Early Childhood Visits

1 Through 4 Years









Early Childhood 12 Month Visit

Context

The 12-month-old stands proudly, somewhat bow-legged, belly protruding. Walking, one of the most exciting developmental milestones, occurs around the toddler's first birthday, bringing with it increasing independence. During the first year of life, the infant was rarely in conflict with his environment. He might have been demanding when he cried, he required considerable care, and he changed the balance in the family. However, he spent most of his first year getting to know and trust his parents and his environment. As a toddler, he becomes increasingly competent in acting upon the world around him, all on his own. His world broadens, bringing both excitement and challenge.

Autonomy and independent mobility are developmental achievements of which the parents and toddler are justifiably proud, but the toddler constantly encounters environmental barriers. He cannot go as fast as he would like without tripping, he cannot always reach desired objects, and he can fall and hurt himself. New hazards emerge, such as cups full of hot coffee left on surfaces within reach or stairs without gates. A toddler's parents and other caregivers must watch him constantly to keep him safe.

As the toddler's autonomy, independence, and cognitive abilities increase, he begins to exert his own will. In response, his parents' perceptions of his demands change dramatically, influenced by their own upbringing and childhood experiences. Do the parents understand their toddler's needs and attempt to meet them? The 12-monthold's dramatic struggle for autonomy will test his

parents' ability to let go, permit independence, and enjoy aspects of his behavior that are out of their direct control. The toddler's messy attempts to feed himself can be difficult for his parents as they sort out their own desire for order and neatness with his need for self-care.

Fortunately, the toddler is endowed with a social feedback loop to recognize both pleasure and displeasure from significant caregivers. Adults build on this characteristic by providing appropriate responses to a toddler's actions. Adult laughter during a well-played game of peekaboo holds the key to future good times in other interactive games, and turning away, ignoring, or expressing displeasure at a plate of food thrown on the floor, which sends a message that this behavior is not acceptable, helps prevent later disruptive behaviors.

Positive activities, such as cuddling, holding, praising, and firmly enforcing rules about not biting, hitting, and kicking, help the toddler develop emotional expression. Consistency is the keystone for dealing with a 12-month-old, and establishing regular routines is all-important.

Although the toddler's level of activity increases significantly during this period, his rate of weight gain decreases, and struggles over eating arise for many parents. A toddler frequently eats a large amount at one meal and very little at the next. However, hunger guides him and he eats a sufficient amount over time. Not overfeeding is important to help prevent obesity. The key is to offer nutritious foods consistently and not worry about whether all the food is finished each time.



Food should not be a reward for good behavior, nor should food be withheld as a punishment for bad behavior, as it can lead to obesity and it is an ineffective disciplinary technique.

Responding sensitively to the 12-month-old's behavior is a complex task. Some parents who did well with the more dependent, younger infant are less confident of their role now. Toddlers beginning their second year of life thrive when parents accommodate their demands yet maintain a strong parenting presence, including a full measure of patience, enough self-confidence to set limits, the judgment to know which needs are most important, and the ability to realize that their 12-monthold's negative behavior is not directed against them. Physical interaction promotes fun in being active. Reading aloud and singing are positive ways to spend time together and can be worked into the child's daily routines, such as at bedtime or naptime and before mealtime. By letting the child choose the book, the parent can support the child's growing independence and, by reading aloud and naming the pictures, the parent can help the child learn language and satisfy his curiosity about the

world. Television (TV) and other digital media should be discouraged at this age.

Parents need to be positive role models for their toddler, both physically (eg, by eating nutritiously, being physically active, wearing seat belts in the car, and reading for pleasure) and emotionally (eg, by being calm and consistent in setting limits and handling tantrums). Parents who enjoy their toddler's growing independence can best provide a stable home base as the toddler's curiosity and mobility carry him into an expanding world.

Children this age may be uncomfortable about being restrained in their activity. The physical examination may be more successfully performed while the child is on a parent's lap or standing on the floor. Speaking directly to the child and taking a playful stance about the examination will make it easier for the child to cooperate. If the child becomes upset, it is a good idea to remind the parent that this reaction is expected at this age. As part of the complete physical examination, perform the noninvasive procedures first, with the eyes, ears, nose, mouth, and abdomen examined last.

Priorities for the 12 Month Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- Social determinants of health^a (risks [living situation and food security; tobacco, alcohol, and drugs], strengths and protective factors [social connections with family, friends, child care and home visitation program staff, and others])
- Establishing routines (adjustment to the child's developmental changes and behavior; family time; bedtime, naptime, and teeth brushing; media)
- ► Feeding and appetite changes (self-feeding, continued breastfeeding and transition to family meals, nutritious foods)
- Establishing a dental home (first dental checkup and dental hygiene)
- Safety (car safety seats, falls, drowning prevention and water safety, sun protection, pets, safe home environment: poisoning)

^a Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities theme*.



Health Supervision

The *Bright Futures Tool and Resource Kit* contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.

History

Interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice. The following questions can encourage in-depth discussion:

General Questions

- What are you most proud of since our last visit? (If the parent responds, "Nothing," the clinician should be prepared with a compliment, such as, "You made time for this visit despite your busy schedule.")
- Tell me how things are going at home and how your family is adapting to your 12-month-old.
- What changes have occurred in your family since your last visit? What is the effect of these changes on your family?
- Where are you currently living? Does anyone else care for your child other than you? Do you have any child care needs? Do you feel your child is safe?
- What do you like most about your son/daughter?
- What questions or concerns would you like to share with me about your child?
- What makes you feel hopeful and optimistic?
- What kinds of media does your toddler see (eg, TV, video, cell phone, or other digital media)?

Past Medical History

Has your child received any specialty or emergency care since the last visit?

Family History

• Has your child or anyone in the family (parents, brothers, sisters, grandparents, aunts, uncles, or cousins) developed a new health condition or died? **If the answer is Yes:** Ascertain who in the family has or had the condition, and ask about the age of onset and diagnosis. If the person is no longer living, ask about the age at the time of death.

Social History

See the Social Determinants of Health priority in Anticipatory Guidance for social history questions.



Surveillance of Development

Do you or any of your child's caregivers have any specific concerns about your child's development, learning, or behavior?

Clinicians using the *Bright Futures Tool and Resource Kit* Previsit Questionnaires or another tool that includes a developmental milestones checklist, or those who use a structured developmental screening tool, need not ask about these developmental surveillance milestones. (*For more information, see the Promoting Healthy Development theme.*)

Social Language and Self-help

Does your child

- Look for hidden objects?
- Imitate new gestures?

Verbal Language (Expressive and Receptive)

Does she

- Use Dada or Mama specifically?
- Use 1 word other than Mama, Dada, or personal names?
- Follow directions with gestures, such as motioning and saying, "Give me (object)"?

Gross Motor

Does he

- Take first independent steps?
- Stand without support?

Fine Motor

Does she

- Drop an object in a cup?
- Pick up small object with 2-finger pincer grasp?
- Pick up food and eat it?



Review of Systems

The Bright Futures Early Childhood Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done through questions about the following:

Do you have concern about your child's

- Head
 - Shape
- Eyes
 - Cross-eyed
- Ears, nose, and throat
- Breathing
- Stomach or abdomen
 - Vomiting or spitting
 - Bowel movements
- Genitals or rectum
- Skin
- Development
 - Muscle strength, movement of arms or legs, any developmental concerns

Observation of Parent-Child Interaction

During the visit, the health care professional acknowledges and reinforces positive parent-child interactions and discusses any concerns. Observation focuses on

- How does the parent interact with the toddler (eg, anxiously, calmly, reciprocally, in a controlling manner, or inattentively)?
- Does the child check back with the parent visually?
- When the health care professional gives the child a book, does the parent follow the child's gaze?
- Does the child bring an object of interest to show or share with the parent?
- How does the parent react when the health care professional praises the child? How does the parent react to being praised?
- If siblings are in the room, how do they interact with the toddler?
- Does the parent seem positive when speaking about the child?



Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

Measure and plot on appropriate World Health Organization (WHO) Growth Chart

- Recumbent length
- Weight
- Head circumference
- Weight-for-length

Eyes

- Assess ocular motility.
- Examine pupils for opacification and red reflexes.
- Assess visual acuity using fixate and follow response.

Mouth

- Observe for dental irregularities like caries, plaque, demineralization (white spots), and staining.

Abdomen

- Palpate for masses.

Neurologic

- Observe gait if walking.
- Observe hand grasp and strength.

Genitals

- Determine whether testes are fully descended.
- Determine whether labia are open.

Skin

- Observe for nevi, café-au-lait spots, birthmarks, or bruising.



Screening

Universal Screening	Action		
Anemia	Hematocrit or hemoglobin		
Lead (high prevalence area or insured by Medicaid)	Lead blood test		
Oral Health (in the absence of a dental home)	Apply fluoride varnish after first tooth eruption and every 6 month		
Selective Screening	Risk Assessment ^a	Action if Risk Assessment Positive (+)	
Blood Pressure	Children with specific risk conditions or change in risk	Blood pressure measurement	
Hearing	+ on risk screening questions	Referral for diagnostic audiologic assessment	
Lead (low prevalence area and not insured by Medicaid)	+ on risk screening questions	Lead blood test	
Oral Health	Does not have a dental home	Referral to dental home or, if not available, oral health risk assessment	
	Primary water source is deficient in fluoride.	Oral fluoride supplementation	
Tuberculosis	+ on risk screening questions	Tuberculin skin test	
Vision	+ on risk screening questions	Ophthalmology referral	

^a See the *Evidence and Rationale chapter* for the criteria on which risk screening questions are based.

Immunizations

Consult the Centers for Disease Control and Prevention/Advisory Committee on Immunization Practices (CDC/ACIP) or American Academy of Pediatrics (AAP) Web sites for the current immunization schedule.

CDC National Immunization Program: www.cdc.gov/vaccines

AAP Red Book: http://redbook.solutions.aap.org



Anticipatory Guidance

The following sample questions, which address the Bright Futures Early Childhood Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family. Tools and handouts to support anticipatory guidance can be found in the *Bright Futures Tool and Resource Kit*.

Priority

Social Determinants of Health

Risks: Living situation and food security; tobacco, alcohol, and drugs

Strengths and protective factors: Social connections with family, friends, child care, home visitation program staff, and others

Risks: Living Situation and Food Security

Parents in difficult living situations or with limited means may have concerns about their access to affordable housing, food, or other resources. Suggest community resources that help with finding quality child care, accessing transportation, or addressing issues such as financial concerns, inadequate means to cover health care expenses, inadequate or unsafe housing, or lack of social support. If the family is having difficulty obtaining sufficient nutritious food, provide information about the Special Supplemental Program for Women, Infants, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), local food shelves, and local community food programs.

Sample Questions

Tell me about your living situation. Do you have enough heat, hot water, and electricity? Do you have appliances that work? Do you have problems with bugs, rodents, peeling paint or plaster, or mold or dampness?

How are your resources for caring for your child? Do you have enough knowledge to feel comfortable in caring for her? Do you have health insurance? Do you have enough money for food, clothing, and child care?

Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last, and you did not have money to get more?

Have you ever tried to get help for these issues? What happened? What barriers did you face?

Anticipatory Guidance

• If you have problems with any of these things, let me know and I can tell you about community services and other resources that can help you.



Risks: Tobacco, Alcohol, and Drugs

The use of tobacco, alcohol, and other drugs has adverse health effects on the entire family. Focusing on the effect on health is often the most helpful approach and may help some family members with quitting or cutting back on substance use.

Sample Questions

Does anyone in your home smoke? Are you worried about any family members and how much they smoke, drink, or use drugs?

How often do you drink beer, wine, or liquor in your household? Do you, or does anyone you ride with, ever drive after having a drink? Does your partner use alcohol? What kind and for how long?

Are you using marijuana, cocaine, pain pills, narcotics, or other controlled substances? Are you getting any help to cut down or stop your drug use?

Anticipatory Guidance

- A smoke-free environment, in your car, home, and other places where your child spends time, is important. Smoking affects your child by increasing the risk of asthma, ear infections, and respiratory infections.
- **800-QUIT-NOW (800-784-8669);** TTY **800-332-8615** is a national telephone helpline that is routed to local resources. Additional resources are available at **www.cdc.gov.**
- Drug and alcohol cessation programs are available in our community and we would like to help you connect to these services.

Strengths and Protective Factors: Social Connections With Family, Friends, Child Care, Home Visitation Program Staff, and Others

Informal and formal supports that promote connections with family and friends continue to be important in the second year of the child's life. Having someone to talk to about parenting issues can help in handling parenting struggles and appreciating the joys of watching their young child grow and develop. Parents also may need help to ensure that they have time away from their toddler to pursue their own interests, have regular time alone to rest, and maintain other important relationships.

During this time, parents also may need extra help from community resources, particularly in finding reliable, high-quality child care and playgroups and accessing reliable information about parenting and child development. Home visiting professionals may continue to visit the family and can be especially helpful in providing knowledge and referral to services that are tailored to the needs of the individual family.

Sample Questions

Who cares for your child other than you? Does a professional visit your home to discuss parenting and your child's health, such as through an early intervention or home visitation program? Have you shared your child's health information with that person? Are you satisfied with the quality of the setting? What activities do you enjoy doing outside of the home? How often do you get together with friends? What things do you do with friends? Do you know parents of children your child's age? Do you need help in finding other community resources, such as a faith-based organization, recreational centers, or volunteer opportunities? How do you reach out to others for help or advice?



- Make sure that you discuss your child's medical needs and your feelings about healthy diet, discipline, oral health, physical activity, and media use with all of her caregivers and home visitors.
- Your home visitor can help with issues about your child's health and help you connect to your community.
- Make sure that any environment where your child stays has the same excellent safety standards as your home and that the transportation to and from places outside your home is safe.
- Share any information that we discuss with other caregivers.
- Maintain or expand ties to your community through friends and social, faith-based, cultural, volunteer, and recreational organizations or programs.
- Learn about and consider participating in parent-toddler playgroups and going to activities at the library or other community locations.
- Consider joining a parent education class or parent support group.



Priority

Establishing Routines

Adjustment to the child's developmental changes and behavior; family time; bedtime, naptime, and teeth brushing; media

Adjustment to Child's Developmental Changes and Behavior

A child this age starts to recognize what is permitted, but may try something forbidden. At the same time, he will look back at the parent to test a reaction. This behavior is a normal, positive move toward internalizing rules. Tantrums are more frequent as the child tries to master new skills and struggles with his move toward independence and autonomy. Mention tantrum triggers, like hunger or sleepiness.

Discuss some children's tendency to be clingy sometimes and to go their own ways at other times. Recommend the use of praise to strengthen good behaviors and offer suggestions for how parents might deal with biting, hitting, or other possibly harmful activity. Ask how things are going with any siblings and pets.

Sample Questions

What do you love about your child? How do you reward him? When your child's behavior is troublesome, what do you do? What do you do when he doesn't cooperate? What do the others in your family do? Do you need help in managing your child's behavior? Sometimes raising a child can be frustrating. Does anyone ever get angry with him? What happens then? Do you ever spank him? What helps keep you calm when you are feeling a bit overwhelmed?

- Time with family and special caregivers is the best treat you can give your child.
- Try not to punish your child with spanking, shouting, or long explanations. A firm "No!" is the best way to deal with minor irritations, just as "Yes!" is a great way to reward good behavior. You may want to consider a brief time-out. Put the child in his crib or playpen or hold him quietly on your lap for 1 to 2 minutes only, until the undesirable behavior stops.
- Distracting your child with something new that gets her attention and directing the child to a new activity are excellent ways to reduce unwanted behaviors. He wants to be near you and hear your voice—reading aloud to him is a great strategy for this purpose. It is also a way to help him love books.



Family Time

Establishing family traditions is extremely important for establishing a sense of identity within the family and culture. Routines around bedtime and meals, reading together, and playing also are important, even at this young age.

Strong interpersonal relationships are key to developing the emotions of love and well-being and to family growth. At this age, these relationships center on the immediate family and regular caregivers. Warn parents that stranger anxiety reaches a peak in the next few months.

Sample Questions

What do you all do together? What do your child's brothers and sisters do with him? Tell me about your family's traditions, especially your favorite ones. What are some of the new things that your child is doing? How does your child react to changes in his routines or to strangers? What is your child's routine for meals and snacks?

Anticipatory Guidance

- Carve out time for family time each day. Use this time to focus on your child and his brothers and sisters through games, storytelling, reading aloud, pointing and naming, listening to music, laughing, playing, and moving. To minimize your children's exposure to TV, videos, and other forms of media, avoid watching TV or using other digital devices during family time.
- Organized mealtime is another good way to establish a consistent daily routine. Regular times for meals and snacks will protect your toddler against getting too hungry, which will help prevent inappropriate behavior.
- If your child goes to a child care setting, make sure that it, too, has established routines, restricts or limits screen time, and promotes healthy active living and good nutrition.
- At this age, your child may feel anxious around people he does not know. When he meets someone new, allow time for him to warm up. Try to use a consistent child care provider or sitter.

Bedtime, Naptime, and Teeth Brushing

A 1-year-old should be sleeping 12 to 14 hours a day. Bedtime should be at the same time each night and should become a nightly routine. Reading and singing before bedtime are examples of sleep-promoting activities. For both naptime and bedtime, he should be put in the crib awake so that he can make the transition from awake to asleep on his own.

Another important routine to establish during this age is daily tooth brushing twice a day as soon as teeth erupt.

Sample Questions

How are sleeping routines going? Is it difficult getting your child to go to sleep? What time is bedtime? How do you manage naps? How often do you clean your toddler's teeth? How do you clean his teeth?



Anticipatory Guidance

- Establish a nightly bedtime routine that begins with quiet time for your child to relax before bed and ends with your child soothing himself in his own crib. Reading and singing to your child will help him get to sleep. A night-light also can help to reassure and calm your child.
- Toddlers should continue to have at least 1 nap during the day. It is important to establish a regular naptime routine. Make sure to time naps so that your child is tired at bedtime.
- Another important daily routine is teeth brushing or cleaning. Establish a regular time twice each day for this task, such as after breakfast and before bed.

Media

As more families and children have access to and exposure to digital media, it is important to assess for the use of such devices and offer guidance as to what is appropriate for a child at this age. Discuss alternatives to toddlers watching TV. Discourage any TV, computer, tablet, smartphone, or viewing or play for infants and children younger than 18 months. Parents should not put a TV in their child's bedroom.

Sample Questions

How much time each day does your child spend watching TV or playing on a tablet, smartphone, or other digital device? Is there a TV on in the background while your child is playing in the room?

- Research shows that toddlers at this age cannot learn information from screens, even though many toys and videos claim to teach them skills. Young children learn by interacting with caregivers; being read to, talked to, and sung to; and exploring their environment (grabbing, mouthing, crawling, and cruising). Make special time for this tech-free type of play every day.
- Make mealtimes an opportunity for face-to-face learning interactions. Don't have the TV on during meals, which distracts babies from eating.
- Starting healthy media habits now is important, because they are much harder to change when children are older. Do not put a TV in your child's bedroom.
- Consider making a family media use plan. A family media use plan is a set of rules about media use and screen time that is written down and agreed upon by parents. Take into account not only the quantity, but the quality and location of media use, including TVs, phones, tablets, and computers. Rules should be followed by parents as well as children. The AAP has information on making a plan at www.HealthyChildren.org/MediaUsePlan.



Priority

Feeding and Appetite Changes

Self-feeding, continued breastfeeding and transition to family meals, nutritious foods

Self-feeding

The child should be developing toddler eating skills—biting off small pieces of food, feeding herself, and holding and drinking from a cup. Toddlers learn to like foods by touching, smelling, and mouthing them repeatedly.

Sample Question

How is your child doing with feeding herself during meals and snacks?

Anticipatory Guidance

- Give your toddler a spoon for eating and a cup for drinking. Be sure that they are easy for her small hands to hold.
- Cover your floor and don't worry about messes. Young children learn from experimenting.
- Avoid small, hard foods like peanuts or popcorn, on which your child can choke. Cut any firm, round food, such as hot dogs, raw carrots, grape or cherry tomatoes, or grapes, into thin slices.

Continued Breastfeeding and Transition to Family Meals

Meals can be relaxed, safe, and enjoyable family times. Encourage fine motor skills, such as using a cup or spoon and eating finger foods. Continue to support breastfeeding as long as mutually desired by mother and child. Mothers who breastfeed continue to need support when nursing their child at 12 months of age and beyond. It is now appropriate to switch the child from formula to whole cow's milk. Limit fruit juice (even 100%) to 4 oz total for the day and rely instead on water for hydration. Develop plans to stop bottle-feeding. Bottle-feeding should be used only to provide the toddler with water.

Sample Question

Tell me about mealtime in your home. Tell me about mealtime in your child care setting. What does your child drink?



Anticipatory Guidance

- Include your toddler in family meals by providing a high chair or booster seat at table height placed at a safe distance from the table. Make mealtimes pleasant and companionable. Encourage conversation.
- Whole cow's milk may be introduced by cup, providing up to 16 oz per day. The amount of whole cow's milk intake will increase as breastfeeding diminishes.
- Avoid using raw milk or any milk substitutes that are not equivalent to cow's milk and that do not meet US Department of Agriculture (USDA) standards for milk substitutes. These include beverages such as rice milk, almond milk, or coconut milk.

Nutritious Foods

Now is a good time for parents to establish positive eating patterns for their child by providing healthy foods at regular intervals 5 to 6 times throughout the day, giving appropriate amounts, and emphasizing nutritious foods. Discuss the importance of providing healthy snacks and of minimizing foods and beverages that are high in added sugars and saturated fat and low in nutrients. Remind parents that they are responsible for providing a variety of nutritious foods and that their child is responsible for how much to eat.

Many families wonder whether they should choose organic fruits and vegetables over conventional fruits and vegetables to reduce pesticide exposure in their child's diet. Eating a diet rich in a variety of fruits and vegetables, either conventional or organic, has well-established health benefits. Choosing organic fruits and vegetables can reduce exposures to pesticides in the diet. Mercury in bodies of water like lakes and streams—some of it discharged from industrial plants—can be converted by bacteria into mercury compounds such as methyl mercury. As a result, certain fish, specifically tilefish, shark, swordfish, and king mackerel, can contain high quantities of mercury, which, when consumed, can have a serious negative effect on a young child's developing nervous system.

Sample Questions

How has your child's appetite been? What questions do you have about choosing healthy foods for her? What fruits and vegetables does your child eat? What types of fish does your child eat and how many servings per week? Does your family eat any locally caught fish?

- By this time, a toddler will have transitioned from a primarily liquid diet to the family meal.
 Introducing a wide variety of flavors and textures helps her adjust to this change.
- Your toddler's rate of weight gain will be slower than in the first year. Overall, she may eat less now than when she was an infant. Toddlers also tend to graze. Her appetite will vary; she will eat a lot one time, and not much the next time.
- Include 2- to 3-oz servings of protein, such as eggs, lean meat, chicken, or fish (making sure to remove any bones).
- Let your toddler decide what and how much to eat from an assortment of healthy foods you offer. Trust your child's ability to know when she is hungry and full. If she asks for more, provide a small additional portion. If she stops eating, accept her decision.



- Feed your toddler 5 to 6 times throughout the day (3 meals and 2 or 3 planned snacks). Be sure that your toddler's caregiver or child care center also provides nutritious foods.
- Have healthy snacks on hand, such as
 - Fresh fruit or vegetables, such as apples, oranges, bananas, cucumber, zucchini, and radishes, that are cut in small pieces or thin strips
 - Applesauce, cheese, or small pieces of whole-grain bread or crackers
 - Unflavored yogurt, sweetened with bits of mashed fruit
- Wash fruits and vegetables and eat a variety of fruits and vegetables. Include fish because it has many nutritional benefits, but avoid the 4 kinds that are high in mercury. These are tilefish, shark, swordfish, and king mackerel.



