

seventh visit...

15 months

Food for Thought

Is your child still drinking from the bottle?

How does your child feed him or herself?

How much fruit drink, 100% juice, sweetened drinks or soda does your child drink?

Does your child let you know when he or she is full?

What are your child's favorite playtime activities?

Do you eat together as a family?

Feeding Advice

- Make sure your child is completely off the bottle and is drinking from a cup.
 - Whole milk – 1/2 cup (4 oz.) 3-4 servings per day.
 - 100% fruit juice and no more than 4-6 oz./day.
 - Water is best for extra fluids.
- 3 Meals per day and 2 planned snacks.
 - Offer new foods at the beginning of the meal.
 - Give a wide variety of healthy foods with different colors, tastes & textures.
 - You may need to offer a food more than 10 times before your child will accept it.
- Appetite may be decreasing – Your main job is to be sure that your child is served a variety of healthy foods (fruits, vegetables, milk, yogurt, cheese, whole grains, meat, poultry, fish & eggs) – and your child's job is to decide how much to eat. Don't force your child to eat.

Be Active

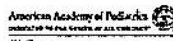
- Encourage walking, crawling, climbing.
- Your child should be naturally active, be active with them. When your child is awake, make sure they are not sitting for more than one hour at a time.
- Screen time (TV, computer, electronic games) not recommended under age 2.

Notes: _____

Child's name _____

Height _____ Weight _____ Date _____

Weight for Height percentile _____ %



Healthy

serving sizes for 1-3 year olds

grain group ~ 6 servings

Bread	1/4-1/2 slice
Bun, bagels, muffins	1/4-1/2
Crackers	2-3
Dry cereal (unsweetened)	1/4-1/3 cup
Cooked cereal	1/4-1/3 cup
Rice, pasta	1/4-1/3 cup

fruit/vegetable group ~ 5 servings

Whole	1/2 small
Cooked, canned or chopped raw	1/4-1/3 cup
Juice ~limit 100% fruit juice to	4-6 oz./day

FRESH FRUITS* Cut apples, bananas, peaches, orange slices, strawberries, grapes, cherries, pears, apricots, plums, nectarines, clementines, melon, kiwi, blueberries, pineapple. (watch for peels, skins and seeds)

FRUIT SMOOTHIES Blend yogurt, fruit, milk and 100% juice together.

VEGETABLES* Carrots, broccoli, cauliflower, green peppers, green beans, sugar snap peas, tomatoes, celery, squash, cucumber.

* Use caution when feeding these foods due to a possible choking problem.

milk group ~ 3 servings

Milk, yogurt	1/2 cup
Cheese	1/2 oz.

meat group ~ 2 servings

Lean meat, chicken, fish	1-3 T
Dry beans and peas	2-4 T
Peanut butter	1-2 T
Egg	1

fat group ~ 3-4 servings depending on calorie needs

Margarine, butter, oils, dressings, dips	1 tsp
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snack

from all

5

food groups

Fruit*

Cut apples, bananas, peaches, orange slices, strawberries, grapes, cherries, pears, apricots, plums, nectarines, clementines, melon, kiwi, blueberries, pineapple. (watch for peels, skins and seeds)

Dried Fruit

Raisins, apples, peaches, apricots, pears, dates, pitted prunes, cherries.

** Use caution when feeding these foods due to a possible choking problem.*

Vegetable*

Carrots, broccoli, cauliflower, green peppers, green beans, sugar snap peas, tomatoes, celery, squash, cucumber.

Milk

Milk, cheese (grated or cubed), yogurt (fresh or frozen), pudding.

