# Middle Childhood Visits

# 5 Through 10 Years









# **Middle Childhood**

# 5 and 6 Year Visits

### **Context**

As the middle childhood stage begins, boys and girls are growing steadily and their physical competence continues to increase. Their improved language and communication skills match social competence to physical ability. They are prepared to move out of home care and child care or preschool. At this age, they are ready for school.

Starting school is a major milestone for the 5- or 6-year-old and her family. As she prepares to enter kindergarten or elementary school, key developmental issues emerge, such as her readiness for school and her ability to separate from her parents. The 5-year-old who has attended preschool or has been in child care out of the home may be able to separate from her parents more easily than the child who has stayed at home. Most 6-year-olds will have attended kindergarten and acquired the social skills necessary for learning in a full-day, first-grade setting. By observing how the child responds to new situations, the parents, teacher, and health care professional can anticipate how temperament and experience may affect school readiness and competence. The 5 and 6 Year Visits permit observation of the child's ability to follow directions, as well as her language skills, maturity level, and motor ability.

Starting school brings new opportunities, challenges, and rules for children. School activities require increased ability to function in a group setting, which requires greater impulse control and social skills. Children are expected to obey rules, get along with others, and avoid disruptive behavior. Paying attention to teachers and other

adults can be difficult for some children. Acquiring skills in listening, reading, and math excites some children and challenges others. Children entering kindergarten will have many opportunities to make friends, conquer new tasks, and meet other families. They may go on school field trips or participate in after-school activities. They will need to adjust to school routines, such as eating at school with self-service lunches or designated times for lunch and snacks. Most will manage these new challenges gracefully, while others will struggle to learn appropriate behaviors during these transitions. Parents should listen to their child's feelings, encourage her, and praise her efforts and accomplishments.

A child's progress in school is an important factor in her development at this age. School-based assessments and report cards are used to track her progress. A child with special health care needs, with disabilities or developmental delay, may qualify for an Individualized Education Program (IEP) or a Section 504 Plan. If she received services through her community's early childhood special education services program, inquiry regarding transition from this program to kindergarten is appropriate. The goal is always to have the child in the least restrictive environment that also promotes academic, social, and emotional success.

Not every child is immediately successful in the school experience. Adjustment difficulties, anxiety, or psychosocial stressors must be addressed. Children who present with learning, academic, or behavioral problems and symptoms of inattention,



hyperactivity, or impulsivity should be evaluated for attention-deficit/hyperactivity disorder (ADHD) and for anxiety and learning disability¹ as well as for prenatal alcohol and other exposures associated with attention problems. Federal education law requires school systems to evaluate children who are experiencing learning or developmental difficulties. Some families may need help finding individuals who can help them advocate for the exact services they need.

Each family will have its own perspective on how their child is performing in school. A child will perform best if she feels there is consistency between the expectations of the school and her family regarding educational performance and behavior at school. Some teaching styles may not be the best fit for some children (eg, an overly nurturing teacher may not have firm expectations that some children need and an overly rigid teacher might not provide the flexibility and support needed for other children, especially those who are anxious). In addition, parents sometimes need help in understanding the significance of particular academic struggles. The concept of a learning disability or learning difference may not make sense within certain cultural beliefs about health or abilities. It is essential to identify areas of strength and weakness so that interventions can be put in place early for any areas of vulnerability.

Families who are newly immigrated may not understand the US educational system and may need guidance about what to expect and how they can be involved in supporting their child in school. A language mismatch can be an added barrier between the teacher and parent communication. It may be helpful to have a parent advocate present at educational meetings. If English is not spoken at home, health care professionals should assess the child's exposure to English and what resources are needed to support the important learning tasks ahead. Health care professionals will support multilingual or bilingual language development.

It is developmentally appropriate for 5- and 6-year-olds to spend increasing amounts of time with friends and others outside the home. Parents should meet these new friends and their families. Parents need to encourage their child's friendships and respect the growing influence of peers. Rules and behavioral expectations will vary among families, especially across cultures. As children this age acquire new experiences, they normally begin to test whether the rules can change now that they are older. Some rules can be loosened, but others must be maintained in the interest of sustaining appropriate behavior, providing emotional security and personal safety, and promoting moral upbringing.

Many children younger than 5 years have been exposed to the digital world. The 5-year-old is often fascinated by the online world and her ability to become involved with it. With emerging reading and fine motor skills, some will become skilled with the computer and the Internet. However, children this age and throughout childhood still need strong and frequent parental supervision and monitoring to ensure that they are not exposed to inappropriate materials. Parents may consider getting child-specific browsers and setting up a favorite's toolbar so the child can go only to approved Web sites. Parents also should use an Internet safety tool to limit access to content, Web sites, and activities. It is always important to balance computer and online time with active play. Setting limits on sedentary activities can help children remain active and healthy.

Certain hazards, such as matches, cigarette lighters, gas stoves, and fireplaces, often fascinate 5- and 6-year-olds. This is especially true for children who tend to be impulsive. Thus, parents should remember to keep matches, lighters, and cigarette and e-cigarette paraphernalia out of reach, and to remind children that these items are not toys. Parents should be cautioned specifically about the dangers of keeping firearms in the home and informed of the importance of keeping all firearms



locked up, with the ammunition locked separately and the keys in a place their child cannot access. It is critical that children continue to use appropriate car safety seats and booster seats.

By her sixth birthday, a child is eager to act independently, but she is not yet able to consistently make good decisions. She likes to climb trees or fire escapes and play in the yard or on the sidewalk with other children, but she is still learning about safety. Children must learn to be safe at home, at school, on the playground, and in the neighborhood. Families will need to continue to set appropriate boundaries and other limits while encouraging and promoting their child's growing independence. Before she is ready to start exploring the community on her own, she must be able to remember and understand safety rules well enough to interpret them and adapt them for different situations. Children need frequent reminders on rules for interacting with and avoiding strangers, as well as instructions on telephone numbers to call for help in case of emergencies. At this age, most children are riding bicycles or using skates and may be learning to use skateboards and to swim. Parents need to teach their child, and frequently review, the safety rules for playing on the playground, riding a bicycle in the neighborhood, and engaging in other recreational activities. Children this age are not yet ready to cross the street alone, and adult supervision also is needed for swimming and other water sports. A child's bicycle should be suited to her ability level and adjusted to her size. She should always wear an approved helmet and protective equipment when riding a bike, skateboarding, skating, or playing in organized sports. Parents need to model this behavior.

The child's community affects safety concerns because the setting and seasonal climate determine common activities and risks. Traffic crashes and playing around cars are health risks for the young child. Children living in poverty may have limited access to appropriate play areas or activities, and may be out in the neighborhood playing in unsafe venues. Families with limited economic resources may be able to find places in the community (eg, community centers, public clinics, children's hospitals) where they can receive help in obtaining low-cost bike helmets, car safety seats, and other safety equipment.

Newly found skills generate interest in testing physical prowess. How fast can she run? How far can she throw? As she learns how her body works, the 5- and 6-year-old gains the confidence and skills needed to enjoy physical activities or to participate in individual or team sports. A team sport focused on skill building and learning sportsmanlike behavior, rather than winning or keeping score, is a good way to encourage further engagement in physical activities. Parents should be sure that coaches' demands are reasonable. For children who are from cultures where gender roles and modesty issues preclude girls from participating in typical sports activities, opportunities for cooperation and physical development can be found in activities such as ethnic dance groups, scouting, or same-sex physical activities that are arranged by the cultural community.

As the child's cognitive skills continue to develop, her ability to understand and communicate becomes more sophisticated. At this age, health care professionals can talk directly with the child about her family, friends, and excitement or fears about going to school and becoming more independent. This provides an opportunity for the health care professional to develop a partnership directly with the child and to encourage her to assume responsibility for her clothes, toys, or other belongings; selected chores; and good health habits. These responsibilities will help promote autonomy, independence, and a sense of competence.



# Priorities for the 5 and 6 Year Visits

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

In addition, the Bright Futures Middle Childhood Expert Panel has given priority to the following topics for discussion in the 5 and 6 Year Visits:

- ▶ Social determinants of health<sup>a</sup> (risks [neighborhood and family violence, food security, family substance use], strengths and protective factors [emotional security and self-esteem, connectedness with family])
- ▶ Development and mental health (family rules and routines, concern for others, respect for others; patience and control over anger)
- School (readiness, established routines, school attendance, friends; after-school care and activities, parent-teacher communication)
- Physical growth and development (oral health [regular visits with dentist, daily brushing and flossing, adequate fluoride, limits on sugar-sweetened beverages and snacks], nutrition [healthy weight; increased vegetable, fruit, whole-grain consumption; adequate calcium and vitamin D intake; healthy foods at school], physical activity [60 minutes of physical activity a day])
- Safety (car safety, outdoor safety, water safety, sun protection, harm from adults, home fire safety, firearm safety)

<sup>&</sup>lt;sup>a</sup> 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 conducting history taking, developmental surveillance, and 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 for the Parent**

- Tell me something your child does that makes you proud.
- What are your concerns about your child's behavioral, physical well-being, or special health care needs?
- Do you have any concerns about your child's development or learning (eg, walking, talking, drawing, or writing her name or ABCs)?
- Do you have any concerns about your child starting school? What concerns do you have about her social or academic experience?
- Please share any concerns about your child's mood or behavior (eg, attention, hitting, temper, worries, not participating in play with others, irritability, mood, or activity level).

#### **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, such as 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.

#### **Questions for the Child**

- Do you think you are healthy?
- What do you mean when you say you are "healthy"?
- Tell me something you're really good at.



# **Surveillance of Development**

#### **Children Transitioning to Kindergarten**

Starting school is a major milestone for child and family. Parents may have concerns about their child's readiness for this big step. Although many parents tend to focus on the child's knowledge of the alphabet, numbers, or drawing skills as evidence of school readiness, teachers are most concerned about the child's language skills and social readiness to separate from parents easily and get along with other children.

The child with special health care needs transitions from early childhood special education services to the classroom setting. The child's IEP should be revised before this move, and the health care professional should discuss appropriate changes with the family.

#### **Children Currently Attending School**

Adjustment to new school experiences are both the measure and the endpoint of developmental accomplishment. Health care professionals may measure school success by parent and child report or by review of the child's most recent report card. The health care professional must be alert for diagnoses such as ADHD and learning disorders. For children with special health care needs, it is important for the health care professional to review a copy of the IEP, Section 504 Plan, or any special accommodations.

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

- A 5- or 6-year-old
  - Balances on 1 foot, hops, and skips
  - Is able to tie a knot, has mature pencil grasp, can draw a person with at least 6 body parts,
     prints some letters and numbers, and is able to copy squares and triangles
  - Has good articulation, tells a simple story using full sentences, uses appropriate tenses and pronouns, can count to 10, and names at least 4 colors
  - Follows simple directions, is able to listen and attend, and undresses and dresses with minimal assistance

# **Review of Systems**

The Bright Futures Middle 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

- Regular or frequent headaches or dizziness
- Eyes or vision
- Ears or hearing
- Nose or throat
- Breathing problems or pains in chest
- Belly aches or pains, throwing up, problems with urine or bowel movements
- Rashes
- Muscle aches, injury, or other problems



### **Observation of Parent-Child Interaction**

- Do the parent and child speak to one another respectfully?
- Does the parent seem to share positives or encourage and be supportive of the child?
- Does the parent allow the child to talk with the health care professional and not interrupt?
- Does the parent engage the child in an age-appropriate manner?

# **Physical Examination**

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

Respect the child's privacy by using appropriate draping during the examination. Ask siblings to wait in the waiting room if possible.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination of importance to the child at this age:

- Measure and compare with norms for age, sex, and height
  - Blood pressure
- Measure and plot on appropriate Centers for Disease Control and Prevention (CDC) Growth Chart
  - Height
  - Weight
- Calculate and plot on appropriate CDC Growth Chart
  - Body mass index (BMI)
- Eyes
  - Perform ocular motility assessment.
- Mouth
  - Observe for caries, gingival inflammation, malocclusion.
- Neurodevelopment
  - Observe fine and gross motor skills and gait.



# Screening — 5 Year

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 <sup>a</sup>	Action if Risk Assessment Positive (+)
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
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

<sup>&</sup>lt;sup>a</sup> See the *Evidence and Rationale chapter* for the criteria on which risk screening questions are based.

# Screening — 6 Year

Universal Screening	Action	
Hearing	Audiometry	
Vision	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters	
Selective Screening	Risk Assessment <sup>a</sup>	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

<sup>&</sup>lt;sup>a</sup> See the *Evidence and Rationale chapter* for the criteria on which risk screening questions are based.



# **Immunizations**

Consult the CDC/Advisory Committee on Immunization Practices (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



The following sample questions, which address the Bright Futures Middle 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: Neighborhood and family violence, food security, family substance use

Strengths and protective factors: Emotional security and self-esteem, connectedness with family

# **Risks: Neighborhood and Family Violence**

Children in families that are affected by poverty, neighborhood violence, or family violence are dealing with a level of stress that affects their current and future health. For example, families in difficult living situations may have concerns about their ability to provide a safe environment for their child.

Questions on this topic can be sensitive. The health care professional can identify these issues in a supportive and non-blaming way and help the parents formulate steps toward solutions. A referral to community resources or federal assistance programs may be a useful first step.

Children need a safe environment at home to thrive—free of violence and toxic stress. Likewise, they need to feel safe at school, on their way to and from school and, if possible, in their community. Bullying, teasing, and feeling left out can interfere with normal development and school performance. Assist parents in being observant for signs of bullying and ostracism. Children with disabilities and other special health care needs are at increased risk of bullying. (For more information on this topic, see the Bullying section of the Promoting Mental Health theme.)

#### **Sample Questions**

Are there frequent reports of violence in your community? Do you think your child is safe in the neighborhood? Has he ever been injured in a fight? Has your child been bullied or hit by others? Has he demonstrated bullying or aggression toward others?



- Bullying or a suspicion of bullying should always be immediately discussed with your child's teacher
  and guidance counselor. If this is happening in a community-based program, talk to the responsible
  adult who is leading the program.
- Teach your child nonviolent conflict-resolution techniques.

#### For the Child

• Talk to your parent or another grown-up you trust if anyone bullies or hurts you or makes you feel scared. If you see another child being bullied, tell an adult.

# **Risks: Food Security**

Families with limited means may have concerns about their ability to acquire sufficient food. The need for adequate calories and nutritious food choices during this period of steady growth and development and increasingly independent food decision-making makes food security a critical issue in middle childhood. If the family is having difficulty obtaining nutritious food, provide information about the Supplemental Nutrition Assistance Program (SNAP), the Commodity Supplemental Food Program, local food shelves, and local community food programs.

#### **Sample Questions**

Within the past 12 months, did you worry that your food would run out before you got money to buy more? In the past 12 months, did the food you bought just not last and you didn't have money to buy more?

#### **Anticipatory Guidance**

Community programs, like food banks and food pantries, are available to help you and your family. You
also may be eligible for food and nutrition assistance, or programs like SNAP, which used to be called
Food Stamps, can help you.

# Risks: Family Substance Use (Tobacco, E-cigarettes, Alcohol, Drugs)

Exposure to tobacco smoke remains an important environmental risk. Encourage parents to keep their home and vehicles smoke-free, as well as free from vapor from e-cigarettes. Becoming familiar with community and online resources for quitting smoking allows health care professionals to refer parents who are interested in quitting.

Worrying about a family member with a substance use or mental health problem also may be a source of significant stress.

#### **Sample Questions**

Does anyone who lives with your child smoke or use e-cigarettes? Does anyone smoke or use e-cigarettes in your home or vehicle? If so, who? Is there anyone in your child's life whose alcohol or drug use concerns you?