Priority

Establishing a Dental Home

First dental checkup and dental hygiene

First Dental Checkup and Dental Hygiene

Every child should have a dental home, and it should be established soon after the first tooth erupts or by 12 months of age. The dental home must be able to meet the unique needs of each child, including accurate risk assessment for dental diseases and conditions; an individualized preventive dental health program based on risk assessment; anticipatory guidance about growth and development, including teething, finger sucking, or pacifier habits; a plan for responding to emergency dental trauma; comprehensive dental care in accordance with accepted guidelines and periodicity schedules; and referral to other dental specialists when indicated.

Sample Questions

Have you taken your child to a dentist? Tell me about how you care for your child's teeth. What kind of water does your toddler drink? Is it bottle or tap water? Is it fluoridated?

- Be sure to take your child to the dentist by 12 months of age or after he gets his first tooth. A dentist will help you keep your child's teeth healthy and will be available in case he ever has an emergency with his teeth, such as a broken tooth or severe pain.
- Brush his teeth with a small smear of fluoridated toothpaste, no more than a grain of rice, twice each day using a soft toothbrush or washcloth.
- If he is still using a bottle, offer only water in the bottle.
- Avoid using beverages and foods with added sugars, such as "fruit"-flavored drinks, candy, or yogurt snacks.



Priority

Safety

Car safety seats, falls, drowning prevention and water safety, pets, sun protection, safe home environment: poisoning

Car Safety Seats

Talk with parents to ensure that their child is fastened securely in a car safety seat and that they know to keep their child riding in the rear-facing position as long as possible, at least to age 2 years or when the child reaches the weight or height limit for the rear-facing position in the convertible seat.

Sample Questions

Is your child fastened securely in a rear-facing car safety seat in the back seat every time she rides in a vehicle? Are you having any problems using your car safety seat?

Anticipatory Guidance

- Never place your child's rear-facing safety seat in the front seat of a vehicle with a passenger air bag. The back seat is the safest place for children to ride until your child is 13 years of age.
- The rear-facing position provides the best protection for your child's neck, spine, and head in the event of a crash. For optimal protection, your child should remain in the rear-facing position until she reaches the highest weight or height allowed for use by the manufacturer of a convertible seat or infant-only seat that is approved for use in the rear-facing position to higher weights and heights (up to 40 pounds and 35 inches for rear-facing—only seats and up to 50 pounds and at least 36 inches for convertible seats). Do not switch your child to a forward-facing car safety seat before she is at least 2 years old unless she has reached the manufacturer's weight or height limit for a rear-facing seat.
- Be sure your child's car safety seat is properly installed in the back seat according to the manufacturer's instructions and the vehicle owner's manual. The harness straps should be snug enough that you cannot pinch any webbing between your fingers.

For information about car safety seats and actions to keep your child safe in and around cars, visit www.safercar.gov/parents.

Find a Child Passenger Safety Technician: http://cert.safekids.org. Click on "Find a Tech."

Toll-free Auto Safety Hotline: 888-327-4236



Falls

Never underestimate the ability of a toddler to climb. Parents must be vigilant in preventing injuries from climbing.

Sample Questions

Do you have stair guards and window guards? Where is the mattress positioned in the crib?

Anticipatory Guidance

- Some children can climb out of the crib at this age. Be sure that the crib mattress is on the lowest setting when she is in it.
- Use gates at the top and bottom of stairs and watch your toddler closely when she is on stairs. To prevent children from falling out of windows, keep furniture away from windows and install operable window guards on second- and higher-story windows. Window screens are not effective fall prevention devices.

Drowning Prevention and Water Safety

The child's increased mobility, combined with a heightened curiosity, makes for an extremely dangerous situation around bodies of water. Explain to parents that children can drown in a small amount of water, even in buckets or a few inches of water in a tub.

Children should learn to swim. Swimming programs are not recommended for infants in the first year of life because there is no evidence that they reduce the risk of drowning. Starting in the second year of life, some children may be developmentally ready to start learning swim skills. However, parents should be cautioned that even advanced swimming skills may not prevent drowning.

Sample Questions

Are there swimming pools or other potential water dangers near or in your home? Are you thinking about starting your child in a swimming program?

- Watch your toddler constantly whenever she is near water. Your child can drown in even a few inches, including water in the bathtub, play pools, buckets, or toilets. A supervising adult should be within an arm's reach, providing "touch supervision," whenever young children are in or around water.
- Do not let young brothers or sisters watch over your toddler in the bathtub, house, yard, or playground.
- Empty buckets, tubs, or small pools immediately after you use them.
- Be sure that swimming pools in your community, apartment complex, or home have a 4-sided fence with a self-closing, self-latching gate.
- Children should always wear a Coast Guard-approved life jacket when on a boat or other watercraft.
- Swim programs for children this age should include a parent, should emphasize fun and play, should take place in a pool with warm water that is well maintained and clean, and should limit the number of submersions to prevent swallowing water.



Sun Protection

Sun protection now is of increasing importance because of climate change and the thinning of the atmospheric ozone layer. Sun protection is accomplished through limiting sun exposure, using sunscreen, and wearing protective clothing.

Sample Questions

Do you apply sunscreen whenever your child plays outside? Does your child care provider have a sun protection policy? Do you and your child care provider limit outside time during the middle of the day, when the sun is strongest?

Anticipatory Guidance

- Always apply sunscreen with an SPF greater than 15 when your child is outside. Reapply every 2 hours.
- Have your child wear a hat.
- Avoid prolonged time in the sun between 11:00 am and 3:00 pm.
- Wear sun protection clothing for summer.

Pets

Pets can be a source of great joy for children, but should be kept under constant watch when they are around toddlers. Dog and cat bites are particularly common at this age.

Sample Questions

Do you own a pet? How does your child interact with the pet?

Anticipatory Guidance

- Keep your toddler away from animal feeding areas to reduce the risk of both bites and the ingestion of animal food.
- Because children this age are not old enough to understand the difference between playing with and hurting a pet, interactions between them should be supervised at all times. Watch for signs that either your child or your pet is becoming anxious or overexcited.

Safe Home Environment: Poisoning

Injury is the number one cause of toddler morbidity and mortality. The toddler is increasingly mobile and needs protection against common and uncommon hazards. Review all aspects of safety at this visit because safety is one of the most important aspects of care at this age. Make certain that all child care centers and providers are equally committed to excellent safety standards.

If the family lives with other family members or friends, the family may not feel that it has the power to control the environment and may need help in advocating for a safe environment for their child. This can be problematic for families who are living in homeless shelters or other types of temporary or uncertain housing.



Sample Questions

What have you done to childproof your home? The grandparents' homes? The caregiver's home? Do you have cabinet latches? Are tables free of heavy items that your child could pull down on herself? Are heavy furniture and TVs safely anchored? Are electrical outlets covered? Are stairs gated?

How safe do you think your community is? How safe and comfortable do you and your family feel inside your home? Outside your home? How can we help so that your family feels safe? Who else can help your family feel safe?

How often do you let your child's brothers and sisters help you take care of her?

- Lock away medications and all cleaning, automotive, laundry, and lawn products out of sight and out of reach. Climbing toddlers can reach even high shelves. Keep emergency phone numbers near every telephone and in your cell phone for rapid dial. The number for the national **Poison Help line** is 800-222-1222. Call immediately if you have a poisoning emergency. Do not make your child vomit.
- Keep your toddler out of rooms where hot objects may be touched, including hot oven doors, blow-dryers and curling irons, and heaters, or put a barrier around them. Fireplaces can both burn and injure toddlers from falls on the hearth or the glass doors.
- Now that your toddler is crawling and walking, get down on the floor yourself and check for hazards.
- Keep plastic bags, latex balloons, or small objects such as marbles, magnets, and batteries, including button batteries, away from your toddler.
- Be sure there are no dangling telephone, electrical, blind, or drapery cords in your home. Keep all electrical outlets covered. It is best to use cordless window coverings.
- Make sure TVs, furniture, and other heavy items are secure so that your child can't pull them over. Anchor TVs, bookcases, dressers, and cabinets to the wall and put floor lamps behind other furniture.
- Keep sharp objects, such as knives and scissors, out of your toddler's reach.
- Avoid lead sources, especially lead paint on toys, and take-home exposures by people who work with lead. Home renovations in houses built before 1978 also can contaminate house dust and soil with lead. Any renovation to these houses should be done in a lead-safe manner by qualified contractors.
- Never leave young siblings in charge of their baby sister or brother. Allow them to help with daily tasks, like feeding, under the supervision of a responsible adult.

Early Childhood 15 Month Visit

Context

The 15-month-old is a whirlwind of activity and curiosity, with no apparent sense of internal limits. Children this age require constant attention and guidance from parents and caregivers. The child's first tentative steps are now headlong dashes to explore new places. The energy needed to master the challenge of walking now focuses on exploring new horizons. The effect of the dramatic developmental changes at 15 months of age, such as independent mobility, growing self-determination, and more complex cognitive abilities, provides parents with pleasure and delight in the newfound exuberance and determination of their toddler.

With these exciting new developments, the young toddler often forms elevated desires and expectations, as manifested, for example, by a new level of resistance to being dressed, diapered, or put to bed, and a growing desire to explore and do things on her own. These expectations and desires may outstrip her physical abilities, which leads to a new and often displayed emotion—frustration. She gets upset when she is unable to accomplish a task, when she cannot make someone understand her rudimentary communication, and when she cannot do precisely as she wishes. If crying and even screaming fail to elicit the desired response, her protests may escalate to full-blown tantrums or episodes of holding her breath.

The toddler's new mobility, exploratory skills, and exuberance increase her risk of injury. She is likely to run into the street or climb a flight of stairs without a moment's hesitation. Lacking a sense of danger or a fear of falling, the child aged 15 to

18 months will try to scale playground equipment or poke a finger into an electrical socket. Minor injuries may surprise her, but they rarely deter her for long. Her explorations may bring her into contact with dangerous chemicals kept under the sink or medicines in unlocked cabinets if parents are not careful to secure these storage areas.

This critical period of learning for both the parents and the toddler is most productive when parents help their child begin to make healthy choices by serving nutritious foods without pressuring her to eat; offering her the freedom to explore within safe bounds; responding to her needs while limiting her constant demands; encouraging her beginning participation in daily routines, such as feeding herself or offering her a choice between 2 favorite books before bedtime; and learning to cope with their own anger and frustration as they help their toddler master her emotions. At the 15 Month Visit, the health care professional helps parents learn the parenting skills they need to achieve the delicate balancing act of providing a safe and structured environment that also allows their toddler the freedom and independence to learn and explore.

The child at 15 months of age is likely to be wary of the health care professional and balk at the examination. Anxiety connected with the toddler's wariness toward nonfamily members can be lessened if the examination is performed with the child on her parent's lap and the health care professional positioned approximately at eye level with the child. A warming-up phase can be encouraged by initially offering the child a book while speaking



with the parent and by starting with the least intrusive aspects of the examination. The tools used in the examination can be made less fearful by first showing them to the child or by modeling their use, such as by putting the measuring tape first

around the health care professional's own head, or examining the parent's ear. The child's increasing comfort will be signaled by her giving way to the impulse to explore the new environment of the examination room.

Priorities for the 15 Month Visit

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- Communication and social development (individuation, separation, finding support, attention to how child communicates wants and interests)
- ► Sleep routines and issues (regular bedtime routine, night waking, no bottle in bed)
- ► Temperament, development, behavior, and discipline (conflict predictors and distraction, discipline and behavior management)
- Healthy teeth (brushing teeth, reducing caries)
- Safety (car safety seats and parental use of seat belts, safe home environment: poisoning, falls, and fire safety)



Health Supervision

The *Bright Futures Tool and Resource Kit* contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.

History

Interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice. The following questions can encourage in-depth discussion:

General Questions

- What are you most proud of since our last visit? (If the parent responds, "Nothing," the clinician should be prepared with a compliment, such as, "You made time for this visit despite your busy schedule.")
- What is something funny or wonderful that your child has done lately?
- How would you describe your child's personality these days?
- What things about your child are you most proud of?
- What are your child care needs?
- What questions or concerns do you have about your child?

Past Medical History

Has your child received any specialty or emergency care since the last visit?

Family History

• Has your child or anyone in the family (parents, brothers, sisters, grandparents, aunts, uncles, or cousins) developed a new health condition or died? If the answer is Yes: Ascertain who in the family has or had the condition, and ask about the age of onset and diagnosis. If the person is no longer living, ask about the age at the time of death.

Social History

- What do you find most difficult, challenging, and wonderful about being a parent?
- What major changes or stresses have occurred in your family since your last visit? What is the effect of these changes on your family?



Surveillance of Development

Do you or any of your child's caregivers have any specific concerns about your child's development, learning, or behavior?

Clinicians using the *Bright Futures Tool and Resource Kit* Previsit Questionnaires or another tool that includes a developmental milestones checklist, or those who use a structured developmental screening tool, need not ask about these developmental surveillance milestones. (*For more information, see the Promoting Healthy Development theme.*)

Social Language and Self-help

Does your child

- Imitate scribbling?
- Drink from cup with little spilling?
- Point to ask for something or to get help?
- Look around when you say things like "Where's your ball?" or "Where's your blanket?"

Verbal Language (Expressive and Receptive)

Does he

- Use 3 words other than names?
- Speak in sounds like an unknown language?
- Follow directions that do not include a gesture?

Gross Motor

Does she

- Squat to pick up objects?
- Crawl up a few steps?
- Run?

Fine Motor

Does he

- Make marks with crayon?
- Drop object in and take object out of a container?



Review of Systems

The Bright Futures Early Childhood Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done through questions about the following:

Do you have concern about your child's

- Head
 - Shape
- Eyes
 - Cross-eyed
- Ears, nose, and throat
- Breathing
- Stomach or abdomen
 - Vomiting or spitting
 - Bowel movements
- Genitals or rectum
- Skin
- Development
 - Muscle strength, movement of arms or legs, any developmental concerns

Observation of Parent-Child Interaction

During the visit, the health care professional acknowledges and reinforces positive parent-child interactions and discusses any concerns. Observation focuses on

- What is the emotional tone between parent and child?
- How does the parent support the toddler's need for safety and reassurance in the examination room?
- Does the toddler check back with the parent visually or bring an object to show the parent?
- How do the parent and toddler play with toys (reciprocally, directively, or inattentively)?
- How does the parent react when the health care professional praises the child? How does the parent react to being praised?
- Does the parent notice and acknowledge the child's positive behaviors?
- If siblings are in the room, how do they interact with the toddler?



Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

Measure and plot on appropriate WHO Growth Chart

- Recumbent length
- Weight
- Head circumference
- Weight-for-length

Eyes

- Assess ocular motility.
- Examine pupils for opacification and red reflexes.
- Assess visual acuity using fixate and follow response.

Mouth

- Observe for caries, plaque, demineralization (white spots), and staining.

Abdomen

- Palpate for masses.

Skin

- Observe for nevi, café-au-lait spots, birthmarks, or bruising.

Neurologic

- Observe health care professional interaction and stranger avoidance.
- Observe how the child walks or otherwise moves around the room.

Screening

Universal Screening	Action	
Oral Health (in the absence of a dental home)	Apply fluoride varnish after first tooth eruption and every 6 months.	
Selective Screening	Risk Assessment ^a	Action if Risk Assessment Positive (+)
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Blood Pressure	Children with specific risk conditions or change in risk	Blood pressure measurement
Hearing	+ on risk screening question	Referral for diagnostic audiologic assessment
Vision	+ on risk screening questions	Ophthalmology referral

^a See the *Evidence and Rationale chapter* for the criteria on which risk screening questions are based.



Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.

CDC National Immunization Program: www.cdc.gov/vaccines

AAP Red Book: http://redbook.solutions.aap.org



Anticipatory Guidance

The following sample questions, which address the Bright Futures Early Childhood Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family. Tools and handouts to support anticipatory guidance can be found in the *Bright Futures Tool and Resource Kit*.

Priority

Communication and Social Development

Individuation, separation, finding support, attention to how child communicates wants and interests

Individuation

This is an age at which parents must encourage their toddler's autonomous behavior, curiosity, sense of emerging independence, and feeling of competence. At the same time, they must provide clear and consistent guidance about appropriate limits of safe and socially acceptable behavior.

Speak positively and honestly about the strengths of the family. Praise the child for being friendly and cooperative. Compliment parents for encouraging their child's autonomy while making sure he is safe and for helping the child through the visit. If siblings are present, compliment them on their strengths as well.

Assess the degree of parental stress in connection with the child's behavior.

Sample Questions

What are some of the new things that your child is doing? How does your child show that he has a will of his own? How do you react?

- Whenever possible, allow your child to choose between 2 options, both of which are acceptable to you. For example, let him decide between a banana and peach slices for a snack, or between 2 of his favorite books. Allowing him to make choices in some areas will decrease power struggles in others.
- Allow your child to determine how much of the healthy foods you serve he will eat. Do not continue to feed him if he is not interested.



Separation

Both stranger anxiety and separation anxiety pose frustrating challenges for many parents. Taking the time to explain that they originate in new cognitive gains often helps parents to remain patient with their young toddler.

Sample Question

How does your child react to strangers?

Anticipatory Guidance

- Stranger anxiety and anxiety connected with separation from family members is still common at this age.
- Never make fun of his fear. Do not force him to confront people who scare him, such as Santa Claus
 or clowns, but gently support and encourage him to explore at his own pace. Accept his fear and
 speak reassuringly.
- Some children are slow to warm up. They show this by being cautious or withdrawn. Others are outgoing. They show this by being friendly and interactive, or even by being aggressive when they feel anxious or threatened (eg, hitting or biting).

Finding Support

During this time of intense demands by their toddler, parents frequently experience fatigue and frustration in the moment-to-moment effort of providing both support and safe limits. Seeking out opportunities to discuss child-raising issues with other parents can help alleviate stress and give parents new ideas for positive ways to handle difficult moments with their child.

Sample Question

How often do you get out of the house without your child, aside from going to work?

- Take some time for yourself and spend some individual time with your partner. Seek support and understanding about being a parent from people you trust.
- If your child has special health care needs, it is even more important to find support from other families like yours. Take time to connect with other families who share your circumstances and can be part of your social and support networks.
- If you feel you are experiencing barriers to taking care of your child, the extensive early childhood service system can help. Ask our office for help with the right referrals.



Attention to How Child Communicates Wants and Interests

15-month-olds usually speak few words, but are able to understand many. Parents need to learn strategies to promote communication and language development. By naming everyday objects, the parent can help the child learn language and satisfy his curiosity about the world. Interactive reading (reading in which parent and child talk together about the text and pictures as well as the parent reading the book to the child) is another important way to stimulate language development. Parents may ask health care professionals about the effects of being raised in a bilingual home. They may be reassured that this situation permits the child to learn both languages simultaneously. Use of multiple languages should be encouraged.

Sample Questions

How does your child communicate what he wants? Who or what does he call by name? What gestures does he use to communicate effectively? For example, does he point to something he wants and then watch to see if you see what he's doing? Does he wave "bye-bye"? What languages do you speak at home? What languages does your child use to communicate his needs? What words does he use?

- A child's understanding of how words can be used to share experiences and feelings will be increased by the conversations, songs, verbal games, and books you share with him. Books do not have to be read. You can use simple words to just talk about the pictures and story.
- Help your child learn the language of feelings by using words that describe feelings and emotions.
- Narrate your child's gestures. For example, if he points to a book, say, "You are pointing at a book. Do you want it?"
- Use simple, clear phrases to give your child instructions.
- Encourage your child to repeat words. Respond with pleasure to his attempts to imitate words. Listen to and answer your child's questions.



Priority

Sleep Routines and Issues

Regular bedtime routine, night waking, no bottle in bed

Regular Bedtime Routine, Night Waking, No Bottle in Bed

Reinforce the importance of maintaining naptime and nighttime sleep routines. For toddlers who are still experiencing some night waking or fussing, a review with parents of the toddler's bedtime ritual and sleep history is warranted. Prepare parents for the common reoccurrence of night waking at 18 to 20 months of age. This is normal and is in keeping with the child's new capacity for thinking and remembering both fears and desires. For more difficult and entrenched night waking, a more in-depth assessment and plan may be needed.

Sample Questions

How is your child sleeping? When does she go to sleep? What is your bedtime routine? How many hours a day and night does she sleep?

- Continue to put your child to bed at the same time each night. Maintaining a consistent and soothing bedtime routine, in the room where your child will be sleeping, will help prepare her for bedtime.
- Tuck her in when she is drowsy, but still awake.
- Even though they have been sleeping well, some children this age may go through a short period of night waking. If she wakens, do not give her excess attention; a brief visit with reassurance from you is all that is needed for her to return to sleep. Give your child a stuffed animal, blanket, or favorite toy that she can use to help console herself at bedtime, should she wake. Consider using a night-light.
- Do not give her a bottle to sleep with, or bring her into bed with you as a means to get her back to sleep.
- Do not put a TV, computer, tablet, or other form of digital media in your child's bedroom.
- Using media at bedtime to help your child go to sleep actually leads to worse sleep. Instead, use a consistent bedtime routine with quiet songs or stories.



Priority

Temperament, Development, Behavior, and Discipline

Conflict predictors and distraction, discipline and behavior management

Conflict Predictors and Distraction

Some of the trigger points for tantrums and conflict between parent and toddler can be avoided through creative strategies. Encourage parents to check for easily correctable problems that may be based on their child's temperament, hunger, or sleepiness. Often, toddlers will have an identifiable trigger for a problematic behavior that is reinforced by a desired response that is elicited from the parent.

Review with parents whether some conflicts can be avoided by "toddler proofing" the home and by accepting the messiness that usually accompanies the eating and playing of a 15-month-old.

Sample Questions

Does your child have frequent tantrums? What seems to trigger them, and how do you typically respond to them? What kinds of things do you find yourself saying, "No," about? Do you have any questions about what should and should not be allowed for your child?

Anticipatory Guidance

- Modify your child's environment to avoid potential conflicts. For example, keep fragile or expensive items out of the child's play area.
- Distracting your toddler by offering him an alternative activity may prevent needless conflicts or tantrums. Use physical activity, like a game of chase, to distract him. When reading, let him choose the book. Let him control turning the pages.
- Be selective and consistent when using the word no. Whenever possible, offer an alternative activity that is more acceptable.
- Be willing to accept minor inconveniences, like messy eating.

Discipline and Behavior Management

Review the effect of temperamental differences on behavior. Discuss parental challenges and goals for discipline and behavior management.

To discipline is to teach. Experienced parents realize the most powerful tool of discipline is to pay attention to the behaviors that they want, and try very hard to avoid paying attention to behaviors that they do not want. Children are rewarded by their parents' attention and will seek even more approval by continuing the desired behavior.



Attention and approval are reinforcing. Withholding approval by ignoring undesired behaviors intends to avoid reinforcement and will ultimately cause the child's behavior to end.

Time-out is a highly organized technique to help parents avoid reinforcement of negative behaviors. Separating the child and parent prevents inadvertently reinforcing negative behaviors. Time-out is not punishment; it is a time to cool down. Sitting with (or holding) an out-of-control child until everybody calms down can be at least as effective as having the child sit in a chair and walking away. Describing feelings—of both parent and child—can help each understand the other.

Sample Questions

What do you do when you become angry or frustrated with your child? How are you and your partner managing your child's behavior? Who else is helping you raise your child? How often do you talk with each other about your child-rearing ideas? How are your approaches similar and how are they different? What do you do when you disagree? How do you stay calm and centered when your child's behavior is challenging? What works well when that happens?

