommy is going to brush her teeth at the same time you do; it'll be fun for us to do it together!"

*Center for Evidence-Based Practice: Young Children with Challenging Behavior*

## Fitness and Your 2- to 3 year-old



You may not think of “fitness” in terms of young kids and toddlers, but in the first few years of life, you can start laying the groundwork for your child to lead an active lifestyle down the road.

Two and three year olds are learning to master basic movements like walking, running, kicking, and throwing. Kids this age are naturally active, so give your child lots of opportunities to practice and build on these skills. By encouraging your child to engage in active play, you are helping your child to be physically fit now in the future.

How much is enough? Even at this young there are activity guidelines. According to the National Association of Sports and Physical Education, everyday toddlers should:

- Get at least 30 minutes of structured physical activity (adult-led)
- Get at least 60 minutes unstructured physical activity (free play)
- Not be inactive for more than one hour at a time (except for sleeping)

### What is My Child Doing?

When you’re thinking of getting your toddler active, it’s important to understand what your child can do and what skills are appropriate for this age. By age 2, toddlers should be able to walk, run, and jump in place with both feet. By age 3, most kids can run and jump well. In addition, your child will learn to balance briefly on one foot, climb well, kick the ball forward, throw the ball overhand, and pedal a tricycle.

Keep these skills in mind when trying to encourage your child to be active. Play games together and provide age-appropriate active toys, such as balls, push and pull toys and riding vehicles.

There are a number of mommy-and-me programs to introduce toddlers to tumbling, dance and general movement. But you don’t have to enroll a child into a formal program to foster the development of these skills. The most important thing is that you encourage your child to be active by providing as many opportunities as possible for your child to be active in a safe environment.

### Family Fitness Tips

Walking, playing, exploring your backyard or using playground equipment at a local park can be fun for the entire family.

There are also many games that you can play with your child that will provide opportunities for fun and fitness for you and your young child:

- Walk like a penguin, hop like a frog, or imitate other animals’ movements.
- Sit facing each other and hold hands. Rock back and forth and sing the song “row, row, row your boat.”
- Bend at the waist and touch the ground. Walk your hands like a caterpillar.
- Sit on the ground and let your child step over your legs, or make a bridge with your body and let your child crawl under.
- Play follow the leader, “Ring around the rosy” and other similar games.
- Listen to music and dance together.

The possibilities are endless-try to come with your own active ideas, or follow your child’s lead. Also, limit the amount of time your child spends watching TV (including DVDS and videos) and using the computer.

### I’m Concerned About My Child’s Fitness

If your toddler refuses to play or interact with peers, or if your child complains of pain during play, it’s a good idea to talk with your child’s doctor.

Kids who are active at a young age tend to stay active throughout their lives. And staying fit can improve self-esteem, help maintain a healthy weight, and decrease the risk of serious illnesses, such as high blood pressure, diabetes and heart disease.

Update and reviewed by:  
Mary L. Gavin, MD

Date reviewed:  
June 2005

Originally reviewed by:  
Steven Dowshen, MD

This information was provided by KidsHealth, one of the largest resources online for medically reviewed health information written for parents, kids and teens. For more articles like this one, visit [www.kidsHealth.org](http://www.kidsHealth.org) or [www.TeensHealth.org](http://www.TeensHealth.org).

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PICC News  
c/o PHMC ChildLink  
260 S. Broad Street, 18th Floor  
Philadelphia, PA 19102



*Save the Date!*

**FAMILY FUN DAY**

**May 16, 10 am to 2 pm  
at the Carousel House in Fairmount Park**