BRIGHT FUTURES HANDOUT ▶ **PARENT**

12 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.

HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, reach out for help. Community agencies and programs such as WIC and SNAP can provide information and assistance.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Make sure everyone who cares for your child offers healthy foods, avoids sweets, provides time for active play, and uses the same rules for discipline that you do.
- Make sure the places your child stays are safe.
- Think about joining a toddler playgroup or taking a parenting class.
- Take time for yourself and your partner.
- Keep in contact with family and friends.

ESTABLISHING ROUTINES

- Praise your child when he does what you ask him to do.
- Use short and simple rules for your child.
- Try not to hit, spank, or yell at your child.
- Use short time-outs when your child isn't following directions.
- Distract your child with something he likes when he starts to get upset.
- Play with and read to your child often.
- Your child should have at least one nap a day.
- Make the hour before bedtime loving and calm, with reading, singing, and a favorite toy.
- Avoid letting your child watch TV or play on a tablet or smartphone.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

FEEDING YOUR CHILD

- Offer healthy foods for meals and snacks. Give 3 meals and 2 to 3 snacks spaced evenly over the day.
- Avoid small, hard foods that can cause choking—popcorn, hot dogs, grapes, nuts, and hard, raw vegetables.
- Have your child eat with the rest of the family during mealtime.
- Encourage your child to feed herself.
- Use a small plate and cup for eating and drinking.
- Be patient with your child as she learns to eat without help.
- Let your child decide what and how much to eat. End her meal when she stops eating.
- Make sure caregivers follow the same ideas and routines for meals that you do.

FINDING A DENTIST

- Take your child for a first dental visit as soon as her first tooth erupts or by 12 months of age.
- Brush your child's teeth twice a day with a soft toothbrush. Use a small smear of fluoride toothpaste (no more than a grain of rice).
- If you are still using a bottle, offer only water.

Helpful Resources: Smoking Quit Line: 800-784-8669 | Family Media Use Plan: www.healthychildren.org/MediaUsePlan
Poison Help Line: 800-222-1222 | Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

12 MONTH VISIT—PARENT

SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. In most cases, this will be well past the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is safest.
- Place gates at the top and bottom of stairs. Install operable window guards on windows at the second story and higher. Operable means that, in an emergency, an adult can open the window.
- Keep furniture away from windows.
- Make sure TVs, furniture, and other heavy items are secure so your child can't pull them over.
- Keep your child within arm's reach when he is near or in water.
- Empty buckets, pools, and tubs when you are finished using them.
- Never leave young brothers or sisters in charge of your child.
- When you go out, put a hat on your child, have him wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on his exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- Keep your child away when your pet is eating. Be close by when he plays with your pet.
- Keep poisons, medicines, and cleaning supplies in locked cabinets and out of your child's sight and reach.
- Keep cords, latex balloons, plastic bags, and small objects, such as marbles and batteries, away from your child. Cover all electrical outlets.
- Put the Poison Help number into all phones, including cell phones. Call if you are worried your child has swallowed something harmful. Do not make your child vomit.

WHAT TO EXPECT AT YOUR CHILD'S 15 MONTH VISIT

We will talk about

- Supporting your child's speech and independence and making time for yourself
- Developing good bedtime routines
- Handling tantrums and discipline
- Caring for your child's teeth
- Keeping your child safe at home and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 4th Edition

For more information, go to https://brightfutures.aap.org.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

Your child at 2 years*

Child's Name **Child's Age** **Today's Date**

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 2. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What most children do by this age:

Social/Emotional Milestones

- ☐ Notices when others are hurt or upset, like pausing or looking sad when someone is crying
- ☐ Looks at your face to see how to react in a new situation

Language/Communication Milestones

- ☐ Points to things in a book when you ask, like "Where is the bear?"
- ☐ Says at least two words together, like "More milk."
- ☐ Points to at least two body parts when you ask him to show you
- ☐ Uses more gestures than just waving and pointing, like blowing a kiss or nodding yes

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Holds something in one hand while using the other hand; for example, holding a container and taking the lid off
- ☐ Tries to use switches, knobs, or buttons on a toy
- ☐ Plays with more than one toy at the same time, like putting toy food on a toy plate

Movement/Physical Development Milestones

- ☐ Kicks a ball
- ☐ Runs
- ☐ Walks (not climbs) up a few stairs with or without help
- ☐ Eats with a spoon

*** It's time for developmental screening!**
At 2 years, your child is due for an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.

Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

You know your child best. Don't wait. If your child is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your child's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at **cdc.gov/FindEI**.

For more on how to help your child, visit **cdc.gov/Concerned**.

Don't wait.
Acting early can make a real difference!

Help your child learn and grow

As your child's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your child's doctor and teachers if you have questions or for more ideas on how to help your child's development.

