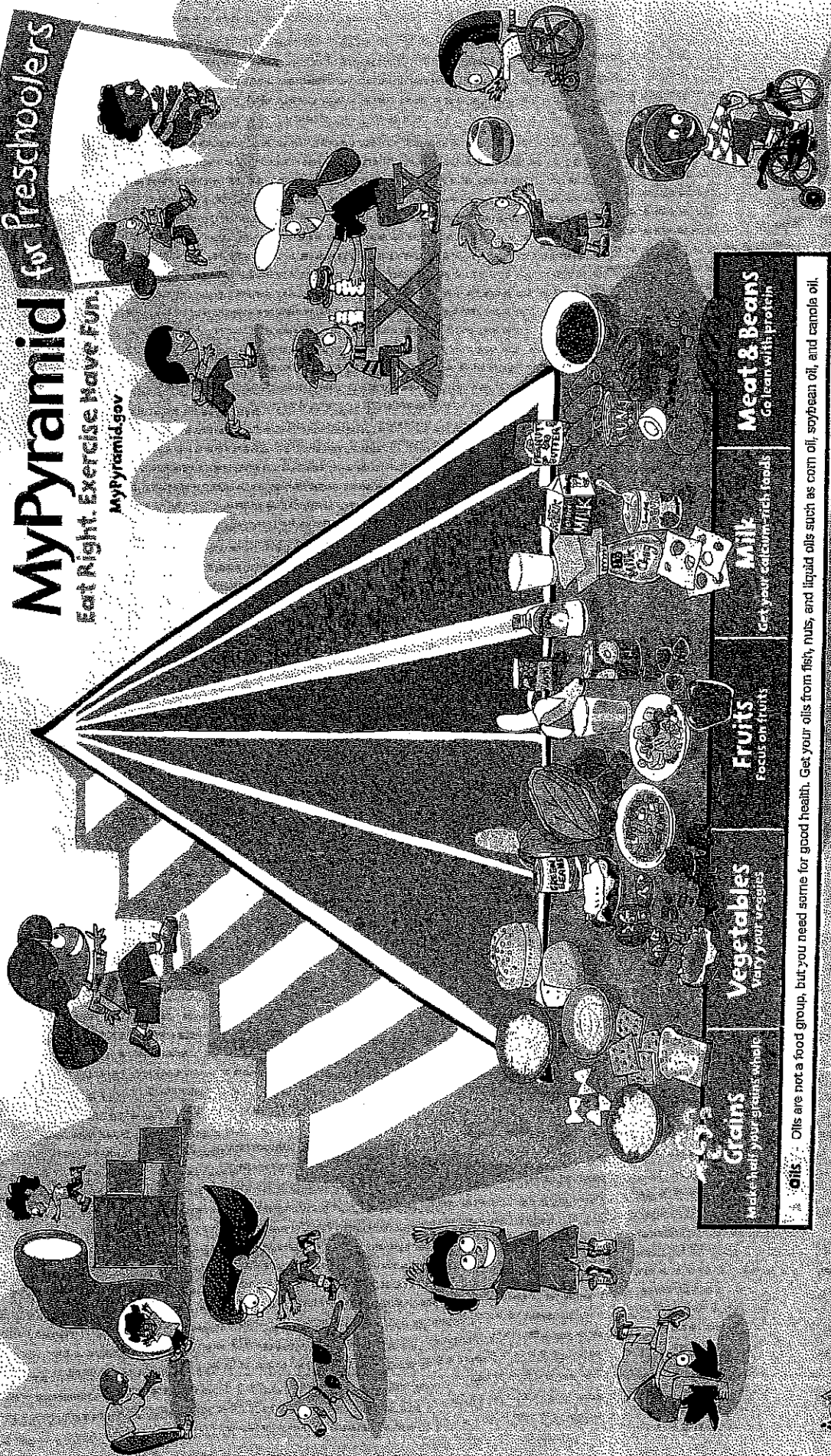


MyPyramid for Preschoolers

Eat Right. Exercise Have Fun.
MyPyramid.gov



Grains
Make healthy choices every day.

Vegetables
Vary your colors.

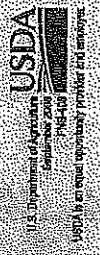
Fruits
Focus on fruits.