- Develop strategies with your partner to consistently manage the power struggles that result from your toddler's need to control his environment.
- Pay attention to your child's behaviors that you like and try to ignore the behaviors you do not like. Avoid using a raised voice or giving a lecture. If you do, you are giving too much attention to the negative behavior.
- Set limits for your toddler by using distraction, gentle restraint, and, when necessary, a brief time-out. Other strategies for managing your toddler's behavior include separating him from the cause of the problem, staying close to him, and sticking to structure and routines.
- Discipline is important for your child. To appropriately discipline is to teach.
- Time-out is an effective technique to avoid paying negative attention. The goal is to not communicate with your child during a time-out to allow time to calm down. Time-outs at this age should be brief—60 to 90 seconds. An effective time-out technique has 3 components.
 - Use a calm voice, not a raised one.
 - Use as few words as is possible, such as, "Children who hit must do a time-out."
 - End the time-out by looking to the future, such as, "Let's have a hug and go play." Do not recall the negative behavior by saying, "Don't do it again," or by asking for an apology—both are code for "I will pay attention to you again if you do the same negative behavior."
- Teach your toddler not to hit, bite, or use other aggressive behaviors. Model this behavior yourself by not spanking your toddler and by handling conflict with your partner constructively and nonviolently. Spanking increases the chance of physical injury, and your child is unlikely to understand the connection between the behavior and the punishment.
- Make certain that child care personnel use the same consistent discipline measures. Communicate with these caregivers often.



Healthy Teeth

Brushing teeth, reducing caries

Brushing Teeth

Many children exhibit their independence by demanding to brush their own teeth, but infants and children younger than 4 years may not have the manual dexterity to do so. When a child can tie her shoes, then she has the manual dexterity to brush her own teeth.

Sample Questions

Has your toddler been to the dentist? Who brushes your child's teeth?

Anticipatory Guidance

- Schedule your toddler's first dental visit if it has not already occurred.
- Children this age have not yet developed the hand coordination to brush their own teeth adequately. Brush your child's teeth twice each day (after breakfast and before bed) with a soft toothbrush and a small smear of fluoridated toothpaste, no more than a grain of rice. Allow your child to try brushing on occasion to avoid major conflict over dental hygiene.

Reducing Caries

Early childhood caries is rampant in many populations. Bacterial transmission from parent to child is a primary mechanism for introducing caries-promoting bacteria into children's mouths. Counsel parents on ways to reduce bacterial transmission to their child.

Prolonged exposure to cow's or human milk or fruit juice (even 100%) causes harm to teeth because bacteria in the mouth convert the sugars in milk or juice to acids. The acids attack the enamel and lead to dental caries. The same is true for exposure to foods and beverages containing high amounts of added sugars.

Sample Questions

Does your child take a bottle to bed? If so, what is in the bottle? How many bottles of formula or fruit juice does your child get every day? How much water does your child drink? Did you know that you can do things to prevent your child from developing tooth decay?



- Many toddlers develop tooth decay (also called early childhood caries) because bacteria that cause tooth decay can be passed on to your toddler through your saliva when you kiss her or share a cup or spoon. To protect your baby's teeth and prevent decay, make sure you brush and floss your own teeth, don't share utensils, do not chew food and then give to the child, and don't clean her pacifier in your mouth.
- If you are having difficulty weaning your child from the nighttime bottle, do not use formula, milk, or juice in the nighttime bottle. Put only water in the bottle.



Safety

Car safety seats and parental use of seat belts, safe home environment: poisoning, falls, and fire safety

Car Safety Seats and Parental Use of Seat Belts

Talk with parents to ensure that their child is fastened securely in a car safety seat and that they know to keep their child riding in the rear-facing position as long as possible, at least to age 2 years or when the child reaches the weight or height limit for the rear-facing position in the convertible seat. Reinforce the importance of parents always using a seat belt.

Sample Questions

Is your child fastened securely in a rear-facing car safety seat in the back seat of the car every time he rides in a vehicle? Are you having any problems using your car safety seat? Do you always use your own seat belt?

Anticipatory Guidance

- Never place your child's rear-facing safety seat in the front seat of a vehicle with a passenger air bag. The back seat is the safest place for children to ride until your child is 13 years of age.
- The rear-facing position provides the best protection for your child's neck, spine, and head in the event of a crash. For optimal protection, your child should remain in the rear-facing position until he is 2 years of age or reaches the highest weight or height allowed for rear-facing use by the manufacturer of the convertible car safety seat.
- It is safe for your rear-facing child's feet to touch the vehicle seat in front of him and for his legs to bend or hang over the sides of the seat. Even large toddlers are usually quite comfortable riding in the rear-facing position and are not at risk of foot or leg injuries.
- Be sure your child's car safety seat is properly installed in the back seat according to the manufacturer's instructions and the car owner's manual. There should be no more than a finger's width of space between your child's collarbone and the harness strap.
- Remember that your child's safety depends upon you. Always use your seat belt, too.

For information about car safety seats and actions to keep your child safe in and around cars, visit www.safercar.gov/parents.

Find a Child Passenger Safety Technician: http://cert.safekids.org. Click on "Find a Tech."

Toll-free Auto Safety Hotline: 888-327-4236



Safe Home Environment: Poisoning, Falls, and Fire Safety

Review home safety issues with parents, including poisons, fire, burns, and falling objects. Unintentional injuries are the leading cause of death among young children. Parents must use constant vigilance and regularly review the safety of the home to protect their children from harm.

Sample Questions

When did you last examine your home to be sure that it is safe? Would you like a list of home safety issues to review? What emergency numbers do you have posted near your phone and on your cell phone?

Anticipatory Guidance

- Remove poisons and toxic household products from your home or keep them high and out of sight
 and reach in locked cabinets. Use safety caps on all medications and lock them away.
- Keep emergency phone numbers near every telephone and in your cell phone for rapid dial. The number for the Poison Help line is 800-222-1222. Call immediately if you have a poisoning emergency. Do not make your child vomit.
- Use gates at the top and bottom of stairs. To prevent children from falling out of windows, keep furniture away from windows and install operable window guards on second- and higher-story windows.
- Make sure that any other caregivers, such as relatives or child care providers, follow these same safety guidelines.

Sample Questions

How do you keep hot liquids out of your toddler's reach? Is your microwave within reach on a counter? Do you have smoke detectors on each floor in the home where your child lives? When did you last change the batteries in the smoke detectors? Do you have a plan for getting everyone out of the house and a meeting place once outside? Do you have a neighbor from whose house you can call the fire department?

- Do not leave heavy objects or containers of hot liquids on tables with tablecloths that your child might pull down.
- If your microwave is on a countertop where your toddler might reach it, always stay in the room while it is in use to make sure your child does not open it and remove the hot food or liquid. If you must leave the room while the microwave is on, take your toddler with you.
- Turn pan handles toward the back of the stove. Keep your child away from hot stoves, fireplaces, irons, curling irons, and space heaters.
- Keep small appliances out of reach and keep electrical cords and window covering cords out of your child's reach. It is best to use cordless window coverings.
- Make sure you have a working smoke detector on every level of your home, especially in the furnace and sleeping areas. Test smoke detectors every month. It is best to use smoke detectors that use long-life batteries, but, if you do not, change the batteries at least once a year.
- Develop an escape plan in the event of a fire in your home.
- Keep cigarettes, lighters, matches, and alcohol out of your child's sight and reach.

Early Childhood 18 Month Visit

Context

The 18-month-old requires gentle transitions, patience, consistent limits, and respect. One minute he insists on independence; the next minute he is clinging fearfully to his parent. Much of the energy and drive that were channeled into physical activity are now directed toward more complex tasks and social interaction. Having learned the concept of choice, the toddler becomes assertive about his own wishes. His understanding of language develops rapidly, bringing with it new ways of labeling and remembering his experiences, and a new avenue for understanding the expectations of his parents and for communicating his wants and needs.

Though his communicative and social skills are developing rapidly, an 18-month-old usually still has a quite limited verbal and behavioral repertoire for expressing himself. Thus, the all-purpose exclamation "No!" signals his desire for choice and autonomy, and the seeming defiance and negativism of an 18-month-old are actually assertions of an emerging sense of his own identity. Through this period, he needs to have strong emotional ties to his parents. To venture into the world and test his newfound assertiveness, he must know that he has a safe, emotionally secure place at home. Parents appreciate knowing that the sometimes

assertive, sometimes clingy, and sometimes irritable behaviors of their formerly happy and fearless explorer are common in this transitional phase.

The behavior of an 18-month-old may be frustrating at times. Extra patience and a sense of humor can help parents with the tough task of setting limits and then reinforcing them consistently. At the same time, his delight in his own emerging competence and achievements bring a sense of joy and accomplishment to all around him. The 18-month-old lights up a room as he applauds himself and looks around for parental acclaim and reinforcement.

Children typically remain highly resistant to the physical examination at this age. Examining a doll or stuffed animal before examining the child often has a calming effect. To keep the child as comfortable as possible, perform the less-invasive procedures first. Observe, then palpate, the child. Give the child the opportunity to hold the stethoscope or otoscope before it is used. Give the child as many choices as possible about where and how the examination will be conducted (On the parent's lap or on the examination table? Which eye should be examined first?).



Priorities for the 18 Month Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- ▶ Temperament, development, toilet training, behavior, and discipline (anticipation of return to separation anxiety and managing behavior with consistent limits, recognizing signs of toilet training readiness and parental expectations, new sibling planned or on the way)
- ► Communication and social development (encouragement of language, use of simple words and phrases, engagement in reading, playing, talking, and singing)
- ► Television viewing and digital media (promotion of reading, physical activity and safe play)
- Healthy nutrition (nutritious foods; water, milk, and juice; expressing independence through food likes and dislikes)
- ➤ Safety (car safety seats and parental use of seat belts, poisoning, sun protection, firearm safety, safe home environment: burns, fires, and falls)



Health Supervision

The *Bright Futures Tool and Resource Kit* contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.

History

Interval history may be obtained according to the concerns of the family and health care professional's preference or style of practice. The following questions can encourage in-depth discussion:

General Questions

- What are you most proud of since our last visit? (If the parent responds, "Nothing," the clinician should be prepared with a compliment, such as, "You made time for this visit despite your busy schedule.")
- What's exciting about this stage of development? What do you like most about this age?
- How are things going in your family?
- Let's talk about some of the things you most enjoy about your child.
- What questions or concerns do you have about your child?

Past Medical History

Has your child received any specialty or emergency care since the last visit?

Family History

Has your child or anyone in the family (parents, brothers, sisters, grandparents, aunts, uncles, or cousins) developed a new health condition or died? If the answer is Yes: Ascertain who in the family has or had the condition, and ask about the age of onset and diagnosis. If the person is no longer living, ask about the age at the time of death.

Social History

- What major changes have occurred in your family since your last visit? Tell me about any stressful events. What is the effect of these changes on your family?
- What are some of the things you find most difficult about your child?



Surveillance of Development

Do you or any of your child's caregivers have any specific concerns about your child's development, learning, or behavior?

Clinicians using the *Bright Futures Tool and Resource Kit* Previsit Questionnaires or another tool that includes a developmental milestones checklist, or those who use a structured developmental screening tool, need not ask about these developmental surveillance milestones. (*For more information, see the Promoting Healthy Development theme.*)

Social Language and Self-help

Does your child

- Engage with others for play?
- Help dress and undress self?
- Point to pictures in book?
- Point to object of interest to draw your attention to it?
- Turn and look at adult if something new happens?
- Begin to scoop with spoon?
- Use words to ask for help?

Verbal Language (Expressive and Receptive)

Does she

- Identify at least 2 body parts?
- Name at least 5 familiar objects, such as ball or milk?

Gross Motor

Does he

- Walk up with 2 feet per step with hand held?
- Sit in small chair?
- Carry toy while walking?

Fine Motor

Does she

- Scribble spontaneously?
- Throw small ball a few feet while standing?



Review of Systems

The Bright Futures Early Childhood Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done through questions about the following:

Do you have concern about your child's

- Head
 - Shape
- Eyes
 - Cross-eyed
- Ears, nose, and throat
- Breathing
- Stomach or abdomen
 - Vomiting or spitting
 - Bowel movements
- Genitals or rectum
- Skin
- Development
 - Muscle strength, movement of arms or legs, any developmental concerns

Observation of Parent-Child Interaction

During the visit, the health care professional acknowledges and reinforces positive parentchild interactions and discusses any concerns. Observation focuses on

- How do the parent and child communicate?
- What are your child care needs?
- If handed a book, does the child show the parent pictures (shared attention)?
- Does the parent speak clearly and in a conversational tone when addressing the child?
- What is the tone of the parent-child interactions and the feeling conveyed? Does the parent notice and acknowledge the child's positive behaviors?
- How does the parent guide the child to learn safe limits?
- Does the parent seem positive when speaking about the child?



Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

Measure and plot on appropriate WHO Growth Chart

- Recumbent length
- Weight
- Head circumference
- Weight-for-length

Neurologic

- Observe gait (walking and running), hand control, and arm and spine movement. Note communication efforts.
- Formal motor system testing is indicated at this age.
- Note behavior (adult-child interaction, eye contact, use of gestures)

Eyes

- Assess ocular motility.
- Examine pupils for opacification and red reflexes.
- Assess visual acuity using fixate and follow response.

Mouth

 Note number of teeth and observe for caries, plaque, demineralization (white spots), staining, and injury.

Abdomen

- Palpate for masses.

Skin

- Observe for nevi, café-au-lait spots, birthmarks, or bruising.
- Note behavior (adult-child interaction, eye contact, use of gestures)



Screening

Universal Screening	Action		
Autism	Autism spectrum disorder screen		
Development	Developmental screen		
Oral Health (in the absence of a dental home)	Apply fluoride varnish after first tooth eruption and every 6 months.		
Selective Screening	Risk Assessment ^a	Action if Risk Assessment Positive (+)	
Anemia	+ on risk screening questions	Hematocrit or hemoglobin	
Blood Pressure	Children with specific risk conditions or change in risk	Blood pressure measurement	
Hearing	+ on risk screening questions	Referral for diagnostic audiologic assessment	
Lead	If no previous screen or change in risk	Lead blood test	
Oral Health	Does not have a dental home	Referral to dental home or, if not available, oral health risk assessment	
	Primary water source is deficient in fluoride.	Oral fluoride supplementation	
Vision	+ on risk screening questions	Ophthalmology referral	

^a See the *Evidence and Rationale chapter* for the criteria on which risk screening questions are based.

Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.

CDC National Immunization Program: www.cdc.gov/vaccines

AAP Red Book: http://redbook.solutions.aap.org



Anticipatory Guidance

The following sample questions, which address the Bright Futures Early Childhood Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family. Tools and handouts to support anticipatory guidance can be found in the *Bright Futures Tool and Resource Kit*.

Priority

Temperament, Development, Toilet Training, Behavior, and Discipline

Anticipation of return to separation anxiety and managing behavior with consistent limits, recognizing signs of toilet training readiness and parental expectations, new sibling planned or on the way

Anticipation of Return to Separation Anxiety and Managing Behavior With Consistent Limits

Adaptation to nonparental care may bring a return of separation anxiety. Stranger anxiety may surface.

Assertiveness in exploring the environment and persistence in pursuit of desires are normal developmental features of this age. Balancing support for a child's growing physical and cognitive independence while establishing and maintaining consistent limits is difficult for parents. Taking the time to explain that these changes originate in new cognitive gains often helps parents remain patient with their young toddler.

It is important that family members agree on how best to support the child's emerging independence while maintaining consistent limits. Many communities offer a variety of options to help parents manage their child's behavior during this challenging period. It is important that parents learn about options that are culturally appropriate and affordable.

Sample Questions

What are some of the new things that your child is doing? Who helps you raise your child?

Tell me how you set limits for your child and discipline him. Describe how you and your partner (and other caregivers) work out ways to be consistent in setting limits for him. What have been the most challenging aspects of managing his behavior?



Anticipatory Guidance

- Remember, at this age and for the next 3 to 4 months, your child may be anxious in new situations. Children often cling to parents again as a way to reassure themselves of their secure emotional base.
- Spend time playing with your toddler each day. Focus on activities that he expresses interest in and enjoys. Plan ahead for those situations that have been difficult in the past. Try new approaches, such as doing shopping trips earlier in the day rather than at the end, when everyone is tired.
- Reinforce appropriate actions by praising your toddler for good behavior and accomplishments.
- Learn about and consider participating in parent-toddler playgroups.
- Decide what limits are important to you and your toddler, and try to be realistic and consistent in expectations and discipline.
- Be specific when setting limits and, whenever possible, make agreements with other adult caregivers about limits for your child.
- When your child is engaging in unwanted behavior, use positive directives to tell him what you want him to do instead. Be as consistent as possible when enforcing limits. Remember that the goal is teaching, not punishing.
- Keep time-outs and other disciplinary measures brief, just 1 to 2 minutes, and use them only for trouble-some behaviors. Give a warning, then immediately withdraw attention. Do not argue with your child.
- When your child is upset, help him change his focus to another activity, book, or toy. This strategy of distraction and substitution can often calm him.
- Consider attending parent education classes or parent support groups. Many libraries and bookstores
 also have books and pamphlets about parenting. Your community may even have a parenting advice
 telephone hotline that can help you.

Recognizing Signs of Toilet Training Readiness and Parental Expectations

Toilet training is part of developmentally appropriate learning. Many parents need guidance about when to begin toilet training. The average age for a child to be toilet trained during the day is approximately $2\frac{1}{2}$ years.

Sample Questions

Have you thought about toilet training? What are your plans for it? Is anyone urging you to toilet train your child?

- Wait to start toilet training until your toddler is dry for periods of about 2 hours, knows the difference between wet and dry, can pull his pants up and down, wants to learn, and can indicate when he is about to have a bowel movement.
- It is helpful to read books with your child about using the potty or toilet; to take him into the bathroom with the appropriate-sex parent, if one is in the family, or older sibling to learn the routine; and to praise attempts to sit on the potty or toilet, initially with his clothes on. Many children enjoy a special trip to select "big kid" underwear when they feel ready to stop using diapers during the day.



New Sibling Planned or On the Way

Inquire about any recent or forthcoming changes in the family.

Sample Questions

Are you thinking about having another child? If you are expecting a new baby, how is your health? Are you avoiding alcohol and tobacco? Where are you seeking prenatal care? Do you know what substances should be avoided? Are you taking prenatal vitamins?

- If you're expecting a new baby, it's important to prepare your child by reading stories about a family with a new baby, big brothers, or sisters. Enroll your child in a big brother or big sister class at a local hospital to help her know where you will be when the baby is born. Tell her who will care for her while you are having the new baby. Continue to give her lots of love and attention.
- Try not to make any changes or new developmental demands on your toddler close to the time of the new baby's birth. Be prepared for your child to regress in new skills, such as using a cup.
- If you're expecting a new baby, it is important that you continue to concentrate on your health and health habits throughout the pregnancy because you are modeling those behaviors for your toddler.



Communication and Social Development

Encouragement of language, use of simple words and phrases, engagement in reading, playing, talking, and singing

Encouragement of Language, Use of Simple Words and Phrases, Engagement in Reading, Playing, Talking, and Singing

The development of language and communication during the early childhood years is of central importance to the child's later growth in social, cognitive, and academic domains. Communication is built on interaction and relationships. Health care professionals have the opportunity to educate parents about the importance of language stimulation, including singing songs, reading, and talking to their child. Parent-child play, in which the child takes the lead and the parent is attentive and responsive, elaborating but not controlling, is an excellent technique for enhancing both the parent-child relationship and the child's language development. Because young children are active learners, they find joy in exploring and learning new words.

Parents may ask health care professionals about the effects of being raised in a bilingual home. They may be reassured that this situation permits the child to learn both languages simultaneously. Parents should be encouraged to speak, play, talk, and sing in whatever language they feel most comfortable. What is most important is that the child be exposed to rich, diverse language in any language.

Provide anticipatory guidance about reading aloud at every visit. Look for opportunities to provide children's books at each visit, if they can be made available. The AAP supports the use of Reach Out and Read and other programs for literacy promotion.

Sample Questions

How does your child communicate what she wants? Who or what does she call by name? What gestures does she use to communicate effectively? For example, does she point to something she wants and then watch to see if you see what she's doing? Does she wave "bye-bye"?

- Encourage your toddler's language development by reading and singing to her, and by talking about what you both are seeing and doing together. Books do not have to be read. Talk about the pictures or use simple words to describe what is happening in the book. Do not be surprised if she wants to hear the same book over and over. Words that describe feelings and emotions will help your child learn the language of feelings.
- Although play in which your child takes the lead is a wonderful activity, you also will often need to play an active role with your 18-month-old. You may want to make up a story with figures or characters that can be based on an activity you have done together or a book you have read together.
- Ask your child simple questions, affirm her answers, and follow up with simple explanations.
- Use simple, clear phrases to give your child instructions.



Television Viewing and Digital Media

Promotion of reading, physical activity and safe play

Promotion of Reading, Physical Activity and Safe Play

The AAP recommends that infants and children younger than 18 months not watch TV or use digital media. Having the conversation with parents at this point allows parents to determine how to plan for later media use.

If the parents choose to introduce media at this age, they should ensure that the programs are appropriate and of high quality. Video chat technology can facilitate social connections with relatives. New evidence shows that with parental support, infants and toddlers can engage in joint attention during video chatting.

Families with older children may find it challenging to limit media exposures for their younger child. Explore the reasons behind TV and media use, such as to control behavior, to get the child to sleep, to occupy the child so parents can get things done, or as learning tools. Offer alternatives such as reading, singing, and physical or outdoor activities.

Sample Questions

Does your child watch TV or videos or use other digital media? Does your family video chat with relatives? If yes, how much time each day does your child spend watching TV or playing on a computer, tablet, smartphone, or other digital device? Do you use TV or other screens as a way to calm your child, help him to get to sleep, or keep him occupied if you have something else you must do?

- Starting healthy media habits now is important, because bad habits are hard to change when children are older
- If you choose to introduce digital media at this age, choose high-quality programming or apps, use them together, and limit viewing to less than 1 hour per day. With your help, your child is now old enough to participate in family video chats.
- Parents and caregivers need to be aware of their own media use. Television intended for adults may not be appropriate for a young child in the room.
- Make special time for tech-free play every day to foster development of language, thinking skills, behavior regulation, and attention.
- Research shows that young children this age cannot learn information from screens, even though many toys and videos claim to teach them skills. Children this age learn by interacting with caregivers; being read to, talked to, and sung to; and exploring their environment.



- Do not feel pressure to introduce technology. Interfaces are so intuitive that children quickly figure them out when needed at home or in school. Do not put a TV in your child's bedroom.
- Using TV to calm fussy toddlers doesn't help them learn ways to calm themselves and can lead them to demand media. Use other methods to calm your child, such as distraction, removing them from the trigger, going outside, addressing possible causes of fussiness (such as hunger or tiredness), or reading together.
- Make mealtimes an opportunity for face-to-face learning interactions. Don't have the TV on during meals, which distracts toddlers from eating and interacting with family.



Healthy Nutrition

Nutritious foods; water, milk, and juice; expressing independence through food likes and dislikes

Nutritious Foods

Meals should be relaxed, safe, and enjoyable family times. Remind parents that they are responsible for providing a variety of nutritious foods and that their child is responsible for how much to eat. Parents can establish positive eating patterns for their child by providing healthy foods at regular intervals throughout the day, giving appropriate amounts, and emphasizing vegetables and fruit and other nutritious foods.

A reduced appetite appropriately accompanies the slower rate of growth of early childhood in contrast with infancy. Parents are often distressed when children eat less than they expected, but food refusal often means their child is not hungry. Parents may fail to realize that by encouraging a child to eat when he is not hungry gives him calories he did not ask for and likely doesn't need. Also, preparing substitute foods only encourages picky eating. Discuss the importance of providing healthy snacks and of minimizing foods and beverages that are high in added sugars and saturated fat and low in nutrients.

Sample Questions

Tell me about mealtime in your home. Tell me about mealtime in your child care setting.

