

Caring *for* Kids

Hard-to-Find Facts
for Parents About
Child Health
& Development

.....

**SECOND
EDITION**



Riley Hospital *for* Children

.....

INDIANA'S ONLY COMPREHENSIVE CHILDREN'S HOSPITAL

Caring *for* Kids

Hard-to-Find Facts for Parents
About Child Health & Development

SECOND EDITION

by Abigail Klemsz, MD, PhD, and Patricia A. Keener, MD

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Indianapolis, Indiana

Dear Reader,

As the state's only comprehensive children's hospital, Riley Hospital for Children is proud to present its second edition of Caring for Kids, a book for all of us who care for or about children.

As Riley Hospital's chief medical officer, I have an opportunity to visit with many physicians across the state who are dedicated to caring for Indiana's children. We agree that educated families are an asset to their communities. Learning more about their children's growth, development, health issues, safety and welfare can make families stronger and healthier.

To create Caring for Kids, our authors spent many hours getting input and recommendations from physicians, health care professionals and parents throughout Indiana to ensure the book met our vision to be a helpful, easy-to-read publication with information you can use.

We trust this book will be a useful guide as you continue to partner with your child's physician to provide the best care for your family. Please don't hesitate to tell your family, friends and neighbors about Caring for Kids. If they want more copies of the book, they can go online to the Riley Children's Foundation's Web site at www.rileykids.org, or call the foundation office at 317-634-4474.

Best Regards,



*Jeff Sperring, MD
Chief Medical Officer
Riley Hospital for Children*

How to Use this Book

Caring for Kids is divided into four sections. The final pages of each section contain resources, including helpful organizations, suggested books and Web sites.

Section One: Child Health Care

This section begins with a brief history of child health care and childhood over the last 200 years. A detailed discussion of the well-child visit is followed by a brief discussion of dental and eye care. You will find information about sick child care, including when to keep your child home and how sick is sick.

Section Two: Growth and Development

This section features interesting facts about growth and development beginning with the newborn and progressing through adolescence. You'll find discussions of physical growth, emotional development, important milestones and age-related safety concerns. You will learn more about how to be safe when using the Internet. You will discover new insights into how your child's brain develops in "Brain Facts."

Section Three: Nutrition

This section presents nutritional information for each developmental stage beginning with "Before Your Baby is Born" and proceeding through the teen years. Information about "Fat in Your Child's Diet" and "What Parents Should Know about Vegetarian Diets" concludes this section.

Section Four: Child Safety

This section covers common childhood injuries and provides practical pointers for keeping your family safe. Use the Room-by-Room Checklist to make sure your home is a safe home.

Acknowledgments

The original idea to produce a handbook of practical health care information for families with children ages newborn to 21 was that of the Riley Children's Foundation, the fundraising arm of Riley Hospital for Children. The many tasks required to move the idea from concept to reality were accomplished by the dedicated staff of the Riley Children's Foundation and of course our physician authors Dr. Klemsz and Dr. Keener. Generous funding from Lilly Endowment Inc. made it possible to provide *Caring for Kids* as a gift to every household in Indiana.

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References

The primary references for this book include Behrman RE, Kliegman RM, Jenson HB. *Nelson Textbook of Pediatrics* (2007). Hagan JE, Shaw JS, Duncan PM, eds. 2008 *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*. Third edition. Elk Grove Village, Ill.: American Academy of Pediatrics. Four other books from the American Academy of Pediatrics: *Caring for Your Baby and Young Child: Birth to Age 5* (2004); *Caring for Your School-Age Child: Ages 5 to 12* (2004); *Caring for Your Teenager: The Complete and Authoritative Guide* (2006); and *Guide to Your Child's Symptoms* (1997).

For specific sections, the primary references are Growth and Development—Levine MD, Carey WB, Crocker AC, eds., *Developmental—Behavioral Pediatrics* (1999); Nutrition—American Academy of Pediatrics: *Guide to Your Child's Nutrition* (1999); Safety—American Academy of Pediatrics: *Injury Prevention and Control for Children and Youth* (1997).

The material contained in this book should not be used as a substitute for the medical care and advice of your doctor. Your doctor's advice is individualized for your child's health and circumstances. Furthermore, information in this book is subject to change based on medical research and advances in medicine. Riley Hospital for Children and the Riley Children's Foundation expressly disclaim any responsibility for any liability, loss, injury or risk—personal or otherwise—that is incurred as a consequence—directly or indirectly—of the use and application of any of the contents of this book.

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Child Health Care

Did you ever wonder why kids get shots for diseases you've never heard of? Or why a 6-month-old's appointment with the doctor for an ear infection doesn't count for the 6-month well-child visit?

Why see a dentist for a tooth that's going to fall out anyway? What is the normal blood pressure for a 3-year-old? Or a 10-year-old? Do kids have problems with high blood pressure?

In the *Child Health Care* section, you'll find the answers to these questions as well as lots of other useful information and hard-to-find facts on child health.

IN THIS SECTION

.....

- **Child Health Care in the U.S.**
- **Medical Home**
- **Well-Child Care**
- **Dental Care**
- **Eye Care**
- **Immunizations**
- **Sick Child Basics**

And much more...

BE READY FOR AN EMERGENCY

- Enroll in a CPR (cardiopulmonary resuscitation) class that includes instruction in infant and child CPR (in addition to adult CPR) as well as rescue skills for choking. To locate a class, contact your local hospital, fire department or Red Cross. If you prefer learning at home, two self-instructional learning kits, *CPR Anytime* and *Infant CPR Anytime*, developed by the American Heart Association (AHA) and the American Academy of Pediatrics (AAP), are available for purchase at a cost of about \$35 per kit. Designed for use by parents, grandparents, siblings, babysitters and friends, the kits include an instructional DVD with rescue technique demonstrations and an inflatable manikin suitable for practice. For information about ordering, call 1-877-AHA-4CPR or visit www.cpranytime.org.
- Prepare two first-aid kits, one for home and one for travel. Kits should have locks or be kept in a locked area such as a closet, glove compartment or trunk.
- Tape an emergency information card to the lid on the outside of the first-aid box.
- Include written instructions for first aid, choking and CPR in each kit. A 3-in-1 First-Aid, Choking, CPR Chart is available from the American Academy of Pediatrics (AAP). You can order a copy by calling 888-227-1770, or by ordering online from the AAP Bookstore at www.aap.org/bookstore.
- If any family member requires special medication for a life-threatening emergency, include that medication in each first-aid kit. For example, include injectable epinephrine for a child with a known life-threatening allergy to bee stings, or an inhaler for a child with asthma.



- Tape a supply list inside the lid of the box. Write the date the kit was assembled or last checked. Beside each medication, write the expiration date. Replace medications before they expire. Replace all other supplies immediately after use.

FIRST-AID KIT CONTENTS

- ☐ Adhesive bandages—assorted sizes
- ☐ Nonstick dressings—4-inch squares
- ☐ Roll of gauze—1- and 2-inch rolls
- ☐ Adhesive tape—1-inch roll
- ☐ Butterfly bandages
- ☐ Elastic bandage—3-inch roll (with safety pins)
- ☐ Packet of cotton swabs
- ☐ Roll of absorbent cotton
- ☐ Round-tipped scissors
- ☐ Tweezers
- ☐ Unbreakable digital thermometer
- ☐ Children's acetaminophen tablets or liquid
- ☐ Antihistamine tablets or liquid
- ☐ Antibiotic cream
- ☐ Calamine lotion
- ☐ Alcohol wipes
- ☐ Disposable gloves
- ☐ Hand sanitizer
- ☐ Flashlight with extra set of batteries
- ☐ First-Aid Chart



Docs For Tots

Doctors began to specialize in the care of children in 1860. Before that, nurses or general doctors treated older children. Midwives or obstetricians treated children under age 2.

Dr. Abraham Jacobi was the first physician in the United States to devote himself to the care of children. He is considered the father of pediatrics in America. In 1860 in New York, he established the first outpatient clinic for children.

Two years later in Paris, Dr. Pierre Budin, a French obstetrician, set up the first clinic for newborns. In addition to instructing parents in feeding and nutrition, he weighed and measured newborns — almost all of whom were born at home. Dr. Budin also established a nursery to care for sick newborns and premature babies.

Show Time

In Paris, Dr. Budin became known for saving the lives of premature infants. One of the secrets of his success was to make sure the babies were kept comfortably warm. To provide warmth, Dr. Budin designed a simple machine called an incubator.

Hoping to interest the public in this new way to care for babies, Dr. Budin sent his student, Martin Couney, to the 1896 Berlin World Exposition with five premature infants, five incubators and five nurses. People were very interested — up to 3,000 visitors a day filed by the tiny babies in their “human hatcheries!”

After Berlin, Couney traveled to various countries, including the United States, setting up his baby exhibits. As recently as 1939, the exhibit could be seen at the New York World's Fair.

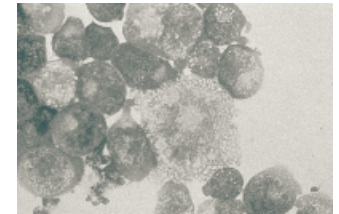


Lessons from the Past

A century ago, milk sold at the local store was dipped from an unrefrigerated 5-gallon can. Very likely, molasses, chalk or even Plaster of Paris had been added to improve its taste or appearance. Infants and young children often became ill from the germs that thrived in the warm milk, especially in the summer months. At the time, infectious diseases were the leading cause of death, and contaminated milk was a leading source of infection. The first major victory in the fight to save the lives of young children was won by setting standards for the safe handling of milk. “Milk stations” were set up where parents could get fresh milk from “certified” suppliers.

The next battle was fought against the killer diseases like diphtheria, tetanus and pertussis (whooping cough). In the 1800s, these diseases filled graveyards with their tiny victims. Parents watched over their children as the disease ran its course to recovery or death. Doctors, called late in the disease when death was close, faced desperate situations.

During his years of practice, Dr. Abraham Jacobi, the founder of pediatrics in the United States, performed emergency surgery on more than 2,500 children dying of a blocked windpipe, the deadly complication of diphtheria. Though his heroic actions saved many children, tragically he was unable to save his own son.



When the diphtheria vaccine became available, parents celebrated the chance to protect their children. Development of the vaccine to prevent diphtheria was followed by vaccines for pertussis, tetanus, polio, measles, mumps — the list goes on to include more than a dozen childhood diseases that can be prevented by immunization. A parent of the 1800s would love to trade places with you. By having your child immunized, you are protecting your child from diseases that once killed thousands of children.

Live Healthier, Live Longer

- In the United States, a child born today has a life expectancy of almost 80 years. A child born in 1900 had a life expectancy of only 50 years. Immunizations have made a major contribution to this gift of 30 extra years of life.
- Children who are immunized on schedule receive the maximum benefit from vaccines. The immunization rate for young children has been increasing in the last few years and at present is the highest ever recorded. Even so, one preschool child in every four remains unprotected or only partially protected.

Source: U.S. Department of Health and Human Services

Things Change

The 1800s were years of tremendous change in the United States. Thousands of families moved from small towns and farms to cities where factories offered employment. Factory-made clothing, furniture and household items like soap and candles replaced handmade items. Middle-class women who could afford to purchase the factory-made goods had time available to spend with their children. Influenced by new ideas on childhood from Europe, these mothers directed their attention to educating their children, using a far more gentle approach to parenting than past generations.

While children of middle- and upper-class families benefited from their parents' changing views on childhood, the children of the poor had no such advantage. Children as young as age 7 worked long hours in low-paying jobs and were unable to take advantage of public education. The living conditions of orphanages were so terrible that only one of every 10 children placed in an orphanage was likely to survive. All children suffered from the problems of infectious disease and poor sanitation.

As the public became aware of the unhealthy and miserable conditions existing for children, interest began to grow in the federal government's role in improving the welfare of children. In 1909, the first White House Conference on Children brought together social leaders, educators, doctors and civic-minded citizens, all of whom were concerned with children's issues. Largely because of their recommendations, in 1912 Congress passed an act creating the Children's Bureau, a federal agency whose purpose was to investigate and report on the problems of children. The creation of the Children's Bureau was an important milestone in the history of child health and welfare.



The Challenge of a Bright Future

For many children and their families, each new day is an opportunity for further self-realization, enhancement of good health and promotion of self-esteem. For millions of others, however, the future holds little promise; their health status is poor, their health risks are many, and their prospects for successfully overcoming these problems are limited. These children, and all of our nation's children, deserve the attention, the encouragement and the intervention of health professionals from many disciplines to ensure they develop the healthy bodies, minds, emotions and attitudes to prepare them to be competent and contributing adults.

Morris Green, MD
Riley Hospital for Children



USEFUL INFORMATION

A SAFETY NET FOR CHILDREN

The Great Depression of 1929 forced 40 percent of the people of the United States into poverty. The Social Security Act of 1935 created an important safety net for many of those most at risk—the elderly, disabled, pregnant women and children.

Title 5 of the Social Security Act created the Maternal and Child Health Services programs to improve services for the health of mothers and children; children with disabling conditions; homeless, neglected, and delinquent children; and rehabilitation for the physically disabled.

MEDICAID

In 1965, Congress passed Title 19 of the Social Security Act and established Medicaid. Medicaid is a health insurance program for low-income mothers and children, the disabled and elderly who meet eligibility requirements. Eligibility varies considerably from state to state. The federal government provides partial funding with states providing matching money. For an eligible child under 21, Medicaid covers all basic medical services, including hospital care, office visits, immunizations, dental care, screening, diagnostic and treatment services.

STATE CHILDREN'S HEALTH INSURANCE PROGRAM

In 1997, Congress passed Title 21 of the Social Security Act, thereby creating the State Children's Health Insurance Program (SCHIP). Like Medicaid, SCHIP is jointly financed by the federal and state governments, and is administered within broad federal guidelines by the states. SCHIP provides health insurance coverage for children from families with incomes too high to qualify for Medicaid but too low to afford private insurance.

Eligibility requirements vary from state to state. In Indiana, SCHIP is part of Hoosier Healthwise. For information about Indiana's eligibility criteria, visit the Hoosier Healthwise site at www.healthcareforhoosiers.com. For additional information about SCHIP at the federal level, go to the Centers for Medicare and Medicaid Services at www.cms.hhs.gov.

RILEY HOSPITAL FOR CHILDREN

Built to honor the memory of the famous Hoosier poet, James Whitcomb Riley, Riley Hospital for Children opened its doors in October 1924. In the years since, the doctors at Riley have cared for many children with many diseases.

USEFUL INFORMATION

Never were Riley's wards more crowded than during the polio epidemics of 1949 and 1951. The iron lung, one of the earliest "breathing machines," kept paralyzed patients alive until they could breathe on their own.

Today Riley is one of the largest children's hospitals in the nation. The building, the patients, the equipment and the doctors have all changed, but the reason for Riley remains the same—to bring the best that medicine has to offer to the children and families of Indiana.



Medical Home

Your Doctor's Office is Your Medical Home

Primary care doctors are your partners for your child's health. They treat ear infections, check growth and development, give "baby shots" and answer middle-of-the-night phone calls.

Emergency rooms only take care of emergencies. "Baby shot clinics" only give "baby shots." Your child's primary care doctor does more. Your doctor provides your child with a medical home.



A Medical Home Provides...

Health Care

- Well-child care
- Sick-child care
- Infants
- Preschoolers
- School-age children
- Teenagers

Preventive Care

- Immunizations
- Health screenings
- Growth and development checks
- Parenting help
- Behavioral guidance
- Safety precautions

Coordination of Care

- Physician specialists
- Referrals such as speech and hearing, and physical and occupational therapy
- Public health resources
- Health/Development issues related to child care/school

Official Records of Care

- Medical record
- Immunization record

The Well-Child Visit Schedule

The American Academy of Pediatrics recommends well-child visits at the following times:

- Before your baby is born (for first-time parents)
- Before your newborn is discharged from the hospital. If your baby is discharged before two full days of life, your baby should be seen again within 48 – 72 hours.
- During the first year of life—a visit at about 1 – 2 weeks of age, and at 1, 2, 4, 6, 9 and 12 months of age
- During the second year of life—visits at 15, 18 and 24 months of age
- In early childhood—yearly visits from 2 – 5 years of age
- During early school years—visits at 6, 8 and 10 years of age
- In adolescence and early adulthood—yearly visits from 11 – 21 years of age

The Well-Child Visit

Well-child visits are more important than you might imagine. In addition to providing you and your child with the perfect opportunity to get to know the doctor (and the doctor to get to know the two of you), well-child visits allow your doctor to evaluate your child's general health, growth and development.

When children are sick, they don't feel like showing the doctor how well they walk or talk. They don't relate very well either, so their social skills cannot be evaluated.