- Help your child learn how words sound, even if he can't say them clearly yet. For example, if your child says, "or nana," say "You want more banana."
- Watch your child closely during playdates. Children this age play next to each other, but do not know how to share and solve problems. Show your child how to deal with conflicts by helping her share, take turns, and use words when possible.
- Have your child help you get ready for mealtime, by letting him carry things to the table, such as plastic cups or napkins. Thank your child for helping.
- Give your child balls to kick, roll, and throw.
- Give toys that teach your child how to make things work and how to solve problems. For example, give her toys where she can push a button and something happens.
- Let your child play dress up with grown-up clothes, such as shoes, hats, and shirts. This helps him begin to pretend play.
- Allow your child to eat as much or as little as she wants at each meal. Toddlers don't always eat the same amount or type of food each day. Your job is to offer her healthy foods and it's your child's job to decide if and how much she needs to eat.
- Have steady routines for sleeping and feeding. Create a calm, quiet bedtime for your child. Put on his pajamas, brush his teeth, and read 1 or 2 books to him. Children this age need 11 to 14 hours of sleep a day (including naps). Consistent sleep times make it easier.
- Ask your child's doctor and/or teachers about toilet training to know if your child is ready to start. Most children are not able to toilet train until 2 to 3 years old. Starting too early can cause stress and setbacks, which can cause training to take longer.
- Use positive words when your child is being a good helper. Let him help with simple chores, such as putting toys or laundry in a basket.
- Play with your child outside, by playing "ready, set, go." For example, pull your child back in a swing. Say "Ready, set….", then wait and say "Go" when you push the swing.
- Let your child create simple art projects with you. Give your child crayons or put some finger paint on paper and let her explore by spreading it around and making dots. Hang it on the wall or refrigerator so your child can see it.

To see more tips and activities download CDC's Milestone Tracker app.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children (75% or more) can do by each age. Subject matter experts selected these milestones based on available data and expert consensus.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)

Download CDC's free *Milestone Tracker* app

Download on the App Store | GET IT ON Google Play

Learn the Signs. Act Early.

24 *months old*

Child's name _____

Height _____ Weight _____ Date _____

BMI _____ percentile _____ %





Food for Thought

Do you eat together as a family?

What kind and how much milk does your child drink?

What else does your child drink?

Which foods does your child like to eat?

What kind of snacks do you offer?

Do you offer food as a reward?

How much TV does your child watch per day?

What activities do you and your child enjoy?

Feeding Advice

- Meals should include a wide variety of healthy foods from all five food groups.
  - Serve the same food the rest of the family is eating.
  - Milk – switch to lowfat (1%) or fat free (skim) milk and include milk at every meal – 4 oz. (1/2 cup, 4 times a day) for a total of 2 cups per day.
  - Use toddler size plates, cups & silverware so he or she can feed themselves.
  - Give your child a variety of textures, flavors and colors – don't give them just the foods you like.
- Request information on serving sizes.
- Food "jags" (when your child wants to eat the same food over & over again) and changing appetites are normal. You shouldn't force your child to eat or get into fights with your child about food. Continue to provide 3 scheduled meals and 2 planned snacks per day – if they don't eat at one meal, they will at the next.
- **Your main job as a parent 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).**
- Don't force your child to eat or to clean their plate.
- **Sit down and eat together as a family.**

Be Active

- Encourage daily play – marching, climbing, jumping, dancing and going outside – be sure to join in the FUN with your child!
- Limit screen time (TV, computer, electronic games) – no more than 1-2 hours per day and help your child choose what to watch.
- No TV or computer in your child's bedroom.

Notes:

The Ounce of Prevention Program is a collaboration of the Ohio Department of Health, Healthy Ohio; the American Academy of Pediatrics–Ohio Chapter; Nationwide Children's Hospital; the American Dairy Association Mideast and the Ohio Dietetic Association.

2 to 4 Years

tipp®
THE INJURY PREVENTION PROGRAM
A program of the American Academy of Pediatrics

2 TO 4 YEARS

Safety for Your Child

Did you know that injuries are the leading cause of death of children in the United States? Most of these injuries can be prevented.

Often, injuries happen because parents are not aware of what their children can do. Children *learn quickly,* and before you know it your child will be *jumping, running, riding* a tricycle, and *using tools.* Your child is at special risk for injuries from falls, drowning, poisons, burns, and car crashes. Your child doesn't understand dangers or remember "no" while playing and exploring.

Falls

Because your child's abilities are so great now, he or she will find an endless variety of dangerous situations at home and in the neighborhood.

Your child can fall off play equipment, out of windows, down stairs, off a bike or tricycle, and off anything that can be climbed on. **Be sure the surface under play equipment is soft enough to absorb a fall.** Use safety-tested mats or loose-fill materials (shredded rubber, sand, wood chips, or bark) maintained to a depth of at least 9 inches underneath play equipment. Install the protective surface at least 6 feet (more for swings and slides) in all directions from the equipment.

Lock the doors to any dangerous areas. **Use gates on stairways and install operable window guards** above the first floor. Fence in the play yard. **If your child has a serious fall or does not act normally after a fall, call your doctor.**

Firearm Hazards

Children in homes where guns are present are in more danger of being shot by themselves, their friends, or family members than of being injured by an intruder. It is best to keep all guns out of the home. If you keep a gun, keep it unloaded and in a locked place, with the ammunition locked separately. **Handguns are especially dangerous.** Ask if the homes where your child visits or is cared for have guns and how they are stored.

Burns

The kitchen can be a dangerous place for your child, especially when you are cooking. If your child is underfoot, hot liquids, grease, and hot foods can spill on him or her and cause serious burns. Find something safe for your child to do while you are cooking.