Do you consider your child a healthy eater? Do you provide a variety of vegetables, fruits, and other nutritious foods? What kind of snacks do you serve? Does your child have much food that you would describe as junk food?

How do you feel if your child doesn't eat what you have prepared for him? What do you do?

- Offer a variety of healthy foods to your child, especially vegetables and fruits, and include higher protein foods like meat and deboned fish at least 2 times per week.
- Help your child explore new flavors and textures in his food.
- Remember that children this age seldom eat "3 square meals a day," but more likely 1 good meal and multiple smaller meals and snacks.
- When your child refuses something you've prepared, it usually means he is not hungry. It doesn't mean he doesn't like it and wouldn't have it later for a snack.
- Trust your child to determine when he is hungry or full and never encourage him to eat food he did not ask for.
- Your kitchen is not a fast-food restaurant and you don't need to fix another meal if your child refuses what you have already prepared. This only encourages him to be a picky eater.



- Have healthy snacks on hand, such as
 - Fresh fruit or vegetables, such as apples, oranges, bananas, cucumber, zucchini, or radishes, that are cut in small pieces or thin strips
 - Applesauce, cheese, or small pieces of whole-grain bread or crackers
 - Unflavored yogurt, sweetened with bits of mashed fruit

Water, Milk, and Juice

Fluid intake is an important element of nutrition. Water should be provided ad lib at all times and should be regularly offered to children of all ages, with increased attention to water intake in warm or dry environments.

Families may fail to recognize the importance and effect of other fluids to their child's nutrition and it may be useful to remind parents that what we drink contributes protein, fat, and sugar to our daily intake. Milk is an important fluid and protein source and the most accessible source of calcium and vitamin D for children. The fat provided in milk is believed to be of importance until age 2 years, so the introduction of low-fat and fat-free milk should be delayed until the second birthday. Breastfeeding should continue to be supported as long as mutually desired by mother and child. The child will continue to receive benefits, including host defense, through at least 24 months of age. Discuss possible pressure to wean by family or friends. If weaning is desired, discuss appropriate weaning techniques.

Juices demand special attention. The sugar content of all juices demands that juice intake be limited, to reduce the risk of dental caries and limit the intake of sugar calories. Soda or soft drinks, sports drinks, and punches provide many calories of scant nutrient value and should be avoided.

Sample Questions

Does your child drink water every day? How many ounces of milk does your child drink most days? Is it whole milk or lower fat milk? Do you give your child other dairy products like yogurt and cheese every day?

- Be sure you always have cool water available to your child, especially on warm days and when your child is physically active.
- Young children should drink 16 to 24 oz of milk each day to help meet their calcium and vitamin D needs. Milk is also an important source of protein for growth.
- Juice is not a necessary drink. If you choose to give juice, limit it to 4 oz daily and always serve it with a meal.
- To protect your child's teeth, don't dilute juice with water and don't allow your child to carry around a bottle, sippy cup, or juice box for drinking over a long period of time.



Expressing Independence Through Food Likes and Dislikes

Food is an area in which toddlers frequently express their newly independent views, especially their likes and dislikes. This is NORMAL.

Sample Question

What does your child do when you offer new foods? Tell me about any concerns you might have about having enough nutritious food for your family.

- Your toddler may become more aware and suspicious of new or strange foods, but do not limit the menu to foods she likes. Continue to offer new foods and allow the child to explore at her own pace. Do not force her to eat the food.
- You may have to offer your toddler a new food many times before she accepts it. It often takes repeated exposure to foods before a toddler will enjoy it. Do not give up after a few tries. Parents should not be short-order cooks.
- Let your toddler experiment with a variety of foods from each food group by touching and mouthing them. She can feed herself.
- Allow your child to determine how much of the healthy foods you serve she will eat. Do not continue to feed her if she is not interested.
- A toddler may eat 6 small meals every day or 3 meals with nutritious snacks in between.



Safety

Car safety seats and parental use of seat belts, poisoning, sun protection, firearm safety, safe home environment: burns, fires, and falls

Car Safety Seats and Parental Use of Seat Belts

Talk with parents to ensure that they know how to securely fasten their child in a car safety seat. Encourage them to keep their child riding in the rear-facing position as long as possible, at least to age 2 years or when the child reaches the weight or height limit for the rear-facing position in the convertible seat. Reinforce the importance of parents always using their seat belt, too.

Sample Questions

How is the car safety seat working? Is your child fastened securely in a rear-facing car safety seat in the back seat every time she rides in a vehicle? Does everyone use a seat belt, booster seat, or car safety seat?

Anticipatory Guidance

- Never place your child's rear-facing safety seat in the front seat of a vehicle with a passenger air bag. The back seat is the safest place for children to ride until your child is age 13 years.
- The rear-facing position provides the best protection for your child's neck, spine, and head in the event of a crash. For optimal protection, your child should remain in the rear-facing position until she is 2 years of age or reaches the highest weight or height allowed for rear-facing use by the manufacturer of the convertible car safety seat.
- It is safe for your rear-facing child's feet to touch the vehicle seat in front of her and for her legs to bend or hang over the sides of the seat. Even large toddlers are usually quite comfortable riding in the rear-facing position and are not at risk of foot or leg injuries.
- Be sure your child's car safety seat is properly installed in the back seat according to the manufacturer's instructions and the car owner's manual. The harness straps should be snug enough that you cannot pinch any webbing between your fingers.
- Do not start your vehicle until everyone is buckled up. Children watch what parents do, so it is important to model safe behaviors for your child.

For information about car safety seats and actions to keep your child safe in and around cars, visit www.safercar.gov/parents.

Find a Child Passenger Safety Technician: http://cert.safekids.org. Click on "Find a Tech."

Toll-free Auto Safety Hotline: 888-327-4236



Poisoning

Confirm with parents that they have important telephone numbers (eg, the national Poison Help line) available in many places in their home and programmed in their cell phones.

Sample Questions

How recently have you examined your home to be sure that it is safe? Do you know the telephone number of the national Poison Help line?

Anticipatory Guidance

- Remove poisons and toxic household products from the home or keep them in locked cabinets. Use safety caps on all medications and lock them away as well. Never refer to medicine as candy. Because children like to mimic what you do, do not take your medicine in front of your child. Check and follow the dosing instructions every time you give your child any medicine.
- Keep emergency phone numbers near every telephone and in your cell phone for rapid dial. The number for the national **Poison Help line** is **800-222-1222**. Call immediately if there is a poisoning emergency. Do not make your child vomit.

Sun Protection

Sun protection now is of increasing importance because of climate change and the thinning of the atmospheric ozone layer. Sun protection is accomplished through limiting sun exposure, using sunscreen, and wearing protective clothing.

Sample Questions

Do you apply sunscreen whenever your child plays outside? Does your child care provider have a sun protection policy? Do you and your child care provider limit outside time during the middle of the day, when the sun is strongest?

Anticipatory Guidance

- Always apply sunscreen with an SPF greater than 15 when your child is outside. Reapply every 2 hours.
- Have your child wear a hat.
- Avoid prolonged time in the sun between 11:00 am and 3:00 pm.
- Wear sun protection clothing for summer.

Firearm Safety

Firearms should be removed from places in which children live and play. If a family does have firearms, they should be stored unloaded and locked in a case, with ammunition stored in a separate locked location. Many young children are killed by firearms each year and most are injured by themselves, a sibling, or a friend.



Sample Questions

Does anyone in your home have a firearm? Does a neighbor, family friend, or any home where your child might play have a firearm? If so, is the firearm unloaded and locked up? Where is the ammunition stored? Have you thought about not owning a firearm because of the danger to children and other family members, since having a firearm in the home increases the risk of firearm injury or death?

Anticipatory Guidance

- The best way to keep your child safe from injury or death from firearms is to never have a firearm in the home.
- If it is necessary to keep a firearm in your home, it should be stored unloaded and locked in a case, with the ammunition locked separately from the firearm.
- Children cannot reliably be taught not to handle a firearm if they find one. Adults must make sure the firearm is completely out of sight and reach of the child.

Safe Home Environment: Burns, Fires, and Falls

The active, climbing toddler challenges parents to provide a safe environment. Highlighting new safety hazards helps parents meet this important responsibility.

Sample Questions

How do you keep hot liquids out of your toddler's reach? Do you have smoke detectors on each floor in the home where your child lives? When did you last change the batteries in the smoke detectors? Do you have a plan for getting everyone out of the house and a meeting place once outside? Do you have a neighbor from whose house you can call the fire department?

Does your child like to climb? What floor in your house or apartment do you live on? Do you have window guards on all windows on the second floor and higher?

- Turn pan handles toward the back of the stove. Keep your child away from hot stoves, fireplaces, irons, curling irons, and space heaters.
- Keep small appliances out of reach and keep electrical cords and window covering cords out of your child's reach.
- Make sure you have a working smoke detector on every level of your home, especially in the furnace and sleeping areas. Test smoke detectors every month. It is best to use smoke detectors that use long-life batteries, but, if you do not, change the batteries at least once a year.
- Develop an escape plan in the event of a fire in your home.
- Keep cigarettes, lighters, matches, and alcohol out of your child's sight and reach.
- Do not leave heavy objects or containers of hot liquids on tables with tablecloths that your child might pull down.
- Remember that many toddlers are excellent climbers. Make sure to use gates at the top and bottom of stairs. To prevent children from falling out of windows, keep furniture away from windows and install operable window guards on second- and higher-story windows.



- Secure furniture so that it cannot tip and fall onto your child. Televisions, bookcases, and dressers should be secured to the wall with straps and tall floor lamps should be placed behind furniture where they cannot be pulled down.
- Watch over your toddler closely when she is on stairs.
- When you or other adults are backing the car out of the garage or driving the car forward or backward in the driveway, be certain another adult is holding your child a safe distance away so that she is not run over. All vehicles have blind spots, and the driver may not be able to see her.

Early Childhood 2 Year Visit

Context

The 2-year-old is often spirited, delightful, joyful, carefree, and challenging! She continuously explores her world with glee and frustration. Her emotions can take on the quality of a roller coaster ride, from sheer excitement and happiness to fear, anger, and tantrums. Although families may be frustrated when their 2-year-old cannot communicate her needs successfully, helping the child master the use of language is critical. This is a pivotal time for her social and emotional development and holds many rewards for both the family and the child. The 2-year-old's evolution into early childhood emerges on a day-to-day basis and she needs support and, most of all, patience.

Toddlers at this age are eager to learn, and new discoveries are facilitated by their blossoming skills that prompt many why, what, and how questions. The 2-year-old seems determined to assert her independence, but, when presented with a choice (eg, between apple slices and orange slices), she usually ceases this activity and has a difficult time choosing. After finally making a decision, she often wants to change it.

The 2-year-old enjoys feeding herself, reading a book, and imitating her parents doing household chores. Watching her go through her daily routine is amusing. To fully understand new activities, she tries them repeatedly. What happens when water gets splashed outside the tub? How far will the teddy bear fall down the stairs? What does mud feel like? Sometimes parents find it difficult to realize that curiosity, rather than a rejection of their standards, compels their child's repetitious explorations.

Despite her apparent yearning for independence, the 2-year-old frequently hides behind her parent's legs when approached by other adults. She may develop fears at this age. For the first time, loud sounds, animals, large moving things, and other objects and events that are unpredictable and out of the child's control can appear to be threatening. Fear of the dark may develop as the child struggles with the transition between waking consciousness and sleep. Unexplained events may resonate fearfully with the child's developing imagination (eg, she may develop a fear of going down the drain along with the bathwater, or a fear of thunder and lightning). A transitional object (eg, a blanket or special stuffed animal) helps the child through anxious times, including the transition into sleep. With steady parental support and reassurance, the child gains confidence and gradually overcomes such fears.

The 2-year-old is not yet skilled at interacting with other children and is fiercely attached to her caregivers. Rather than sharing, 2-year-olds engage in parallel play alongside their peers as they learn to be sociable. It is important that adults not expect the child to sit in a circle with other children or listen to a long story. These abilities will develop by the age of 3 years.

At this age, many of the child's actions are still governed by her parents' reactions. She has learned what to do to get her parents to respond, either negatively or positively, and may play one against the other. She will throw tantrums to get her way. Similarly, if her parents overreact when she has



difficulty expressing herself clearly, this normal phase of speech development becomes prolonged.

At age 2 years, the child is ready to be taught simple rules about safety and behavior in the family, but she is only beginning to be able to internalize them. It remains essential for parents to ensure the safety of the environment and to continue to adequately supervise their active toddler. Parents who provide gentle reassurance, calmly and consistently maintain limits despite repeated tantrums, and reinforce positive behaviors help their child begin to develop healthy self-confidence and social skills.

Toilet training is often high on the list of priorities that parents have for their 2-year-old. Many, but not all, children this age have the developmental prerequisites to accomplish this major milestone. An essential ingredient to the success of this

endeavor is the child's own desire. Parents often welcome the health care professional's encouragement to recognize the signs of the child's readiness, to develop an approach to training, and to recognize their own limits in effecting this change.

The health care professional should not ask a child this age questions that may be answered with "No." A negative response is a 2-year-old's only way of maintaining a modicum of control. Simple statements addressed to the child are usually more successful, such as, "Now it's time for me to listen to your heart." For many children, the examination may be best accomplished on the parent's lap. Where a choice truly exists, ask the child for help (eg, "Which ear do you want me to look into first?").

Priorities for the 2 Year Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- Social determinants of health^a (risks [intimate partner violence; living situation and food security; tobacco, alcohol, and drugs], strengths and protective factors [parental well-being])
- ► Temperament and behavior (development, temperament, promotion of physical activity and safe play, limits on media use)
- Assessment of language development (how child communicates and expectations for language, promotion of reading)
- ► Toilet training (techniques, personal hygiene)
- Safety (car safety seats, outdoor safety, firearm safety)

^a Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities theme*.



Health Supervision

The *Bright Futures Tool and Resource Kit* contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.

History

Interval history may be obtained according to the concerns of the family and health care professional's preference or style of practice. The following questions can encourage in-depth discussion:

General Questions

- What are you most proud of since our last visit? (If the parent responds, "Nothing," the clinician should be prepared with a compliment, such as, "You made time for this visit despite your busy schedule.")
- What's exciting about this stage of development? What do you like most about this age?
- How are things going in your family?
- Let's talk about some of the things you most enjoy about your child. On the other hand, what seems most difficult?
- What major changes have occurred in your family since your last visit? Tell me about any stressful events. What is the effect of these changes on your family?
- What questions or concerns do you have about your child?

Past Medical History

Has your child received any specialty or emergency care since the last visit?

Family History

• Has your child or anyone in the family (parents, brothers, sisters, grandparents, aunts, uncles, or cousins) developed a new health condition or died? If the answer is Yes: Ascertain who in the family has or had the condition, and ask about the age of onset and diagnosis. If the person is no longer living, ask about the age at the time of death.

Social History

See the Social Determinants of Health priority in Anticipatory Guidance for social history questions.



Surveillance of Development

Do you or any of your child's caregivers have any specific concerns about your child's development, learning, or behavior?

Clinicians using the *Bright Futures Tool and Resource Kit* Previsit Questionnaires or another tool that includes a developmental milestones checklist, or those who use a structured developmental screening tool, need not ask about these developmental surveillance milestones. (*For more information, see the Promoting Healthy Development theme.*)

Social Language and Self-help

Does your child

- Play alongside other children, also called parallel play?
- Take off some clothing?
- Scoop well with a spoon?

Verbal Language (Expressive and Receptive)

Does he

- Use 50 words?
- Combine 2 words into short phrase or sentence?
- Follow 2-step command?
- Name at least 5 body parts, such as nose, hand, or stomach?
- Have speech that is 50% understandable to strangers?

Gross Motor

Does she

- Kick a ball?
- Jump off the ground with 2 feet?
- Run with coordination?
- Climb up a ladder at a playground?

Fine Motor

Does he

- Stack objects?
- Turn book pages?
- Use his hands to turn objects like knobs, toys, and lids?
- Draw lines?



Review of Systems

The Bright Futures Early Childhood Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done through questions about the following:

Does your child have any problems with

- Head
 - Shape
- Eyes
 - Vision
 - Cross-eyed
- Ears, nose, and throat
- Breathing or chest pain
- Stomach or abdomen
 - Nausea or vomiting
 - Bowel movements
- Skin
 - Birthmarks or moles
- Development
 - Muscle strength, movement, or function
 - Language

Observation of Parent-Child Interaction

During the visit, the health care professional acknowledges and reinforces positive parent-child interactions and discusses any concerns. Observation focuses on

- How do the parent and child communicate?
- What is the tone of the interaction and the feelings conveyed?
- Does the parent teach the child the name of a person or object during the visit?
- Does the child feel free to explore the room?
- How does the parent set appropriate limits, if needed?
- Does the parent seem positive when speaking about the child?



Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

Measure and plot on appropriate CDC Growth Chart

- Standing height (preferred) or recumbent length
- Weight

Calculate and plot on CDC Growth Chart

- Body mass index (BMI), if standing height
- Weight-for-length, if recumbent length

Eyes

- Assess ocular motility.
- Examine pupils for opacification and red reflexes.
- Assess visual acuity using fixate and follow response.

Mouth

- Observe for caries, plaque, demineralization (white spots), staining, injury, and gingivitis.

Abdomen

- Palpate for masses.

Skin

- Observe for nevi, café-au-lait spots, birthmarks, or bruising.

Neurologic

- Observe running, scribbling, socialization, and ability to follow commands.
- Assess language acquisition and clarity.



Screening

Universal Screening	Action		
Autism	Autism spectrum disorder screen		
Lead (high prevalence area or insured by Medicaid)	Lead blood test		
Oral Health (in the absence of a dental home)	Apply fluoride varnish every 6 months.		
Selective Screening	Risk Assessment ^a	Action if Risk Assessment Positive (+)	
Anemia	+ on risk screening questions	Hematocrit or hemoglobin	
Blood Pressure	Children with specific risk conditions or change in risk	Blood pressure measurement	
Dyslipidemia	+ on risk screening questions	Lipid profile	
Hearing	+ on risk screening questions	Referral for diagnostic audiologic assessment	
Lead (low prevalence area and not insured by Medicaid)	+ on risk screening questions	Lead blood test	
Oral Health	Does not have a dental home	Referral to dental home or, if not available, oral health risk assessment	
	Primary water source is deficient in fluoride.	Oral fluoride supplementation	
Tuberculosis	+ on risk screening questions	Tuberculin skin test	
Vision	+ on risk screening questions	Ophthalmology referral	

^a See the *Evidence and Rationale chapter* for the criteria on which risk screening questions are based.

Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.

CDC National Immunization Program: www.cdc.gov/vaccines

AAP Red Book: http://redbook.solutions.aap.org



Anticipatory Guidance

The following sample questions, which address the Bright Futures Early Childhood Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family. Tools and handouts to support anticipatory guidance can be found in the *Bright Futures Tool and Resource Kit*.

Priority

Social Determinants of Health

Risks: Intimate partner violence; living situation and food security; tobacco, alcohol, and drugs

Strengths and protective factors: Parental well-being

Risks: Intimate Partner Violence

Children who are exposed to intimate partner violence are at increased risk of adverse mental and physical health outcomes. Intimate partner violence cannot be determined through observation, but is best identified through direct inquiry. Avoid asking about abuse or domestic violence, but use descriptive terms, such as *hit*, *kick*, *shove*, *choke*, or *threaten*. Provide information about the effect of violence on children and about community resources that provide assistance. Recommend resources for parent education or parent support groups.

To avoid causing upset to families by questioning about sensitive and private topics, such as family violence, alcohol and drug use, and similar risks, it is recommended to begin screening about these topics with an introductory statement, such as, "I ask all patients standard health questions to understand factors that may affect the health of their child as well as their own health."

Sample Questions

Because violence is so common in so many people's lives, I've begun to ask about it. I don't know if this is a problem for you, but many children I see have parents who have been hurt by someone else. Some are too afraid or uncomfortable to bring it up, so I've started asking about it routinely. Do you always feel safe in your home? Has your partner, or another significant person in your life, ever hit, kicked, or shoved you, or physically hurt you or the baby? Are you scared that you or other caregivers may hurt the baby?

Do you have any questions about your safety at home? What will you do if you feel afraid? Do you have a plan? Would you like information on where to go or who to contact if you ever need help?



Anticipatory Guidance

- If you feel unsafe in your home, seek help in moving your children and yourself to a safe place.
- One way that I and other health care professionals can help you if your partner, or another significant person in your life, is hitting or threatening you is to support you and provide information about local resources that can help you.
- You can also call the toll-free **National Domestic Violence Hotline** at **800-799-SAFE (7233).**

Risks: Living Situation and Food Security

Parents in difficult living situations or with limited means may have concerns about their access to affordable housing, food, or other resources. Provide information and referrals, as needed, for community resources that help with finding quality child care, accessing transportation, or addressing issues such as financial concerns, or inadequate or unsafe housing. If the family is having difficulty obtaining sufficient nutritious food, provide information about WIC, SNAP, local food shelves, and local community food programs. Public health agencies can be excellent sources of help because they work with all types of community agencies and family needs.

Pesticides are often used in a variety of products for the control of pests both in indoor and outdoor environments. They may affect children's health in a variety of ways. Thousands of cases of pesticide poisoning are still reported to US poison control centers every year.

Sample Questions

Tell me about your living situation. Do you live in an apartment or a house? Is permanent housing a worry for you? Do you have the things you need to take care of your child? Does your home have enough heat, hot water, electricity, working appliances? Do you need help paying for health insurance?

Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last, and you did not have money to get more?

Have you ever tried to get help for these issues? What happened? What barriers did you face?

Do you use any pesticides on your pets?

- Community agencies are available to help you with concerns about your living situation.
- If you need financial assistance to help pay for health care expenses, ask about resources or referrals to the state Medicaid programs or other state assistance and health insurance programs.
- Programs and resources are available to help you and your child. You may be eligible for the WIC food and nutrition program, or housing or transportation assistance programs. Several food programs, such as the Commodity Supplemental Food Program and SNAP, the program formerly known as Food Stamps, can help you. If you are breastfeeding and eligible for WIC, you can get nutritious food for yourself and support from peer counselors.
- Avoid, or use the least toxic, pesticides on pets. Keep pets clean and wash pets' bedding frequently to keep away fleas.



Risks: Tobacco, Alcohol, and Drugs

The use of tobacco, alcohol, and other drugs has adverse health effects on the entire family. Focusing on the effect on health is often the most helpful approach and may help some family members with quitting or cutting back on substance use.

Sample Questions

Does anyone in your home smoke? Are you worried about any family members and how much they smoke, drink, or use drugs?

How often do you drink beer, wine, or liquor in your household? Do you, or does anyone you ride with, ever drive after having a drink? Does your partner use alcohol? What kind and for how long?

Are you using marijuana, cocaine, pain pills, narcotics, or other controlled substances? Are you getting any help to cut down or stop your drug use?

- A smoke-free environment, in your car, home, and other places where your child spends time, is important. Smoking affects your child by increasing the risk of asthma, ear infections, and respiratory infections.
- **800-QUIT-NOW (800-784-8669);** TTY **800-332-8615** is a national telephone helpline that is routed to local resources. Additional resources are available at **www.cdc.gov.**
- Drug and alcohol cessation programs are available in our community and we would like to help you connect to these services.



Strengths and Protective Factors: Parental Well-being

Parental well-being is a key component of healthy family functioning. Congratulate the parents on their own preventive and health-promoting practices, such as using seat belts, avoiding tobacco, eating a nutritious diet, being physically active, and following appropriate health screening advice.

The lives of families with young children are usually filled with changes, such as employment, housing, and sometimes new siblings. Inquire about any recent or forthcoming changes in the family.