A well-child visit requires a well child. A 6-month-old's appointment for an ear infection can't be used for the 6-month well-child visit.



The Well-Child History

At each well-child visit, the doctor will ask about:

- History of any illnesses since the last visit
- Daily routine—eating, sleeping, etc.
- Family relationships/friends
- Developmental milestones/puberty
- Child care arrangements
- School
- Any other concerns

When your child is a baby, the doctor takes the history while you hold your child. By age 4 or 5, your child will probably feel comfortable sitting on the exam table during the history. By school age, the doctor spends part of the time talking directly with your child. Once your child becomes a teenager, the doctor will talk with and examine your child without you in the room.

The Well-Child Physical Examination

Each well-child visit includes a height and weight check before the exam. In the first two years of life, your baby's head size is also measured.

Height

In the first months of life, length is measured with your child lying down with legs stretched straight. When your child is older (approximately age 2), height is measured while your child is standing. Many times, the first height measured on a child is less than the last recorded length. Your child didn't shrink. It's just the difference in the way the height (standing) and length (lying down) are measured.

Weight

Unlike height, your child's weight changes from day to day and from morning to night. In the first few months of life, small differences may seem very important. Don't be surprised if your doctor's scale weighs your child heavier or lighter than your scale at home. Remember, your doctor follows your child's weight pattern, which is much more accurate than a single weight.

Head Size

The head grows faster in the first two years than any other time in life. Both your baby's head size and the rate at which your baby's head is growing are important. These measurements help your doctor determine if your child's skull and brain are developing normally.

Growth

At each visit, your child's height, weight, and head size (in the first two years) are compared to normal values for children of the same age and sex. Your child's measurements are plotted on growth charts from the National Center for Health Statistics like the charts on page 53 of the Growth and Development section.

Your child's growth tells your doctor about your child's general health and nutrition. Each child grows differently. Steady growth is important. A short child who grows steadily is not a worry. A child who stops growing or who loses weight is a worry. By following the growth pattern over a number of months, the normal spurts and slow periods of growth even out.

General Appearance

Your doctor begins the exam by taking a careful look at your child, checking for a healthy appearance or any signs of health problems. The order of the physical exam changes with the age of the child. With a young child, the doctor usually starts with the parts of the exam requiring cooperation such as listening to the heart and lungs. As the child becomes older, the doctor starts by taking the blood pressure, and the examination proceeds head to toe.

Blood Pressure

Doctors usually begin taking yearly blood pressure measurements at the 3-year well-child visit. Children have lower blood pressures than adults. A blood pressure lower than 120/80 is considered normal for an adult, regardless of age, weight or gender. Normal blood pressure values for children vary with gender, age and height. To determine if a child's blood pressure is normal, the child's values are compared to blood pressure values obtained on large populations of children of the same sex and body size. At age 18, adult values for normal are used. A normal blood pressure is less than 107/69 for a 3-year-old, 109/69 for a 6-year-old and 117/75 for a 10-year-old. Coughing, crying, struggling or anxiety can cause a falsely high blood pressure reading in young children. If your child has a high blood pressure reading, the doctor may have you bring your child back to have his blood pressure checked again at three or more separate office visits about a week apart.

Source: National High Blood Pressure Education Program Working Group on Children and Adolescents, 2004 Revised Guidelines

Head

When examining a child under 2, the physician checks the "soft spots" of the skull. Soft spots, or fontanel, are areas where the skull bones have not yet grown together to form a bony, protective shell over the brain.

There are two fontanel that may be open at birth. The fontanel on the back of the head, which is triangular, may be closed at birth, but if not, it closes in the first 4 months of life. The fontanel on the top of the head, which is diamond-shaped, closes by 2 years of age. The closure occurs as the edges of the bones surrounding the fontanel add new bone until the fontanel is finally filled in.

In addition to measuring your child's head size, your doctor checks the shape of your child's head. Young babies who lie with their heads in one position too long can have flattening of that part of the skull.

Ears

Your doctor checks your child's ears for signs of infection or fluid behind the ear drum. Ear infections are common in young children. Not all children complain of earaches. Untreated ear infections cause problems with speech and hearing.

Continued on next page



Ears (continued)

If you have any concerns about your child's hearing, be sure to bring them up with your doctor. Children with normal hearing at birth can develop hearing problems because of ear infections or exposure to very loud noises. Parents are frequently the first to notice a hearing problem.

Don't be concerned about ear wax, and don't use a cotton swab to clean your child's ears because the ear canal is easily injured. If the doctor can't see the ear drum because of ear wax, he or she will take care of the problem very carefully.

Eyes

Your doctor uses a lighted instrument called an ophthalmoscope to look through the pupil into the back of the eye. The doctor is looking for problems inside the eye like a cataract or a tumor.

The doctor also checks your child's eyes for problems that can be seen from the outside like excessive tearing or eyes that don't move together.

Beginning at age 3, the doctor will probably check your child's vision. If you have a family history of vision problems or hereditary eye disease, be sure to tell your doctor. Your child will be referred to an ophthalmologist if your doctor suspects problems.

Nose, Throat and Mouth

The doctor checks your child's nose for signs of allergy or chronic infection. Your doctor also checks the back of your child's throat for enlarged tonsils or signs of infection.

When examining the mouth, he or she looks at the condition of the teeth and gums. Your doctor's examination of your child's teeth does not substitute for a visit to the dentist. Children should begin regular dental check-ups at age 12 – 18 months.

Neck

Your doctor checks several things with the neck exam. He or she checks to make sure your child's head moves easily from side to side and up and down. The doctor feels the neck for "lumps and bumps"—an enlarged thyroid gland or swollen lymph nodes. Swollen lymph nodes in the back of the neck suggest an infection of the scalp. Swollen lymph nodes in the front of the neck suggest an infection of the tonsils. Swollen lymph nodes behind the ear suggest an ear infection.

Chest and Lungs

Your doctor will look, listen and feel during the chest and lung exam. Your doctor observes the rate of breathing, deep or shallow breathing, and easy or labored breathing. The stethoscope is used to listen for normal or abnormal breathing sounds.

Heart

Your doctor can feel the force of your child's heart beating by feeling the chest wall over the heart. The stethoscope is used to listen for normal or abnormal sounds. Many children have heart murmurs; however, not all of these indicate a problem. If your doctor mentions a murmur, don't be alarmed. If it is serious, your child will be referred to a pediatric heart specialist for further evaluation.

Abdomen

By gently pressing down on the abdominal wall, your doctor learns if your child's spleen and liver are normal size or enlarged. By pressing deeper, your doctor checks kidney size. Your doctor also checks for any "lumps or bumps," or tenderness in the abdomen.

Using a stethoscope, your doctor can hear the sounds of fluid or food moving through the bowel, which means the intestines are working normally.

The examination of the abdomen can be uncomfortable for ticklish preschoolers and school-age children who frequently start to giggle when the doctor's hand comes close to the child's tummy. It's important for the tummy muscles to be relaxed when your doctor checks for abnormalities. Very likely, your doctor will try to distract your child during the exam. That sometimes helps with the "giggles."

Genitals

The doctor routinely checks the genitals for rashes and other signs of infection. With both girls and boys, the doctor uses the genital exam to look for signs of sexual maturation. When examining boys, the doctor checks to make sure the testes have descended into the scrotum and that there are no abnormal masses.

Nervous System

When your child's reflexes are checked, the doctor is looking for problems with the nervous system. Simple tests of coordination and muscle strength, combined with the developmental assessment, are also used to look for diseases of the nervous system.

Skeletal System

Your doctor checks for different skeletal problems at different ages. At the early well-child visits, your doctor checks to make sure your child does not have a problem with abnormal hip joints. It is important to treat hip problems early to avoid the need for surgery. Your doctor also checks your baby's legs and feet. The baby's cramped position during pregnancy can cause the legs to appear bowed and may cause incurving of the feet. Such problems are temporary and will be outgrown.

Sports injuries are the most frequent cause of bone and joint problems of older children. The next most common skeletal problem your doctor checks for is scoliosis or "S" curving of the back. Frequently, schools screen for scoliosis, and parents are asked to have a child with a positive screening test further evaluated. Scoliosis can be progressive and needs to be diagnosed early so it can be treated. It is more common in girls than in boys.

Skin

At each visit, the doctor will examine your child's skin for rashes, birthmarks, bruising, infection or changes in moles. The skin may provide the first clue of an illness such as leukemia or problems with the nervous system.

In the teen years, acne will be a primary concern—more for your teenager than for the doctor. There are lots of things to do to make sure your child doesn't end up with permanent scarring from untreated acne. Be sure to ask your doctor for help or for referral to a dermatologist.

Development

Just as your doctor watches over your child's growth, he or she follows your child's development. Children are constantly changing, adding new skills in every area: social development, which includes how your child interacts with you and others; language development, which includes everything from cooing to talking in sentences; gross motor skills, which include large muscle movements involving the arms and legs like throwing a ball or walking; and fine motor skills, which include using fingers and hands for drawing or coloring. By following your child's development over time, your doctor is able to identify possible problems with development and refer your child for early intervention.



Talking with the Doctor

If the best part of the well-child visit is watching your child show off new developmental skills, the second best part is having the opportunity to talk about your child with an expert one to one! You can check out an armload of books from the library, log on to an up-to-the-minute child care Web site, or spend hours trading stories with other parents. However, not one of these valuable resources matches the individualized support and professional expertise available to you at each well-child visit. Take advantage of this golden opportunity. Go prepared. If you need ideas, the topics that parents frequently ask about are listed below. Questions you have related to keeping your child safe are appropriate at every visit.

1 week

Feeding
Crying
Sleep
Your feelings/concerns

1 month

Crying
Colic
Self-comfort
Sleep
Temperament
Sibling/s

2 months

Crying
Sleep
Plans to return to work
Child care

4 months

Talking to your baby
Teething
Sleep/bedtime routine
Age-appropriate toys
Reading to your baby

6 months

Talking to your baby
Daily routine
Self-comfort
Transitional object (stuffed animal)

9 months

Talking to your baby
Safe exploration
Limit setting
Transitional object
Bedtime routine

12 months

Behavior
Language
Safe play
Consistent rules
Hitting, biting
Self-quieting

15 months

Curiosity
Power struggles
Negative behavior
Temperament

18 months

Appropriate language
Power struggles
Praising positive behavior
Night waking, night fears, nightmares
Sharing

2 years

Praising positive behavior
Appropriate language
Parallel play
Limits and structure
Toilet training

3 years

Praising positive behavior
Preschool readiness
Reading
Physical activity
Fears
Genital exploration/masturbation

4 years

Praising positive behavior
Household chores
School readiness
Family meals
Sleep habits

5 years

Health habits
TV limits
Bedtime 7 – 8 p.m.
Personal care and hygiene
Hand washing

6 years

Team sports
Family chores
Teaching child right and wrong
Self-control
Impulse control
Managing anger
Child's friends
School performance
Discipline

8 years

Healthy habits
Tobacco, alcohol, drug education
Education about pubertal changes
Peer relationships
Reading

10 years

Bedtime 8 – 9 p.m.
Hobbies
Homework spot
Acceptance of diversity
Opportunities for success
Education about pubertal changes

11 – 14 years

Sleep
TV and computer limits
Time management
Family time
Team sports
Family rules
Sexuality issues, sex identification, abstinence, protected sex, sexually-transmitted diseases (STDs)
Substance abuse, alcohol, tobacco

15 – 17 years

Stress
Feelings
Fiscal responsibility
School work
Life plans
Safe driving
New skills like lifesaving, peer mentoring
Sexuality issues, STDs, abstinence
Substance abuse, alcohol, tobacco

Dental Facts

- Baby bottle tooth decay is the most common cause of tooth decay in a child younger than 3 years.
- The chewing surfaces of back teeth are the most likely to decay. Sixty-six percent of cavities occur in the back teeth.
- The ideal time for placement of braces is 9 – 16 years of age because the head and mouth are still growing, and teeth can be more easily straightened. Braces are usually worn for 1 – 3 years. After the braces come off, most patients wear a retainer for some time to keep their teeth in their new positions.



HEALTH ALERT



PROTECT YOUR CHILD'S TEETH

Children playing contact sports should wear a mouth guard. They protect not just the teeth, but the lips, cheeks and tongue. Preformed or 'boil-to-fit', mouth guards may be purchased at sporting goods stores. Custom-fit mouth guards can be made specifically for your child by your dentist.

Call Your Dentist

If a baby tooth is knocked out

If a baby tooth is knocked out, there is no way to "save" the tooth. If the gum is bleeding, cover your finger with gauze and press down on the bleeding area. Call your dentist to determine if he or she feels it is necessary to fit your child with a "spacer." A "spacer" takes the place of the baby tooth and holds the place for the permanent tooth until it comes in.

If a permanent tooth is knocked out

Rinse (but do not scrub) the tooth, holding it by its crown. Do not touch the roots. It is wise to plug the drain before you begin rinsing. Insert the tooth into the socket with gentle pressure. Replace the tooth quickly, within 20 minutes if possible. It is uncommon for the tooth to survive if replacement is delayed longer than two hours. Take your child to the dentist immediately so that the tooth can be immobilized.

If you are unable to replace the tooth, take your child and the tooth to the dentist. Transport the tooth in milk.

USEFUL INFORMATION

GOOD NEWS FOR PARENTS

Before the age of 3 years, it is unlikely that using a pacifier, or thumb or finger sucking will cause any permanent harm to your baby's teeth or smile. The children most likely to have significant dental problems use a pacifier (or suck their thumb or finger) frequently for long periods of time and continue the habit after 3 years of age. Thumb or finger sucking is the hardest habit to break—20 percent of children continue the habit after age 5.



HEALTHY HABITS

CLEAN TEETH ARE HEALTHY TEETH

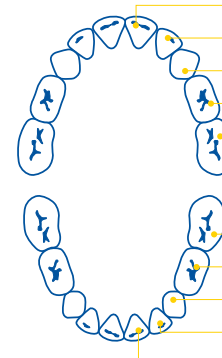
- Don't put your baby in bed with a bottle. Babies should be held when drinking from a bottle—even when they are able to hold the bottle all by themselves.
- Wipe your baby's gums with a clean, damp cloth after each feeding.
- Start brushing your baby's teeth as soon as the first tooth appears.
- Offer fruit juices only at meals. Avoid carbonated beverages with children younger than 2½ years of age.
- Starting at about 6 months of age, encourage your child to drink from a training cup rather than a bottle. If your child is breastfeeding, offer juice and other beverages in a training cup.
- Schedule your child's first visit to the dentist at 12 – 18 months of age.
- Unless your child's dentist or physician recommends fluoride toothpaste, use nonfluoride toothpaste in small amounts, beginning at 12 months of age.
- By age 4 – 5 years, children are usually able to brush their own teeth. However, to ensure thorough cleaning, their tooth brushing should be supervised until age 7 years.
- Children should use a small amount (about the size of a pea or grain of corn) of fluoride toothpaste. Fluoride toothpaste should not be used until the child is 2 years of age, able to spit out the extra toothpaste and rinse with water after brushing (usually around age 2 – 3 years).

- Once all the baby teeth have come in, you should floss your child's teeth. Children can usually floss alone after age 8, although you may need to supervise them.



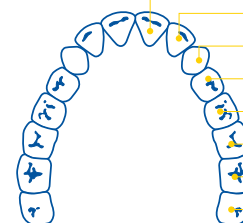
USEFUL INFORMATION

TOOTH ERUPTION CHARTS

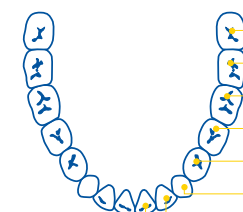


Upper Teeth	Erupt	Shed
Central incisor	8-12 mos.	6-7 yrs.
Lateral incisor	9-13 mos.	7-8 yrs.
Canine (cuspid)	16-22 mos.	10-12 yrs.
First molar	13-19 mos.	9-11 yrs.
Second molar	25-33 mos.	10-12 yrs.

Lower Teeth	Erupt	Shed
Second molar	23-31 mos.	10-12 yrs.
First molar	14-18 mos.	9-11 yrs.
Canine (cuspid)	17-23 mos.	9-12 yrs.
Lateral incisor	10-16 mos.	7-8 yrs.
Central incisor	6-10 mos.	6-7 yrs.



Upper Teeth	Erupt
Central incisor	7-8 yrs.
Lateral incisor	8-9 yrs.
Canine (cuspid)	11-12 yrs.
First premolar (first bicuspid)	10-11 yrs.
Second premolar (second bicuspid)	10-12 yrs.
First molar	6-7 yrs.
Second molar	12-13 yrs.
Third molar (wisdom tooth)	17-21 yrs.