Remember that kitchen appliances and other hot surfaces such as irons, ovens, wall heaters, and outdoor grills can burn your child long after you have finished using them. Also, when you use the microwave stay nearby to make sure your child does not remove the hot food.

(over)

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If your child does get burned, immediately put cold water on the burned area. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth. Call your doctor for all burns. To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120°F. In many cases you can adjust your water heater.

Make sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.

Poisonings

Your child will be able to *open* any drawer and *climb* anywhere curiosity leads. Your child may *swallow anything* he or she finds. Use only household products and medicines that are absolutely necessary and keep them safely capped and out of sight and reach. Keep all products in their original containers. Use medications as directed and safely dispose of unused medicine as soon as you are done with it.

If your child does put something poisonous in his or her mouth, call the Poison Help Line immediately. Add the Poison Help number (1-800-222-1222) to your phone contacts list. Do not make your child vomit.

And Remember Car Safety

Car crashes are the **greatest danger** to your child's life and health. The crushing forces to your child's brain and body in a collision or sudden stop, even at low speeds, can cause injuries or death. **To prevent these injuries, correctly USE a car safety seat EVERY TIME** your child is in the car. It is safest for children to ride rear facing as long as possible, until they reach the highest weight or height allowed by the manufacturer. Many convertible seats have limits that will permit children to ride rear facing for 2 years or more. When they outgrow rear facing, children should ride forward facing in a car safety seat with a harness. Many of these can be used up to 65 pounds or more, and this will help provide the most protection possible.

The safest place for all children to ride is in the back seat. In an emergency, if a child **must** ride in the front seat, move the vehicle seat back as far as it can go, away from the airbag.

Do not allow your child to play or ride a tricycle in the street. **Your child should play in a fenced yard or playground.** Driveways are also dangerous. Walk behind your car before you back out of your driveway to be sure your child is not behind your car. You may not see your child through the rearview mirror.

Remember, the biggest threat to your child's life and health is an injury.

From Your Doctor

  HE0021-D
3-42/rev0319

Sources of Lead

Identify and remove sources of lead from your home.

Home

Lead can be in paint in old homes built before 1978.

- Chipped paint
- Dirt
- Pewter
- Old furniture and toys
- Play or costume jewelry
- Crystal glassware

Imported Goods

Items brought back from other countries may contain lead.

- Glazed pottery
- Asian, Hispanic, Indian spices
- Mexican candy (tamarindo and chili)

Home Remedies

Some home remedies may contain lead. These remedies are typically red or orange powders.

- Traditional and folk remedies (Greta, Azarcón, Pay-loo-ah)

Beauty Products

Imported beauty products from Asia, India, and Africa may contain lead.

- Sindoor, Khol, Kajal, Surma

Jobs

Jobs such as car repair, mining, construction, and plumbing may increase your exposure to lead. Lead dust can be brought into the home on your skin, clothes, shoes, or other items you bring home from work.

- Car batteries
- Scrap metal/parts
- Ammunition

Hobbies

Certain hobbies increase your risk of coming in contact with lead.

- Hunting (lead bullets)
- Fishing (lead sinkers)
- Artist paints
- Refinished furniture

Travel

Traveling outside the U.S. may increase your risk of coming in contact with lead-based items.

- Souvenirs
- Spices or food
- Toys
- Jewelry

Cleaning

Keep lead dirt and dust out of your home with these helpful tips.

- Wash hands
- Keep shoes outside
- Mop & wet wipe
- Use a vacuum with a HEPA filter
- Wash toys

Avoid:
Sweeping
Dry dusting
Beating rugs

Nutrition

These foods can help lower your child's lead level.

Vitamin C

Tomatoes
Strawberries
Oranges
Potatoes

Calcium

Milk
Cheese
Yogurt

Iron

Chicken
Steak
Fish
Peas
Eggs

ADHS

SUGGESTED SCREEN TIME USE BY AGE

18 MONTHS AND YOUNGER

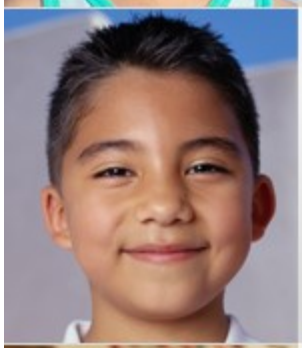
Avoid use of screen media other than video-chatting.

18 - 24 MONTHS

Parents of children 18 to 24 months of age who want to introduce digital media should choose high-quality programming, and watch it with their children to help them understand what they're seeing.

2 - 5 YEARS

Limit screen use to 1 hour per day of high-quality programs. Parents should co-view media with children to help them understand what they are seeing and apply it to the world around them.



6 - 12 YEARS

Place consistent limits on the time spent using media, and the types of media, and make sure media does not take the place of adequate sleep, physical activity and other behaviors essential to health.

12 YEARS AND OLDER

Designate media-free times together, such as dinner or driving, as well as media-free locations at home, such as bedrooms.

Source: American Academy of Pediatrics

Hepatitis A Vaccine:
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

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.

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

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**.

Is Your Toddler Communicating With You?

Your baby is able to communicate with you long before he or she speaks a single word!

A baby's cry, smile, and responses to you help you to understand his or her needs. In this publication the American Academy of Pediatrics shares information about how children communicate and what to do when there are concerns about delays in development.

