



1-4 Years

Early Childhood



*You can't educate a child who isn't healthy and
you can't keep a child healthy who isn't educated.*

—M. Joycelyn Elders, M.D.
Former Surgeon General
U.S. Public Health Service

EARLY CHILDHOOD

The 1-year-old who is well cared for has a secure sense of attachment to his parents and other important caregivers and is developing an expanded capacity to communicate through sounds and gestures. The toddler can navigate by cruising, perhaps by taking a few steps alone or, if necessary, by dropping to all fours and crawling with great speed.

At the beginning of this developmental period, a child's understanding of the world of people and objects is bound by what he can see, hear, feel, and manipulate physically. By the end of early childhood, the process of thinking moves beyond "the here and now" to incorporate the use of mental symbols and the development of fantasy. For the infant, mobility is a goal to be mastered. For the active young child, it is a mechanism for exploration and increasing independence. The 1-year-old is beginning to use the art of imitation in his repetition of familiar sounds and physical gestures. The 4-year-old has mastered most of the complex rules of the languages spoken in his home, and can communicate thoughts and ideas effectively.

The toddler stands on the threshold of developing a sense of himself as separate from his parents or primary caregivers. By the end of early childhood, the well-adjusted child, having internalized the security of early bonds, pursues new relationships outside of the family as an individual in his own right. Understanding and respecting this evolving independence is a common parental challenge.

The healthy toddler has received immunizations against hepatitis B, diphtheria, tetanus,

pertussis, *H. influenzae* type B, polio, measles, mumps, rubella, and varicella (chickenpox). His growth and development have been monitored, and adequate nutrition has been ensured through dietary supervision and supplemental vitamins, fluoride, and iron if needed. By the end of early childhood, some children have had to contend with significant disease or disability, and virtually all have experienced the common nonpreventable early childhood illnesses. As a consequence, each child learns the difference between health/well-being and illness/discomfort.

Physical Development

The chubby, pot-bellied infant who tripled his birthweight in the first year of life slows his rate of gain significantly. The active toddler sheds his baby fat and straightens his posture. His physical strength, skills, and coordination all improve dramatically. The cautious and tentative walker becomes the reckless runner, climber, and jumper. As a fearless and tireless explorer and experimenter, the toddler is vulnerable to injury, but appropriate adult supervision can provide an environment that balances safety with the freedom to take controlled risks.

The range of physical abilities among young children during this age period is considerable. Some are endowed with natural grace and agility; others demonstrate less "fine tuning" in their physical prowess, yet they "get the job done."

Parents and other caregivers can encourage young children's independence in eating by serving a nutritionally well-balanced selection of foods and allowing children to choose what and how much to

eat. Oral health is a vital component of the child's overall well-being. Good family oral health practices, regular dental visits, access to fluoridated water, and healthy nutrition and snacking practices can help prevent early childhood caries and other dental decay.

Although parents and other primary caregivers, including child care providers, have considerable control over the environment in which a young child develops, the community also plays an important role. Children with access to safe play areas in a neighborhood free of violence have opportunities for the protected risk-taking that is important during this developmental period. For those who grow up in the presence of physical and emotional dangers, the risk of harm is high. It is critical that communities work together to ensure that children have access to play areas that are safe and free from risk.

Cognitive/Linguistic Development

Young children learn through play. If the toddler experienced the security of a nurturing and reliable source of protection and attachment during infancy, he now has a strong base from which to explore the world. The self-centered focus of the young child is related less to a sense of selfishness than to a cognitive inability to see things from the perspective of others.

Young children live largely in a world of magic in which they often have difficulty differentiating what is real from what is make-believe. Some have imaginary friends. Many engage in elaborate fantasy play. Learning to identify the boundaries between fantasy and reality and developing an elementary ability to think logically are among the more important developmental tasks of this age period.



Parents and other caregivers need to provide a safe “laboratory” for these young scientists to conduct their research. Children need access to a variety of tools and experiences. They need opportunities to learn through trial and error as well as through planned effort. Their seemingly endless string of repetitive questions can test the limits of the most patient parent. These queries, however, must be acknowledged and responded to in a manner that not only provides answers but also validates and reinforces the child's burgeoning curiosity.

Social/Emotional/Behavioral Development

During the dynamic years from age 1 through 4, children develop an emerging sense of themselves as individuals who live in families as well as within larger social systems. Building on the secure and trusting relationships established in the first year of life, and venturing beyond the parallel play of toddlers, the maturing young child makes friends and meets new people.

The culture of the family and that of the community provide a framework within which the socialization process unfolds. The increasingly self-aware young child grapples with such complex issues as gender roles, peer and/or sibling competition, cooperation, and the difference between right and wrong. The temperamental differences that were manifested in the feeding, sleeping, and self-regulatory behaviors of the infant are transformed into the varied styles of coping and adaptation demonstrated by the young child. Some young children appear to think before they act; others are impetuous. Some children are slow to warm up while others are friendly and outgoing. Some accept limits and rules more easily than others. The range of “normal” behavior is broad and highly dependent on the match between the child’s and the caregiver’s styles. Aggression, acting out, excessive risk taking, and antisocial behaviors may appear at this time. Caregivers need to respond with a variety of interventions that set constructive limits and help children achieve self-discipline. Ultimately, healthy social and emotional development depend on how children view themselves and the extent to which they feel valued by others.

Children with Special Health Care Needs

Children with special health care needs and children without such challenges generally follow similar developmental pathways; however, the pace of development and the ultimate mastery of tasks will vary depending on the physical, emotional, or cognitive difficulties facing the child with special health care needs. During early childhood, a clearer picture often emerges of the strengths and issues

facing the child. This is an important time for parents and professionals to work together as a team to ensure the greatest opportunities for the child’s health and development.

Health Behavior

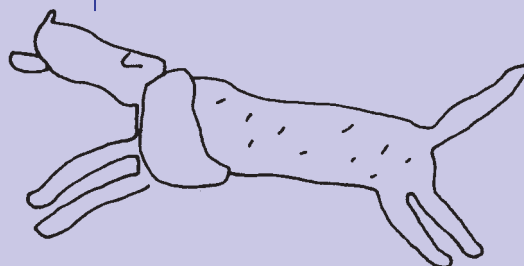
As young children identify with their parents, caregivers, and other important role models, they internalize a wide range of lifestyle attributes. They can benefit from the exhilaration of regular physical activity and the joy of laughter shared with family and friends. Meals may be a pleasurable opportunity for nutrition and social interaction, or the focus of family conflict amidst the hurried ingestion of high-fat foods. Well-monitored, selective television viewing can be an appropriate form of education and entertainment; conversely, television can be a constant source of passive diversion, background noise, and exposure to violence.

When faced with adversity or stress, young children may be taught both healthy and unhealthy coping strategies, ranging from active mastery to denial or retreat. During a period when the power of role models and the process of identification are strong, young children incorporate salient features of the lifestyles of those who are most important in their lives. Good health supervision, a partnering process that involves families and professionals, can serve as a significant protective factor. In addition, health supervision can contribute to individual autonomy and a growing sense of personal competence and mastery, while enhancing positive interactions with others and the development of rich human relationships.

EARLY CHILDHOOD DEVELOPMENTAL CHART

Health professionals should assess the achievements of the child and provide guidance to the family on anticipated tasks. The effects are demonstrated by health supervision outcomes.

Achievements During Early Childhood	Tasks for the Child	Health Supervision Outcomes
<ul style="list-style-type: none"> ■ Regular sleeping habits ■ Independence in eating ■ Completion of toilet training ■ Ability to dress and undress ■ Ability to separate from parents ■ Progression from parallel to interactive play and sharing ■ Loving relationships and good communication with parents and siblings ■ Clear communication of needs and wishes ■ Expression of such feelings as joy, anger, sadness, and frustration ■ Self-comforting behavior ■ Self-discipline ■ Intelligible speech ■ Positive self-image ■ Demonstration of curiosity and initiative ■ Demonstration of imaginative, make-believe, and dress-up play 	<ul style="list-style-type: none"> ■ Learn healthy eating habits ■ Practice good oral hygiene ■ Participate in physical games and play ■ Develop autonomy, independence, and assertiveness ■ Respond to limit-setting and discipline ■ Learn self-quieting behaviors and self-discipline ■ Learn appropriate self-care ■ Make friends and meet new people ■ Play with and relate well to siblings and peers ■ Learn to understand and use language to meet needs ■ Listen to stories ■ Learn how to handle conflicts without violence 	<ul style="list-style-type: none"> ■ Early autonomy ■ Optimal growth and development ■ Establishment of good health habits ■ Optimal nutrition ■ Injury prevention ■ Immunizations ■ School readiness ■ Promotion of developmental potential ■ Prevention of behavioral problems ■ Promotion of family strengths ■ Enhancement of parental effectiveness



FAMILY PREPARATION FOR EARLY CHILDHOOD HEALTH SUPERVISION

Health professionals can help families prepare for health supervision visits.
This preparation supports a partnership in which the health professional and the family share responsibility.

- Be prepared to give updates on the following at your next visit:
 - Illnesses and infectious diseases
 - Injuries
 - Visits to other health professionals or facilities
 - Use of the emergency department
 - Hospitalizations or surgeries
 - Immunizations
 - Food and drug allergies
 - Eating habits
 - Medications
 - Supplementary fluoride and vitamins
 - Oral health care
 - Vision and hearing
 - Chronic health conditions
- Be prepared to provide the following information about your family:
 - Health of each significant family member
 - Occupation of parent(s)
 - Three-generation family health and social history, including congenital disabilities and genetic disorders
 - Depression or other mental health problems in the immediate or extended family
 - Alcoholism or other substance abuse (including use of tobacco) in the immediate or extended family
 - Family transitions (e.g., birth, death, marriage, divorce, loss of income, move, frequently absent parent, incarceration, change in child care arrangements)
 - Home environment/pets/neighborhood
- Exposure to hazardous conditions or substances (e.g., tuberculosis, lead, asbestos, carbon monoxide)
- Exposure to violence
- Prepare and bring in questions, concerns, and observations about issues such as
 - Child care arrangements
 - Child's achievements
 - Chronic health problems (ear infections, frequent colds)
 - Developmental concerns (delayed language acquisition, poor physical skills)
 - Discipline issues (limit-setting, tantrums)
 - Family violence
- Talk with family members and with the child's other caregivers about any issues they might want you to raise with the health professional.
- Bring in reports from preschool or child care. Bring the Individualized Family Service Plan (IFSP) or the Individualized Education Program (IEP) if the child has special needs, and discuss coordination of care.
- Complete and bring in psychosocial or developmental questionnaires such as the Home Observation for Measurement of the Environment (HOME) Inventory.
- Fill out and bring in preschool health forms for the health professional to complete.
- Talk with your child about the visit with the health professional, including the physical exam, immunizations, and other procedures.
- When you get home, update your child's health and immunization records.

STRENGTHS DURING EARLY CHILDHOOD

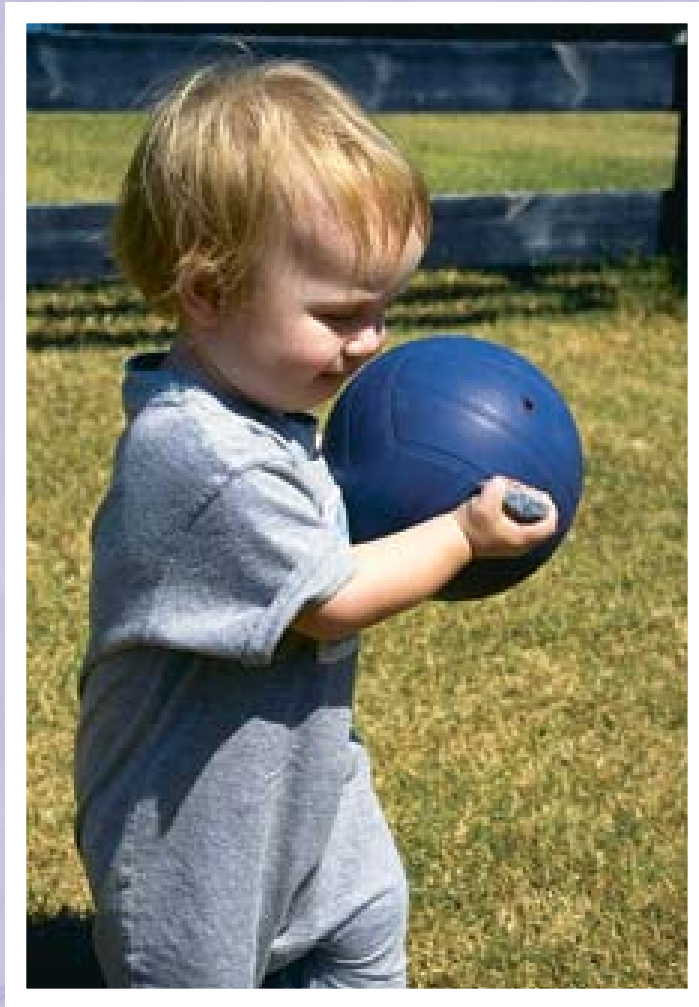
Health professionals should remind families of their strengths during the health supervision visit. Strengths and issues for child, family, and community are interrelated and interdependent.

Child	Family	Community
<ul style="list-style-type: none"> ■ Has good physical health and nutrition ■ Has good appetite ■ Has good sleeping habits ■ Has regular oral health care ■ Engages in physical activities ■ Has positive, cheerful, friendly temperament ■ Feels parents' unconditional love ■ Trusts parents ■ Relates warmly to and communicates well with parents ■ Is developing social competence ■ Has had many joyful experiences ■ Accepts limits ■ Has good attention span ■ Has normal cognitive ability ■ Asks questions ■ Demonstrates curiosity and initiative ■ Plays with toys ■ Achieves developmental milestones 	<ul style="list-style-type: none"> ■ Meets child's basic needs (food, shelter, clothing, health care) ■ Enjoys child and provides strong, nurturing family ■ Provides safe, childproof environment (e.g., smoke alarms, car safety seat) ■ Responds to child's developmental needs ■ Encourages speech and interacts with child ■ Spends individual time with child ■ Praises and takes pride in child's efforts and accomplishments ■ Has consistent expectations of child ■ Offers emotional support and comfort ■ Has knowledge of child development ■ Encourages safe exploration and emerging independence ■ Sets appropriate limits ■ Offers choices to child when appropriate ■ Provides good role model ■ Promotes good relationships and cooperation among siblings ■ Has support of extended family and others ■ Promotes moral/ethical development 	<ul style="list-style-type: none"> ■ Provides preschools and public libraries ■ Provides quality schools and educational opportunities for all families ■ Provides parent education classes ■ Provides support for families with special needs (e.g., WIC, early intervention programs, Head Start, community outreach) ■ Provides outreach to identify uninsured or underinsured children and facilitates enrollment in health insurance programs and access to care ■ Provides affordable, quality child care ■ Provides an environment free of hazards ■ Ensures that neighborhoods are safe ■ Provides affordable housing and public transportation ■ Promotes physical activity (e.g., provides safe playgrounds, parks) ■ Develops integrated systems of health care ■ Fluoridates drinking water ■ Promotes community interactions (neighborhood watch programs, support groups, community centers) ■ Promotes positive ethnic/cultural environment

ISSUES DURING EARLY CHILDHOOD

Health professionals should address problems, stressors, concerns, and other issues that arise during health supervision. Strengths and issues for child, family, and community are interrelated and interdependent.