Lower Teeth	Erupt
Third molar (wisdom tooth)	17-21 yrs.
Second molar	11-13 yrs.
First molar	6-7 yrs.
Second premolar (second bicuspid)	11-12 yrs.
First premolar (first bicuspid)	10-12 yrs.
Canine (cuspid)	9-10 yrs.
Lateral incisor	7-8 yrs.
Central incisor	6-7 yrs.

EYE FACTS

- Babies look like they have big eyes at birth because they do. The eye of the newborn is about 65 percent the size of the adult eye.
- Babies may not have tears when they cry until they are between 1 and 3 months old.
- Although babies can see at birth and especially enjoy looking at faces, they do not see as well as adults until 1 year of age.
- Early in life, babies see strong, bright colors the best. They are also attracted to bold patterns in black and white. Pale pinks and blues, which are traditionally considered baby colors, probably aren't even noticed by babies.



USEFUL INFORMATION

- At age 3 – 4 months, your baby's vision has developed so that he or she can see small objects. Some babies start to have color vision at this age.
- By 4 months of age, your child will have developed 3D (three dimensional) vision.
- Children who are nearsighted have difficulty seeing objects that are far away. Nearsightedness is the most common vision problem in young children. Nearsightedness is inherited and is usually not diagnosed until after 3 – 4 years of age. Nearsightedness is not caused by reading too much or by reading in dim light.
- Children who are farsighted must focus a bit harder to see objects up close but rarely need glasses unless the condition is severe.

HERE'S LOOKING AT YOU, KID

Your child's eyes should be examined at the following times:

Newborn: Your doctor checks your baby's eyes during the newborn physical examination. Be certain to tell your doctor if you have a family history of eye disease, including loss of vision in childhood or the need to wear thick glasses at an early age.

If your newborn has an obvious eye problem, is premature or has multiple medical problems, your doctor will ask an ophthalmologist to check your baby's eyes.

Age 6 months: Your doctor will check your baby's eyes to be sure they are moving together. Be sure to mention habitual head tilting or watery eyes.

Age 3 – 4 years: Your doctor will check your child's vision at the well-child visit. Your child does not have to be able to read. Doctors can use pictures or a simple chart to test visual acuity.

Age 5 years: Your child's vision should be checked before starting kindergarten and at each routine well-child visit.

HEALTHY HABITS

Child Rearing Myth

Some people think that if a child uses a computer for long periods of time, it will damage his or her eyes.

Child Rearing Fact

Using a computer for long periods of time does not cause eye damage. However, whenever your child does close work, he or she blinks less, and the eyes become dry. This dryness may lead to the sensation of eye strain and tired eyes. It's a good habit to teach your child to look up from the computer (or from a book or other close activity) and focus on a distant object at least every 15 or 20 minutes.

Ask Your Doctor

The first few years of life are critical to the development of normal vision. Normal vision depends on normal function of the eye and the area of the brain devoted to vision. The best chance for normal vision exists when eye diseases or vision problems are diagnosed before the fifth year of life. Parents are frequently the first to notice an eye problem. Call your doctor if you notice any of the following...

At 2 – 3 months:

- Your baby is unable to “look you in the eye,” does not have steady eye contact or seems unable to see.
- Your baby’s eyes do not move together most of the time, or one eye frequently turns out or in. (All babies cross their eyes occasionally in the first few months.)

At older than 3 months:

- Your baby is unable to follow an object even if it is brightly colored and moves slowly in front of the baby’s face.

At any age:

- The pupils of your child’s eyes are of unequal size.
- Your child holds objects close in order to see them.
- Your child’s eyes flutter from side to side or up and down.
- Your child rubs his or her eyes frequently.
- Your child squints to see or turns his or her head to one side.
- Your child has redness in either eye that persists for several days.
- Your child has redness, swelling, crusting or discharge affecting one or both eyes, and lasting more than 24 hours.
- Your child’s eyes appear to be crossed, turned out or not focusing together.
- One or both of your child’s eyelids appear to droop.
- One or both of your child’s eyes appear to bulge.
- Your child has an eye injury.

Immunizations

If you’re like most of today’s parents, you’ve never seen a measles rash or known a child whose sore throat was caused by diphtheria. You wouldn’t have been so fortunate if you had lived 100 years ago. While it’s true that measles, diphtheria and the other infectious diseases that children are immunized against have almost disappeared, don’t be fooled into thinking they’re gone. The measles virus infects almost 23 million people around the world each year. Although most of these cases occur in countries with no or inadequate immunization programs, about 50 measles cases still occur in the United States. If immunization levels fell in the U.S., those 50 cases would quickly multiply into an epidemic—a lesson learned about diphtheria by the countries that split off from the Soviet Union in the late 1980s. When their public health immunization programs were interrupted, thousands were left unprotected. Conditions were right for epidemics, and that’s just what happened. Between the years of 1990 – 1999, there were more than 150,000 diphtheria cases with 5,000 deaths. Vaccine-preventable diseases may have disappeared from your community, but they are only a plane ride away.

At present, children in the U.S. who receive all of the recommended immunizations according to the recommended schedule are protected from 16 diseases. The following paragraphs contain brief descriptions of the less familiar (thanks to immunizations) vaccine-preventable diseases.

Diphtheria

Diphtheria is an extremely contagious and frequently fatal disease that initially affects the respiratory system but may ultimately involve the heart and nervous system. Diphtheria gets its name from the Greek word *diphtheria*, meaning leather. The name refers to a tough, leather-like membrane that forms over an infected area and attaches so tightly that the tissue under it bleeds with any attempt at removal. This membrane is responsible for the most deadly complication of diphtheria—an obstructed airway. Although diphtheria is rare in the U.S., it is still common in other parts of the world.

Source: Centers for Disease Control and Prevention



Hepatitis A

Hepatitis A is the most common cause of acute viral infection of the liver and the most frequently reported preventable disease in the United States—more than 200,000 cases occur each year. In children younger than age 6, the hepatitis A virus causes a brief, mild illness and only rarely causes jaundice (a yellowish discoloration of the skin and eyeballs—the symptom that most people associate with liver problems). Older children and adults have a longer, more severe illness and usually are jaundiced. Since there is not an effective treatment for the disease, prevention is extremely important. The virus spreads by the fecal-oral route as a consequence of poor personal hygiene (inadequate hand washing after using the bathroom, changing a diaper, and before preparing or eating food). Since hepatitis A is most contagious 1–2 weeks before symptoms develop, good hand washing habits are essential for everyone caring for young children, especially children still in diapers. The virus can also be spread by drinking water or eating food contaminated by sewage.

Source: Centers for Disease Control and Prevention

Hepatitis B

Hepatitis B virus causes the second most common type of acute viral hepatitis. It is spread by contact with blood, or other bodily fluids, of an infected person. The acute disease may be mild with few or no symptoms or severe with jaundice, abdominal pain, loss of appetite and extreme tiredness. Although most people recover from the acute illness after several weeks, some infections go on to become chronic. Individuals with chronic hepatitis continue to be contagious after the acute disease. They may or may not have symptoms. Hepatitis can also be transmitted from an infected mother to an unborn child. In fact, a baby born to a woman with chronic hepatitis has a 70 to 90 percent chance of being infected at birth. Infants and children infected with the hepatitis B virus are at the highest risk of developing lifelong infection, and one in four will die from liver disease, such as cirrhosis or liver cancer.

Source: Centers for Disease Control and Prevention

Haemophilus influenzae type b (Hib)

Hib vaccine is given to prevent diseases caused by a specific type (type b) of *Haemophilus influenzae* bacteria. These bacteria can cause serious, even fatal, diseases if they invade tissues such as the covering of the brain (causing meningitis); the lungs (causing pneumonia); the bloodstream (causing sepsis); and the epiglottis (causing airway obstruction). Before Hib vaccine became available, Hib was the most common cause of bacterial meningitis in infants and children, affecting about 16,000 children in the United States each year. One in 20 children with Hib meningitis died, and one in four who survived had permanent brain damage. Hib bacteria are spread by inhaling respiratory droplets from coughs and sneezes of an infected person, and by direct contact with respiratory secretions, such as handling a tissue used by an infected person.

Source: Centers for Disease Control and Prevention

Human Papilloma Virus (HPV)

Genital human papilloma virus infection is the most common sexually transmitted disease (STD) in the U.S. There are more than 100 different strains or types of the virus. The types known as “high risk” types cause abnormal Pap tests and may lead to cancer of the cervix, vulva, vagina, anus or penis. “Low risk” types are associated with mild abnormalities in the Pap test and may cause genital warts. HPV infections are usually diagnosed because of abnormal Pap tests; precancerous changes in the cervix, vulva, anus or penis; or the presence of genital warts on the vulva; in or around the vagina or the anus; on the cervix; and on the penis, groin, scrotum or thigh. Most infected individuals have no symptoms, are unaware that they are infected and clear their disease on their own. Nevertheless, they are contagious and can spread the disease to their sexual partners. At present, there is no HPV vaccine licensed for males. Licensed HPV vaccine is available for 11- to 13-year-old girls and 13- to 26-year-old girls/women who have not yet received or completed the vaccine series. The vaccine can be given to girls as young as age 9. For maximal benefit, HPV vaccine should be given before sexual activity begins. The length of time the vaccine will provide protection is not yet known.

Source: Centers for Disease Control and Prevention

Measles (7-day Measles)

Measles vaccine is given to prevent measles and its complications. In addition to a rash, fever, runny nose and cough, measles cause ear infections in one of 10 children, pneumonia in one of 20, encephalitis (inflammation of the brain) in one of 1,000, and death in one or two of 1,000 infected children. Measles infection also causes pregnant women to miscarry and deliver prematurely. The measles virus is spread by coughing, breathing and sneezing, and is so contagious that exposure results in infection in 90 percent of susceptible individuals. Before the vaccine, almost all children in the U.S. had measles before they turned 15. In countries without adequate immunization programs, the measles virus continues to cause epidemic illness and is responsible for almost half a million deaths worldwide each year. Only about 50 cases occur in the U.S. annually. Most of these cases are associated with international visitors or United States residents who are exposed to the measles virus while traveling abroad.

Source: Centers for Disease Control and Prevention

Meningococcal Disease

Meningococcal vaccine is given to prevent rapidly progressing, life-threatening infections caused by a group of bacteria called meningococci. Meningococcal diseases include meningitis (infection of the lining of the brain); meningococemia (infection of the bloodstream); and pneumonia (infection of the lungs). Meningococcal meningitis and meningococemia are particularly frightening because both illnesses come on suddenly and can be fatal within 24 hours. Particularly worrisome signs that require immediate medical attention include headache, stiff neck, lack of interest in the surroundings, fever and a rash. Meningococcal diseases are spread by inhaling respiratory droplets from coughs, sneezes and kisses of an infected person, and by direct contact with respiratory secretions such as handling a tissue used by an infected person. Certain groups are at increased risk, including infants (less than age 1); adolescents and young adults (14 – 18); and people who live in close quarters (college students living in a dormitory or military recruits). In spite of the advances of modern medicine, meningococcal disease is fatal in one of 10 cases, and one of six of those who survive suffer loss of hearing, brain damage, kidney failure or amputation of an arm or leg.

Source: Centers for Disease Control and Prevention

Mumps

Mumps vaccine is given to prevent mumps and its complications. Like measles, the mumps virus is spread by coughing, breathing and sneezing, but the disease is not as contagious as measles. The disease is usually mild, beginning with a headache and low grade fever which last about 24 hours and are followed by a rise in temperature (101° – 104°) and swelling of the salivary glands. The paired parotid glands, which are located toward the back of each cheek in the area in front of the ear and above the jaw, are the most commonly involved salivary glands. Swelling and tenderness of the involved glands increase over the next two days and then last for about a week. Chewing, swallowing, talking and drinking acidic fluids such as orange juice increase the pain. A number of complications can occur with mumps infection, including meningitis (one of 10 infected children), deafness, encephalitis and even death. Swelling and tenderness of one or both testicles occurs in about one in 20 post pubertal males. It is only rarely followed by sterility. An increase in miscarriage has been found among women who develop mumps in the first three months of their pregnancy. The mumps vaccine is very effective in preventing mumps, but the disease continues to be a problem worldwide and among unimmunized individuals in the U.S.

Source: Centers for Disease Control and Prevention



Pertussis (Whooping Cough)

NOTE TO PARENTS OF INFANTS UNDER 6 MONTHS OF AGE: Due to an increase in pertussis, immunization recommendations have changed for older children and adults. Consult your physician for current pertussis booster recommendations for older children and adults living in your household.

Pertussis is a highly infectious respiratory disease that begins like a common cold with fever, sneezing, runny nose and a mild cough, but progresses to a serious illness with severe, prolonged coughing spells. If the spells are so severe that they interfere with eating, sleeping and breathing, hospitalization is required. Infants in the first year of life are at the highest risk of life-threatening illness or death. Pertussis got its nickname from a sound made during a characteristic coughing spell. In a typical spell, violent and prolonged coughing forces air out of the lungs, causing the child to gasp in a desperate attempt to fill the lungs with air. These forceful attempts at inhalation produce a loud “whooping” noise, hence the name whooping cough.

In recent years, in spite of record-high national immunization levels, the number of pertussis cases in the United States has increased. By studying the age distribution of the reported cases, it has been determined that the protective immunity conferred by the initial series of pertussis immunizations fades by age 11 or 12 and leaves older children and adults susceptible to infection with pertussis. Unfortunately, the diagnosis of pertussis is frequently missed in older children and adults since the characteristic cough is absent, and infected individuals go about unknowingly exposing others. Exposure results in infection in 90 percent of susceptible individuals. Unfortunately, this category includes infants younger than 6 months who are current with their pertussis immunizations but have not yet achieved protective levels of immunity. In response to the above, immunization recommendations have been changed to include a pertussis booster for older children and adults.

Source: Centers for Disease Control and Prevention

Pneumococcal Disease

Pneumococcal vaccine is given to prevent infections caused by a group of bacteria that are responsible for several serious infections, including meningitis, pneumonia and sepsis. Pneumococci are also a common cause of ear infections, sinusitis and conjunctivitis. Some children are more susceptible to pneumococcal disease than others, including African Americans, American Indians, Alaska natives, children with certain medical conditions like sickle cell disease and immune problems, and children who have had a cochlear implant. Pneumococcal diseases are spread by inhaling respiratory droplets from coughs and sneezes of an infected person, and by direct contact with respiratory secretions, such as handling a tissue used by an infected person.

Source: Centers for Disease Control and Prevention

Polio (Poliomyelitis or Infantile Paralysis)

The polio virus vaccine is given to prevent a serious disease that has been responsible for paralyzing millions of children worldwide. The virus can cause a mild illness that consists of a slight fever, headache, sore throat and vomiting, and that lasts only a few days or a rapidly progressive, serious infection with severe muscle pain, muscle spasms, and involvement of the brain and spinal cord that leads to paralysis, permanent physical disability and even death. There is no treatment other than supportive care. Before the polio vaccine was available in the United States, annual epidemics left thousands of victims—mostly children—in braces, crutches and wheelchairs for life. Polio vaccines are responsible for eliminating polio in the U.S.; however, polio is still common in other parts of the world.

Source: Centers for Disease Control and Prevention

Rotavirus

Rotavirus causes severe diarrhea often accompanied by vomiting, fever and dehydration, and is the leading cause of diarrhea in infants and young children in the U.S. and worldwide. In developing countries, rotavirus infection is responsible for the death of more than half a million children under 5 each year.

Rotavirus infection is responsible for the hospitalization of approximately 55,000 children each year in the U.S. and the death of more than 600,000 children annually worldwide.

The disease begins with a fever, nausea and vomiting followed by three to eight days of watery diarrhea. Fluid replacement by oral or intravenous fluids is the most important consideration in treatment. This extremely contagious disease is spread by the fecal-oral route as a consequence of poor personal hygiene (inadequate hand washing after using the bathroom, changing a diaper and before preparing or eating food). Since Rotavirus is present in the stool of the infected individual before symptoms develop, good hand washing habits are essential for everyone caring for young children, especially children still in diapers. The virus can also be spread in contaminated water and food, and by mouthing a contaminated object. Rotavirus vaccine is given by mouth.

Source: Centers for Disease Control and Prevention

Rubella (German Measles or Three-Day Measles)

Rubella vaccine is given to prevent infection with the rubella virus. While rubella infection is usually mild in children and adults, the disease poses significant danger to unborn babies. Up to 80 percent of infants born to mothers who become infected with rubella in the first three months of pregnancy will develop congenital rubella syndrome, resulting in heart defects, cataracts, mental retardation and deafness. The last major rubella epidemic in the U.S. occurred in 1964 – 1965, and resulted in 12.5 million cases of rubella and 20,000 infants with congenital rubella syndrome.