Milestones During the First 2 Years

Children develop at different rates, but they usually are able to do certain things at certain ages. Here are general developmental milestones. Keep in mind that they are only guidelines. If you have any questions about your baby's development, ask your child's doctor—the sooner the better. Even when there are delays, early intervention can make a significant difference.

By 1 Year Most Babies Will

- Look for and be able to find where a sound is coming from.
- Respond to their name most of the time when you call it.
- Wave goodbye.
- Look where you point when you say, "Look at the _____."
- Babble with intonation (voice rises and falls as if they are speaking in sentences).
- Take turns "talking" with you—listen and pay attention to you when you speak and then resume babbling when you stop.
- Say "da-da" to dad and "ma-ma" to mom.
- Say at least 1 word.
- Point to items they want that are out of reach or make sounds while pointing.

Between 1 and 2 Years Most Toddlers Will

- Follow simple commands, first when the adult speaks and gestures, and then later with words alone.
- Get objects from another room when asked.
- Point to a few body parts when asked.
- Point to interesting objects or events to get you to look at them too.
- Bring things to you to show you.
- Point to objects so you will name them.
- Name a few common objects and pictures when asked.
- Enjoy pretending (for example, pretend cooking). They will use gestures and words with you or with a favorite stuffed animal or doll.
- Learn about 1 new word per week between 1½ and 2 years.

By 2 Years of Age Most Toddlers Will

- Point to many body parts and common objects.
- Point to some pictures in books.
- Follow 1-step commands without a gesture like "Put your cup on the table."
- Be able to say about 50 to 100 words.
- Say several 2-word phrases like "Daddy go," "Doll mine," and "All gone."
- Perhaps say a few 3-word sentences like "I want juice" or "You go bye-bye."
- Be understood by others (or by adults) about half of the time.

When Milestones Are Delayed

If your child's development seems delayed or shows any of the behaviors in the following list, tell your child's doctor. Sometimes language delays occur along with these behaviors. Also, tell your child's doctor if your baby stops talking or doing things that he or she used to do.

- Doesn't cuddle like other babies
- Doesn't return a happy smile back to you
- Doesn't seem to notice if you are in the room
- Doesn't seem to notice certain noises (for example, seems to hear a car horn or a cat's meow but not when you call his or her name)
- Acts as if he or she is in his or her own world
- Prefers to play alone; seems to "tune others out"
- Doesn't seem interested in or play with toys but likes to play with objects in the house
- Has intense interest in objects young children are not usually interested in (for example, would rather carry around a flashlight or ballpoint pen than a stuffed animal or favorite blanket)
- Can say the ABCs, numbers, or words to TV jingles but can't use words to ask for things he or she wants
- Doesn't seem to be afraid of anything
- Doesn't seem to feel pain in a typical fashion
- Uses words or phrases that are unusual for the situation or repeats scripts from TV

Delays in Language

Delays in language are the most common types of developmental delay. One out of 5 children will learn to talk or use words later than other children their age. Some children will also show behavioral problems because they are frustrated when they can't express what they need or want.

Simple speech delays are sometimes temporary. They may resolve on their own or with a little extra help from family. It's important to encourage your child to "talk" to you with gestures or sounds and for you to spend lots of time playing with, reading to, and talking with your infant or toddler. In some cases, your child will need more help from a trained professional, a speech and language therapist, to learn to communicate.

Sometimes delays may be a warning sign of a more serious problem that could include hearing loss, developmental delay in other areas, or even autism spectrum disorder (ASD). Language delays in early childhood also could be a sign of a learning problem that may not be diagnosed

until the school years. It's important to have your child evaluated if you are concerned about your child's language development.

What Your Child's Doctor Might Do

Sometimes more information is needed about your child before your child's doctor can address your concerns. The doctor may

- Ask you some questions or ask you to fill out a questionnaire.
- Interact with your child in various ways to learn more about his or her development.
- Order a hearing test and refer you to a speech and language therapist for testing. The therapist will evaluate your child's speech (*expressive language*) and ability to understand speech and gestures (*receptive language*).
- Refer your child for evaluation through an early intervention program.

What to Expect After the Doctor's Visit

If your child's doctor tells you not to worry (that your child will "catch up in time") but you are still concerned, it's OK to get a second opinion. You can ask your child's doctor for a referral to a developmental specialist or a speech and language therapist. You may also contact an early intervention program for an evaluation if your child is younger than 3 years, or your local school district if he or she is 3 or older.

If what your child says (expressive language) is the only delay, you may be given suggestions to help your child at home. Formal speech therapy may also be recommended.

If both what your child understands (receptive language) and what he or she says are delayed and a hearing test is normal, your child will need further evaluation. This will determine whether the delays are caused by a true communication disorder, generalized developmental delays, ASD, or another developmental problem.

When ASD is the reason for language delays, your child will also have difficulty interacting with other people and may show some or all of the concerning behaviors listed previously. If there is concern your child might have ASD, your child will usually be referred to a specialist or a team of specialists for evaluation and treatment of ASD or a related disorder. The specialist(s) may then recommend speech therapy and may suggest other ways to improve social skills, behavior, and the desire to communicate.

