



BRIGHT FUTURES HANDOUT ► PARENT

4 YEAR VISIT

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

✓ HOW YOUR FAMILY IS DOING

- Stay involved in your community. Join activities when you can.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- 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.
- If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community agencies can also provide confidential help.
- Teach your child about how to be safe in the community.
 - Use correct terms for all body parts as your child becomes interested in how boys and girls differ.
 - No adult should ask a child to keep secrets from parents.
 - No adult should ask to see a child's private parts.
 - No adult should ask a child for help with the adult's own private parts.

✓ HEALTHY HABITS

- Give your child 16 to 24 oz of milk every day.
- Limit juice. It is not necessary. If you choose to serve juice, give no more than 4 oz a day of 100% juice and always serve it with a meal.
- Let your child have cool water when she is thirsty.
- Offer a variety of healthy foods and snacks, especially vegetables, fruits, and lean protein.
- Let your child decide how much to eat.
- Have relaxed family meals without TV.
- Create a calm bedtime routine.
- Have your child brush her teeth twice each day. Use a pea-sized amount of toothpaste with fluoride.

✓ GETTING READY FOR SCHOOL

- Give your child plenty of time to finish sentences.
- Read books together each day and ask your child questions about the stories.
- Take your child to the library and let him choose books.
- Listen to and treat your child with respect. Insist that others do so as well.
- Model saying you're sorry and help your child to do so if he hurts someone's feelings.
- Praise your child for being kind to others.
- Help your child express his feelings.
- Give your child the chance to play with others often.
- Visit your child's preschool or child care program. Get involved.
- Ask your child to tell you about his day, friends, and activities.

✓ TV AND MEDIA

- Be active together as a family often.
- Limit TV, tablet, or smartphone use to no more than 1 hour of high-quality programs each day.
- Discuss the programs you watch together as a family.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.
- Don't put a TV, computer, tablet, or smartphone in your child's bedroom.
- Create opportunities for daily play.
- Praise your child for being active.

Helpful Resources: National Domestic Violence Hotline: 800-799-7233 | Family Media Use Plan: www.healthychildren.org/MediaUsePlan
Smoking Quit Line: 800-784-8669 | Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

4 YEAR VISIT—PARENT

SAFETY

- Use a forward-facing car safety seat or switch to a belt-positioning booster seat when your child reaches the weight or height limit for her car safety seat, her shoulders are above the top harness slots, or her ears come to the top of the car safety seat.
- The back seat is the safest place for children to ride until they are 13 years old.
- Make sure your child learns to swim and always wears a life jacket. Be sure swimming pools are fenced.
- When you go out, put a hat on your child, have her wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on her exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.
- Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.

WHAT TO EXPECT AT YOUR CHILD'S 5 AND 6 YEAR VISIT

We will talk about

- Taking care of your child, your family, and yourself
- Creating family routines and dealing with anger and feelings
- Preparing for school
- Keeping your child's teeth healthy, eating healthy foods, and staying active
- Keeping your child safe at home, outside, and in the car

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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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The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit, 2nd Edition*.

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Developmental Milestones: 4 to 5 Year Olds

What are some of the developmental milestones my child should reach by four to five years of age?

Before you know it, the somewhat calm child of three becomes a dynamo of energy, drive, bossiness, belligerence, and generally out-of-bounds behavior. You may be reminded of the earlier trials and tribulations you went through when he was two. Also obvious during this time is the tremendous spurt of imaginative ideas that spring from children's minds and mouths. All of this behavior and thinking will help your youngster build a secure foundation as he emerges into the world of kindergarten.



Here are some other milestones to look for.