Source: Centers for Disease Control and Prevention



Tetanus (Lockjaw)

Tetanus is a severe, often fatal disease. Unlike other vaccine-preventable diseases, it is not contagious (does not spread from person to person). The bacteria that cause tetanus are found in soil, street dust and the waste of many animals. The bacteria enter the body through breaks in the skin, such as puncture wounds, deep cuts, severe burns and animal bites. Wounds on the face, head and neck are the most likely to be fatal. The bacteria that cause tetanus produce one of the most lethal neurotoxins known. The first symptoms of the disease are usually headache, irritability and spasms of the neck muscles (the reason the disease is sometimes called lockjaw). The toxin is responsible for the neck muscle spasms as well as the other spasms that ultimately involve every muscle of the body. Muscle spasms can be so forceful that they cause bone fractures. In spite of the advances of modern medicine, one of every 10 people infected with tetanus dies.

Source: Centers for Disease Control and Prevention

Varicella (Chickenpox)

Varicella is a highly contagious viral disease which is always present in the community. Before chickenpox vaccine was licensed in 1995, almost every adult in the United States had been infected by the virus. The varicella virus causes an intensely itchy generalized rash. Although usually a mild disease, there are a number of serious complications that can occur. The virus is spread by direct contact with fluid from the chickenpox lesions and by respiratory secretions. It can also be transmitted to an unborn child if a susceptible mother develops chickenpox during the pregnancy. If transmitted early in the pregnancy, infection of the fetus causes congenital deformities. If transmitted around the time of delivery (five days before or two days after), the virus causes severe, often fatal, disease in the newborn. Varicella virus is also responsible for shingles—a painful, localized rash that affects about 300,000 people each year. Only people who have had chickenpox can get shingles. Shingles is not caused by a new or a first infection with varicella virus. It is caused by reactivation of chickenpox virus that has gone “into hiding” following recovery. Chickenpox virus is capable of remaining inactive in the body for years or of “resurfacing” as shingles at a later date.

Source: Centers for Disease Control and Prevention

Why is a child's illness such a worry? When you don't feel well, you probably wait four or five days before you even think of calling your doctor. But when your child becomes ill, it's a different story. Just delaying the call until the thermometer beeps taxes your self-control. You use the eternity you spend waiting for someone on the other end of the line to pick up the phone to map out the fastest route to the nearest hospital.

Welcome to the trials and tribulations of parenting a sick child. Most parents—especially first-time parents—worry about calling the doctor's office more often than necessary, but doctors would rather you call too often and too early than too late. They know it's difficult for parents to tell when a child is seriously ill and that a child can get very sick quickly.



KEEP IT TO YOURSELF

Infections are easier and less expensive to prevent than to treat. Good hand washing habits are the key to preventing the spread of the germs that cause infections. Make hand washing easy for you and everyone who cares for your child by placing a liquid soap dispenser at every sink, and making sure that hand sanitizer is conveniently available in areas where soap and water aren't. Begin teaching your child good hand washing habits when your child begins to self-feed. And remember, your child learns by watching you.

- Wash hands before handling food, feeding a child or eating.
- Wash hands after changing diapers, going to the bathroom, cleaning up soiled linens or soiled clothing.
- Wash hands after wiping nose or using nose syringe for baby's nose. To prevent the spread of infection from nose to eye, keep hands away from eyes after blowing nose or touching nose.
- Do not share combs, brushes or hats.
- Do not share drinking glasses, bottles or eating utensils.
- Do not share toothbrushes. Purchase a new toothbrush after your child recovers from an illness. Discard the old toothbrush.



Signs of Serious Illness

When your child is sick, watch him closely. Unconsciousness, difficulty breathing or abnormal color (very pale or blue) are obvious signs of serious illness. Subtle signs (listed below) can also help you decide the seriousness of your child's illness.

	Reassuring Signs	Worrisome Signs	Serious Illness Likely Signs
Appearance	Your child appears "bright-eyed" and alert.	Your child appears sleepy with "dull" eyes and little expression on his or her face.	Your child just stares "blankly" and has a "glassy-eyed" look.
Cry	Your child cries in the usual way at the usual things.	Your child's cry sounds whiny. Your child is difficult to comfort and whimpers off and on.	Your child's cry sounds weak. Your child continues to cry or moan even when being comforted.
Activity Level	Your child plays and sleeps normally.	Your child is fussy when awake and sleeps more than usual.	Your child is hard to awaken, and has little or no interest in playing.
Appetite	Your child asks for favorite foods and liquids, and eats and drinks the requested foods and liquids.	Your child takes liquids or food if offered but takes only a few sips of liquid or a few bites of food.	Your child pushes away or refuses all food and liquids.
Urination	Your child voids (pees) light yellow urine with the usual frequency. (A baby should have 6 – 8 wet diapers a day.)	Your child voids dark yellow urine less frequently than usual.	Your child appears "dry" and has very little saliva (spit) or urine. Eyes appear to have sunk back into the head.

If all of the signs in all of the areas are “reassuring,” feel reassured that for the time being, your child is not seriously ill. However, remember that your child’s condition can change, so you’ll need to recheck signs on a regular basis. If your child has one or two “worrisome” signs, it’s a good idea to report these to your doctor’s office, and ask for advice. If your child has three or more “worrisome” signs, call the doctor’s office immediately to report your observations and to request an appointment for your child. When “serious illness likely” signs are present, it is important to act quickly to make arrangements with your doctor to have your child examined without delay.

Making the Call

When you call your doctor, begin with a report of your child’s temperature. Tell the doctor your child’s temperature exactly as it reads on the thermometer, how it was taken, and the time and amount of the most recent fever medicine. Next, briefly go over when your child became ill, your child’s symptoms and any signs that are “worrisome” or that “serious illness is likely.” Have pen and paper ready to write down the doctor’s instructions. Don’t be afraid to ask questions or have information repeated.



WHEN YOUR BABY IS SICK

In the first three months of life, it’s particularly important to call the doctor if your baby is sick. Call your doctor immediately for a temperature higher than 100.4° F. **DO NOT USE ASPIRIN TO BRING THE FEVER DOWN.** If other symptoms such as excessive fussiness, excessive sleepiness, refusal to eat and/or coughing are present, seek care immediately.

**HEALTH
ALERT**


**USEFUL
INFORMATION**

THE ALL-TOO-COMMON COLD

In the first three – four years of life, children catch an average of six – eight colds a year. The average cold lasts three weeks. If you add up the time that your child is catching a cold, sick with a cold and getting over a cold, almost half of the year is “cold season.”

Until a child is old enough to blow his or her nose, mucus from the nose drains into the back of the throat and is swallowed into the stomach. By clearing the mucus with a nose syringe, you can make your baby more comfortable. (Use saline nose drops to make the mucus easier to remove. They can be purchased over the counter without a doctor’s prescription.) Mucus drainage also causes problems at naptime and bedtime. When your baby is lying in the crib flat on his or her back, mucus can pool in the back of the throat, and cause gagging and spitting. Try raising the legs at the head-end of the crib (or raising the crib mattress) so that your baby lies on a down-sloping incline with head and trunk slightly higher than feet. Then gravity can help the mucus move down the esophagus and into the stomach. A cold air humidifier in the room where the baby sleeps may also be helpful.

**HEALTH
ALERT****NONPRESCRIPTION MEDICATIONS**

Do not use nonprescription medicines for your child without checking with your child's physician. Adults take a number of nonprescription medicines that aren't appropriate for children. It's not just a matter of adjusting the dosage. Drugs that are safe for adults can cause harmful side effects in children. Although the pharmacist is a wonderful source of information about prescriptions and nonprescription medications, you should not substitute his or her advice for your doctor's approval.

Ask your doctor about using over-the-counter medications. Write down the name and the dosage of any drug your doctor approves. Also write down any warnings.

When to Keep Your Child Home

The following are national guidelines prepared by experts from the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care.

- A child with any signs of severe illness, including fever, irritability, difficulty breathing, a rapidly spreading rash, crying that can't be stopped with the usual comforting or extreme sleepiness should not be sent to child care or school.
- A child with diarrhea or stools that contain blood or mucus should not attend child care or school.
- A child who vomits two or more times in 24 hours should not attend child care or school unless the child's physician feels the cause of vomiting is not infectious and the child is in no danger of becoming dehydrated.
- A child with mouth sores and drooling should not attend child care or school unless the child's physician or the local health department authority does not feel the condition is infectious.
- A child with a rash complicated by a fever or other signs of illness, such as drowsiness, irritability, lack of appetite, should not attend school or child care unless the child's physician determines that the problem is not caused by an infectious disease.
- A child with diarrhea caused by *E.coli* 0157:H7 or *Shigella* should not attend child care or school. The child may not return to day care or school until two stool cultures (collected 24 hours apart) are negative for the organisms and the child no longer has diarrhea. For diarrhea caused by *Shigella*, the child may return if treated with an appropriate antibiotic for five days and if the child no longer has diarrhea.

Continued on next page



When to Keep Your Child Home (continued)

- A child with abdominal pain lasting longer than two hours or abdominal pain that comes and goes but is associated with fever or other signs of illness (drowsiness, irritability, lack of appetite) should not attend school or day care until evaluated by a physician.
- A child with pustular conjunctivitis caused by bacteria, often referred to as “pink eye,” should not attend day care or school until the child has been examined, treated and approved for readmission by a physician. Pink eye refers to a reddish-pink discoloration of the whites of the eyes. Bacteria are the most likely cause of conjunctivitis if the child has white or yellow eye discharge, the eyelids are matted after sleeping, the child complains of painful or itching eyes, or there is redness of the eyelids or the skin surrounding the eyes. Bacterial infection is less likely if the eye discharge is clear and watery, there is no fever or eye pain, and no reddish discoloration of the eyelids or skin surrounding the eyes.
- A child with impetigo may not attend school or day care until 24 hours after being started on antibiotic treatment. Lesions should be covered until healing occurs.
- A child with strep throat may not attend school or day care until 24 hours after beginning antibiotic treatment.
- A child with head lice may not attend day care or school until the first treatment has been given.
- A child with scabies may not attend day care or school until after treatment has been completed.
- A child with chickenpox must remain out of day care or school until all lesions are dried and crusted, which usually occurs about six days after the onset of the rash.
- A child with pertussis (whooping cough) must remain out of school or day care until five days of antibiotic treatment have been completed.
- A child with mumps may not return to school or day care until nine days after the swelling begins.
- A child with measles must remain out of school or child care until four days after the rash begins.



- A child with hepatitis A must remain out of school or child care until one week after the child develops jaundice (yellow skin color) or becomes ill.
- A child with tuberculosis must remain out of school or child care until the child's physician or local health department authority feels the child's condition is no longer infectious.
- A child with an illness that prevents the child from feeling well enough to participate in the usual activities and routines should not be sent to school or child care.
- For child care only—A child whose illness requires more care than the child care staff can provide without placing the health and safety of other children at risk should not be sent to child care.

Source: *Caring for Our Children: National Health and Performance Standards: Guidelines for Out-of-Home Child Care*, 2nd edition; 2002.



Organizations

American Academy of Pediatrics

141 Northwest Point Blvd.
P.O. Box 747
Elk Grove Village, IL 60007-1098
847-434-4000 (phone)
847-434-8000 (fax)
www.aap.org

American Dental Association (En Español) Department of Public Information and Education

211 East Chicago Ave.
Chicago, IL 60611
800-621-8099 or 312-440-2500
www.ada.org

Centers for Disease Control and Prevention (En Español)

1600 Clifton Rd.
Atlanta, GA 30333
800-311-3435 or 404-498-1515
www.cdc.gov

National Immunization Program (En Español) Centers for Disease Control and Prevention

1600 Clifton Rd., MSE-34
Atlanta, GA 30333
800-CDC-INFO (232-4636) (immunization hotline)
www.cdc.gov/vaccines/

Indiana State Department of Health

2 North Meridian St.
Indianapolis, IN 46204
317-233-1325
www.in.gov/isdh



Riley Hospital for Children

702 Barnhill Dr.
Indianapolis, IN 46202-5200
317-274-5000 (IU Operator) or 800-248-1199
www.rileyhospital.org

Riley Hospital Community Education and Child Advocacy Department Riley Hospital for Children

575 West Dr., Room 008
Indianapolis, IN 46202-5272
317-274-2964 or 888-365-2022
www.rileyhospital.org/kids1st
Provides educational resources on child health, safety and advocacy appropriate for children, parents, and professionals.

U.S. Food and Drug Administration

5600 Fishers Lane
Rockville, MD 20857
888-INFO-FDA (888-463-6332)
www.fda.gov



Recommended Books

Caring for Your Baby and Young Child: Birth to Age 5, 4th Edition.

American Academy of Pediatrics, 2004, Bantam Books. (Available en Español)

Caring for Your School-Age Child: Ages 5 to 12

American Academy of Pediatrics, 2004, Bantam Books.

Caring for Your Teenager: The Complete and Authoritative Guide

American Academy of Pediatrics, 2006, Bantam Books.



Web Sites for Parents and Kids

Food and Drug Administration Kids Page

www.fda.gov/oc/opacom/kids/default.htm

Kids Health (Parents, Teens and Kids)

www.kidshealth.org

Riley Hospital Community Education

and Child Advocacy Department

www.rileyhospital.org/kids1st

Notes

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Growth and Development

The years between birth announcements and graduation invitations are filled with joys, worries, proud celebrations, and sleepless nights—lots of sleepless nights! All along the way, you'll have more questions than answers.

Browse through the pages in this section for insights on every age and stage. While you're at it, check out the great resources at the end of the section and lots of other useful information and hard-to-find facts about growth and development.

IN THIS SECTION

.....

- **Physical Growth**
- **Major Milestones**
- **Emotional Health**
- **Brain Facts**
- **Parents, Kids and Books**
- **Internet Safety**

And much more...

2 Tracking Your Child's Growth

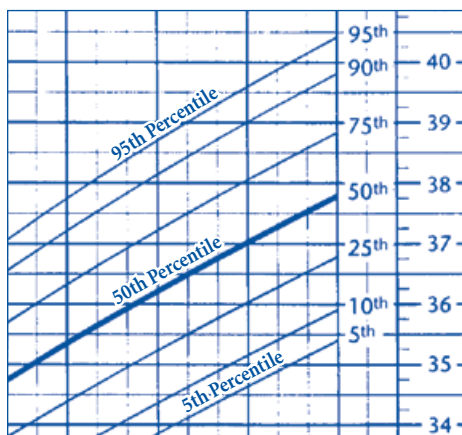
Within minutes of your baby's birth, your baby is weighed and measured—weight, length, and head size. The measurements are recorded on the standardized growth chart. Each time your child is seen for a well-child visit, weight, length, and head size (for the appropriate age) are measured and charted on the same growth record. (After age 2, the head size is no longer routinely measured.)



All about Growth Records

The Growth Chart

Healthy children grow at very different rates. The standard growth chart uses “percentile lines” to display the wide range of normal measurements for different ages.



Comparing Size to Age

95th percentile—Large, only 4 of every 100 children are larger at this age.

50th percentile—Right in the middle in size at this age.

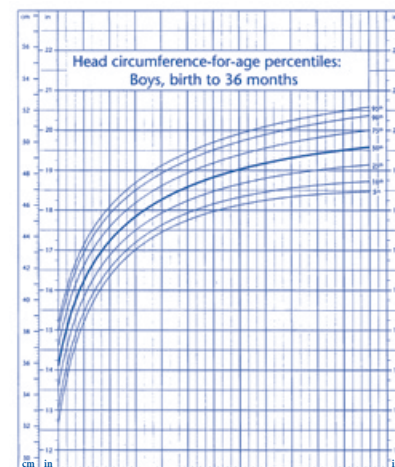
5th percentile—Small, only 4 of every 100 children are smaller at this age.

The growth chart allows your child's doctor to:

- Track your child's growth—height, weight, and head size—over time.
- Compare your child's growth with the growth of other children of the same sex and age.