Child	Family	Community
<ul style="list-style-type: none"> ■ Sleeping concerns (resistance to going to bed, night waking, sleeping with bottle, nightmares, night terrors) ■ Eating concerns (decreased appetite, “picky” eating, food jags, pica) ■ Behavioral concerns (lack of control, demanding or aggressive behavior, biting, hitting, temper tantrums, episodes of holding the breath, impulsiveness) ■ Emotional concerns (shyness, fears, separation problems and anxiety) ■ Speech or language concerns (speech delay, speech that is not clear or fluent) ■ Autism ■ Few relationships with peers and/or difficulty in relating to peers ■ Infections, illnesses ■ Early childhood caries (baby bottle tooth decay) ■ Lead poisoning ■ Iron-deficiency anemia ■ Chronic illness ■ Developmental delay 	<ul style="list-style-type: none"> ■ Parents or other family members with serious problems (depressed, mentally ill, abusive, overly critical, overprotective, incarcerated) ■ Severe marital problems ■ Domestic violence (verbal, physical, emotional, or sexual abuse) ■ Frequently absent parent ■ Rotating “parents” (parents’ male or female partners) ■ Inadequate child care arrangements ■ Family health problems (illness, chronic illness, disability) ■ Substance use (alcohol, drugs, tobacco) ■ Financial insecurity ■ Homelessness ■ Family transitions (moves, births, divorce, remarriage, incarceration, death) ■ Lack of knowledge about child development ■ Lack of parenting skills, parental self-esteem, or self-efficacy ■ Intrusive family members ■ Social isolation and lack of support ■ Neglect or rejection of child 	<ul style="list-style-type: none"> ■ Poverty ■ Inadequate housing ■ Environmental hazards ■ Unsafe neighborhoods ■ Discrimination and prejudice ■ Community violence ■ Few opportunities for employment ■ Lack of affordable, quality child care and preschool programs ■ Lack of programs for families with special needs (early intervention, Head Start) ■ Inadequate outreach to uninsured and underinsured children and failure to facilitate enrollment in health insurance programs and access to care ■ Isolation in a rural community ■ Lack of educational programs and social services for adolescent parents ■ Lack of social, educational, cultural, and recreational opportunities ■ Lack of access to immunizations and to medical and oral health services ■ Inadequate public services (lighting, transportation, garbage removal) ■ Inadequate fluoride in drinking water



Walking, one of the most exciting developmental milestones, occurs near the toddler's first birthday, bringing with it increasing independence.

ONE YEAR VISIT

The 1-year-old stands proudly, somewhat bowlegged, belly protruding. Walking, one of the most exciting developmental milestones, occurs near the toddler's first birthday, bringing with it increasing independence. During her first year of life, the infant was rarely in conflict with her environment. She might have been demanding when she cried, required considerable care, and upset the balance in the family. However, she spent most of her first year getting to know and trust her parents and her environment. Now, as a toddler, she is becoming increasingly competent in all areas of development. Her world is broadening, bringing both excitement and challenges.

Autonomy and independent mobility are developmental achievements of which the parents and toddler are justifiably proud, but the toddler constantly encounters barriers posed by reality. She cannot go as fast as she would like without tripping; she cannot always reach desired objects; and she falls and hurts herself. While charmed by her exploits, her parents and other caregivers must watch her constantly to keep her safe.

As the toddler's autonomy, independence, and cognitive abilities increase, she begins to exert her own will. In response, her parents' perceptions of her demands change dramatically, influenced by their own upbringing and childhood experiences.

Do the parents understand their toddler's needs and attempt to meet them? The 1-year-old's dramatic struggle for autonomy will test her parents' ability to let go, permit independence, and enjoy aspects of her behavior that are out of their direct control. The toddler's messy attempts to feed herself may be difficult for her parents as they sort out their own desire for order and neatness. The fact that the toddler may develop a resistance to going to bed or staying there adds to the challenge.

Responding sensitively to the 1-year-old's behavior is a complex task. Some parents who did well with the more dependent younger infant may be less sure of their role now. Toddlers beginning their second year of life seem to thrive when parents can accommodate the demands of their child yet maintain a strong "parenting presence"—including a full measure of patience, enough self-confidence to set limits, the judgment to know which needs are most important, and the ability to realize that their 1-year-old's negative behavior is not directed against them. Parents need to be positive role models for their toddler, both physically (e.g., eating nutritiously, wearing safety belts in the car) and emotionally (e.g., being calm and consistent in setting limits and handling tantrums). Parents who try to enjoy their toddler's growing independence can best provide a stable home base as her curiosity and mobility carry her into an expanding world.

HEALTH SUPERVISION: 1 YEAR

The following questions are intended to be used selectively to invite discussion, to gather information, to address the needs and concerns of the family, and to build partnerships. Use of the questions will vary from visit to visit and from family to family.

Questions can be modified to match the health professional's communication style.

Questions for the Parent(s)

- How are you?
- How are things going in your family?
- What questions or concerns do you have about Cindy today?
- What are some of the things you enjoy most about her?
- Do you think Cindy hears all right? Sees all right?
- What new things is Cindy doing?
- Have there been any major stresses or changes in your family since your last visit?
- What is Cindy eating now?
- Does Cindy sleep through the night?
- How does Cindy's father help take care of her?
- Who else can you turn to when you need help caring for Cindy?
- What are your child care arrangements? How do you feel about them?
- What are your thoughts about discipline? Do you and your partner tend to agree?
- What do you do when Cindy wants something you think she shouldn't have?
- Is Cindy fastened securely in a safety seat in the back seat every time she rides in the car?
- Does David have an object or favorite toy he uses to comfort himself?
- What are some of the main concerns in your life right now? Transportation? Money? Food? Family problems? Housing? Personal safety?
- Have you moved in the past year?
- How have you childproofed your home? Where do you keep household cleaners and poisonous items? Are they locked up or stored out of David's sight and reach?
- Do you have smoke alarms in your home? Have you checked the batteries recently?
- Do you know how to reduce your child's risk of exposure to lead hazards if you live in an older home or one that has been renovated recently?
- Have you ever been in a relationship where you have been hurt, threatened, or treated badly?
- Have you ever been worried that someone was going to hurt your child? Has your child ever been abused?
- Does anyone in your home have a gun? Does a neighbor or family friend? If so, is the gun unloaded and locked up? Where is the ammunition stored?
Have you considered not owning a gun because of the danger to children and other family members?

Developmental Surveillance and Milestones

Questions and Possible Responses

- **Do you have any specific concerns about Tashi’s development or behavior?**
- **How does Tashi communicate what she wants?**
 - Vocalizes (screeches, babbles)
 - Gestures (points, shakes head)
 - Speaks words (“mama,” “dada”)
- **What do you think Tashi understands?**
 - Names of family members
 - Names of familiar objects
 - Simple phrases (“all gone,” “bye-bye,” “peek-a-boo”)
 - Simple requests (“give me the ball”)
- **How does Tashi get from one place to another?**
 - Crawls, cruises, walks
- **How does Tashi act around family members?**
 - Responsive or withdrawn
 - Affectionate or hostile/aggressive
 - Happy or sad
 - Anxious when separated from parents
- **How does Tashi react to strangers?**
 - Outgoing or slow to warm up
 - Cautious/resistant

Milestones

Pulls to stand, cruises, and may take a few steps alone

Plays social games such as pat-a-cake, peek-a-boo, and so-big

Has precise pincer grasp

Points with index finger

Bangs two blocks together

Has vocabulary of one to three words in addition to “mama” and “dada”

Imitates vocalizations

Drinks from a cup

Looks for dropped or hidden objects

Waves “bye-bye”

Feeds self

- **To what extent does Tashi eat independently?**
 - Finger-feeds
 - Uses cup
 - Uses spoon
- **Tell me about Tashi’s typical play.**
 - Mouths objects
 - Shakes, bangs, throws, and drops objects
 - Imitates
 - Plays with containers
 - Uses objects appropriately on her own body (e.g., brushes her hair)
 - Has manual dexterity

Observation of Parent-Child Interaction

Are the parent and toddler interested in and responsive to each other (e.g., sharing vocalizations, smiles, and facial expressions)? Does the parent respond to the toddler's distress? What is the toddler's activity level, and how does the parent react? Does the parent respond supportively to the toddler's autonomy or independent behavior as long as it is not dangerous? Does the parent speak to the toddler in positive terms?

Additional Screening Procedures

Vision: Examine eyes; assess ability to fix and follow with each eye, alternate occlusion, corneal light reflex, red reflex.

Hearing: Conduct initial hearing screening if not previously done; otherwise, assess for possible hearing loss, with follow-up screening as needed (see Appendix D).

Lead exposure: Assess risk of lead exposure and screen as needed (see Appendix G).

Anemia: Screen for anemia if child was not screened at 9 months (see Appendix F).

Tuberculosis: Administer tuberculin test (PPD) if child meets any of the following risk criteria:¹

- Exposure to tuberculosis
- Radiographic or clinical findings
- Immigration from areas with high prevalence
- Residence/travel in areas with high prevalence
- Homelessness
- HIV infection, or living with person who has HIV
- Other medical risk factors

Physical Examination

Measure the toddler's length and weight. Plot these on the CDC growth charts (see Appendix C and the back pocket of this publication). Share the information with the family.

Examine the toddler's feet and observe her walking and gait. Reassure the parent about normal variations.

As part of the complete physical examination, the following should be particularly noted:

- Tooth eruption
- Early childhood caries (baby bottle tooth decay) or dental injuries
- Cardiac murmurs
- Developmental hip dysplasia
- Evidence of possible neglect or abuse

Immunizations

Please see Appendix C and refer to the current recommended childhood immunization schedule in the back pocket of this publication.

Be sure that immunizations are up to date. Discuss possible side effects, what to do about them, and when to call the health professional.

ANTICIPATORY GUIDANCE FOR THE FAMILY

In addition to providing anticipatory guidance, many health professionals give families handouts at an appropriate reading level or a videotape that they can review or study at home.

Promotion of Healthy and Safe Habits

Wash your toddler's hands and your own frequently, especially after diaper changes and before eating.

Clean your toddler's toys with soap and water.

If your toddler is in child care, provide personal items (e.g., blankets, cups) for individual use.

Limit television and video viewing to less than 1 hour per day. Be sure the programs are appropriate and watch them with your toddler.

Expect your toddler to sleep through the night in her own bed. Reinforce good sleeping habits. Maintain a regular bedtime routine.

Participate in physical activities as a family (e.g., taking walks, playing at a playground).

Injury Prevention

Switch to a forward-facing safety seat if your toddler weighs at least 20 pounds (9 kg). Move the harness straps to the upper slots and install it in the back seat according to the manufacturer's instructions and the vehicle owner's manual.

Never place your toddler's safety seat in the front seat of a vehicle with a passenger air bag. The back seat is the safest place for children of any age to ride.

Get down on the floor and check for new hazards now that your toddler is walking.

Be sure that the hot water heater thermostat is set lower than 120°F. Continue to test the water temperature with your wrist to make sure it is not hot before bathing your toddler.

Supervise your toddler constantly whenever she is near water (bathtub, playpool, buckets, toilet).

Do not expect young siblings to supervise your toddler (e.g., in the bathtub, house, or yard).

Continue to empty buckets, tubs, or small pools immediately after use.

Children should be supervised by an adult whenever they are near water.

Be sure that swimming pools in your community, apartment complex, or home have a four-sided fence with a self-closing, self-latching gate.

If you use a mesh playpen or portable crib, the weave should have small openings less than 1/4 inch (6 mm). Never leave your toddler in a mesh playpen or crib with the drop-side down.

Limit time spent in the sun. Put sunscreen (SPF 15 or higher) on your toddler before she goes outside. Use a broad-brimmed hat to shade her ears, nose, and lips.

Continue to keep your toddler's environment free of smoke. Keep your home and car nonsmoking zones.

Test smoke alarms to be sure they work properly. Change batteries yearly.

Do not leave heavy objects or containers of hot liquids on tables with tablecloths that your toddler might pull down.

Turn pan handles toward the back of the stove. Keep your toddler away from hot stoves, fireplaces, irons, curling irons, and space heaters.

Remove dangling telephone, electrical, blind, or drapery cords near your toddler's play or sleep areas.

Keep small appliances out of reach and place plastic plugs in electrical sockets.

Keep all poisonous substances, medicines, cleaning agents, health and beauty aids, and paints and paint solvents locked in a safe place out of your toddler's sight and reach. Never store poisonous substances in empty jars or soda bottles.

Keep the number of your local poison control center near the telephone, and call immediately if there is a poisoning emergency. Check with the poison control center about keeping ipecac syrup and/or activated charcoal in your home, to be used only as directed by the poison control center or the health professional.

Check your home for lead poisoning hazards (e.g., chipped lead paint, lead dust, lead water pipes, poorly glazed pottery).

Keep cigarettes, lighters, matches, and alcohol out of your toddler's sight and reach.

Be sure that guns, if kept in the home, are unloaded and locked up and that ammunition is stored separately. A trigger lock is an additional important precaution.

Do not give your toddler plastic bags, latex balloons, or small objects such as marbles.

Continue to use gates at the top and bottom of stairs and safety devices on windows. Supervise your toddler closely when she is on stairs.

Bolt bookcases, dressers, or cabinets to the wall.

Confine your toddler's outside play to areas within fences and gates, especially at a child care facility, unless she is under close supervision.

Keep your toddler away from moving machinery, lawn mowers, overhead garage doors, driveways, and streets.

Be sure that your toddler wears a helmet when riding in a seat on an adult's bicycle. Wear a helmet yourself.

Teach your toddler to use caution when approaching dogs, especially if the dogs are unknown or are eating.

Choose caregivers carefully. Talk with them about their attitudes and behavior in relation to discipline. Do not permit corporal punishment.

Learn first aid and child cardiopulmonary resuscitation (CPR).

Nutrition

Feed your toddler three meals and two or three planned nutritious snacks a day.

Include your toddler in family meals by providing a highchair or booster seat at table height.

Make mealtimes pleasant and companionable. Encourage conversation.

Encourage your toddler to feed herself. Toddlers learn to like foods by touching and mouthing them repeatedly.

Encourage your toddler to sit while eating to avoid choking.

Offer your toddler a variety of nutritious soft table foods and let her decide how much to eat. Toddlers will eat a lot one time, not much the next.