- Exposure to secondhand smoke greatly increases the risk of heart and lung diseases in your child. For
  your health and your child's health, please stop smoking if you are a smoker, and insist that others not
  smoke around your child.
- Exposure to vapor from e-cigarettes also may be harmful. For your child's health, please don't use e-cigarettes—also called vaping—around your child, especially indoors or inside cars.
- It's not always possible, but, when you can, avoid spending time in places where people are smoking cigarettes or using e-cigarettes.
- If you are ever interested in quitting smoking, please talk to me. 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. I can also refer you to local or online resources.
- If you are worried about any family members' drug or alcohol use problems, you can talk with me.

# **Strengths and Protective Factors: Emotional Security and Self-esteem**

Identifying strengths and providing feedback to families about what they are doing well helps provide a comprehensive and balanced view of the child's health and well-being. For families living in difficult circumstances, such strengths may help protect the child from, or reduce the degree of, negative health outcomes. Parents need to know that they can positively influence the healthy development of their child no matter what difficulties or problems exist. Anticipatory guidance provides parents with ideas about opportunities they can give their child, such as the chance to become good at things, begin to make independent decisions, have social connections, and do things for others.

Parents can help make their child feel secure by giving hugs, participating in activities together, and listening without interrupting. Children with warm, nurturing parents are more likely to have high self-esteem. Hypercritical parents who have unrealistically high expectations, and uninvolved parents who do not encourage their children to achieve and to try new experiences, can damage their child's self-esteem. Protective factors for any child include having at least one supportive adult in their life.

Self-esteem is a key feature of a fulfilling life and has an enormous influence on mental health. Children develop a positive sense of self if they think they are making a contribution. Words of encouragement are important and provide energizing motivation. Help parents think about how they can encourage their child to be responsible by modeling responsibility themselves, keeping promises, showing up on time, and completing tasks on time.

#### **Sample Questions**

How happy is your child? Do you feel he has good self-confidence?

#### **Ask the Child**

Tell me about some of the things you are good at doing. What are some of the things that make you happy?

#### **Anticipatory Guidance**

- Encourage competence, independence, and self-responsibility in all areas by not doing everything for your child, but by helping him do things well himself, and by supporting him in helping others.
- Show affection and pride in your child's special strengths and praise appropriately and liberally.



# **Strengths and Protective Factors: Connectedness With Family**

One of the most important protective factors and a component of healthy child development is the ability to form caring and supportive relationships with family. At home, this involves a relationship characterized by both warm supportive interactions with parents and guardians combined with clear expectations and an opportunity for children to begin to gain the skills necessary for problem-solving.

#### **Sample Questions**

How are you getting along as a family? What do you do together?

#### **Anticipatory Guidance**

• Spend time with your child. Express willingness for questions and discussion. Make time every day to talk, such as at mealtimes, bedtime, and drive time, and do things you both enjoy.



# **Priority**

### **Development and Mental Health**

Family rules and routines, concern for others, respect for others; patience and control over anger

### Family Rules and Routines, Concern for Others, Respect for Others

Family routines create a sense of safety and security for the child. Assigning regular household chores helps teach a sense of responsibility in the child and helps her feel as though she is an essential part of the family.

Parents should provide a balance of privileges and responsibility. Children can earn more privileges when they follow directions and demonstrate responsibilities. Making conversation, rather than watching television (TV) or playing electronics, the priority at mealtimes can build family togetherness and provides an opportunity to teach respect for others.

Parents should encourage self-discipline and impulse control, as well as concern for others. These are important skills to model.

#### **Sample Questions**

What are some of the family routines you have at home? What chores is your child responsible for at home? How do you acknowledge her when she is being good? How do you discipline her? How do you and your partner or other caregiver handle discipline? Are you and your partner as unified as possible in your expectations and rules? Is she kind? Does she show respect for others?

#### Ask the Child

What regular jobs do you have at home? What family traditions do you enjoy? What happens in your house if your dad or mom doesn't approve of something you're doing?

#### **Anticipatory Guidance**

- Promote a sense of responsibility in your child by assigning chores and expecting them to be done. For all children, including children with special health care needs, chores should be determined by what is needed and what is appropriate for the child's ability. Visual reminders may help your child follow through on expectations. Parents need to be consistent and follow through with appropriate consequences if expectations are not met.
- Human nature is to speak up when rules are being broken or behavior is not appropriate, yet "catching our kids being good" may shape outcomes more than any restrictions or discipline. Being clear on expectations is essential.
- Teach your child the difference between right and wrong. The goal of discipline is to teach appropriate behavior and self-control, not to be mean and cruel in response to wrongdoing. Punishment should be viewed as a teaching moment. Spanking and other physical punishments convert a teaching moment to an angry moment that makes your child afraid and fails to teach about the unwanted behavior.



- It is important to set aside time to connect with your child one-on-one. Allowing your child to direct some activities for a few minutes strengthens the parent-child bond, which, in turn, makes it easier to implement fair discipline.
- Show appropriate affection in your family.
- Listen to and respect your child as well as your partner. Don't interrupt; model and teach concern and respect for others. Serve as a positive ethical and behavioral role model.

#### For the Child

• Chores are an important part of being in a family. You help make things go well at home and learn new skills you can be proud of. If you need a break from a chore, talk about it with your parents.

# **Patience and Control Over Anger**

Children depend on their parents to help them learn the skills of appropriate expression of emotions and frustrations. Parents model appropriate responses and respect by their own behavior as they interact with family members. Providing children with routine guidance is key, including appropriate consequences that are not physically punitive.

Healthy development includes learning to handle frustration and express emotions appropriately. Parents can help by setting reasonable limits, providing opportunities for their child to share her worries and concerns, and listening to her ideas about possible solutions. Parents are the most important role models in these critical areas.

#### **Sample Questions**

How does your child handle angry feelings?

#### Ask the Child

What things make you sad? Angry? Scared? How do you handle these feelings? Are you more likely to share them or keep them to yourself? Do you talk to your parents about your concerns?

#### **Anticipatory Guidance**

- Try to help your child see that she wants to treat others as she wants to be treated. Model anger management by talking about the ways that you handle your own frustrations and your anger and what you have learned about letting off steam in positive ways. Help your child think through a difficult situation. Talk about what choices she has, what are the good and bad choices, and what might come next depending on what choice she makes.
- Help your child manage anger and resolve conflicts without violence or destruction of property. Do not allow hitting, biting, throwing, destroying, or other violent behavior.
- Encourage self-discipline and impulse control in your child by modeling these behaviors and by praising her efforts at self-control.

#### For the Child

Everyone gets angry at times, but it's never OK to hit, bite, or kick another person or to throw or break something. Better ways to deal with feeling angry are to talk about what has upset you with the person who made you angry, get outside and run or play hard, or just walk away from the person who is making you angry. Sometimes waiting a little while, then talking about the problem, allows everyone to cool off.



# **Priority**

#### **School**

Readiness, established routines, school attendance, friends; after-school care and activities, parent-teacher communication

### Readiness, Established Routines, School Attendance, Friends

Starting school is a major milestone for the 5- or 6-year-old and his family, bringing new opportunities and challenges. Children who have attended preschool or K through 4 programs may easily separate from parents compared to children who stayed home for the early childhood years. The 5 and 6 Year Visits permit observations of the child's readiness for school (ability to follow directions, language skills, maturity level, and motor ability). The health care professional should use these visits to discuss school issues, such as the ability to transition, routines related to school, school attendance, friends, maturity, management of disappointments, fears, parent-teacher communication, and after-school care and activities.

#### **Sample Questions**

Did your child attend a preschool program? Tell me about his preschool experiences. Do you have any concerns about your child's school experience?

#### Ask the Child

Are you excited about starting school? What do you like best about school? Tell me about your friends at school.

#### **Anticipatory Guidance**

- A child who arrives at school fed and rested is ready to learn. Help your child have a healthy breakfast every morning before school, and establish bedtime routines on school nights so that he gets at least 10 to 11 hours of sleep.
- Talk about new opportunities, friends, and activities at school. Tour your child's school with him and meet his teacher.
- Make it a priority to attend back-to-school nights, parent-teacher meetings, and other school functions. These will give you a chance to get to know your child's teacher and become familiar with the school so you can talk more knowledgeably with your child about his experiences at school.
- Stresses or changes in the family, such as a parent not being available, a loss in the family, or family violence, can contribute to poor school performance. If you are experiencing these kinds of stresses, you can talk with me about ways to help your child cope with them.
- If you enroll your child in an after-school program or hire a caregiver for the after-school period, be sure your child is in a safe environment. Talk with caregivers about their attitudes and behavior about discipline. Do not let them discipline your child by hitting or spanking him.
- After-school activities, such as sports teams, social activities, clubs, and extracurricular activities, place a big demand on children's time. Be cautious to not overschedule your child. Children need unstructured time as well as structured activities.



### **After-school Care and Activities, Parent-Teacher Communication**

If learning or behavioral problems have been identified, talk to the parents about obtaining educational evaluations for special education services and transition from Early Education services to classroom services. An office-based psychosocial assessment may be useful. Determine whether newly immigrated families understand the local educational system, which may be very different from that of their country of origin. Check whether any language barriers exist to parent or caregiver interactions with the school.

#### **Sample Questions**

Is there anything the teacher or school should know related to any special needs your child may have? Are you concerned about learning or behavioral factors that may require additional evaluations?

Does your child receive any special educational services at school, such as an Individual Educational Program, or IEP; Section 504 Plan; or other special services? What does your child do after school?

#### **Anticipatory Guidance**

• If your child has special health care needs, maintain an active role in the IEP process. We would like a copy of the current IEP for your child's health record.



# **Priority**

### **Physical Growth and Development**

Oral health (regular visits with dentist, daily brushing and flossing, adequate fluoride, limits on sugar-sweetened beverages and snacks), nutrition (healthy weight; increased vegetable, fruit, whole-grain consumption; adequate calcium and vitamin D intake; healthy foods at school), physical activity (60 minutes of physical activity a day)

# Oral Health (Regular Visits With Dentist, Daily Brushing and Flossing, Adequate Fluoride, Limits on Sugar-Sweetened Beverages and Snacks)

By ages 5 and 6 years, the child already should have an established dental home. She should have regularly scheduled visits with her dentist at least twice each year. She also should receive a fluoride supplement if the fluoride level in community water supplies (at home and at school) is low. Assure parents that fluoride is safe and effective at preventing decay.

#### **Sample Questions**

How many times a day does your child brush her teeth? Does she floss every day? Has your child lost any teeth?

#### For Parents of Children With Special Health Care Needs

Does your child need help brushing her teeth? Do you use any special oral health equipment, such as a mouth prop to keep her mouth open, to complete this task?

#### Ask the Child

Do you brush and floss your teeth every day? How many times? When do you brush your teeth? Do you have any loose teeth?

#### **Anticipatory Guidance**

- Be sure that your child brushes her teeth for 2 minutes, twice a day, with a pea-sized amount of fluoridated toothpaste, and flosses once a day with your help. Enjoy sharing this time with your child as you allow her to brush and floss her own teeth first. Then you take a turn to get the teeth thoroughly brushed and flossed. At this age, children will not get their teeth clean by themselves.
- Your child should be seeing a dentist regularly. This is called having a dental home. If your child doesn't have a dental home, we can help you find one.
- Stress the importance to your child about taking care of her permanent teeth, which will start to come in both in the front and in the back of her mouth.
- Limit your child's consumption of sweetened beverages and snacks with lots of sugar, such as candy. Prolonged contact with the teeth can increase the chance of cavities.

#### For the Child

- It is important to brush your teeth for at least 2 minutes, twice a day, and to floss at least once a day, especially when your new teeth come in, because they are the teeth you'll have forever.
- Let your mom, dad, or other adult help you with your brushing and flossing until you get really good at it.



# Nutrition (Healthy Weight; Increased Vegetable, Fruit, Whole-Grain Consumption; Adequate Calcium and Vitamin D Intake; Healthy Foods at School)

Discuss healthy weight by using a BMI chart to show the child and her family how her height and weight compare with those of other children of the same sex and age. If the child's BMI is greater than the 85th percentile, it is appropriate to begin more in-depth counseling on nutritious food choices and physical activity. Note that some children between the 85th and 94th percentiles are healthy and do not have chronic disease risk factors.

As children aged 5 and 6 years begin to broaden their experiences beyond home, they are increasingly expected to make their own choices about what to eat (eg, school lunch, snacks at a friend's house). This is a time when the overall quality of many children's eating patterns begins to decline. It is, therefore, a good time to counsel families about appropriate food choices that promote nutritional adequacy and to reinforce the positive nutrition habits established earlier. Ensuring sufficient calcium and vitamin D intake can be a particular concern, especially if the child does not consume dairy products. Supplementation with these nutrients can be considered. Fortified orange juice typically has calcium and vitamin D. Soy milk generally has both, but that is not always true for other products marketed as "milks" (eg, almond, rice, coconut, hemp). Families should be encouraged to check the package label to be sure. Not all yogurt has vitamin D.

Provide guidance or a referral if the family needs nutrition information, counseling, or assistance for cultural, religious, or financial reasons. For children with special health care needs, ensure that nutrition and physical activity are incorporated into the IEP.

#### **Sample Questions**

What concerns do you have about your child's eating, such as getting her to drink enough milk and eat vegetables and fruits? What does your child usually eat for snacks? How often does she drink sweetened beverages?

#### Ask the Child

What vegetables and fruits did you eat yesterday? How many sweet beverages, such as soda, fruit drinks, or sports drinks, do you drink each day? How many glasses of milk did you drink yesterday? What do you eat for breakfast?

#### **Anticipatory Guidance**

- Choose healthy eating behaviors.
  - Every day, give your child a healthy breakfast. Research shows that eating breakfast helps children learn and behave better at school.
  - Help your child recognize and respond to hunger and fullness cues.
  - Eat together as a family. Make mealtimes pleasant and companionable; encourage conversation and turn off the TV.
  - Be a role model for your child with your own healthy eating behaviors.
- Make nutritious foods and drinks the usual options at home for meals and snacks. These include vegetables; fruits; whole grains; lean protein, such as meat, fish, poultry, eggs, beans and peas, legumes, nuts and seeds; and low-fat and nonfat dairy.



- Limit foods and drinks that are high in calories, saturated fat, salt, added sugars, and refined grains, and low in nutrients. These include ice cream, baked goods, salty snacks, fast foods, pizza, and soda and other sweetened beverages.
- Limit juice to 4 to 6 oz of 100% fruit juice each day.
- Make sure your child gets dairy foods and calcium- and vitamin D-containing foods and beverages each day. Children aged 4 to 8 years need 12 to 16 oz of low-fat or fat-free milk each day plus an additional serving of low-fat yogurt and cheese. If your child doesn't drink milk or consume other dairy products, then let's talk about alternatives. These can include foods and beverages that are fortified with calcium and vitamin D (like some orange juices and cereals).

#### For the Child

- Eating breakfast helps you learn better and feel better at school, so always eat something healthy for breakfast
- Pay attention to what your body tells you. Eat when you feel hungry and stop eating when you feel satisfied.
- Vegetables and fruits are an important part of healthy eating. Ask your parents to let you help choose vegetables and fruits at the store and to help prepare them for meals and snacks.
- Be sure to drink fat-free or low-fat milk at least 2 times a day. Three times a day is better. You can eat cheese or yogurt, too.
- Try not to have drinks that have lots of sugar, such as sodas, fruit drinks, and sports drinks. The healthiest drinks are milk and water; try to drink only them.

# Physical Activity (60 Minutes of Physical Activity a Day)

Encourage parents to support their children in being physically active and to be physically active together as a family. Current recommendations state that children should be physically active for at least 60 minutes each day. Encourage the parents of children with special health care needs to allow their children to participate in regular physical activity or cardiovascular fitness within the limits of their medical conditions. Adaptive physical education can be part of a child's IEP.

Emphasize the importance of safety equipment when the child participates in physical activity. Help families identify appropriate community activities for their child (eg, Boys & Girls Clubs, 4-H, community centers, parks, and faith-based programs).

The time a child is using media or the Internet is time she is not being physically active. Counsel regarding media time expenditure and Internet safety.