Milk
Get your calcium-rich foods.

Meat & Beans
Go lean with protein.

Oils: Oils are not a food group, but you need some for good health. Get your oils from fish, nuts, and liquid oils such as corn oil, soybean oil, and canola oil.

★ Find your balance between food and fun ★ **Follow the lines—know your limits**



Pointers to Help Your Preschooler



Develop Healthy Habits

They Take Their Lead From You. Make Healthy Choices and Your Kids Will Too.

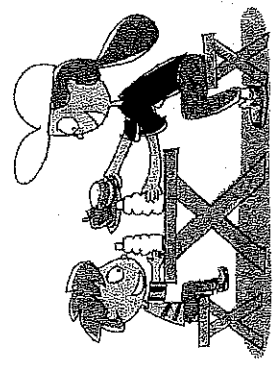
Eat together whenever possible. Let your kids see you enjoying fruits, vegetables, and whole grains at meals and snacks at home and on the go.

Cook together. Kids love helping in the kitchen. They'll learn skills they'll use for life.

Help Them Try New Foods.

Sometimes new foods take time. Kids don't always take to new foods right away. Offer new foods many times. Give them a small taste at first and be patient with them.

Offer only one new food at a time. Serve something that you know your child likes along with the new food. Offering too many new foods all at once could be overwhelming.



Ficky Eating is Temporary.

Patience works better than pressure. Let your child choose how much to eat. Kids are more likely to enjoy a food when eating it is their own choice.

Offer choices. Rather than ask "Do you want broccoli for dinner?" ask "Which would you like for dinner: broccoli or cauliflower?"

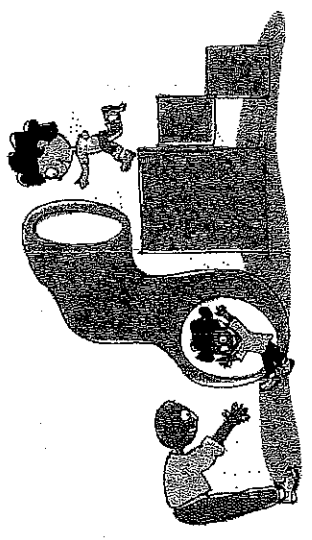
Play Actively Everyday.

Make play time a family time. Make physical activity fun for the whole family. It includes anything that gets your child moving both inside and outside the house. Walk, run, and play with your child rather than sitting on the sidelines.

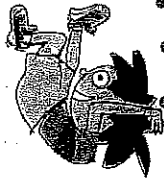
Focus on fun not performance. Not all children are athletes. But all can make activity a lifetime habit.



For more great pointers on these and other subjects go to:
mypyramid.gov/preschoolers/



Pointers to Help Your Preschooler



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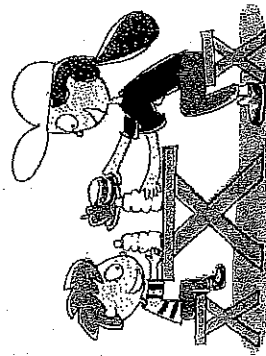
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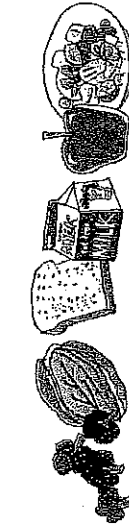
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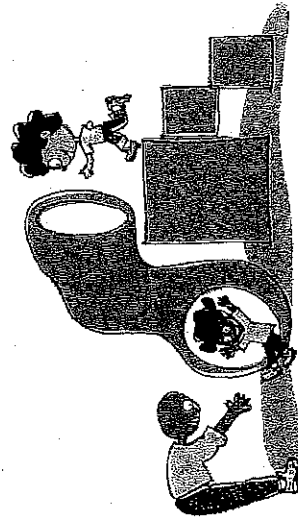
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Ohio Department of Medicaid
HEALTHCHEK AND PREGNANCY RELATED SERVICES INFORMATION SHEET

HEALTHCHEK – CHECK IT OUT!

