

THE WASHINGTON GUIDE
to
PROMOTING DEVELOPMENT
in the
YOUNG CHILD

19 TO 30 MONTHS

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How to use this guide:

The left half of each page describes the developmental skills your child should master during this age range. The right half of the page gives ideas for helping your child learn the new skills.

Motor Skills

- 1) Runs.
- 2) Walks up and down stairs, one at a time, putting both feet on each step.
- 3) Draws vertical lines.
- 4) Builds a tower of four or more blocks when shown how.
- 5) Throws a ball overhand.
- 6) Jumps in place.
- 7) Rides a tricycle.

- 1) Provide an opportunity to practice and develop the expected tasks.
- 2) Draw lines for your child with crayons then encourage him to try.
- 3) Provide a tricycle or other pedal toy.

Feeding Basics

- 1) Holds cup handle with fingers and thumb, not with entire hand.
- 2) Lifts cup and drinks well.
- 3) Begins to use spoon, may spill a lot initially.
- 4) Has difficulty getting spoon into mouth.
- 5) May refuse food.

- 1) Continue offering finger foods (hotdogs, sandwiches).
- 2) Use nontip dishes and cups; dishes should have sides to make filling of the spoon easy.
- 3) Allow your child to feed herself.
- 4) Provide small drinks between meals rather than having your child fill up on fluids at mealtime.

Sleep

- 1) Night: 10-12 hours.
- 2) Naps: 1 nap lasting 1 to 3 hours.
- 3) Doesn't go to sleep at once; keeps demanding things.
- 4) May awaken crying if wet or soiled.
- 5) May awaken because of being too hot, too cold, or because of a change of bed, change of sleeping room, addition of sibling to room, absence of a parent from home, hospitalization, trip with family, or because of relatives visiting.

- 1) Do quiet activities before bedtime such as reading your child a book, telling stories, or holding him and talking quietly with him.
- 2) If your child has rituals, allow him to carry out these routines. This helps him overcome fear of the dark or fear of separation; for example, your child may wish to arrange toys in a certain way.
- 3) Explain the bedtime ritual to your baby-sitter.
- 4) If needed, give more reassurance, spend more time doing your bedtime preparation.
- 5) Provide familiar bedtime toys or books.
- 6) Allow a crying-out period if he is safe, comfortable, and tucked in.
- 7) Place in bed before he reaches excessive state of fatigue, excitement, or tiredness.
- 8) Eliminate sources of fear, such as watching violent television programs.
- 9) Have a consistent bedtime.

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Play

- 1) Parallel play (playing beside other children, but not necessarily playing with other children).
- 2) Uses both large and small toys.
- 3) Rough-and-tumble play.
- 4) Play periods longer than before- interested in manipulative and constructive toys.
- 5) Enjoys rhymes and singing including TV programs with music.

- 1) Provide your child with materials for manipulating and feeling.
 - a. Finger paints, clay, sand, stone, water, and soap.
 - b. Wooden toys, cars and animals.
 - c. Building blocks of various sizes, crayons, and paper.
 - d. Rhythmical tunes and equipment such as swing, rocking chair, rocking horse.
 - e. Children's books: short, simple stories with repetition and familiar objects; he enjoys simple, brightly colored pictures.
- 2) Guide your child's hand to actively participate with specific activities, such as using crayons or hammering.

Language

Receptive abilities

- 1) Can name one or more body parts.
- 2) Follows a simple command that is not accompanied by facial or body gestures, such as "Put the ball on the table," or "Put the toy in the box."

Expressive abilities:

- 1) Says 2 words together such as "play ball," or "want cookie."
- 2) Names objects in pictures, such as cat, bird, dog, horse, man.
- 3) Refers to self by pronoun rather than by name.

- 1) Continue to say the name of objects when you give them to your child; talk about the activities your child is doing.
- 2) Talk with your child during mealtimes.
- 3) Try to have your child say what she wants.
- 4) Have your child name and point to body parts during her bath.
- 5) As your child uses words better, encourage less use of gestures such as pointing or leading you to the refrigerator.
- 6) Count and name pieces of clothing as you dress your child.
- 7) Count and name silverware as it is placed on the table.
- 8) Sort, match, and name glassware, laundry, cans, vegetables, and fruit with your child.
- 9) Have your child keep a scrapbook and add a new picture every day to increase vocabulary words.
- 10) Spend 15-20 minutes per day going through books and naming pictures. Have your child point to the picture while you name the objects in the picture.
- 11) Help your child learn words to express safety needs and information about your neighborhood.
- 12) Whenever possible, say a word (e.g., paper), show the object, have your child handle and use it, encourage her to watch your face while you say the word, and suggest that she takes a turn and repeats the word. Do not pressure her to say the word.