#### **Sample Questions**

How much physical activity does your child get every day? Do you and your child participate in physical activities together? Are you physically active yourself? How much recreational screen time does your child spend each weekday? How about on weekends? Does your child have a TV or Internet-connected device in her bedroom? What is your child's usual bedtime on school nights and on nonschool nights? Does your child have trouble going to sleep or does she wake up during the night?

#### **Ask the Child**

How often during the day do you play actively? Do you play together with your family? How much time each day do you spend watching TV or using a computer or other devices, such as a tablet or smartphone?



- Encourage your child to be physically active for at least 60 minutes total every day. It doesn't have to happen all at once, but can be split up into several periods of activity over the course of the day.
- Be a role model by being physically active yourself. Find physical activities your family can enjoy together and incorporate them into your daily lives.
- Identify activities your child can do indoors to be physically active.
- Children this age can learn reading, science, and math skills from computers, and may be using computers and other Internet-connected media in school. However, they need other experiences such as unstructured play alone and with peers, time outdoors, physical activity, and hands-on learning. These kinds of activities help them develop all parts of their brain, including more complicated skills such as executive functioning and social skills.
- Do not allow your child to sleep with any electronic device in her bedroom, including phones or tablets.
- In order to balance your child's needs for physical activity, sleep, school activities, and unplugged time, consider making a family media use plan to balance these important health behaviors and media use time in your child's day. The family media use plan is an online tool that you and your child can fill out together. The tool prompts you and your child to enter daily health priorities such as an hour for physical activity, 8 to 11 hours of sleep, time for homework and school activities, and unplugged time each day for time with family and independently. You and your child can then view the time left over and decide on rules around daily screen time for your child. The AAP has information on making a plan at www.HealthyChildren.org/MediaUsePlan.
- 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. Construct it so that it suits your families' media needs, but also helps you preserve face-to-face time during family routines such as meals, playtime, and bedtime. Times or locations in the house can be designated as media-free.
- Children learn more from educational media when you watch a show or use an app with them and talk about it afterwards.
- Supervise your child's Internet use so that you can teach her how to use it safely and how to avoid inappropriate content.
- If your child is using media excessively, find out why. Is she having trouble with friends or social skills? Some children seek solitary activities if they are struggling with friendships. Encourage your child to find activities that interest her, or seek help through the school.
- Most children this age need an average of 10 to 11 hours of sleep each night. Create a regular and consistent sleep schedule and bedtime routine.
- Help your child get to sleep each night by making her bedroom dark, cool, and quiet and avoiding caffeinated drinks. Reading a book in bed is a better option than using media. Media use before bedtime actually leads to worse sleep habits, less sleep, and school problems.

#### For the Child

- It's a good idea to be active often during the day.
- Turn off your TV and video games. Get up and play instead.



Don't eat in front of a screen.

# **Priority**

#### **Safety**

Car safety, outdoor safety, water safety, sun protection, harm from adults, home fire safety, firearm safety

# **Car Safety**

Car safety is a critical area to address because many deaths at this age are caused by crashes involving vehicles when child passengers are inadequately restrained. It is safest to continue using a seat with a 5-point harness until the child reaches the weight or height limit of the seat. When the child has outgrown the car safety seat, he should use a belt-positioning booster seat until the seat belt fits well, usually between the ages of 8 and 12 years and when he is about 4 feet 9 inches tall. The seat belt fits properly when the lap belt lies low across the hips and upper thighs, the shoulder belt lies across the middle of the chest and shoulder, and the child is tall enough to sit all the way back with his knees bent comfortably at the edge of the seat without slouching forward. The back seat is the safest place for all children to ride until age 13 years. Assist families who cannot afford appropriate car safety seats by connecting them with community resources. It is especially important for children with behavioral problems or special health care needs to continue using seats with 5-point harnesses to the highest possible weights or heights; some may benefit from using restraints designed for children with special health care needs (www.preventinjury.org).

#### **Sample Questions**

Does your child always use a car safety seat or belt-positioning booster seat securely fastened in the back seat of a vehicle?

#### Ask the Child

What type of seat do you sit in when you ride in a car? Do you sit in the back seat?

#### **Anticipatory Guidance**

Be sure the vehicle lap and shoulder belt are positioned across your child in the car safety seat or the belt-positioning booster seat in the back seat of the vehicle. Your child should use a car safety seat or a booster seat until the lap belt can be worn low and flat across his hips and upper thighs and the shoulder belt can be worn across his chest and shoulder rather than the face or neck, and he can bend at the knees while sitting against the vehicle seat back. This usually happens when your child is between 8 and 12 years old and at about 4 feet 9 inches tall. The back seat is the safest place for all children younger than 13 years to ride.

#### For the Child

Always sit in your car seat or booster seat and ride in the back seat of the car because that is where you
are safest.



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 neurologic maturity, skills, and knowledge needed to safely cross the street. They have not developed neurologically to have the skills to see cars in their peripheral vision, localize sounds, and judge vehicle distance and speed, and, in general, are not ready to cross the street alone until age 10 or older. To protect their young child from harm, parents must use constant vigilance and regularly review the safety of the environment. Parents often overestimate the cognitive and sensory integration of young children and need advice on how to teach and provide adequate supervision for injury prevention. Riding bikes safely and pedestrian safety are other issues of importance for counseling parents.

At this age, children will begin to participate in team sports and engage in other physical activities. Reinforce with the parents and the child the importance of always wearing protective gear (eg, helmet, mouth guard, eye protection, and knee and elbow pads).

#### **Sample Questions**

What have you done to prepare your child for crossing the street on the way to school or for taking a school bus?

Does your child use safety equipment when doing any outdoor activity, like biking or skating?

#### Ask the Child

*Do you always wear a helmet when biking, skating, or doing other outdoor activities?* 

#### **Anticipatory Guidance**

- Begin to teach your child safe street habits. Teach your child to stop at the curb, and then look to the left, to the right, and back to the left again. Teach your child never to cross the street without a grown-up. Teach your child to walk, not run, when crossing the street.
- Teach your child where to wait for the school bus and make sure an adult is always supervising when the children are getting on and off the bus.
- Be sure your child always wears appropriate safety equipment when doing any outdoor activity, like biking or skating.
- Make sure your child wears a properly fitted, approved helmet every time he rides a bike or does any other wheeled activity. Never let your child ride in the street. Your child is too young to ride in the street safely.

#### For the Child

Being active is good for you, but being safe while being active is just as important. One of the best ways to protect yourself is to wear the right safety equipment, especially a helmet, every time you go biking or skating.



# **Water Safety**

An adult should supervise whenever children are in or near water.

#### **Sample Questions**

Does your child know how to swim? Does he know how to stay safe around water?

#### Ask the Child

Do you know how to swim? What rules do your parents have about swimming?

#### **Anticipatory Guidance**

- Teach your child to swim if he has not yet learned.
- Do not let your child play around any water (lake, stream, pool, or ocean) unless an adult is watching. Even if your child knows how to swim, never let him swim alone. NEVER let your child swim in any fast-moving water.
- Teach your child to never dive into water unless an adult has already checked the depth of the water.
- When on any boat, be sure your child is wearing an appropriately fitting, US Coast Guard-approved life jacket.
- Be sure that swimming pools in your community, apartment complex, or home have a 4-sided fence with a self-closing, self-latching gate.

#### For the Child

- Swimming lessons are an important way to become safe in the water. Ask your parents about learning to swim.
- Never swim without an adult around.
- Always wear a life jacket in a boat.

#### **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? Do you limit outside time during the middle of the day, when the sun is at its strongest?

#### **Ask the Child**

Do you always use sunscreen?

#### **Anticipatory Guidance**

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



#### For the Child

- Always wear sunscreen and a hat when you are outside.
- Try not to be outside in the sun too long between 11:00 am and 3:00 pm, when it is really easy to get a sunburn.

#### **Harm From Adults**

As children now spend increasing amounts of time with other adults, parents should discuss personal safety in a manner that is informative and empowering without provoking unnecessary anxiety.

Because most sexual abuse and misuse occurs within the family, safety messages must focus on privacy, autonomy, and avoiding being abused and not just on the risks from strangers. Children with special health care needs are at increased risk of being abused.

#### **Sample Questions**

Have you talked to your child about ways to avoid sexual abuse?

#### Ask the Child

What are your "privates"? Why do we call them that? What would you do if a grown-up made you scared? Who could you tell? Who would help you?

#### **Anticipatory Guidance**

Teach your child that it is never OK for an adult to tell a child to keep secrets from parents, to express interest in private parts, or to ask a child for help with his or her private parts.

#### For the Child

- We call the parts of your body that are usually under a bathing suit privates because we keep them covered and because you are the only one in charge of them. That is why I asked your permission before I checked your privates.
- It is never OK for an older child or an adult to show you his or her private parts, to ask you to show your privates, to touch you there, to scare you, or to ask you not to tell your parents about what he or she did with you. Always get away from the person as quickly as possible and tell your parent or another adult right away.

# **Home Fire Safety**

Home fire safety is best achieved with prevention (teaching children not to play with matches or lighters), protection (smoke alarms), and planning (reaction and escape).

#### **Sample Questions**

Where are the smoke alarms in your home? (**Probe for multiple locations.**) Do you have carbon monoxide detectors/alarms in your home? Do you have an emergency escape plan in case of fire and does your child know what to do in case the alarm rings?

#### Ask the Child

What should you do if a fire starts in your home? What should you do if your clothes catch on fire?



- Install smoke alarms on every level in your house, especially in furnace and sleeping areas, and test the alarms every month. It is best to use smoke alarms that use long-life batteries; change the batteries once a year when the clock changes in the spring or fall.
- Install a carbon monoxide detector/alarm, certified by Underwriters Laboratories (known as UL), on every level of your home and in the hallway near every separate sleeping area of the home.
- Make an escape plan in case of fire in your home. Your fire department can tell you how. Teach your child what to do when the smoke alarm rings. Practice what you and your child would do if you had a fire.
- Keep all matches and lighters out of reach of children.

#### For the Child

- Never play with matches or lighters or let others do so.
- If your clothes catch on fire, don't run. Stop, drop, and roll.

# **Firearm Safety**

Discuss firearm safety in the home and danger to family members and children. Homicide and completed suicide are more common in homes in which firearms are kept. The evidence is clear that the safest home for children is one without firearms. If it is necessary to keep a firearm, it should be stored unloaded and locked, with the ammunition locked separately from the firearm.

At this age, children lack the maturity or cognitive capacity to reliably follow advice concerning firearms. They cannot reliably be taught not to handle a firearm if they find one. The health care professional's guidance should be addressed to the parents.

#### **Sample Questions**

If there is a firearm in your home? Is it unloaded and locked up? Where is the ammunition stored? Have you considered not owning a firearm because it poses the danger to children and other family members?

#### **Anticipatory Guidance**

- The best way to keep your child safe from injury or death from firearms is to never have a firearm in your home.
- If it is necessary to keep a firearm in your home, keep it unloaded and in a locked place, with ammunition locked separately. Keep the key where children cannot have access.
- 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.
- Remember that young children simply do not understand how dangerous firearms can be, despite your warnings.

# **Middle Childhood**

# 7 and 8 Year Visits

### **Context**

Now bigger, increasingly interactive, and involved with friends, the prepubertal, emotionally developing 7- and 8-year-old uses his growing cognitive strengths and communication skills to plot a developmental trajectory toward mature independence and autonomy. His newly formed superego, or conscience, allows the understanding of rules, relationships, and social mores. During this age period, moral development progresses. Experiences with school and social activities and separation from parents and family foster individuation. Coping skills develop, supporting the child's social activities, friendships outside the family, and school and community competencies. This process continues into young adulthood.

At 7 or 8 years of age, a child begins to look outside the family for new ideas and activities. Opportunities for formal after-school activities, such as scouts, team sports, and arts activities, are beginning to be readily available, and children these ages spend an increasing amount of time away from the family. A 7- or 8-year old's peer group grows in importance as he identifies with children of the same gender who have similar interests and abilities. He may have a best friend, a milestone in interpersonal development. The child may encounter beliefs and practices in his peer group that differ from those of his family. He will try to make sense of these differences and may begin to experience some conflict between the beliefs and values at home and those of his peers. The growing influence of peers may present a challenge to the family.

A 7- or 8-year-old has family responsibilities, such as making his own bed, picking up his clothes, setting the table, and helping with meals. These responsibilities can help him develop a sense of personal competence. His sense of accomplishment and pride helps him become confident in attempting activities that require increased responsibility.

By 8 years, a child is able to use logic and can focus on multiple aspects of a problem. Busy with school projects and book reports, and creating collections that reflect his interests in sports, animals, or other topics, he wants to learn how things work and he has many questions about the world around him. He also is beginning to recognize that others' viewpoints may differ from his own.

School performance remains a functional marker of a child's development and accomplishments across all developmental domains (social and emotional, communicative, cognitive, and physical). By now, a child should have completed the transition to the classroom setting. During this age period, behaviors necessary for learning, such as cooperation and attention, are demonstrated. Success or difficulty in these areas may affect self-esteem in positive or negative ways. School attendance is necessary for learning. It is important to discuss and address poor attendance.

If the child has a special health care need or a disability, the health care professional should be concerned with how well the child is coping, given the new developmental, social, and environmental



demands of becoming older. A child with special health care needs may be on a different or similar developmental trajectory when compared with age and classroom peers. Cultural and family values and beliefs about the cause of the special health care needs and expectations for individuals with illnesses and disabilities will influence both current adjustments and planning for future transitions.

For children with special health care needs and for children receiving supplemental or special education services, a review of services with parents is appropriate. Parents should be asked to provide a copy and discuss their child's IEP or Section 504 Plan for in-classroom accommodations. These documents should be checked for accurate attention to medical comorbidities, for appropriate accommodations, and for comprehensive approaches to learning. The parents may choose to have a parent advocate present with them for school meetings, as parents are sometimes not aware of what services their child might be entitled to receive. The role of, and evidence-based information on, the use of psychotropic medications may need to be reviewed. Children with special health care needs should have a shared plan of care that is developed in conjunction with the parents and shared with the school nurse and after-school caregivers. The shared plan of care should address any chronic medications, emergency medications, alterations of diet or activity, and signs of a worsening health condition. (For more information on this topic, see the Promoting Health for Children and Youth With Special Health Care Needs theme.)

Children from cultures other than the predominant one of their community may continue to struggle with individuality and assimilation. By ages 7 and 8 years, a child living in linguistically isolated households (defined by the Census Bureau as those in which no one >14 years speaks English at least "very well") may be taking on responsibilities beyond those typical for his age in dealing with family needs. He is required to be a bridge between

the family and unfamiliar school, neighborhood, or social services. For example, he may need to serve as an interpreter for adults in communicating with the school, with agencies, or on issues such as keeping the electricity on in the house. These are weighty tasks for a 7- or 8-year-old. The health care professional should ask about these situations and be mindful not to allow the child to be exploited and placed in circumstances for which he is not developmentally prepared. When possible, a certified medical interpreter should be responsible for interpreting medical, legal, and social interactions.

Health supervision visits with a child of 7 or 8 years of age provide an opportunity for the health care professional to talk directly with the child and build a trusting relationship with him. As the child continues to grow and develop, he will need to feel comfortable asking questions and discussing concerns with the health care professional if he is to begin to assume personal responsibility for his health.

The child is now cementing health habits, including those related to nutrition, physical activity, oral health, and safety. This visit provides an excellent opportunity to foster self-responsibility for positive health behaviors. The child needs to eat a variety of nutritious foods, participate in physical activities, brush his teeth twice a day, limit screen time, and make safety a priority by, for example, using a booster seat and seat belt when riding in a vehicle and by wearing a helmet when biking. Parents continue to be role models for their children in health behaviors. Many health care professionals will now note the importance of not smoking or drinking alcohol. For parents who do smoke, education about secondhand smoke, even from exposure on clothes, is important. Support for smoking cessation should be offered.

A discussion of the initiation of puberty and value of ongoing sexuality education within the family is appropriate at this age and developmental stage.



