



BRIGHT FUTURES HANDOUT ► PARENT

2½ YEAR VISIT

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

✓ FAMILY ROUTINES

- Enjoy meals together as a family and always include your child.
- Have quiet evening and bedtime routines.
- Visit zoos, museums, and other places that help your child learn.
- Be active together as a family.
- Stay in touch with your friends. Do things outside your family.
- Make sure you agree within your family on how to support your child's growing independence, while maintaining consistent limits.

✓ LEARNING TO TALK AND COMMUNICATE

- Read books together every day. Reading aloud will help your child get ready for preschool.
- Take your child to the library and story times.
- Listen to your child carefully and repeat what she says using correct grammar.
- Give your child extra time to answer questions.
- Be patient. Your child may ask to read the same book again and again.

✓ GETTING ALONG WITH OTHERS

- Give your child chances to play with other toddlers. Supervise closely because your child may not be ready to share or play cooperatively.
- Offer your child and his friend multiple items that they may like. Children need choices to avoid battles.
- Give your child choices between 2 items your child prefers. More than 2 is too much for your child.
- Limit TV, tablet, or smartphone use to no more than 1 hour of high-quality programs each day. Be aware of what your child is watching.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

✓ GETTING READY FOR PRESCHOOL

- Think about preschool or group child care for your child. If you need help selecting a program, we can give you information and resources.
- Visit a teachers' store or bookstore to look for books about preparing your child for school.
- Join a playgroup or make playdates.
- Make toilet training easier.
 - Dress your child in clothing that can easily be removed.
 - Place your child on the toilet every 1 to 2 hours.
 - Praise your child when he is successful.
- Try to develop a potty routine.
- Create a relaxed environment by reading or singing on the potty.

Helpful Resources: Family Media Use Plan: www.healthychildren.org/MediaUsePlan

Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

2½ YEAR VISIT—PARENT

✓ SAFETY

- Make sure the car safety seat is installed correctly in the back seat. Keep the seat rear facing until your child reaches the highest weight or height allowed by the manufacturer. The harness straps should be snug against your child's chest.
- Everyone should wear a lap and shoulder seat belt in the car. Don't start the vehicle until everyone is buckled up.
- Never leave your child alone inside or outside your home, especially near cars or machinery.
- Have your child wear a helmet that fits properly when riding bikes and trikes or in a seat on adult bikes.
- Keep your child within arm's reach when she is near or in water.
- Empty buckets, play pools, and tubs when you are finished using them.
- 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).
- Have working smoke and carbon monoxide alarms on every floor. Test them every month and change the batteries every year. Make a family escape plan in case of fire in your home.

WHAT TO EXPECT AT YOUR CHILD'S 3 YEAR VISIT

We will talk about

- Caring for your child, your family, and yourself
- Playing with other children
- Encouraging reading and talking
- Eating healthy and staying active as a family
- 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.

Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this handout. Web site addresses are as current as possible but may change at any time.

The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this handout and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.

Your child at 30 months*



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 30 months. 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

- Plays next to other children and sometimes plays with them
- Shows you what she can do by saying, "Look at me!"
- Follows simple routines when told, like helping to pick up toys when you say, "It's clean-up time."

Language/Communication Milestones

- Says about 50 words
- Says two or more words together, with one action word, like "Doggie run"
- Names things in a book when you point and ask, "What is this?"
- Says words like "I," "me," or "we"

Cognitive Milestones (learning, thinking, problem-solving)

- Uses things to pretend, like feeding a block to a doll as if it were food

- Shows simple problem-solving skills, like standing on a small stool to reach something
- Follows two-step instructions like "Put the toy down and close the door."
- Shows he knows at least one color, like pointing to a red crayon when you ask, "Which one is red?"

Movement/Physical Development Milestones

- Uses hands to twist things, like turning doorknobs or unscrewing lids
- Takes some clothes off by himself, like loose pants or an open jacket
- Jumps off the ground with both feet
- Turns book pages, one at a time, when you read to her

* It's time for developmental screening!

At 30 months, your child is due for general developmental 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](https://www.cdc.gov/FindEI).

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

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

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.



- Encourage “free play,” where your child can follow her interests, try new things, and use things in new ways.
- Use positive words and give more attention to behaviors you want to see (“wanted behaviors”), than to those you don’t want to see. For example, say “I like how you gave Jordan the toy.”
- Give your child food choices that are simple and healthy. Let him choose what to eat for a snack or what to wear. Limit choices to two or three.
- Ask your child simple questions about books and stories. Ask questions, such as “Who?” “What?” and “Where?”
- Help your child learn how to play with other children. Show him how by helping him share, take turns, and use his “words.”
- Let your child “draw” with crayons on paper, shaving cream on a tray, or chalk on a sidewalk. If you draw a straight line, see if she will copy you. When she gets good at lines, show her how to draw a circle.
- 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 him learn the value of sharing and friendship.
- Eat family meals together as much as you can. Give the same meal to everyone. Enjoy each other’s company and avoid screen time (TV, tablets, and phones, etc.) during meals.
- Limit screen time (TV, tablets, phones, etc.) to no more than 1 hour per day of a children’s program with an adult present. Children learn by talking, playing, and interacting with others.
- Use words to describe things to your child, such as big/small, fast/slow, on/off, and in/out.
- Help your child do simple puzzles with shapes, colors, or animals. Name each piece when your child puts it in place.
- Play with your child outside. For example, take your child to the park to climb on equipment and run in safe areas.
- Allow your child to eat as much or as little as she wants at each meal. Your job is to offer her healthy foods and it’s your child’s job to decide if and how much she wants to eat.

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



Learn the Signs. Act Early.



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)

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN[®]



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.

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
- Old furniture and toys
- Dirt
- Play or costume jewelry
- Pewter
- 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.

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 Worst 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

Copyright 2000-2023 Schmitt Pediatric Guidelines LLC

Disclaimer: This health information is for educational purposes only. You the reader assume full responsibility for how you choose to use it. The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. Listing of any resources does not imply an endorsement.

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!



PARTNERS
FOR KIDS®


NATIONWIDE
CHILDREN'S®
When your child needs a hospital, everything matters.

FREE BOOKS EACH
MONTH

CHILDREN AGES
0-5

REGISTER YOUR CHILD
TODAY

FREE BOOKS



**RECEIVE A FREE
HIGH-QUALITY, AGE APPROPRIATE BOOK EACH
MONTH FOR REGISTERED CHILDREN FROM
BIRTH TO AGE FIVE.**

**REGISTER YOUR CHILD TODAY!
OHIOIMAGINATIONLIBRARY.ORG/ENROLL**



DOLLY PARTON'S IMAGINATION LIBRARY OF OHIO