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Discipline

1) Attention span increases.

2) Begins simple reasoning. Asks "Why?" May ask "Why?" over and over.

3) Interested in exploring the environment, but may not have the coordination to do all the things she wants to do.

4) May say "No!" frequently. This is to be expected, and what she actually means is "No, I'd rather not do that now." May have more resistance at bedtime.

5) Behavior may change if a new sibling is added to the family.

1) a. Gain your child's attention before giving simple commands. Give commands one at a time. Offer praise for success.

b. Add new rules as your child conforms to old ones.

c. Do not expect immediate obedience. It will take some time for your child to learn a new rule.

2) Make special efforts to answer questions; give simple explanations. Gauge the need for a more simple answer by the number of times an act is repeated or a question is asked.

3) a. Supervise your child on stairs and waxed floors.

b. Set rules about crossing streets and carrying knives, sharp objects, or glass objects.

c. Have the outdoor play area securely fenced or supervised.

d. When riding in a car, use a car seat; do not permit standing on car seats.

e. Keep matches out of reach.

f. Shield adult tools such as knives, lawnmowers, and sharp tools.

4) a. Have consistent responses to behavior.

b. Allow more time to conform to an expectation.

5) a. Explain verbally or through play that a new child is expected.

b. Have more patience with your child.

c. Set special times aside for playing one-on-one with your older child.

d. Allow your child to help take care of the new sibling. For example, she can get out a new diaper, help hold a bottle, or help smear on lotion.

Toilet Training

1) Can tell when she needs to urinate or have a bowel movement.

2) May use the same word for both functions.

3) Daytime control with occasional accident.

4) Needs help with toileting (reminding, dressing, wiping).

1) Sit your child on toilet or potty chair at regular intervals for short periods of time throughout day.

2) Praise your child for success.

3) Dress your child in simple clothing that he can manage.

4) Toilet training should be started when family disruptions are at a minimum, such as no visitors, no vacation, no new sibling soon.

5) Use training pants during the day once toilet training is begun.

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Toilet Training Continued

- 6) Respond promptly to signals and clues of your child urinating or defecating by taking your child to the bathroom or changing the training pants.
- 7) Remind occasionally, particularly after mealtime, juicetime, naptime, and playtime.
- 8) Take your child to the bathroom before bedtime.
- 9) The bathroom should be convenient to use and it should be easy to open the door.

Dressing

- 1) Can undress himself with little help.
- 2) Can remove shoes if laces are untied.
- 3) Helps dress himself.
- 4) Tries to unbutton.
- 5) Pulls on simple clothing.

- 1) Provide opportunities to button with extra-large sized buttons.
- 2) Encourage and allow your child the opportunity for helping himself in getting a drink, removing clothes with help, hand washing, unbuttoning, etc.
- 3) Simple clothing should be worn to make it easier to dress and undress.
- 4) Provide a mirror at a height so that your child can observe himself brushing his teeth, etc.

Basic Home Behavior Management

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State the Rules.

All children need and want boundaries and limits. Rules exist even though they may not be spoken or written. Try to state your rules in positive terms: "Keep your hands and feet to yourself." Keep rules short and to the point. Have a few, reasonable rules. Be consistent in using and enforcing rules. It is important to call attention to rules when the child is following them. Don't wait until the child has violated them.

- K.I.S.S. (Keep It Short and Simple).

Make the World Predictable.

Develop routines and write out a daily schedule. Homework, TV, school, play, baths, and meals should all be written in. Scheduling helps children (and adults) to gauge time, organize activities, and prioritize in terms of importance. Schedules provide a visual cue of when things will happen and imply an agreement of when it is time to stop one activity and move on to another. This decreases arguing. Reinforce adherence to the schedule. Use calendars, lists, and timers to help structure time and activities. Timers help decrease parental nagging and reminding.

- Set the stage for success.

When Behavior is Appropriate, Praise It!

Focus on the many small, positive behaviors that your child exhibits. When you enter a room, ask yourself, "What is going right?" Make specific positive comments. For example, notice when your child responds to a direction the first time you say it. Even if the child follows the instruction because it is something she wants to do, she still merits special attention. This will help the child to notice the exact behaviors that you want her to demonstrate. If a task has been partially completed, comment positively on the completed part first. When you notice things that a child does right, it breaks the cycle of negative redirection (nagging) and makes her feel better about herself and about you. Increase the amount of non-verbal praise. Give lots of warm smiles, pats, and thumbs up. Your attention is something your child needs; use it at the right time. Provide extra praise for behaviors you want to increase.