Programs That Help Children and Families

If your child has delays or suspected delays, your child's doctor will probably refer you to an early intervention program in your area. The staff there might do additional evaluations and reassure you that your child's development is normal or tell you that your child would benefit from some type of intervention. Your child does not need to have a diagnosis of a developmental problem to receive services through this program.

If your child is younger than 3 years, the referral may be to an early intervention program in your area. Early intervention programs are sometimes called "Part C" or "Birth to Three" programs. Early intervention is a federal- and state-funded program that helps children and their families. You may also contact the early intervention program yourself (see Resources to find a contact in your state).

If your child qualifies for services, a team of specialists will work with you to develop an *Individual Family Service Plan (IFSP).* This plan becomes a guide for the services your child will receive until 3 years of age. It may include parent training and support, direct therapy, and special equipment. Other services may be offered if they benefit your child and family. If your child needs help after 3 years of age, the early intervention staff will transition your child to services through your local school district.

If your child is 3 years or older, the referral may be to your local public school. You may also contact the local public school directly. If your child is eligible, the school district staff will, with your input, develop an *Individual Education Plan (IEP).* This plan may provide some of the same services as the early intervention program but focus on school services for your child. The level of services also may be different. If your child continues to need special education and services, the IEP will be reviewed and revised from time to time.

Resources

American Academy of Pediatrics
www.HealthyChildren.org
www.AAP.org

Early Childhood Technical Assistance Center (ECTA Center)
http://ectacenter.org
(to find an early intervention program in your state)

Family Voices
www.familyvoices.org

Learn the Signs. Act Early.
www.cdc.gov/actearly

National Center for Medical Home Implementation
https://medicalhomeinfo.aap.org/tools-resources/Pages/For-Families.aspx

Remember

As a parent, follow your instincts. If you continue to have concerns about your child's development, ask for a reevaluation or referral for additional formal testing.

From Your Doctor

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Time-Out Technique

Definition

• Time-out means putting a child in a boring place for a few minutes to correct a misbehavior.
• It's the most effective consequence (discipline technique) for misbehavior in 2- to 5-year-old children. Every parent needs to know how to give a time-out.
• Time-out teaches a child to stop and think. It provides time to calm down and regain control of the emotions. Sometimes, it also helps the parent calm down.
• Time-out is also called quiet time, thinking time, or cooling-off time.

Health Information

When to Give a Time-Out

• Time-out is most useful for aggressive, harmful, or any disruptive behavior that cannot be ignored.
• Time-out is not needed for most temper tantrums.
• Time-out is the most effective consequence for toddlers and preschoolers who misbehave. It's much better than threatening, shouting, or spanking
• The peak ages for using time-out are 2 to 5 years. During these years, children respond to actions much better than words. Time-out is not ever needed before a child can walk. Time-out is rarely needed for children younger than 18 months because they usually respond to verbal disapproval (a simple "No").

What to Expect

• If you use time-out repeatedly, consistently, and correctly, your child will eventually improve. It can change almost any childhood behavior.

Care Advice

How to Give Time-Outs

1. **Teach Your Child What a Time-Out Is:**
   • If you have not used time-out before, go over it with your child.
   • Review the kinds of bad behavior that require a time-out. Also, review the good behavior that you would prefer.
   • Tell your child it will replace yelling and spanking, if you have used those techniques.
   • Then do a practice run. Pretend with your child that he has broken one of the rules. Take him through the steps of time-out so he will understand what to do when he needs a time-out in the future.
2. **Time-Out Chair:**
   • Pick a chair for time-outs. The chair should be in a boring location, facing a blank wall or a corner.
   • Don't allow your child to take anything with him to time-out, such as a stuffed animal or security blanket. Your child shouldn't be able to see TV or other people from the location.
   • A good chair is a heavy one with side arms. The special chair can also be named after the misbehavior you are trying to stop: such as your hitting chair or screaming chair.
   • Alternatives to chairs are standing in a particular corner or sitting on the lower step of a stairway.
   • If you are in the same room as your child, carefully avoid making eye contact.

3. **Time-Out Room:**
   - Children who refuse to stay in a time-out chair need to be sent to a time-out room. Keeping a child in a room is easier to enforce.
   - The room should be one that is safe for the child. The child's bedroom is often the most convenient one. Although toys are available in the bedroom, most children do not initially play with them because they are upset about being excluded from mainstream activities.
   - Caution: Avoid any room that is dark or scary (such as some basements), contains hot water (bathrooms), or has filing cabinets or bookshelves that could be pulled down on the child.

4. **Send Your Child to Time-Out:**
   - You ask your child to stop doing something, and they do not. You tell them again, and they do not comply.
   - Stop talking and state "you need a time-out". If your child doesn't go to time-out within 5 seconds, take him there. Younger children often need to be led there by their hand. In some cases, they may need to be carried there protesting. Older children will usually go to time-out on their own.
   - Take him to time-out without talking. Or you can tell your child what he did wrong in one sentence (such as, "No hitting"). Sometimes also clarify the preferred behavior (such as, "Be kind to Zoe"). These brief comments give your child something to think about during the time-out.