Did you know Ohio's Medicaid program includes **Healthchek** services for children up to 21 years of age? (These services are also called EPSDT sometimes.) **Healthchek** services help children stay healthy and reduce the chances of sickness by treating health problems early. All **Healthchek** services are free. You can get help and information by contacting your county Healthchek Coordinator or your managed care plan and by going to <http://medicaid.ohio.gov/FOROHIOANS/Programs/Healthchek.aspx>

Screening Services

Doctors want children to have well-child check-ups (screenings) while they are growing up so that health problems can be found early. Check-ups covered by **Healthchek** include:

- Physical check-ups
- Vision checks
- Dental checks
- Hearing checks
- Nutrition screenings
- Mental health screenings
- Developmental screenings
- Immunizations, if needed

Mothers should have at least one prenatal exam and children should have exams at birth, 3 to 5 days of age and at 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months of age. After that, children should have at least one exam per year. All children should have tests for lead poisoning.

Treatment Services

If the doctor finds a problem during a check-up, the doctor may provide the treatment or may refer you to another doctor. **Healthchek** covers treatment services. Some services may need prior approval. If your child is not in a managed care plan and needs prior approval for a service, your doctor will need to request it from Ohio Medicaid. If your child is in a managed care plan, your doctor will request prior approval from the plan. If you disagree with the decision made by Ohio Medicaid or your child's managed care plan, you can ask for a hearing. Check with your Healthchek Coordinator for more information.

Support Services

The names, addresses and phone numbers of Healthchek Coordinators for all counties can be found at <http://medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/countycoordinators.pdf> or by calling your County Department of Job and Family Services. If you need to find a doctor, dentist or other health care provider, your county Healthchek Coordinator can give you a list. Your Healthchek Coordinator can also help you make doctor's appointments and help you get transportation to the doctor. If your child is in a managed care plan, the plan can also help make doctor's appointments and may provide transportation to the doctor. The plan can also give you a list of doctors in their plan. You can go to the plan's website for more information.

You can ask your Healthchek Coordinator to make referrals for you to Head Start, the Women, Infants, and Children (WIC) program, Help Me Grow, and the Bureau for Children with Medical Handicaps. Your Healthchek Coordinator can give you names of other agencies that can help you get clothing, housing, food, and other services. You may also submit questions using an online form found at <http://medicaid.ohio.gov/CONTACT.aspx>.

Ohio Department of Medicaid
HEALTHCHEK AND PREGNANCY RELATED SERVICES INFORMATION SHEET

Please fill out the following information in order to help us provide Healthchek services to you and/or your child. If you do not understand some or all of this form, please contact your county Healthchek Coordinator. **Please return this Information Sheet** to the Healthchek Coordinator at your County Department of Job and Family Services, or **mail it back in the envelope included with this packet**. Please keep the cover letter for your records so you can refer to it again.

Your Information

First Name		Last Name			
Case Number		Street Address, Apt. No.			
City	State	Zip Code	County	Date of Birth	
Email			Telephone Number		

Your Child's Information

Child's Name	SSN or Medicaid Billing No.
Child's Name	SSN or Medicaid Billing No.
Child's Name	SSN or Medicaid Billing No.
Child's Name	SSN or Medicaid Billing No.

Is your child enrolled in a Medicaid managed care plan?

- Yes. Plan
 No. Before enrolling in a plan, make sure your (or your child's) doctors or clinics are on the plan's list of providers.

Healthchek Screening Services

Healthchek covers medical exams, immunizations (shots), health education, and laboratory tests for everyone on Medicaid and under 21 years of age. It also covers complete medical, vision, dental, hearing, nutritional, psychological, and mental health exams. These exams are important to make sure that your child is healthy and is developing physically and mentally. Mothers should have at least one prenatal exam and children should have exams at birth, 3 to 5 days of age and at 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months of age. After that, children should have at least one **Healthchek** exam per year until 21 years of age. **Please check all services you or your child would like to receive.**

- | | |
|---|---|
| <input type="checkbox"/> A comprehensive medical exam | <input type="checkbox"/> A mental health exam |
| <input type="checkbox"/> A vision (eye) exam | <input type="checkbox"/> A dental (tooth) exam: |
| <input type="checkbox"/> A hearing exam | <input type="checkbox"/> A specialist exam: |

Healthchek Treatment Services and Transportation to Health Care Appointments

Healthchek covers tests and treatment services to treat problems or conditions found by an exam. Some tests and treatment services require pre-approval. If you need pre-approval, your provider must ask Ohio Medicaid or your managed care plan.