Acknowledge that other parents and children may be living in the household and those children may not be siblings (eg, they may be cousins or children of friends). This may present challenges as the parent may not be the only adult to intervene when situations arise. Opportunities for parents to discuss potential solutions to stressful situations can promote parental resilience and help parents stay connected to family and friends.

Sample Questions

Tell me about your own health and mood. How often do you take time for yourself? How often do you and your partner spend time together? What activities do you do together as a family? What's one of the things you do with your child or family that you really enjoy? How can you find more time to do that really enjoyable thing? Who helps you with your child? Do you have someone to turn to if you need to talk about problems?

- Because your role as parents requires both physical and emotional energy, you must take care of yourselves so you can care for your child.
- It's important for you to maintain your friendships and family connections. Consider reaching out to the parents of children your child's age.
- Create opportunities for your family to share time together and for family members to talk and play with your toddler. Family mealtimes and time off from work are ideal opportunities.
- Keep family outings relatively short and simple. Lengthy activities tire your toddler and may lead to irritability or a tantrum.
- Spend individual time with each child in your family as often as you can.
- Acknowledge conflicts between siblings. Whenever possible, attempt to resolve conflicts without taking sides. For example, if a conflict arises about a toy, the toy can be put away. Do not expect your toddler to share his toys.
- Allow older children to have toys and other objects that they do not have to share with the toddler. Give them a storage space that the toddler cannot reach.
- Do not allow hitting, biting, or other aggressive behavior. Brief time-outs are a good way to tell your toddler these behaviors are not appropriate.



Temperament and Behavior

Development, temperament, promotion of physical activity and safe play, limits on media use

Development

The parent or caregiver has the best understanding of the child and can provide much useful information about the child's development at this stage. Discuss with parents their expectations about their child's understanding and behavior. A child at age 2 years still has limited abilities to internalize rules for behavior. Allowing the child to make choices among acceptable alternatives, redirecting and setting sensible limits, praising the child for being good, and giving smiles and encouragement all work better than punishment.

Through positive approaches and interactions with the child, parents and caregivers can nurture good behavior, self-confidence, and a desire to learn and explore.

Sample Questions

What are some of the new things that your child is doing? What do you and your partner enjoy most about your child? What seems to be most difficult? Do you have special times that you set aside to be with your child?

- Praise your child for good behavior and accomplishments.
- Spend individual time with your child, playing with her, reading to her, hugging or holding her, taking walks, painting, going to the zoo or library, and doing puzzles together. Focus on activities that she expresses interest in and enjoys.
- Listen to and respect your child.
- Appreciate your child's investigative nature, and avoid excessively restricting her explorations. Guide her through fun learning experiences.
- Play helps children learn to solve problems, such as how to get toys upright when they fall over.
- Give your child opportunities to assert herself. Encourage self-expression. Let your child play music, dance, and paint.
- Help your child express such feelings as joy, anger, sadness, fear, and frustration.
- Promote a sense of competence and control by inviting your child to make choices limited to 2 equally acceptable options when possible. For example, allow her to choose between 2 kinds of fruit when picking out a snack.
- Allow your child to determine how much of the healthy foods you serve she will eat. Do not continue to feed her if she is not interested.
- It is important to let your child know how you would like her to act or respond. This is equally important to using time-outs to let your child know she chose a response that was not appropriate. In the long run, positive reinforcement for desired behavior is more effective in teaching children than negative consequences for undesired behavior.



Temperament

Discuss with the parent typical variations in children's behavioral styles, including such temperamental qualities as general activity level, sensitivity or reactivity to changes in the environment, tendency to approach or withdraw in new situations, adaptability to change in routine, intensity of response, and the predominance of a positive or negative mood, especially in social situations.

Sample Question

How does your child act around family members?

Anticipatory Guidance

Your child varies in how she reacts to different situations and she will quickly learn the different ways in which her parents and other family members respond to her actions and requests. Encourage family members to be consistent, patient, and respectful in how they respond to her. Being around adults who care for them helps stimulate children's brains and makes learning easier.

Promotion of Physical Activity and Safe Play

The main ideas behind promoting physical activity at this age are to be physically active in a safe environment and to establish a lifelong habit of being active, both as an individual and as a family. Children this age enjoy playing independently, but have not yet developed the skills necessary to interact with other children.

Sample Questions

Tell me about your child's typical play. What kind of physical activities does your child enjoy? What types and amounts of physical activity does your child enjoy when she's with other caregivers, such as at child care and with other family members? How does your child act around other children? If your child is in group child care, how does she do with the other children? Are your child care arrangements working for your family and for your child?

- Encourage free play for up to 60 minutes per day.
- Engage in guided interactive play with your child several times a day, 5 to 10 minutes each time.
- Enjoy being physically active as a family, such as by walking, hiking, and playing tag.
- Make sure that other caregivers also make time for physical activity with your child.
- To make exercise fun, give your child age-appropriate play equipment, from balls to plastic bats. Let your child choose what to play with.
- Encourage your child to play with other children, but do not expect her to share the play or toys yet. Two-year-olds enjoy playing among, not with, other children. Your child may be physically aggressive toward other children.



Limits on Media Use

The AAP recommends that children older than 2 years limit TV and digital media use to no more than 1 hour of high-quality programming per day. In addition to educational shows being too stimulating, many e-readers and "educational" apps are more distracting than educational because of the extra features programmed into their design to keep children engaged. Review that even interactive media cannot teach language or other important skills at this age.

If a child watches TV, parents should ensure that the programs are appropriate. Many cartoon shows are violent, soap operas often feature issues that are inappropriate for young children, and talk shows and sporting events are overwhelming for many young children. Even educational shows can be too stimulating for young minds.

Sample Questions

Does your child watch TV or videos or use other digital media? If so, what TV shows does your child watch? How much time each day does your child spend watching TV or playing on a tablet, a smartphone, or other digital device? Is there a TV on in the background while your child is playing in the room? Do you use TV or other screens as a way to calm your child, help her to get to sleep, or keep her occupied if you have something else you must do?

- Research shows that young children this age cannot learn information from screens, even though many toys and videos claim to teach them skills. Children this age learn by interacting with caregivers; being read to, talked to, and sung to; and exploring their environment.
- At this young age, media viewing can hinder the development of language, thinking skills, behavior regulation, and attention. Make special time for tech-free type of play every day.
- If there are times when you or your caregiver cannot actively engage in play with your child, encourage unstructured, unplugged play. This encourages her to think innovatively, problem-solve, and develop reasoning skills.
- Make mealtimes an opportunity for face-to-face learning interactions. Don't have the TV on during meals, which distracts toddlers from eating and interacting with family.



Assessment of Language Development

How child communicates and expectations for language, promotion of reading

How Child Communicates and Expectations for Language

A 2-year-old is rapidly developing language skills and he experiences joy in reciprocal communication. This is a time to assess how the child communicates and to set expectations with the parents about their child's language development. Parents are keen observers of the child's behavior and often correctly identify sensory problems.

Sample Questions

How does your child communicate what he wants? What do you think your child understands? How well do you think your child hears and sees? If your child uses 2 languages, how intelligible is he in each?

Ask the Child

"What's that?" (pointing to a picture); "Which one is the ____?" (in a book); "Give me the ____." (from among several objects).

- Don't use baby talk.
- Two-year-olds should begin using 2-word sentences or phrases, such as, "Want milk," "Have book," and "Go home."
- Two-year-olds also should be able to follow simple 1- or 2-step commands, such as, "Pick up the doll and bring it to me."
- Encourage your child's language development also by singing songs to him and by talking about what you both are seeing and doing together.
- Many children struggle to respond quickly at this age, so talk and question slowly so that your child has the opportunity to respond without pressure. Praise all efforts to respond, and repeat what is said in an affirming way.
- If you need to have your child look at you before you know he is listening to you, let us know. Hearing problems are important to identify early and are more common in children with many ear infections.
- If you notice your child squinting, holding books very close to his face, or failing to look at things you are pointing out to him, let us know. He may have a vision problem.



Promotion of Reading

Children this age begin to take a definite interest in words and wordplay. Books are fun and reading is a fun activity to share. They may ask to read the same book over and over. Reading every day will help establish reading as a lifelong pleasurable habit.

Sample Question

Do you or other caregivers sit down and read with your child every day?

- Read to your child every day. Ask your child to point to pictures of objects, animals, or people on the page. If the story is familiar, pause every now and then for your child to insert a phrase or sound to help tell the story or to finish a familiar sentence or phrase.
- Many toddlers love the same story over and over. This is normal, and repetition is good. It helps build important language skills.
- Reading and storytelling do not have to be a huge project. Even sitting together for a short, 3-minute story will promote reading.
- Even if you or your caregiver has reading challenges, looking at a book and pointing to pictures and asking questions about what is going on is still reading.



Toilet Training

Techniques, personal hygiene

Techniques

Toilet training is part of developmentally appropriate learning. Each child progresses through toilet training differently and parents need to understand signs of readiness and how to support and encourage their child during this process. Explain that many children do not achieve even partial toilet training before the age of 3 years or complete daytime dryness until the age of 4 years.

Explore family attitudes about toilet training, including parental experiences and expectations.

Sample Question

How is your child's toilet training progressing?

- Encourage toilet training when your child is dry for about 2 hours at a time, knows the difference between wet and dry, can pull her pants up and down, wants to learn, and can tell you when she is about to have a bowel movement. Do not pressure or punish, and avoid friction. Be supportive, give your child an active role, and keep the learning process fun. Praise or reward child for cooperation and success.
- Here are some ways to help your child be successful. Make sure she has easy access to a potty chair, dress her in easy-to-remove pants, establish a daily routine to place her on the potty every few hours, give underwear as a special present for reinforcement, and provide a relaxed environment by reading or singing songs while she is on the potty.
- Children use the toilet more frequently than adults, often up to 10 times a day. Plan for frequent toilet breaks when traveling with your child, even if you are out for a short time.



Personal Hygiene

This is a good time for parents to help their child establish good personal hygiene habits, especially handwashing. Modeling these behaviors yourself can reinforce the teaching.

Sample Questions

Does your child wash her hands after toileting? Before eating?

- Help your child wash her hands after diaper changes or toileting and before eating. Make sure to wash your own hands often.
- Clean potty chairs after each use.
- Teach your child to sneeze and cough into her shoulder. Teach your child to wipe her nose with a tissue and then wash her hands.
- Soap and water is sufficient for cleaning your child's toys.
- If your child is in child care, provide personal items, such as blankets, cups, combs, and brushes, for individual use.



Safety

Car safety seats, outdoor safety, firearm safety

Car Safety Seats

Talk with parents to ensure that they know how to securely fasten their child in a car safety seat. Adults should model car safety by always using a seat belt themselves.

When the child reaches 2 years of age, his parents may choose to turn his car safety seat forward facing. However, it is even better to continue to ride in the rear-facing position as long as the child has not reached the weight or height limit for the rear-facing position in his convertible seat. Parents should read and follow the manufacturer's instructions for switching a seat from rear facing to forward facing.

Sample Questions

How is the car safety seat working? Is your child fastened securely in a car safety seat in the back seat every time he rides in a vehicle? Does everyone use a seat belt, booster seat, or car safety seat?

Anticipatory Guidance

- Be sure that the car safety seat is properly installed in the back seat according to the manufacturer's instructions and the vehicle owner's manual. The harness straps should be snug enough that you cannot pinch any webbing between your fingers.
- The back seat is the safest place for children to ride until your child is age 13 years.
- Do not start your vehicle until everyone is buckled up. Children watch what parents do, so it is important for you to model safe behaviors by always wearing your seat belt.

For information about car safety seats and actions to keep your child safe in and around cars, visit www.safercar.gov/parents.

Find a Child Passenger Safety Technician: http://cert.safekids.org. Click on "Find a Tech."

Toll-free Auto Safety Hotline: 888-327-4236



Outdoor Safety

The young toddler is beginning to play outside as well as inside. This new opportunity for physical activity introduces new hazards. Outdoor safety should be tailored to the local environment where the child lives (rural versus urban hazards). Reinforce the importance of safety in physical activities, such as always using a bike helmet. Modeling is the best way to ensure that a child develops lifelong safe behaviors. Building safe habits at an early age is easier than trying to introduce them when your child is older.

Sample Questions

Would you like a list of outdoor health and safety tips for your toddler? Does your child wear a bike helmet when he rides his tricycle?

- When your toddler is playing outside, make sure he stays within fences and gates and remember to watch him closely.
- Backyard swimming pools, hot tubs, or spas need to be completely fenced on 4 sides to separate them from the house and yard with a self-closing and self-latching gate.
- Carefully supervise your child when he is using playground equipment, and make sure that the surface under play equipment is soft enough to absorb a fall.
- Keep your toddler away from moving machinery, lawn mowers, overhead garage doors, driveways, and streets.
- Young children should never be left unsupervised in or around vehicles. A parked car is not a safe place to play; lock cars when they are parked so your toddler cannot get in.
- When you or other adults are backing out of the garage or driving the car forward or backing in the driveway, be certain another adult is holding your child so that he is not run over. All vehicles have blind spots and the driver may not be able to see him.
- If a child is missing, check the pool or spa first, and then the car.
- Be sure that your child wears a helmet approved by the Consumer Product Safety Commission (CPSC) when riding on a tricycle, in a towed bike trailer, or in a seat on an adult's bicycle. Wear a helmet yourself. Make sure everyone's helmets fit properly according to the manufacturer's instructions.



Firearm Safety

Firearms should be removed from places in which children live and play. If a family does have firearms, they should be stored unloaded and locked in a case, with ammunition stored in a separate locked place. Many young children are killed by firearms each year and most are injured by themselves, a sibling, or a friend.

Sample Questions

Does anyone in your home have a firearm? Does a neighbor, family friend, or any home where your child might play have a firearm? If so, is the firearm unloaded and locked up? Where is the ammunition stored? Have you thought about not owning a firearm because of the danger to children and other family members?

- The best way to keep your child safe from injury or death from firearms is to never have a firearm in the home.
- If it is necessary to keep a firearm in your home, it should be stored unloaded and locked in a case, with the ammunition locked separately from the firearm.
- Children cannot reliably be taught not to handle a firearm if they find one. Adults must make sure the firearm is completely out of sight and reach of the child.

Early Childhood 2½ Year Visit

Context

At age 2½, significant advances in all developmental trajectories are readily observable. Compared with the 2-year-old, the motor coordination (gross and fine) of a child at age 2½ years is much improved. The child now can walk on tiptoes and can jump with both feet. He modulates his movement, speeding up and slowing down as he desires, negotiating turns while running, and coming to a sudden stop. His finger movements are now better differentiated from whole-hand movements. For example, he is more able to manage puzzle pieces and string beads, and put snapblocks together.

A strong incentive for the health care professional to see children routinely at age 21/2 years is the opportunity to check on the child's development of language and social communication. Where the 2-year-old is typically just starting the process of creatively joining a few words in combination, the 21/2-year-old uses a wide variety of short phrases of 3 and 4 words (many, if not most, of which are understandable to family members). Vocabulary has expanded dramatically, and the child often accompanies his actions with short, verbal descriptions, such as, "Me make it go," and "I take my coat off." At age 21/2 years, children typically enjoy the playful use of words, including rhyming games and simple songs with rhythm and accompanying movement, and the child's pleasure in such interactions with others becomes an important measure of his social development. As at age 2 years, receptive language usually develops well in advance of

expressive abilities and makes for new receptivity to book reading and stories. Children this age like stories that tell about everyday activities, such as getting dressed, playing with toys, eating meals with the family, and bedtime. He likes to hear the same story read to him over and over, and often insists on it being read the same way each time.

Play behaviors also have become more elaborate at age 2½ years. The child this age enjoys acting out the behaviors seen in other family members, such as feeding a dolly, talking on the phone, or sweeping the floor. A new sense of order, sometimes repetitive and perfectionistic, emerges at this age, as shown in the child's interest in lining up toys or placing crayons in a specific color order. In social situations, play with peers continues to be more often parallel than collaborative. Yet, with some play activities that have an easily recognized theme and sequence of actions (eg, the tea party), 2½-year-olds delight in independent play with peers.

This age is often the time when parents begin to consider what sort of early education experience will be best for their child. The 2½ Year Visit is an ideal time to review the child's developmental readiness, behavioral style, and parental goals for such a placement, and to support parents in their efforts to determine the best programmatic match for their child.



Priorities for the 21/2 Year Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- Family routines (day and evening routines, enjoyable family activities, parental activities outside the family, consistency in the child's environment)
- Language promotion and communication (use of simple words and reading together)
- ► Promoting social development (play with other children, giving choices, limits on television and media use)
- ▶ Preschool considerations (readiness for early childhood programs and playgroups, toilet training)
- Safety (car safety seats, outdoor safety, water safety, sun protection, fires and burns)



Health Supervision

The *Bright Futures Tool and Resource Kit* contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.

History

Interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice. The following questions can encourage in-depth discussion:

General Questions

- What new things is your child doing now? Tell me about your child. How would you describe his personality these days? What are his favorite things, activities, people?
- What do you enjoy and dislike the most about this age?
- What questions or concerns do you have about your child today?

Past Medical History

Has your child received any specialty or emergency care since the last visit?

Family History

Has your child or anyone in the family (parents, brothers, sisters, grandparents, aunts, uncles, or cousins) developed a new health condition or died? If the answer is Yes: Ascertain who in the family has or had the condition, and ask about the age of onset and diagnosis. If the person is no longer living, ask about the age at the time of death.

Social History

How are you and your family doing these days?



Surveillance of Development

Do you or any of your child's caregivers have any specific concerns about your child's development, learning, or behavior?

Clinicians using the *Bright Futures Tool and Resource Kit* Previsit Questionnaires or another tool that includes a developmental milestones checklist, or those who use a structured developmental screening tool, need not ask about these developmental surveillance milestones. (*For more information, see the Promoting Healthy Development theme.*)

Social Language and Self-help

Does your child

- Urinate in a potty or toilet?
- Spear food with a fork?
- Wash and dry hands?
- Engage in imaginary play, such as with dolls and toys?
- Try to get you to watch by saying, "Look at me!"

Verbal Language (Expressive and Receptive)

Does she

- Use pronouns correctly?
- Explain the reasons for things, such as needing a sweater when it's cold?
- Name at least 1 color?

Gross Motor

Does he

- Walk up steps, alternating feet?
- Run well without falling?

Fine Motor

Does she

- Copy a vertical line?
- Grasp crayon with thumb and fingers instead of fist?
- Catch large balls?



Review of Systems

The Bright Futures Early Childhood Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done through questions about the following:

Does your child have any problems with

- Head
 - Shape
- Eyes
 - Vision
 - Cross-eyed
- Ears, nose, and throat
- Breathing or chest pain
- Stomach or abdomen
 - Nausea or vomiting
 - Bowel movements
- Skin
 - Birthmarks or moles
- Development
 - Muscle strength, movement, or function
 - Language

Observation of Parent-Child Interaction

During the visit, the health care professional acknowledges and reinforces positive parent-child interactions and discusses any concerns. Observation focuses on

- How actively do the parent and child communicate with each other?
- Does the child use questions and phrases at an appropriate age level?
- If given a book, do the child and the parent look at it together, discuss it, and interact?
- How well does the parent calm the child during the visit?



Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

Measure and plot on appropriate CDC Growth Chart

- Standing height (preferred) or recumbent length
- Weight

Calculate and plot on CDC Growth Chart

- BMI, if standing height
- Weight-for-length, if recumbent length

Eyes

- Assess ocular motility.
- Examine pupils for opacification and red reflexes.
- Assess visual acuity using fixate and follow response.

Abdomen

- Palpate for masses.

Skin

- Observe for nevi, café-au-lait spots, birthmarks, or bruising.

Neurologic

- Observe coordination, language acquisition and clarity, and socialization.
- Assess vocalizations.

Screening

Universal Screening	Action			
Development	Developmental screen			
Oral Health (in the absence of a dental home)	Apply fluoride varnish every 6 months.			
Selective Screening	Risk Assessment ^a	Action if Risk Assessment Positive (+)		
Anemia	+ on risk screening questions	Hematocrit or hemoglobin		
Blood Pressure	Children with specific risk conditions or change in risk	Blood pressure measurement		
Hearing	+ on risk screening questions	Referral for diagnostic audiologic assessment		
Oral Health	Does not have a dental home	Referral to dental home or, if not available oral health risk assessment		
	Primary water source is deficient in fluoride.	Oral fluoride supplementation		
Vision	+ on risk screening questions	Ophthalmology referral		

^a See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.



Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.

CDC National Immunization Program: www.cdc.gov/vaccines

AAP Red Book: http://redbook.solutions.aap.org



Anticipatory Guidance

The following sample questions, which address the Early Childhood Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family. Tools and handouts to support anticipatory guidance can be found in the *Bright Futures Tool and Resource Kit*.

Priority

Family Routines

Day and evening routines, enjoyable family activities, parental activities outside the family, consistency in the child's environment

Day and Evening Routines

Mealtimes are part of a family's routine that enhances a child's language, math, and motor skills as well as promotes communication and other socialization abilities. Consistent evening and bedtime routines help young children transition from the active daytime to a good night's sleep.

Sample Questions

What meals does your child eat with the family? What types of evening and bedtime routines do you use at home? How consistently do you follow these routines?

- Family meals are an excellent way to support language and social development in the young child. Eat together as often as possible—it doesn't matter which meal.
- In the hour before bedtime, try not to use digital media, play vigorously, or do other stimulating activities with your child. Quiet evening activities will help your child recognize that bedtime is coming and smooths the way to the bedtime routine and settling in early for high-quality sleep. A good night's sleep is essential to good daytime behavior and to preventing tantrums. Do not place a TV, computer, or other digital media device in your child's room. This is an important way you can establish healthy sleep and healthy media habits.



Enjoyable Family Activities

Routine participation in activities as a family (eg, physical activities and going to museums or the park) helps build family togetherness.

Sample Questions

Tell me about how you have fun with your family. What activities do you and your family participate in together?

Anticipatory Guidance

- Reading to your child at least once a day is a habit that both of you will grow to look forward to. Pick
 books with simple stories that your child can understand, and try to find ones that reflect your culture
 and interests.
- Encourage family exercise, such as walking, swimming, or bicycling (with helmets).
- Expand your child's experiences by visiting museums, zoos, and other educational centers. Take
 advantage of programs designed for young children, such as library programs for toddlers and seasonal community events.

Parental Activities Outside the Family

Parents need to reconnect regularly with friends and personal interests and work beyond the family.

Sample Questions

What kinds of things do you do outside the family? If you work outside of the home, where do you work?

Anticipatory Guidance

- Try some activities outside the family. Being with friends helps reduce stress, gives you pleasure, and rewards your efforts.
- Sometimes parents of toddlers find themselves making new friends with the parents of other toddlers and enjoying the informal support of others who have many of the same challenges and interests.

Consistency in the Child's Environment

Consistent guidance, regular playful experiences during the day, and clear limits about bedtime all help a child develop a sense of security and self-control. As children develop more effective language skills, they and their parents experience increasing pleasure in talking together. Parents and caregivers build their child's self-esteem by noting and encouraging efforts to master emerging skills. Each new skill is a rudiment for a more advanced skill, so skills beget skills. Having all the child's caregivers use a consistent supportive approach to helping the child participate in these routines and begin to achieve this self-control is critical.

Sample Question

How well do you and your family agree on routines, limits, and discipline for your child?

Anticipatory Guidance

 Reach agreement with all family members on how best to support your child's emerging independence while maintaining consistent limits.



Language Promotion and Communication

Use of simple words and reading together

Use of Simple Words and Reading Together

At 2½ years of age, children vary considerably in their spoken language skills. Most, however, are already speaking in short, complete sentences. They typically are forming 3- to 4-word sentences, most of which should be understandable to family members.

Speech tends to be unidirectional at this age, with the child most often asserting his needs and desires and describing his activities.