Smoothies

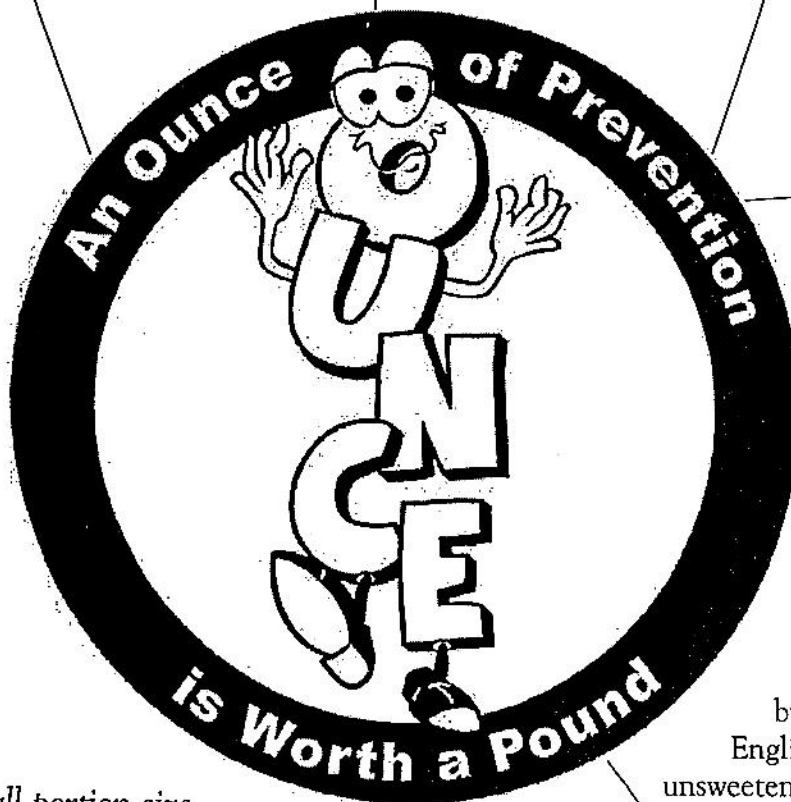
Blend yogurt, fruit, milk and 100% juice together.

Meat

Chicken, tuna or egg salad, ham, hard boiled egg, bean dip, peanut butter, cottage cheese.

Grain

Plain tortilla, bagel, bun, bread or English muffin, unsweetened cereal, crackers.



Offer small portion size.
Best not to offer 1 - 2 hours before mealtime.

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The first goal of discipline is to protect your child from danger. Another important goal is to teach your child an understanding of right from wrong. Reasonable limit setting keeps us from raising a "spoiled" child. To teach respect for the rights of others, first teach your child to respect your rights. Begin *external* controls by 6 months of age. Children don't start to develop *internal* controls (self-control) until 3 or 4 years of age. They continue to need external controls, in gradually decreasing amounts, through adolescence.

GUIDELINES FOR SETTING RULES

1. **Begin discipline after 6 months of age.** Young infants don't need any discipline. By the time they crawl, all children need rules for their safety.
2. **Express each misbehavior as a clear and concrete rule.** Examples of clear rules are "Don't push your brother" and "Don't interrupt me on the telephone."
3. **Also state the acceptable or appropriate behavior.** Your child needs to know what is expected of him. Examples are "Play with your brother," "Look at books when I'm on the telephone," or "Walk, don't run."
4. **Ignore unimportant or irrelevant misbehavior.** Avoid constant criticism. Behavior such as swinging the legs, poor table manners, or normal negativism is unimportant during the early years.
5. **Use rules that are fair and attainable.** A child should not be punished for behavior that is part of normal emotional development, such as thumb sucking, fears of being separated from the parents, and toilet-training accidents.
6. **Concentrate on two or three rules initially.** Give highest priority to issues of safety, such as not running into the street, and to the prevention of harm to others. Of next importance is behavior that damages property. Then come all the annoying behavior traits that wear you down (such as tantrums or whining).
7. **Avoid trying to change "no-win" behavior through punishment.** Examples are wetting pants, pulling their own hair, thumb sucking, body rocking, masturbation, not eating enough, not going to sleep, and refusal to complete schoolwork. The first step in resolving such a power struggle is to withdraw from the conflict and stop punishing your child for the misbehavior. Then give your child positive feedback when he behaves as you'd like.
8. **Apply the rules consistently.** After the parents agree on the rules, it may be helpful to write them down and post them.

DISCIPLINE TECHNIQUES (INCLUDING CONSEQUENCES)

1. **Techniques to use for different ages are summarized here.** The techniques mentioned here are further described after this list.

- From birth to 6 months: no discipline necessary
- From 6 months to 3 years: structuring the home environment, distracting, ignoring, verbal and nonverbal disapproval, physically moving or escorting, and temporary time-out
- From 3 years to 5 years: the preceding techniques (especially temporary time-out) plus natural consequences, restricting places where the child can misbehave, and logical consequences
- From 5 years to adolescence: the preceding techniques plus delay of a privilege, "I" messages, and negotiation via family conferences
- Adolescence: logical consequences, "I" messages, and family conferences about house rules; time-out and manual guidance (see below) can be discontinued