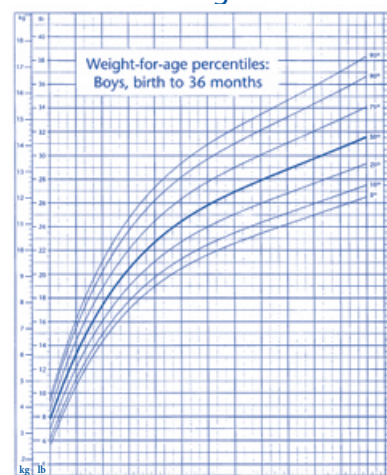
SAMPLE CDC GROWTH CHARTS

Head Size



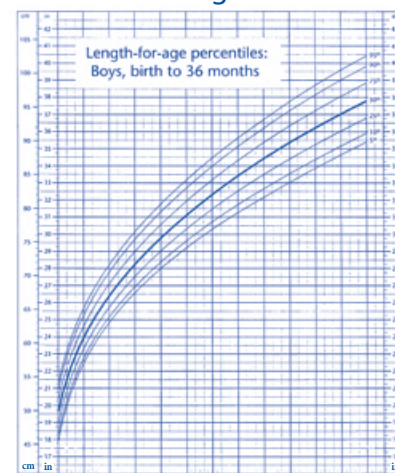
Age (months)

Weight



Age (months)

Length



Age (months)

Physical Growth

How Big is Baby?

A full-term baby born after nine months (38 – 42 weeks) of pregnancy:

- weighs an average of 7½ pounds
- is an average of 20 inches long
- measures an average head size of almost 14 inches when the tape measure is placed just above the ears and goes around the forehead to the largest part of the back of the head.

Babies have much bigger heads in relation to their bodies than older children or adults. A newborn's head makes up 1/4 of body length. In adults, the head makes up 1/8 of total height.



COLD COSTS CALORIES

When you get cold, you shiver and produce body heat by muscle activity. Babies cannot shiver. Instead, they use a special kind of fat to make heat chemically.

The calories used to make chemical heat are calories the baby should be using for growth or normal activity.



Brain Fact

In the 1990s, research on the developing brain made headlines and nightly news. The Decade of the Brain, as Congress officially proclaimed the 1990s, had important lessons for parents. These are discussed in “Brain Facts” throughout the Growth and Development section.

Babies are born with 100 billion nerve cells—almost all of the nerve cells the brain will ever have. Before birth, nerve cells are formed at 250,000 cells per minute.

Dental Development

Invisible Teeth

Your baby's teeth begin to form in the third month of pregnancy.

The tooth buds, which will develop into the 20 “baby” or primary teeth, form first. Next, the permanent teeth begin to form, and the primary teeth begin to calcify. This process continues throughout the nine months of pregnancy.

When a newborn comes into the world, hidden beneath the gums lies a full set of primary teeth in the process of being calcified, as well as some of the 32 permanent teeth well on their way in the process of development.



GROWTH FACTS

The best predictor of adult height is the family history—the height of the mother and father. Birth size reflects intrauterine nutrition and factors associated with the pregnancy. By the end of the second year, the child's height reflects the genetic heritage.



Making Sense of the World

The five senses—sight, smell, taste, hearing, and touch—are mostly developed at birth. Your baby begins using his or her senses immediately to make sense of what is going on in the world.

Sight: Although newborns have blurry vision, they can focus fairly well on objects at about 8 to 14 inches—the distance from your baby’s face to your face when you are holding your baby in your arms.

Smell: Newborns have a very well-developed sense of smell that makes them very choosy about their favorite scent. In the first days of life, a newborn can recognize his or her mother’s natural scent and likes it best of all.

Taste: Newborns also have a well-developed sense of taste. They prefer sweet tastes. Infants are able to detect differences in the taste of their mother’s milk which is dependent on the mother’s eating habits.

Hearing: Babies can hear while they are still inside the womb. At birth, they can recognize their mother’s voice because they have heard it for several months.

Touch: Gentle touch is a true pleasure for your newborn. It stimulates physical development while relieving stress. Fussy babies are sometimes calmed by a “baby massage”—some baby lotion warmed in your hands and gently applied to baby’s arms, legs, and back.

Brain Fact

Thanks to new imaging technology, scientists are actually able to watch the brain at work. Research confirms that the most active areas in the newborn’s brain are the areas concerned with sight, smell, taste, sound, and touch.

These areas “register” the world as the baby senses it. Then the signals are sent on to memory or emotion. In this way, the newborn connects the sight and smell of mom and dad with the pleasant memory of comfort and gentle handling.

USEFUL INFORMATION

ALL TUCKED IN

In the first month of life, “swaddling” soothes some babies. Bundling the baby so that the arms and legs are tucked up against the body in a flexed position recreates the natural position of babies inside the mother’s womb.

Babies who are overstimulated by their own uncontrolled arm and leg movements frequently calm down and become more alert with swaddling. If your baby protests, or looks or feels warm when swaddled, unwrap your baby immediately.

Play Activities

Baby See, Baby Do

How? Hold your baby directly in front of you with your faces about 9 inches apart. Stick out your tongue. Your baby may imitate you. Try opening your mouth.

Why? Babies love to look at faces. Many times they will imitate what they see.

Emotional Development

Getting Off to the Right Start

- You begin to bond to your baby even before the baby is born. After your baby's birth, your feelings deepen and grow as you get to know your baby, understand your baby's needs, and find pleasure in meeting those needs. You bring pleasure to your baby just as your baby brings pleasure to you. This bond between you, called attachment, provides the essential building block for a lifetime of healthy relationships.
- Dads who "step right up" to the crib and get involved with the care and comforting of their newborns have the best "batting averages" for knowing how to calm babies (and mothers) in distress. Practice makes perfect.
- "Hey, folks, I need a break." When your baby uses body language such as turning or looking away or arching backwards while being held or talked to, your baby may be asking for a little space. Whimpers, cries or fussing when someone is "up close" may be saying the same thing.



HEALTH ALERT



POSTPARTUM DEPRESSION

If you find yourself depressed after your baby is born, especially if your sadness lasts for more than a few days, talk with your partner, your family, or friends. Be frank about your need for help. The doctor who delivered your baby is an excellent resource for professional help.

Mothers who are sad have few smiles for their babies and may resent caregiving demands. Babies may be stressed, frustrated, or confused by their mother's unresponsiveness. Both mother and baby need help.

Child Rearing Myth

If you go to your baby every time he or she cries, you will "spoil" your baby.

Child Rearing Fact

Responding to crying does not spoil babies. Babies are helpless, and they have little they can do to calm themselves. Crying is their wordless way of asking for help. By always responding to your baby's cry for help, you make your baby feel secure and help your child develop a sense of trust. The two most important gifts you give your baby are a sense of trust and the feeling of being safe.

Brain Fact

Your baby's early experiences are so important that they change the structure of your baby's brain and will have a lifelong effect on his or her ability to learn and on emotional make-up.



HAND WASHING

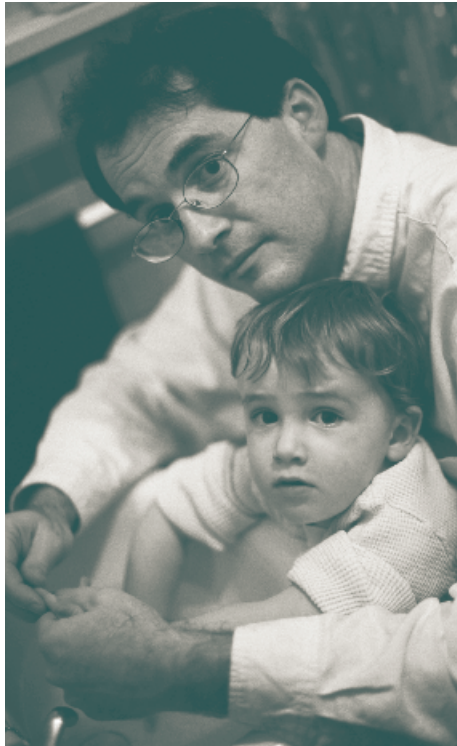
To protect your baby, be sure everyone caring for your baby knows this...

Babies need to be protected from the germs that cause infection. Because a newborn's defense system is immature, even minor skin infections can spread through the body and become life threatening. Prevention is the answer, and hand washing is the best prevention.

For best results, use warm water to moisten hands, and then apply soap and rub hands together for 20 seconds before rinsing thoroughly. If soap and water are unavailable, use alcohol-based gel to clean hands.

Wash your hands before handling your newborn. Of course, you should always wash your hands when preparing food, before feedings, after diapering your baby, and after using the bathroom.

*Source: Centers for Disease Control and Prevention



FRAGILE, HANDLE WITH CARE

To protect your baby, be sure everyone caring for your baby knows and follows this rule...

Never, never shake a baby!

Your baby must never be handled roughly. Sudden, jerking motions such as shaking cause violent back-and-forth movement of the baby's head—and the brain inside the skull.



Bleeding into the brain from torn blood vessels, or swelling of the tissue itself, can result in tragic outcomes—seizures, blindness, deafness, and even death.

Babies must be handled gently to prevent physical and emotional harm. Although every part of your baby's body is fragile, your newborn's relatively large head and weak neck muscles require very special handling. Head support is a "must" while your baby's neck muscles are growing strong enough to hold his or her head without support.



Physical Growth

So Big!

Your baby grows more rapidly in the first 6 months than at any other time. Birth weight usually doubles by 4 to 6 months of age. Length usually increases 6 inches or about 1 inch per month in the first 6 months. Head size usually increases by 3 inches.

Your baby's chubby cheeks at 6 months are quite normal. Body fat is added more rapidly than muscle in the 4th and 5th months. Then between 6 and 12 months, your baby will appear to slim down as calories are used to grow strong muscles for walking.

Brain Fact

Brain development proceeds at an amazing rate in the first three years of life.

Brain cells branch out to connect with other brain cells—one cell connecting with up to 15,000 others. The connecting branches carry the nerve signals from cell to cell, allowing one brain cell to “talk” with another.

As the connecting branches grow, they are coated with myelin, an insulating covering composed primarily of a type of fat.

(See “Healthy Habits, Eating Well” on the previous page.)



Books for Your Baby

- Start the habit of reading now.
- Choose brightly illustrated books with stories that rhyme.
- Babies enjoy rhythm and repetition.
- Books that can be grabbed by little hands, chewed on, and read over and over are good investments.

MILESTONES

Physical Skills

Usually around 2 months, babies start their own workout routine to gain head control. When lying on their tummies, babies strengthen the muscles in the back of the neck by head-lifting exercises.

Usually around 4 months, babies do “baby push-ups,” raising their head and upper body while supporting their weight on their forearms. At this age, babies are using their mouths to explore everything and are taking awkward swipes with their arms at dangling objects. They can shake a rattle placed in their hand and will suck on it if given the chance.

Usually around 6 months, babies sit with support and are able to roll from back to tummy. They reach for an object with one hand and are able to transfer it to the other hand. Since they can get both hands to midline, they can now hold their own bottles. When held upright with their feet touching the floor, 6-month-old babies partially support their weight on their legs and may even practice walking movements.



Brain Fact

The areas of the brain associated with smiling mature early, followed by head control, sitting and walking. Identical areas of the brain mature in the same order in all babies, which explains why babies all over the world smile before they have head control and sit before they walk.

Play Activities

Floor Exercises

How? Create a wide-open, safe space by placing your baby on a clean blanket on the floor. Get down on the floor and “coach” baby fitness exercises such as gently bicycling baby’s legs or placing your baby on his or her tummy for head and chest lifting practice.

Why? Practice makes perfect!

Ask Your Doctor

Muscle Tone and Strength—6 Months

Your baby may need developmental evaluation if at age 6 months, he or she:

- seems stiff or floppy
- has difficulty holding up his or her head
- reaches with only one arm or hand
- does not roll over in either direction
- cannot sit well even with support
- does not put hands together

Source: American Academy of Pediatrics
(See First Steps listing in *Growth and Development Resources*.)

MILESTONES

Language

Usually around 2 months, babies recognize and can be comforted by their parents’ voices. They begin to “talk” with soft vowel sounds like “aah” and “ooh.”

Usually around 4 months, babies begin to “babble,” repeating vowel sounds and some consonants like “muh-muh-muh” or “bah-bah-bah.”

Usually around 6 months, babies combine many different sounds to “talk” to you or the “baby in the mirror” in what sounds like adult speech. Babies can tell by the tone of your voice if you are happy, sad, or angry. At this age, they also laugh out loud with a delightful belly laugh.

Play Activities

Talking Takes Two—Baby and You

Your baby needs someone who listens, tries to understand and responds. Television and videotapes are not good talking partners.

How? If you want to get your baby's attention when you're talking, there's a method that parents all over the world have used for years—baby talk or “parentese.” It looks and sounds like this...

- As you speak, look directly at the baby with your eyes open wide, raise your eyebrows and exaggerate your mouth movements.
- Speak in a higher-pitched voice.
- Speak slowly.
- Use a musical voice that gets louder and softer, higher and lower, and starts and stops in a rhythm that sounds almost like singing.

Once you have your baby's attention, watch for signs that your baby wants to participate, such as cooing noises, changing facial expressions, or arm and leg movements. Reward your baby's attempt to enter into the conversation by imitating his or her expressions along with smiles and lots of compliments.

Why? Your baby's progress in learning words, how to put words together and how to use words to solve problems depends on you and other caregivers talking to your baby and encouraging your baby to enter into the conversation.



Ask Your Doctor

Hearing—6 Months

Your baby may need special testing if at age 6 months, he or she:

- does not respond to loud noises by blinking, crying, becoming quiet, or appearing startled
- does not turn his or her head or eyes toward a voice or noise
- does not respond by smiling (even faintly) at parent's face or voice
- shows no interest in rattles, bells, or noise-making toys
- does not coo or make noises for parents during alert play periods

Source: American Academy of Pediatrics
(See First Steps listing in *Growth and Development Resources*.)

Emotional Development

Falling in Love

As you learn to read your baby's moods and needs, comforting your baby becomes easier. You become more sure of yourself and your ability to make your baby happy.

At 3 months, your baby begins to take part in play. Your baby tries in every way possible to tell you he or she is having fun—with waving arms, big smiles, and excited conversations made up of coos, squeals, and giggles.

The time you spend comforting, feeding and playing with your baby helps your baby develop a sense of security. Your baby trusts that you will always be there to meet his or her needs. You become uniquely important to your baby. Your baby becomes securely attached to you.

Brain Fact

Emotion is the looking glass through which we see the world. Emotion colors every activity, every relationship, and every response. The emotional centers in the brain are so powerful that they can “take charge” of other brain activities like learning.

To learn, your baby must feel secure. Your baby's sense of security depends on trust—trust in you. Without that trust, your baby's learning becomes a prisoner of your baby's emotions. Trust frees up your baby's brain for learning.

MILESTONES

Learning

The first time your baby smiles, rolls over, says “mama” or “dada,” you’ll check the date and make a mental note (or record it in a baby book) of the age your baby reached an important milestone. It’s easy to observe an activity or to notice a word. It’s not as easy to pick up on the progress your baby is making in the areas of learning. “Learning Milestones” will help you appreciate the higher level thinking your baby is doing.

In the first month of life, your baby can imitate simple facial expressions like an open mouth. To do this, your baby must focus on your face and notice your mouth is open. It isn’t clear why your baby copies you, but it likely has something to do with your baby trying to make sense of the world.

Toys are important ways to stimulate learning. Mobiles that have simple, bright shapes catch your baby’s attention and allow lots of experimenting.

Brain Fact

At around 3 months, your baby’s brain is mature enough to use everyday experiences to make useful discoveries such as learning that kicking the side of the crib makes the animals on the mobile move. Your baby is beginning to understand what scientists call the Principle of Cause and Effect.

Birth to 6 Months Safety

Selecting a Child Care Provider

More than half of all mothers of children younger than 5 years old are employed. If you are a working mother who is taking a maternity leave, you are probably returning to work when your baby is between 6 weeks and 12 weeks old. Although you may find that child care options for infants under the age of 1 year are limited, don’t “just make do” when it comes to your baby’s happiness or safety.

When evaluating a day care center or a day care home for your baby, make sure there will be no more than three babies for every staff person and that the infants younger than 1 year are cared for separately from toddlers and older children. Choose carefully.

The following guide, “Four Steps to Selecting a Child Care Provider,” was developed by the Administration for Children and Families, U.S. Department of Health and Human Services.

For more complete guidelines on health and safety in child care, call the National Resource Center for Health and Safety in Child Care at 1-800-598-KIDS (5437). For the name of the nearest Child Care Resource and Referral Program, call Child Care Aware at 1-800-424-2246. In Indiana, call 1-800-299-1627.



Four Steps to Selecting a Child Care Provider

1. Interview Caregivers

Call the caregiver and ask these questions:

- Is there an opening for my child?
- What hours and days are you open? Where are you located?
- How much does care cost? Is financial assistance available?
- How many children are in your care?
- What age groups do you serve?
- Do you provide transportation?
- Do you provide meals (breakfast, lunch, dinner, snacks)?
- Do you have a license, accreditation, or other certification?
- When can I visit?