Anticipate that your toddler's rate of weight gain will be slower than in the first year.

If you are breastfeeding: Talk with the health professional about weaning from the breast when desired.

If you are bottlefeeding: Change from formula to whole pasteurized milk. Milk requirements decrease to 16 to 24 ounces per day. Begin to wean your toddler from the bottle.

Avoid giving your toddler foods and drinks that are high in sugar.

Be sure that your toddler's caregiver provides nutritious foods.

Avoid giving your toddler foods that can be inhaled or cause choking (e.g., no peanuts, popcorn, chips, hot dogs or sausages, carrot sticks, whole grapes, raisins, hard candy, large pieces of raw vegetables or fruit, or tough meat).

Oral Health

Brush your toddler's teeth with a small, soft toothbrush and water only (no toothpaste).

Do not put your toddler to bed with a bottle containing juice, milk, or other sugary liquid. Do not prop the bottle in her mouth, or allow drinking from a bottle at will during the day.

Encourage your toddler to drink from a cup.

Give your toddler fluoride supplements as recommended by your dentist, based on the level of fluoride in your drinking water.

Make an appointment for your toddler's first dental examination.

Bacteria that cause early childhood caries (baby bottle tooth decay) can be passed on to your baby through your saliva. To protect your baby's teeth and prevent decay, practice good family oral health habits (e.g., brushing, flossing).²

Promotion of Social Competence

Praise your toddler for good behavior.

Encourage your toddler's language development by reading and singing to her, and by talking about what you and she are seeing and doing together.

Encourage initiative and safe exploration.

Encourage your toddler to play alone as well as with playmates, siblings, and parents.

Use discipline as a means of teaching and protecting, not punishing. Set limits for your toddler by using distraction, gentle restraint, and "time out"; separating your toddler from the object or stimulus; staying close to your toddler; and maintaining structure and routines.

Limit the number of rules and consistently enforce them. Develop rules for all family members.

Anticipate and avoid unnecessary conflict situations.

Teach your toddler to avoid hitting, biting, and other aggressive behaviors.

Help your toddler learn self-quieting behaviors. Consistently provide your toddler with the same transitional object—such as a stuffed animal, blanket, or favorite toy—so that she can console herself at bedtime or in new situations.

Do not begin toilet training for many months. Discuss details of toilet training with your health professional at the next visit.

Anticipate that your toddler may touch her genitals.

Promotion of Constructive Family Relationships and Parental Health

Show affection in your family.

Take some time for yourself and spend some individual time with your partner.

Hold and cuddle your toddler and talk with her.

Spend some individual time with each child in your family.

Create opportunities for your family to share time together and for family members to talk and play with your toddler.

Reach agreement with all family members about how to support the toddler's emerging independence while maintaining consistent limits.

Choose babysitters and caregivers who are mature, trained, responsible, and recommended by someone you trust.

Limit the number of people who provide care for your toddler while you and your partner are working.

Talk with the health professional about your own preventive and health-promoting practices (e.g., using safety belts, avoiding tobacco, eating properly, exercising, doing breast self-exams or testicular self-exams).

Discuss family planning with your partner and the health professional.

If you are thinking about having another baby in the next year or so, talk with the health professional about taking folic acid supplements.³

Promotion of Community Interactions

If you need financial assistance to help pay for health care expenses, ask about resources or referrals to the state Medicaid programs or other state medical assistance and health insurance programs.

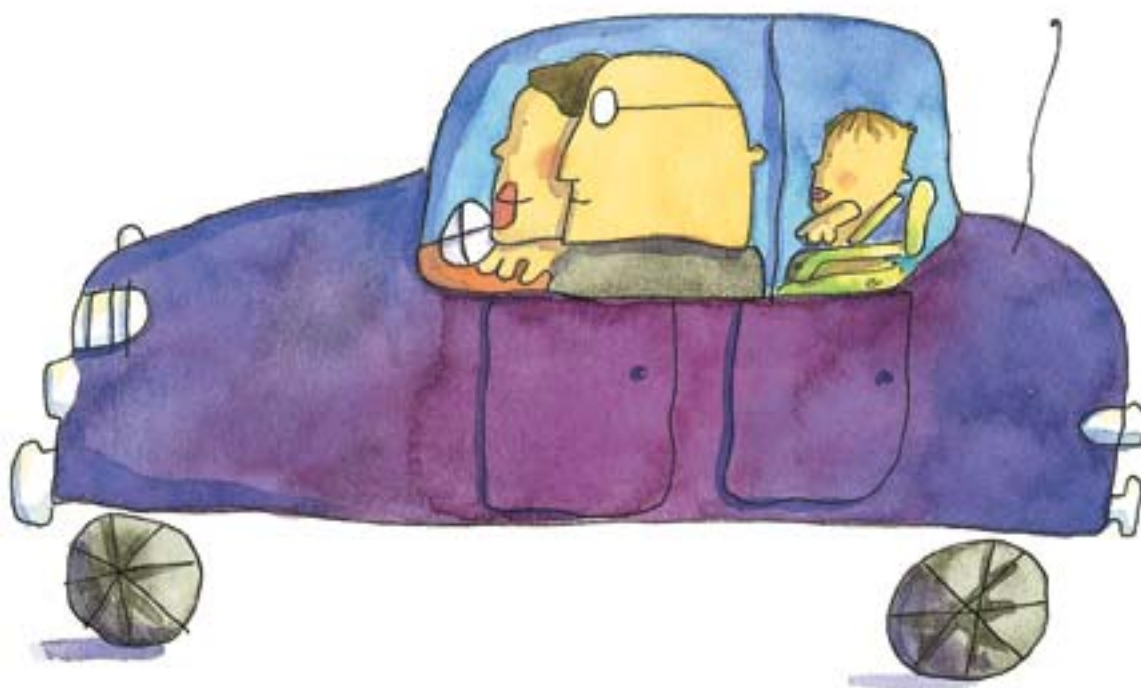
Ask about resources or referrals for food and/or nutrition assistance (e.g., Commodity Supplemental Food Program, Food Stamp Program, Early Head Start, WIC), housing, or transportation if needed.

Learn about and consider participating in parent-toddler play groups.

Consider attending parent education classes or parent support groups.

Maintain or expand ties to your community through social, religious, cultural, volunteer, and recreational organizations or programs.

Talk with the health professional about your current child care arrangements and whether they meet your family's needs.





Lacking a sense of danger or a fear of falling, the 15-month-old will try to scale playground equipment or poke a finger into an electrical socket.

FIFTEEN MONTH VISIT

The 15-month-old is a whirlwind of activity and curiosity, with no apparent sense of internal limits. Children of this age require constant attention and guidance from parents and caregivers. His first tentative steps have become headlong dashes to explore new places. The energy needed to master the challenge of walking is now focused on exploring new horizons. The impact of the dramatic developmental changes at 15 months—such as independent mobility, growing self-determination, and more complex cognitive abilities—will not be felt until the toddler has his first temper tantrum in the supermarket, ruins the carpet, or shows his first real resistance to being dressed, diapered, or put to bed. Now the toddler begins to display a new emotion: frustration. He will become angry when he is unable to accomplish a task, when he cannot make someone understand his rudimentary communication, and when he is not allowed to do precisely as he wishes. If crying and even screaming fail to elicit the desired response, the toddler's protests may escalate to full-blown temper tantrums or episodes of holding his breath.

At the same time, the toddler's new mobility makes it much more likely that he will injure himself. He is likely to run into the street or climb a

flight of stairs without a moment's hesitation. Lacking a sense of danger or a fear of falling, the 15-month-old will try to scale playground equipment or poke a finger into an electrical socket. Minor injuries may surprise him, but they rarely deter him for long.

While the toddler's level of activity increases significantly during this period, his rate of weight gain decreases, and struggles over eating may arise. A toddler frequently eats a lot at one meal and very little at the next. However, when offered nutritious foods consistently, he will eat a sufficient amount over time.

This critical period of learning for both parents and toddler is more productive when parents help their child begin to make healthy choices by serving nutritious foods without pressuring him to eat; when they offer him the freedom to explore, yet keep him safe; when they respond to his needs while limiting his undifferentiated demands; and when they learn to cope with their own anger and frustration as they help their toddler master his. At the 15-month visit, the health professional can help parents learn how to structure their child's environment and gain the parenting skills they need to achieve this delicate balancing act.

HEALTH SUPERVISION: 15 MONTHS

The following questions are intended to be used selectively to invite discussion, to gather information, to address the needs and concerns of the family, and to build partnerships. Use of the questions will vary from visit to visit and from family to family.

Questions can be modified to match the health professional's communication style.

Questions for the Parent(s)

- How are you?
 - How are things going in your family?
 - What questions or concerns do you have about Jung?
 - How would you describe Jung's personality these days?
 - What are some of the things about Jung that you are most proud of?
 - Have there been any major changes or stresses in your family since your last visit?
 - Does Jung have special activities he likes to do with you, such as read a book or play a game?
 - Does Jung still take a bottle?
 - Does Jung have a will of his own? How and when does he show that?
 - What kinds of things do you find yourself saying no about?
 - How are you and your partner managing Jung's behavior? What do you do when you disagree? Do you talk with each other about your child-rearing ideas? Are your approaches basically similar and consistent?
 - What do you do when you become angry or frustrated with Lisa?
 - Who else can you turn to when you need help caring for Lisa?
 - What are your child care arrangements? Are you happy with them?
 - Do you think Lisa hears all right? Sees all right?
 - Have you been able to get out of the house without Lisa?
 - Is Lisa fastened securely in a safety seat in the back seat every time she rides in the car?
 - Do you feel pressure to toilet train Lisa?
 - Have you ever been in a relationship where you have been hurt, threatened, or treated badly?
 - Have you ever been worried that someone was going to hurt your child? Has your child ever been abused?
 - Does anyone in your home have a gun? Does a neighbor or family friend? If so, is the gun unloaded and locked up? Where is the ammunition stored?
- Have you considered not owning a gun because of the danger to children and other family members?

Developmental Surveillance and Milestones

Questions and Possible Responses

- **Do you have any specific concerns about Kenji’s development or behavior?**
- **How does Kenji communicate what he wants?**
 - Vocalizes
 - Gestures
 - Speaks words (other than “mama” or “dada”)
- **What do you think Kenji understands?**
 - Names of family members
 - Names of familiar objects
 - Names of body parts
 - Simple phrases (“no more”)
 - Simple instructions without gestured cues (“go get your shoes”)
- **How does Kenji get from one place to another?**
 - Crawls, cruises
 - Walks
 - Runs, climbs
- **How does Kenji act around family members?**
 - Responsive or withdrawn
 - Affectionate or hostile/aggressive
 - Cooperative or defiant
 - Anxious when separated from parents
- **How does Kenji react to strangers?**
 - Outgoing or slow to warm up
 - Cautious/resistant

Milestones

- Has vocabulary of 3 to 10 words
- Can point to one or more body parts
- Understands simple commands
- Walks well, stoops, climbs stairs
- Stacks two blocks
- Feeds self with fingers
- Drinks from a cup
- Listens to a story
- Indicates what he wants by pulling, pointing, or grunting

- **To what extent does Kenji eat independently?**
 - Finger-feeds
 - Uses cup
 - Uses spoon
- **Tell me about Kenji’s typical play.**
 - Shakes, bangs, throws, and drops objects
 - Imitates
 - Plays with containers
 - Uses objects appropriately on his own body (brushes his hair)
 - Engages in simple representational play (pretends to feed doll)
 - Has manual dexterity
 - Participates in social play

Observation of Parent-Child Interaction

When the toddler moves around the room, how does the parent react? Does the parent watch him, follow him closely, or ignore him? How do the parent and toddler play with toys? Does the parent react positively when the health professional praises the child? If there are siblings in the room, how do they react to the toddler?

Physical Examination

Measure the toddler's length and weight. Plot these on the CDC growth charts (see Appendix C and the back pocket of this publication). Share the information with the family.

Examine the toddler's feet and observe his walking and gait. Reassure the parent about normal variations.

As part of the complete physical examination, the following should be particularly noted:

- Tooth eruption
- Early childhood caries (baby bottle tooth decay) or dental injuries
- Excessive injuries or bruising that may indicate inadequate supervision or abuse
- Other evidence of possible neglect or abuse

Additional Screening Procedures

Vision: Examine eyes; assess risk of vision impairment.

Hearing: Conduct initial hearing screening if not previously done; otherwise, assess for possible hearing loss, with follow-up screening as needed (see Appendix D).

Anemia: Assess risk of anemia and screen as needed (see Appendix F).

Tuberculosis: Administer tuberculin test (PPD) if child meets any of the following risk criteria:¹

- Exposure to tuberculosis
- Radiographic or clinical findings
- Immigration from areas with high prevalence
- Residence/travel in areas with high prevalence
- Homelessness
- HIV infection, or living with person who has HIV
- Other medical risk factors

Immunizations

Please see Appendix C and refer to the current recommended childhood immunization schedule in the back pocket of this publication.

Be sure that immunizations are up to date. Discuss possible side effects, what to do about them, and when to call the health professional.

ANTICIPATORY GUIDANCE FOR THE FAMILY

In addition to providing anticipatory guidance, many health professionals give families handouts at an appropriate reading level or a videotape that they can review or study at home.

Promotion of Healthy and Safe Habits

Wash your toddler's hands and your own frequently, especially after diaper changes and before eating.

Clean your toddler's toys with soap and water.

If your toddler is in child care, provide personal items (e.g., blankets, cups) for individual use.

Limit television and video viewing to less than 1 hour per day. Be sure the programs are appropriate. Watch and talk about them with your toddler.

Continue to reinforce good sleeping habits. Maintain a regular bedtime routine.

Participate in physical activities as a family (e.g., taking walks, playing at a playground).

Injury Prevention

Use a forward-facing safety seat if your child weighs at least 20 pounds (9 kg). Be sure that it is properly installed in the back seat according to the manufacturer's instructions and the vehicle owner's manual.

Never place your toddler's safety seat in the front seat of a vehicle with a passenger air bag. The back seat is the safest place for children of any age to ride.

Continue to test the water temperature with your wrist to make sure it is not hot before bathing your toddler.

Supervise your toddler constantly whenever he is near water (bathtub, playpool, buckets, toilet).

Do not expect young siblings to supervise your toddler (e.g., in the bathtub, house, or yard).

Continue to empty buckets, tubs, or small pools immediately after use.

Children should be supervised by an adult whenever they are near water.

Be sure that swimming pools in your community, apartment complex, or home have a four-sided fence with a self-closing, self-latching gate.

Limit time spent in the sun. Continue to put sunscreen (SPF 15 or higher) on your toddler before he goes outside. Use a broad-brimmed hat to shade his ears, nose, and lips.

Continue to keep your toddler's environment free of smoke. Keep your home and car nonsmoking zones.

