



# BRIGHT FUTURES HANDOUT ► PARENT

## 2 YEAR VISIT

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

### ✓ HOW YOUR FAMILY IS DOING

- Take time for yourself and your partner.
- Stay in touch with friends.
- Make time for family activities. Spend time with each child.
- Teach your child not to hit, bite, or hurt other people. Be a role model.
- If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community resources can also provide confidential help.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Accept help from family and friends.
- If you are worried about your living or food situation, reach out for help. Community agencies and programs such as WIC and SNAP can provide information and assistance.

### ✓ TALKING AND YOUR CHILD

- Use clear, simple language with your child. Don't use baby talk.
- Talk slowly and remember that it may take a while for your child to respond. Your child should be able to follow simple instructions.
- Read to your child every day. Your child may love hearing the same story over and over.
- Talk about and describe pictures in books.
- Talk about the things you see and hear when you are together.
- Ask your child to point to things as you read.
- Stop a story to let your child make an animal sound or finish a part of the story.

### ✓ YOUR CHILD'S BEHAVIOR

- Praise your child when he does what you ask him to do.
- Listen to and respect your child. Expect others to do as well.
- Help your child talk about his feelings.
- Watch how he responds to new people or situations.
- Read, talk, sing, and explore together. These activities are the best ways to help toddlers learn.
- Limit TV, tablet, or smartphone use to no more than 1 hour of high-quality programs each day.
  - It is better for toddlers to play than to watch TV.
  - Encourage your child to play for up to 60 minutes a day.
- Avoid TV during meals. Talk together instead.

### ✓ TOILET TRAINING

- Begin toilet training when your child is ready. Signs of being ready for toilet training include
  - Staying dry for 2 hours
  - Knowing if she is wet or dry
  - Can pull pants down and up
  - Wanting to learn
  - Can tell you if she is going to have a bowel movement
- Plan for toilet breaks often. Children use the toilet as many as 10 times each day.
- Teach your child to wash her hands after using the toilet.
- Clean potty-chairs after every use.
- Take the child to choose underwear when she feels ready to do so.

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

## 2 YEAR VISIT—PARENT

### ✓ SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. Once your child reaches these limits, it is time to switch the seat to the forward-facing position.
- Make sure the car safety seat is installed correctly in the back seat. The harness straps should be snug against your child's chest.
- Children watch what you do. Everyone should wear a lap and shoulder seat belt in the car.
- Never leave your child alone in your home or yard, especially near cars or machinery, without a responsible adult in charge.
- When backing out of the garage or driving in the driveway, have another adult hold your child a safe distance away so he is not in the path of your car.
- Have your child wear a helmet that fits properly when riding bikes and trikes.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.

## WHAT TO EXPECT AT YOUR CHILD'S 2½ YEAR VISIT

### We will talk about

- Creating family routines
- Supporting your talking child
- Getting along with other children
- Getting ready for preschool
- Keeping your child safe at home, outside, and in the car



Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*

For more information, go to <https://brightfutures.aap.org>.

American Academy of Pediatrics

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## Developmental Milestones: 2 Year Olds

### What are some of the developmental milestones my child should reach by two years of age?

Your baby enters her second year and becomes a toddler, crawling vigorously, starting to walk, even talking a little. Exploring the boundaries established by your rules and her own physical and developmental limits will occupy much of her time for the next few years.



Here are some other milestones to look for.

### Movement milestones

- Walks alone
- Pulls toys behind her while walking
- Carries large toy or several toys while walking
- Begins to run
- Stands on tiptoe
- Kicks a ball
- Climbs onto and down from furniture unassisted
- Walks up and down stairs holding on to support

### Milestones in hand and finger skills

- Scribbles spontaneously
- Turns over container to pour out contents
- Builds tower of four blocks or more
- Might use one hand more frequently than the other

### Language milestones

- Points to object or picture when it's named for him
- Recognizes names of familiar people, objects, and body parts
- Says several single words (by fifteen to eighteen months)
- Uses simple phrases (by eighteen to twenty-four months)
- Uses two- to four-word sentences
- Follows simple instructions
- Repeats words overheard in conversation

### Cognitive milestones

- Finds objects even when hidden under two or three covers
- Begins to sort by shapes and colors
- Begins make-believe play