Next, visit the child care facility or home; visit more than once and stay as long as you can. Look for these indicators of a healthy environment:

- Responsive, nurturing, warm interactions between caregiver and children.
- Children who are happily involved in daily activities and comfortable with caregivers.
- A clean, safe and healthy indoor and outdoor environment, especially napping, eating and toilet areas.
- A variety of toys and learning materials that your child will find interesting and that will contribute to growth and development.
- Children getting individual attention.

Ask the caregiver:

- How do you handle discipline?
- What do you do if a child is sick?
- What would you do in the case of an emergency?
- What training have you and other staff/ substitutes had?
- Are all children and staff required to be immunized?
- May I see a copy of your license or other certification?
- Do you have a substitute or back-up caregiver?
- May I have a list of parents who use or have used your care?
- Where do children nap? Are babies put to sleep on their backs?

2. Check References

Ask other parents who use the caregiver these questions:

- Is the caregiver reliable on a daily basis?
- How does the caregiver discipline your child?
- Does your child enjoy the child care experience?
- If your child is no longer with the caregiver, why did you leave?
- How does the caregiver respond to you as a parent?
- Is the caregiver respectful of your values and cultures?



- Would you recommend the caregiver without reservation? Ask the local child care resource and referral program or licensing office:

- What regulations should child care providers in my area meet?
- Is there a record of complaints about the child care provider I am considering, and if so, what can I find out about it?

3. Make the Decision for Quality Care

From what you heard and saw, ask yourself these questions:

- Which child care should I choose so that my child will be happy and safe?
- Which caregiver can meet the special needs of my child?
- Are the caregiver's values compatible with my family's values?
- Is the child care available and affordable according to my family's needs and resources?
- Do I feel good about my decision?

4. Stay Involved

Ask yourself these questions about your child care arrangement:

- How can I work with my caregiver to resolve issues and concerns that may arise?
- How will I stay informed about my child's developmental accomplishments?
- How can I promote good working conditions for my child care provider?
- How can I network with other parents?
- How can I arrange my schedule so that I can talk to my caregiver every day, visit and observe my child in care at different times of the day, and be involved in my child's activities at the day care?



IS IT A "GOOD FIT"?

Watch your baby for signs of a good or bad "fit" with new childcare arrangements.

Signs that suggest things aren't going well for your baby include fewer smiles or clinginess and irritability. Another red flag is a caregiver who shows no delight in your baby—no welcoming smile, no cute stories at the end of the day. If you get the sense your baby is "just another mouth to feed," it's time to find another caregiver.

HI HO, HI HO, IT'S OFF TO WORK YOU GO

There is no one best time to go back to work, but there are some times that are not so good for your baby.

It's best not to schedule your return to work right after a move or any other break in the daily routine that your baby finds comforting. It's also best to avoid the period around major milestones like walking or toilet training.

These are times your baby will want the security of having you close.



CHILD CARE FOR YOUR CHILD WITH SPECIAL HEALTH CARE NEEDS

In addition to the usual qualities parents look for in child care arrangements, you'll have additional criteria that must be met to be sure you have the right individual and the right facility for your child with special needs. When you interview a child care provider, ask these questions...

- Does the caregiver have experience in caring for a child with similar special needs?
- Is the caregiver trained and certified in rescue skills and first aid?
- Is the caregiver willing to adapt his or her program to meet your child's needs?
- Is the caregiver willing to take responsibility for the necessary medical procedures and medication your child requires?
- Does the facility have enough space for any extra equipment your child requires?
- Are the play materials and toys appropriate for your child?
- Is the site safe for your child? Could your child and necessary medical equipment be transported quickly and easily from the facility in the case of an emergency?
- If increased electrical capacity is necessary for medical equipment, is it available? Is the caregiver willing to make arrangements for emergency power for medical equipment in case of an electrical outage?

If you need help in finding a quality child care center, contact the Indiana Association for Child Care Resource and Referral at 1-800-299-1627.



Physical Growth

No Wonder Baby's Hungry!

Your baby's first growth spurt—which began even before birth—lasts until age 2. At 12 months, your child usually weighs around 21 pounds, is around 30 inches long, and measures a head size of about 18 inches.

Boys are slightly heavier and longer than girls at this age.

Body proportions begin to change as “too short” arms and legs begin to “catch up” with the baby's long trunk.



YOUR BABY HAS STYLE!

Actually all babies have style—a style of reacting to the world around them. This style is called temperament, and just like brown eyes or curly hair, your baby is born with his or her temperament. Recognizing your baby's unique temperament and adjusting the environment to fit your child is an important responsibility of parenting. Babies are usually described as fitting into one of three temperament categories.

Easy: Easy babies eat and sleep on schedule, are usually happy, and accept change easily. Easy babies make parents look and feel good.

Slow to warm up: These quiet babies like routines, resist being hurried, and are slow to accept change.

Intense: Intense babies are challenged by just about everything. They have trouble sleeping and accepting new foods and tend to be fussy. Intense babies require patience and special handling.

MILESTONES

Language

Around 6 months, your baby begins to understand a few words. He or she also invents sounds for happiness or other emotions. More and more of your baby’s vocalizations sound like speech.

Around 9 months, your baby invents words for objects, like “ba” for bottle. Words like “mama” and “dada” said by accident create such excitement that very quickly the sounds transform into real words with meaning.

Around 12 months, your baby says his or her first real word. Your baby also responds to “no” and uses simple gestures like waving for “bye-bye” and head shaking for “no.”

A GOOD NIGHT’S SLEEP

At about 6 months of age, your baby sleeps all through the night — 11 hours. In addition, your baby takes two naps totaling 3 – 4 hours during the day. Your baby is resting up for the last month or so of the year when nighttime waking resurfaces.

Between 10 and 18 months of age, your baby is likely to wake in the night and want to see you. Help your baby self-comfort by offering a stuffed toy or a favorite blanket.

USEFUL
INFORMATION

Play Activities!

Now it’s Your Turn

How? Use a damp washcloth to wash your baby’s hands after mealtime. Offer the washcloth to your child to take a turn washing your hands. You can play “Now it’s your turn” with feeding, too. Let your baby take a turn feeding you with a spoon. You’ll think of other variations.

Why? Babies like to imitate adults, so the game is fun for the baby. It also allows your baby to practice skills that use small muscles and require coordination. You may find that the next time you wash your baby’s hands or feed your child, your baby will be more cooperative.

MILESTONES

Physical Skills

Usually around 8 months, your baby sits without support. When your baby lies down, he or she is in constant motion, which makes diaper changes especially dangerous. Some babies begin crawling at this time. Others scoot and some roll to get where they’re going.

Usually around 10 months, your baby can pull up to standing from a sitting position, can stand holding on to something or someone, can play pat-a-cake, and may be able to pick up tiny objects by using his or her thumb and forefinger.

Usually around 12 months, your baby is able to walk while holding on to furniture or using your hands, drink from a cup, pick up a tiny object using the tips of his or her thumb and forefinger, and stand alone for a few seconds.

Brain Fact

Some babies walk early and some walk late. Parents of early walkers may hope that this is a sign of exceptional intelligence. In fact, there is no relationship between intelligence and the age of walking or other physical skills.

It’s good to celebrate every one of your baby’s accomplishments, but beware of putting emphasis on the timing. Bright babies may walk early or late. It’s just too soon to tell.

Ask Your Doctor

Development—1 Year

Your baby may need developmental evaluation if at 1 year, he or she:

- does not crawl
- drags one side of the body while crawling
- is unable to stand even with support
- does not search for hidden objects
- says no single words
- does not wave goodbye, shake head, or use other gestures
- does not point to pictures or body parts

Source: American Academy of Pediatrics
(See First Steps listing in *Growth and Development Resources*.)

MILESTONES

Learning

During this developmental period, your child is both an explorer and a scientist.

Usually around 6 months, your baby discovers gravity. As your baby's laboratory assistant, your job is to pick up the toys, the food, or the bottle that your baby drops. This is an experiment your baby will repeat over and over again.

Usually around 9 months, your baby understands that an object continues to exist even when it is out of sight. If you hide a ball under a blanket, your scientist knows how to make it reappear. Your baby is now able to keep a mental picture of the ball in his or her memory.

Usually around 12 months, your baby develops an understanding that objects have names and uses. As a 6-month-old, your baby used pretty much every object as a toy to bang, rattle, or chew. By the end of the first year, your baby understands that a cup is for drinking, a spoon is for feeding, and a rattle is for shaking.

Books for Your Baby

Certain books are extremely popular with children, usually because they do a great job of delivering the right message for the right age in the right way. Many of these books become favorites and become part of the bedtime routine night after night.

There are many reasons a child attaches to a particular book. Some of the most common reasons and popular books are listed below.

- Offers reassurance—*Whose Mouse Are You?* by Robert Kraus
- Easy to identify with—*Sam's Teddy Bear* by Barbro Lindgren
- Humor—*Curious George* by H.A. Rey
- Easy to predict/lots of repetition—*Brown Bear, Brown Bear, What do you see?* by Bill Martin Jr.
- Great pictures—*The Snowy Day* by Ezra Jack Keats
- Pleasing rhythm to the words—*Madeline* by Ludwig Bemelmans
- Happy book—*Blueberries for Sal* by Robert McCloskey
- Uses gimmicks like lift-ups or flaps—*Where's Spot?* by Eric Hill
- Topic of special interest—*Big Wheels* by Anne Rockwell

Favorite books serve a purpose for your child. Once the purpose has been served, your child will be ready to go on to new books. The next time you are re-reading a story for the 100th time, congratulate yourself on helping your child work through the many challenges of childhood.

(See "Great Book List" in *Growth and Development Resources*.)



TOOTHBRUSHING

As soon as the first tooth appears, you need to start the habit of cleaning your child's teeth.

Use a clean, moist washcloth to wipe your baby's teeth and gums. Use only water—no toothpaste. A soft, small toothbrush can also be used for baby teeth. Schedule your child's first dental visit at this time.



Emotional Development

Falling in Love

Two important emotional milestones are reached during the second six months of life.

Stranger anxiety: At 6 months, your baby was the life of the party. He or she had smiles for everybody. Strangers complimented you on your socially outgoing child.

About 9 months of age, your baby begins to react differently to strangers. Now your baby is clingy, fussy, and turns away from smiling faces. You may hear comments that you are “spoiling” your child.

Not so! Your 9-month-old saves his or her smile for familiar faces. Your social 6-month-old and your stranger-shy 9-month-old are both right on track in their emotional development.

Separation anxiety: Another change occurs at 9 months. Your baby becomes intensely aware of your importance in his or her life. The idea of losing you, even for one minute (especially when your child has no sense of time) is not tolerable. And so your baby cries, clings to you, and generally sounds as if his or her heart is breaking whenever you attempt to separate.

Although you may find this stage difficult, your child's reaction to separation is telling you what a good job you have done. Congratulations! Babies who show no separation anxiety between 10 and 18 months are a cause for concern.

Brain Fact

Peek-a-boo may be the first “brain game” you play with your baby.

If you play peek-a-boo with your 6-month-old, when you open your hands to show your face, your baby is probably looking somewhere else. To a 6-month-old, you are truly “out of sight and out of mind.”

Play peek-a-boo with your 9-month-old and when you open your hands, your child squeals with delight.

This simple, age-old game gives you a peek at your baby's understanding that something continues to exist even when it can't be seen—an understanding that indicates the areas for higher level thinking in your baby's brain are becoming active.



Q: Why does my 8-month-old break into tears when I arrive to pick him up from day care?

A: When your baby sees you, he remembers how much he misses you. He can't tell you he missed you, but his tears show the intensity of his feelings.



To help your baby get back in control, spend a few minutes playing with him before preparing to leave for home. When he calms down, he'll be able to remember he enjoys the day care and perhaps he'll show you someone or something that he likes. That will make both of you feel better.

HEALTH
ALERT**SAY “NO” TO BABY WALKERS**

Baby walkers are not safe.

Each year, there are more than 25,000 injuries from baby walkers. The most common injuries are head injuries, broken arms and legs, and facial injuries.

Walkers allow infants to move too fast and make it easy for them to get into dangerous situations. In addition to placing an infant in danger, walkers may actually delay walking.

SAFETY
HABITS**AVOID UNSAFE CLOTHING**

Flame resistant sleepwear: Before purchasing, check all sleepwear for a label stating that the clothing item meets the federal government standards for flame resistance. Carefully follow the cleaning instructions to prevent loss of the flame resistant quality. Unless you are sure washing precautions have been followed, don't purchase or accept offers of used sleepwear for your baby.

Drawstrings or ribbons: Remove all drawstrings from clothing—hoods, jackets, waistbands. Drawstrings can catch on objects and strangle a child. Cut strings off mittens. Never use a ribbon or piece of string to tie a pacifier to clothing.

Ribbons and necklaces: No baby necklaces or pacifiers on ribbon for your baby. Neck ribbons and necklaces can also cause strangulation.

TEEN BABYSITTERSHEALTHY
HABITS

Be choosy when it comes to hiring a teenage babysitter. Babysitting is a big responsibility. Be sure the person you choose is ready to accept the responsibility for your baby's care, safety, and life.

Ask for recommendations from friends, neighbors, co-workers, or other associates. Look for someone who is experienced. Interview before you hire—in person, if possible. Ask the prospective sitter about:

- experience with children (especially in your child's age group)
- training in first aid and rescue skills (choking)
- training in child care and babysitting skills
- a fair hourly rate

Ask several “what-if” questions, such as,

- “What if my child cries when I leave?”
- “What if someone comes to the door?”

Be sure to check out references. Ask about experience with children of similar age to your child. It is ideal to schedule a one-hour training/observation session (with pay) before the first solo job.

If you are unable to locate a trained teen sitter, you should encourage a prospective sitter to take a babysitter preparation course. Contact your local hospital to determine the availability of babysitter training courses. You can also contact Safe Sitter National Headquarters at 1-800-255-4089 or 317-596-5001 to locate the nearest Safe Sitter training program. You can also visit the Safe Sitter Web site at www.safesitter.org for additional information about hiring a babysitter and the Safe Sitter program.

Physical Growth

Lookin' Good!

Your toddler continues to grow steadily. However, after the second birthday, growth slows. By age 2, your toddler weighs four times his or her birth weight, usually measures about 34 inches in length, and has a head size that has grown to almost 90 percent of adult head size.

Between the second and third birthdays, your toddler will usually put on only 3 – 5 pounds and add only about 3 inches in length.

During the toddler years, the soft, round look of your baby changes. Baby fat begins to disappear from cheeks, arms and legs. Your child develops a neck. Muscles “bulk up” as muscle mass increases twice as fast as bone. Legs are longer and straighter and feet point forward. Your 1-year-old’s flat feet develop arches as the fat pad that hid the arch disappears.



Brain Fact

During the toddler years, amazing changes are taking place in the brain. The brain is growing in complexity as the number of connections between nerve cells increases to 1,000 trillion, which is twice the number of connections at birth (and twice the number in an adult brain).

In addition, there are three other changes. The supporting cells of the brain multiply. Individual nerves are insulated for more efficient firing, and new blood vessels are formed to supply areas of increased activity with oxygen and nutrients.

Dental Development

Baby Your Baby's Teeth

By age 2½, most children have all 20 of their baby or primary teeth. The second molars are the last to appear usually coming in between 20 and 30 months.

Your child's primary teeth are important for chewing, speaking, and your child's smile. Primary teeth are also important for jaw growth. They hold a place for permanent teeth.

Sixty percent of 3-year-olds have one or more cavities. One of the most important things you can do for your child's smile is to take good care of your baby's teeth—regular tooth brushing, a healthy diet, a minimum of sticky, sugary foods and regular visits to the dentist beginning at age 12 – 18 months.

USEFUL INFORMATION

LIVING WITH AN INTENSE TODDLER

Toddler years are especially challenging for children with intense temperaments. Try these techniques to make life easier for your child (and for you). If your child is:

Intensely active: Schedule lots of supervised active play in safe spaces—outside whenever possible.

Intensely loud: Ask your child to save loud noises for outdoors and use an “inside voice” when indoors. Encourage singing and reciting nursery rhymes.

(See “Resources: Suggested Books—*The Difficult Child*, by Stanley Turecki, MD” in the Growth and Development section.)

MILESTONES**Physical Skills**

Usually around 18 months, your child is practicing physical skills every waking hour. You'll be amazed at your child's progress with coordination and balance. Some highlights include walking backwards, walking up stairs holding someone's hand, being able to bend over to pick up a toy, and being able to remove larger pieces of clothing.

Usually around 24 months, your child can walk up and down stairs alone and may want to try jumping off the bottom step. Your child can also use a spoon well, kick a large ball, build a tower of six blocks, and unzip a zipper.