Movement milestones

- Stands on one foot for ten seconds or longer
- Hops, somersaults
- Swings, climbs
- May be able to skip

Milestones in hand and finger skills

- Copies triangle and other geometric patterns
- Draws person with body
- Prints some letters
- Dresses and undresses without assistance
- Uses fork, spoon, and (sometimes) a table knife
- Usually cares for own toilet needs

Language milestones

- Recalls part of a story
- Speaks sentences of more than five words
- Uses future tense
- Tells longer stories
- Says name and address

Cognitive milestones

- Can count ten or more objects
- Correctly names at least four colors
- Better understands the concept of time
- Knows about things used every day in the home (money, food, appliances)

Social and emotional milestones

- Wants to please friends
- Wants to be like her friends
- More likely to agree to rules
- Likes to sing, dance, and act
- Shows more independence and may even visit a next-door neighbor by herself

- Aware of sexuality
- Able to distinguish fantasy from reality
- Sometimes demanding, sometimes eagerly cooperative

Developmental health watch

Because each child develops in her own particular manner, it's impossible to predict exactly when or how your own preschooler will perfect a given skill. The developmental milestones listed here will give you a general idea of the changes you can expect as your child gets older, but don't be alarmed if her development takes a slightly different course. Alert your pediatrician, however, if your child displays any of the following signs of possible developmental delay for this age range.

- Exhibits extremely fearful or timid behavior
- Exhibits extremely aggressive behavior
- Is unable to separate from parents without major protest
- Is easily distracted and unable to concentrate on any single activity for more than five minutes
- Shows little interest in playing with other children
- Refuses to respond to people in general, or responds only superficially
- Rarely uses fantasy or imitation in play
- Seems unhappy or sad much of the time
- Doesn't engage in a variety of activities
- Avoids or seems aloof with other children and adults
- Doesn't express a wide range of emotions
- Has trouble eating, sleeping, or using the toilet
- Can't differentiate between fantasy and reality
- Seems unusually passive
- Cannot understand two-part commands using prepositions ("Put the cup on the table"; "Get the ball under the couch.")
- Can't correctly give her first and last name
- Doesn't use plurals or past tense properly when speaking
- Doesn't talk about her daily activities and experiences
- Cannot build a tower of six to eight blocks
- Seems uncomfortable holding a crayon
- Has trouble taking off her clothing
- Cannot brush her teeth efficiently
- Cannot wash and dry her hands

Last Updated 11/2/2009

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

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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.

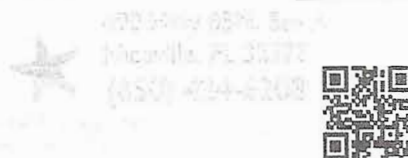
Q: Do vaccines even work? It seems like most of the people who get these diseases have been vaccinated.

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 and www.HealthyChildren.org

CDC Vaccines & Immunizations

www.cdc.gov/vaccines

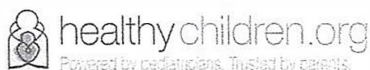
Immunization Action Coalition

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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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

immunization
action coalition

A
immunize.org

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

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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Continued on back

Continued from front

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 our 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.



To learn more, visit the American Academy of Pediatrics (AAP) Web site at 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.

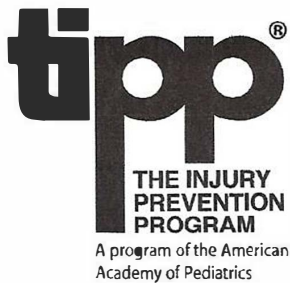
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2 to 4 Years



1/2



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.**

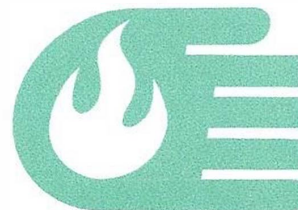
Firearm Hazards

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.



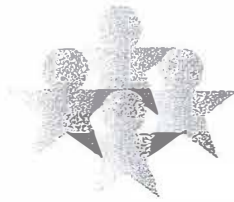
The safest place for all children to ride is in the back seat. In an emergency, if a child **must** ride in the front seat, move the vehicle seat back as far as it can go, away from the airbag.