### Social and emotional milestones

- Imitates behavior of others, especially adults and older children
- Increasingly aware of herself as separate from others
- Increasingly enthusiastic about company of other children
- Demonstrates increasing independence
- Begins to show defiant behavior

- Increasing episodes of separation anxiety toward midyear, then they fade

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## Developmental health watch

Because each child develops at his own particular pace, it's impossible to tell exactly when yours will perfect a given skill. The developmental milestones will give you a general idea of the changes you can expect as your child gets older, but don't be alarmed if he takes a slightly different course. Alert your pediatrician, however, if he displays any of the following signs of possible developmental delay for this age range.

- Cannot walk by eighteen months
- Fails to develop a mature heel-toe walking pattern after several months of walking, or walks exclusively on his toes
- Does not speak at least fifteen words by eighteen months
- Does not use two-word sentences by age two
- Does not seem to know the function of common household objects (brush, telephone, bell, fork, spoon) by fifteen months
- Does not imitate actions or words by the end of this period
- Does not follow simple instructions by age two
- Cannot push a wheeled toy by age two

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**Source** Caring for Your Baby and Young Child: Birth to Age 5 (Copyright © 2009 American Academy of Pediatrics)

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

# Immunizations: What You Need to Know

Vaccines (immunizations) keep children healthy. Vaccines are safe. Vaccines are effective. Vaccines save lives.

However, parents may still have questions about why vaccines are needed, and some parents may be concerned about vaccine safety because they have been misinformed.

Read on for answers from the American Academy of Pediatrics (AAP) to some common questions parents have about vaccines. The AAP is a source you can trust for reliable medical information.

## Q: What vaccines does my child need?

A: Children need all the following vaccines to stay healthy:

- **Hepatitis A and hepatitis B vaccines** to help protect against serious liver diseases.
- **Rotavirus vaccine** to help protect against the most common cause of diarrhea and vomiting in infants and young children. Rotavirus is the most common cause of hospitalizations in young infants due to vomiting, diarrhea, and dehydration.
- **DTaP and Tdap vaccines** to help protect against diphtheria, tetanus (lockjaw), and pertussis (whooping cough).
- **Hib vaccine** to help protect against *Haemophilus influenzae* type b (a cause of spinal meningitis and other serious infections).
- **Pneumococcal vaccine** to help protect against bacterial meningitis, pneumonia, and infections of the blood.
- **Polio vaccine** to help protect against a crippling viral disease that can cause paralysis.
- **Influenza vaccine** to help protect against influenza (flu), a potentially fatal disease. This vaccine is recommended for all people beginning at 6 months and older.
- **MMR vaccine** to help protect against measles, mumps, and rubella (German measles), all highly contagious and potentially very serious diseases.
- **Varicella vaccine** to help protect against chickenpox and its many complications, including flesh-eating strep, staph toxic shock, and encephalitis (an inflammation of the brain).
- **Meningococcal vaccine** to help protect against very serious bacterial diseases that affect the blood, brain, and spinal cord.
- **HPV (human papillomavirus) vaccine** to prevent cancers of the mouth and throat, cervix, and genitals.

Remember, vaccines prevent diseases and save lives. It's important to follow the schedule recommended by the AAP. Contact your child's doctor if you have any questions.

## Q: Why are some of these vaccines still needed if the diseases are not as common anymore?

A: Many of these diseases are not as common as they once were because of vaccines. However, the bacteria and viruses that cause them still exist and can still make children very sick.

For example, before the Hib vaccine was developed in the 1980s, there were about 20,000 cases of Hib disease in the United States a year. Today there are fewer than 100 cases a year. However, the bacteria that causes Hib disease still exists. That is why children still need the vaccine to be protected.

In the United States, vaccines protect children from many diseases. However, in many parts of the world vaccine-preventable diseases are still common. Because diseases may be brought into the United States by Americans who travel abroad or by people visiting areas with current disease outbreaks, it's important that your child is vaccinated.

## Q: Chickenpox is not a fatal disease, so why is the vaccine needed?

A: Chickenpox is usually mild. However, there can be serious complications. In fact, before the vaccine was licensed in 1995, there were about 4 million cases, 11,000 hospitalizations, and 100 deaths each year from chickenpox. Chickenpox is also very contagious. Most children feel miserable and miss 1 week or more of school when infected. It is because of the vaccine that the number of cases of chickenpox and its complications, including deaths, have gone down so dramatically.

