



# BRIGHT FUTURES HANDOUT ► PARENT

## 4 YEAR VISIT

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



### HOW YOUR FAMILY IS DOING

- Stay involved in your community. Join activities when you can.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also 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.
- If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community agencies can also provide confidential help.
- Teach your child about how to be safe in the community.
  - Use correct terms for all body parts as your child becomes interested in how boys and girls differ.
  - No adult should ask a child to keep secrets from parents.
  - No adult should ask to see a child's private parts.
  - No adult should ask a child for help with the adult's own private parts.



### HEALTHY HABITS

- Give your child 16 to 24 oz of milk every day.
- Limit juice. It is not necessary. If you choose to serve juice, give no more than 4 oz a day of 100% juice and always serve it with a meal.
- Let your child have cool water when she is thirsty.
- Offer a variety of healthy foods and snacks, especially vegetables, fruits, and lean protein.
- Let your child decide how much to eat.
- Have relaxed family meals without TV.
- Create a calm bedtime routine.
- Have your child brush her teeth twice each day. Use a pea-sized amount of toothpaste with fluoride.



### GETTING READY FOR SCHOOL

- Give your child plenty of time to finish sentences.
- Read books together each day and ask your child questions about the stories.
- Take your child to the library and let him choose books.
- Listen to and treat your child with respect. Insist that others do so as well.
- Model saying you're sorry and help your child to do so if he hurts someone's feelings.
- Praise your child for being kind to others.
- Help your child express his feelings.
- Give your child the chance to play with others often.
- Visit your child's preschool or child care program. Get involved.
- Ask your child to tell you about his day, friends, and activities.



### TV AND MEDIA

- Be active together as a family often.
- Limit TV, tablet, or smartphone use to no more than 1 hour of high-quality programs each day.
- Discuss the programs you watch together as a family.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.
- Don't put a TV, computer, tablet, or smartphone in your child's bedroom.
- Create opportunities for daily play.
- Praise your child for being active.

**Helpful Resources:** National Domestic Violence Hotline: 800-799-7233 | Family Media Use Plan: [www.healthychildren.org/MediaUsePlan](http://www.healthychildren.org/MediaUsePlan)  
 Smoking Quit Line: 800-784-8669 | Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents) | Toll-free Auto Safety Hotline: 888-327-4236

# 4 YEAR VISIT—PARENT

## ✓ SAFETY

- Use a forward-facing car safety seat or switch to a belt-positioning booster seat when your child reaches the weight or height limit for her car safety seat, her shoulders are above the top harness slots, or her ears come to the top of the car safety seat.
- The back seat is the safest place for children to ride until they are 13 years old.
- Make sure your child learns to swim and always wears a life jacket. Be sure swimming pools are fenced.
- When you go out, put a hat on your child, have her wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on her exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.
- Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.

## WHAT TO EXPECT AT YOUR CHILD'S 5 AND 6 YEAR VISIT

### We will talk about

- Taking care of your child, your family, and yourself
- Creating family routines and dealing with anger and feelings
- Preparing for school
- Keeping your child's teeth healthy, eating healthy foods, and staying active
- Keeping your child safe at home, outside, 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®



The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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# Your child at 4 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 4. 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

- Pretends to be something else during play (teacher, superhero, dog)
- Asks to go play with children if none are around, like "Can I play with Alex?"
- Comforts others who are hurt or sad, like hugging a crying friend
- Avoids danger, like not jumping from tall heights at the playground
- Likes to be a "helper"
- Changes behavior based on where she is (place of worship, library, playground)

### Language/Communication Milestones

- Says sentences with four or more words
- Says some words from a song, story, or nursery rhyme
- Talks about at least one thing that happened during his day, like "I played soccer."
- Answers simple questions like "What is a coat for?" or "What is a crayon for?"