Your Healthchek Coordinator can help you make medical, dental and other appointments and provide free transportation to those appointments, if needed. If you or your child is enrolled in a managed care plan, the plan can also help with appointments and provide transportation. It can also give you a list of doctors in your plan. In order to make sure that you and your child get what you both need, **please check everything you or your child would like to receive.**

- | | |
|---|--|
| <input type="checkbox"/> A list of doctors | <input type="checkbox"/> Transportation to medical or dental appointments |
| <input type="checkbox"/> A list of dentists | <input type="checkbox"/> Referrals to Help Me Grow |
| <input type="checkbox"/> A list of other healthcare professionals | <input type="checkbox"/> Referrals to the Bureau for Children with Medical Handicaps |
| <input type="checkbox"/> Other help getting treatment | <input type="checkbox"/> Other information about where to get treatment |

Do you or your child have any problems that need attention or treatment (for example, a medical problem, a mental health problem, a child who is not developing normally, etc.)? If so, please tell us more about this. _____

Other information about your child's history

My child has been tested for lead poisoning
 My child's immunizations (shots) are up-to-date
 My child has had developmental exams

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

Support Services

Your Healthchek Coordinator can also give you information about available services like the Women, Infants, and Children (WIC) program and other services offered through your local health department and other local agencies.

Would you like more information about other services? Please check all that apply.

<input type="checkbox"/> Women, Infants and Children (WIC)	<input type="checkbox"/> Food Assistance
<input type="checkbox"/> Heating Assistance	<input type="checkbox"/> Head Start
<input type="checkbox"/> Other:	

Is anyone in your family (including yourself) pregnant? Yes No

if YES, give the name(s) of the pregnant woman.

If known, give the date(s) the baby is due: Month Year

Is the pregnant woman now going to a doctor or clinic for the pregnancy? Yes No

if YES, give the name of the doctor or clinic.

Do you need other social services? Yes, Specify: No

Are you currently enrolled in a managed care plan or HMO? Yes No

If YES, specify name of plan or HMO.

(Note: Before you enroll in an HMO, be sure that your doctor or clinic is on the HMO's list. If you enroll in an HMO in the future, be sure to tell the HMO staff about the services you would like to get.)

Acknowledgement

I have been given information about Healthchek. I understand that I can ask for Healthchek services or assistance at any time. I understand that I will be asked to sign a separate release form if my medical information needs to be shared with others.

Signature		Date
Caseworker Signature	Date	Phone
Caseworker Email		

Caseworker: Please forward this information to the appropriate Medicaid managed care plan.

2020 Recommended Immunizations for Children from Birth Through 6 Years Old

	Birth		1 month		2 months		4 months		6 months		12 months		15 months		18 months		19-23 months		2-3 years		4-6 years
--	--------------	--	----------------	--	-----------------	--	-----------------	--	-----------------	--	------------------	--	------------------	--	------------------	--	---------------------	--	------------------	--	------------------

HepB	HepB	HepB	HepB	HepB	HepB	HepB	HepB	HepB	HepB	HepB	HepB	HepB	HepB	HepB	HepB	HepB	HepB	HepB	HepB	HepB
RV	RV	RV	RV	RV	RV	RV	RV	RV	RV	RV	RV	RV	RV	RV	RV	RV	RV	RV	RV	RV
DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP
Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib
PCV13	PCV13	PCV13	PCV13	PCV13	PCV13	PCV13	PCV13	PCV13	PCV13	PCV13	PCV13	PCV13	PCV13	PCV13	PCV13	PCV13	PCV13	PCV13	PCV13	PCV13
IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV
MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR
Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella
HepA^s	HepA^s	HepA^s	HepA^s	HepA^s	HepA^s	HepA^s	HepA^s	HepA^s	HepA^s	HepA^s	HepA^s	HepA^s	HepA^s	HepA^s	HepA^s	HepA^s	HepA^s	HepA^s	HepA^s	HepA^s
Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*

Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

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

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

FOOTNOTES:

- * Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- ^s Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.

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

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.



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



AMERICAN ACADEMY OF FAMILY PHYSICIANS

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN[®]

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

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters; bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP** vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart/muscle; heart failure; coma; paralysis; death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw); fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP** vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

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

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