Do not leave heavy objects or containers of hot liquids on tables with tablecloths that your toddler might pull down.

Turn pan handles toward the back of the stove. Keep your toddler away from hot stoves, fireplaces, irons, curling irons, and space heaters.

Be sure there are no dangling telephone, electrical, blind, or drapery cords in your home.

Keep small appliances out of reach and place plastic plugs in electrical sockets.

Remove poisons and toxic household products from the home or keep them in locked cabinets. Have safety caps on all medications.

Keep cigarettes, lighters, matches, and alcohol out of your toddler's sight and reach.

Keep the number of your local poison control center near the telephone, and call immediately if there is a poisoning emergency. Check with the poison control center about keeping ipecac syrup and/or activated charcoal in your home, to be used only as directed by the poison control center or the health professional.

Be sure that guns, if kept in the home, are unloaded and locked up and that ammunition is stored separately. A trigger lock is an additional important precaution.

Do not give your toddler plastic bags, latex balloons, or small objects such as marbles.

Never underestimate the ability of your toddler to climb. Some children may climb out of the crib at this age. Be sure that the crib mattress is on the lowest rung.

Continue to use gates at the top and bottom of stairs and safety locks and guards on windows. Supervise your toddler closely when he is on stairs.

Bolt bookcases, dressers, or cabinets to the wall.

Confine your toddler's outside play to areas within fences and gates, especially at a child care facility, unless he is under close supervision.

Keep your toddler away from moving machinery, lawn mowers, overhead garage doors, driveways, and streets.

Be sure that your toddler wears a helmet when riding in a seat on an adult's bicycle. Wear a helmet yourself.

Teach your toddler to use caution when approaching dogs, especially if the dogs are unknown or are eating.

Choose caregivers carefully. Talk with them about their attitudes and behavior in relation to discipline. Do not permit corporal punishment.

Nutrition

Feed your toddler three meals and two or three planned nutritious snacks a day.

Include your toddler in family meals by providing a highchair or booster seat at table height.

Make mealtimes pleasant and companionable. Encourage conversation.

Let your toddler experiment with a variety of foods from each food group by touching and mouthing them repeatedly.

Let your toddler decide what and how much to eat. His appetite will vary; he will eat a lot one time, not much the next.

He may become more aware of and suspicious of new or strange foods, but do not limit the menu to foods he likes.

Anticipate that your toddler's rate of weight gain will be slower than in the first year.

Give your toddler pasteurized whole milk.

Give your toddler a spoon for eating and a cup for drinking. Be sure that they are easy for small hands to hold.

Be sure that your toddler's caregiver provides nutritious foods.

Avoid giving your toddler foods that can be inhaled or cause choking (e.g., no peanuts, popcorn, chips, hot dogs or sausages, carrot sticks, whole grapes, raisins, hard candy, large pieces of raw vegetables or fruit, or tough meat).

Resist offering food for emotional reasons (e.g., comfort, reward).

Oral Health

Continue to brush your toddler's teeth with a small, soft toothbrush and water only (no toothpaste). Children younger than 4 or 5 years have not yet developed the hand coordination to clean their own teeth adequately.

Do not put your toddler to bed with a bottle containing juice, milk, or other sugary liquid. Do not prop the bottle in her mouth, or allow drinking from a bottle at will during the day.

Encourage your toddler to drink from a cup.

Give your toddler fluoride supplements as recommended by your dentist, based on the level of fluoride in your drinking water.

Schedule your toddler's first dental visit if it has not already occurred.

Bacteria that cause early childhood caries (baby bottle tooth decay) can be passed on to your baby through your saliva. To protect your baby's teeth and prevent decay, practice good family oral health habits (e.g., brushing, flossing).²

Promotion of Social Competence

Praise your toddler for good behavior and accomplishments.

Encourage your toddler's language development by reading and singing to him, and by talking about what you and he are seeing and doing together.

Encourage play with other children as a way of learning social behaviors.

Encourage your toddler's autonomous behavior, curiosity, sense of emerging independence, and feeling of competence.

Develop strategies to manage the power struggles that result from your toddler's need to control his environment.

Use discipline as a means of teaching and protecting, not punishing. Set limits for your toddler by using distraction, gentle restraint, and "time out," separating your toddler from the object or stimulus, staying close to your toddler, and maintaining structure and routines.

Teach your toddler to avoid hitting, biting, and other aggressive behaviors.

Encourage your toddler to use a transitional object—such as a stuffed animal, blanket, or favorite toy—so that he can console himself at bedtime or in new situations.

Recognize that toilet training is part of developmentally appropriate learning.

Delay toilet training until your toddler is dry for periods of about 2 hours, knows the difference between wet and dry, can pull his pants up and down, wants to learn, and can give a signal when he is about to have a bowel movement.

Anticipate that your toddler may touch his genitals.

Promotion of Constructive Family Relationships and Parental Health

Show affection in your family.

Take some time for yourself and spend some individual time with your partner.

Choose babysitters and caregivers who are mature, trained, responsible, and recommended by someone you trust.

Hold and cuddle your toddler, and talk with him.

Listen to and respect your toddler.

Spend some time playing with your toddler each day. Focus on activities that he expresses interest in and enjoys.

Spend some individual time with each child in the family.

Help your toddler express such feelings as joy, anger, sadness, fear, and frustration.

Create opportunities for your family to share time together and for family members to talk and play with your toddler.

Reach agreement with all family members on how to support the toddler's emerging independence while maintaining consistent limits.

Talk with the health professional about your own preventive and health-promoting practices (e.g., using safety belts, avoiding tobacco, eating properly, exercising, doing breast self-exams or testicular self-exams).

Discuss family planning with your partner and the health professional.

If you are thinking about having another baby in the next year or so, talk with the health professional about taking folic acid supplements.³

Promotion of Community Interactions

If you need financial assistance to help pay for health care expenses, ask about resources or referrals to the state Medicaid programs or other state medical assistance and health insurance programs.

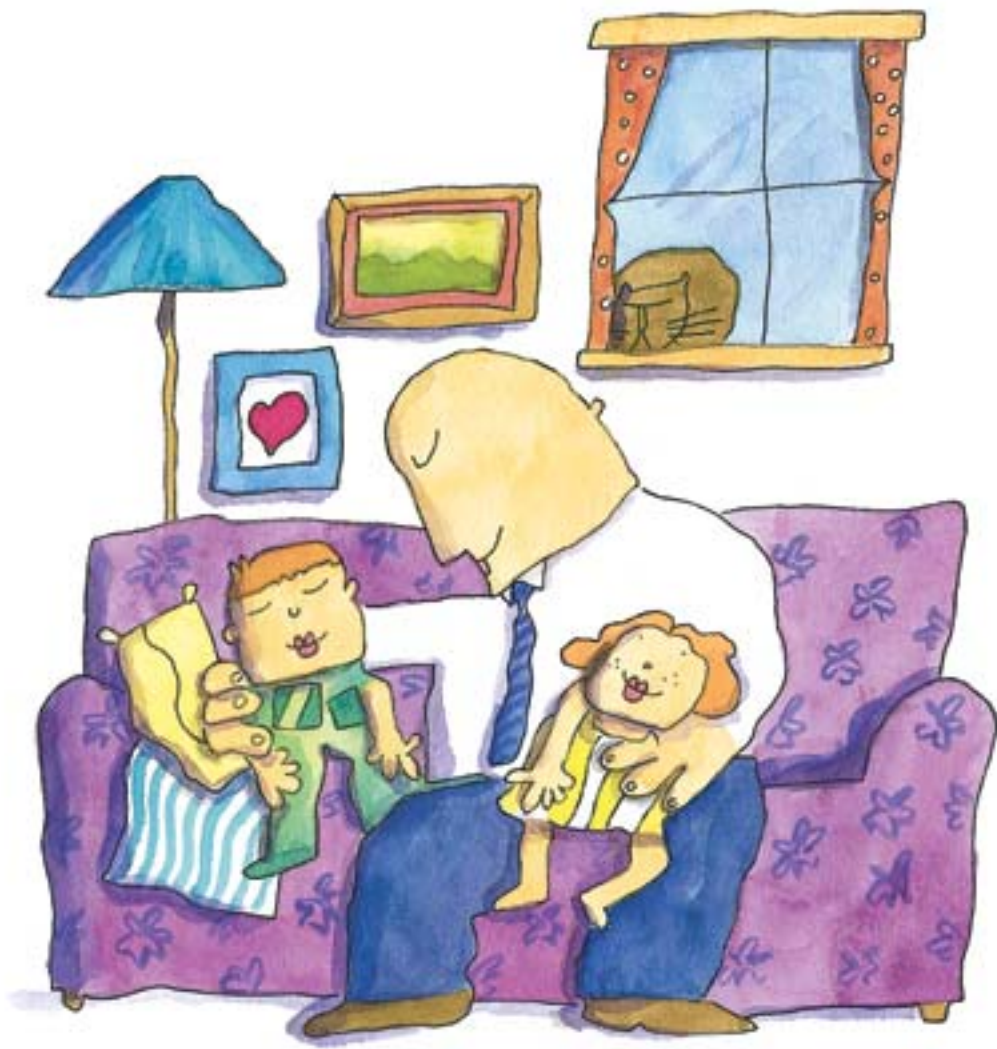
Ask about resources or referrals for food and/or nutrition assistance (e.g., Commodity Supplemental Food Program, Food Stamp Program, Early Head Start, WIC), housing, or transportation if needed.

Learn about and consider participating in parent-toddler play groups.

Consider attending parent education classes or parent support groups.

Maintain or expand ties to your community through social, religious, cultural, volunteer, and recreational organizations.

Talk with the health professional about your current child care arrangements and how they meet your family's needs.





The behavior of an 18-month-old can be frustrating at times, but her delight in her own emerging competence and achievements can bring a sense of joy and accomplishment to all around her.

EIGHTEEN MONTH VISIT

The 18-month-old requires gentle transitions, patience, consistent limits, and respect. One minute she insists on independence; the next she is clinging fearfully to her parent. If the toddler is challenged by a playmate or a sibling, her cheerful playing can quickly turn into a screaming tantrum. Much of the energy and drive that was channeled into physical activity is now directed toward more complex tasks and social interactions. Having learned the concept of choice, the toddler becomes assertive about her own wishes. Because her repertoire of language and behavior is rather limited, her method of expressing herself generally consists of saying “No!” She can also be strong-willed, collapsing her legs rather than walking where adults want her to go.

The seeming defiance and negativism of an 18-month-old are merely assertions of her emerging sense of her own identity. When the toddler bounces a ball 20 times in the kitchen, she is not trying to drive her parents crazy. Rather, she is trying to learn about bouncing balls, and repetition is the best teacher. The toddler resists change and often experiences frustration as she attempts to learn new skills. However, she responds positively and happily to a stable environment.

The 18-month-old needs to have strong emotional ties to her parents. To venture into the world and test her newfound assertiveness, she must know that she has a safe, emotionally secure place at home. Parents can help their child by not taking her assertiveness personally. As the toddler tries out new skills, the parents can modify her environment to avoid as many problem situations as possible. Parents must “choose their battles” carefully to minimize the possibility of continual power struggles with their toddler over minor issues. Extra patience and a sense of humor can help parents with the tough task of continually reinforcing the limits they have set.

Parents who view their toddler’s negativism as budding independence and who provide a physically and emotionally stable environment can support her through this sometimes stormy period and be richly rewarded. The behavior of an 18-month-old can be frustrating at times, but her delight in her own emerging competence and achievements can bring a sense of joy and accomplishment to all around her. The 18-month-old can light up a room as she applauds herself and looks around for parental acclaim and reinforcement.

HEALTH SUPERVISION: 18 MONTHS

The following questions are intended to be used selectively to invite discussion, to gather information, to address the needs and concerns of the family, and to build partnerships. Use of the questions will vary from visit to visit and from family to family. Questions can be modified to match the health professional's communication style.

Questions for the Parent(s)

- How are you?
- How are things going in your family?
- What questions or concerns do you have about Rachel?
- What kinds of things do you find yourself saying “no” about?
- What are some of the things that you most enjoy about Rachel? What seems most difficult?
- Have there been any major stresses or changes in your family since your last visit?
- Does Rachel have any playmates?
- What are some of Rachel's favorite activities?
- What do you do when you become angry or frustrated with Rachel?
- How does Rachel assert herself? Does she hit, bite, or kick? How are you managing her behavior?
- Do you and your partner agree on your household rules?
- Do you think Steve hears all right?
Sees all right?
- Is Steve fastened securely in a safety seat in the back seat every time he rides in the car?
- How does Steve get along at child care?
- Do you feel pressure to toilet train Steve?
- Have you ever been in a relationship where you have been hurt, threatened, or treated badly?
- Have you ever been worried that someone was going to hurt your child? Has your child ever been abused?
- Do you feel safe in your neighborhood?
- Does anyone in your home have a gun? Does a neighbor or a family friend? If so, is the gun unloaded and locked up? Where is the ammunition stored?

Have you considered not owning a gun because of the danger to children and other family members?



Developmental Surveillance and Milestones

Questions and Possible Responses

- **Do you have any specific concerns about Elena's development or behavior?**
- **How does Elena communicate what she wants?**
 - Vocalizes and gestures
 - Speaks words (15 to 20)
 - Uses phrases of two or three words
 - Speaks intelligibly to family
- **What do you think Elena understands?**
 - Names of family members
 - Names of familiar objects, including those in pictures
 - Names of body parts
 - Simple instructions without gestured cues ("sit down")
- **How does Elena get from one place to another?**
 - Crawls, walks
 - Runs, climbs
 - Goes up and down stairs (one step at a time)
- **How does Elena act around family members?**
 - Responsive or withdrawn
 - Affectionate or hostile/aggressive
 - Cooperative or defiant
 - Dependent or self-reliant
- **How does Elena react to strangers?**
 - Outgoing or slow to warm up
 - Cautious/resistant
 - Anxious when separated from parents

Milestones

Walks quickly or runs stiffly

Throws a ball

Has a vocabulary of 15 to 20 words

Imitates words

Uses two-word phrases

Pulls a toy along the ground

Stacks two or three blocks

Uses a spoon and cup

Listens to a story, looking at pictures and naming objects

Shows affection, kisses

Follows simple directions

Points to some body parts

May imitate a crayon stroke and scribbles

Dumps an object from bottle without being shown

- **How does Elena act around other children?**
 - Interactive or withdrawn/resistant
 - Friendly or hostile/aggressive (hitting, biting)
- **Tell me about Elena's typical play.**
 - Plays with favorite toys (describe play)
 - Listens to stories
 - Engages in simple representational play (feeds doll)
 - Has manual dexterity

Observation of Parent-Child Interaction

How do the parent and child communicate? (Parents vary in their awareness of language milestones and their ability to report this information.) What words do they use? What is the tone of the interaction and the feeling conveyed? When the health professional speaks and interacts with the child directly, does the parent intervene? How does the parent discipline the child? Does the parent seem positive when speaking about the child?