### Cognitive Milestones (learning, thinking, problem-solving)

- Names a few colors of items
- Tells what comes next in a well-known story
- Draws a person with three or more body parts

### Movement/Physical Development Milestones

- Catches a large ball most of the time
- Serves himself food or pours water, with adult supervision
- Unbuttons some buttons
- Holds crayon or pencil between fingers and thumb (not a fist)

## 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 any local public elementary school for a free evaluation to find out if your child can get services to help.

For more on how to help your child, visit [cdc.gov/Concerned](https://www.cdc.gov/Concerned).

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



Download CDC's  
free Milestone  
Tracker app



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# 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 be ready for new places and meeting new people. For example, you can read stories or role play (pretend play) to help him be comfortable.
- Read with your child. Ask him what's happening in the story and what he thinks might happen next.
- Help your child learn about colors, shapes, and sizes. For example, ask the color, shapes, and size of things she sees during the day.
- Encourage your child to use "his words" to ask for things and solve problems but show him how. He may not know the words he needs. For example, help your child say, "Can I have a turn?" instead of taking something from someone.
- Help your child learn about others' feelings, and about positive ways to react. For example, when he sees a child who is sad, say "He looks sad. Let's bring him a teddy."
- Use positive words and give attention to behaviors you want to see ("wanted behaviors"). For example, say "You're sharing that toy so nicely!" Give less attention to those you don't want to see.
- Tell your child in a simple way why she can't do something you don't want her to do ("unwanted behavior"). Give her a choice of what she can do instead. For example, "You can't jump on the bed. Do you want to go outside and play or put on some music and dance?"
- Let your child play with other children, such as at a park or library. Ask about local play groups and pre-school programs. Playing with others helps you child learn the value of sharing and friendship.
- Eat meals with your child when possible. Let her see you enjoying healthy foods, such as fruits, vegetables, and whole grains, and drinking milk or water.
- Create a calm, quiet bedtime routine. Avoid any screen time (TV, phone, tablet, etc.) for 1 to 2 hours before bed and don't put any screens in your child's bedroom. Children this age need 10 to 13 hours of sleep a day (including naps). Consistent sleep times make it easier!
- Give your child toys or things that encourage his imagination, such as dress-up clothes, pots and pans to pretend cook, or blocks to build with. Join him in pretend play, such as eating the pretend food he cooks.
- Take time to answer your child's "why" questions. If you don't know the answer, say "I don't know," or help your child find the answer in a book, on the Internet, or from another adult.

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



Download CDC's  
free Milestone  
Tracker app



**Learn the Signs. Act Early.**

# 4 years old

Child's name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date \_\_\_\_\_

BMI \_\_\_\_\_ percentile \_\_\_\_\_ %

## Food for Thought

*What foods does your child like?*

*What vegetables does your child like?*

*How many meals and snacks per day does your child eat?*

*What kind of snacks are your child's favorite?*

*What activities does your child enjoy?*

*How much time does your child spend with TV, computer and video games each day?*

## Feeding Advice

- 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).

- Trust your child's appetite. Just make sure you are giving your child healthy foods to choose from.
- Focus on healthy snacks: cut-up fruit, raw vegetables, cubed cheese, yogurt and whole grain unsweetened cereal and crackers. Serve snacks 1-2 hours before meals.
- Serve the same food the rest of the family is eating. Don't fix your child separate food.
- Think your drink – make it milk at meals and water or 100% fruit juice in between. **Limit 100% fruit juice intake to 4-6 oz./day.**
- Keep portion sizes small and continue to use child-size plates, cups & silverware.
- Request information on serving sizes.
- Don't force your child to eat or to clean their plate.
- Sleep and appetite go together. Be sure to allow your child plenty of sleep.
- Sit down and eat together as a family.