5. **Decide the Length of Time-Out:**
   - Time-out should be brief so your child can easily comply. A good rule of thumb is 1 minute per year of age (with an upper limit of 5 minutes). There's no evidence that timeouts longer than this work any better.
   - After age 6, most children can be told they must take a time-out "until you can behave" or "until you calm down." This allows the child to recover quickly if they are able.
   - Setting a portable kitchen timer for the required number of minutes can be helpful. The best type rings when the time is up. A timer can stop a child from asking the parents when he can come out.

6. **Quiet Behavior in Time-Out: Required or Not?**
   - The minimum requirement for time-out completion is that your child does not leave the chair or time-out place until the time-out is over. If your child leaves ahead of time, return them and reset the timer.
   - Some parents do not consider a time-out to be completed unless the child has been quiet for the entire time. Until 4 years of age, many children are unwilling or unable to stay quiet. Ignore tantrums in time-out, just as you would ignore tantrums outside of time-out. After age 4, quiet time is preferred but not required. If you wish, you can tell your child, "Time-out is for thinking, and to think need to be quiet. If you yell or complain, the time will start over."

7. **Release Your Child from Time-Out:**
   - To be released, your child must have performed a successful time-out. This means he stayed in time-out for the required number of minutes.
   - Your child can leave time-out when the timer rings. If you don't have a timer, he can leave when you tell him, "Time-out is over. You can get up now."
   - A few children may need to start with shorter timeouts. Even so, you have to stay in charge of when the timeout is over.

Special Time-Out Problems

1. **Younger Child Who Refuses to Stay in Time-Out:**
   - In general, if a child escapes from time-out (gets up from the chair), you should quickly take the child back to time-out and reset the timer. This approach works for most children.
   - Some strong-willed toddlers initially need to be held in time-out. Holding your child in time-out teaches your child that you mean what you say and that he must comply. Place your child in the time-out chair again and hold him by the shoulders from behind. Tell your child that you will stop holding him when he stops trying to escape.
   - Then avoid eye contact and any talking. Pretend that you don't mind doing this and are thinking of something else.
   - When the time is up, tell your child "that was a good time-out" whether it was or not. Your child will usually stop trying to escape after a week of this holding approach.

2. **Younger Child Who Won't Sit in the Time-Out Chair:**
   - A last resort for young children who continue to resist sitting in a chair is putting them in the bedroom with a strong gate blocking the door.
   - Occasionally, a parent with carpentry skills can install a half-door.
   - If you cannot devise a barricade, some children will need you to close the door. When you do say, "I'm sorry I have to close the door. I'll open it when you promise to stay in your room for your time-out." Hold the door closed for the 3 to 5 minutes it takes to complete the time-out period. Most children need their door closed only a few times.

3. **Older Child Who Refuses to Stay in Time-Out:**
   - An older child can be defined in this context as one who is too strong for the parent to hold in a time-out chair. In general, any child older than 5 years who does not take time-out quickly should be considered a "refuser".
   - Time-out always needs a backup plan.
   - Change the consequence to one that matters to your child. If 5 minutes pass without your child going to time-out, take away a privilege or possession. Tell your child that they just lost TV, video games, a favorite toy, outside play or visits with friends until they take their time-out. That can mean for the rest of that day. After giving the consequence, walk away and no longer discuss it.

4. **Time-Out Away from Home:**
   - Time-out can be effectively used in any setting.
   - In a supermarket, younger children can be put back in the grocery cart. Older children may need to stand in a corner.
   - In shopping malls, children can take their time-out sitting on a bench or in a restroom.
   - Sometimes a child needs to be taken to the car and made to sit there with supervision.
   - If the child is outdoors and misbehaves, you can ask him to stand facing a tree.

When Time-Outs are Not Working: What to Do

1. **Don't Give Up on Using Time-Outs:**
   - Some children repeat their misbehavior immediately after release from time-out. Others seem to improve but by the next day are back at it. Some children refuse to go to time-out or won't stay there. None of these examples means that time-out should be abandoned.
   - It remains the most powerful discipline technique for 2- to 5-year-old children.
   - The following recommendations may help you fine-tune how you are using time-out.

2. **Give Your Child More Physical Affection Each Day:**
   - Be sure your child receives several time-ins for each time-out. A time-in is a brief caring human interaction.
   - Try to restore the positive side of your relationship with your child. Catch him being good. Give your child a hug many times a day. For younger children, hold them closely for a few minutes many times a day. Play with your child more.
   - Children who are overly criticized can feel that they are no longer loved. Then they no longer want to please you.

3. **Use Time-Out Only For The One Worse Behavior You Are Trying to Change:**
   - Pick your one main "problem behavior" and concentrate on that. Use your time-out consequence only for that target behavior.

4. **Don't Threaten to Give a Time-Out, Just Do It:**
   - See the popular book "1-2-3 Magic" by psychologist Thomas Phelan PhD. He uses a slow 3-count prior to requiring the time-out. This 3-warning approach helps many children accept the requested change and avoid the time-out.
   - The main point is don't give repeated warnings. If you tell your child to stop doing something and they don't, give them a time-out. No discussion.

5. **Put Your Child in Time-Out Quickly:**
   - Don't argue about it with your child.
   - When your child breaks a rule, have her in time-out within 10 seconds.

6. **Be Gentle When Moving Your Child to Time-Out:**
   - This will help reduce your child's anger.
   - Say you're sorry he needs a time-out, but be firm about it.
   - Try to handle your child gently if you have to carry him to time-out.