Usually around 36 months, your child can walk up and down steps alternating feet, can open a door by turning a knob, can bend over easily without falling, and can ride a large wheeled toy like a tricycle. At this age, your child's favorite activity may be running. Get ready!

**Play Activities!****Daddy Says**

How? Tell your child to copy your movements. Point to your ear saying, "Daddy says point to your ear." Your child should imitate you. Try pointing to your nose and then your toes, each time saying, "Daddy says point to your nose," or "Daddy says point to your toes." Throw in a few "Daddy says stick out your tongue," or "Daddy says make a funny face" just so you can get your toddler giggling. Don't expect the game to last for more than a few minutes.

Why? Toddlers love to imitate, they love activity, and they love having fun, but they have very short attention spans.

Ask Your Doctor**Development—30 – 36 Months**

Your baby may need a developmental evaluation if by his or her third birthday, he or she:

- falls frequently and has difficulty with stairs
- drools or has speech that is difficult to understand
- has difficulty handling small objects
- cannot copy a circle
- doesn't understand simple instructions
- is not interested or has very little interest in other children
- does not have pretend play
- does not put two words together
- is unable to separate from parents without significant protest

Source: American Academy of Pediatrics
(See First Steps listing in *Growth and Development Resources*.)

MILESTONES**Learning**

During the toddler years, you can almost see your child learning. Your child is able to solve problems by thinking and doing. Your toddler can recognize same and different and begins to have more complicated play. In addition to being able to sort objects by color and shape, your child understands the idea of numbers, especially two.

Toddler years are a time of magical thinking when your child finds it difficult to separate fantasy from reality. Magical thinking can be delightful, for example, a visit from an imaginary friend. It can also be dangerous, for example, a 2½ year old deciding to fly down the steps like Superman.

**Books for Your Toddler**

Reading books to your toddler does more than provide entertainment. Sharing books together provides a message that books are important. Reading is a crucial skill for success in school. Help your child get a head start by starting early.

You can tell that your toddler is interested in books if he or she brings you a book to read, tries to hold the book, wants to turn the pages, points at the pictures, asks for the same story over and over, carries a book around the house, or sits and “reads” a book out loud.

(See “Great Book List” in *Growth and Development Resources*.)

**MAJOR
MILESTONES****Language**

Mastery of speech and language is perhaps the most variable of developmental milestones. About one in every five children has some difficulty with language or speech. Try to be both watchful and reasonable with your expectations. Share any concerns you might have with your child’s doctor.

Your toddler is better at understanding language than producing it. Children can point to a body part before they can name it.

Some of the most important milestones of the toddler years are when the child imitates animal sounds; refers to self by name; begins to use “I” and “me;” begins to combine words in two- and three-word sentences; uses “please” and “thank you;” adds “ed” to verbs to indicate past tense like “I walked” and “s” to nouns to indicate plurals like “dogs;” asks what, where, when and why questions; uses four and five words in sentences; can be mostly understood by strangers; and understands “on,” “in” and “under.”

Brain Fact

A continuing theme in your child’s development is the relationship between attachment and achievement. In the first year, your child’s eagerness to explore depends on your child’s sense of security. In the toddler years, your child’s ability to learn depends on feeling secure.

The importance of attachment doesn’t go away. In school-age years, children of equal intelligence are most likely to achieve in schoolwork if they have a strong parent-child attachment.

Source: L. Alan Sroufe, PhD

Emotional Development

Toddlers are incredibly self-centered. You may observe a few of these behaviors: refusing to share, temper tantrums, biting or hitting.

Most toddlers are intense at least part of the time. They can be extremely happy, extremely sad, and extremely angry all within 15 minutes. If your child's temperament is intense, you're likely to see temper tantrums. If your child is quiet, you may see clinginess or whining. It's all part of the same developmental process. Your child is trying to work out how to behave around others. Your help with soothing ruffled feelings and calming angry tantrums is a huge plus for your child's development.

By the time your child reaches 3 years, he or she is able to take turns in games, show affection for playmates, understand "mine" and "his" and "hers," and show more self-control. Your child also begins to show concern for others.

Your child becomes more aware of pleasing or displeasing you during the toddler years. Somewhere around 3, toddlers show emotions such as shame, embarrassment, pride, guilt, and even envy. Self-awareness is a major emotional milestone. Now your child knows that you have expectations and knows whether he or she is living up to them. This is the first step toward the development of conscience.

QUESTIONS & ANSWERS

Q: My firstborn took 2½ years to potty train. He wasn't potty trained until 4. With my second-born, I started at age 2½, and he was completely potty trained by age 3. Why?

A: Although there could be lots of reasons why your second-born was easier to potty train than your firstborn, here are two possibilities. First, you started the process later with your second-born. Toilet training requires cooperation. Your child has to want to be toilet trained. During the extremely negative period that begins the toddler years, your child doesn't want to cooperate with anything. For that reason, it's best to wait until 2 or 2½ when your child is less negative and more eager to please you. The second reason is your second-born wanted to be grown up like his older sibling.



The Toddler Years: 1 & 2 Safety

Child Rearing Myth

Parents who childproof their homes and who constantly watch their toddlers are being overprotective. Children should learn the rules.

Child Rearing Fact

Toddlers are too young to be expected to remember and follow the rules. Since toddlers don't have the knowledge or experience to avoid danger or keep their hands off breakables, they require constant watching—especially in a home that hasn't been childproofed.

HEALTH ALERT



POISON HERE! POISON THERE! POISON, POISON, EVERYWHERE!

Toddlers are curious. They put everything in their mouths. It's no wonder that 1- to 3-year-olds are at the greatest risk for poisoning. Now that your child can climb, open doors and drawers, and open bottles, everything that could be harmful must be out of sight and out of reach.

You may reach your local poison center by calling 1-800-222-1222 (Universal Poison Center number). See "Poison Safety" in the Child Safety section.

USEFUL INFORMATION

CONGRATULATIONS! YOU'RE A GUARDIAN ANGEL

If there is one time in childhood your child requires a guardian angel, it's the toddler years. Toddlers need constant protection. Be especially watchful when children are hungry, for example, before mealtimes and in the late afternoon. At times of stress or confusion like holidays, family illness, houseguests, or moving day, children are at an increased risk of injury or harm and need extra protection.



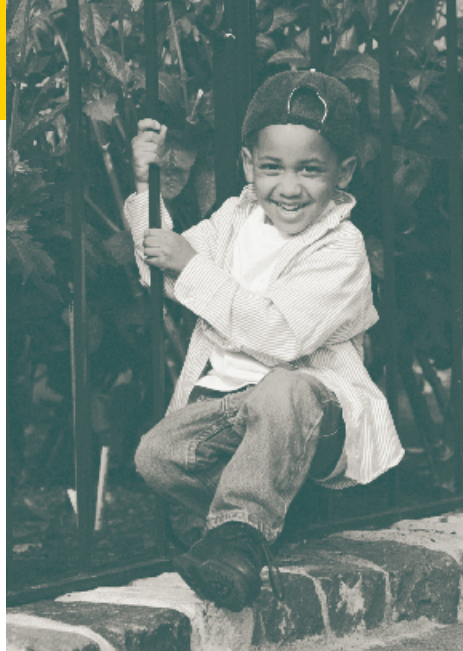
Physical Growth

Not a Baby Anymore!

Your child's shape changes more than height or weight in the years between the 3rd and 6th birthdays. You can expect your child to add about 4½ pounds and grow about 3 inches each year.

Your preschooler's body "makeover" begins at the top and works down. The bones of the skull and face grow so that your child's face loses some of its roundness, and your child develops a more noticeable forehead, nose and chin. Meanwhile, the upper and lower jaws widen to make room for permanent teeth. The padded shoulder "football player" look of the toddler changes, too. Your child's shoulders narrow, posture improves, and that "toddler tummy" flattens.

Your child's requirement for dietary fat decreases in the preschool years. As your preschooler's body matures, it's time to cut down on high-fat foods like whole milk and cheese. The low-fat diet that is good for you is now good for your child. See "Preschool: 3 – 5" in the Nutrition section.



USEFUL INFORMATION

SLEEP DISTURBANCES

There are several normal sleep behaviors beginning in the preschool years that can be very worrisome to parents

Sleep Terrors: Sleep terrors, also called night terrors, may begin as young as age 2. Sleep terrors differ from nightmares. Nightmares are frightening dreams during dream sleep and can be remembered upon awaking. Sleep terrors occur in non-dream sleep and cannot be remembered upon awaking. They usually occur 1 to 4 hours after falling asleep and last between 5 and 30 minutes. They may occur several times in one night or only once in a lifetime. Sleep terrors are far worse for the parents than for the child.

Typically, the child appears to be awake, screams, cries, may thrash, and looks very frightened. Because the child is not fully awake, the child cannot be calmed. When the episode ends, the child returns to full sleep. The good news is children outgrow sleep terrors.

The best way to handle sleep terrors is to stay with your child so that you can protect him or her from any injury caused by thrashing movements. Don't turn on the lights or try to wake your child. Your child will have no memory of the episode. It may help to put your child to bed earlier in case being overtired is contributing to the problem. If the night terrors are very frequent, discuss the problem with your doctor.

Sleep Talking: Sleep talking includes talking, laughing, and crying out in sleep. Your child is not aware of what is going on. Even if your child answers your questions, he or she will have no memory of the conversation. Sleep talking is so common it is not considered abnormal.

Sleep Walking: Sleep walking may involve only walking or may include a number of other activities, including dressing, raiding the refrigerator, opening doors, and even going up and down stairs. As with night terrors, don't try to wake your child. Gently guide your child back to bed and feel better knowing your child will have no memory of this in the morning.

MILESTONES**PHYSICAL SKILLS**

Usually around the age of 3, your child becomes much more coordinated when running or going up and down the stairs. By the end of the preschool years, your child can catch a bounced ball most of the time, kick a ball forward, and stand on one foot or hop. Three-year-olds are so active that sometimes they find it easier to substitute a movement for a word. They may run around the room with their arms spread out to indicate flying instead of talking about flying.

Handedness is well established by age 3. If your child prefers to use his or her left hand, don't try to change it. Lefties do just fine.

Your child's ability to concentrate allows your child to take advantage of the gains in small muscle control in his or her hands. Your child is able to copy a circle and to scribble quite happily. When playing with blocks, your child can build a tower of 10 or more cubes.

This is a great age for crafts. Your child loves to practice cutting, painting, and coloring. For future gardeners, it's a great time to work in the garden. For future carpenters, nothing beats the thrill of using a real screwdriver.

Self-help skills are much improved. At this age, children can feed themselves, unbutton their clothes, and handle large zippers and snaps.

**Play Activities!**

How? Find three pictures that show something happening like a boy riding a bike, falling off, and his mother coming to him. Paste the pictures on to 3 x 5 cards. Ask your child what happened first, next, and last.

Why? Practicing placing cards in an order that makes sense will help your child at school.

Ask Your Doctor**Development—Almost 5 Years**

Your preschooler may need a developmental evaluation if, as the 5th birthday nears, he or she:

- has difficulty throwing a ball overhand
- is unable to jump in place
- is unable to hold a crayon correctly
- is unable to stack four blocks
- won't separate willingly from parents
- is not interested in other children
- is not interested in interactive games
- responds very little to non-family members
- has no imaginative play
- is uncooperative with dressing, sleeping, toilet training
- has difficulty with self-control when angered or upset
- is unable to give his or her first and last name
- does not use plurals or past tense properly
- does not use "me" and "you" correctly
- does not speak in sentences of more than three words
- seems unhappy or sad most of the time

Source: American Academy of Pediatrics

MILESTONES**Learning/Thinking**

Preschoolers continue to use magical thinking to solve problems or explain things. You'll be surprised what you learn when you ask your child a "why?" question. For example, your preschooler may tell you that the sun comes up in the morning because that is when it wakes up.

Sometimes an answer alerts you to a possible problem, such as your child believing that his or her anger could make someone ill. Be firm when you explain that emotions don't cause illness or harm to others.

Preschoolers are not logical thinkers. They believe what their eyes tell them, even if it makes no sense. Try this famous experiment with your preschooler to get a better understanding of how your child thinks. Pour water from a tall, thin glass vase into a wide, clear glass bowl. Make sure no water spills. Ask your preschooler which container has more water. Very likely, your child will answer the tall, thin vase (or whichever container appears larger to the child). It's unlikely that your preschooler will say that the amount of water has not changed and it only looks different.

Even if you point out that no water was added or taken away, your preschooler believes what he or she can see and pays no attention to logic. This is called prelogical thinking and is absolutely normal and charming.

**USEFUL
INFORMATION****STUTTERING**

One of the common concerns of parents of preschoolers is stuttering. About 1 in 20 children in this age group stutters. Boys are troubled more than girls. Children tend to stutter when they are tired, upset or talking quickly. Stuttering may actually be an unconscious way for your child to hold a space in the conversation until he or she can get the word or sentence out.

Don't call attention to stuttering. Ignore it. Most stuttering goes away on its own, usually within two to three months. If your child stutters, it might help if you talk slower or make a point of sitting down when your child talks to you so that your child will not feel hurried.

Warning signs that your child's stuttering is not likely to be outgrown include your child feeling very self-conscious about stuttering; losing eye contact with the person to whom he or she is speaking while stuttering; frequently repeating words or parts of words; having facial twitches; breathing faster or showing other signs of difficulty in forming words; stuttering for more than six months; or having a family history of a parent or sibling with stuttering problems.

If your child's stuttering is causing behavior or emotional problems or any of the above warning signs are present, discuss the problem with your doctor.

MAJOR
MILESTONES

Language

If you clap for your preschooler’s new athletic skills, you should give a standing ovation for the marvelous accomplishments your child is making in language. Consider this:

Age in years	# Words in vocabulary
1	2 – 4
1½	10
3	1,000
5	10,000

Language is more than vocabulary, however. Words must be combined into sentences. Between the ages of 2 and 5, the number of words in a sentence usually equals the child’s age (2-word sentences by age 2, 3-word sentences by age 3 and so on to age 5). Children are also picking up grammar. They practice all these skills by talking and asking questions.

The best way to encourage language is by talking and listening to your child—in the car, at the store, at the park, while you’re eating, and when you’re reading a bedtime story to your child. Talk—listen—talk—listen, etc.

Brain Fact

A baby’s brain comes ready-made with a “blueprint” for learning language. Babies learn words by listening and imitating. But, they learn grammar by paying attention to language and by creating rules that seem to fit.

Since all preschoolers make the same kind of mistakes with grammar, it makes sense that human brains share the same language blueprint. For example, children recognize that by adding an “s” to a word, it becomes plural. So naturally they come up with a word like “mouses.” Or by adding “ed” to a word, the word becomes past tense. Using this rule, preschoolers create words like “bringed” and “caughted.”

Another common problem children have is using pronouns correctly.

To avoid the problem of deciding when to use “I” or “me,” children frequently substitute their own name for the pronoun. Parents contribute to this problem by avoiding pronouns in sentences such as “Mommy has to take care of baby now.”



SCHOOL
READINESS

Your child is ready for school if he or she knows first and last name; knows home address and phone number; can follow simple instructions; plays well with other children and knows how to take turns; can separate from parents for the time period of a school day; dresses without help; and can use the bathroom without help.



?
**QUESTIONS
& ANSWERS**

Q: My 3-year-old daughter repeatedly steals her new baby sister's blanket. Even worse, she lies and says the baby gave her the blanket. Do I have a juvenile delinquent in the making?

A: Preschoolers, especially 3-year-olds, are too young to have an adequate understanding of either truth or ownership to justify being labeled as a liar or a thief. Preschoolers have great difficulty with self-control, and they may take something that they want on impulse. They learn the error of their ways from your negative reaction.

Your child's explanation for taking the blanket is an explanation that comes from her magical thinking and her imagination. In the situation of a new baby, it's likely your little one likes the baby's blanket and hasn't yet learned that wanting it doesn't make it hers. This behavior is typical for a 3-year-old.

The next time you give the blanket back to the baby, remind your preschooler that she has her blanket, and the baby has a blanket. The baby can't have her blanket, and she can't have the baby's blanket. You'll be helping your child learn an important concept about ownership.

It's best not to pay too much attention to your child's cover-up story. By the time she is 5, she'll understand the difference between something that is true and something that she wants to be true.



Emotional Development

Preschoolers face several challenges in the area of emotional development.

Preschool years are a time of role-playing. Girls become interested in makeup, nail polish and dress-up clothes. They may become interested in fashion dolls. Boys tend to be interested in cars, trucks and action figures with military or space war themes. Girls tend to play “mommy,” and boys tend to play “dad.” Role-play is practice for the future.