## Q: Does my baby need immunizations if I am breastfeeding?

A: Yes. While breastfeeding gives some protection against many diseases (and is the best nutrition for your baby), it is not a substitute for vaccines. In fact, breastfeeding and vaccines work well together. Studies show that breastfed babies respond better to vaccines and get better protection from them than babies who are not breastfed. And breastfeeding during or right after immunizations may help calm babies upset by the shots.

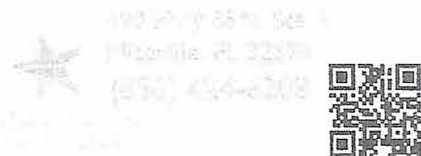
## Q: Do vaccines even work? It seems like most of the people who get these diseases have been vaccinated.

A: Yes. Vaccines work very well. Millions of children have been protected against serious illnesses because they were immunized. Most childhood vaccines are 90% to 99% effective in preventing disease. Children who aren't vaccinated are much more likely to get a disease if they are exposed to it. And if a vaccinated child does get the disease, the symptoms are usually milder with fewer complications than in a child who hasn't been vaccinated.

## Q: When should my child get immunized?

A: Children should get most of their shots during their first 2 years after birth. This is because many of these diseases are the most severe in the very young. Most newborns receive their first shot (hepatitis B) at birth before leaving the hospital, and more are given at well-child checkups in the first 6 months after birth. Other shots are given before children go to school. Older children and teens need vaccines to continue to protect them throughout adolescence and early adulthood. (Parents and caregivers also need vaccines so that they can prevent bringing infections home to their children and to keep themselves healthy so that they can care for their children!)

Children who are not immunized or who are behind on their shots are at risk of getting many of these diseases. They can also spread these diseases to others who have not yet been immunized. Ask your child's doctor if your child is up to date. Keep track of the vaccines each child receives and bring this information to each doctor visit.



**Q: What side effects will my child have after getting a vaccine? Are they serious?**

A: There may be mild side effects, such as swelling, redness, and tenderness where the shot was given, but they do not last long. Your child may also have a slight fever and be fussy for a short time afterward. Your doctor may suggest giving your child pain medicine to help relieve discomfort. It is very rare for side effects to be serious. However, you should call your child's doctor if you have any concerns after vaccines are given.

**Q: Should some children not be immunized?**

A: Children with certain health problems may need to avoid some vaccines or get them later. In most cases, children with cancer, those taking oral or injected steroids for lung or kidney conditions, or those who have problems with their immune systems should not get vaccines that are made with live viruses. To protect these children, it is very important for others to be vaccinated. On the other hand, a child with a minor illness, such as low-grade fever, an ear infection, cough, a runny nose, or mild diarrhea, can safely be immunized.

**Q: Does the MMR vaccine cause autism?**

A: No! The MMR vaccine does not cause autism spectrum disorder (ASD). Many research studies have been done to address this issue. There may be confusion because children with ASD are often diagnosed between 18 and 30 months of age—around the same time the MMR vaccine is given. This has led some people to assume that the vaccine is the cause. Increasing evidence shows that even though the symptoms of ASD may not be visible until the second year after birth or later, ASD starts before a baby is born.

**Q: Do vaccines cause SIDS?**

A: No! Babies get many of their first vaccines between 2 and 4 months of age. This is also the peak age for sudden infant death syndrome (SIDS), which is why some people feel they might be related. However, careful scientific studies have confirmed that vaccinations not only do not cause SIDS but may help prevent it.

**Q: How do we know vaccines are safe?**

A: The safety and effectiveness of vaccines are under constant study. Because vaccines are designed to be given routinely during well-child visits, they must be safe. Safety testing begins as soon as a new vaccine is considered, continues until it is approved by the US Food and Drug Administration (FDA), and is monitored indefinitely after licensure. The AAP works closely with the Centers for Disease Control and Prevention (CDC) to make recommendations for vaccine use.