- Catch the child being good.

When the Behavior is Inappropriate, Ignore It.

For a child, negative attention is better than no attention at all. Attention reinforces behavior. Before you look at, speak to, or touch the child, ask yourself, "Do I want the behavior my child is now engaging in to increase?" If not, ignore it! Turn your attention to other matters or other children (siblings) who are behaving appropriately. If the behavior is not dangerous or destructive and you can ignore it, you should do so. When you refuse to give attention to undesirable behavior, a child must do something else to get your attention. Quickly give positive attention to more appropriate behaviors. Be aware that when you begin to ignore a problem behavior, it may increase rather than decrease at first. Be firm and consistent.

- If there is no audience, the show will close.

CONTINUED ON BACK

When Instructions are Given, State Them Clearly.

Do not phrase instructions as questions when you mean them as instructions. For example, don't ask, "Are you ready for bed?" when it is bedtime. Instead say, "John, it is time to get ready for bed." Get the child's attention, give the instruction, and reinforce compliance. Some children need help stopping and shifting activities. Use timers to structure transitions. "Five more minutes then cleanup time." Whenever possible, give a choice between two acceptable options. State expectations clearly: "Straighten up the den" leaves room for interpretation.

- Say what you mean.

Never Give a Direction Unless You Are Ready to Enforce It.

Reserve directions for important situations when you are prepared to follow through. If you don't feel like getting up to check, don't direct them to put away their toys. When you are concerned about inconsistency, ask yourself exactly what message you want to convey: that it is okay to leave the toys out or it is okay not to listen to your directions.

- Mean what you say.

Focus on One or Two Behaviors and Be Consistent.

Pick one or two behaviors to work on and respond consistently. This way your child will learn what to expect and in turn, will behave more consistently. Try to discuss specific behaviors with your spouse and agree on specific responses/consequences. Consensus improves consistency. Writing it down is helpful. Try to have others provide the same structure. This increases the rate of learning, there is less testing behavior, and it decreases the likelihood that the new skill will be person specific.

- Pick your battles to win the war.

Understand the Limitations of Punishment.

Punishment procedures, such as time-out, only interrupt behavior but do not teach an alternative behavior. If you use a punishment procedure, be sure to deliver the punishment in a matter-of-fact manner, deliver it immediately, and every time the behavior occurs. An effective punishment entails a warning and has a set beginning and end. Reinforce incompatible behaviors and positive alternative behaviors. In a pinch, ask the child what the punishment should be.

- Teach them what to do as well as what not to do.

Ask a Question.

When all else fails and re-direction is necessary, ask your child a question such as what is the guideline that applies to that situation. For example ask, "What is our rule about name-calling in this family?" Reinforce the child's ability to repeat the rule. This is less judgmental, provides an opportunity for him to be reinforced, and re-directs a negative interaction into an exchange of information. Be calm. Try writing down the child's responses. Build on what was said. Encourage problem-solving.

- A statement provokes a defense; a question evokes a response.

Model Appropriate Behavior.

Demonstrate the behaviors you want your child to display. Model the target behavior, then encourage the child to imitate you. Pretend to do it wrong and let the child correct you. It is easier to remember new behavior if there is a visual image and a chance for supervised positive practice.

- "A picture is worth . . ."

eighth visit...

18 months

Food for Thought

- What foods does your child like to eat?*
- Do you eat together as a family?*
- Do you allow your child control over how much they eat?*
- Do you offer a dessert as a reward?*
- What types of activities do you do as a family?*

Feeding Advice

- Provide your child with healthy, planned snacks twice a day.
 - Don't offer snacks before meals.
 - Think of snacks as small meals between bigger meals, give your child the same kind of foods you would give at meal time.
 - Limit sweets, desserts & avoid giving them candy.
 - Give water for thirst.
 - Your child should be allowed to stop eating when they are full.
 - Avoid eating in the car.
- Sit down and eat together as a family.
 - Children like to eat with other people and they also like to see what you are eating, be a good role model.
 - You may need to offer a food more than 10 times before your child will accept it.