2. **Structure the home environment.** You can change your child's surroundings so that an object or situation that could cause a problem is eliminated. Examples are installing gates, locks, and fences to protect the child.
3. **Distracting your child from misbehavior.** Distracting a young child from temptation by attracting his attention to something else is especially helpful when the child is in someone else's house or a store (e.g., distract with toys, food, or games).
4. **Ignore the misbehavior.** Ignoring helps to stop unacceptable behavior that is harmless—such as tantrums, sulking, whining, quarreling, or interrupting.
5. **Use verbal and nonverbal disapproval.** Mild disapproval is often all that is required to stop a young child's misbehavior. Get close to your child, get eye contact, look stern, and give a brief "no" or "stop."
6. **Physically move or escort ("manual guidance").** Manual guidance means that you move a child from one place to another (e.g., to bed, bath, car, or time-out chair) against his will and help him as much as needed (e.g., carrying).
7. **Use temporary time-out or social isolation.** Time-out is the most effective discipline technique available to parents. Time-out is used to interrupt unacceptable behavior by removing the child from the scene to a boring place, such as a playpen, corner of a room, chair, or bedroom. Time-outs should last about 1 minute per year of age and not more than 5 minutes.
8. **Restrict places where a child can misbehave.** This technique is especially helpful for behavior problems that can't be eliminated. Allowing nose picking and masturbation in your child's room prevents an unnecessary power struggle.
9. **Use natural consequences.** Your child can learn good behavior from the natural laws of the physical world; for example, not dressing properly for the weather means your child will be cold or wet,

or breaking a toy means it isn't fun to play with anymore.

10. **Use logical consequences.** These should be logically related to the misbehavior, making your child accountable for his problems and decisions. Many logical consequences are simply the temporary removal of a possession or privilege if your child has misused the object or right.
11. **Delay a privilege.** Examples of work before play are "After you clean your room, you can go out and play" or "When you finish your homework, you can watch television."
12. **Use "I" messages.** When your child misbehaves, tell your child how you feel. Say, "I am upset when you do such and such." Your child is more likely to listen to this than a message that starts with "you." "You" messages usually trigger a defensive reaction.
13. **Negotiate and hold family conferences.** As children become older they need more communication and discussion with their parents about problems. A parent can begin such a conversation by saying, "We need to change these things. What are some ways we could handle this? What do you think would be fair?"
14. **Temporarily discontinue any physical punishment.** Most out-of-control children are already too aggressive. Physical punishment teaches them that it's acceptable to be aggressive (e.g., hit or hurt someone else) to solve problems.
15. **Discontinue any yelling.** Yelling and screaming teach your child to yell back; you are thereby legitimizing shouting matches. Your child will respond better in the long run to a pleasant tone of voice and words of diplomacy.
16. **Don't forget to reward acceptable (desired) behaviors.** Don't take good behavior for granted. Watch for behavior you like, and then praise your child. At these times, move close to your child, look at him, smile, and be affectionate. A parent's attention is the favorite reward of most children.

GUIDELINES FOR GIVING CONSEQUENCES (PUNISHMENTS)

1. **Be unambivalent.** Mean what you say and follow through.
2. **Correct with love.** Talk to your child the way you want people to talk to you. Avoid yelling or using a disrespectful tone of voice. Correct your child in a kind way. Sometimes begin your correction with "I'm sorry I can't let you . . ."
3. **Apply the consequence immediately.** Delayed

punishments are less effective because young children forget why they are being punished. Punishment should occur very soon after the misbehavior and be administered by the adult who witnessed the misdeed.

4. **Make a one-sentence comment about the rule when you punish your child.** Also restate the preferred behavior, but avoid making a long speech.
5. **Ignore your child's arguments while you are correcting him.** This is the child's way of delaying punishment. Have a discussion with your child at a later, more pleasant time.
6. **Make the punishment brief.** Take toys out of circulation for no more than 1 or 2 days. Time-outs should last no longer than 1 minute per year of the child's age and 5 minutes maximum.
7. **Follow the consequence with love and trust.** Welcome your child back into the family circle and do not comment on the previous misbehavior or require an apology for it.
8. **Direct the punishment against the misbehavior, not the person.** Avoid degrading comments such as "You never do anything right."



CALL OUR OFFICE

During regular hours if

- Your child's misbehavior is dangerous.
- The instances of misbehavior seem too numerous to count.
- Your child is also having behavior problems at school.
- Your child doesn't seem to have many good points.
- Your child seems depressed.
- The parents can't agree on discipline.
- You can't give up physical punishment. (*Note:* Call immediately if you are afraid you might hurt your child.)
- The misbehavior does not improve after 1 month of using this approach.