Puberty may have begun in some girls. Pubertal onset is marked by breast development and can occur as early as ages 7 and 8 years for girls.

Children this age are still naive when it comes to the digital world. They may have little understanding of how the online world works, even if virtual worlds and massively multiplayer online games are common online hangouts with friends. Children this age still need parental supervision and monitoring to ensure that they are not exposed to inappropriate materials. Parents should use Internet safety tools and filtering software to limit access to content, Web sites, and activities. Parents should be present to help their children navigate outside the filters for homework assignment when necessary. Education must be given concerning the risks of sharing personal information and talking with strangers over the Internet.

# Priorities for the 7 and 8 Year Visits

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

In addition, the Bright Futures Middle Childhood Expert Panel has given priority to the following topics for discussion in the 7 and 8 Year Visits:

- ▶ Social determinants of health<sup>a</sup> (risks [neighborhood and family violence, food security, family substance use, harm from the Internet], strengths and protective factors [emotional security and self-esteem, connectedness with family and peers])
- ▶ Development and mental health (independence, rules and consequences, temper problems and conflict resolution; puberty and pubertal development)
- School (adaptation to school, school problems [behavior or learning issues], school performance and progress, school attendance, Individualized Education Plan or special education services, involvement in school activities and after-school programs)
- ▶ Physical growth and development (oral health [regular visits with dentist, daily brushing and flossing, adequate fluoride, avoidance of sugar-sweetened beverages and snacks], nutrition [healthy weight, adequate calcium and vitamin D intake, limiting added sugars intake], physical activity [60 minutes of physical activity a day, screen time])
- Safety (car safety, safety during physical activity, water safety, sun protection, harm from adults, firearm safety)

<sup>&</sup>lt;sup>a</sup> 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 conducting history taking, developmental surveillance, and 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 for the Parent**

- Tell me something your child does that makes you proud.
- What are your concerns about your child's behavioral, physical well-being, or special health care needs?
- Do you have any concerns about your child's development or learning? How is your child enjoying school? What concerns do you have about his social or academic experience? Are you concerned about your child's friendships? Bullying?
- Please share any concerns you may have about your child's mood or behavior (eg, attention, hitting, temper, worries, not participating in play with others, irritability, mood, or activity level)?

#### **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, such as 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.

#### **Questions for the Child**

- What would you like to discuss about your health today?
- Tell me something you're really good at.



# **Surveillance of Development**

As children move into the second and third grades, issues of inattention, hyperactivity, and impulsiveness can interfere with the learning of complex concepts as well as with fitting into most school environments. Aggressive and oppositional behaviors may become maladaptive behaviors rather than behaviors of adjustment to the expectations and demands of school. Demanding learning tasks may reveal learning disabilities.

School performance deficits are assessed in light of the child's previous developmental and social history. Sorting among the issues created by parent and cultural expectations and the "goodness of fit" of the child with teacher and school expectations is challenging, but of critical importance to the child's well-being. School failure has significant negative effect on a child's self-esteem and confidence. Therefore, the nature of problems revealed in excessive absences, truancy, or poor school performance needs to be identified as soon as possible. Assessments may include sensory screening, psychosocial screening, and referrals for the assessment and diagnosis of learning disabilities and mental disorders so that appropriate treatments can begin.

For children with special health care needs and for children receiving supplemental or special education services, a review of services with parents is appropriate. It is helpful for parents to provide a copy of their child's IEP or Section 504 Plan for discussion. Review these documents carefully for accurate attention to medical comorbidities, appropriate accommodations for the child's special needs, and for comprehensive approaches to learning.

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

#### A 7- or 8-year-old

- Demonstrates social and emotional competence (including self-regulation)
- Engages in healthy nutrition and physical activity behaviors
- Forms caring, supportive relationships with family members, other adults, and peers

# **Review of Systems**

The Bright Futures Middle 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 any problems with

- Regular or frequent headaches or dizziness
- Eyes or vision
- Ears or hearing
- Nose or throat
- Breathing problems or pains in chest
- Belly aches or pains, throwing up, problems with urine or bowel movements
- Rashes, sunburns
- Muscle aches, injury, or other problems



### **Observation of Parent-Child Interaction**

- Do the parent and child speak to one another respectfully?
- Does the parent seem to be supportive of the child?
- Does the parent allow the child to talk with the health care professional and not interrupt?
- Do both the parent and the child ask questions?
- Does the parent engage the child in an age-appropriate manner?

# **Physical Examination**

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

Respect the child's privacy by using appropriate draping during the examination. Ask siblings to wait in the waiting room, if possible.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination of importance to the child at 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
- Mouth
  - Observe for caries, gingivitis, and malocclusion.
- Breasts and genitalia
  - Assess for sexual maturity rating.
- Musculoskeletal
  - Observe hip, knee, and ankle function and gait.



# Screening—7 Year

Universal Screening	Action	
None		
Selective Screening	Risk Assessment <sup>a</sup>	Action if Risk Assessment Positive (+)
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Hearing	+ on risk screening questions	Audiometry
Oral Health	Primary water source is deficient in fluoride.	Oral fluoride supplementation
Tuberculosis	+ on risk screening questions	Tuberculin skin test
Vision	+ on risk screening questions	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

<sup>&</sup>lt;sup>a</sup> See the *Evidence and Rationale chapter* for the criteria on which risk screening questions are based.

# Screening—8 Year

Universal Screening	Action	
Hearing	Audiometry	
Vision	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters	
Selective Screening	Risk Assessment <sup>a</sup>	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
Oral Health	Primary water source is deficient in fluoride.	Oral fluoride supplementation
Tuberculosis	+ on risk screening questions	Tuberculin skin test

<sup>&</sup>lt;sup>a</sup> 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



The following sample questions, which address the Bright Futures Middle 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:** Neighborhood and family violence (bullying, fighting), food security, family substance use (tobacco, e-cigarettes, alcohol, drugs), harm from the Internet

**Strengths and protective factors:** Emotional security and self-esteem, connectedness with family and peers

# Risks: Neighborhood and Family Violence (Bullying, Fighting)

Children in families that are affected by poverty, neighborhood violence, or family violence are dealing with a level of stress that affects their current and future health. For example, families in difficult living situations may have concerns about their ability to provide a safe environment for their child.

Questions on this topic can be sensitive. The health care professional can identify these issues in a supportive and non-blaming way and help the parents formulate steps toward solutions. A referral to community resources or federal assistance programs may be a useful first step.

Fighting and bullying can occur in school and neighborhood settings. These behaviors may indicate the presence of conduct disorders in bullies or may co-occur with problems of depression or anxiety in both bullies and children who are bullied. (For more information on this topic, see the Bullying section of the Promoting Mental Health theme.) Family violence includes physical attacks and sexual coercion. Children can benefit from a discussion of safety in all these aspects.

#### **Sample Questions**

Are there frequent reports of violence in your community or school? Is your child involved in that violence? Do you think she is safe in the neighborhood? Has your child ever been injured in a fight? Has she been bullied or hit by others? Has your child demonstrated bullying or aggression toward others? Have you talked to her about violence and how to be safe?



#### Ask the Child

Have you ever been involved with a group who did things that could have gotten them into trouble? What do you do when someone tries to pick a fight with you? What do you do when you are angry? Have you been in a physical fight in the past 6 months? Do you know anyone in a gang? Have you ever been touched in a way that made you feel uncomfortable or that was unwelcome? Have you ever been touched on your private parts against your wish or without your permission?

#### **Anticipatory Guidance**

- Teach your child nonviolent conflict-resolution techniques.
- Talk to your child about your family's expectations for time with friends.
- Make sure your child knows she can call you if she ever needs help. Be prepared to step in and help if needed.

#### For the Child

- Talk to your parent, another trusted adult (such as a teacher), or me if anyone bullies, stalks, or abuses you or makes you feel unsafe. If you see another child being bullied, tell an adult.
- Learn to manage conflict nonviolently. Walk away if you can.

# **Risks: Food Security**

The need for adequate calories and nutritious food choices during this period of steady growth and development and increasingly independent food decision-making makes food security a critical issue in middle childhood. If the family is having difficulty obtaining nutritious food, provide information about SNAP, the Commodity Supplemental Food Program, local food shelves, and local community food programs.

#### **Sample Questions**

Within the past 12 months, did you worry that your food would run out before you got money to buy more? In the past 12 months, did the food you bought just not last and you didn't have money to buy more?

#### **Anticipatory Guidance**

 Programs and resources are available to help you and your family. You may be eligible for food and nutrition assistance through programs like SNAP, which used to be called Food Stamps. Food banks, food pantries, and community food programs can also help.



## Risks: Family Substance Use (Tobacco, E-cigarettes, Alcohol, Drugs)

Exposure to tobacco smoke remains an important environmental risk. Encourage parents to keep their home and vehicles smoke-free, as well as free of vapor from e-cigarettes. Becoming familiar with community and online resources for quitting smoking allows health care professionals to refer parents who are interested in quitting.

Worrying about a family member with a substance use or mental health problem also may be a source of significant stress.

## **Sample Questions**

Does anyone who lives with your child smoke or use e-cigarettes? Does anyone smoke or use e-cigarettes in your home or vehicle? If so, who? Is there anyone in your child's life whose alcohol or drug use concerns you?

## **Anticipatory Guidance**

- Exposure to secondhand smoke greatly increases the risk of heart and lung diseases in your child. For your health and your child's health, please stop smoking if you are a smoker, and insist that others not smoke around your child.
- Exposure to vapor from e-cigarettes also may be harmful. For your child's health, please don't use e-cigarettes around your child, especially indoors or inside cars.
- It's not always possible, but when you can, avoid spending time in places where people are smoking cigarettes or using e-cigarettes.
- If you are ever interested in quitting smoking, please talk to me. 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. I can also refer you to local or online resources.
- If you are worried about any family members' drug or alcohol use problems, you can talk with me.

#### For the Child

Don't try cigarettes or e-cigarettes. They are bad for your lungs and heart, and your skin and teeth.
 Walk away from kids who offer you cigarettes, e-cigarettes, alcohol, or drugs.

## **Risks: Harm From the Internet**

Internet safety is similar to neighborhood safety. Younger children never play outside unsupervised or leave the yard. More mature children will be allowed to go to known safe places like a playground, but are not allowed to wander into inappropriate or unsafe areas. Internet use should parallel safe play outdoors. Younger children should only be online supervised, and, with increasing maturity, limited browsing can be permitted. Information about safe Internet use can be found at www.HealthyChildren.org.

## **Sample Questions**

How much do you know about your child's Internet use? For example, what sites is she visiting, what games is she playing, who is she talking to, and how much time is she spending on the computer? Do you have rules for the Internet? Have you installed an Internet filter?

## Ask the Child

What would you do if you came to an Internet site that you thought wasn't a good idea or that scared you?



## **Anticipatory Guidance**

- Your family computer should be in a place where you can easily observe your child's use.
- Check the Internet history regularly to be sure you approve of your child's Internet choices.
- Just as you monitor your child's activity in the neighborhood and community, it is important to be aware of her Internet use. A safety filter allows some parental supervision.

#### For the Child

- It is important to go online only when your parents say it's OK. Never go to Internet sites unless you know they are good choices.
- Never chat online unless you tell your parents. No one should ever make you feel scared online.
- Do not give your personal information, like your full name or address or phone number on a Web site unless your parents say it is OK.

## **Strengths and Protective Factors: Emotional Security and Self-esteem**

Identifying strengths and providing feedback to families about what they are doing well helps provide a comprehensive and balanced view of the child's health and well-being. For families living in difficult circumstances, such strengths may help protect the child from, or reduce the degree of, negative health outcomes. Parents need to know that they can positively influence the healthy development of their child no matter what difficulties or problems exist. Anticipatory guidance provides parents with ideas about how to give their child opportunities to become good at things, to begin to make independent decisions, to have social connections, and to do things for others.

Parents can help make their child feel secure by giving hugs, participating in activities together, and listening without interrupting during family discussions. Children with warm, nurturing parents are more likely to have high self-esteem. Hypercritical parents who have unrealistically high expectations, and uninvolved parents who do not encourage their children to achieve and to try new experiences, can damage their child's self-esteem. Protective factors for any child include having at least one supportive adult in their life.

Self-esteem is a key feature of a fulfilling life and has an enormous influence on mental health. Children develop a positive sense of self if they think they are making a contribution. Words of encouragement are important and provide energizing motivation. Help parents think about how they can encourage their child to be responsible by modeling responsibility themselves, keeping promises, showing up on time, and completing tasks on time.

## **Sample Questions**

How happy is your child? Do you feel your child has good self-confidence?

## **Ask the Child**

Tell me about some of the things you are good at doing. What are some of the things that make you happy?

- Encourage competence, independence, and self-responsibility in all areas by not doing everything for your child, but by helping her do things well herself, and by supporting her in helping others.
- Show affection and pride in your child's special strengths and use appropriate praise liberally.



## **Strengths and Protective Factors: Connectedness With Family and Peers**

One of the most important protective factors and a component of healthy development is the ability to form caring and supportive relationships with family, other adults, and peers. At home, this involves a relationship characterized by warm supportive interactions with parents and guardians combined with clear expectations and an opportunity for children to begin to gain the skills necessary for independent decision-making. Children this age also can benefit from feeling they can contribute to planning family activities and helping out when needed. Children are more likely to make healthy choices if they stay connected with family members and if clear rules and limits are set.

## **Sample Questions**

How are you getting along as a family? What do you do together? What responsibilities does your child have at home? What are your expectations?

## Ask the Child

How do you get along with your family? What do you like to do together?

## **Anticipatory Guidance**

- Spend time with your child. Express willingness for questions and discussion. Develop a pattern of communication and support her as an independent person. Make time every day, such as at mealtimes, bedtime, drive time, or check-in time, to talk about lots of things.
- Discuss your child's responsibilities in the family and how they change with age.
- Clearly communicate rules and expectations.
- Get to know your child's friends.

#### For the Child

Spend time with family members. Help out at home.



## **Priority**

## **Development and Mental Health**

Independence, rules and consequences, temper problems and conflict resolution; puberty and pubertal development

## Independence, Rules and Consequences, Temper Problems and Conflict Resolution

Healthy development includes progress in emotional and relational domains. Self-regulation is an important task to master. Children this age now learn to handle frustration and express emotions appropriately. Parents can help by setting reasonable limits (or reasonable consequences for not following family rules), providing opportunities for their child to share his worries and concerns and listening to his ideas about possible solutions. Having appropriate responsibilities at home builds a sense of competence as well. Parents are the most important role models in these critical areas.

## **Sample Questions**

What are your child's favorite activities? What concerns and worries has your child shared with you? What types of discipline do you use most often? Does it work? What responsibilities does your child have at home, such as helping care for younger siblings, helping prepare meals together, or raking an elderly neighbor's leaves? What are the consequences if he does not carry out his responsibilities? Are tantrums a frequent problem for your child? How does he deal with frustration? Is he kind? Is he honest?

## **Ask the Child**

What new things have you tried in the past year? Do you think your family rules are fair? Tell me the last really fun thing you did. How are you sleeping? Do you have any worries? Who do you usually talk to about your worries and things that made you mad?

- Establish family expectations and reasonable consequences for not following family rules.
- Provide opportunities for your child to share his worries and concerns. If you are concerned that
  these worries and concerns are interfering with your child's ability to function well, please talk with
  me about it.
- Help your child begin to solve problems by asking for his ideas.
- Having appropriate responsibilities at home builds a sense of competence.
- Encourage competence, independence, and self-responsibility in all areas by not doing everything for your child, but by helping him do things well himself, and by supporting him in helping others.
- Be a positive role model for your child in terms of activities, values, attitudes, and morality.
- Do not hit, shake, or spank your child or permit others to do so. Instead, talk with your child about establishing reasonable consequences for breaking the rules, and follow through with the agreed-upon consequences each time a rule is broken.



• If you live in an area where corporal punishment is allowed in schools, you have the right to say that your child may not be spanked and that you should be consulted anytime the school might use spanking.