7. **Give Your Child a Choice About How He Takes His Time-Out:**
   - Ask, "Do you want to take a time-out by yourself or do you want me to hold you in your chair? It doesn't matter to me." Also known as the easy way or the hard way.

8. **Don't Talk to Your Child During Time-Out:**
   - Don't answer his questions or complaints. Don't try to lecture your child.

9. **Ignore Tantrums in Time-Out:**
   - Don't insist on quietness during time-out. Reason: Makes it harder to finish the time-out and move on.

10. **Return Your Child to Time-Out if He Escapes:**
    - Have a back-up plan.
    - For example, you can hold a young child in the time-out chair, or ground an older child.
    - See detailed discussion under Special Time-Out Problems.

11. **Use a Portable Timer for Keeping Track of the Time:**
    - Your child is more likely to obey a timer than to obey you.
    - A timer can be very helpful for toddlers.

12. **Allow Your Child to Come out of Time-Out as soon as Feels Calmer:**
    - Give your child the option to regain self-control on their terms rather than taking the specified number of minutes. This helps strong-willed children.

13. **Praise Your Child for Taking a "Good" Time-Out:**
    - Forgive your child completely when you release him from time-out.
    - Don't give lectures or ask for an apology.
    - Give your child a clean slate and don't tell your partner how many time-outs he needed that day.

14. **Use Different Consequences for Different Misbehaviors:**
    - Ignore harmless behaviors.
    - Use distraction for bad habits.
    - Use logical consequences -- such as removal of toys, other possessions, or privileges -- for some misbehavior.
15. **Clarify With Your Child What You Want Him To Do:**
    - Clarify the important house rules.
    - Memory requires repetition. Review rules at a time when your child is in a good mood.
    - This will help him be more successful in the future.

Call Your Doctor If

- Your child has many behavioral problems and is out of control
- Your child refuses to stay in time-out after using this plan for 1 week
- Your child's misbehavior has not improved after using this plan for 4 weeks
- You have other questions or concerns

Pediatric Care Advice

Author: Barton Schmitt MD, FAAP

Toilet Training - Normal

Definition

Your goal is to toilet train your child. Your child will be toilet trained when without reminders they can:
- Walk to the potty
- Pull down their pants
- Pass urine or a bowel movement (BM) into the potty
- Pull up their pants.
- This handout discusses a gradual type of toilet training.

Health Information

Bladder and Bowel Control
- Some children will learn to control their bladder first. Others will start with bowel control. Both kinds of control can be worked on at the same time.
- Bedwetting is different. Bladder control through the night normally happens several years later than daytime bladder control.
- Most toilet training can be completed in 1 to 2 months. However, your child needs to be ready before you start.

Toilet ReadinessTraining
- Don't begin toilet training (prompted potty sits) until your child is clearly ready. Readiness doesn't just happen.
- Toilet readiness training means teaching your child about pee, poop and use of the potty (and toilets). This special teaching can start at 18 months of age or earlier.
- Details on how to help children become ready are found in the handout, "Toilet Readiness Training".

How to Know if Your Child is Ready to Start Real Toilet Training
- Your child knows the sensation of a full bladder and full rectum. Hiding to go pee or poop proves they recognize this urge and can wait briefly.
- Can go 2 or more hours without passing urine. Waking dry from naps is a good sign.
- Poops are formed and passed 3 or less times per day.
- Comes to you to be changed to a clean diaper.
- Your child knows what the toilet and potty chair are used for.
- Your child likes to sit on the potty chair.
- Your child likes to please you and is cooperative with most verbal requests.

Care Advice

1. **Start Practice Runs to the Potty:**
   - A practice run (potty sit) is encouraging your child to sit on their potty chair with their diapers off.
   - Only do practice runs when your child gives a signal that looks promising. Such signals are a certain facial expression, holding the genital area, or pulling at their pants. You may notice pacing, squatting, dancing in place or even grunting.
   - If you don't see any signals, other good times for practice runs are after naps or 2 hours without passing urine. You can also try 20 or 30 minutes after meals or a big drink. Tell your child, "Your poop (or pee) wants to come out. Let's sit on the potty".
   - How often: Try to limit practice sits top no more than 5 times per day. Too many reminders turns some children against the process. Having a limit also will help you be better at figuring out the best times and signals.

2. **Make Practice Runs Positive for the Child**
   - Keep them upbeat and fun.
   - If your child doesn't want to sit on the potty, let it go at that time.
   - If your child wants to get up after 1 minute of encouragement, let him get up.
   - Caution: Never force your child to sit there. Never physically hold your child there. This is the main cause of toilet training resistance.
   - Don't read to or play games with your child while sitting on the potty. That confuses the purpose of why they are there. Leave them focus only on making their body do its job.
   - Even if your child seems to be enjoying it, end each session by 5 minutes.
   - This is not the time to teach proper wiping and handwashing. Be sure that any wiping is gentle. Keep the fopcus on releasing pee and poop into the potty.

3. **Keep a Potty Chair Close By:**
   - Initially, keep the potty chair in the room where your child usually plays.
   - This easy access increases the chances that they'll use it without you asking.
   - Consider owning 2 potty chairs, so one can be in your bathroom.