Physical Examination

Measure the toddler's length and weight. Plot these on the CDC growth charts (see Appendix C and the back pocket of this publication). Share the information with the family.

Examine the toddler's feet and observe her walking and gait. Reassure the parent about normal variations.

As part of the complete physical examination, the following should be particularly noted:

- Early childhood caries (baby bottle tooth decay) or dental injuries
- Excessive injuries or bruising that may indicate inadequate supervision or abuse
- Other evidence of possible neglect or abuse

Additional Screening Procedures

Vision: Examine eyes; assess risk of vision impairment.

Hearing: Conduct initial hearing screening if not previously done; otherwise, assess for possible hearing loss, with follow-up screening as needed (see Appendix D).

Anemia: Assess risk of anemia and screen as needed (see Appendix F).

Tuberculosis: Administer tuberculin test (PPD) if child meets any of the following risk criteria:¹

- Exposure to tuberculosis
- Radiographic or clinical findings
- Immigration from areas with high prevalence
- Residence/travel in areas with high prevalence
- Homelessness
- HIV infection, or living with person who has HIV
- Other medical risk factors

Immunizations

Please see Appendix C and refer to the current recommended childhood immunization schedule in the back pocket of this publication.

Be sure that immunizations are up to date. Discuss possible side effects, what to do about them, and when to call the health professional.



No Bottle at Bedtime

After working all day, Eva St. Pierre is exhausted when she picks up her 18-month-old son, Hilary, from the child care provider's house. After taking Hilary home, Eva feeds him, plays with him for a while, then puts him to bed with a baby bottle filled with juice. Eva has many household chores to finish so she feels relieved when Hilary settles down to sleep. She worries about putting Hilary to bed with a bottle, though. Her coworker's son has decayed teeth and his doctor indicated that he developed this condition by regularly falling asleep while drinking milk from a baby bottle.

At Hilary's next health supervision visit, Dr. Mikkelsen talks with Eva about the incidence of early childhood caries (baby bottle tooth decay) in babies and toddlers who are put to bed with a bottle of juice or milk.

"I understand how important it is to get Hilary to sleep," the doctor says, "so we should spend a good part of this visit talking about ways to comfort Hilary to help him sleep. First, though, I want to emphasize that falling asleep with a bottle is not healthy



for Hilary. Let me show you some pictures of children who have developed severe tooth decay after falling asleep each night with a bottle filled with milk or juice."

While showing Eva the photographs, Dr. Mikkelsen explains that if Hilary continues to fall asleep with a bottle of juice, he will be at increased risk for developing early childhood caries. "This oral disease causes severe pain and decay in young children and can require extensive and costly treatment, possibly under general anesthesia," cautions Dr. Mikkelsen.

The doctor explains that Eva can reduce Hilary's risk of developing early childhood caries and still help her son fall asleep

comfortably. The doctor suggests the use of comfort measures before sleep, such as holding Hilary, rubbing his back, and singing to him. Eva is concerned because Hilary is used to having the bottle in bed with him and it might be difficult for him to suddenly break this habit. Dr. Mikkelsen suggests that if Hilary insists on going to sleep with a bottle, it can be filled with water or its contents gradually diluted until the bottle contains only water.

"Why don't you call me in a month so we can talk about how the new sleep routine is working out?" Dr. Mikkelsen suggests. "In the meantime, I'm going to refer you to a pediatric dentist for Hilary's first oral health exam."

As the health supervision visit comes to a close, Dr. Mikkelsen explains that the bacteria that cause early childhood caries can also be passed to Hilary through saliva. The doctor encourages Eva to maintain good oral health habits such as brushing and flossing, and to schedule an appointment with her own dentist every 6 months.

ANTICIPATORY GUIDANCE FOR THE FAMILY

In addition to providing anticipatory guidance, many health professionals give families handouts at an appropriate reading level or a videotape that they can review or study at home.

Promotion of Healthy and Safe Habits

Continue to wash your toddler's hands and your own after diaper changes and before eating.

Clean your toddler's toys with soap and water.

If your toddler is in child care, continue to provide personal items (e.g., blankets, cups) for individual use.

Limit television and video viewing to less than 1 hour per day. Be sure the programs are appropriate. Watch and talk about them with your toddler.

Continue to reinforce good sleeping habits. Maintain a regular bedtime routine.

Participate in physical activities as a family (e.g., taking walks, playing at a playground).

Injury Prevention

Use a forward-facing safety seat if your child weighs at least 20 pounds (9 kg). Be sure that it is properly installed in the back seat according to the manufacturer's instructions and the vehicle owner's manual.

Never place your toddler's safety seat in the front seat of a vehicle with a passenger air bag. The back seat is the safest place for children of any age to ride.

Continue to test the water temperature to make sure it is not hot before bathing your toddler.

Supervise your toddler constantly whenever he is near water (bathtub, playpool, buckets, toilet).

Do not permit young siblings to supervise your toddler (e.g., in the bathtub, house, yard, or playground).

Continue to empty buckets, tubs, or small pools immediately after use.

Children should be supervised by an adult whenever they are near water.

Be sure that swimming pools in your community, apartment complex, or home have a four-sided fence with a self-closing, self-latching gate.

Put sunscreen (SPF 15 or higher) on your toddler before she goes outside. Use a broad-brimmed hat to shade her ears, nose, and lips.

Continue to keep your toddler's environment free of smoke. Keep your home and car nonsmoking zones.

Be sure there are no dangling telephone, electrical, blind, or drapery cords in your home.

Keep small appliances out of reach and place plastic plugs in electrical sockets.

Remove poisons and toxic household products from the home or keep them in locked cabinets. Have safety caps on all medications.

Keep the number of your local poison control center near the telephone, and call immediately if there is a poisoning emergency. Check with the poison control center about keeping ipecac syrup and/or activated charcoal in your home, to be used only as directed by the poison control center or the health professional.

Keep cigarettes, lighters, matches, alcohol, firearms, and electrical tools locked up and out of your toddler's sight and reach.

Continue to use gates at the top and bottom of stairs and safety locks and guards on windows. Supervise your toddler closely when she is on stairs.

Bolt bookcases, dressers, or cabinets to the wall.

Never leave your toddler alone in the car or in the house.

Keep your toddler away from moving machinery, lawn mowers, overhead garage doors, driveways, and streets.

Be sure that your toddler wears a helmet when riding in a seat on an adult's bicycle. Wear a helmet yourself.

Talk with the health professional about how to handle falls, cuts, puncture wounds, bites, bumps on the head, bleeding, and broken bones.

Choose caregivers carefully. Talk with them about their attitudes and behavior in relation to discipline. Do not permit corporal punishment.

Nutrition

Serve your toddler three nutritious meals a day. Provide a highchair or booster seat at table height during family mealtimes.

Make mealtimes pleasant and companionable. Encourage conversation.

Give your toddler two or three planned nutritious snacks a day. Provide snacks rich in complex carbohydrates, and limit sweets and high-fat snacks.

Resist using snacks for emotional reasons (comfort, reward).

Continue encouraging your toddler to feed herself with her hands or a spoon and to drink from a cup.

Encourage your toddler to experiment with foods, deciding what and how much to eat from the nutritious foods that you offer.

Let your toddler develop food likes and dislikes.

Do not allow feeding to serve as the focus of a power struggle.

Expect your toddler to eat a lot one time, not much the next. "Food jags" are common at this age. A toddler's intake will vary considerably over any 24-hour period, but should be balanced over several days.

Be sure that your toddler's caregiver provides nutritious foods.

Avoid giving your toddler foods that can be inhaled and cause choking (e.g., no peanuts, popcorn, chips, hot dogs or sausages, carrot sticks, whole grapes, raisins, hard candy, large pieces of raw vegetables or fruit, or tough meat).

Oral Health

Continue to brush your toddler's teeth with a small, soft toothbrush and water only (no toothpaste).

Give your toddler fluoride supplements as recommended by your dentist, based on the level of fluoride in your drinking water.

Do not put your toddler to bed with a bottle, prop it in her mouth, or allow drinking from a bottle at will during the day.

Encourage your toddler to drink from a cup.

Schedule your toddler's first dental visit if it has not already occurred.

Bacteria that cause early childhood caries (baby bottle tooth decay) can be passed on to your baby through your saliva. To protect your baby's teeth and prevent decay, practice good family oral health habits (e.g., brushing, flossing).²

Promotion of Social Competence

Praise your toddler for good behavior and accomplishments.

Model appropriate language. Encourage your toddler's language development by reading and singing to her, and by talking about what you and she are seeing and doing together.

Encourage self-expression.

Promote a sense of competence and control by inviting your toddler to make choices whenever possible. (Be sure you can live with the choices—e.g., “red pants or blue?”).

Encourage your toddler to be assertive in appropriate situations, yet provide limits when needed.

Decide what limits are important to you and your toddler. Be specific when setting these limits. Briefly tell your toddler what she did wrong. Be as consistent as possible when enforcing limits.

Keep “time out” or other disciplinary measures brief. Do not hesitate to pick up or hold your toddler or remove her from danger or conflict. Reassure your toddler once the negative behavior has stopped.

When correcting her, make a verbal distinction between your toddler and her behavior: “I love you, but I don't like it when you do ____.”

When possible, give your toddler a “yes” as well as a “no.” (For example: “No, you can't play with the remote control, but you can play with the blocks.”)

Avoid a power struggle with your toddler. Prepare strategies for sidestepping conflicts and appropriately asserting your power. You can control only your own responses to your toddler's behavior. For example, you cannot make a toddler sleep, but you can insist that she stay in her room.

Teach your toddler about limit-setting measures such as “time out” when she is most capable of learning (e.g., when she is rested, fed, calm).

Prepare strategies to deal with night waking, night fears, and nightmares.

Encourage self-quieting behaviors such as quiet play or the use of a transitional object (e.g., a favorite toy or blanket).

Recognize that toilet training is part of developmentally appropriate learning.

Delay toilet training until your toddler is dry for periods of about 2 hours, knows the difference between wet and dry, can pull her pants up and down, wants to learn, and can indicate when she is about to have a bowel movement.

Anticipate that your toddler may touch her genitals.

Promotion of Constructive Family Relationships and Parental Health

Show affection in your family.

Take some time for yourself and spend some individual time with your partner.

Choose babysitters and caregivers who are mature, trained, responsible, and recommended by someone you trust.

Listen to and respect your toddler.



If you are expecting another baby, talk with the health professional about how to prepare your child for the new baby.

Spend some time playing with your toddler each day. Focus on activities that she expresses interest in and enjoys.

Show interest in your toddler's child care activities.

Spend some individual time with each child in your family.

Help your toddler express such feelings as joy, anger, sadness, fear, and frustration.

Create opportunities for your family to share time together and for family members to talk and play with your toddler.

Keep family outings relatively short and simple. Lengthy activities tire your toddler and may lead to irritability or a temper tantrum.

Do not expect your toddler to share her toys.

Allow older children to have toys and other objects that they do not have to share with the toddler. Give them a storage space that the toddler cannot reach.

Acknowledge conflicts between siblings. Whenever possible, attempt to resolve conflicts without taking sides. For example, if a conflict arises about a toy, the toy can be put away. Do not allow hitting, biting, or other aggressive behavior.

Reach agreement with all family members on how to support the toddler's emerging independence while maintaining consistent limits.

Talk with the health professional about your own preventive and health-promoting practices (e.g., using safety belts, avoiding tobacco, eating properly, exercising, doing breast self-exams or testicular self-exams).

Discuss family planning with your partner and the health professional.

If you are thinking about having another baby in the next year or so, talk with the health professional about taking folic acid supplements.³

Promotion of Community Interactions

If you need financial assistance to help pay for health care expenses, ask about resources or referrals to the state Medicaid programs or other state medical assistance and health insurance programs.

Ask about resources or referrals for food and/or nutrition assistance (e.g., Commodity Supplemental Food Program, Food Stamp Program, Early Head Start, WIC), housing, or transportation if needed.

Learn about and consider participating in parent-toddler play groups. Talk with the health professional about possible programs for your child: preschool, early intervention programs, or other community programs.

Consider attending parent education classes or parent support groups.

Maintain or expand ties to your community through social, religious, cultural, volunteer, and recreational organizations or programs.

Talk with the health professional about your current child care arrangements and how they meet your family's needs.

Find out what you can do to make your community safer.

Advocate for and participate in a neighborhood watch program.



The 2-year-old enjoys feeding himself, reading a book, and imitating his parents doing household chores.

TWO YEAR VISIT

The 2-year-old is spirited, delightful, joyful, carefree, challenging—and sometimes trying! Although families may be frustrated when their 2-year-old cannot successfully communicate his needs, helping the child master the use of language can be rewarding for both the family and the child. The 2-year-old is learning to be sociable but is not yet skilled at interacting with other children. Rather than sharing, he engages in parallel play alongside his peers. The 2-year-old cannot be expected to sit in a circle with other children or listen to a long story. These abilities will develop between the ages of 2 and 3.

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

Although the 2-year-old seems determined to assert his independence, when he is presented with a choice (between orange juice and apple juice, for

example), he usually ceases his activity and has a difficult time choosing. After finally making a decision, he often wants to change it. Despite his apparent yearning for independence, the 2-year-old frequently hides behind his parent's legs when approached by other adults. He may develop fears at this age. He may be afraid of going down the drain along with the bath water or of being eaten by monsters underneath the bed. With parental reassurance, the child gains more confidence and overcomes his fears.

At this age, many of the child's actions are still governed by his parents' reactions. He has learned what to do to get his parents to respond, either negatively or positively, and may play one against the other. He will throw tantrums to get his way if he knows that his parents will react strongly. Similarly, if his parents overreact when he has difficulty expressing himself clearly, this normal phase of speech development may be prolonged.

At age 2, the child is ready to be taught simple rules about safety and behavior in the family, but he is only beginning to be able to internalize them. Parents who provide gentle reassurance, calmly and consistently maintain limits despite repeated tantrums, and reinforce positive behaviors help their child begin to develop healthy self-confidence and social skills.

HEALTH SUPERVISION: 2 YEARS

The following questions are intended to be used selectively to invite discussion, to gather information, to address the needs and concerns of the family, and to build partnerships. Use of the questions will vary from visit to visit and from family to family.

Questions can be modified to match the health professional's communication style.