Sample Questions

Is your child speaking in sentences? How frustrated does he become when others cannot understand what he is saying? Does he enjoy having stories read to him? Does he enjoy participating with you in songs, rhymes, and games involving rhythm and movement, such as "Itsy, Bitsy Spider"?

- Read books together every day. Reading aloud will help him be ready for preschool, and then for school.
- At this age, children typically are able to follow the story line of simple books, and they may ask you to read the same book again and again.
- Take your child to the library and its story time regularly.
- Young children process spoken language more slowly than adults. Be sure to give your toddler plenty of time to respond when you say something to him.
- When your child is speaking, listen attentively. If necessary, clarify what he means, using the right words. For example, if he says, "Me want milk," you can correct him and say, "I think you mean, 'I want milk."



Promoting Social Development

Play with other children, giving choices, limits on television and media use

Play With Other Children

Children this age should feel comfortable and engaged when playing side by side with peers and older children. Play helps to set the stage for the development of strong social relationships in later life. However, their capacity for cooperative, reciprocal play is still quite limited.

If the child is not yet in a child care or preschool program, parents should be encouraged to help organize playdates or a regular playgroup to help promote the child's social development.

Sample Questions

How often does your child play with other children? How do these playtimes go?

Anticipatory Guidance

- Provide opportunities for your toddler to play with other toddlers near your child's age. Be sure to supervise these times, because your child is not ready to share or play cooperatively.
- Having 2 of each toy is a good way to avoid battles over toys. If you have a close friend whose child plays with yours, consider purchasing the same toys for your children.

Giving Choices

• At this age, children usually enjoy initiating actions and decisions, and the frequent upsets and frustrations experienced by the 2-year-old are usually decreasing by 2½ years. At the same time, they definitely need and appreciate consistent parental guidance about safe, acceptable behavior and limits.

Sample Questions

Does your child enjoy making independent decisions about what to eat and wear or where to play? What are some of the new things that your child is doing?

- Offering toddlers limited choices between 2 equally acceptable options helps build your child's independence. Having more than 2 options to choose from is overwhelming and frustrating for your toddler.
 Once your child decides, confirm the choice and move along.
- Continue to follow daily routines for eating, sleeping, and playing.



Limits on Television and Media Use

The AAP recommends that children older than 2 limit TV and digital media to no more than 1 hour of quality programming per day. If a child watches TV or plays with computer games or other media activities, parents should ensure that the programs are appropriate.

Sample Questions

How much time does your child spend watching TV or using Internet-connected devices, such as computers or tablets? What programs and activities does she watch or do?

- Limit screen time to no more than 1 hour each day. Screen time is not a replacement for singing, talking, and reading together—screen time should always be less than personal time together with your child.
- Monitor the types of shows and computer activities your child watches or does. Look for media choices that are educational and teach good values, such as empathy, tolerance, and how to get along with others.
- When you watch TV with your child, make it interactive. Ask questions about what is happening on the program and what your child thinks will happen next.
- Starting healthy media habits now is important, because they are a lot harder to change when children are older. Consider making a family media use plan. This plan is a set of rules about media use and screen time that is written down and agreed upon by all family members. Take into account not only the quantity but the quality and location of media use. Consider TVs, phones, tablets, and computers. Rules should be followed by parents as well as children. The AAP has information on how to make a plan at www.HealthyChildren.org/MediaUsePlan.



Preschool Considerations

Readiness for early childhood programs and playgroups, toilet training

Readiness for Early Childhood Programs and Playgroups

Discuss the child's developmental readiness for an early care and education program. In determining the appropriateness of the match between child and program, have parents review the features of the program (eg, duration of care, size of group, and type and closeness of supervision), temperamental qualities of the child, goals and philosophy of the program, and the family's goals for the child. For children with special health care needs who are receiving services under the Individuals with Disabilities Education Act Part C, ensure that the family is working with the family service coordinator to transition the child's services to Part B. This transition needs to occur before the child's third birthday.

Sample Questions

What are your plans for child care or preschool in the year ahead? Do you need help locating or selecting a quality early education experience for your child?

Anticipatory Guidance

- Child care and preschool settings offer young children the opportunity to develop social skills with other children on a daily basis. They also help children learn skills that will help them make the transition to kindergarten. If you need help in selecting a program, let me know and I can provide information and resources that can help you.
- If you choose not to enroll your child in child care or preschool, visit a teacher's store or bookstore to look at books for ideas about preparing your child for the transition to school. Provide your child with frequent, regular times to play with children his age.

Toilet Training

Full "toilet independence" may be a requirement for attendance at preschool or child care programs. This usually is not achieved before the child is at a developmental age of 2½ years. Children 2½ years and older who are not yet toilet trained are likely to respond best to an approach that includes encouragement, with respect for the child's own decision and determination to succeed.

Sample Question

Where do things stand with toilet training?



- Use an approach that encourages your child to make the decision to use the potty. Do not force, punish, or shame him for accidents or reluctance to try. Instead, use praise for all efforts and interest, offer choices about trying the potty, and read stories about potty training with your toddler.
- Here are some ways to help your child be successful. Dress him in easy-to-remove pants, establish a daily routine, place him on the potty every 1 to 2 hours, and provide a relaxed environment by reading or singing songs while he is on the potty.



Safety

Car safety seats, outdoor safety, water safety, sun protection, fires and burns

Car Safety Seats

Talk with parents to ensure that they know how to securely fasten their child in a car safety seat. Adults should model car safety by always using a seat belt themselves.

Sample Questions

How is the car safety seat working for you? Is your child fastened securely in a car safety seat in the back seat every time she rides in a vehicle? Does everyone use a seat belt, booster seat, or car safety seat?

Anticipatory Guidance

- Be sure your child's car safety seat is properly installed in the back seat according to the manufacturer's instructions and your vehicle owner's manual. The harness straps should be snug enough that you cannot pinch any webbing between your fingers.
- The back seat is the safest place for children to ride until your child is age 13 years.
- Do not start your vehicle until everyone is buckled up. Children watch what parents do, so it is important for you to model safe behaviors by always wearing your seat belt.

For information about car safety seats and actions to keep your child safe in and around cars, visit www.safercar.gov/parents.

Find a Child Passenger Safety Technician: http://cert.safekids.org. Click on "Find a Tech."

Toll-free Auto Safety Hotline: 888-327-4236

Outdoor Safety

Unintentional injury is the number one cause of death among young children. Because the urge to explore and learn is so strong, and young children do not have good judgment, parents must use constant vigilance and regularly review the safety of the environment to protect their young child from harm.

Sample Question

Would you like a list of outdoor health and safety considerations for your toddler?



Anticipatory Guidance

- When your toddler is playing outside, make sure she stays within fences and gates and that you or an adult supervisor is watching her closely.
- Carefully supervise your child when she is using playground equipment, and make sure that the surface under play equipment is soft enough to absorb a fall.
- Keep your toddler away from moving machinery, lawn mowers, overhead garage doors, driveways, alleys, and streets. Driveways are not a safe place to play.
- Be sure that your toddler wears a helmet that is approved by the CPSC when riding in a seat on an adult's bicycle or on a tricycle. Wear a helmet yourself.
- Teach your toddler to ask permission before approaching dogs, especially if the dogs are unknown or are eating.

Water Safety

Parents still must supervise their child closely to ensure her safety around water. All children require constant supervision by an adult whenever they are near water. Swim lessons do not provide drown-proofing at any age and children may not be developmentally ready for formal swimming lessons at this age. However, parents may choose to start their child in swimming lessons depending on the child's readiness and frequency of exposure to water.

Sample Questions

Are there swimming pools or other potential water dangers near your home? Does your child enjoy swimming?

Ask the Child

Do you like swimming?

- Watch your toddler constantly whenever she is near water, including bathtubs, play pools, buckets and the toilet. A supervising adult should be within an arm's reach, providing "touch supervision," whenever young children are in or around water.
- Do not expect young brothers or sisters to supervise your toddler in the bathtub, house, or yard.
- Empty buckets, tubs, or small pools immediately after use.
- Be sure that swimming pools in your community apartment complex or home have a 4-sided fence with a self-closing, self-latching gate.
- Swim programs for children this age should include a parent, should emphasize fun and play, should take place in a pool with warm water that is well maintained and clean, and should limit the number of submersions to prevent swallowing water.
- Children and adults should always wear a properly fitted US Coast Guard-approved life jacket at all times when boating.



Sun Protection

Sun protection now is of increasing importance because of climate change and the thinning of the atmospheric ozone layer. Sun protection is accomplished through limiting sun exposure, using sunscreen, and wearing protective clothing.

Sample Questions

Do you apply sunscreen whenever your child plays outside? Does your child care provider have a sun protection policy? Do you and your child care provider limit outside time during the middle of the day, when the sun is strongest?

Anticipatory Guidance

- Always apply sunscreen with an SPF greater than 15 when your child is outside. Reapply every 2 hours.
- Have your child wear a hat.
- Avoid prolonged time in the sun between 11:00 am and 3:00 pm.
- Wear sun protection clothing for summer.

Fires and Burns

Young children require constant supervision around fires. They are fascinated by fire and its colors. They also may play with matches in an attempt to imitate parents who smoke. When playing, they often forget safety rules and can easily run into grills, stoves, and open fires.

Sample Questions

Where are the smoke detectors located in the home where your child lives? When did you last change the batteries in the smoke detectors? What is your plan for getting everyone out of the house and to a meeting place once outside? Do you have a neighbor from whose house you can call the fire department?

- Make sure you have a working smoke detector on every level of your home, especially in the furnace and sleeping areas. Test smoke detectors every month. It is best to use smoke detectors that use long-life batteries, but, if you do not, change the batteries at least once a year.
- Develop an escape plan in the event of a fire in your home.
- Install a carbon monoxide detector/alarm, certified by Underwriters Laboratories, in the hallway near every separate sleeping area of the home.
- Put matches well out of sight and reach of your child, or keep them in a locked cabinet.
- Watch your child closely when you are near a hot grill, the stove, or an open fire. Place a barrier around open fires, fire pits, or campfires.
- Do not leave irons and curling irons plugged in.

Early Childhood 3 Year Visit

Context

Around her third birthday, a very self-determined individualist makes her presence known. Her successes or failures at controlling the world around her will influence her behavior. As she makes her own simple choices, she is able to learn consequences and is beginning to develop a sense of right and wrong. She looks forward to something pleasant or perceives an encounter as disagreeable. Unpredictable behavior still reigns, and "benign" lying is extremely common. She can decide whether to stand her ground, talk her way out of situations, or avoid interactions in which she feels insecure.

Speech and motor activity are now focused on investigating or modifying the environment. The 3-year-old has developed understandable speech—a major achievement. She can now negotiate with her parents (eg, "Story first and then nap."). She also makes choices, deciding between green and blue socks or between playing ball or riding a tricycle outside. Body shape has developed from the protuberate abdomen of the baby and toddler into the well-proportioned child's body. Awareness of gender differences has begun to emerge, in terms of both physical differences and society's expectations. Most children at age 3 years can easily state, "I am a girl," or "I am a boy." Her physical abilities have improved as well, giving her better control over what her hands are touching or where her feet take her. With her greater quickness

and agility come new safety concerns (resulting in the need, for instance, to teach new rules and cautions around cars and streets).

At this age, the child's increasingly well-developed capacity to communicate her interests, desires, and preferences opens up a new world of social interaction. With children her age, language provides a new means for discovering mutual interests. At home, she proudly shows her ability to independently carry out activities of everyday living, such as feeding, bathing, dressing, and toileting. These activities still require supervision even though she wants to do it "all by myself." Food selection, for example, should remain a parental decision with minimal deviation allowed from the family's meals and food choices.

Including the child in interactions within the family, asking the child for opinions, and allowing the child to contribute to discussions within the family encourage her self-esteem and reinforce her special place in the family. Family transitions often occur during this year, including pregnancy or birth of a sibling and the progression into a preschool or other educational setting. These transitions call for additional support and education by the health care professional. This is also an opportunity to suggest to parents that they enroll their child in a structured preschool experience no later than age 4 years.



Priorities for the 3 Year Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- Social determinants of health^a (risks [living situation and food security; tobacco, alcohol, and drugs], strengths and protective factors [positive family interactions, work-life balance])
- ▶ Playing with siblings and peers (play opportunities and interactive games, sibling relationships)
- ► Encouraging literacy activities (reading, talking, and singing together; language development)
- ▶ Promoting healthy nutrition and physical activity (water, milk, and juice; nutritious foods; competence in motor skills and limits on inactivity)
- Safety (car safety seats, choking prevention, pedestrian safety and falls from windows, water safety, pets, firearm safety)

^a Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities theme*.



Health Supervision

The *Bright Futures Tool and Resource Kit* contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.

History

Interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice. The following questions can encourage in-depth discussion:

General Questions

- What are you most proud of since our last visit? (If the parent responds, "Nothing," the health care professional should be prepared with a compliment, such as, "You made time for this visit despite your busy schedule.")
- What is something funny or wonderful that your child has done lately?
- What changes have occurred in your family since your last visit?
- How are you feeling as a parent?
- What types of opportunities does your child have to interact with peers?
- What questions or concerns would you like to share with me about your child?

Past Medical History

Has your child received any specialty or emergency care since the last visit?

Family History

Has your child or anyone in the family (parents, brothers, sisters, grandparents, aunts, uncles, or cousins) developed a new health condition or died? If the answer is Yes: Ascertain who in the family has or had the condition, and ask about the age of onset and diagnosis. If the person is no longer living, ask about the age at the time of death.

Social History

See the Social Determinants of Health priority in Anticipatory Guidance for social history questions.



Surveillance of Development

Do you or any of your child's caregivers have any specific concerns about your child's development, learning, or behavior?

Clinicians using the *Bright Futures Tool and Resource Kit* Previsit Questionnaires or another tool that includes a developmental milestones checklist, or those who use a structured developmental screening tool, need not ask about these developmental surveillance milestones. (*For more information, see the Promoting Healthy Development theme.*)

Social Language and Self-help

Does your child

- Enter bathroom and urinate by herself?
- Put on coat, jacket, or shirt by herself?
- Eat independently?
- Engage in imaginative play?
- Play in cooperation and share?

Verbal Language (Expressive and Receptive)

Does he

- Use 3-word sentences?
- Speak in words that are 75% understandable to strangers?
- Tell you a story from a book or TV?
- Compare things using words like *bigger* or *shorter*?
- Understand simple prepositions, such as on or under?

Gross Motor

Does she

- Pedal a tricycle?
- Climb on and off couch or chair?
- Jump forward?

Fine Motor

Does he

- Draw a single circle?
- Draw a person with head and 1 other body part?
- Cut with child scissors?



Review of Systems

The Bright Futures Early Childhood Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done through questions about the following:

Does your child have any problems with

- Head
 - Shape
 - Headaches
- Eyes
 - Vision
 - Cross-eyed
- Ears, nose, and throat
- Breathing or chest pain
- Stomach or abdomen
 - Nausea or vomiting
 - Bowel movements
- Skin
 - Birthmarks or moles
- Development
 - Muscle strength, movement, or function
 - Language

Observation of Parent-Child Interaction

During the visit, the health care professional acknowledges and reinforces positive parent-child interactions and discusses any concerns. Observation focuses on

- How do the parent and the child communicate?
- How much of the communication is verbal? Nonverbal?
- Does the parent speak clearly in a conversational tone with the child?
- Does the parent give the child choices (eg, "Do you want to sit or stand?")?
- Does the parent encourage the child's cooperation during the visit?
- Does the parent notice and acknowledge the child's positive behaviors?
- Does unacceptable behavior elicit gentle, but firm limit setting from the parent?



Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

- Measure and compare with norms for age, sex, and height
 - Blood pressure
- Measure and plot on appropriate CDC Growth Chart
 - Height
 - Weight
- Calculate and plot on appropriate CDC Growth Chart
 - BMI
- Eyes
 - Assess ocular motility.
 - Examine pupils for opacification and red reflexes.
 - Assess visual acuity using fixate and follow response.
- Mouth
 - Observe for caries, plaque, demineralization (white spots), staining, injury, and gingivitis.
- Skin
 - Observe for nevi, café-au-lait spots, birthmarks, or bruising.
- Neurologic
 - Observe language acquisition and speech clarity.
- Abdomen
 - Palpate for masses.



Screening

Universal Screening	Action	
Vision	Objective measure with age-appropriate visual acuity measurement using HOTV or LEA symbols. Instrument-based measurement may be used for children who are unable to perform acuity testing.	
Oral Health (in the absence of a dental home)	Apply fluoride varnish every 6 months.	
Selective Screening	Risk Assessment ^a	Action if Risk Assessment Positive (+)
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Hearing	+ on risk screening questions	Referral for diagnostic audiologic assessment
Lead	If no previous screen and + on risk screening questions or change in risk	Lead blood test
Oral Health	Does not have a dental home	Referral to dental home or, if not available, oral health risk assessment
	Primary water source is deficient in fluoride.	Oral fluoride supplementation
Tuberculosis	+ on risk screening questions	Tuberculin skin test

^a See the *Evidence and Rationale chapter* for the criteria on which risk screening questions are based.

Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.

CDC National Immunization Program: www.cdc.gov/vaccines

AAP Red Book: http://redbook.solutions.aap.org



Anticipatory Guidance

The following sample questions, which address the Bright Futures Early Childhood Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family. Tools and handouts to support anticipatory guidance can be found in the *Bright Futures Tool and Resource Kit*.

Priority

Social Determinants of Health

Risks: Living situation and food security; tobacco, alcohol, and drugs

Strengths and protective factors: Positive family interactions, work-life balance

Risks: Living Situation and Food Security

Parents in difficult living situations or with limited means may have concerns about their access to affordable housing, food, or other resources. Suggest community resources that help with finding quality child care, accessing transportation, or addressing issues such as financial concerns, inadequate resources to cover health care expenses, inadequate or unsafe housing, limited food resources, or lack of social support.

Sample Questions

Tell me about your living situation. Do you have enough heat, hot water, and electricity? Do you have appliances that work? Do you have problems with bugs, rodents, peeling paint or plaster, or mold or dampness?

How are your resources for caring for your child? Do you have enough knowledge to feel comfortable in caring for him? Do you have health insurance? Do you have enough money for food, clothing, and child care?

Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last, and you did not have money to get more?

Have you ever tried to get help for these issues? What happened? What barriers did you face?



Anticipatory Guidance

- If you have problems with any of these things, let me know and I can tell you about community services and other resources that can help you.
- If you need financial assistance to help pay for health care expenses, ask about resources or referrals to the state Medicaid programs or other state assistance and health insurance programs.
- Programs and resources are available to help you and your family. You may be eligible for housing or transportation assistance programs. Several food programs, such as the Commodity Supplemental Food Program and SNAP, the program formerly known as Food Stamps, can help you.

Risks: Tobacco, Alcohol, and Drugs

The use of tobacco, alcohol, and other drugs has adverse health effects on the entire family. Focusing on the effect on health is often the most helpful approach and may help some family members with quitting or cutting back on substance use.

Sample Questions

Does anyone in your home smoke? Are you worried about any family members and how much they smoke, drink, or use drugs?

How often do you drink beer, wine, or liquor in your household? Do you, or does anyone you ride with, ever drive after having a drink? Does your partner use alcohol? What kind and for how long?

Are you using marijuana, cocaine, pain pills, narcotics, or other controlled substances? Are you getting any help to cut down or stop your drug use?

- A smoke-free environment, in your car, home, and other places where your child spends time, is important. Smoking affects your child by increasing the risk of asthma, ear infections, and respiratory infections.
- **800-QUIT-NOW (800-784-8669);** TTY **800-332-8615** is a national telephone helpline that is routed to local resources. Additional resources are available at **www.cdc.gov.**
- Drug and alcohol cessation programs are available in our community and we would like to help you connect to these services.



Strengths and Protective Factors: Positive Family Interactions

Healthy family interactions are the foundation of a positive family environment and healthy child development. Noticing and acknowledging positive child behaviors and praising the child's efforts to help around the house help build healthy family interactions. Remind parents that this process also involves creating realistic expectations for acceptable behavior by the child. Discuss consistent limits that are realistic and consistent with the child's developmental level. Frustration and anger are common reactions of both children and parents and can be handled constructively by all family members.

In some situations, it can be helpful to engage parents in a discussion about their experiences as children to help them gain insight into why they parent their children as they do and to help them learn alternative strategies if they tend to use unhelpful or maladaptive strategies.

Sample Questions

Has anything changed at home since your last visit? Tell me how family members show affection for one another? Anger? Describe what you do together as a family. How often do you do these things?

Ask the Child

Who loves you? How do you know? What do you do when you are really mad? What do your parents do? What do you like to do best with your parents?

- Show affection in your family.
- Discuss and name emotions like love and sadness.
- Notice and acknowledge your child's positive behaviors. Reward these behaviors with your attention.
- Handle anger constructively in your family by settling disputes with respectful discussion, exercise, or time alone to cool down.
- Don't allow your child to hit, bite, or use other violent behavior. Stop it immediately and use a time-out or change your child's attention to something positive.
- Reinforce limits and appropriate behavior. Enlist all caregivers in efforts to be consistent in expectations and discipline.
- To resolve conflicts, use time-outs or remove the source of conflict.
- Give your child opportunities to make choices, such as what clothes to wear, books to read, what games/ activities to play, and places to go.
- Set realistic and developmentally appropriate expectations. Keep instructions and tasks simple and easy to follow.
- Don't be surprised if you talk, act, and think in the same ways your parents did when you were a child. After all, that was your primary experience. You can use this awareness to think about how you want to come across to your own children. What did you like about your parents' style and how would you like to be different?



Strengths and Protective Factors: Work-Life Balance

In many families, both parents work full-time or part-time, or are thinking about going back to work.

Remind parents about the importance of carving out special time with their child and note that it is key to a young child's development. Time alone for parents also is valuable. Encourage working parents to maintain family time and to do activities together.

Sample Questions

If you, your partner, or both of you work outside the home, how does that work affect you and your family? Who helps you? Who takes care of your children? How much time does it allow for family activities and what are those activities?

- Take time to care for yourself and spend time alone with your partner. Find one or more good, reliable babysitters.
- Create opportunities for your family to share focused time together and for family members to talk, read, and play with your child. This could be as simple as reading a book or taking a short walk together. Point out to your child that this is your special time together.



Playing With Siblings and Peers

Play opportunities and interactive games, sibling relationships

Play Opportunities and Interactive Games

Playtime with peers provides valuable opportunities to learn social skills that are important to a successful transition to school. By this age, children are able to play interactive games with peers as they begin to learn about taking turns. Encourage parents whose children are not in preschool to arrange playdates for their child. Adults should supervise closely to facilitate interactions, prevent conflicts, and mediate when conflicts occur.

Sample Questions

What are some of the new things that your child is doing? What do you and your partner enjoy most about him these days? What seems most difficult? Tell me about your child's typical play. How does your child interact with children his age? At child care or otherwise? Does he engage in imaginative play with other children? How does he do with sharing?

Ask the Child

What is your favorite toy?

- Encourage your child to play with his favorite toys creatively. Toys should be appropriate for his age.
- Expect your child to engage in increasingly elaborate fantasy play, using dolls, toy animals, blocks, vehicles of transport, and other toys, on his own and with others. Dressing up in play clothing is often a favorite activity.
- As often as you can, spend time alone with your child, doing something you both enjoy.
- Provide opportunities for your child to safely explore the world around him.
- If your child is not in child care or preschool, make sure he has opportunities to play with other children.
- Encourage interactive games with peers and help him understand the importance of taking turns.



Sibling Relationships

Siblings play a special role in the socialization and development of self-esteem in the young child. Many parents require advice on how to help their children develop good relationships with each other and how to constructively handle sibling rivalry.

Sample Questions

How do your children get along with one another? How are you preparing your child for the birth of a new baby?

Ask the Child

What do you like to do best with your brothers and sisters?