Be Active

- Your child will naturally like to run and climb stairs.
- When your child is awake, make sure they are not sitting for more than one hour at a time.
- Play with your child daily.
- 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
--	-------

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

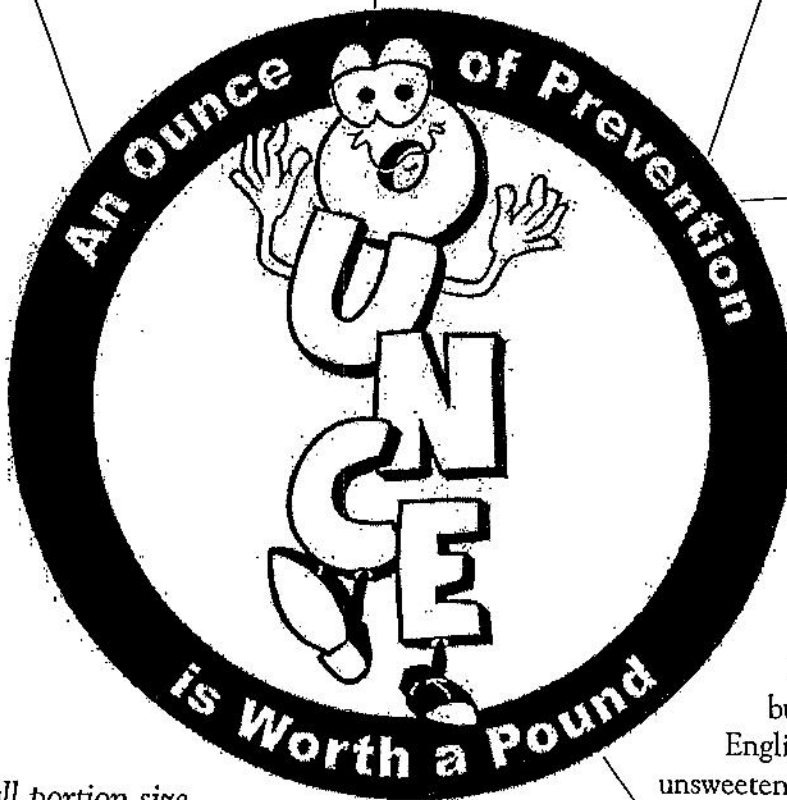
Blend yogurt, fruit, milk and 100% juice together.

Meat

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

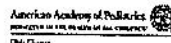
Grain

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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Hepatitis A Vaccine:

What You Need to Know

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

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

1. Why get vaccinated?

Hepatitis A vaccine can prevent **hepatitis A**.

Hepatitis A is a serious liver disease. It is usually spread through close, personal contact with an infected person or when a person unknowingly ingests the virus from objects, food, or drinks that are contaminated by small amounts of stool (poop) from an infected person.

Most adults with hepatitis A have symptoms, including fatigue, low appetite, stomach pain, nausea, and jaundice (yellow skin or eyes, dark urine, light-colored bowel movements). Most children less than 6 years of age do not have symptoms.

A person infected with hepatitis A can transmit the disease to other people even if he or she does not have any symptoms of the disease.

Most people who get hepatitis A feel sick for several weeks, but they usually recover completely and do not have lasting liver damage. In rare cases, hepatitis A can cause liver failure and death; this is more common in people older than 50 years and in people with other liver diseases.

Hepatitis A vaccine has made this disease much less common in the United States. However, outbreaks of hepatitis A among unvaccinated people still happen.

2. Hepatitis A vaccine

Children need 2 doses of hepatitis A vaccine:

- First dose: 12 through 23 months of age
- Second dose: at least 6 months after the first dose

Infants 6 through 11 months old traveling outside the United States when protection against hepatitis A is recommended should receive 1 dose of hepatitis A vaccine. These children should still get 2 additional doses at the recommended ages for long-lasting protection.

Older children and adolescents 2 through 18 years of age who were not vaccinated previously should be vaccinated.

Adults who were not vaccinated previously and want to be protected against hepatitis A can also get the vaccine.

Hepatitis A vaccine is also recommended for the following people:

- International travelers
- Men who have sexual contact with other men
- People who use injection or non-injection drugs
- People who have occupational risk for infection
- People who anticipate close contact with an international adoptee
- People experiencing homelessness
- People with HIV
- People with chronic liver disease

In addition, a person who has not previously received hepatitis A vaccine and who has direct contact with someone with hepatitis A should get hepatitis A vaccine as soon as possible and within 2 weeks after exposure.

Hepatitis A vaccine may be given at the same time as other vaccines.



3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

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

In some cases, your health care provider may decide to postpone hepatitis A vaccination until a future visit.

Pregnant or breastfeeding people should be vaccinated if they are at risk for getting hepatitis A. Pregnancy or breastfeeding are not reasons to avoid hepatitis A vaccination.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis A vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness or redness where the shot is given, fever, headache, tiredness, or loss of appetite can happen after hepatitis A vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

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.