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

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BULLYING: IT'S NOT OK

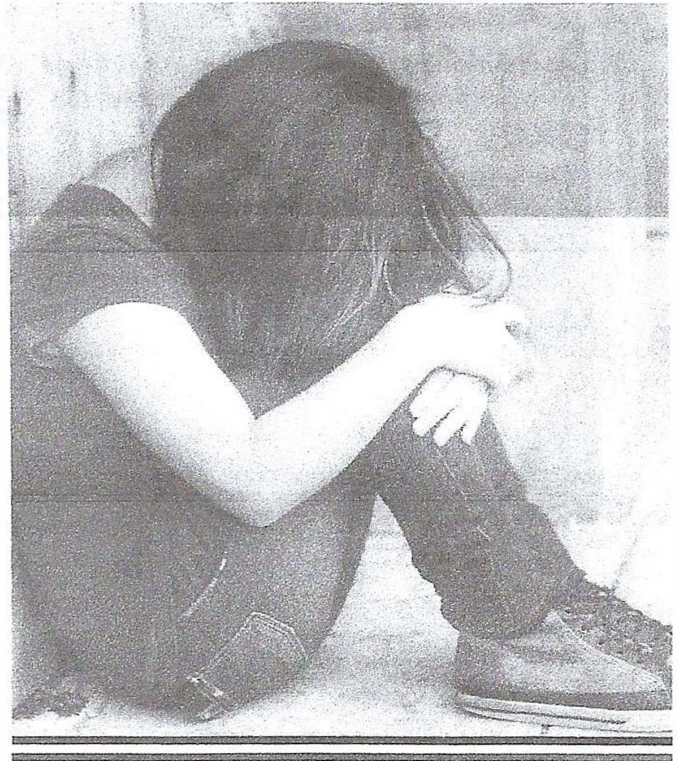
Bullying is when one child picks on another child again and again. Usually children who are being bullied are either weaker or smaller, as well as shy, and generally feel helpless. Some children and youth are at higher risk of being bullied, such as those with disabilities or other special health care needs and those who are lesbian, gay, bisexual, or transgender.

Bullying occurs when there is an imbalance of power. Sometimes children argue with each other or make bad choices in their behavior, which is not bullying.

Cyberbullying occurs electronically, using things like social media sites, texting, chat rooms, or instant messaging. Cyberbullying can happen any time—day or night—and is visible to many more people than traditional bullying. It's very hard to undo or hide what the child who is cyberbullying has done.

FACTS ABOUT BULLYING

- Both girls and boys can be bullies.
- A child can be both the bully and the victim.
- Bullies target children who cry, get mad, or easily give in to them.
- There are 3 types of bullying.
 - Physical—hitting, kicking, pushing, choking, punching
 - Verbal—threatening, taunting, teasing, hate speech (This can also include electronic messaging)
 - Social—excluding victims from activities or starting rumors about them



- Bullying happens
 - At school, when teachers are not there to see what is going on
 - When adults are not watching—going to and from school, on the playground, or in the neighborhood
 - Through electronic methods, such as social networks, texting, and instant messaging

Common characteristics of bullies and victims (from www.StopBullying.gov)

Generally, children who are bullied have one or more of the following risk factors:

- Are seen as different from their peers, such as being overweight or underweight, wearing glasses or different clothing, being new to a school, or not having what kids consider “cool”
- Are seen as weak or unable to defend themselves





- Are less popular than others and have few friends
- Do not get along well with others, are seen as annoying or provoking, or provoke others for attention

Those who bully others do not need to be stronger or bigger than those they bully. Often, these students require support to change their behavior and address other challenges that may be influencing their behavior. Children who bully may have more than one of the following characteristics:

- Are aggressive or easily frustrated
- Have less parental involvement
- Have issues at home
- Think badly of others
- Have difficulty following rules
- View violence in a positive way
- Have friends who bully others

EFFECTS OF BULLYING

Children who experience any kind of bullying—including cyberbullying—can experience long-term effects, even into adulthood. Bullying can have consequences for both the bully and the victim. who

- Have a higher risk of substance use
- Are more likely to skip or drop out of school
- Can have health complications
- Have poor school performance
- Experience depression or other mental health challenges

TALK WITH YOUR CHILD ABOUT BULLYING

Even if you don't think your child is bullied, a bully, or a bystander, you will be helping protect your child just by asking these questions.

- How are things going at school?
- What do you think of other kids in your class?
- Does anyone get picked on or bullied?
- What is lunchtime like? (or recess)
- Is anyone texting, tweeting, or posting mean things on social networks?