**Q: What is thimerosal and does it cause neurologic problems?**

A: In the 1930s a preservative called thimerosal was added to vaccines to prevent contamination of vaccines. Thimerosal contains very small amounts of mercury, but it is in a different form than the potentially harmful mercury we are all exposed to in the environment. Even after many studies, the type of mercury in thimerosal has never been shown to cause health problems other than rare allergic reactions in some people. Thimerosal does not cause neurologic problems. Since 2001 all vaccines for infants either are thimerosal-free or contain only trace amounts of the preservative. Many are available in single-dose, preservative-free forms.

**Q: Is it safe to give more than one vaccine at a time?**

A: Yes! Your child's immune system is capable of handling multiple vaccines. Many years of experience and careful research have shown that routine childhood vaccines can be given together safely and effectively. Side effects are not increased when vaccines are given together.

**Q: Where can I find more information?**

A: Be sure your information comes from reliable and accurate sources. You cannot trust everything you find on the internet. Credible sources include

**American Academy of Pediatrics**

[www.aap.org](http://www.aap.org) and [www.HealthyChildren.org](http://www.HealthyChildren.org)

**CDC Vaccines & Immunizations**

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

**Immunization Action Coalition**

[www.immunize.org](http://www.immunize.org)

**Remember**

If you have any questions or concerns about your child's health, contact your child's doctor.

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**Table 1** Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
<b>Hepatitis B (HepB)</b>	1 <sup>st</sup> dose	← 2 <sup>nd</sup> dose →							← 3 <sup>rd</sup> dose →								
<b>Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)</b>			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes												
<b>Diphtheria, tetanus, acellular pertussis (DTaP &lt;7 yrs)</b>		1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose					← 4 <sup>th</sup> dose →								
<b>Haemophilus influenzae type b (Hib)</b>	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes					← 3 <sup>rd</sup> or 4 <sup>th</sup> dose, See Notes →									
<b>Pneumococcal conjugate (PCV13)</b>	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose					← 4 <sup>th</sup> dose →									
<b>Inactivated poliovirus (IPV &lt;18 yrs)</b>	1 <sup>st</sup> dose	2 <sup>nd</sup> dose						← 3 <sup>rd</sup> dose →					4 <sup>th</sup> dose				
<b>Influenza (IV)</b>										Annual vaccination 1 or 2 doses				Annual vaccination 1 dose only			
<b>Influenza (LAIV4)</b>													Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only		
<b>Measles, mumps, rubella (MMR)</b>							See Notes	← 1 <sup>st</sup> dose →					2 <sup>nd</sup> dose				
<b>Varicella (VAR)</b>								← 1 <sup>st</sup> dose →					2 <sup>nd</sup> dose				
<b>Hepatitis A (HepA)</b>							See Notes		2-dose series, See Notes								
<b>Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)</b>																	Tdap
<b>Human papillomavirus (HPV)</b>																	
<b>Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)</b>																	
<b>Meningococcal B</b>																	
<b>Pneumococcal polysaccharide (PPSV23)</b>																	

Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Recommended based on shared clinical decision-making
No recommendation/

# Immunizations for Babies

## A Guide for Parents

These are the vaccinations your baby needs!

At birth	HepB
2 months	HepB <sup>1</sup> + DTaP + PCV13 + Hib + Polio + RV
4 months	HepB <sup>2</sup> + DTaP + PCV13 + Hib + Polio + RV
6 months	HepB <sup>3</sup> + DTaP + PCV13 + Hib <sup>3</sup> + Polio + RV <sup>4</sup> + Influenza <sup>5</sup>
12 months and older	MMR + DTaP + PCV13 + Hib + Chickenpox + HepA <sup>6</sup> + Influenza <sup>5</sup>

Check with your doctor or nurse to make sure your baby is receiving all vaccinations on schedule. Many times vaccines are combined to reduce the number of injections. Be sure you ask for a record card with the dates of your baby's vaccinations; bring this with you to every visit.