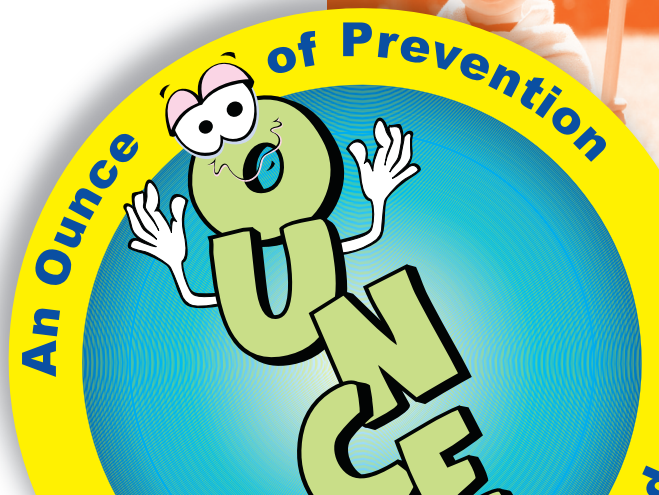
## Be Active

- Encourage 1 hour of active play each day, make physical activity a family routine. Try bike riding, skipping, dancing, jumping and running.
- Enjoy throwing and catching balls with your child.
- Play hopscotch 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. May be reproduced in its entirety for educational purposes. February 2010





## 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)

**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

The information in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

# KEEP KIDS SAFER IN CRASHES



## BELT-POSITIONING BOOSTER SEATS: SAFE AND EASY TO USE

A booster seat raises your child up so that your vehicle's lap-and-shoulder belt fits correctly. This will help to prevent injuries in a crash. Your child needs a booster seat when he reaches the top weight or height recommended for his child safety seat, his shoulders are above the top harness slot, or his ears have reached the top of the seat. Children should use a booster seat until they are between 8 and 12 years of age.

### Why aren't seat belts good enough?

- Seat belts are designed to fit adults. Until your child is big enough for a seat belt to fit correctly, she needs a booster.
- Boosters help to keep your child protected in a crash. While using any restraint is better than none, boosters are better at preventing injuries than seat belts. In a crash, seat belts alone (without a booster) can cause serious injuries to your child's abdomen, neck and back.



*Backless booster with  
belt-positioning strap*

### How do you use a booster seat?

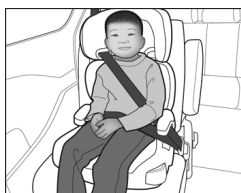
- Read instruction manuals for both the booster and the vehicle before you start.
- Put the booster in the back seat, where there is a lap-and-shoulder belt. Lap-only belts are not acceptable to use with a booster seat.
- After your child is in the booster, pull the lap-and-shoulder belt across her and buckle it.
- Check that the belt crosses her shoulder between her neck and arm and that the lap belt is low and snug on the hips, just touching the thighs.

### What type of booster is best?

- Both high-back and backless types work to make the seat belt fit better. But if the back seat of your car doesn't have a headrest or a high seat back, your child needs a high-back booster.
- Prices start at about \$15 for a backless model. Remember, just because a seat costs more does not mean it is safer.

### What should I do if my child says, "I'm too big for a car seat"?

- Let him choose his own booster seat and teach him how to buckle up.
- Show him how the booster helps him to see out of the window better and makes the shoulder belt more comfortable.
- Remember not to call the booster a child seat or car seat.
- Finally, tell your child that the car will not move until everyone is buckled in correctly.



*High-back booster*

### When is it safe to move my child to an adult seat belt?

- Keep your child in a booster until he is about 4 feet 9 inches tall, which is usually when he is between 8 and 12 years old. This is about the time when adult seat belts fit properly.
- Here's how you can tell when your child is ready for an adult seat belt:
  - He is tall enough to sit against the back of the car's seat with his legs bent at the knees and feet hanging down.
  - The shoulder belt lies across the chest, not at the neck or face.
  - The lap belt is low and snug across the thighs, not across the soft abdomen.