- Help your children develop good relationships with each other. Acknowledge conflicts between siblings and, whenever possible, try to resolve them without taking sides.
- Spend some individual time with each child in your family.



Encouraging Literacy Activities

Reading, talking, and singing together; language development

Reading, Talking, and Singing Together

Encourage interactive reading (reading in which parent and child talk together about the text and pictures as well as the parent reading the book to the child) every day and provide specific advice for parents with no or low literacy. Gaining an awareness of syllables and sounds (phonological awareness) is an important readiness activity for early literacy.

Sample Questions

How often are you able to read to your child? How do you include your child in reading books? Do you and your child have library cards? Do you attend events at your public library? Does he like to draw or do crafts? Play games? How about music? How often do you sing spontaneously or while you are listening to music that others can hear? Do you include your child in the singing or dance movements?

Ask the Child

What is your favorite book? What do you like to do?

- Encourage your child's language development and awareness of sounds by reading books, singing songs, and playing rhyming games. Look for ways to practice reading wherever you go, like reading STOP signs or items in stores.
- When taking your child to the grocery store, identify fruits and vegetables by name, color, and shape.
- Use books as a way to talk together. You don't always have to read the text to your child. You can just look at the pictures and talk about the story. Let your child "tell" part of the story.
- Call attention to new words and use them again in a different context.
- Children like rhythm and stories that are found in nursery rhymes, poems, and songs. No matter the quality of your voice, your child likes to be sung to and can remember many songs through the rhythm and repetition. The personal joy emitted by the singer, good or bad, also is contagious and will be transmitted to your child and the home environment.



Language Development

Language continues to develop rapidly at this age. Children should be using plurals, pronouns, sentences of 3 words, and short paragraphs. Speech is understandable to others 75% of the time. The child also should be able to name most common objects, know gender differences, and understand 2-step instructions, such as, "Pick up your doll and put it on the chair."

Sample Questions

How does your child tell you what she wants? What do you think your child understands? What languages does your family speak at home? How well do family members understand your child's speech?

Anticipatory Guidance

• Encourage your child to talk with you about her preschool, friends, experiences, and observations.



Promoting Healthy Nutrition and Physical Activity

Water, milk, and juice; nutritious foods; competence in motor skills and limits on inactivity

Water, Milk, and Juice

Fluid intake is an important element of nutrition. Water should be provided ad lib at all times and should be regularly offered to children of all ages, with increased attention to water intake in warm or dry environments.

Families may fail to recognize the importance and effect of other fluids to their child's nutrition and it may be useful to remind parents that what we drink contributes protein, fat, and sugar to our daily intake. Milk is an important fluid and protein source and the most accessible source of calcium and vitamin D for children. Juices demand special attention. The sugar content of all juices demands that juice intake be limited, to reduce the risk of dental caries and limit the intake of sugar calories. Soda or soft drinks, sports drinks, and punches provide many calories of scant nutrient value and should be avoided.

Sample Questions

Does your child drink water every day? How many ounces of milk does your child drink most days? Is it whole milk or lower fat milk? Do you give your child other dairy products like yogurt and cheese every day?

- Be sure you always have cool water available to your child, especially on warm days and when your child is physically active.
- Young children should drink 16 to 24 oz of low-fat or fat-free milk or fortified soy beverage each day to help meet their calcium and vitamin D needs. Milk is also an important source of protein for growth.
- Avoid using raw milk or any milk substitutes that are not equivalent to cow's milk and that do not meet USDA standards for milk substitutes. These include beverages such as rice milk, almond milk, or coconut milk.
- Juice is not a necessary drink. If you choose to give juice, limit it to 4 oz daily and always serve it with a meal.
- To protect your child's teeth, don't dilute juice with water and don't allow your child to carry around a sippy cup or juice box for drinking over a long period of time.



Nutritious Foods

Meals should be relaxed, safe, and enjoyable family times. Remind parents that they are responsible for providing a variety of nutritious foods and that their child is responsible for how much to eat. Parents can establish positive eating patterns for their child by providing healthy foods at regular intervals throughout the day, giving appropriate amounts, and emphasizing vegetables and fruit and other nutritious foods.

A reduced appetite associated with a slower rate of growth continues at this stage of early childhood. Parents are often distressed when children eat less than they expected, but food refusal often means their child is not hungry. Parents may fail to realize that by encouraging a child to eat when he is not hungry gives him calories he did not ask for and likely doesn't need. Also, preparing substitute foods only encourages picky eating. Discuss the importance of providing healthy snacks and of minimizing foods and beverages that are high in added sugars and saturated fat and low in nutrients.

Sample Questions

Tell me about mealtime in your home. Tell me about mealtime in your child care setting.

Do you consider your child a "healthy eater"? Do you provide a variety of vegetables, fruits, and other nutritious foods? What kind of snacks do you serve? Does your child have much food that you would describe as junk food?

How do you feel if your child doesn't eat what you have prepared for him? What do you do?

- Offer a variety of healthy foods to your child, especially vegetables and fruits, and include protein foods like meat and deboned fish at least 2 times per week.
- Help your child explore new flavors and textures in his food.
- Remember that children this age seldom eat "3 square meals a day," but more likely 1 larger meal and multiple smaller meals and snacks.
- When your child refuses something you've prepared, it usually means he is not hungry. It doesn't mean he doesn't like it and wouldn't have it later for a snack.
- Trust your child to determine when he is hungry or full and never encourage him to eat calories he did not ask for.
- Your kitchen is not a fast-food restaurant and you don't need to fix another meal if your child refuses what you have already prepared. This only encourages him to be a picky eater.
 - Have healthy snacks on hand, such as
 - ► Fresh fruit or vegetables, such as apples, oranges, bananas, cucumber, zucchini, or radishes, that are cut in small pieces or thin strips
 - ▶ Applesauce, cheese, or small pieces of whole-grain bread or crackers
 - ▶ Unflavored yogurt, sweetened with bits of mashed fruit



Competence in Motor Skills and Limits on Inactivity

By this age, many children have practiced running, jumping, and marching, and have begun to gallop. Children need to play every day; it is their "job." Preschool-aged children learn from watching others and mimicking their movements when they play, and adult guidance can improve their fitness (stability, agility, balance, and coordination). Adults can help their child master physical activity skills by demonstrating ways to move their bodies, how to move around and through objects, and how to confidently learn spatial relationships.

Children should not be inactive for more than 60 minutes at a time, except when sleeping. Counsel parents to limit screen time to no more than 1 hour per day of educational, nonviolent programming with adult supervision. Children should not have media devices (eg, TV, computers, phones, tablets) in their bedrooms, as these devices interfere with sleep and adults are less able to supervise media viewing in this setting.

Talk with parents of children with special health care needs (whether physically or cognitively delayed) to ensure that they have opportunities to be physically active.

Sample Questions

Tell me about what you and your child enjoy doing together each day. If your child is in child care or preschool, what types of physical activity are offered daily? How much time does your child spend watching TV or videos each day? How much time does he spend playing on a computer, phone, or tablet device? Does he have a TV or other device in his bedroom?

Ask the Child

Let me see how fast you can run. What are your favorite games? Do you like to play inside or outside?

- Create opportunities for your family to share time and be physically active together.
- Limit all forms of screen time to no more than 1 hour total per day. Do not allow media devices in your child's bedroom because they interfere with sleep and you are less able to supervise their viewing time.
- Monitor the TV programs your child watches. Be aware that many commercials strongly influence even young children to want things that are not healthy for them. Look for media choices that are educational and teach good values, such as empathy, tolerance, and how to get along with others.
- When you allow your child to watch TV, try to watch it together and make it interactive. Ask questions about what is happening on the program and what your child thinks will happen next.
- Starting healthy media habits now is important, because they are a lot harder to change when children are older. Consider making a family media use plan. This plan is a set of rules about media use and screen time that is written down and agreed upon by all family members. Take into account not only the quantity but the quality and location of media use. Consider TVs, phones, tablets, and computers. Rules should be followed by parents as well as children. The AAP has information on how to make a plan at www.HealthyChildren.org/MediaUsePlan.



Safety

Car safety seats, choking prevention, pedestrian safety and falls from windows, water safety, pets, firearm safety

Car Safety Seats

Talk with parents to ensure that they and their child's caregivers know how to securely fasten their child in a car safety seat. Adults should model car safety by always using a seat belt themselves.

In the past year, the parents may have chosen to turn the child's car safety seat forward facing. However, it is even better to continue to ride in the rear-facing position as long as the child has not reached the weight or height limit for the rear-facing position in his convertible seat. Parents should read and follow the manufacturer's instructions for switching a seat from rear facing to forward facing.

Sample Questions

Is your child buckled securely in a car safety seat in the back seat every time he rides in a vehicle? Are you having any problems using your car safety seat?

Ask the Child

Where do you sit when you ride in the car? Do you have a special seat?

Anticipatory Guidance

- The back seat is the safest place for children to ride until age 13 years.
- Continue to use a size-appropriate rear-facing or forward-facing car safety seat that is properly installed in the back seat according to the manufacturer's instructions and the vehicle owner's manual.
- Most 3-year-olds are not tall enough or don't weigh enough to ride safely in a booster seat. It is safest for a child to ride in a car safety seat with a 5-point harness until the child reaches the manufacturer's limit for weight or height.

For information about car safety seats and actions to keep your child safe in and around cars, visit www.safercar.gov/parents.

Find a Child Passenger Safety Technician: http://cert.safekids.org. Click on "Find a Tech."

Toll-free Auto Safety Hotline: 888-327-4236



Choking Prevention

The 3-year-old is able to eat a wide variety of foods. However, he still may have immature chewing and swallowing skills. It is important to continue cutting high-risk foods, like grapes or hot dogs, into small pieces. Other foods that cannot easily be cut into small pieces, like globs of peanut butter, marshmallows, and chewing gum, should be avoided. Children should always be seated and supervised while eating any foods.

Sample Questions

What finger foods do you give your child? Do you continue to cut foods such as grapes and hot dogs into small pieces?

Anticipatory Guidance

- It is important to continue to cut foods such as grapes and hot dogs into small pieces.
- The size of your child's airway still makes these foods high-risk for choking.
- Seated and supervised is a safe meal.

Pedestrian Safety and Falls From Windows

Unintentional injury is the number one cause of death among young children. Because the urge to explore and learn is so strong, and young children do not have a developed sense of good judgment, parents must use constant vigilance and regularly review the safety of the environment to protect them from harm.

Remind parents about the importance of installing operable window guards on all windows on the second floor and higher. Window screens alone are not adequate guards.

Sample Questions

Who watches your child when you cannot? Does your child play in a driveway or close to the street? What floor in your house or apartment do you live on? Do you have window guards on all windows on the second floor and higher?

Ask the Child

When you play outside, who watches you? Who watches you when your parents are gone?

- Never leave your child alone in the car, house, or yard.
- Do not allow young brothers or sisters to watch over your child.
- Supervise all outdoor play. Driveways and streets are not safe places to play. Your child is not ready to
 cross the street alone.
- Remember that many young children are excellent climbers. To prevent children from falling out of windows, keep furniture away from windows and install operable window guards on second- and higher-story windows.



Water Safety

Parents still must supervise their child closely to ensure his safety around water. All children require constant supervision by an adult whenever they are near water. Swim lessons do not provide drown-proofing at any age. However, parents may choose to start their child in swimming lessons depending on the child's readiness and frequency of exposure to water.

Sample Question

Are there swimming pools or other potential water dangers near or in your home?

Anticipatory Guidance

- Provide "touch supervision" any time your toddler is in or near water, even small play swimming pools. This means that a parent or responsible adult is within an arm's reach of the child at all times.
- Be sure that swimming pools in your community, apartment complex, or home have a 4-sided fence that completely separates the pool from the house and the yard with a self-closing, self-latching gate.
- Children should always wear a properly fitted US Coast Guard-approved life jacket when on a boat or other watercraft. Simple blow-up water wings do NOT prevent drowning.
- If a child is missing, check the pool or spa first. Consider learning CPR.

Pets

Pets can be a source of great joy for children, but should be kept under constant watch when they are around young children. Dog and cat bites are particularly common at this age.

Sample Questions

Do you own a pet or animals? How does your child get along with your pet or animals?

Anticipatory Guidance

Pets are a great source of fun and help to develop a child's sense of responsibility. Educate your child on animal safety to avoid bite and scratch injury. Teach your toddler to ask permission before petting or playing with a dog, and help him learn to be gentle with all types of pets.

Firearm Safety

Young children are curious about everything, including firearms, and have no concept of the consequences of firing a weapon. Firearms should be removed from places in which children live and play. If it is necessary to keep a firearm in the home, it should be stored unloaded and locked, with the ammunition locked separately from the firearm.

Sample Question

Is there a firearm in your home or in the homes where your child might play or go for child care?



- Remember that young children simply do not understand how dangerous firearms can be, despite your warnings. They cannot be taught not to handle a firearm if they find one. The best way to keep your child safe from injury or death from firearms is to never have a firearm in your home.
- Children this age are naturally curious and will get into everything! Just as you need to keep medications, cleaning solutions, and insecticides out of children's reach, loaded firearms should never be anywhere where your child can get to them. If it is necessary to keep a firearm in your home, it should be stored unloaded and locked, with the ammunition locked separately from the firearm.
- Ask if there are firearms in homes where your child plays. If so, make sure they are stored unloaded and locked, with the ammunition locked separately, before allowing your child to play in the home.

Early Childhood 4 Year Visit

Context

Rapidly developing language skills, combined with an insatiable curiosity, enlarge the world of the 4-year-old and give him a sense of independence. Able to dress and undress himself and maintain bowel and bladder control (although he may not be dry at night), the 4-year-old feels grown up beyond his years. Although his thinking remains self-focused, he is sensitive to the feelings of others. He identifies such emotions as joy, happiness, sadness, anger, anxiety, and fear, in others as well as himself. Now he plays collaboratively and he has budding friendships with his peers.

Talkative and animated, the 4-year-old is a delightful conversationalist, able to tell an involved story or relate a recent experience, often interrupting a conversation as if it were not occurring. He frequently demands to know why, what, when, and how. Lying or failing to take responsibility for his actions is common. His seemingly boundless energy and increased motor skills find release in group games and physical activities, such as running, climbing, swinging, sliding, and jumping. Yet, he also needs opportunities to rest and play quietly by himself. Imaginative play, including make-believe and dress up, reflect the fantasy and magical thinking of this age. Media use (eg, TV, computers, cell phones, and tablets) and even educational videos may hold a strong appeal for this new fascination with fantasy and may hold excessive power over his time and attention unless limited by parents and child care providers. Parents should choose and preview age-appropriate media choices, co-view, and monitor content, time, and behavior related to media use.

Because 4-year-olds are curious about their own bodies and those of the opposite sex, genital exploration is typical at this age. Modesty and a desire for privacy also begin to emerge. Every culture considers sexual behaviors and explorations in different ways. The health care professional must attempt to gain an understanding of the cultural norms of the child's family when addressing the topic of sexuality. In some cultures, an open discussion of this topic is inappropriate. That belief must be respected, but cautiously explored to ensure the child's safety. To help them address culturally specific issues, especially sensitive issues like sexuality, health care practices should employ staff from the communities served whenever possible and should ask employees to learn about the cultural beliefs of the community.

Some children are gender nonconforming, gender variant, or transgender and it may manifest at this age. By this age, some children will identify themselves as a gender different from the gender they were assigned. Children who have gender identities that differ from their assigned sex may start to display distress if faced with conflicting expectations from adults about how they should act or dress.

The child enjoys and looks forward to the social and learning opportunities at preschool. Argumentative behavior with peers can present a problem at preschool or during play, but the 4-year-old can learn to be assertive without being aggressive. Making allowances for the appropriateness of the match between the child and the program, the 4-year-old's experiences in



the early education and child care settings provide an important measure of his social development and his developing readiness for elementary school.

The 4-year-old is a terrific companion who responds well to praise and clearly stated rules. However, his family also may find his behavior frustrating and challenging at times. He is still trying to understand how and why things work as they do and he is interested in seeing the consequences of his actions on family members. How many times will his parents say, "No," before they get angry? How far off the sidewalk can he stray before they chase after him? How many toys can he take before his sister protests? In his efforts to learn about appropriate social interaction and expected behavior in the family, he frequently tests the limits of his parents and siblings.

With the parent in the room, reassure the child at the beginning of the physical examination through talking and through touch. The child should be able to discuss the function of the eyes and ears, relate recent and past memories, or relate how to take a bath, and he may want to listen with your stethoscope. The examination may flow easily from head to toe. Talking about the physical findings is instructive to the child and parent and demystifies the office visit. The child at 4 years of age often participates in the examination to a much greater degree than at past visits. Speaking to the child about what is being examined and how, and including the child in conversation about his ears, eyes, muscles, and other body parts, successfully engages the 4-year-old's curiosity and gains his cooperation.

Priorities for the 4 Year Visit

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel emphasizes the following topics for discussion at this visit:

- Social determinants of health^a (risks [living situation and food security; tobacco, alcohol, and drugs; intimate partner violence; safety in the community], strengths and protective factors [engagement in the community])
- School readiness (language understanding and fluency, feelings, opportunities to socialize with other children, readiness for structured learning experiences, early childhood programs and preschool)
- Developing healthy nutrition and personal habits (water, milk, and juice; nutritious foods; daily routines that promote health)
- ▶ Media use (limits on use, promoting physical activity and safe play)
- Safety (belt-positioning car booster seats, outdoor safety, water safety, sun protection, pets, firearm safety)

^a Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities theme*.



Health Supervision

The *Bright Futures Tool and Resource Kit* contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.

History

Interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice. The following questions can encourage in-depth discussion:

General Questions

- What are you most proud of about your child? (If the parent responds, "Nothing," the clinician should be prepared with a compliment, such as, "You made time for this visit despite your busy schedule.")
- Tell me about his abilities and what he most likes and dislikes these days.
- How is your child doing at home, preschool, or child care?
- What questions or concerns do you have about him? His health? His ability to get along with other people?
- How are things going for your family?
- How are things going for your child?
- What changes have occurred in your family over the past year?

Past Medical History

Has your child received any specialty or emergency care since the last visit?

Family History

Has your child or anyone in the family (parents, brothers, sisters, grandparents, aunts, uncles, or cousins) developed a new health condition or died? If the answer is Yes: Ascertain who in the family has or had the condition, and ask about the age of onset and diagnosis. If the person is no longer living, ask about the age at the time of death.

Social History

See the Social Determinants of Health priority in Anticipatory Guidance for social history questions.



Surveillance of Development

Do you or any of your child's caregivers have any specific concerns about your child's development, learning, or behavior?

Clinicians using the *Bright Futures Tool and Resource Kit* Previsit Questionnaires or another tool that includes a developmental milestones checklist, or those who use a structured developmental screening tool, need not ask about these developmental surveillance milestones. (*For more information, see the Promoting Healthy Development theme.*)

Social Language and Self-help

Does your child

- Enter the bathroom and have a bowel movement by himself?
- Brush teeth?
- Dress and undress without much help?
- Engage in well-developed imaginative play?

Verbal Language (Expressive and Receptive)

Does she

- Answer questions like "What do you do when you are cold?" or "...when you are sleepy?"
- Use 4-word sentences?
- Speak in words that are 100% understandable to strangers?
- Draw pictures you recognize?
- Follow simple rules when playing board or card games?
- Tell you a story from a book?

Gross Motor

Does he

- Skip on 1 foot?
- Climb stairs, alternating feet, without support?

Fine Motor

Does she

- Draw a person with at least 3 body parts?
- Draw simple cross?
- Unbutton and button medium-sized buttons?
- Grasp pencil with thumb and fingers instead of fist?



Review of Systems

The Bright Futures Early Childhood Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done through questions about the following:

Does your child have any problems with

- Head
 - Headaches
- Eves
 - Vision
 - Cross-eyed
- Ears, nose, and throat
- Breathing or chest pain
- Stomach or abdomen
 - Nausea or vomiting
 - Bowel movements
- Skin
 - Birthmarks or moles
- Development
 - Muscle strength, movement, or function
 - Language

Observation of Parent-Child Interaction

During the visit, the health care professional acknowledges and reinforces positive parent-child interactions and discusses any concerns. Observation focuses on

- How do the parent and the child communicate?
- Does the parent allow the child to answer the health care professional's questions directly, or does the parent intervene?
- Does the child separate from the parent for the weighing and measuring and the physical examination?
- Does the child dress and undress himself?
- Does the parent pay attention to the child's behavior, verbally correcting unacceptable behavior?
- How do the parent, the 4-year-old, and any siblings interact? Does the parent pay attention to all of the children?
- If child is offered 2 or more books to choose from, does the parent advise and encourage, and then let the child choose?



Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

- Measure and compare with norms for age, sex, and height
 - Blood pressure
- Measure and plot on appropriate CDC Growth Chart
 - Height
 - Weight
- Calculate and plot on appropriate CDC Growth Chart
 - BMI
- Teeth
 - Observe for white spots and gum inflammation.
- HEENT
 - Nasal stuffiness
- Skin
 - Observe for rashes or bruises.
- Eyes
 - Assess ocular motility.
 - Examine pupils for opacification and red reflexes.
- Abdomen
 - Palpate for masses.
- Neurologic
 - Assess fine and gross motor skills: Draw a picture. A formal assessment of the motor system is indicated at this age.
 - Observe language acquisition, speech fluency and clarity, thought content, and abstraction; articulation difficulties.



Screening

Universal Screening	Action	
Hearing	Audiometry	
Oral Health (in the absence of a dental home)	Apply fluoride varnish every 6 months.	
Vision	Objective measure with age-appropriate visual acuity measurement using HOTV or LEA symbols. Instrument-based measurement may be used for children who are unable to perform acuity testing.	
Selective Screening	Risk Assessment ^a	Action if Risk Assessment Positive (+)
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Dyslipidemia	+ on risk screening questions and not previously screened with normal results	Lipid profile
Lead	If no previous screen and + on risk screening questions or change in risk	Lead blood test
Oral Health	Does not have a dental home	Referral to dental home
	Primary water source is deficient in fluoride.	Oral fluoride supplementation
Tuberculosis	+ on risk screening questions	Tuberculin skin test

^a See the *Evidence and Rationale chapter* for the criteria on which risk screening questions are based.

Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.

CDC National Immunization Program: www.cdc.gov/vaccines

AAP Red Book: http://redbook.solutions.aap.org



Anticipatory Guidance

The following sample questions, which address the Bright Futures Early Childhood Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family. Tools and handouts to support anticipatory guidance can be found in the *Bright Futures Tool and Resource Kit*.

Priority

Social Determinants of Health

Risks: Living situation and food security; tobacco, alcohol, and drugs; intimate partner violence; safety in the community

Strengths and protective factors: Engagement in the community

Risks: Living Situation and Food Security

Parents in difficult living situations or with limited means may have concerns about their access to affordable housing, food, or other resources. Provide information and referrals, as needed, for community resources that help with finding quality child care, accessing transportation, or addressing issues such as financial concerns, inadequate or unsafe housing, or limited food resources. Public health agencies can be excellent sources of help because they work with all types of community agencies and family needs. Facilitate referrals.

Sample Questions

Tell me about your living situation. Do you live in an apartment or a house? Is permanent housing a worry for you? Do you have the things you need to take care of your child? Does your home have enough heat, hot water, electricity, working appliances? Do you need help paying for health insurance?

Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last, and you did not have money to get more?

Have you ever tried to get help for these issues? What happened? What barriers did you face?



Anticipatory Guidance

- Community agencies are available to help you with concerns about your living situation.
- If you need financial assistance to help pay for health care expenses, ask about resources or referrals to the state Medicaid program or other state assistance and health insurance programs.
- Programs and resources are available to help you and your family. You may be eligible for housing or transportation assistance programs. Several food programs, such as the Commodity Supplemental Food Program and SNAP, the program formerly known as Food Stamps, can help you.