Here's a list of the diseases your baby will be protected against:

**HepB:** hepatitis B, a serious liver disease

**DTaP:** diphtheria, tetanus (lockjaw), and pertussis (whooping cough)

**PCV13:** pneumococcal conjugate vaccine protects against a serious blood, lung, and brain infection

**Hib:** *Haemophilus influenzae* type b, a serious brain, throat, and blood infection

**Polio:** polio, a serious paralyzing disease

**RV:** rotavirus infection, a serious diarrheal disease

**Influenza:** a serious lung infection

**MMR:** measles, mumps, and rubella

**HepA:** hepatitis A, a serious liver disease

**Chickenpox:** also called varicella

Notes to above chart:

1. This is the age range in which this vaccine should be given.
2. Your baby may not need a dose of Hep B vaccine at age 4 months, depending on the vaccine used. Check with your doctor or nurse.
3. Your baby may not need a dose of Hib vaccine at age 6 months, depending on the vaccine used. Check with your doctor or nurse.
4. Your baby may not need a dose of RV vaccine at age 6 months, depending on the vaccine used. Check with your doctor or nurse.
5. All children age 6 months and older should be vaccinated against influenza in the fall or winter of each year.
6. Your child will need 2 doses of HepA vaccine, given at least 6 months apart.

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[www.immunize.org/catg.d/p4010.pdf](http://www.immunize.org/catg.d/p4010.pdf) • Item #P4010 (8/20)





# After the Shots...

Your child may need extra love and care after getting vaccinated. Some vaccinations that protect children from serious diseases also can cause discomfort for a while. Here are answers to questions many parents have after their children have been vaccinated. If this sheet doesn't answer your questions, call your healthcare provider.

**Vaccinations may hurt a little... but disease can hurt a lot!**

Call your healthcare provider right away if you answer "yes" to any of the following questions:

- Does your child have a temperature that your healthcare provider has told you to be concerned about?
- Is your child pale or limp?
- Has your child been crying for more than 3 hours and just won't quit?
- Is your child's body shaking, twitching, or jerking?
- Is your child very noticeably less active or responsive?

► Please see page 2 for information on the proper amount of medicine to give your child to reduce pain or fever.

## What to do if your child has discomfort

### I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. An easy way to do this is by taking a temperature in the armpit using an electronic thermometer (or by using the method of temperature-taking your healthcare provider recommends). If your child has a temperature that your healthcare provider has told you to be concerned about or if you have questions, call your healthcare provider.

### Here are some things you can do to help reduce fever:

- Give your child plenty to drink.
- Dress your child lightly. Do not cover or wrap your child tightly.
- Give your child a fever- or pain-reducing medicine such as acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil, Motrin). The dose you give your child should be based on your child's weight and your healthcare provider's instructions. See the dose chart on page 2. *Do not give aspirin.* Recheck your child's temperature after 1 hour. Call your healthcare provider if you have questions.

### My child has been fussy since getting vaccinated. What should I do?

After vaccination, children may be fussy because of pain or fever. To reduce discomfort, you may want to give your child a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.* If your child is fussy for more than 24 hours, call your healthcare provider.

### My child's leg or arm is swollen, hot, and red. What should I do?

- Apply a clean, cool, wet washcloth over the sore area for comfort.
- For pain, give a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.*
- If the redness or tenderness increases after 24 hours, call your healthcare provider.

### My child seems really sick. Should I call my healthcare provider?

If you are worried **at all** about how your child looks or feels, call your healthcare provider!

**HEALTHCARE PROVIDER:** PLEASE FILL IN THE INFORMATION BELOW.

If your child's temperature is 102.5°F or 39 °C or higher, or if you have questions, call your healthcare provider.

Healthcare provider phone number (850) 424-6208

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[www.immunize.org/catg.d/p4015.pdf](http://www.immunize.org/catg.d/p4015.pdf) • Item #P4015 (2/19)

# Start Reading to Your Child Early



## How to Help Your Child Learn to Read

A baby can enjoy books by 6 months of age! Here are things you can do with your child at different ages to help your child learn to love words and books.

### Birth to Age 1

- Play with your baby often. Talk, sing, and say rhymes. This helps your baby learn to talk.
- Talk with your baby, making eye contact. Give your baby time to answer in baby talk.
- Give your baby sturdy board books to look at. It's OK for a baby to chew on a book.
- Look at picture books with your baby and name things. Say "See the baby!" or "Look at the puppy!"
- Babies like board books with pictures of babies and everyday objects like balls and blocks.
- Snuggle with your baby on your lap and read aloud. Your baby may not understand the story, but will love the sound of your voice and being close to you.
- Don't let your child watch TV until age 2 or older.