#### For the Child

- Everyone has worries. The best way to deal with these feelings is to talk with someone who listens well and who will help you learn how to deal with them in good ways. Often, just talking about worries helps them go away, but if they don't, let your parents, me, or another adult you trust know so that we can help you with your worries.
- Everyone has things that make them mad. These feelings don't feel good. It is OK to have them, but when you're mad, it's not OK to hurt yourself or someone else or to break or damage something. The best way to deal with angry feelings is to talk with someone who listens well and who will help you learn how to deal with these feelings in good ways.

## **Puberty and Pubertal Development**

Puberty includes dramatic changes in physical, emotional, and cognitive aspects of development.

Parents from various cultural and religious backgrounds may differ in their opinions about puberty. Explore their beliefs and respect them, while also explaining that their child's curiosity about this issue is normal.

## **Sample Question**

What have you told your child about how to care for his changing body?

#### Ask the Child

Do you know what puberty is? Has anyone discussed with you how your body will change during the time called puberty?

## **Anticipatory Guidance**

• Answer questions simply and honestly at a level appropriate to your child's understanding. If your child receives family life education at school or in the community, discuss the information with him.

- Lots of changes happen to you and your body during puberty, and some of those changes can be surprising or hard to figure out. It's always OK to ask your parent or another adult you trust if you have any concerns or worries.
- Even embarrassing questions can be important ones. It's OK to talk about your body's development.



## **Priority**

#### **School**

Adaptation to school, school problems (behavior or learning issues), school performance and progress, school attendance, Individualized Education Program or special education services, involvement in school activities and after-school programs

# Adaption to School, School Problems (Behavior or Learning Issues), School Performance and Progress, School Attendance, Individualized Education Program or Special Education Services, Involvement in School Activities and After-school Programs

School is a regular part of the daily activities for the child at 7 and 8 years of age. Most waking hours are now spent at school and in extracurricular activities. Children this age display behaviors necessary for learning, such as cooperation and attention. After-school activities, such as scouts, team sports, and the arts, are some of the possible opportunities for engaging children in school and community activities. These should be balanced with adequate unstructured time for children to play and explore.

## **Sample Questions**

How is your child doing in school? Is she enjoying school? What types of activities is your child doing after school? What concerns do you have about your child's school experience? Has she had many absences? Does she receive any special educational services such as an IEP, a Section 504 Plan, or other special services at school?

## **Ask the Child**

What do you like best about school? Tell me about your friends at school. What are your favorite activities to do after school?

- A child who arrives at school fed and rested is healthy and ready to learn. Help your child have a healthy breakfast every morning before school, and establish bedtime routines on school nights so that she gets at least 10 to 11 hours of sleep.
- Academic or learning difficulties can become evident in children this age. If your child is not doing well in school, talk with her teacher about possible reasons and what can be done to identify and address the problem. If you have any concerns about her vision, hearing, attention, or other stresses that may be bothering her, let's talk about them.
- If your child is anxious about going to school, talk with her about her worries. Try to obtain a complete picture of what is happening, and when and where. Consider the possibility that she is being bullied by another child. Contact your child's teacher and the principal to seek their assistance.



- If your child has special health care needs, maintain an active role in the IEP process. Bring a copy of the IEP to each visit here with me.
- After-school activities, such as sports teams, social activities, clubs, and extracurricular activities, place increased demands on children's time. Try not to overschedule your child with too many extracurricular activities. Children need unstructured time as well as structured activities.



## **Priority**

## **Physical Growth and Development**

Oral health (regular visits with dentist, daily brushing and flossing, adequate fluoride, avoidance of sugar-sweetened beverages and snacks), nutrition (healthy weight, adequate calcium and vitamin D intake, limiting added sugars intake), physical activity (60 minutes of physical activity a day, screen time)

# Oral Health (Regular Visits With Dentist, Daily Brushing and Flossing, Adequate Fluoride, Avoidance of Sugar-Sweetened Beverages and Snacks)

By ages 7 and 8 years, a child already should have an established dental home with regularly scheduled visits with his dentist at least twice each year. He also should receive a fluoride supplement if the fluoride level in community water supplies (at home and at school) is low. Assure parents that fluoride is safe and effective at preventing tooth decay. If the child plays contact sports, he should wear protective mouth guards as appropriate.

## **Sample Questions**

How many times a day does your child brush his teeth? Does he floss once a day? Do you help your child brush and floss his teeth? How often does your child see the dentist? Does he take a fluoride supplement pill? Does your child consume sugar-sweetened snacks and drinks? Does your child wear a mouth guard when playing contact sports?

#### Ask the Child

Do you brush and floss your teeth every day? How many times? Do you always wear a mouth guard when you play contact sports?

## **Anticipatory Guidance**

- Your child already should be seeing a dentist regularly. This is called having a dental home. If your child does not have a dental home, we can help you find one.
- Be sure that your child brushes his teeth for 2 minutes, twice a day, with a pea-sized amount of fluoridated toothpaste, and flosses once a day. Make this task enjoyable. Take turns. Allow him to brush and floss his own teeth first and then you take a turn to get his teeth thoroughly brushed and flossed.
- Every child needs fluoride supplementation. If your community water system is not fluoridated, he will need a supplement.
- Limit your child's consumption of sweetened drinks and snacks. Prolonged contact with the teeth can increase the chance of the teeth getting cavities.

- To protect your teeth from getting cavities, it is important to brush your teeth for at least 2 minutes, twice a day, and to floss at least once a day.
- If you are playing contact sports, always wear a mouth guard to protect your teeth.



# Nutrition (Healthy Weight, Adequate Calcium and Vitamin D Intake, Limiting Added Sugars Intake)

Discuss healthy weight by using the BMI chart to show a child and his parents how his height and weight compare to those of other children of the same sex and age. If the child's BMI is greater than the 85th percentile, it is appropriate to begin more in-depth counseling on nutritious food choices and physical activity.

Counsel all families about appropriate food choices to promote nutritional adequacy and reinforce positive nutrition habits. Ensuring sufficient calcium and vitamin D intake can be a particular concern, especially if the child does not consume dairy products. Supplementation with these nutrients can be considered. Fortified orange juice typically has calcium and vitamin D. Soy milk generally has both, but that is not always true for other products marketed as "milks" (eg, almond, rice, coconut, hemp). Families should be encouraged to check the package label to be sure. Not all yogurt has vitamin D.

Guidance or a referral is appropriate if the family needs nutrition help because of cultural, religious, or financial reasons. For children with special health care needs, ensure that nutrition and physical activity are incorporated into the IEP.

## **Sample Questions**

What do you think of your child's weight and growth over the past year? What concerns, if any, do you have about your child's eating, such as getting him to drink enough milk and eat vegetables and fruits? How often does he drink sweetened beverages, such as soda, sport drinks, or juice drinks? How often does he drink or eat dairy foods, such as milk, cheese, or yogurt? How often do you eat together as a family?

#### Ask the Child

How many sweetened beverages do you drink each day? Do you drink milk? How many times a week do you eat breakfast? What vegetables and fruits do you eat?

- Choose healthy eating behaviors.
  - Every day, give your child a healthy breakfast. Research shows that eating breakfast helps children learn and behave better at school.
  - Help your child recognize and respond to hunger and fullness cues.
  - Eat together as a family. Make mealtimes pleasant and companionable; encourage conversation and turn off the TV.
  - Be a role model for your child with your own healthy eating behaviors.
- Make nutritious foods and drinks the usual options at home for meals and snacks. These include vegetables; fruits; whole grains; lean protein, such as meat, fish, poultry, eggs, legumes, nuts and seeds; and low-fat and nonfat dairy products.
- Limit foods and drinks that are high in calories, saturated fat, salt, added sugars, and refined grains, and low in nutrients. These include ice cream, baked goods, salty snacks, fast foods, pizzas, and soda and other sweetened beverages.
- Limit juice to 4 to 6 oz of 100% fruit juice each day.



• Make sure your child gets dairy foods and calcium- and vitamin D-containing foods and beverages each day. Children aged 4 to 8 years need 12 to 16 oz of low-fat or fat-free milk each day plus an additional serving of low-fat yogurt and cheese. If your child doesn't drink milk or consume other dairy products, then let's talk about alternatives. These can include foods and beverages that are fortified with calcium and vitamin D (like some orange juices and cereals).

#### For the Child

- Eating healthy foods is important to helping you do well in school and being physically active.
- Pay attention to what your body tells you. Eat when you feel hungry and stop eating when you feel satisfied.
- Dairy foods are important for strong bones and teeth. Be sure to drink at least 3 glasses of milk each day. You can also eat yogurt instead of drinking milk.

## Physical Activity (60 Minutes of Physical Activity a Day, Screen Time)

All children should be able to participate in some type of physical activity daily. Current recommendations state that children should be physically active for at least 60 minutes a day. Encourage parents of a child with special health care needs to allow him to participate in regular physical activity or cardiovascular fitness within the limits of his medical, developmental, or physical condition.

Emphasize the importance of safety equipment when the child participates in physical activity.

This is the age when children may become involved in organized sports. Encourage parents to check out programs before enrolling their children (eg, rules about all children playing, coaching training/certification). Children who do not participate in organized sports should still be encouraged to find individual ways to be physically active (eg, dancing, skating, biking).

The time a child is using media or the Internet is time he is not being physically active. Counsel regarding media time expenditure and Internet safety.

## **Sample Questions**

How much physical activity does your child get every day? How much recreational screen time does your child spend each weekday? How about on weekends? Does your child have a TV or Internet-connected device in his bedroom? Is your child involved in a sports program? What is your child's usual bedtime on school nights and on nonschool nights? Does your child have trouble going to sleep or does he wake up during the night?

## **Ask the Child**

How often are you physically active outside of school? How much time each day do you spend watching TV or playing on the computer or with other devices that are connected to the Internet?



## **Anticipatory Guidance**

- Encourage your child to be physically active for at least 60 minutes total every day. It doesn't have to be all at once. Find physical activities that your family enjoys. Include physical activity in your daily lives.
- Do not allow your child to sleep with any electronic device in his bedroom, including phones or tablets.
- In order to balance your child's needs for physical activity, sleep, school activities, and unplugged time, consider making a family media use plan to balance these important health behaviors and media use time in your child's day. The family media use plan is an online tool that you and your child can fill out together. The tool prompts you and your child to enter daily health priorities such as an hour for physical activity, 8 to 11 hours of sleep, time for homework and school activities, and unplugged time each day for time with family and independently. You and your child can then view the time left over and decide on rules around daily screen time for your child. The AAP has information on making a plan at www.HealthyChildren.org/MediaUsePlan.
- 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. Construct it so that it suits your families' media needs, but also helps you preserve face-to-face time during family routines such as meals, playtime, and bedtime. Times or locations in the house can be designated as media-free.
- Children this age can learn reading, science, and math skills from computers, and may be using computers and other Internet-connected media in school. However, they need other experiences such as unstructured play alone and with peers, time outdoors, physical activity, and hands-on learning. These kinds of activities help them develop all parts of their brain, including more complicated skills such as executive functioning and social skills.
- Children learn more from educational media when you watch a show or use an app with them and talk about it afterwards.
- Supervise your child's Internet use so that you can teach him how to use it safely and how to avoid inappropriate content.
- If your child is using media excessively, find out why. Is he having trouble with peer relationships or social skills? Some children seek solitary activities if they are struggling with friendships. Encourage your child to find activities that interest him, or seek help through the school.
- Getting enough sleep every night is important for your child's health. Using media before bedtime to get to sleep actually leads to worse sleep habits, less sleep, and school problems. Suggest a quiet bedtime routine or reading in bed instead.

- It's a good idea to be physically active several times every day.
- Turn off your TV and video games. Get up and play instead.
- Don't eat in front of a screen.



## **Priority**

## **Safety**

Car safety, safety during physical activity, water safety, sun protection, harm from adults, firearm safety

## **Car Safety**

Remind parents of the ongoing importance of automobile and bicycle safety. Children should use belt-positioning booster seats until the seat belt fits well. This means that the lap belt lies low across the hips and upper thighs, the shoulder belt lies across the middle of the chest and shoulder, and the child is tall enough to sit all the way back with knees bent comfortably at the edge of the seat without slouching forward. This usually happens when the child is between the ages of 8 and 12 years and about 4 feet 9 inches tall. The back seat is the safest place for children to ride until age 13 years. Stress the need for parental modeling of safe behaviors by wearing their own seat belts.

## **Sample Questions**

Does everyone in the family always wear a seat belt?

#### Ask the Child

What type of seat do you sit in when you are in the car? Do you sit in the back seat every time you ride in the car? Do you always wear your seat belt?

## **Anticipatory Guidance**

- Continue to use a belt-positioning booster seat with the lap and shoulder safety belt until the lap/ shoulder belt fits. This means the lap belt can be worn low and flat across the hips and upper thighs, the shoulder belt can be worn across the shoulder rather than the face or neck, and your child can bend at the knees while sitting against the vehicle seat back. This usually happens when your child is between the ages of 8 and 12 years and at about 4 feet 9 inches tall.
- The back seat is the safest place for children younger than 13 years to ride.

## For the Child

Always sit up and stay buckled in your booster seat and ride in the back seat of the car because that is where you are safest.

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

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



## **Safety During Physical Activity**

Reinforce the importance of safety in sports and other physical activities, emphasizing the need for wearing protective gear (eg, helmet, mouth guard, eye protection, and knee and elbow pads).

Children and adolescents younger than 16 years should not drive or ride an all-terrain vehicle.

## **Sample Questions**

Do you enforce the use of helmets? Do you always wear helmets yourself?

#### Ask the Child

Do you always wear a helmet when biking, skating, or doing other outdoor activities?

## **Anticipatory Guidance**

- Make sure your child always wears a helmet while riding a bike. Now is the time to teach your child "rules of the road." Be sure she knows the rules and can use them.
- Watch your child ride her bike. See if she is in control of the bike. See if your child uses good judgment. Your 8-year-old is not old enough to ride at dusk or after dark. Make sure your child brings in the bike when the sun starts to set.
- Make sure your child also always wears a helmet and other protective equipment when skating, riding a scooter, or doing other outdoor activities.

## For the Child

Being active is good for you, but being safe while being active is just as important. One of the best ways to protect yourself is to wear the right safety equipment, especially a helmet, when you are biking, skating, or doing other outdoor activities.

## **Water Safety**

Drowning is a leading cause of death in this age group. An adult should actively supervise whenever children are in or near water. Swimming is a skill that everyone needs; children should at least learn basic water survival skills.

## **Sample Questions**

Does your child know how to swim?

## Ask the Child

Do you know how to swim? What rules do your parents have about swimming?

- Teach your child to swim. Knowing how to swim does not make children drown-proof, so, even if your child knows how to swim, never let her swim alone.
- Do not let your child play around any water (lake, stream, pool, or ocean) unless an adult is watching.
   NEVER let your child swim in any fast-moving water.
- Teach your child to never dive into water unless an adult has already checked the depth of the water.



- When on any boat or other watercraft, be sure your child is wearing an appropriately fitting, US Coast Guard–approved life jacket. Children are more likely to wear a life jacket if adults are wearing them as well. Be a role model; wear your life jacket, too.
- Be sure that swimming pools in your community, apartment complex, or home have a 4-sided fence with a self-closing, self-latching gate.

#### For the Child

- Swimming lessons are an important way to become comfortable in the water. Ask your parents about learning to swim.
- Never swim without an adult around.

## **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? Do you limit outside time during the middle of the day, when the sun is strongest?

#### Ask the Child

Do you always use sunscreen?

## **Anticipatory Guidance**

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

- Always wear sunscreen and a hat when you are outside.
- Try not to be outside in the sun too long between 11:00 am and 3:00 pm, when it is really easy to get a sunburn.



## **Harm From Adults**

As children now spend more time with other children and families, parents must help their children develop safe play habits. Play should be supervised by a responsible adult aware of children's activities and available in case of problems.