RECOMMENDED READING

- Edward R. Christophersen: *Little People*. Westport Publishers, Kansas City, Mo., 1988.
- Don Dinkmeyer and Gary D. McKay: *Parenting Young Children*. American Guidance Service, Circle Pines, Minn., 1990.
- Michael Popkin: *Active Parenting*. Harper and Row Publishers, San Francisco, 1987.
- Jerry Wyckoff and Barbara C. Unell: *Discipline Without Spanking or Shouting*. Meadowbrook, Deephaven, Minn., 1984.

Your Child's First Vaccines:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

The vaccines included on this statement are likely to be given at the same time during infancy and early childhood. There are separate Vaccine Information Statements for other vaccines that are also routinely recommended for young children (measles, mumps, rubella, varicella, rotavirus, influenza, and hepatitis A).

Your child is getting these vaccines today:

DTaP Hib Hepatitis B Polio PCV13

(Provider: Check appropriate boxes.)

1. Why get vaccinated?

Vaccines can prevent disease. Childhood vaccination is essential because it helps provide immunity before children are exposed to potentially life-threatening diseases.

Diphtheria, tetanus, and pertussis (DTaP)

- **Diphtheria (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **Tetanus (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **Pertussis (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

Hib (*Haemophilus influenzae* type b) disease

Haemophilus influenzae type b can cause many different kinds of infections. These infections usually affect children under 5 years of age but can also affect adults with certain medical conditions. Hib bacteria can cause mild illness, such as ear infections

or bronchitis, or they can cause severe illness, such as infections of the blood. Severe Hib infection, also called “invasive Hib disease,” requires treatment in a hospital and can sometimes result in death.

Hepatitis B

Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness. Acute hepatitis B infection is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach. Chronic hepatitis B infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death.

Polio

Polio (or poliomyelitis) is a disabling and life-threatening disease caused by poliovirus, which can infect a person's spinal cord, leading to paralysis. Most people infected with poliovirus have no symptoms, and many recover without complications. Some people will experience sore throat, fever, tiredness, nausea, headache, or stomach pain.



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

A smaller group of people will develop more serious symptoms: paresthesia (feeling of pins and needles in the legs), meningitis (infection of the covering of the spinal cord and/or brain), or paralysis (can't move parts of the body) or weakness in the arms, legs, or both. Paralysis can lead to permanent disability and death.

Pneumococcal disease

Pneumococcal disease refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Besides pneumonia, pneumococcal bacteria can also cause ear infections, sinus infections, meningitis (infection of the tissue covering the brain and spinal cord), and bacteremia (infection of the blood). Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

2. DTaP, Hib, hepatitis B, polio, and pneumococcal conjugate vaccines

Infants and children usually need:

- 5 doses of **diphtheria, tetanus, and acellular pertussis vaccine (DTaP)**
- 3 or 4 doses of **Hib vaccine**
- 3 doses of **hepatitis B vaccine**
- 4 doses of **polio vaccine**
- 4 doses of **pneumococcal conjugate vaccine (PCV13)**

Some children might need fewer or more than the usual number of doses of some vaccines to be fully protected because of their age at vaccination or other circumstances.

Older children, adolescents, and adults with certain health conditions or other risk factors might also be recommended to receive 1 or more doses of some of these vaccines.

These vaccines may be given as stand-alone vaccines, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

3. Talk with your health care provider

Tell your vaccination provider if the child getting the vaccine:

For all of these vaccines:

- Has had an **allergic reaction after a previous dose of the vaccine**, or has any severe, life-threatening allergies

For DTaP:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**
- Has **seizures or another nervous system problem**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**

For PCV13:

- Has had an **allergic reaction after a previous dose of PCV13, to an earlier pneumococcal conjugate vaccine known as PCV7, or to any vaccine containing diphtheria toxoid** (for example, DTaP)

In some cases, your child's health care provider may decide to postpone vaccination until a future visit.

Children with minor illnesses, such as a cold, may be vaccinated. Children who are moderately or severely ill should usually wait until they recover before being vaccinated.

Your child's health care provider can give you more information.

4. Risks of a vaccine reaction

For all of these vaccines:

- Soreness, redness, swelling, warmth, pain, or tenderness where the shot is given can happen after vaccination.

For DTaP vaccine, Hib vaccine, hepatitis B vaccine, and PCV13:

- Fever can happen after vaccination.

For DTaP vaccine:

- Fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, vaccination is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.

For PCV13:

- Loss of appetite, fussiness (irritability), feeling tired, headache, and chills can happen after PCV13 vaccination.
- Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines.