### 1 to 3 Years of Age

- Read to your child every day. Let your child pick the book, even if it's the same one again and again!
- Younger toddlers (1 to 2 years of age) like board books with pictures of children doing everyday things (like eating and playing). They also like "goodnight" books and books with rhymes. Books should only have a few words on each page.

- Older toddlers (2 to 3 years of age) like board books and books with paper pages. They love books with rhymes and words that are repeated. Books about families, friends, animals, and trucks are also good.
- Let your child "read" to you by naming things in the book or making up a story.
- Take your child to the library. Celebrate your child getting a library card!
- Keep talking, singing, saying rhymes, and playing with your child.
- Don't let your child watch TV until age 2 or older.

### Reading Tips

- Set aside time every day to read together. Reading at bedtime is a great way to get ready for sleep.
- Leave books in your children's rooms for them to enjoy on their own. Have a comfortable bed or chair, bookshelf, and reading lamp.
- Read books your child enjoys. Your child may learn the words to a favorite book. Then, let your child complete the sentences, or take turns saying the words.
- Don't drill your child on letters, numbers, colors, shapes, or words. Instead, make a game of it.

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### 3 to 5 Years of Age

- Read ABC books with your child. Point out letters as you read.
- Preschool children like books that tell stories. They also love counting books, alphabet books, and word books. Like toddlers, they love books with rhymes and words they can learn by heart.
- Help your child recognize whole words as well as letters. Point out things like letters on a stop sign or the name on a favorite store.
- Ask your child questions about the pictures and story. Invite him or her to make up a story about what's in the book.
- Some public TV shows, videos, and computer games can help your child learn to read. But you need to be involved too. Watch or play *with* your child and talk about the program. Limit TV time to 1 or 2 hours per day. Avoid violent shows and movies. Try to stick to educational shows.
- Give your child lots of chances to use written words. Write shopping lists together. Write letters to friends or family.



### Read Aloud With Your Child

Reading aloud is one of the best ways to help your child learn to read. The more excited you act when you read a book, the more your child will enjoy it.

- Use funny voices and animal noises!
- Look at the pictures. Ask your child to name things in the pictures. Talk about how the pictures go with the story. Ask what is happening in the story.

- Invite your child to join in when a line is repeated over and over.
- Show your child how things in the book are like things in your child's life.
- If your child asks a question, stop and answer it. Books can help children express their thoughts and solve problems.
- Keep reading to your child even after he or she learns to read. Children can listen and understand harder stories than they can read on their own.

### Listen to Your Child Read Aloud

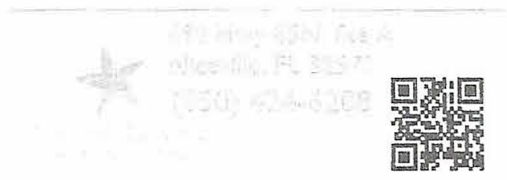
Once your child starts reading, have him or her read out loud. Take turns reading.

If your child asks for help with a word, give it right away. But let your child sound out words if he or she wants to.

Know when your child has had enough. Stop if your child is tired or frustrated.

Most of all, give lots of praise! You are your child's first, and most important, teacher!

The American Academy of Pediatrics (AAP) is grateful for the Reach Out and Read program's help with this handout. Reach Out and Read works with children's doctors to make promoting literacy and giving out books part of children's basic health care. This program is endorsed by the AAP. To learn more about Reach Out and Read, go to [www.reachoutandread.org](http://www.reachoutandread.org).



To learn more, visit the American Academy of Pediatrics (AAP) Web site at [www.aap.org](http://www.aap.org).

Your child's doctor will tell you to do what's best for your child. This information should not take the place of talking with your child's doctor.

We hope the resources in this handout are helpful. The AAP is not responsible for the information in these resources. We try to keep the information up to date but it may change at any time.

Adaptation of the AAP information in this handout into plain language was supported in part by McNeil Consumer Healthcare.