HELP YOUR CHILD RESIST BULLYING

You cannot always help your child avoid all bullying, but you can help him build coping skills to deal with difficult situations. Spend time with your child, show him love and encouragement, and model good behavior toward others. Talk through difficult situations with your child so he knows he can trust you with his problems.

WHEN YOUR CHILD IS BULLIED

It can be upsetting to find out your child has been bullied. Let her know you are there for her, willing to listen, and taking action to make sure it doesn't continue. Here are some things you can do.

- *Help your child learn how to respond.* For example, "Let's talk about what you can do and say if this happens again."
- Teach your child how to.
 - Look the bully in the eye.
 - Stand tall and stay calm.
 - Walk away.
 - Not respond to electronic messages and cut off communications with those who are sending unwanted messages.
 - Show bullying texts, posts, or e-mails to a parent or other trusted adult.



- Teach your child how to say in a firm voice.
 - “I don’t like what you are doing.”
 - “Please do not talk to me like that.”
 - “Why would you say that?”

For many children, these skills do not come naturally. It is like learning a new language—lots of practice is needed. Practice so, in the heat of the moment, these skills will come to your child naturally.

- **Teach your child when and how to ask for help.** Your child should not be afraid to ask an adult for help when bullying happens. Since some children are embarrassed about being bullied, parents need to let their children know being bullied is not their fault.
- **Encourage your child to make friends with other children.** There are many adult-supervised groups, in and out of school, that your child can join. Invite your child’s friends over to your home.
- **Support activities that interest your child.** By participating in activities such as team sports, music groups, or social clubs, your child will develop new abilities and social skills. When children feel good about how they relate to others, they are less likely to be picked on.
- **Alert school officials to the problems, and work with them on solutions.** Since bullying often happens outside the classroom, talk with the principal, guidance counselor, or playground monitors, as well as your child’s teachers. Write down and report all bullying, including cyberbullying, to your child’s school. By knowing when and where the bullying occurs, you and your child can better plan what to do if it happens again.

WHEN YOUR CHILD IS THE BULLY

No parents want to think their child would bully another child, but it does happen and parents must be ready to respond. If you know your child is bullying someone, take it very seriously.

Now is the time when you can change your child’s behavior.

In the long run, bullies continue to have problems. These often get worse. If the bullying behavior is allowed to continue, these children often become adults who are much less successful in their work and family lives and may even get in trouble with the law.

- Help your child understand what bullying is and why it is a problem. Help your child understand how bullying hurts other children. Give real examples of the good and bad results of your child’s actions.
- Set firm and consistent limits on your child’s aggressive or hurtful behavior. Be sure your child knows that bullying is never OK.
- Be a positive role model. Children need to develop new and constructive ways for getting what they want. All children can learn to treat others with respect.
- Use effective, nonphysical discipline, such as loss of privileges. When your child needs discipline, explain why the behavior was wrong and how your child can change it.
- Find positive ways to stop bullying with the school principal, teachers, counselors, and parents of the children your child has bullied.
- Supervise your child and help develop individual skills and interests. Children with too much “time on their hands” are more likely to find themselves in bad situations.



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BULLYING: IT'S NOT OK

- Supervise their time online, and monitor what sites they are visiting. Require them to friend you on social media sites and share their passwords with you.
- Ask for help. If you find it difficult to change the behavior, reach out to a professional, like a teacher, counselor, or your child's pediatrician.

It is important for everyone in the community to work together to build a safe environment for all children. Partner with your child's pediatrician, school district, and local community leaders to create anti-bullying messages and policies. Find more information at StopBullying.gov.

WHEN YOUR CHILD IS A BYSTANDER (with additions from StopBullying.gov):

Most children are neither bullied nor bullies—they just watch. There are things your child can do to help stop bullying.

- Don't give bullying an audience. Often, those who bully are encouraged by the attention they receive from bystanders. Children can help stop bullying by actively not supporting it.
- Set a good example.
- Help the child who is bullied get away.
- Tell a trusted adult. Talking with an adult is not tattling. Standing up for another child by getting help is an act of courage and safety. To make it easier, suggest taking a friend.
- Be a friend. Children can help someone who's been bullied by simply being nice to him. Being friendly can go a long way toward letting him know that he's not alone.

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