Risks: Tobacco, Alcohol, And Drugs

The use of tobacco, alcohol, and other drugs has adverse health effects on the entire family. Focusing on the effect on health is often the most helpful approach and may help some family members with quitting or cutting back on substance use.

Sample Questions

Does anyone in your home smoke? Are you worried about any family members and how much they smoke, drink, or use drugs?

How often do you drink beer, wine, or liquor in your household? Do you, or does anyone you ride with, ever drive after having a drink? Does your partner use alcohol? What kind and for how long?

Are you using marijuana, cocaine, pain pills, narcotics, or other controlled substances? Are you getting any help to cut down or stop your drug use?

- A smoke-free environment, in your car, home, and other places where your child spends time, is important. Smoking affects your child by increasing the risk of asthma, ear infections, and respiratory infections.
- **800-QUIT-NOW (800-784-8669);** TTY **800-332-8615** is a national telephone helpline that is routed to local resources. Additional resources are available at **www.cdc.gov.**
- Drug and alcohol cessation programs are available in our community and we would like to help you connect to these services.



Risks: Intimate Partner Violence

Children who are exposed to intimate partner violence are at increased risk of adverse mental and physical health outcomes. Intimate partner violence cannot be determined through observation, but is best identified through direct inquiry. When inquiring, avoid asking about abuse or domestic violence. Instead, use descriptive terms, such as *hit*, *kicked*, *shoved*, *choked*, and *threatened*.

To avoid causing upset to families by questioning about sensitive and private topics, such as family violence, alcohol and drug use, and similar risks, it is recommended to begin screening about these topics with an introductory statement, such as, "I ask all patients standard health questions to understand factors that may affect health of their child and their health."

Because of the sensitivity of the topic and the desirability of avoiding distress to a receptive child, it may be necessary to have this conversation with the parent alone. Alternatively, some health care professionals prefer to use a written screen to assess for potential intimate partner violence. Either approach may help increase disclosure and minimize increasing risk of violence in the family.

Provide information on the effect of intimate partner violence on children and describe community resources that provide assistance. Recommend resources and support groups. Many states have laws that require all cases of intimate partner violence to be reported when a child is in the home.

Sample Questions

Because violence is so common in many people's lives, I've begun to ask about it. I don't know if violence is a problem for you, but many children I see have parents who have been hurt by someone else. Some are too afraid or uncomfortable to bring it up, so I've started asking about it routinely. Do you always feel safe in your home? Has your partner or ex-partner ever hit, kicked, or shoved you, or physically hurt you or your child? Are you scared that your partner or someone else may try to hurt you or your child? What will you do if you feel this way? Do you have a plan? How do you handle the feeling? Would you like information about who to contact or where to go if you need help?

- If you feel unsafe in your home, seek help in moving your children and yourself to a safe place.
- One way that I and other health care professionals can help you if your partner is hitting or threatening you is to support you and provide information about local resources that can help you.
- You can also call the toll-free National Domestic Violence Hotline at 800-799-SAFE (7233).



Risks: Safety in the Community

Parents should know the adults with whom their children will come in contact. Parents should keep their children away from any adult or older child they think may be dangerous.

Sample Questions

How safe do you feel in your community? Do you or other trusted adults watch over your child when she is in the neighborhood? How cautious is your child around strangers? Who do you turn to if you have concerns about your child's safety?

Anticipatory Guidance

- Explain to your child that certain parts of the body (those areas normally covered by a bathing suit) are
 private and should not be touched by others without her permission.
- Use correct terms for all body parts, including the genitals. A 4-year-old may repetitively use words related to bodily elimination functions and can be gently reminded that these words are best used in private, if at all.
- Anticipate your child's normal curiosity about her body and the differences between boys and girls.
- People who abuse children are often persons whom other members of the family may consider to be trustworthy. Teach your child rules for how to be safe with all adults, using these 3 principles: (1) no adult should tell a child to keep secrets from parents, (2) no adult should express special interest in the private parts, and (3) no adult should ask a child for help with the adult's own private parts.

Strengths and Protective Factors: Engagement in the Community

As children begin to spend more time outside the home in preschool, neighborhood, and playground activities, and developmentally enjoy playing with other children, the safety of the environment becomes critical. An environment where young children are physically and emotionally safe enhances the efforts of the family to support their child's healthy development. Talk with the parents about available high-quality community programs and experiences for their child.

Sample Questions

What activities do you participate in outside of the home? What help do you need in finding other community resources, such as a faith-based group, recreational centers, or volunteer opportunities? What help do you need in finding safe places in your community where your child can play and participate in activities? Do you know parents of other children? Tell me about family or friends you enjoy spending your free time with. Can you go to them when you have a problem?

- Maintain or expand ties to your community through social, faith-based, cultural, volunteer, and recreational organizations or programs.
- Participate in community projects that provide opportunities for physical activity for the whole family, such as walkathons, community cleanup day, or a community garden project.
- Find out what you can do to make your community safe.
- Advocate for and participate in a neighborhood watch program.
- Advocate for adequate housing and for safe play spaces and playgrounds.



School Readiness

Language understanding and fluency, feelings, opportunities to socialize with other children, readiness for structured learning experiences, early childhood programs and preschool

Language Understanding and Fluency

A 4-year-old best understands explanations that are short and to the point, and that refer to the direct experiences of the child.

As children develop speech and language skills, they often experience normal disfluencies, such as repetitions of whole words, false starts and revisions in sentences, or stuttering. Most children outgrow stuttering. Indications for speech evaluation include stuttering for more than 6 months and no improvement during this time. Referral may be appropriate if the parent describes the child as struggling to get words out and showing signs of distress about difficulties with speaking.

Sample Questions

What do you think your child understands? For example, can he understand concepts of "same" and "different"? Does he understand 2- or 3-step instructions?

How does your child communicate what he wants and knows? Can he speak clearly enough so that strangers understand him almost 100% of the time? Does he use the past as well as the present tense? Does he use sentences of 4 words and short paragraphs? Can he describe a recent experience? Does he like to sing?

Ask the Child

Do you have a favorite storybook that you like to hear? What music or songs do you like? Do you like to dance?

- Because children this age ask many questions, it is easy to offer too much information. It is best to keep answers short, simple, and factual.
- Help your child develop his language skills by encouraging him to talk with you about his preschool, friends, experiences, or observations.
- Read together daily and ask your child questions about the stories.
- Provide plenty of time for your child to tell stories or respond to questions. Hurrying a child's response increases stuttering.
- Allow children to finish sentences and thoughts, do not interrupt, speak in a relaxed tone, and pause before responding.
- Sing together and play music often.



Feelings

At 4 years, children are very sensitive. They wear their feelings on their sleeves and are easily encouraged or hurt by what people say or do to them.

Sample Questions

How does your child act around others? Is he generally happy and active? What do you do when he is sad or upset? Has his personality or predominant mood changed much since he was younger?

Anticipatory Guidance

- Watching your child interact with other children provides a valuable window into his social understanding and skills.
- Listen to and always treat your child with the respect you offer a fellow adult. Insist that all family members treat one another with respect and model respectful behavior for your children.
- Model apologizing if you are wrong or have hurt someone's feelings. Help your child apologize for hurting others' feelings, too. Praise him when he demonstrates sensitivity to the feelings of others.
- Reassure your children that nothing is wrong with strong emotions. Help your child express such feelings as joy, anger, sadness, fear, and frustration. Letting him know that strong emotions are normal can decrease his stress and help him calm down. Remind your children that strong emotions are not problems, but what we do about them can be.
- Learning to handle emotions appropriately is the beginning of learning healthy coping styles. Teach him how to cope with strong emotions by using healthy distractions like exercise, singing, dancing, drawing, and avoiding unhealthy distractions like eating or watching TV.

Opportunities to Socialize With Other Children

At this age, children spend increasing amounts of time with peers and begin enjoying participating in a group environment. Learning to interact with other children helps to build strong social skills.

Sample Questions

How interested is your child in other children? How confident is he socially and emotionally? Who are his special playmates?

Ask the Child

Who do you like to play with? Do you have a favorite friend?

- Praise your child for his cooperation and accomplishments.
- As often as you can, spend time alone with your child doing something you both enjoy.
- Provide opportunities for your child to play with other children in playgroups, preschool, or other community activities.



Readiness for Structured Learning Experiences

Readiness for a structured learning experience is a lengthy process that begins at birth. Advise parents about ways to prepare their child for a successful transition to school. Early literacy skills are emerging as children show interest in letters and play with sounds, making rhymes of real and nonsense words.

Sample Questions

How is your child learning and getting ready for school? What thoughts have you had about starting her in school in the year ahead? Do you need help in finding and signing up for educational opportunities for your child?

Anticipatory Guidance

- Read interactively with your child. Reading with your child is important to help him enjoy reading and be ready for school.
- As your child shows interest in words, engage him by pointing out letters, particularly the ones that begin his name, such as, "It's a T like in Taylor!" and playing with sounds by making rhymes of real and nonsense words, such as, "oodles and boodles of noodles and foodles."
- Enlarge your child's experiences through trips and visits to parks and other places of interest. Take him
 often to the library. Ask whether he can get a library card, and let him choose books that interest him.

Early Childhood Programs and Preschool

High-quality early care and education programs, whether they be Head Start, preschool, Sunday school, or a community program or child care center, have a positive effect on a child's socialization, school readiness, health, and ultimate success in life. Encourage parents to become actively involved in their child's preschool or child care program and to talk with their child about her activities and experiences at school. If your state has free, state-funded prekindergarten, discuss this option with parents.

Sample Questions

How happy are you with your preschool or child care arrangements? What does your child care provider or teacher say about your child? On most days, does she seem happy to go? How many other children are in her class and how is she coping socially?

Ask the Child

What do you like to do best at child care/preschool?

- Visit your child's preschool or other child care program. You can learn a lot about what really goes on at the program if you arrive unannounced.
- Become actively involved in your child's preschool or care program, and ensure good communication between you and the program.
- You may be eligible for free, state-funded prekindergarten. If you are interested, I can give you information.
- Show interest in your child's preschool or child care activities. Talk to your child about his daily activities and what he's learning.
- If your child is in child care, continue to provide personal items, such as blankets, clothing, combs, and brushes, for his own use.



Developing Healthy Nutrition and Personal Habits

Milk, water, and juice; nutritious foods; daily routines that promote health

Milk, Water, and Juice

Fluid intake is an important element of nutrition. Water should be provided ad lib at all times and should be regularly offered to children of all ages, with increased attention to water intake in warm or dry environments.

Families may fail to recognize the importance and effect of other fluids to their child's nutrition and it may be useful to remind parents that what we drink contributes protein, fat, and sugar to our daily intake. Milk is an important fluid and protein source and is the most accessible source of calcium and vitamin D for children.

Juices demand special attention. The sugar content of all juices demands that juice intake be limited, to reduce the risk of dental caries and limit the intake of sugar calories. Soda or soft drinks, sports drinks, and punches provide many calories of scant nutrient value and should be avoided.

Sample Questions

Does your child drink water every day? How many ounces of milk does she drink most days? Is it whole milk or lower fat milk? Do you give your child other dairy products like yogurt and cheese every day?

- Be sure your child always has cool water available, especially on warm days and when she is physically active.
- Young children should drink 16 to 24 oz of low-fat or fat-free milk each day to help meet their calcium and vitamin D needs. Milk is also an important source of protein for growth.
- Juice is not a necessary drink. If you choose to give juice, limit it to 4 oz daily and always serve it with a meal.
- To protect your child's teeth, don't dilute juice with water and don't allow her to carry around a sippy cup or juice box for prolonged consumption.



Nutritious Foods

Meals should be relaxed, safe, and enjoyable family times. Remind parents that they are responsible for providing a variety of nutritious foods and that their child is responsible for how much to eat. Parents can establish positive eating patterns for their child by providing healthy foods at regular intervals throughout the day, giving appropriate amounts, and emphasizing vegetables and fruit and other nutritious foods.

A reduced appetite associated with a slower rate of growth continues at this stage of early childhood. Parents are often distressed when children eat less than they expected, but food refusal often means their child is not hungry. Parents may fail to realize that by encouraging a child to eat when she is not hungry gives her calories she did not ask for and likely doesn't need. Also, preparing substitute foods only encourages picky eating. Discuss the importance of providing healthy snacks and of minimizing foods and beverages that are high in added sugars and saturated fat and low in nutrients.

Sample Questions

Tell me about mealtime in your home. Tell me about mealtime in your child care setting.

Do you consider your child a "healthy eater"? Do you provide a variety of vegetables, fruits, and other nutritious foods? What kind of snacks do you serve? Does your child have much food that you would describe as junk food? How do you feel if your child doesn't eat what you have prepared for her? What do you do?

- Offer a variety of healthy foods to your child, especially vegetables and fruits, and include higher protein foods like meat and deboned fish at least 2 times per week.
- Help your child explore new flavors and textures in her food.
- Remember that children this age seldom eat "3 square meals a day," but more likely 1 good meal and multiple smaller meals and snacks.
- When your child refuses something you've prepared, it usually means she is not hungry. It doesn't mean she doesn't like it and wouldn't have it later for a snack.
- Trust your child to determine when she is hungry or full and never encourage her to eat food she did not ask for.
- Your kitchen is not a fast-food restaurant and you don't need to fix another meal if your child refuses what you have already prepared. This only encourages her to be a picky eater.
- Have healthy snacks on hand, such as
 - Fresh fruit or vegetables, such as apples, oranges, bananas, cucumber, zucchini, or radishes, that are cut in small pieces or thin strips
 - Applesauce, cheese, or small pieces of whole-grain bread or crackers
 - Unflavored yogurt, sweetened with bits of mashed fruit



Daily Routines That Promote Health

The 4-year-old typically enjoys being recognized as being "big enough" to assume greater independence in daily routines, like getting dressed and washing hands. Helping with household chores is particularly rewarding. Learning simple cooking skills, like stirring ingredients in a bowl, will enhance food acceptance.

Nightmares and night terrors are common at this age. Discuss the parents' approach to sleep disturbances. Family stresses and TV viewing habits should be evaluated in children with sleep disturbances.

Sample Questions

How is she sleeping at night? Does she still require a nap on most days? Are you encouraging her to take a more active role in daily routines connected with mealtimes, cleanliness, and help around the house?

Ask the Child

What do you like to eat? Are you getting good at brushing your teeth and washing your hands? Can you fasten your own seat belt?

- Create a calm bedtime ritual that includes reading or telling stories to promote language development and pre-reading skills and to help your child sleep peacefully.
- A poor appetite or limited food preference is not a major concern if your child's growth rate has been normal. Create a pleasant atmosphere at mealtimes by turning off the TV and having table conversation that includes your child. Focus the conversation away from how much or even which of the foods the child is eating. Talk about where the food comes from, how others might cook the same food, and any other ideas that stimulates your child's natural curiosity. Allow your child to stop eating when full even if that means leaving food on her plate.
- Be sure that your child brushes her teeth twice a day with a pea-sized amount of fluoridated toothpaste. She should spit out the toothpaste after brushing, but not rinse her mouth with water. Supervise tooth brushing each time.



Media Use

Limits on use, promoting physical activity and safe play

Limits on Use

Inappropriate and excessive media use has been associated with attention problems, impaired sleep, school difficulties, and obesity. It also has been shown to increase violence in children, create conflicts over purchase of advertised products, and decrease time for physically active play.

Judicious use of educational media can improve school readiness in children, but children should spend no more than 1 hour total a day watching or using any type of media. They should not have a TV or digital device in their bedrooms. Parents should preview media content and monitor use and content. The TV should be turned off during mealtimes.

Explore the reason or motivations behind media use. Many preschoolers need help learning self-regulation skills (how to calm down, handle strong emotions, and control their bodies), and giving them a device may seem like an easy way to keep them calm during difficult moments, but does not teach them more internal ways of regulating themselves. Excessive media use is associated with worse behavioral regulation in the long-term, so it should be discouraged as the main way parents use to keep children calm. Parents can offer alternative approaches, such as avoiding tantrum triggers, using time-outs or calm-down time, teaching breathing or sensory regulation techniques, or teaching them to learn the words for their emotions. Discuss that media use at bedtime actually leads to worse sleep habits, less sleep, and school problems. Parents can offer alternative approaches, such as a bedtime routine or reading books in bed.

Sample Questions

What digital media devices do your children use, such as handheld devices, video games, digital toys, TV, or computers? Does your child have a TV in his bedroom? Does your child have a computer or tablet in his bedroom?

Ask the Child

What is your favorite TV show or computer? Why do you like it?



Anticipatory Guidance

- At this age, preschool-aged children can learn things like language, early literacy, and early math skills from well-designed educational TV and apps. Content is very important, and many educational shows have good messages about positive behaviors and friendship. However, children need other experiences, too, such as unstructured play alone and with peers, time outdoors, and hands-on learning to develop all parts of their brain, including more complicated skills such as executive functioning and social skills.
- Limit TV and video viewing and use of other media devices to no more than 1 hour per day. Do not allow digital devices in your child's bedroom because they interfere with sleep and you are less able to supervise your child's viewing time.
- Consider the reasons why you allow your child to watch TV or play video games. Is it to control his behavior or help him get to sleep? Unfortunately, media doesn't actually help children regulate their behavior or sleep better. Using other approaches, such as calm down time, breathing techniques, learning words to describe their emotions, and quiet bedtime routines, are a better option.
- Starting healthy media habits now is important, because they are a lot harder to change when children are older. Consider making a family media use plan. This plan is a set of rules about media use and screen time that is written down and agreed upon by all family members. Take into account not only the quantity but the quality and location of media use, including TVs, phones, tablets, and computers. Rules should be followed by parents as well as children. This kind of plan can help you preserve special face-to-face time during family routines, such as meals, playtime, and bedtime. You may even want to designate some parts of your home as media-free. The AAP has information on how to make a plan at www.HealthyChildren.org/MediaUsePlan.
- Supervise any Internet use so that you can teach your child skills to help him stay safe.

Promoting Physical Activity and Safe Play

Unless a child has a developmental delay, he should be able to run, hop, march, and gallop, and try to jump by this age. He should also be able to balance on 1 foot and cross the midline (right hand to left side; left foot in front of right foot).

Sample Questions

Does your child play with other children? Does he play outdoors as well as indoors? Is your community safe for him to play outdoors?

Ask the Child

Let me see you hop. What else do you like to do when you play?

- Encourage your child to be active in many ways, including running, marching, and jumping. Praise him
 for his ability to do these activities.
- As often as possible, be physically active as a family. Go on walks, play in the park or on a safe street, or ride bikes. Use this time to help your child get to know his community.
- Make sure your child has plenty of opportunity for active play at child care or preschool.



Safety

Belt-positioning car booster seats, outdoor safety, water safety, sun protection, pets, firearm safety

Belt-Positioning Car Booster Seats

At this age, children are best protected in a car safety seat with a 5-point harness. However, some large 4-year-olds may start to outgrow the manufacturer's weight or height limit for a seat with a harness. Most forward-facing car safety seats have weight limits of 65 pounds or more and height limits of 49 inches or more. Children should ride in car safety seats with 5-point harnesses as long as possible. When the child has outgrown the car safety seat with a harness, she should ride in a belt-positioning booster seat in the back seat. Adults should model car safety by always using a seat belt themselves.

Sample Question

Is your child fastened securely in a car safety seat or belt-positioning booster seat in the back seat every time she rides in a vehicle?

Ask the Child

Where do you sit when you ride in the car? Do you have a special seat?

Anticipatory Guidance

- Continue to use a size-appropriate forward-facing car safety seat that is properly installed in the back seat according to the manufacturer's instructions and the vehicle owner's manual until your child reaches the highest weight or height allowed by the manufacturer, her shoulders are above the top harness slots, or her ears come to the top of the car safety seat. When she reaches one of these limits, consider whether she is mature enough for the greater flexibility of movement allowed by a belt-positioning booster seat. If not, use a forward-facing seat with a harness with a higher weight limit or a travel vest. Many 4-year-olds are not tall enough or do not weigh enough to ride safely in a booster seat.
- The back seat is the safest place for children to ride until your child is age 13 years.

For information about car safety seats and actions to keep your child safe in and around cars, visit www.safercar.gov/parents.

Find a Child Passenger Safety Technician: http://cert.safekids.org. Click on "Find a Tech."

Toll-free Auto Safety Hotline: 888-327-4236



Outdoor Safety

Young children lack the cognitive and neurologic maturity, skills, and knowledge needed to safely cross the street. They have not developed neurologically enough to have the skills to see cars in their peripheral vision, localize sounds, and judge vehicle distance and speed. In general, children are not ready to cross the street alone until they are at least 10 years old. Parents must use constant vigilance and regularly review the safety of the environment to protect their young child from harm.

Sample Questions

Where does your child play when she goes outdoors? Who watches your child when you cannot?

Ask the Child

When you play outside, who watches you? Who watches you when your parents are gone?

Anticipatory Guidance

- Never leave your child alone when she is outside.
- Supervise all outdoor play. Streets and driveways are not safe places to play. Your child is not ready to
 cross the street alone.

Water Safety

Parents still must supervise their child closely to ensure her safety around water. All children require constant supervision by an adult whenever they are near water. However, parents may choose to start their child in swimming lessons depending on the child's readiness and frequency of exposure to water. Parents should be cautioned that even advanced swimming skills may not prevent drowning.

Sample Questions

What are your plans to teach your child about swimming? Do you use life jackets?

- Be sure that swimming pools in your community, apartment complex, or home have a 4-sided fence that completely separates the pool from the house and the yard with a self-closing, self-latching gate.
- Do not rely on water wings to keep your child safe in the water. Use a properly fitted life jacket every time your child is on a boat or other watercraft.
- Children need to learn how to swim. By this age, children can start to learn swimming skills. However, parents should be mindful that swimming ability does not provide drown-proofing and that even strong swimmers can drown.



Sun Protection

Sun protection now is of increasing importance because of climate change and the thinning of the atmospheric ozone layer. Sun protection is accomplished through limiting sun exposure, using sunscreen, and wearing protective clothing.

Sample Questions

Do you apply sunscreen whenever your child plays outside? Does your child care provider have a sun protection policy? Do you and your child care provider limit outside time during the middle of the day, when the sun is strongest?

Anticipatory Guidance

- Always apply sunscreen with an SPF greater than 15 when your child is outside. Reapply every 2 hours.
- Have your child wear a hat.
- Avoid prolonged time in the sun between 11:00 am and 3:00 pm.
- Wear sun protection clothing for summer.

Pets

Pets can be a source of great joy for children, but should be kept under constant watch when they are around young children. Dog and cat bites are particularly common at this age.

Sample Questions

Do you have any pets or are there pets in your neighborhood that may come into contact with your child? Dogs, cats? How have you advised your child to act around unfamiliar dogs?

Anticipatory Guidance

 Make certain that your child knows to avoid stray animals and to treat household pets gently and lovingly.



Firearm Safety

Young children are curious about everything, including firearms, and have no concept of the consequences of firing a weapon. Firearms should be removed from places in which children live and play. If it is necessary to keep a firearm in the home, it should be stored unloaded and locked, with the ammunition locked separately from the firearm.

Sample Question

Is there a firearm in your home or in the homes where your child might play or go for child care?

- The best way to keep your child safe from injury or death from firearms is to never have a firearm in the home.
- Remember that young children simply do not understand how dangerous firearms can be, despite your warnings. Children cannot be taught not to handle a firearm if they find one.
- Children this age are naturally curious, and will get into everything! Just as you need to keep medications, cleaning solutions, and insecticides out of children's reach, loaded firearms should never be anywhere where the child can get to them. If it is necessary to keep a firearm in your home or where your child plays or goes to preschool, it should be stored unloaded and locked, with the ammunition locked separately from the firearm.