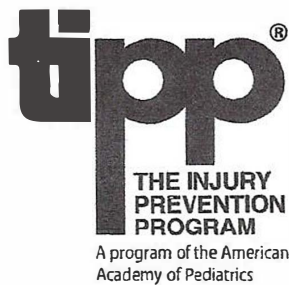
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DEDICATED TO THE HEALTH OF ALL CHILDREN™

# 2 to 4 Years



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## 2 TO 4 YEARS

### Safety for Your Child

Did you know that injuries are the leading cause of death of children in the United States? Most of these injuries can be prevented.

Often, injuries happen because parents are not aware of what their children can do. Children *learn quickly*, and before you know it your child will be *jumping, running, riding* a tricycle, and *using tools*. Your child is at special risk for injuries from falls, drowning, poisons, burns, and car crashes. Your child doesn't understand dangers or remember "no" while playing and exploring.

#### Falls

Because your child's abilities are so great now, he or she will find an endless variety of dangerous situations at home and in the neighborhood.

Your child can fall off play equipment, out of windows, down stairs, off a bike or tricycle, and off anything that can be climbed on. **Be sure the surface under play equipment is soft enough to absorb a fall.** Use safety-tested mats or loose-fill materials (shredded rubber, sand, wood chips, or bark) maintained to a depth of at least 9 inches underneath play equipment. Install the protective surface at least 6 feet (more for swings and slides) in all directions from the equipment.



Lock the doors to any dangerous areas. **Use gates on stairways and install operable window guards** above the first floor. Fence in the play yard. **If your child has a serious fall or does not act normally after a fall, call your doctor.**

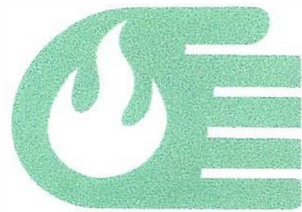
#### Firearm Hazards

Children in homes where guns are present are in more danger of being shot by themselves, their friends, or family members than of being injured by an intruder. It is best to keep all guns out of the home. If you keep a gun, keep it unloaded and in a locked place, with the ammunition locked separately. **Handguns are especially dangerous.** Ask if the homes where your child visits or is cared for have guns and how they are stored.



#### Burns

The kitchen can be a dangerous place for your child, especially when you are cooking. If your child is underfoot, hot liquids, grease, and hot foods can spill on him or her and cause serious burns. Find something safe for your child to do while you are cooking.



Remember that kitchen appliances and other hot surfaces such as irons, ovens, wall heaters, and outdoor grills can burn your child long after you have finished using them. Also, when you use the microwave stay nearby to make sure your child does not remove the hot food.

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If your child does get burned, immediately put cold water on the burned area. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth. Call your doctor for all burns. To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120°F. In many cases you can adjust your water heater.

Make sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.

### Poisonings

Your child will be able to *open* any drawer and *climb* anywhere curiosity leads. Your child may *swallow anything* he or she finds. Use only household products and medicines that are absolutely necessary and keep them safely capped and out of sight and reach. Keep all products in their original containers. Use medications as directed and safely dispose of unused medicine as soon as you are done with it.

If your child does put something poisonous in his or her mouth, call the Poison Help Line immediately. Add the Poison Help number (1-800-222-1222) to your phone contacts list. Do not make your child vomit.



### And Remember Car Safety

Car crashes are the **greatest danger** to your child's life and health. The crushing forces to your child's brain and body in a collision or sudden stop, even at low speeds, can cause injuries or death.

To prevent these injuries, correctly USE a car safety seat EVERY TIME your child is in the car. It is safest for children to ride rear facing as long as possible, until they reach the highest weight or height allowed by the manufacturer. Many convertible seats have limits that will permit children to ride rear facing for 2 years or more. When they outgrow rear facing, children should ride forward facing in a car safety seat with a harness. Many of these can be used up to 65 pounds or more, and this will help provide the most protection possible.



The safest place for all children to ride is in the back seat. In an emergency, if a child **must** ride in the front seat, move the vehicle seat back as far as it can go, away from the airbag.

Do not allow your child to play or ride a tricycle in the street. **Your child should play in a fenced yard or playground.** Driveways are also dangerous. Walk behind your car before you back out of your driveway to be sure your child is not behind your car. You may not see your child through the rearview mirror.

**Remember, the biggest threat to your child's life and health is an injury.**

From Your Doctor

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