Questions for the Parent(s)

- How are you?
 - How are things going in your family?
 - Do you have any questions or concerns about Tommy?
 - What do you and your partner enjoy most about him? What seems to be most difficult?
 - Have there been any major changes or stresses in your family since your last visit?
 - How is Tommy's toilet training progressing?
 - What are Tommy's sleeping habits? Eating habits?
 - Do you think Tommy hears all right? Sees all right?
 - Does Tommy eat nonfood substances such as clay, dirt, or paint chips?
 - What language(s) does your family speak at home?
 - Is Tommy fastened securely in a safety seat in the back seat every time he rides in the car?
 - Are you happy with your child care arrangements?
 - Do both parents and all caregivers agree on disciplinary style and setting limits?
 - How are you dealing with setting limits for Yolanda and disciplining her?
 - How do you deal with tantrums?
 - Do you ever get so angry with Yolanda that you are worried about what you might do next?
 - Do you know how to reduce your child's risk of exposure to lead hazards if you live in an older home or one that has been renovated recently?
 - Have you ever been in a relationship where you have been hurt, threatened, or treated badly?
 - Have you ever been worried that someone was going to hurt your child? Has your child ever been abused?
 - Do you feel safe in your neighborhood?
 - Does anyone in your home have a gun? Does a neighbor or a family friend? If so, is the gun unloaded and locked up? Where is the ammunition stored?
- Have you considered not owning a gun because of the danger to children and other family members?

Developmental Surveillance and Milestones

Questions and Possible Responses

- **Do you have any specific concerns about Lincoln's development or behavior?**
- **How does Lincoln communicate what he wants?**
 - Vocalizes and gestures
 - Speaks words (rapidly expanding vocabulary)
 - Uses phrases of two or three words
 - Speaks intelligibly to strangers (25 percent of the time)
- **What do you think Lincoln understands?**
 - Names of family members
 - Names of familiar objects, including those in pictures
 - Names of seven body parts
 - Simple instructions without gestured cues ("sit down")
- **How does Lincoln get from one place to another?**
 - Walks, climbs, runs
 - Goes up and down stairs (one step at a time)
- **How does Lincoln act around family members?**
 - Responsive or withdrawn
 - Affectionate or hostile/aggressive
 - Cooperative or defiant
 - Dependent or self-reliant
 - Anxious when separated from parents

Milestones

Can go up and down stairs one step at a time
Can kick a ball
Can stack five or six blocks
Has vocabulary of at least 20 words
Uses two-word phrases
Makes or imitates horizontal and circular strokes with crayon
Can follow two-step commands
Imitates adults

- **How does Lincoln react to strangers?**
 - Outgoing or slow to warm up
 - Cautious/resistant
- **How does Lincoln act around other children?**
 - Interactive or withdrawn/resistant
 - Friendly or hostile/aggressive (hitting, biting)
- **To what extent has Lincoln developed independence in eating and dressing?**
 - Uses cup, spoon, and fork
 - Helps to dress himself
- **Tell me about Lincoln's typical play.**
 - Plays with favorite toys (describe how used)
 - Listens to stories
 - Engages in simple fantasy play
 - Engages in parallel play with peers
 - Has manual dexterity

Observation of Parent-Child Interaction

How do the parent and child communicate? (Parents vary in their awareness of language milestones and the ability to report this information.) What words do they use? What is the tone of the interaction and the feeling conveyed? Does the parent teach the child the name of a person or object during the visit? How does the parent discipline or restrain the child? Does the parent seem positive when speaking about the child?

Physical Examination

Measure the child's length or height and weight, and calculate body mass index (BMI). Plot these on the CDC growth charts (see Appendix C and the back pocket of this publication). Share the information with the family.

As part of the complete physical examination, the following should be particularly noted:

- Early childhood caries (baby bottle tooth decay), developmental dental anomalies, malocclusion, pathologic conditions, or dental injuries
- Excessive injuries or bruising that may indicate inadequate supervision or possible abuse
- Other evidence of possible neglect or abuse

Additional Screening Procedures

Vision: Examine eyes; assess for strabismus.

Hearing: Conduct initial hearing screening if not previously done; otherwise, assess for possible hearing loss, with follow-up screening as needed (see Appendix D).

Lead exposure: Assess risk of lead exposure and screen as needed (see Appendix G).

Anemia: Assess risk of anemia and screen as needed (see Appendix F).

Hyperlipidemia: Assess risk of hyperlipidemia (see Appendix H).

Tuberculosis: Administer tuberculin test (PPD) if child meets any of the following risk criteria:¹

- Exposure to tuberculosis
- Radiographic or clinical findings
- Immigration from areas with high prevalence
- Residence/travel in areas with high prevalence
- Homelessness
- HIV infection, or living with person who has HIV
- Other medical risk factors

Immunizations

Please see Appendix C and refer to the current recommended childhood immunization schedule in the back pocket of this publication.

Be sure that immunizations are up to date. Discuss possible side effects, what to do about them, and when to call the health professional.



Home Hazards

Home visits are an invaluable way to build trusting relationships with families, provide anticipatory guidance, and educate families about health and safety.

A public health nurse working with families with young children, Gita Bakshi finds that home visits are an invaluable way to build trusting relationships with families and provide anticipatory guidance. During home visits, Gita has many opportunities to educate families about health and safety—information that cannot be communicated as effectively in a clinical or classroom setting.

As Gita prepares to visit the Carey family—a single mother with two preschool-age children and a 10-week-old infant who was born preterm—she intends to show the mother how to keep their home safe as the baby grows and becomes more mobile.

During her first visit to the Carey home, Gita sees safety hazards that she had not anticipated. The small house, which has only one door for exit and entry, has no smoke alarms and is heated by two old portable electric units. The baby's freshly painted crib is also an older model, with slats more than $2\frac{3}{8}$ inches apart—large enough to trap the baby's head. And just above the crib hangs a handmade mobile with lots of little animals

dangling from strings that pose a risk of strangulation or choking as the baby learns to pull herself upright. Gita also notices the family cat asleep in the crib. Ms. Carey explains that the baby and the cat share the crib at naptime and at night. Realizing that the baby's safety is at risk because of a number of safety hazards, Gita visits the Carey family several times during the first week and quickly builds a trusting relationship with the family. Gita works with Ms. Carey and her landlord to install smoke alarms and helps her remove the mobile from above the crib. Gita also contacts a local resource agency to arrange for the use of a newer crib that meets safety standards.

Some of the changes, such as removing the cat from the crib, may take more time. Gita will continue her home visits with the Careys, strengthening her relationship with them and providing additional health education to help make their home safer and healthier.

ANTICIPATORY GUIDANCE FOR THE FAMILY

In addition to providing anticipatory guidance, many health professionals give families handouts at an appropriate reading level or a videotape that they can review or study at home.

Promotion of Healthy and Safe Habits

Help your child wash his hands after diaper changes or toileting and before eating. Continue to wash your own hands.

Clean your child's toys with soap and water.

Teach your child to wipe his nose with a tissue and then wash his hands.

Clean potty chairs after each use.

If your child is in child care, continue to provide personal items (e.g., blankets, cups) for individual use.

Limit television and video viewing to less than 1 hour per day. Be sure the programs are appropriate. Watch and talk about them with your child.

Continue to reinforce good sleeping habits. Maintain a regular bedtime routine.

Participate in physical activities as a family (e.g., taking walks, hiking, biking, playing tag).

Injury Prevention

Use a forward-facing safety seat if your child weighs at least 20 pounds (9 kg). Be sure that it is properly installed in the back seat according to the manufacturer's instructions and the vehicle owner's manual.

Never place your child's safety seat in the front seat of a vehicle with a passenger air bag. The back seat is the safest place for children of any age to ride.

Test smoke alarms to be sure they work properly. Change batteries yearly. Conduct fire drills at home.

Children should be supervised by an adult whenever they are near water.

Be sure that swimming pools in your community, apartment complex, or home have a four-sided fence with a self-closing, self-latching gate.

Continue to put sunscreen (SPF 15 or higher) on your child before he goes outside. Use a broad-brimmed hat to shade his ears, nose, and lips.

Continue to keep your child's environment free of smoke. Keep your home and car nonsmoking zones.

Keep cooking utensils, hot liquids, knives, and hot pots on the stove out of reach.

Be sure there are no dangling telephone, electrical, blind, or drapery cords in your home.

Keep small appliances out of reach and place plastic plugs in electrical sockets.

Keep cigarettes, lighters, matches, alcohol, and electrical tools locked up and/or out of your child's sight and reach.

Remove poisons and toxic household products from your home or keep them in locked cabinets. Have safety caps on all medications.

Keep the number of your local poison control center near the telephone, and call immediately if there is a poisoning emergency. Check with the poison control center about keeping ipecac syrup and/or activated charcoal in your home, to be used only as directed by the poison control center or the health professional.

Check your home for lead poisoning hazards (e.g., chipped lead paint, lead dust, lead water pipes, poorly glazed pottery).

Guard against falls. Continue to use locked doors or gates at the top and bottom of stairs, and safety locks and guards on windows. Supervise your child when he is on stairs.

Bolt bookcases, dressers, or cabinets to the wall.

Be sure that guns, if kept in the home, are unloaded and locked up and that ammunition is stored separately. A trigger lock is an additional important precaution.

Teach the child to use caution when approaching dogs, especially if the dogs are unknown or are eating.

Never leave the child alone in the bathtub, house, yard, or car.

Do not expect young siblings to supervise your child.

Supervise all play near streets or driveways.

Be sure that your child wears a helmet if riding in a seat on an adult's bicycle. Wear a helmet yourself.

Be sure that playgrounds are safe and that equipment is in good condition. Check for impact- or energy-absorbing surfaces under playground equipment. Supervise your child during play.

Choose caregivers carefully. Talk with them about their attitudes and behavior in relation to discipline. Do not permit corporal punishment.

Nutrition

Serve your child three nutritious meals a day. Provide a highchair or booster seat at table height during family mealtimes.

Make mealtimes pleasant and companionable. Encourage conversation.

Give your child two or three planned nutritious snacks a day. Be sure the snacks are rich in complex carbohydrates, and limit sweets and high-fat snacks.

Offer your child a variety of nutritious foods, particularly those containing iron, and let him decide what and how much to eat. Children will eat a lot one time, not much the next.

Begin to serve your child low-fat dairy products, including milk, yogurt, and cheese.

Choose the menu, do not let your child dictate it. Most children will eat a considerable variety of foods.

Enforce reasonable mealtime behavior, but do not force eating.

Let your child experiment with food.

Provide eating utensils that are easy to use and the appropriate size for your child's hands.

Avoid engaging in struggles about eating.

Be sure that your child's caregiver provides nutritious foods.

Oral Health

Begin brushing your child's teeth with a pea-size amount of fluoridated toothpaste.

Give your child fluoride supplements as recommended by your dentist, based on the level of fluoride in your drinking water.

Schedule a dental appointment for your child every 6 months or as indicated by your child's individual needs or susceptibility to disease.

Bacteria that cause early childhood caries (baby bottle tooth decay) can be passed on to your baby through your saliva. To protect your baby's teeth and prevent decay, practice good family oral health habits (e.g., brushing, flossing).²

Sexuality Education

Anticipate your child's normal curiosity about his body parts, including genitals.

Use correct terms for genitals.

Promotion of Social Competence

Praise your child for good behavior and accomplishments.

Model appropriate language. Encourage your child's language development by reading books and singing songs to him, and by talking about what you and he are seeing and doing together.

Spend individual time with your child, playing with him, hugging or holding him, taking walks, painting, and doing puzzles together.

Appreciate your child's investigative nature, and avoid excessively restricting his explorations. Guide him through fun learning experiences.

Promote physical activity in a safe environment.

Encourage parallel play with other children, but do not expect shared play yet. Give your child opportunities to assert himself.

Encourage self-expression.

Promote a sense of competence and control by inviting your child to make choices whenever possible. (Be sure you can live with the choices—e.g., “red pants or blue?”).

Reinforce limits and appropriate behavior. Try to be consistent in expectations and discipline.

Use “time out” or remove the source of conflict for unacceptable behavior.

Learn how to respond to your child's needs without giving in to every wish or becoming upset and reacting negatively to his constant questions and physical activity.

Prepare strategies to deal with night waking, night fears, and nightmares.

Encourage self-quieting behaviors such as quiet play or the use of a transitional object (e.g., favorite toy or blanket).

Recognize that toilet training is part of developmentally appropriate learning.

Promote toilet training when your child is dry for periods of about 2 hours, knows the difference between wet and dry, can pull his pants up and down, wants to learn, and can indicate when he is about to have a bowel movement.

Promotion of Constructive Family Relationships and Parental Health

Take some time for yourself and spend some individual time with your partner.

Choose babysitters and caregivers who are mature, trained, responsible, and recommended by someone you trust.

If you are expecting another baby, talk with the health professional about how to prepare your child for the new baby.

Spend some time playing with your child each day. Focus on activities that he expresses interest in and enjoys.

Listen to and respect your child.

Show interest in your child's playgroup or child care activities.

Show affection in your family.

Spend some individual time with each child in your family.

Help your child express such feelings as joy, anger, sadness, fear, and frustration.

Create opportunities for your family to share time together and for family members to talk and play with your child.

Keep family outings relatively short and simple. Lengthy activities tire your child and may lead to irritability or a temper tantrum.

Allow older children to have toys and other objects that they do not have to share with their younger sibling. Give them a storage space that your younger child cannot reach.

Acknowledge conflicts between siblings. Whenever possible, try to resolve conflicts without taking sides. For example, if a conflict arises about a toy, the toy can be put away. Do not permit hitting, biting, or other aggressive behavior.

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

Talk with the health professional about your own preventive and health-promoting practices (e.g., using safety belts, avoiding tobacco, eating properly, exercising, doing breast self-exams or testicular self-exams).

If you are thinking about having another baby in the next year or so, talk with the health professional about taking folic acid supplements.³

Promotion of Community Interactions

If you need financial assistance to help pay for health care expenses, ask about resources or referrals to the state Medicaid programs or other state medical assistance and health insurance programs.

Ask about resources or referrals for food and/or nutrition assistance (e.g., Commodity Supplemental Food Program, Food Stamp Program, Early Head Start, WIC), housing, or transportation if needed.

Learn about and consider participating in parent-child play groups. Discuss with the health professional possible programs for your child: preschool, early intervention programs, or other community programs.

Consider attending parent education classes or parent support groups.

Maintain or expand ties to your community through social, religious, cultural, volunteer, and recreational organizations or programs.

Talk with the health professional about your current child care arrangements and how they meet your family's needs.

Find out what you can do to make your community safer. Advocate for and participate in a neighborhood watch program.



The 3-year-old has developed understandable speech (a major achievement) and can now negotiate with her parents: "Story first, then nap." She can also make simple choices, deciding between green socks and blue or between a tea party and playing outside.

THREE YEAR VISIT

Around her third birthday, a real self-determined individualist makes her presence known. Her successes or failures at controlling the world around her will influence her behavior. As she makes her own simple choices, she is able to learn from trial and error and has a new sense of right and wrong. She can look forward to something pleasant or perceive an encounter as disagreeable. Unpredictability still reigns, however, as she decides whether to fight or to talk her way out of situations in which she feels unsure of herself.

The 3-year-old has developed understandable speech, a major achievement, and she can now negotiate with her parents: “Story first, then nap.” She can also make choices, deciding between green socks and blue or between a tea party and playing outside.