Parents should discuss personal safety in a manner that is informative and empowering without provoking unnecessary anxiety. Child sexual abuse prevention requires that children have knowledge and ageappropriate skills to keep themselves safe.

## **Sample Questions**

Do you know your child's friends? Their families? Does your child know how to get help in an emergency if you are not present? Does your child have a backup plan if you are not home when she gets there after school? Have you discussed with your child ways to prevent sexual abuse?

#### Ask the Child

Do you know what to do if you get home and Mom or Dad is not there? What would you do if you felt unsafe at a friend's house? What would you do if a grown-up made you scared? Who could you tell? Who would help you? Has anyone ever touched you in a way that made you feel uncomfortable? Has anyone ever tried to harm you physically?

## **Anticipatory Guidance**

- Teach your child that the safety rules at home apply at other homes as well.
- Be sure that your child is supervised in a safe environment before and after school and at times when school is out.
- Anticipate providing less direct supervision as your child demonstrates more maturity.
- Be sure your child understands safety rules for the home, including emergency phone numbers, and that she knows what to do in case of a fire or other emergency. Teach your child how to dial 911.
- Help your child to understand it is always OK to ask to come home or call you if she is not comfortable at someone else's house.
- Teach your child that it is never OK for an adult to tell a child to keep secrets from parents, to express interest in private parts, or to ask a child for help with his or her private parts.

- Don't open the door to anyone you don't know. It's best not to have friends over unless your parents give you permission for them to be there.
- Be sure you play safe wherever you play. Every family should have the same safety rules.
- It's always OK to ask a grown-up for help if you are scared or worried. And it's OK to ask to go home and be with your Mom or Dad.
- We call the parts of your body that are usually under a bathing suit "privates" because we keep them covered and because you are the only one in charge of them. That is why I asked your permission before I checked your privates.



• It is never OK for an older child or an adult to show you his or her private parts, to ask you to show your privates, to touch you there, to scare you, or to ask you not to tell your parents about what he or she did with you. Always get away from the person as quickly as possible and tell your parent or another adult right away.

## **Firearm Safety**

Discuss firearm safety in the home and the danger of firearms to family members and children. Homicide and completed suicide are more common in homes in which firearms are kept. The evidence is clear that the safest home for children is one without firearms. If it is necessary to keep a firearm, it should be stored unloaded and locked, with the ammunition locked separately from the firearm.

Children this age are curious. Because firearms can lead to serious injury or death, parents cannot rely on their own children, no matter how well-behaved or well taught they are, to avoid handling a weapon that they find. At this age, children still lack the maturity or cognitive capacity to reliably follow advice concerning firearms.

## **Sample Questions**

If there is a firearm in your home, is it unloaded and locked up? Where is the ammunition stored? Have you considered not owning a firearm because it poses a danger to children and other family members?

## **Ask the Child**

What would you do if you saw a firearm?

## **Anticipatory Guidance**

- 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. Keep the key where children cannot have access.
- Remember that children simply do not understand how dangerous firearms can be, despite your warnings.

## For the Child

 Adults are supposed to keep their firearms away from children. If you see a firearm that is unlocked, don't touch it, but do tell your parent right away.

## Middle Childhood 9 and 10 Year Visits

## Context

By ages 9 to 10 years, puberty may have begun in some children. Pubertal onset is marked by breast development at about ages 7 and 8 years for girls, and by testicular enlargement at about age 9 and 10 for boys. These changes are accompanied by a growth spurt. Individual differences are noted with pubertal onset. This is an opportunity for the health care professional to learn about family and cultural beliefs about puberty and about how the family's cultural and religious values will guide the discussion of sexuality and the physical changes of puberty.

By this age, the child has become a member of a peer group. Most of her friends are the same gender, and these friends have assumed great importance in her life. The child's growing independence from the family is now more apparent.

Parents can acknowledge the child's desire for independence by offering her opportunities to earn privileges by demonstrating her responsibility (eg, parents may identify appropriate chores, while allowing the child to decide when to complete them and the consequences if the chores are not completed). The value placed on independence and how it is defined is determined by culture, the economic realities of the family, and the safety of the general environment. In some families, conflict arises if the parents misinterpret this normal realignment of allegiance toward peers as a rejection of family values, past support, and guidance.

Supporting and enhancing the child's self-esteem and self-confidence are critical during this period, and enhance resiliency. Children who feel good about themselves are better equipped to withstand negative peer pressure than children who have a lot of self-doubt. Families need to spend time with their child, talking with her, showing affection, and praising her efforts and accomplishments. Parents or caregivers who are depressed and feel alienated and unaccepted may have difficulty providing such emotional support. The health care professional can help by identifying the child's strengths and promoting communication between the child and her family. In some cultures, it is deemed inappropriate to praise children, and parents will have alternative approaches to enhance their child's sense of competence and self-esteem. It is important to have this discussion with parents in the context of the family's culture.

School performance indicates the child's accomplishments across all developmental domains (social and emotional, communicative, cognitive, and physical). Inquire about school success. It may be of value to review the child's most recent report card. Increasing requirements for autonomy and self-motivation may lead to academic deterioration for children who functioned well with supervised and structured academic tasks. The health care professional can explore whether the child is having any academic or social problems, whether she gets along with teachers and peers, and whether she is participating in extracurricular activities or clubs. At this age, many children become involved in a variety of outside activities, including sports, music, scouting, and community or faith-based activities. A child can easily become overscheduled,



and parents need to balance enriching activities with sufficient downtime and family time.

Children 9 and 10 years of age are technologically savvy. Smart phones, tablets, computers, video games, e-mail, texting, and social media are part of their daily lives. However, children this age still need supervision, and parents must be clear that use of these devices will be monitored and that they will be checking for inappropriate pictures and texts. Parents should discuss Internet safety, responsibilities, and rules of the cyberworld with their child. Parents should use Internet safety tools to limit access to undesirable content, Web sites, and activities. In addition, parents should balance computer and media time with active time. Children need to be physically active throughout the day with limited sedentary time.

Injury prevention should be emphasized during this stage of development. The 9- or 10-year-old may begin to engage in dangerous risk-taking behaviors (eg, dares, drinking, smoking, inhaling, or gang involvement). If the peer group includes older children, the child may encounter pressure to perform acts and take risks for which she is not developmentally prepared. Some families do not recognize that these behaviors can start this young. Recognizing and discussing this possibility may help parents teach their children about dealing with peer pressure.

Parents need to know their children's friends and the friends' parents. For parents and caregivers with limited English proficiency, supervising their child in the broader community can be a challenge. Health care professionals can help provide connections to supports in the community that will enhance the parents' role. Children this age should still be in environments where appropriate adult supervision exists so as to limit opportunities for experimentation with cigarettes, e-cigarettes, alcohol and other drugs, and other developmentally inappropriate activities. The amount of unsupervised time and the incidence of drug use are directly related.

The health care professional may want to meet alone with the child or the child may want to meet alone with the health care professional. It may be most appropriate to give the child the choice. At this age, some children may feel a need to have a parent close by during the visit to help describe any individual or family concerns, while others may feel they are preteen-agers and should be seen without parental supervision. However, the health care professional may need the parents to verify and expand some of the child's answers. Cultural norms should be taken into account in making this decision.



## Priorities for the 9 and 10 Year Visits

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

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

- ▶ Social determinants of health<sup>a</sup> (risks [neighborhood and family violence, food security, family substance use, harm from the Internet], strengths and protective factors [emotional security and self-esteem, connectedness with family and peers])
- ▶ Development and mental health (temper problems, setting reasonable limits, friends; sexuality [pubertal onset, personal hygiene, initiation of growth spurt, menstruation and ejaculation, loss of baby fat and accretion of muscle, sexual safety])
- School (school attendance, school problems [behavior or learning], school performance and progress, transitions, co-occurrence of middle school and pubertal transitions)
- Physical growth and development (oral health [regular visits with dentist, daily brushing and flossing, adequate fluoride, avoidance of sugar-sweetened beverages and snacks], nutrition [healthy weight, disordered eating behaviors, importance of breakfast, limits on saturated fat and added sugars, healthy snacks], physical activity [60 minutes of physical activity a day, after-school activities])
- Safety (car safety, safety during physical activity, water safety, sun protection, knowing child's friends and their families, firearm safety)

<sup>&</sup>lt;sup>a</sup> 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 conducting history taking, developmental surveillance, and 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 for the Parent**

- Tell me something your child does that makes you proud.
- What concerns do you have about your child's physical well-being or special health care needs?
- Do you have any concerns about your child's development or learning?
- Do you have any concerns about your child's weight, eating behaviors, physical activity level, or sleep patterns?
- Tell me about any concerns you may have about your child's mood or behavior (eg, attention, hitting others, temper, worries, not having good friends, irritability, mood, or activity level)?

## **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, such as 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 they are no longer living, ask about their age at the time of death.

## **Social History**

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

## **Questions for the Child**

- What would you like to talk about today?
- Do you have any questions about your health? Your body? Or how your body is changing?
- Tell me something you're really good at.
- What do you do to help others?



## **Surveillance of Development**

School performance is a functional marker of a child's development and accomplishments across all developmental domains (social and emotional, communicative, cognitive, and physical). Increasing requirements for autonomy and self-motivation sometimes lead to academic deterioration for children who functioned well with supervised and structured academic tasks.

The child's intellectual abilities as well as learning problems become more apparent during this period of the child's development. Many learning problems become evident in the later elementary school years, as expectations for class performance increase. School failure, poor school attendance, or new struggles require investigation, as they frequently indicate an unrecognized learning disability, ADHD, or the effect of stressors, such as family dysfunction and divorce, bullying at school, or depression in the child or parent. Some children and parents also become apprehensive about the transition to middle school.

For children and youth with special health care needs and for children receiving supplemental or special education services, a review of services with parents is appropriate. It is helpful for parents to provide a copy of their child's IEP or Section 504 Plan for discussion. Review these documents carefully for accurate attention to medical comorbidities, appropriate accommodations for the child's special needs, and comprehensive approaches to learning. Also, review medications that may need to be administered during the school day, including psychotropic medications, and ensure completion of appropriate school forms.

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

## A 9- or 10-year-old

- Demonstrates social and emotional competence (including self-regulation)
- Engages in healthy nutrition and physical activity behaviors
- Uses independent decision-making skills (including problem-solving skills)
- Forms caring and supportive relationships with family members, other adults, and peers
- Displays a sense of self-confidence and hopefulness

## **Review of Systems**

The Bright Futures Middle 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 any problems with

- Regular or frequent headaches or dizziness
- Eyes or vision
- Ears or hearing
- Nose or throat
- Breathing problems or chest pains
- Belly aches or pains, throwing up, problems with urine or bowel movements
- Rashes, moles, birthmarks, or sunburns
- Muscle aches, injury, or other problems

## **For Girls**

Have you started your periods?



## **Observation of Parent-Child Interaction**

- Do both parent and child ask questions?
- Does the parent allow the child to communicate with you directly?
- Does the parent interfere with your interaction with the child?
- Does the parent dismiss the child? Is disrespectful of the child?

## **Physical Examination**

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

Respect the child's privacy by using appropriate draping during the examination. If possible, ask siblings to wait in the waiting room.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination of importance to the child at 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
- Skin
  - Signs of self-injury, such as cutting
- Breasts and genitalia
  - Assess for sexual maturity rating.
- Spine
  - Examine the back.



## Screening—9 Year

Universal Screening	Action		
<b>Dyslipidemia</b> (once between the 9 Year and 11 Year Visits)	Lipid profile		
Selective Screening	Risk Assessment <sup>a</sup>	Action if Risk Assessment (+)	
Anemia	+ on risk screening questions	Hematocrit or hemoglobin	
Hearing	+ on risk screening questions	Audiometry	
Oral Health	Primary water source is deficient in fluoride.	Oral fluoride supplementation	
Tuberculosis	+ on risk screening questions	Tuberculin skin test	
Vision	+ on risk screening questions	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters	

<sup>&</sup>lt;sup>a</sup> See the *Evidence and Rationale chapter* for the criteria on which risk screening questions are based.

## Screening—10 Year

Universal Screening	Action		
<b>Dyslipidemia</b> (once between the 9 Year and 11 Year Visits)	Lipid profile		
Hearing	Audiometry		
Vision	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters		
Selective Screening	Risk Assessment <sup>a</sup>	Action if Risk Assessment Positive (+)	
Anemia	+ on risk screening questions	Hematocrit or hemoglobin	
Oral Health	Primary water source is deficient in fluoride.	Oral fluoride supplementation	
Tuberculosis	+ on risk screening questions	Tuberculin skin test	

<sup>&</sup>lt;sup>a</sup> 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 Middle 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:** Neighborhood and family violence (fighting, bullying), food security, family substance use (tobacco, e-cigarettes, alcohol, drugs), harm from the Internet

**Strengths and protective factors:** Emotional security and self-esteem, connectedness with family and peers

## Risks: Neighborhood and Family Violence (Fighting, Bullying)

Children in families that are affected by poverty and neighborhood or family violence are dealing with a level of stress that affects their current and future health. For example, families in difficult living situations may have concerns about their ability to provide a safe environment for their child.

Questions on this topic can be sensitive. The health care professional can identify these issues in a supportive and non-blaming way and help the parents formulate steps toward solutions. A referral to community resources or federal assistance programs may be a useful first step.

Fighting and bullying behaviors can indicate the presence of conduct disorders in bullies or may co-occur with problems such as substance use, depression, or anxiety. (For more information on this topic, see the Bullying section of the Promoting Mental Health theme.) Family violence includes physical attacks and sexual coercion. Children can benefit from a discussion of safety in all these aspects.

## **Sample Questions**

Are there frequent reports of violence in your community or school? Is your child involved in that violence? Do you think he is safe in the neighborhood? Has your child ever been injured in a fight? Has he been bullied or hit by others? Has your child demonstrated bullying or aggression toward others? Have you talked to him about violence and how to be safe?



#### Ask the Child

Have you ever been involved with a group who did things that could have gotten them into trouble? What do you do when someone tries to pick a fight with you? What do you do when you are angry? Have you been in a physical fight in the past 6 months? Do you know anyone in a gang?

Have you felt excluded or not a part of any group of friends? Do you sometimes get left out of things? How does that make you feel? What concerns do you have about being bullied, teased, or hurt physically?

Have you ever been touched in a way that made you feel uncomfortable or that was unwelcome? Have you ever been touched on your private parts against your wish or without your permission?

## **Anticipatory Guidance**

- Be sensitive to the effect on your child of any stresses or changes in the family, such as a parent not being available, a loss in the family, or family violence.
- Teach your child nonviolent conflict-resolution techniques.
- Talk to your child about your family's expectations for time with friends.
- Make sure your child knows he can call you if he ever needs help. Be prepared to step in and help if needed.
- If your child is anxious about going to school, try to obtain a complete picture of what is happening, and when and where. Contact your child's teacher and the principal to seek their assistance. Talk with your child about the possibility that he is being bullied by another child.

#### For the Child

- Talk to your parent; another trusted adult, such as a teacher; or me if anyone bullies, stalks, or abuses you or threatens your safety. If you see another child being bullied, tell an adult.
- Learn to manage conflict nonviolently. Walk away if you can.

## **Risks: Food Security**

Food security is a critical issue during this age because of increased calorie needs that result from the beginning of the adolescent growth spurt. If the family is having difficulty obtaining nutritious food, provide information about SNAP, the Commodity Supplemental Food Program, local food shelves, and local community food programs.

## **Sample Questions**

Within the past 12 months, did you worry that your food would run out before you got money to buy more? In the past 12 months, did the food you bought just not last and you didn't have money to buy more?

## **Anticipatory Guidance**

Programs and resources are available to help you and your family. You may be eligible for food and nutrition assistance through programs like SNAP, which used to be called Food Stamps. Food banks, food pantries, and community food programs can also help.