4. **Wear Clothing That is Easy to Remove:**
   - During toilet training, children need to wear only one layer of clothing. That usually means training pants or pullups.
   - Some parents find it is helpful to keep their child in diapers until they start toilet training. Switching to pullups at that time can motivate your child to keep them clean and dry. Teach them how to pull them down.
   - Avoid shoes and outer pants.
   - In the wintertime, if needed, also wear loose sweatpants.
   - After toilet training is done, avoid any pants with zippers, buttons, snaps, or a belt for a while.

5. **Praise Your Child for Cooperation and Any Success:**
   - In the beginning, praise your child's cooperation with practice sits.
   - For example, you might say, "You are sitting on the potty just like Mommy." or, "You're trying real hard to go pee-pee in the potty".
   - Eventually give praise and hugs mainly for passing urine or stool into the potty.
   - A sense of accomplishment is enough for some children. However, some need rewards to stay focused. Examples are stickers or healthy food treats.
   - Big rewards like going to a toy store for a prize should be reserved for big steps. For instance, your child has completed toilet training.
   - Caution: Overpraising can make some kids feel pressured. Keep your praise more natural and selective.

6. **Practice Runs - When to Stop Prompting:**
   - Once your child starts using the potty by theirself several times in a row, you can stop practice runs.
   - For the following week, continue to praise your child frequently for using the potty.
   - Phase them out gradually. Prompt only when your child ignores an obvious signal.

7. **Change Your Child Calmly After Accidents:**
   - Change your child as soon as it's convenient. Respond with kindness. Say, "You wanted to go pee in the potty, but you went in your pants. I know that makes you sad. You like to be dry. You'll get better at this."
   - If you feel a need to express disapproval, do so rarely. For example, "Big boys don't go poop in their pants." Or mention the name of another child whom your child likes and who is trained.
   - Change your child into a dry diaper or training pants in a pleasant manner.
   - Try not to show your anger. Carefully avoid any physical punishment, yelling, or scolding.
   - Pressure or force will start a power struggle. Your child may become completely uncooperative.

8. **Regular Underwear - When to Start:**
   - Introduce regular underwear after your child starts using the potty on their own.
   - Regular underwear can spark motivation.
   - Switch from training pants or pullups to regular underwear after your child passes urine into the potty on their own for a whole day.
   - Buy loose-fitting underwear that they can easily lower and pull up on their own.
   - Once in underwear, use diapers or pullups only for sleep and long travels outside the home.

9. **What to Expect**
   - Some kids are easy to train, others are harder.
   - Practice runs and reminders should not be needed for more than 1 or 2 months.
   - If there is no progress, your child probably needs a break for a few months.
   - Facts: the average age for completing toilet training in the US is 2 years and 6 months. The average age is younger in other countries.

Call Your Doctor If

- Your child is over 2 1/2 years old and has a negative attitude about toilet training
- Your child is over 3 years old and not daytime toilet trained
- Your child won't sit on the potty chair or toilet
- Your child holds back bowel movements
- The approach described here isn't working after 3 months
- Note: See Toilet Training Resistance handout

Pediatric Care Advice

Author: Barton Schmitt MD, FAAP

Fluoride Varnish

Frequently Asked Questions

What is fluoride varnish?
Fluoride varnish is a professionally applied treatment that can help protect teeth from cavities. It can help cavities from getting worse that are in their earliest stages. Fluoride varnish can be applied either at a doctor's or dentist's office.

Is fluoride varnish safe?
Yes, fluoride varnish (and fluoride toothpaste) is safe to use, starting when the first teeth erupt. Only a small amount is used during a single fluoride varnish application. Allergies or sensitivities to fluoride varnish are rare.

Why is fluoride varnish recommended for children's teeth?
Tooth decay, or cavities, is the most common chronic childhood disease. A small cavity can have a big impact on a child's life and development.

Cavities start when certain foods and drinks interact with the bacteria in our mouths. The more frequently this happens, the more likely cavities will form.

Teeth have an outer layer called enamel. In children's teeth, the enamel is thinner than adult teeth. Therefore, cavities can start and get worse more quickly. Fluoride helps to prevent or slow this process.

Cavities in baby teeth can interfere with speech, eating and cause pain and infection. Dental pain and infection can affect sleep schedules and a child's ability to focus.

How often should your child get fluoride varnish?
Fluoride varnish can be applied when the first tooth erupts. It can be applied up to 4 times a year or once every 3 months. Insurance plans might limit how often it is covered, but most will cover fluoride varnish 2 times a year.

How is fluoride varnish put on the teeth?
The liquid-like solution is painted on dry teeth with a tooth-sized paint brush. Saliva in the mouth causes the varnish to stick to the teeth. The procedure is easy, fast and painless. Some children may not like the procedure or sticky feeling.

What do you do after a fluoride varnish treatment?
Children should avoid hot foods and liquids that would dissolve the varnish. Otherwise, normal eating and drinking are ok.

Do not brush or floss your child's teeth until the next morning, using their current toothbrush. After that, you should use a new toothbrush.

Teeth may appear yellow after fluoride varnish is applied but that color is temporary. The teeth will return to normal after toothbrushing the next morning.

Check out our BBP
Fluoride Varnish Video!

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