Awareness of gender differences has begun to emerge, in terms of both physical differences and society’s expectations. Most 3-year-olds can easily state “I am a girl” or “I am a boy.” Body shape has developed from the baby mold to a more grown-up image. The 3-year-old’s physical abilities have improved, giving her better control over what her hands are touching or where her feet take her.

Speech and motor activity are now focused on investigating or modifying the environment.

Around age 3, the child can participate easily in the mainstream of family activities. She can come along to the store or a friend’s house without the elaborate arrangements that babies require. She may need a transitional object (such as a favorite toy or blanket) that helps her move from one activity to another and feel safe in a variety of situations, but she is apt to wait quietly before sounding the cry of panic in uncertain situations. Many 3-year-olds begin attending preschool at this age. This is an opportune time for health professionals to offer guidance and support to families of children with special health or developmental needs, reminding parents of their children’s right to appropriate education in the public school system.

The 3-year-old is eager to explore her world and responds well to encouragement. She will often say “okay” when given a choice, having learned that most of the choices her parents provide are good. Parents who have encouraged their child’s desire to explore can now delight in her adventurous spirit. The world can truly be a wonderful place for the child who has the support, affection, and protection of the family around her.

HEALTH SUPERVISION: 3 YEARS

The following questions are intended to be used selectively to invite discussion, to gather information, to address the needs and concerns of the family, and to build partnerships. Use of the questions will vary from visit to visit and from family to family.

Questions can be modified to match the health professional's communication style.

Questions for the Parent(s)

- How are you?
 - How are things going in your family?
 - Do you have any questions or concerns about Phyllis?
 - What do you and your partner enjoy most about her these days? What seems most difficult?
 - Have there been any major stresses or changes in your family since your last visit?
 - What are some of the new things that Phyllis is doing?
 - How is toilet training progressing?
 - What are Phyllis's eating habits?
 - Does Phyllis wash her hands before eating and after toileting? At home? At child care?
 - How is child care (preschool, early intervention)? What does Phyllis's teacher say about her?
 - What language(s) does your family speak at home?
 - Do family members understand Phyllis's speech?
 - Is Phyllis fastened securely in a safety seat in the back seat every time she rides in the car?
 - How do you deal with Alberto's greater independence? What do you do when he has ideas that are different from yours?
 - Are you able to set clear and specific limits for Alberto?
 - Do you know how to reduce your child's risk of exposure to lead hazards if you live in an older home or one that has been renovated recently?
 - Have you ever been in a relationship where you have been hurt, threatened, or treated badly?
 - Have you ever been worried that someone was going to hurt your child? Has your child ever been abused?
 - Do you feel safe in your neighborhood?
 - Does anyone in your home have a gun? Does a neighbor or a family friend? If so, is the gun unloaded and locked up? Where is the ammunition stored?
- Have you considered not owning a gun because of the danger to children and other family members?



Developmental Surveillance and Milestones

Questions and Possible Responses

■ **Do you have any specific concerns about Patty's development or behavior?**

■ **How does Patty communicate what she wants?**

Uses plurals, pronouns

Uses sentences of three or four words, short paragraphs

Speaks intelligibly to strangers (75 percent of the time)

■ **What do you think Patty understands?**

Names of most common objects

Physical relationships ("on," "in," "under")

Concept of "two"

Gender differences

Two-step instructions ("pick up your doll and put it on the chair")

■ **How does Patty get from one place to another?**

Walks, climbs, runs

Goes up and down stairs (alternating feet)

■ **How does Patty act around family members?**

Responsive or withdrawn

Affectionate or hostile/aggressive

Cooperative or defiant

Dependent or self-reliant

Milestones

Jumps in place, kicks a ball

Rides a tricycle

Knows name, age, and sex

Copies a circle and a cross

Has self-care skills (e.g., feeding, dressing)

Shows early imaginative behavior

■ **How does Patty react to strangers?**

Outgoing or slow to warm up

Cautious/resistant

■ **How does Patty act around other children?**

Interactive or withdrawn/resistant

Friendly or hostile/aggressive

■ **To what extent has Patty developed independence in eating, dressing, and toileting?**

Uses cup, spoon, and fork

Puts on coat or jacket without assistance

Has bladder control

Has bowel control

■ **Tell me about Patty's typical play.**

Plays with favorite toys (describe play)

Listens to stories

Engages in elaborate fantasy play (with dolls, animals, people)

Plays interactive games with peers (able to take turns)

Has manual dexterity

Observation of Parent-Child Interaction

How do the parent and the child communicate? How much of the communication is verbal? Nonverbal? Does the parent use baby talk? Does the parent give the child choices? (“Do you want to sit or stand?”) Does the parent give commands to the child or ask the child what she wants to do? How does the child react?

Physical Examination

Measure the child’s length or height and weight, and calculate body mass index (BMI). Plot these on

the CDC growth charts (see Appendix C and the back pocket of this publication). Share the information with the family.

As part of the complete physical examination, the following should be particularly noted:

- Early childhood caries, developmental dental anomalies, malocclusion, pathologic conditions, or dental injuries
- Excessive injuries or bruising that may indicate inadequate supervision or possible abuse
- Other evidence of possible neglect or abuse

Additional Screening Procedures

Vision: Examine eyes; screen vision with an objective method (see Appendix E).

Hearing: Conduct initial hearing screening if not previously done; otherwise, assess for possible hearing loss, with follow-up screening as needed (see Appendix D).

Lead exposure: Assess risk of lead exposure and screen as needed (see Appendix G).

Anemia: Assess risk of anemia and screen as needed (see Appendix F).

Hyperlipidemia: Assess risk of hyperlipidemia (see Appendix H).

Blood pressure: Conduct blood pressure screening (see Appendix I).

Tuberculosis: Administer tuberculin test (PPD) if child meets any of the following risk criteria:¹

- Exposure to tuberculosis
- Radiographic or clinical findings
- Immigration from areas with high prevalence
- Residence/travel in areas with high prevalence
- Homelessness
- HIV infection, or living with person who has HIV
- Other medical risk factors

Immunizations

Please see Appendix C and refer to the current recommended childhood immunization schedule in the back pocket of this publication.

Be sure that immunizations are up to date. Discuss possible side effects, what to do about them, and when to call the health professional.

ANTICIPATORY GUIDANCE FOR THE FAMILY

In addition to providing anticipatory guidance, many health professionals give families handouts at an appropriate reading level or a videotape that they can review or study at home.

Promotion of Healthy and Safe Habits

Help your child wash her hands after diaper changes or toileting and before eating. Continue to wash your own hands.

Teach your child to wipe her nose with a tissue and then wash her hands.

Clean potty chairs after each use.

If your child is in child care, continue to provide personal items (e.g., blankets, clothing) for individual use.

Limit television and video viewing to less than 1 hour per day. Be sure the programs are appropriate. Watch and talk about them with your child.

Continue to reinforce good sleeping habits. Maintain a regular bedtime routine.

Take time out for family physical activities (e.g., walking, biking, swimming, playing outdoor games).

Injury Prevention

Continue to use a weight-appropriate forward-facing safety seat that is properly installed in the back seat according to the manufacturer's instructions and the vehicle owner's manual.

When your child reaches 40 pounds (18 kg), switch to a belt-positioning booster seat, which must be used with the vehicle lap and shoulder belt across the child in the back seat.

Never place your child in the front seat of a vehicle with a passenger air bag. The back seat is the safest place for children of any age to ride.

Test smoke alarms to be sure that they work properly. Change batteries yearly. Conduct fire drills at home.

Children should be supervised by an adult whenever they are near water.

Be sure that swimming pools in your community, apartment complex, or home have a four-sided fence with a self-closing, self-latching gate.

Continue to put sunscreen (SPF 15 or higher) on your child before she goes outside. Use a broad-brimmed hat to shade her ears, nose, and lips.

Continue to keep your child's environment free of smoke. Keep your home and car nonsmoking zones.

Keep cooking utensils, hot liquids, knives, and hot pots on the stove out of reach.

Be sure there are no dangling telephone, electrical, blind, or drapery cords in your home.

Keep small appliances out of reach. Place plastic plugs in electrical sockets.

Keep cigarettes, lighters, matches, alcohol, and electrical tools locked up and/or out of your child's sight and reach.

Remove poisons and toxic household products from the home or keep them in locked cabinets. Have safety caps on all medications.

Keep the number of your local poison control center near the telephone, and call immediately if there is a poisoning emergency. Check with the poison control center about keeping ipecac syrup and/or activated charcoal in your home, to be used only as directed by the poison control center or the health professional.

Be sure that guns, if kept in the home, are unloaded and locked up and that ammunition is stored separately. A trigger lock is an additional important precaution.

Never leave your child alone in the car, bathtub, house, or yard.

Do not expect young siblings to supervise your child.

Supervise all play near streets or driveways.

Know where your child is at all times. She is too young to be roaming the neighborhood alone.

Teach your child pedestrian safety skills.

Be sure that your child wears a helmet when riding on a tricycle or in a seat on an adult's bicycle. Wear a helmet yourself.

Be sure that playgrounds are safe and carefully maintained. Check for impact- or energy-absorbing surfaces under playground equipment.

Choose caregivers carefully. Talk with them about their attitudes and behavior in relation to discipline. Do not permit corporal punishment.

Teach your child not to talk to strangers.

Nutrition

Serve your child three nutritious meals a day. Provide a highchair or booster seat at table height during family mealtimes. Expect her to feed herself, but provide help when needed.

Make family mealtimes pleasant and companionable. Encourage conversation.

Give your child two or three planned nutritious snacks a day. Be sure the snacks are rich in complex carbohydrates and limit sweets and high-fat snacks.

Offer your child a variety of nutritious foods. Let her decide what and how much to eat.

Serve your child low-fat dairy products, including milk, yogurt, and cheese.

Continue to serve foods that your child may not accept at first. Prepare them in different ways and try again.

Be sure that your child's caregiver provides nutritious foods.

Help your child learn about food through stories and songs.

Oral Health

Teach your child to brush her teeth with a pea-size amount of fluoridated toothpaste.

Ask your child's oral health professional when and how to floss your child's teeth.

Give your child fluoride supplements as recommended by your dentist, based on the level of fluoride in your drinking water.

Schedule a dental appointment for your child every 6 months or as indicated by your child's individual needs or susceptibility to disease.

Sexuality Education

Anticipate your child's normal curiosity about genital differences between boys and girls and about masturbation.

Use correct terms for genitals.

Answer questions about "where babies come from."

Introduce the notion that certain parts of the body (those areas normally covered by a bathing suit) are private and should not be touched without her permission.

Promotion of Social Competence

Praise your child for good behavior and accomplishments.

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

Encourage interactive reading with your child.

Spend individual time with your child, doing something you both enjoy.

Provide opportunities for safe exploration.

Provide opportunities for your child to socialize with other children in play groups, preschool, or other community activities.

Promote physical activity in a safe environment.

Give your child opportunities to make choices (e.g., which clothes to wear, books to read, places to go).

Reinforce limits and appropriate behavior. Try to be consistent in expectations and discipline.

Use "time out" or remove the source of conflict for unacceptable behavior.

Encourage self-discipline.

Anticipate that your child may have many fears, including night terrors.

Promotion of Constructive Family Relationships and Parental Health

Take some time for yourself and spend some individual time with your partner.

Choose babysitters and caregivers who are mature, trained, responsible, and recommended by someone you trust.

If you are expecting another baby, talk with the health professional about how to prepare your child for the new baby.

Spend some time playing with your child each day. Focus on activities that she expresses interest in and enjoys.

Listen to and respect your child.

Show interest in your child's preschool or child care activities.

Show affection in your family.

Spend some individual time with each child in your family.

Participate in games and other activities with your child.

Create opportunities for your family to share time together and for family members to talk and play with your child.

Handle anger constructively in your family.

Encourage the development of good sibling relationships.

Acknowledge conflicts between siblings. Whenever possible, attempt to resolve conflicts without taking sides. Do not allow hitting, biting, or other violent behavior.

Talk with the health professional about your own preventive and health-promoting practices (e.g., using safety belts, avoiding tobacco, eating properly, exercising, and doing breast self-exams or testicular self-exams).

If you are thinking about having another baby in the next year or so, talk with the health professional about taking folic acid supplements.³

Promotion of Community Interactions

If you need financial assistance to help pay for health care expenses, ask about resources or referrals to the state Medicaid programs or other state medical assistance and health insurance programs.

Ask about resources or referrals for food and/or nutrition assistance (e.g., Commodity Supplemental Food Program, Food Stamp Program, Head Start, WIC), housing, or transportation if needed.

Talk with the health professional about possible programs for the child: preschool, early intervention programs, Head Start, swimming and other exercise programs, or other community programs.

Consider attending parent education classes or parent support groups.

Maintain ties to your community through social, religious, cultural, volunteer, and recreational organizations or programs.

Talk with the health professional about your current child care arrangements and how they meet your family's needs.

Find out what you can do to make your community safer. Advocate for and participate in a neighborhood watch program.





Although “scrappy” behavior with peers may present a problem at preschool or during play, the 4-year-old can learn to be assertive without being aggressive.

FOUR YEAR VISIT

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

Talkative and animated, the 4-year-old is a delightful conversationalist, able to tell an involved story or relate a recent experience. He frequently demands to know why, what, when, and how.

His seemingly boundless energy and increased motor skills are channeled into group games and physical activities such as running, climbing, swinging, sliding, and jumping. Yet he also needs opportunities to rest and play quietly by himself. Fantasy and “magical thinking” are reflected in imaginative play, including make-believe and dress-

up. Because 4-year-olds are curious about their own bodies and those of the opposite sex, sexual exploration is typical at this age. Modesty and a desire for privacy begin to emerge.

The child enjoys and looks forward to the social and learning opportunities at preschool. Although “scrapy” behavior with peers may present a problem at preschool or during play, the 4-year-old can be assertive without being aggressive.

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

HEALTH SUPERVISION: 4 YEARS

The following questions are intended to be used selectively to invite discussion, to gather information, to address the needs and concerns of the family, and to build partnerships. Use of the questions will vary from visit to visit and from family to family. Questions can be modified to match the health professional's communication style.

Questions for the Parent(s)

- How are you?
 - How are things going in your family?
 - Do you have any questions or concerns about Rafael?
 - What do you and your partner enjoy most about him?
 - Have there been any major stresses or changes in your family since your last visit?
 - What are some of Rafael's new skills?
 - Is Rafael interested in other children? Does he have playmates?
 - How is Rafael doing in preschool? What does his teacher say about him?
 - How do you deal with Rafael's greater independence? What do you do when he has ideas that are different from yours?
 - How do you set clear and specific limits for Rafael?
 - Do you have a pool? Is it next to the house? Is it fenced? Does it have a self-latching gate? Is the gate locked?
 - Does Rafael sit in a belt-positioning booster seat in the back seat every time he rides in the car?
 - Do you know how to reduce your child's risk of exposure to lead hazards if you live in an older home or one that has been renovated recently?
 - Have you ever been in a relationship where you have been hurt, threatened, or treated badly?
 - Have you ever been worried that someone was going to hurt your child? Has your child ever been abused?
 - Do you feel safe in your neighborhood?
 - Does Diane feel safe in your neighborhood?
 - Does anyone in your home own a gun? Does a neighbor or a family friend? If so, is the gun unloaded and locked up? Where is the ammunition stored?
- Have you considered not owning a gun because of the danger to children and other family members?