## Risks: Family Substance Use (Tobacco, E-Cigarettes, Alcohol, Drugs)

Exposure to tobacco smoke remains an important environmental risk. Encourage parents to keep their home and vehicles smoke-free, as well as free from vapor from e-cigarettes. Becoming familiar with community and online resources for quitting smoking allows health care professionals to refer parents who are interested in quitting. Refer parents who smoke and request assistance in quitting to community resources for smoking cessation.

Tobacco, alcohol, and drugs are new risks for children as they approach middle school. Children need clear messages about the dangers of substance use. Worrying about a family member with a substance use or mental health problem also may be a source of significant stress.

## **Sample Questions**

Is smoking, alcohol, or drug use a concern in your family? Is your child exposed to substance use? Does your child spend time with anyone who smokes or uses e-cigarettes?

#### Ask the Child

Do any of your friends smoke, use or vape e-cigarettes, drink alcohol or beer, or use drugs? Will you ever smoke, use e-cigarettes, drink alcohol, or use drugs?

## **Anticipatory Guidance**

- Exposure to secondhand smoke greatly increases the risk of heart and lung diseases in your child. Exposure to vapor from e-cigarettes also may be harmful. It's not always possible, but, when you can, avoid spending time in places where people are smoking cigarettes or using e-cigarettes.
- Children are constantly exposed to smoking, drinking, and drug-use behaviors through TV and other media. They need clear messages that substance use is substance misuse.
- If alcohol is used in the home, its use should be appropriate and discussed with your child.
- If you or anyone in the house smoke or use e-cigarettes, try to quit. If quitting is not possible, discuss the difficulty of addiction with your child.
- If you are ever interested in quitting smoking, please talk to me. 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. I can also refer you to local or online resources.
- If you are worried about any family members' drug or alcohol use problems, you can talk with me.

- Don't try cigarettes or vape e-cigarettes. They are bad for your lungs and heart, and your skin and teeth.
- Don't drink alcohol or use drugs, inhalants, anabolic steroids, or diet pills. Smoking marijuana and other drugs can hurt your lungs. Alcohol and other drugs are bad for your brain's development.
- Walk away from kids who offer you cigarettes, e-cigarettes, alcohol, or drugs.



## **Risks: Harm From the Internet**

Internet safety is similar to neighborhood safety. Younger children should never play outside unsupervised or leave the yard. More mature children may be allowed to go to known safe places like a playground, but should not be allowed to wander into inappropriate or unsafe areas. Internet use should parallel safe play outdoors. Younger children should only be online supervised, and, with increasing maturity, limited browsing can be permitted. Information about safe Internet use can be found at www.HealthyChildren.org.

## **Sample Questions**

How much do you know about your child's Internet use? For example, what sites is he visiting, what games is he playing, who is he talking to, and how much time is he spending on the computer? Do you have rules for the Internet? Have you installed an Internet filter?

#### Ask the Child

What would you do if you came to an Internet site that you thought wasn't a good idea or that scared you?

## **Anticipatory Guidance**

- Your family computer should be in a place where you can easily observe your child's use.
- Check the Internet history regularly to be sure you approve of your child's Internet choices.
- Just as you monitor your child's activity in the neighborhood and community, it is important to be aware of his Internet use. A safety filter allows some parental supervision.

- It is important to go online only when your parents say it's OK. Never go to Internet sites unless you know they are good choices.
- Never chat online unless you tell your parents. No one should ever make you feel scared online.
- Do not give your personal information, like your full name or address or phone number, on a Web site unless your parents say it is OK.



## **Strengths and Protective Factors: Emotional Security and Self-esteem**

In concert with identifying risk factors, providing anticipatory guidance about strengths and protective factors for all children is a critical component of surveillance of developmental tasks. Identifying strengths and providing feedback to families about what they are doing well helps provide a comprehensive and balanced view of the child's health and well-being. For families living in difficult circumstances, such strengths may help protect the child from, or reduce the degree of, negative health outcomes. Parents need to know that they can positively influence the healthy development of their child no matter what difficulties or problems exist. Anticipatory guidance provides parents with ideas about opportunities they can give their child, such as the chance to become good at things, begin to make independent decisions, have social connections, and do things for others.

Parents can help make their child feel secure by giving hugs, participating in activities together, and listening without interrupting during family discussions. Children with warm, nurturing parents are more likely to have high self-esteem. Hypercritical parents who have unrealistically high expectations, and uninvolved parents who do not encourage their children to achieve and to try new experiences, can damage their child's self-esteem. Protective factors for all children include having at least one supportive adult in their life.

Self-esteem is a key feature of a fulfilling life and has an enormous influence on mental health. Children develop a positive sense of self if they think they are making a contribution.

## **Sample Questions**

How happy is your child? Do you feel he has good self-confidence? Does your child have a chance to do things for others at home, at school, or in the community?

#### Ask the Child

Tell me about some of the things you are good at doing. What are some of the things that make you happy?

## **Anticipatory Guidance**

- Provide opportunities for your child to try out new interests and develop friendships with other children by participating in group activities, such as classes, sports teams, music lessons, community activities, and faith-based and after-school activities. Having a chance to develop skills in things he likes to do besides schoolwork is important.
- Give him a chance to help others out at home or as a family in your neighborhood or community.

- Think about new things you are interested in besides schoolwork. Talk with your parents about trying
  one out.
- Help your parents plan some family activities that would be both fun and inexpensive. Mix in some new things you might all enjoy together.



## **Strengths and Protective Factors: Connectedness With Family and Peers**

One of the most important protective factors and a component of healthy development is the ability to form caring and supportive relationships with family, other adults, and peers. At home, this involves a relationship characterized by warm supportive interactions with parents and guardians combined with clear expectations and an opportunity for children to begin to gain the skills necessary for independent decision-making. Children this age also can benefit from feeling that they can contribute to planning family activities and helping out when needed. Children are more likely to make healthy choices if they stay connected with family members and if clear rules and limits are set. Note that friendships and relationships with peers will begin to be increasingly important to the child. This shift can be difficult for parents to deal with, but it is an important time to continue to cement family relationships. This effort will pay off later because close family ties are an important protective, risk-reducing factor in adolescence. Asking parents whether they understand their child's world and daily life is particularly important for immigrant parents and families.

## **Sample Questions**

How are you getting along as a family? What do you do together? Tell me what you know about your child's world and daily life? What responsibilities does your child have at home? What are your expectations?

## **Ask the Child**

How do you get along with your family? What do you like to do together? Tell me about your friends in the neighborhood and at school.

## **Anticipatory Guidance**

- Spend time with your child. Express willingness for questions and discussion. Develop a pattern of communication and support him as an independent person. Make time every day, such as at mealtimes, bedtime, drive time, or check-in time, to talk about lots of things.
- Discuss your child's responsibilities in the family and how they change with age.
- Clearly communicate rules and expectations.
- Words of encouragement are important and provide energizing motivation.
- Family activities don't have to be expensive to be fun for children this age. Family picnics, playing or walking in a park, or a trip to the library can be enjoyable, especially if the child can help plan the outing.
- You can encourage your child to be responsible by modeling responsibility yourself, by keeping promises, showing up on time, and completing tasks on time.
- Get to know your child's friends and encourage him to make good decisions about choosing friends.

- Spend time with family members. Help out at home.
- How to make friends and keep them is an important life skill.



## **Priority**

## **Development and Mental Health**

Temper problems, setting reasonable limits, friends; sexuality (pubertal onset, personal hygiene, initiation of growth spurt, menstruation and ejaculation, loss of baby fat and accretion of muscle, sexual safety)

## **Temper Problems, Setting Reasonable Limits, Friends**

Healthy development includes learning to handle frustration and express emotions appropriately and to make good decisions. Parents can help by setting reasonable limits, providing opportunities for their child to express opinions respectfully, and offering solutions to selected problems. This helps the child have a good opinion of herself and feel competent. The ability to handle and recover from stressors develops into the important quality of resiliency. Friendships are an important component of the child's social development. Parents can help guide their children to make good choices of whom to spend time with.

## **Sample Questions**

Has your child experienced any recent stresses in the family or school? How do you discipline her? How often do you share a clear "no use" message about alcohol, tobacco, and other drugs? What are your household rules and the consequences for not observing them? How respectful of others do you think your child is?

#### Ask the Child

What are some of the things that make you sad? Angry? Frustrated? Worried? How do you handle those feelings? How do your parents or other adults help you or make it more difficult when you get upset or angry? Do they let you cool off before you talk about problems? How do your parents discipline you? What do you and your friends like to do together? What do you do when your friends pressure you to do things you don't want to do? If you said, "No," what do you think your friends would do?

- Anticipate the emergence of early adolescent behaviors, including the pervasive influence of peers, a change in the communication between you and your child, sudden challenges to parental rules and authority, conflicts over issues of independence, refusal to participate in some family activities, moodiness, and a new desire to take risks.
- Your child is beginning to get a sense of right and wrong. Reinforce this sense by praising her good choices. Be sure to point out your children's strengths and unique talents.
- Assign age-appropriate chores, including responsibility for personal belongings and for some household
  or yard tasks. If you say that there will be consequences if chores are not completed, then follow up. Use
  age-appropriate consequences.



- Encourage your child to develop a sense of responsibility and independence. Help your child set achievable goals to take pride in herself. As these strengths develop, acknowledge them by allowing your child new privileges. Talk to your child about the importance of being able to trust her and how this will be tied to privileges.
- Provide personal space at home, even if limited, for your child.
- Encourage developmentally appropriate decision-making. Help her think about consequences before acting. Require her to follow rules, control anger, respect others, and have patience.
- Your child is now better able to talk about her thoughts and feelings. Help her do this in a constructive way. Encourage concern for others and helping people in need.
- Be a positive ethical and behavioral role model. If you made a mistake, then admit it, ask for forgiveness, and use this as a teachable moment.
- Help your child learn appropriate and respectful behavior. Reinforce the importance of respectful behavior toward others.
- Handle anger constructively in the family. Do not allow either physical or verbal violence; encourage compromise. Do not permit yourself or others to use corporal punishment.
- Supervise your child's activities with peers. Encourage your child to bring friends into your home and help them feel welcome.

- Talking with a safe and trusted adult is an important way to handle anger, disappointment, and worry.
- Good friends are important. They never ask you to do harmful or scary things; they want what is best for you. If you find that a good friend has become a bad friend, try talking with her. If that person is unwilling to change, stop spending time with her. Kids can get in trouble by being around peers who make poor decisions.
- Everyone gets angry. It's normal. Here are some ways you can cope if you're angry with someone else. You can avoid getting defensive by catching yourself when you feel your frustrations mounting. Calm yourself and acknowledge the importance of the other person's point of view and your willingness to compromise. Listen without interrupting, repeat your understanding of what the issues are, and show your desire to understand the other person.
- It's normal to have up moods and down moods, but, if you feel sad or anxious most of the time, enjoy very few things, or find yourself wishing you were dead, we should talk about it. Almost everyone worries at times about how they look, how others are accepting them, and whether they are developing normally.
- Every person has to decide whether to try alcohol, drugs, cigarettes, e-cigarettes, and sex. Chances are, you know at least some of the dangers of trying each of these, but there are many more dangers you likely don't know or don't want to think about. It's not enough to just say, "No." If you really mean "No!" to any one of these choices, you need to clearly say why you feel that way.
- Do not write or text anything or take pictures of anything that you would not want displayed on a bulletin board. Inappropriate texting and photography can be against the law.



# Sexuality (Pubertal Onset, Personal Hygiene, Initiation of Growth Spurt, Menstruation and Ejaculation, Loss of Baby Fat and Accretion of Muscle, Sexual Safety)

At ages 9 and 10 years, children enter a stage of rapid sexual development. They are aware of sexual themes and content in media. It is essential to give children access to accurate and culturally appropriate information on sexual development and sexuality from multiple sources, including home, school, and health care professionals.

Parents are encouraged to engage their children in an ongoing conversation about sexual development. Questions can be answered simply, and additional discussion should be welcomed.

## **Sample Questions**

How well do you and your partner agree on how to talk with your child about issues related to sexual development and sexuality? Have you had discussions with your child about sex? Do you talk to her about your values and attitudes about appropriate modesty and privacy? Does your child know any gay men or lesbian women? How about children brought up by same-sex couples? How would you respond if your child asked you about this topic? Do you convey an attitude of accepting differences in others?

#### Ask the Child

What questions do you have about the way your body is developing? Have you ever been pressured to touch someone in a way that made you feel uncomfortable? Has anyone ever tried to touch you in a way that made you feel uncomfortable? Has anyone ever said inappropriate things to you about your body?

- Encourage your child to ask questions. Answer them at a level appropriate to her understanding.
   Discuss these issues even if sexual activity seems unlikely.
- Be prepared to answer questions about sexuality and to provide concrete examples of the types of behavior that are not acceptable to you.
- Teach your child the importance of delaying sexual behavior. Make sure you convey an attitude that home is a place where it is safe to talk about these values.
- If your child receives family life education at school or in the community, discuss the information and review materials with her.
- Teach your child that it is never OK for an adult to tell a child to keep secrets from parents, to express interest in private parts, or to ask a child for help with his or her private parts.



#### For the Child

## For boys and girls

- Around age 8 or 9, you will notice your body starting to change. Some of the first things that happen are that you develop body odor, and the skin on your face becomes oilier and may break out in pimples or acne. You will need to bathe every day, use deodorant, and wash your face well in the morning and at night.

## For girls

- The next changes you will notice are that your breasts will start to get bigger. It's normal for one side
  to be bigger than the other at first. As your breasts grow, you may be more comfortable wearing a bra.
- Hair will grow on your underarms and pubic area, becoming thicker, darker, and curlier over time. You also will start to grow taller at a very fast rate. This is called the growth spurt. Now is a good time to have pads available to use in your underwear when your periods start. Pads are also called sanitary napkins. Your periods generally start about a year after you see underarm and pubic hair.
- Girls can have their first period, or menses, as early as 10, but usually by 13. Every girl is different.
   Periods often come at unpredictable times at first, but they eventually will come about once every 4 weeks. A small amount of blood, sometimes more brown in color than red, will come from your vagina and appear on your underwear. Use the pads to catch the blood. Change your pad every few hours and wrap the used pad in toilet paper or place it in a small paper bag to be put in the trash can. Most pads cannot be flushed down toilets. Always wash your hands after changing your pad.

## For boys

The next change you will notice is that your testicles will begin to grow larger. Hair will grow on your underarms and pubic area, becoming thicker, darker, and curlier over time. Soon, your penis will become longer and wider and your testicles will continue to grow. You also will start to grow taller at a very fast rate. This is called the growth spurt. Your voice will also start to crack and deepen as your larynx or voice box grows longer. You may find a wet, sticky discharge, called an ejaculation, on your pajama bottoms in the morning. This is called a wet dream. Ejaculations are not the same as passing urine. Ejaculations contain sperm and a special fluid. This happens because of strong surges of hormones that occur while you sleep.

## For boys and girls

- It is never OK for an older child or an adult to show you his or her private parts, to ask you to show your "privates," to touch you there, to ask you to touch them, to scare you, or to ask you not to tell your parents about what he or she did with you. Always get away from the person as quickly as possible and tell your parent or another adult right away.



## **Priority**

#### **School**

School attendance, school problems (behavior or learning), school performance and progress, transitions, co-occurrence of middle school and pubertal transitions

# School Attendance, School Problems (Behavior or Learning), School Performance and Progress, Transitions, Co-occurrence of Middle School and Pubertal Transitions

At this age, the child is expected to display self-confidence, with a sense of mastery and pride in school and extracurricular activities. The 9- to 10-year-old is expected to participate in group activities, understand and adhere to most rules at school, and assume reasonable responsibility for his schoolwork. Probe for academic or learning difficulties. Reinforce the strengths of the child and parents with comments such as, "I'm so pleased that you are making good progress with math."

This age period also may be associated with transitions, as the child may move to more independent learning environments (eg, middle school), and some children may begin to experience pubertal transitions as well.

## **Sample Questions**

What issues about your child's school experience would you like to discuss? Has he had many absences? Do you have any concerns about your child moving up to middle school with more independence for his learning? What extracurricular activities does your child participate in?