**LEARN MORE:**  
215-590-5437  
[chop.edu/carseat](http://chop.edu/carseat)  
[chop.edu/safekids](http://chop.edu/safekids)

*Developed in partnership with the Injury Prevention Program  
at Children's Hospital of Philadelphia.*



**Children's Hospital  
of Philadelphia®**

Center for Injury Research & Prevention



## 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.

# MMRV Vaccine (Measles, Mumps, Rubella, and Varicella): *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1. Why get vaccinated?

MMRV vaccine can prevent **measles, mumps, rubella, and varicella.**

- **MEASLES (M)** causes fever, cough, runny nose, and red, watery eyes, commonly followed by a rash that covers the whole body. It can lead to seizures (often associated with fever), ear infections, diarrhea, and pneumonia. Rarely, measles can cause brain damage or death.
- **MUMPS (M)** causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender salivary glands under the ears. It can lead to deafness, swelling of the brain and/or spinal cord covering, painful swelling of the testicles or ovaries, and, very rarely, death.
- **RUBELLA (R)** causes fever, sore throat, rash, headache, and eye irritation. It can cause arthritis in up to half of teenage and adult women. If a person gets rubella while they are pregnant, they could have a miscarriage or the baby could be born with serious birth defects.
- **VARICELLA (V)**, also called “chickenpox,” causes an itchy rash, in addition to fever, tiredness, loss of appetite, and headache. It can lead to skin infections, pneumonia, inflammation of the blood vessels, swelling of the brain and/or spinal cord covering, and infection of the blood, bones, or joints. Some people who get chickenpox get a painful rash called “shingles” (also known as herpes zoster) years later.

Most people who are vaccinated with MMRV will be protected for life. Vaccines and high rates of vaccination have made these diseases much less common in the United States.

## 2. MMRV vaccine

MMRV vaccine may be given to **children 12 months through 12 years of age**, usually:

- First dose at age 12 through 15 months
- Second dose at age 4 through 6 years

MMRV vaccine may be given at the same time as other vaccines. Instead of MMRV, some children might receive separate shots for MMR (measles, mumps, and rubella) and varicella. Your health care provider can give you more information.

## 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 MMRV, MMR, or varicella vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant** or thinks they might be pregnant—pregnant people should not get MMRV vaccine
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems**
- Has ever had a **condition that makes him or her bruise or bleed easily**
- Has a **history of seizures**, or has a **parent, brother, or sister with a history of seizures**
- Is **taking or plans to take salicylates** (such as aspirin)
- Has recently **had a blood transfusion or received other blood products**
- Has **tuberculosis**
- Has **gotten any other vaccines in the past 4 weeks**

In some cases, your health care provider may decide to postpone MMRV vaccination until a future visit or may recommend that the child receive separate MMR and varicella vaccines instead of MMRV.

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

Your health care provider can give you more information.



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

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## 4. Risks of a vaccine reaction

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- Sore arm from the injection, redness where the shot is given, fever, and a mild rash can happen after MMRV vaccination.
- Swelling of the glands in the cheeks or neck or temporary pain and stiffness in the joints sometimes occur after MMRV vaccination.
- Seizures, often associated with fever, can happen after MMRV vaccine. The risk of seizures is higher after MMRV than after separate MMR and varicella vaccines when given as the first dose of the two-dose series in younger children. Your health care provider can advise you about the appropriate vaccines for your child.
- More serious reactions happen rarely, including temporary low platelet count, which can cause unusual bleeding or bruising.
- In people with serious immune system problems, this vaccine may cause an infection that may be life-threatening. People with serious immune system problems should not get MMRV vaccine.

If a person develops a rash after MMRV vaccination, it could be related to either the measles or the varicella component of the vaccine. The varicella vaccine virus could be spread to an unprotected person. Anyone who gets a rash should stay away from infants and people with a weakened immune system until the rash goes away. Talk with your health care provider to learn more.

Some people who are vaccinated against chickenpox get shingles (herpes zoster) years later. This is much less common after vaccination than after chickenpox disease.

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.