Developmental Surveillance and Milestones

Questions and Possible Responses

- **Do you have any specific concerns about Lamont's development or behavior?**
- **How does Lamont communicate what he wants?**
 - Uses past tense
 - Uses sentences of four to five words, short paragraphs
 - Describes a recent experience
 - May show some lack of fluency (stuttering)
 - Speaks intelligibly to strangers (almost 100 percent of the time)
- **What do you think Lamont understands?**
 - Concepts of "same" and "different"
 - Two- or three-step instructions
 - The difference between fantasy and reality
- **How does Lamont get from one place to another?**
 - Walks, climbs, runs
 - Goes up and down stairs (alternating feet without support)
- **How does Lamont act around others?**
 - Responsive or withdrawn
 - Friendly or hostile/aggressive
 - Cooperative or defiant
 - Dependent or self-reliant

Milestones

- Can sing a song
- Knows about things used at home (e.g., food, appliances)
- Draws a person with three parts
- Is aware of gender (of self and others)
- Distinguishes fantasy from reality
- Gives first and last name
- Talks about his daily activities and experiences
- Builds a tower of 10 blocks
- Hops, jumps on one foot
- Rides tricycle or bicycle with training wheels
- Throws ball overhand

- **To what extent has Lamont developed independence in eating, dressing, and toileting?**
 - Uses utensils
 - Puts on and removes clothing
 - Has bladder and bowel control
- **Tell me about Lamont's typical play.**
 - Plays with favorite toys (describe play)
 - Listens to stories
 - Engages in elaborate fantasy play
 - Plays interactive games with peers
 - Has manual dexterity

Observation of Parent-Child Interaction

How do the parent and the child communicate? Does the parent allow the child to answer the health professional's questions directly, or does the parent intervene? Does the parent pay attention to the child's behavior, matching unacceptable behavior with consequences? How do the parent, the 4-year-old, and any siblings interact? Who sits where? Does the parent pay attention to all of the children?

Physical Examination

Measure the child's height and weight, and calculate body mass index (BMI). Plot these on the CDC growth charts (see Appendix C and the back pocket of this publication). Share the information with the family.

Observe the child's gait.

As part of the complete physical examination, the following should be particularly noted:

- Early childhood caries, developmental dental anomalies, malocclusion, pathologic conditions, or dental injuries
- Evidence of possible neglect or abuse

Additional Screening Procedures

Vision: Examine eyes; screen vision with an objective method (see Appendix E).

Hearing: Screen with an objective method (see Appendix D).

Lead exposure: Assess risk of lead exposure and screen as needed (see Appendix G).

Anemia: Assess risk of anemia and screen as needed (see Appendix F).

Hyperlipidemia: Assess risk of hyperlipidemia (see Appendix H).

Blood pressure: Conduct blood pressure screening (see Appendix I).

Tuberculosis: Administer tuberculin test (PPD) if child meets any of the following risk criteria:¹

- Exposure to tuberculosis
- Radiographic or clinical findings
- Immigration from areas with high prevalence
- Residence/travel in areas with high prevalence
- Homelessness
- HIV infection, or living with person who has HIV
- Other medical risk factors

Immunizations

Please see Appendix C and refer to the current recommended childhood immunization schedule in the back pocket of this publication.

Be sure that immunizations are up to date. Discuss possible side effects, what to do about them, and when to call the health professional.

ANTICIPATORY GUIDANCE FOR THE FAMILY

In addition to providing anticipatory guidance, many health professionals give families handouts at an appropriate reading level or a videotape that they can review or study at home.

Promotion of Healthy and Safe Habits

Remind your child to wash his hands before eating and after toileting and wiping his nose.

If your child is in child care, continue to provide personal items (e.g., blankets, clothing) for individual use.

Limit television and video viewing to an average of 1 hour per day. Be sure the programs are appropriate. Watch and talk about them with your child.

Continue to reinforce good sleeping habits. Maintain a regular bedtime routine.

Take time out for family physical activities (e.g., walking the dog, raking leaves, riding bikes, playing catch).

Injury Prevention

Use a belt-positioning booster seat if your child weighs more than 40 pounds (18 kg). Be sure the vehicle lap and shoulder belt are positioned across the child in the back seat of the car.

Never place your child in the front seat of a vehicle with a passenger air bag. The back seat is the safest place for children of any age to ride.

Establish and enforce firm, clear, and consistent rules for safe behavior.

Children should be supervised by an adult whenever they are near water.

Be sure that swimming pools in your community, apartment complex, or home have a four-sided fence with a self-closing, self-latching gate.

Make sure your child learns how to swim and reinforce water safety rules.

Continue to put sunscreen (SPF 15 or higher) on your child before he goes outside. Use a broad-brimmed hat to shade his ears, nose, and lips.

Continue to keep your child's environment free of smoke. Keep your home and car nonsmoking zones.

Test smoke alarms to be sure that they work properly. Change batteries yearly. Conduct fire drills at home.

Keep cigarettes, lighters, matches, alcohol, and electrical tools locked up and/or out of the child's sight and reach.

Remove poisons and toxic household products from home or keep them in locked cabinets. Have safety caps on all medications.

Keep the number of your local poison control center near the telephone, and call immediately if there is a poisoning emergency. Check with the poison control center about keeping ipecac syrup and/or activated charcoal in your home, to be used only as directed by the poison control center or the health professional.

Be sure that guns, if kept in the home, are unloaded and locked up and that ammunition is stored separately. A trigger lock is an additional important precaution.

Supervise all play near streets or driveways.

Know where your child is at all times. He is too young to be roaming the neighborhood alone.

Teach your child pedestrian and neighborhood safety skills.

Teach your child about playground safety.

Be sure that your child wears a bicycle helmet when riding a tricycle or a bicycle with training wheels.

Choose caregivers carefully. Talk with them about their attitudes and behavior in relation to discipline. Do not permit corporal punishment.

Teach your child safety rules regarding strangers.

Nutrition

Serve your child three nutritious meals a day and share meals as a family when possible.

Make mealtimes pleasant and companionable. Encourage conversation.

Give your child two planned nutritious snacks rich in complex carbohydrates. Limit high-fat or low-nutrient foods and beverages such as candy, chips, or soft drinks.

Offer your child nutritious foods and let him decide what and how much to eat. Anticipate that he will imitate peers in food likes and dislikes.

Serve your child low-fat dairy products including milk, yogurt, and cheese.

Continue to serve foods that your child may not accept at first. Prepare them in different ways and try again.

Model and encourage good eating habits. Serve a variety of healthy foods.

Help your child learn about food through stories and songs.

Be sure that your child's caregiver provides nutritious foods.

Oral Health

Be sure that your child brushes his teeth twice a day with a pea-size amount of fluoridated toothpaste. Regularly supervise tooth brushing.

Ask your child's oral health professional when and how to floss your child's teeth.

Give your child fluoride supplements as recommended by your dentist, based on the level of fluoride in your drinking water.

Learn how to prevent dental injuries and handle dental emergencies, especially the loss or fracture of a tooth.

If your child regularly sucks his fingers or thumb, gently begin to help him stop.

Schedule a dental appointment for your child every 6 months or as indicated by your child's individual needs or susceptibility to disease.

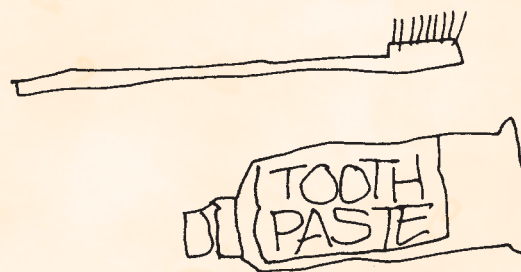
Sexuality Education

Anticipate your child's normal curiosity about his body and the differences between boys and girls.

Use correct terms for all body parts, including genitals.

Answer questions about "where babies come from."

Explain to your child that certain parts of the body (those areas normally covered by a bathing suit) are private and should not be touched without his permission.



Promotion of Social Competence

Praise your child for his cooperation and accomplishments.

Encourage your child to talk with you about his preschool, friends, experiences, or observations.

Encourage interactive reading with your child.

Spend individual time with your child, doing something you both enjoy.

Provide opportunities for your child to help with household chores (e.g., helping to set the table, picking up toys).

Enlarge your child's experiences through trips and visits to parks and other places of interest.

Provide opportunities for your child to socialize with other children in play groups, preschool, or other community activities.

Promote physical activity in a safe environment.

Encourage assertiveness without aggression.

Set developmentally appropriate limits.

Use "time out," remove the source of conflict, and try other constructive options for unacceptable behavior.

Encourage self-discipline.

Provide some type of structured learning environment for your child, whether in Head Start, preschool, Sunday school, or a community program or child care center.

Talk with the health professional about how to determine when your child is ready for school.

Promotion of Constructive Family Relationships and Parental Health

Take some time for yourself and spend some individual time with your partner.

Choose babysitters and caregivers who are mature, trained, responsible, and recommended by someone you trust.

Listen to and respect your child.

Show interest in your child's preschool and/or child care activities.

Show affection in your family.

Spend some individual time with each child in your family.

Participate in games and other physical activities with your child.

Create opportunities for your family to share time together and for family members to talk and play with your child.

Handle anger constructively in your family.

Encourage the development of good sibling relationships.

Acknowledge conflicts between siblings. Whenever possible, attempt to resolve conflicts without taking sides. Do not allow hitting, biting, or other violent behavior.

Talk with the health professional about your own preventive and health-promoting practices (e.g., using safety belts, avoiding tobacco, eating properly, exercising, doing breast self-exams or testicular self-exams).

Promotion of Community Interactions

If you need financial assistance to help pay for health care expenses, ask about resources or referrals to the state Medicaid programs or other state medical assistance and health insurance programs.

Ask about resources or referrals for food and/or nutrition assistance (e.g., Commodity Supplemental Food Program, Food Stamp Program, Head Start, WIC), housing, or transportation if needed.

Talk with the health professional about possible programs for your child: preschool, early intervention programs, kindergarten, Head Start, swimming and other physical activity programs, or other community programs.

Learn about and consider participating in parent education classes or parent support groups.

Talk with the health professional about your current child care arrangements and how they meet your family's needs.

Visit your child's preschool or other child care program unannounced.

Maintain or expand ties to your community through social, religious, cultural, volunteer, and recreational organizations or programs.

Find out what you can do to make your community safer. Advocate for and participate in a neighborhood watch program.

Advocate for adequate housing and for safe play spaces and playgrounds.

Participate in community projects that provide opportunities for physical activity for the whole family (e.g., walk-a-thons, neighborhood clean-up day, community garden project).

BUILDING PARTNERSHIPS DURING EARLY CHILDHOOD

WHAT ELSE SHOULD WE TALK ABOUT?

Summarize Findings at the End of Each Visit

- Emphasize the strengths of the child and the family. Highlight the child's developmental progress and achievements as well as the parents' increasing competence. Compliment the parents on their efforts to care for their child. Provide suggestions, reading materials, and resources to promote health, reinforce good family health practices, and address any concerns.

Arrange Continuing Care

Before the Next Visit

- Give the parents materials to prepare them for the next health supervision visit.
- Recommend that the parents make an appointment for their child's next regularly scheduled visit.
- Ask the parents to make an appointment for a supplementary health supervision visit (if indicated).

Other Care

- Be sure that the parents schedule an appointment to return to the health facility for follow-up on concerns identified during the health supervision visit, or refer the child for secondary or tertiary medical care (if indicated).
- Ask if the family has scheduled a dental visit for the child.

- With parents' permission, consult with the school or child care provider as needed, especially if the child's preschool progress is unsatisfactory or if teacher evaluations are needed.
- Refer the family to appropriate community resources for help with problems identified during the visit (e.g., WIC, parenting classes, parent-toddler groups, marital counseling, mental health services, early intervention programs, Head Start, preschool programs, adult education programs). Arrange to follow up on referrals and to coordinate care.



Early Childhood Endnotes

For additional information, see the list of resource materials on early childhood in the Bibliography (Appendix N).

1. American Academy of Pediatrics, Committee on Infectious Diseases. 1997. *1997 Red Book: Report of the Committee on Infectious Diseases* (24th ed., p. 548). Elk Grove Village, IL: American Academy of Pediatrics.

Centers for Disease Control and Prevention. TB facts for health care workers. In Centers for Disease Control and Prevention [Web site]. Cited June 15, 1999; available at <http://www.cdc.gov/nchstp/tb/faqs/tbfacts/tbfacts.htm>.

2. The following steps are recommended to reduce the risk of early childhood caries (also known as baby bottle tooth decay):
 - Never put the child to bed with a bottle containing milk, juice, or other sugary liquid
 - If the child has difficulty falling asleep, try comfort measures (a backrub, holding or rocking, a stuffed animal), or use a pacifier or a bottle filled with water
 - Encourage the child to use a tippy cup or small cup by 12 months
 - Clean the child's teeth daily from the time the first tooth erupts
 - Be sure the child receives a first oral health visit by 12 months
 - Urge family members to practice good oral hygiene so additional bacteria are not passed to the child

Clark M, Holt K, eds. 1998. *Early Childhood Caries Resource Guide*. Arlington, VA: National Center for Education in Maternal and Child Health.

For additional information, see the following sources:

Tinanoff N, ed. 1998. Proceedings: Conference on Early Childhood Caries, Bethesda, Maryland, USA, October 1997. *Community Dentistry and Oral Epidemiology* 26(Suppl. 1).

Tinanoff N, O'Sullivan DM. 1997. Early childhood caries: Overview and recent findings. *Pediatric Dentistry* 19(1):12–16.

3. To minimize the risk of giving birth to a baby with a neural tube defect, women of childbearing age should consume 400 µg/day of folic acid before pregnancy and 600 µg/day during pregnancy. Vitamin supplementation is the most reliable way to ensure adequate amounts of folic acid.

Centers for Disease Control and Prevention. Preventing neural tube birth defects: A prevention model and resource guide. In Centers for Disease Control and Prevention [Web site]. Cited November 1, 1999; available at <http://www.cdc.gov/nceh/prevent/flo/ntd/prefaceaboutfol.htm>.

Institute of Medicine. 1998. Update for *Nutrition During Pregnancy and Lactation: An Implementation Guide*. Arlington, VA: National Center for Education in Maternal and Child Health.