**If the child has an IEP or is receiving special services:** How are things going with the special services your child is getting at school?

#### Ask the Child

How is school going? What are some of the things you are good at doing in school? What are your favorite activities to do after school?



- A child who arrives at school fed and rested is ready to learn. Help your child have a healthy breakfast every morning before school and establish bedtime routines on school nights so that he gets at least 10 to 11 hours of sleep.
- Children this age are making transitions in a new school building, such as getting a locker and having classes in multiple classrooms. They're also having to organize their time to meet assignments from a number of different teachers. If your child is not doing well in school, talk with his teacher about possible reasons and what can be done to identify and address the problem. Ask the teacher about tutoring or an evaluation of his learning abilities.
- Children in this age group become more independent in their schoolwork. Praise your child's efforts in school. Show interest in his school performance, but be careful to praise only genuine accomplishments.
- Set routine times for homework, and provide a well-lit, quiet space for your child to do his work. Remove distractions such as the TV or electronic devices. Homework and school activities often require computers and Internet access, so be sure to carefully monitor for safe and appropriate computer and Internet use.
- After-school activities, such as sports teams, social activities, clubs, and extracurricular activities, place increased demands on children's time. Be careful to not sign up your child for too many extracurricular activities. Children need unstructured time as well as structured activities.
- With the different rates of pubertal development, there will be much more variety in height and stage of development among age mates in middle school that may result in new concerns, especially for children who are either developing earlier or later than average.



## **Priority**

## **Physical Growth and Development**

Oral health (regular visits with dentist, daily brushing and flossing, adequate fluoride, limits on sugar-sweetened beverages and snacks), nutrition (healthy weight, disordered eating behaviors, importance of breakfast, limits on saturated fat and added sugars, healthy snacks), physical activity (60 minutes of physical activity a day, after-school activities)

# Oral Health (Regular Visits With Dentist, Daily Brushing and Flossing, Adequate Fluoride, Limits on Sugar-Sweetened Beverages and Snacks)

By ages 9 and 10 years, a child should have an established dental home. She should have regularly scheduled visits with her dentist at least twice each year. She also should receive a fluoride supplement if the fluoride level in community water supplies (at home and at school) is low. Assure parents that fluoride is safe and effective at preventing decay.

A child who participates in contact sports should wear a protective mouth guard.

## **Sample Questions**

Who is your child's regular dentist? Is the water you drink fluoridated? Has your dentist prescribed fluoride pills? Does your child drink a lot of soda or sports drinks? Is your child involved in physical activities, such as contact sports, that could potentially result in dental injuries? How would you handle a dental emergency?

#### Ask the Child

Do you brush and floss your teeth every day? Are you wearing a mouth guard when you play contact sports? How often do you drink soda or sports drinks?

- Be sure that your child brushes her teeth for 2 minutes, twice a day, with a fluoridated toothpaste and flosses once a day. At this age, your child may be in a hurry while brushing. Supervise her and help as needed.
- By the time your child is 9 or 10 years old, she already should be seeing a dentist regularly. This is called a dental home. She should see the dentist at least twice a year. If your child does not have a dental home, we can help you find one.
- Give your child fluoride supplements if your community water doesn't have fluoride.
- Limit your child's consumption of sweetened beverages and snacks. Prolonged contact with the teeth can increase the chance of getting cavities.
- If your child plays contact sports, make sure she wears a mouth guard to prevent dental injuries.



#### For the Child

- To keep your teeth healthy, it is important to brush your teeth for at least 2 minutes, twice a day, and to floss at least once a day. Do not hurry through your brushing.
- If you are playing contact sports, always wear a mouth guard to protect your teeth.

# Nutrition (Healthy Weight, Disordered Eating Behaviors, Importance of Breakfast, Limits on Saturated Fat and Added Sugars, Healthy Snacks)

Children this age may be at increased risk of overweight or obesity. Carefully assess BMI and discuss results with parents. During this age, children begin skipping breakfast. Eating breakfast has been shown to improve academic performance and children who eat breakfast tend to have lower BMIs. Often, a child will eat snacks and not be hungry at mealtimes. This habit may lead to unhealthy eating practices.

Ensuring sufficient calcium and vitamin D intake can be a particular concern, especially if the child does not consume dairy products. Supplementation with these nutrients can be considered. Fortified orange juice typically has calcium and vitamin D. Soy milk generally has both, but that is not always true for other products marketed as "milk" (eg, almond, rice, coconut, hemp). Families should be encouraged to check the package label to be sure. Not all yogurt has vitamin D.

In addition, at this age, girls begin to think of dieting and weight loss. Evaluate the child's risk of severe dieting or tendencies toward disordered eating.

## **Sample Questions**

Do you have any concerns about your child's weight?

Do you have any concerns about her eating behaviors or food intake, such as getting her to drink enough milk and eat vegetables and fruits, or hearing her talk about dieting? How often does she drink sugar-sweetened beverages such as soda, sports drinks, or fruit drinks? How often do you have a family meal together?

### Ask the Child

What concerns do you have about your weight? How do you feel about how you look? How often have you cut back on how much you eat or tried a diet to lose weight? What vegetables and fruits did you eat yesterday? Did you eat breakfast this morning? How often do you drink sugar-sweetened beverages, such as soda, sports drinks, or fruit drinks?

- Choose healthy eating behaviors.
  - Every day, give your child a healthy breakfast. Research shows that eating breakfast helps children learn and behave better at school.
  - Help your child recognize and respond to hunger and fullness cues.
  - Eat together as a family. Make mealtimes pleasant and companionable; encourage conversation, turn
    off the TV, and discourage use of portable electronics, such as smartphones or handheld devices, at
    the dinner table.
  - Be a role model for your child by your own healthy eating behaviors.



- Make nutritious foods and drinks the usual options at home for meals and snacks. These include vegetables, fruits, whole grains, lean protein, such as meat, fish, poultry, eggs, beans and peas, legumes, nuts and seeds, and low-fat and nonfat dairy.
- Limit foods and drinks that are high in calories, saturated fat, salt, added sugars, and refined grains, and low in nutrients. These include ice cream, baked goods, salty snacks, fast foods, pizza, and soda and other sweetened beverages.
- Sports drinks are high in sugar and should only be used after vigorous exercise lasting more than 1 hour, but even after an hour of exercise, a sports drink or juice may give your child more calories than she just burned off with exercise. Energy drinks are potentially dangerous and should not be consumed by children of any age.
- Limit juice to 4 to 6 oz of 100% fruit juice each day.
- Make sure your child gets dairy foods and calcium- and vitamin D-containing foods and beverages each day. Children aged 9 and 10 years need 20 to 24 oz of low-fat or fat-free milk each day plus an additional serving of low-fat yogurt and cheese. If your child doesn't drink milk or consume other dairy products, then let's talk about alternatives. These can include foods and beverages that are fortified with calcium and vitamin D (like some orange juices and cereals).
- Beware of dangers of dieting for weight loss.
- If you are considering offering dietary or sports supplements to your child, please discuss these plans with me to make sure they are safe and really will help her.

- I am happy to answer your questions and explain your weight and height measurements. The key to good health is a balance between the calories you take in from foods and the calories your body burns in carrying out its normal activities and in physical activity.
- Pay attention to what your body tells you. Eat when you feel hungry and stop eating when you feel satisfied.
- Eating a healthy breakfast every day is especially important and helps you do better in school.
- Every day, try to eat vegetables, fruit, whole-grain breads and cereals, low-fat or fat-free dairy products, and lean meats. Drink low-fat or fat-free milk or water instead of soda and sugared drinks. If you choose foods that are high in fat or sugar, have a small portion instead of a large one, or share your portion with someone else.
- Weight loss is almost never a good idea while your body is rapidly growing in puberty. If you are considering going on a diet to lose weight, let's talk about it first.
- If you are considering taking dietary or sports supplements, please discuss these plans with me to make sure they are safe and really will help you reach your goals.



## Physical Activity (60 Minutes of Physical Activity a Day, After-school Activities)

All children should participate in some type of physical activity whether in a group or an individual setting. Current recommendations state that children should be physically active for at least 60 minutes a day. Encourage children to find individual ways to be physically active (eg, dancing, skating, biking). Talk to parents of children with special health care needs about the benefits and risks associated with physical activity. Emphasize the importance of safety equipment when the child participates in physical activity. Backyard trampolines should be discouraged, as it is not possible to make them safe.

At this age, children become involved in organized sports. Educate parents about appropriate sports for age and ability. Discuss with the family the attributes of a quality program and coaching. Encourage parents to check out programs before enrolling their children (eg, rules about all children playing, coaching training or certification).

## **Sample Questions**

Do you have concerns about your child's physical activity level, either too much or too little? What is your child's usual bedtime on school nights and on nonschool nights? Does she have trouble going to sleep or does she wake up during the night? How much recreational screen time does your child spend each weekday? How about on weekends? Does your child have a TV or Internet-connected device in her bedroom?

## **Ask the Child**

Tell me about the physical activities you do inside and outside of school. How often do you do them? How much time do you spend watching TV or using devices that are connected to the Internet?

- Encourage your child to be physically active for at least 60 minutes total every day. Support your child's sport and physical activity interests, and be active with your child.
- Do not allow your child to sleep with any electronic device in her bedroom, including phones or tablets.
- In order to balance your child's needs for physical activity, sleep, school activities, and unplugged time, consider making a family media use plan to balance these important health behaviors and media use time in your child's day. The family media use plan is an online tool that you and your child can fill out together. The tool prompts you and your child to enter daily health priorities such as an hour for physical activity, 8 to 11 hours of sleep, time for homework and school activities, and unplugged time each day for time with family and independently. You and your child can then view the time left over and decide on rules around daily screen time for your child. The AAP has information on making a plan at www.HealthyChildren.org/MediaUsePlan.
- 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. Construct it so that it suits your families' media needs, but also helps you preserve face-to-face time during family routines such as meals, playtime, and bedtime. Times or locations in the house can be designated as media-free.
- Supervise your child's Internet use so that you can teach her how to use it safely, how to avoid inappropriate content, and what to do if she comes across inappropriate content.



- If your child is using media excessively, find out why. Is she having trouble with peer relationships or social skills? Some children seek solitary activities if they are struggling with friendships. Encourage your child to find activities that interest her, or seek help through the school.
- Getting enough sleep every night is important for your child's health. Using media before bedtime to get to sleep actually leads to worse sleep habits, less sleep, and school problems. Suggest avoiding media in the hour before bedtime, developing a quiet bedtime routine, or reading in bed instead.

- Try to get at least 1 hour of moderate-to-vigorous exercise every day. Vigorous activity makes you breathe hard and sweat. Find ways to become more active, such as walking or biking instead of riding in a car. Take the stairs, not elevators. Be active with your friends to increase the fun. Being physically active every day helps you feel good and focus on your schoolwork.
- It helps to plan times each day that are dedicated to a physical activity you enjoy. Make activity part of your routine, rather than an exception.



## **Priority**

## **Safety**

Car safety, safety during physical activity, water safety, sun protection, knowing child's friends and their families, firearm safety

## **Car Safety**

A child should use a booster seat until the seat belt fits properly, which means the lap belt can be worn low and flat across the hips and upper thighs, the shoulder belt can be worn across the shoulder rather than the face or neck, and the child can bend at the knees while sitting against the vehicle seat back (usually between the ages of 8 and 12 years and at about 4 feet 9 inches tall).

The back seat is the safest place for children younger than 13 years to ride.

## **Sample Questions**

Does everyone in the family use a seat belt?

#### Ask the Child

Do you use a booster seat or seat belt every time you ride in the car? Do you sit in the back seat every time you ride in the car?

## **Anticipatory Guidance**

Do not start your vehicle until everyone's seat belt is buckled.

## For the Child

- The back seat of the car is still the safest place for you to sit until you are at least 13 years of age.
- Using a booster seat or wearing a seat belt every time you get in the car is the best way to protect yourself from injury and death in a crash.

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

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



## **Safety During Physical Activity**

Reinforce the importance of safety in sports and other physical activities, emphasizing the need for wearing protective gear (helmet, mouth guard, eye protection, and knee and elbow pads).

## **Sample Questions**

Do you enforce the use of helmets? Do you model this behavior?

## Ask the Child

How often do you wear a helmet and protective gear when biking, skating, or doing other outdoor activities?

## **Anticipatory Guidance**

 Make sure your child always wears a helmet and other protective equipment when biking, skating, or doing other outdoor activities.

#### For the Child

Being active is good for you, but being safe while being active is just as important. One of the best ways to protect yourself is to wear the right safety equipment, especially a helmet when you are biking, skating, or doing other outdoor activities.

## **Water Safety**

An adult should actively supervise children when they are near water.

## **Sample Questions**

Does your child know how to swim?

#### Ask the Child

Do you know how to swim? What rules do your parents have about swimming?

## **Anticipatory Guidance**

- Make sure your child is taught to swim.
- Do not let your child play around any water, including lakes, streams, pools, or the ocean, unless an adult is watching. Even if your child knows how to swim, never let him swim alone. NEVER let your child swim in any fast-moving water.
- Teach your child to never dive into water unless an adult has already made sure the water is deep enough for diving.
- When on any boat or other watercraft, be sure your child is wearing an appropriately fitting, US Coast Guard-approved life jacket.
- Be sure that swimming pools in your community, apartment complex, or home have a 4-sided fence with a self-closing, self-latching gate.

- Swimming lessons are an important way to become comfortable in the water. Ask your parents about learning to swim.
- Never swim without an adult around.



## **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. Reinforce the continuing importance of using sunscreen on your child when he is outside.

## **Sample Questions**

Do you apply sunscreen whenever your child plays outside? Do you limit outside time during the middle of the day when the sun is strongest?

#### Ask the Child

Do you always use sunscreen?

## **Anticipatory Guidance**

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

## For the Child

- Always wear sunscreen and a hat when you are outside.
- Try not to be outside in sun too long between 11:00 am and 3:00 pm, when it is really easy to get a sunburn.

## **Knowing Child's Friends and Their Families**

As their children are now spending increasing amounts of time with other children and families, parents must help their children develop safe play habits. Play should be supervised by a responsible adult who is aware of children's activities and available in case of problems.

## **Sample Questions**

Do you know your child's friends? Their families? Does your child know how to get help in an emergency if you are not present?

## Ask the Child

What would you do if you felt unsafe at a friend's house?

## **Anticipatory Guidance**

- Teach your child that the safety rules at home apply at other homes as well.
- Help your child understand it is always OK to ask to come home or call his parent if he is not comfortable at someone else's house.

- Be sure you play safe wherever you play. Every family should have the same safety rules.
- It's always OK to ask a grown-up for help if you are scared or worried. And it's OK to ask to go home and be with your Mom or Dad.



## **Firearm Safety**

The safest home is one without a firearm. A firearm kept in the home is far more likely to kill or injure someone known to the family than to kill or injure an intruder. A firearm kept in the home triples the risk of homicide. The risk of completed suicide also is far more likely if a firearm is kept in the home.

Evidence shows that programs designed to teach children to avoid contact with firearms are not effective in overcoming the child's innate curiosity and social pressure to handle firearms. At this age, children still lack the maturity or cognitive capacity to reliably follow advice concerning firearms.

## **Sample Questions**

Who, among family members and friends, owns a weapon or firearm? Have you considered not owning a firearm because it poses a danger to children and other family members?

## **Ask the Child**

What have your parents taught you about firearms and what not to do with them?

## **Anticipatory Guidance**

- Homicide and completed suicide are more common in homes that have firearms. 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, with the ammunition locked separately from the firearm. Keep the key where children cannot have access.
- 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.
- Talk to your child about firearms in school or on your streets. Find out if your child's friends carry firearms.

#### For the Child

- Adults are supposed to keep their firearms away from children. If you see a firearm that is unlocked, don't touch it, but tell your parent right away.
- If you are starting to hunt with adults in your family, learn how to use firearms and hunting knives safely, and use them only under adult supervision.

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