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## 5. What if there is a serious problem?

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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](http://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.*

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## 6. The National Vaccine Injury Compensation Program

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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](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim.

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## 7. How can I learn more?

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- 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](http://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](http://www.cdc.gov/vaccines).



# 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](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://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       PCV       Polio

(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.

### Hib (*Haemophilus influenzae* type b) disease

*Haemophilus influenzae* type b can cause many different kinds of infections. Hib bacteria can cause mild illness, such as ear infections or bronchitis, or they can cause severe illness, such as infections of the blood. Hib infection can also cause pneumonia; severe swelling in the throat, making it hard to breathe; and infections of the blood, joints, bones, and covering of the heart. 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.

### Pneumococcal disease (PCV)

**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.



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Centers for Disease Control and Prevention

## 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 infected with poliovirus will experience sore throat, fever, tiredness, nausea, headache, or stomach pain, and most people with these symptoms will also recover without complications. 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.

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

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**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 **pneumococcal conjugate vaccine (PCV)**
- 4 doses of **polio vaccine**

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

**Older children, adolescents, and adults** with certain health conditions or other risk factors or who did not get vaccinated earlier might also be recommended to receive 1 or more doses of some of these vaccines.

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

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## 3. Talk with your health care provider

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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 diphtheria, tetanus, 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 diphtheria or tetanus**

### **For PCV:**

- Has had an **allergic reaction after a previous dose of any type of pneumococcal conjugate vaccine (PCV13, PCV15, PCV20, or 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.

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## 4. Risks of a vaccine reaction

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### 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 PCV:

- 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 PCV:

- Loss of appetite, fussiness (irritability), feeling tired, headache, and chills can happen after PCV vaccination.
- Young children may be at increased risk for seizures caused by fever after a pneumococcal conjugate vaccine 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.

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## 5. What if there is a serious problem?

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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](http://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.*

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## 6. The National Vaccine Injury Compensation Program

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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](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim.

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## 7. How can I learn more?

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- 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](http://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](http://www.cdc.gov/vaccines).



# Ready for Kindergarten!



## I'm ready for school when...

### Health and Well-Being

- I am healthy and my immunizations are up to date.
- I have good oral health and have visited my dentist.
- I am well-rested.
- I can fasten my pants and put on my jacket.
- I can kick balls, hop on one foot and climb the ladder at the park.
- I can eat, wash my hands, blow my nose and use the toilet by myself.
- I get at least 60 minutes a day of exercise and active play.

### Social and Emotional Development

- I take turns, share and help others.
- I stay focused and pay attention for 10-15 minutes at a time.
- I can keep trying, even when I don't know how to do something.
- I enjoy following the rules and helping to make the rules.
- I can work and play both independently and in a group.
- I can manage my behavior with help.
- I can calm myself down when I get frustrated.

### Language & Communication Skills

- I hear and understand the meaning of words, stories and songs.
- I use words to talk about thoughts, wants, needs and feelings.
- I speak clearly enough that other people understand.
- I use complete sentences and connect ideas to make longer sentences.
- I can say or sing familiar songs and nursery rhymes.
- I follow one- and two-step directions such as, "Please pick up your plate and put it in the sink."

### Early Literacy

- I enjoy books and stories.
- I can use a crayon or pencil.
- I know how to use a book: from start to finish and how to turn pages.
- I know some of the letters of the alphabet.
- I can write some of the letters in my first name.
- I know rhyming words like pat, hat, cat and bat.

### Mathematical Thinking

- I can count 10 items correctly.
- I know primary colors and shapes - red, blue and yellow; circle, square and triangle.
- I can sort silverware into spoons, knives and forks.
- I can put together a puzzle through trial and error.
- I can sort beads on a necklace in a color pattern.
- I can organize four objects from smallest to largest.

**All children grow and develop at their own pace.**

Use this checklist to identify the skills you can help your child develop in order to prepare them for lifelong learning.

# 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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