Your child may have difficulty distinguishing between fantasy and reality. Imaginary friends may come to stay for a while. They usually disappear on their own, replaced by “flesh and blood” playmates. Unfortunately, imaginary monsters are also common at this age and are particularly bothersome at bedtime. Night lights and reassurance go a long way toward helping your child overcome those fears.

As your child nears age 5, playmates become increasingly important. Your child begins to notice the way that other families do things, which can lead to requests for more privileges and trendy clothing or toys.

Your child may experiment with swearing. All of these behaviors are signs that your child is trying to become independent. Your reaction to unacceptable behaviors should separate the behavior from the child. For example, the behavior is “bad,” not the child.

Preschoolers are quite aware of sexuality and may ask questions like “Where do babies come from?” This is also a time when children discover and sometimes “play” with their own bodies.

PREPARING YOUR CHILD TO GO OUT INTO THE WORLD

Safety in the preschool years provides another parenting challenge. Early on, you mastered the fine art of babyproofing. During the toddler years, you earned your halo as a guardian angel. Now

it's time to take on the responsibility of teaching your child the responsibility of staying safe. In the toddler years, your teaching consisted

of warnings like “hot,” “don’t touch,” and “no.” In the preschool years, it’s time to teach and enforce safety rules.

**SAFETY
HABITS**



The Fabulous Five for Teaching Safety Rules

1. Set the rules.
2. Enforce the rules.
3. Be consistent.
4. Be reasonable.
5. Be firm.

The Fabulous Five for Helping Preschoolers Learn

1. **Keep it simple.** Think about the safety rules you remember from your childhood. “Look both ways before you cross the street.” “Stop, drop, and roll.” “Buckle up.” It helps to make rules as simple as possible and, when possible, to repeat them using the same words.
2. **Repetition is the glue of learning.** Repeat. Repeat. Repeat.
3. **Learning can be as easy as playing a game.** Teach preschoolers safety rules by playing “what-if” games. First, teach the rule in simple words, and then ask your child a “what-if” question. For example, a fire safety rule for matches and lighters is: “Don’t touch. Tell an adult.” The “what-if” game question might be: “What if you found a lighter at Uncle Jim’s? What would you do?” The preschooler should respond, “Don’t touch. Tell an adult.” Preschoolers like “what-if” games. They like to get the answer right, and they like to hear you praise them for their correct answers.
4. **Success makes success.** In addition to praising your child for correct answers in the “what-if” game, praise your child whenever you see him or her using good safety habits. If your preschooler holds onto the handrail when going down the stairs, praise him or her for good safety habits on the stairs. Catch your child doing something right as often as possible so that you’ll have plenty of opportunities for praise.
5. **Be a good role model.** Your preschooler wants to be just like you when he or she grows up. Everything you do is being watched, so do things right! Make the rule. Teach the rule. Follow the rule—every time.

Physical Growth

Mirror, Mirror, on the Wall...

Before starting school, your child probably had little interest in stepping on the scale or standing by a tape measure. That changes when kids begin to compare themselves with school friends. It may help both of you to know that between the ages of 6 and 11, your child will likely gain an average of 6 – 7 pounds each year, grow a little more than 2 inches each year, and increase head size by about 1 inch.

The new inches or pounds are added in “mini” growth spurts, usually lasting several months and occurring several times a year.

It’s normal at this age for adenoids and tonsils to be large—in fact, tonsils may actually meet in the midline.

The truly attention-getting change in your child will probably be associated with the first signs of puberty. For girls, breast development may start as early as 8 years, although 10 is the average. For boys, enlargement of the testicles and thinning and reddening of the scrotum, (the pouch of skin that holds the testicles) marks the beginning of puberty. Male puberty may begin as early as 9, although 11 is the average.

During these years, children of the same age are frequently at different points in their growth and sexual development.



QUESTIONS & ANSWERS

Q: What can I give my 10-year-old son to get him eating so he’ll grow? He is healthy and active. A few months ago, he grew like a weed, but he was eating then.

A: Your son’s height depends more on the genes he inherited than the food he eats. When your child is growing rapidly, you can expect him to have a big appetite. When his growth slows, his appetite decreases because he doesn’t need the calories. It’s not unusual for growth spurts and large appetites to alternate with slow growth and small appetites.



SLEEP REQUIREMENTS

With each passing birthday, your child will require a little less sleep. Some kindergarten children need 12 hours of sleep, but most require 10. By age 11, most children can get by with eight hours of sleep. The test is daytime sleepiness.

Bedtime routines, such as a bedtime story or reading in bed for a half-hour before “lights out,” can help your child relax. Although bedtime can be an ideal time for a heart-to-heart chat, avoid stressful topics to prevent sleep disturbances.

MILESTONES

Learning/Thinking

School-age children have replaced magical thinking and prelogical thinking with concrete logical thinking. If you repeat the experiment (page 96) with a group of children at this age, they are able to answer logically rather than being confused by appearances.

A number of other mental processes are required for success in school. Children need to be able to sequence or put things in order and have an understanding of time. School-age children need to be able to pay attention for fairly long periods of time (45 minutes by age 9) and filter out all unimportant distractions. They also need to develop tricks for memorizing and recalling information on demand.

**USEFUL
INFORMATION**

SPORTS, HOBBIES, & EXERCISES

To help your child find an activity that fits his or her interests and talents, provide your child with a wide variety of experiences.

Encourage your child to participate in introductory programs offered by your local parks department, YMCA, or other youth organizations. Ask friends or relatives if your child can tag along on a fishing trip, golf outing, or to an antique show if you believe it would be of interest. Once your child settles on a sport or hobby, encourage your child to set personal goals for success and help your child develop the self-discipline to improve.

Brain Fact

The first 12 years of life are prime time for learning. Experiences actually change the structure of the brain.

During early childhood, the developing brain is busy forming multiple connections between nerve cells. These connections function like the “wiring” of a computer. Each new experience results in a new connection.

By age 3, the child’s brain has twice as many connections as an adult’s. Connections that are used repeatedly become very strong. Connections that are used infrequently are eliminated. This “use it or lose it” principle is Mother Nature’s way of helping each child adapt to his or her own environment.

When connections are eliminated, the ability to perform a particular function is easily lost. For example, in the first months of life, an infant is able to distinguish several hundred spoken sounds, many more than in any single language. As the infant adjusts to his or her native language, the connections for sounds not used in that language are eliminated. The infant can no longer recognize such sounds.



Self-Esteem and Middle Childhood

One important mission of middle childhood is to **sustain self-esteem**—to feel good about oneself most of the time. School years are like an obstacle course for self-esteem. In a single day, a student can experience success, failure, popularity, loneliness, stress, and humiliation. Friends, family and respected adults can help in tough times—so can a history of success in academics or achievement in athletics. However, the most important factor influencing a child's ability to “bounce back” after a bad experience is the presence of at least one parent or adult in the child's life with whom the child has a loving, trusting relationship.



SAFETY HABITS

HOME ALONE

Sooner or later all parents begin to wonder, “Is it safe to leave my child home alone?” There is no one age when every child is mature enough to handle the responsibilities of staying safe and taking care of oneself. Some children are ready as early as 11, others as late as 15. Use these questions to help think through the various considerations. Begin with the question, “Does my child want to stay home alone?”

Ability and skills

- Can my child lock and unlock the door?
- Can my child speak clearly on the telephone when providing information or answering questions?
- Can my child prepare a snack?
- Does my child follow directions and remember them for future use?
- Can my child read and write notes?
- Does my child stay interested in productive activities without adult supervision?
- Is my child good at problem solving?
- Does my child handle unexpected situations well?
- Does my child know when to ask for help?

Safety considerations

- Can my child reach me in an emergency?
- Does my child know when it's important to call local emergency numbers and how?
- Does my employer allow me to make and receive personal calls to check on my child's safety?
- Is there a back-up person if I can't be reached?
- Does my child know basic first aid and rescue skills?
- Do we live in a neighborhood where my child is safe and feels comfortable?
- Does my child know fire escape plans, route, and designated meeting place outdoors?
- Can my child operate appliances such as the stove, microwave, and refrigerator in a safe manner?

Continued on next page





Home Alone (continued)

Emotional maturity

- Is my child confident? Fearful? Easily stressed? Easily influenced by peers?
- Does my child use good judgment?
- Does my child have the self-discipline to resist temptation and follow rules without supervision?

If your child is interested in staying home alone and if he or she appears to have the maturity, then it's time for a training session or two. Make sure your child can do the following things...

- Locate the emergency numbers. Practice emergency phone calls.
- Execute the home fire escape plan (see "Fire Safety" in Child Safety section).
- Contact you or your back-up immediately.
- Perform CPR and first aid (see "Be Ready to Rescue" in Choking Safety of the Child Safety section).
- Locate the first-aid kit.
- Answer the phone safely without giving out personal information.
- Handle a delivery or stranger who comes to the door without allowing entry into the home.
- Practice kitchen safety, including use of microwave and safe food preparation.
- Handle household emergencies like a power outage or toilet overflowing.
- Lock and unlock the doors and can handle the alarm system.
- Handle other responsibilities that are important in your home, such as pets.

It is important to establish rules for your child. You can add to the following:

- Check in with parent immediately after getting home.
- Do not invite friends to visit.
- Do not leave home without permission.
- Begin homework within a half-hour after arrival – after the check-in call and a snack.
- Follow all safety rules.
- Limit television to one hour (or whatever guideline you feel is reasonable).
- Limit computer play time (including video games) to one hour (or whatever guideline you feel is reasonable).
- Follow other rules that are appropriate to your home.

The Internet and Your Family

If you are like most families, even your little ones are doing something on the Internet—e-mailing, playing games, surfing the Web, downloading music, writing friends or visiting social networking sites. Students go on the Internet's search engines for their homework.

You probably already know the Internet's dangers—online bullying or stalking, porn sites that entrap users, child predators who befriend young children who may run away to meet their new friend. What's a parent to do?

Social networking sites are beginning to add their own safeguards for young users. Security software also offers protection. Make sure your children use the highest forms of privacy/security available on these sites. For instance, they can designate that only friends can see their personal information and can limit who can search for them.

Being aware of the risks of the Internet and engaging your children about safety on the Web are the most important things you can do.

- Stay informed about Internet technology. Talk to your child about using the Web. Don't give your child the impression you don't know anything about the Internet or aren't interested in what happens there. Put your family's computer in a room where the family gathers frequently so you can keep an eye on your child and what he or she is doing online. Do not allow your child to keep an Internet-connected computer in his or her room.
- Remind your child that you have a responsibility to shield your family from danger. That means you monitor your child's computer use and may take away Internet privileges.
- Purchase a filter, and install software on your computer to screen out undesirable information on the Internet. Then, your child cannot access sites that may be harmful or inappropriate (see the link listed below for a rating of the top filters parents use).
- Caution your teenagers about what they put on their social networking sites. Most employers today use Internet search engines and social networking sites to learn more about potential employees. The Internet is a surprisingly accurate record of our lives and lacks privacy, and oftentimes, it is difficult to erase that record once it is out for all to see. Remind your teenagers that the whole world can see a post, and a few clicks and posts can ruin their reputation forever.

- Caution your kids about talking to online strangers, despite how friendly and harmless they may seem. We hear too many stories about children and teens falling victim to pedophiles that troll the Internet looking for their next target.

For more information about the Internet and keeping your child safe, go to the following links and resources:

American Academy of Pediatrics Resources

www.Safetynet.aap.org

The academy's Safetynet Web page with a host of Internet resources

Web Filter Reviews

<http://internet-filter-review.toptenreviews.com>



A Letter to Parents...

As your child approaches the teen years, especially if it's your firstborn, you find yourself paying attention to the tattoos, body piercing, and clothes of the teenagers you see on the street or in the mall. The realization that your child will soon be "one of them" makes the future seem a little scary.

To bolster your confidence for the days ahead, you focus on the strength of your family ties. You wonder if your family will be protected from the problems others have had with their teens by all the hours you invested in providing transportation, helping with homework, attending recitals, cheering at ball games, the fun of family vacations and holiday celebrations. You find yourself thinking back to the "terrible twos" and wondering if the teen years are just a replay. If the toddler years were easy, you hope you'll be lucky with adolescence, too. Although you know it's just a fairy tale, you find yourself wishing for the magic spell in Sleeping Beauty so that your child can sleep peacefully through the teen years and wake up an adult.

You have expectations for what's about to happen to you, your child, and your family—as does your child. Your expectations are based on your observations of other families, your understanding of this developmental stage, and your own experience as a teenager. There will be times you will be tempted to share your "I had it much worse than you" and "I know exactly what you're going through" stories with your teen. Proceed with caution. Your stories are your stories. To your teenager, your experiences don't seem relevant and, even worse, they imply that you don't give your teen credit for being a unique individual with his or her problems or concerns.

The information on the next few pages has been collected to help you during the years of parenting your teenager. There are also helpful resources at the end of this section. Before moving ahead, however, we suggest you revisit the past. Even though it's unlikely to help your child relate better to you, it may help you relate better to your child. Recalling the intense emotions and pressures you had as a teenager might make it easier to live with, love, support, and champion your child through this dramatic and wonderful passage to adulthood.

Have a safe journey.



Parents: Test Your Memory!

Instructions: Take this test each year on your child's 11th to 17th birthdays. Think back to the year you were your child's age. Picture yourself in front of a mirror before an "important" event. Let the person in the mirror do the talking. (Honest answers are correct.)

	Yes	No	I can't decide
1. I like the way I look.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel confused about what's going on with my body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I hate when my family discusses my private business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I don't have enough privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I hate being nagged about eating, sleeping, what I wear, cleaning up after myself, my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sometimes I feel lonely, even when I'm with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I hate walking by a group of kids. I know they talk about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sometimes I feel so stressed, I think of running away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I know some kids who use drugs, and they seem like they're OK.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. There's no way to avoid parties where kids are drinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I've tried smoking, and I can take it or leave it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My friends seem to drive fine when they're drunk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If no one else in the car is using a seat belt, I don't either.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I've heard of a lot of ways that you can have sex without using condoms or contraceptives and not get pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I can't know what to do with my life. I don't even know what's out there. Graduating seems like falling off a cliff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I'm a lot smarter than my test scores and grades show.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. These are the years to play. I have to work the rest of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My parents don't really understand what it's like to be my age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Someone in my family is always mad or complaining about something. I wish they would "get it together."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. When I'm too old for fun, I'll eat right, exercise, and get sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Top 10 Facts

You Should Know about Adolescence

1. Adolescence is the developmental stage between childhood and adulthood. It is more than physical growth and sexual maturation (puberty or biological development). Adolescence includes dramatic and important changes in thought processes of the brain (intellectual or cognitive development), and changes in the way the teen thinks of himself/herself and relates to others (psychosocial or social/emotional development).
2. The age that puberty begins and ends—and how fast the process goes—can be very different for different individuals and still be normal. Puberty in one girl can start as early as age 8 and proceed to menstrual periods by the time she is 10; while another girl starts breast development at age 11 and does not start menstruating until she is 14.
3. It is normal for development to proceed steadily for a while and then stop for a few months. This can be especially troubling when a short male grows quickly for a few months and then stops just when his hopes are up.
4. The three areas of development (physical/sexual, intellectual, and social/emotional) do not necessarily progress at the same rate. This can be troubling for a girl whose sexual development occurs early, making her appear “grown up,” but her social/emotional development is still that of a child; or for a teenage boy who has his growth spurt early, making everyone expect him to act his “height age”—not his chronological age.
5. There are three stages of adolescence. Early adolescence—the middle-school years: 11, 12, 13, 14. Middle adolescence—the high-school years: 15, 16, 17. Late adolescence—the age of maturity: 18, 19, 20, 21. Each stage is associated with specific characteristics.
6. There are four developmental goals for adolescence—to become independent of family; to form close, personal relationships; to become comfortable with body and self-image; and to develop an individual identity, realistic life goals, the life skills to “get on” in the world and settle on personal, moral, religious, and sexual values. These four goals are accomplished stepwise as the child goes through the three stages of adolescence—early, middle, and late.

7. Early adolescence (11, 12, 13, 14) is the time of the dramatic physical changes of puberty. Early work on developmental goals begins in this stage. Independence: not as willing to do things with family; moody. Friends: form close friendships with teens of the same sex, usually one best friend. Body/self-image: worried about being normal, attractive; preoccupied with concerns about sexual maturation, including wet dreams and masturbation. Individual identity: feel watched; daydream; plan for the future although not necessarily realistic plans; begin to test limits; think about sex, which may lead to masturbation or wet dreams; lack impulse control; exaggerate personal problems out of proportion.
8. Middle adolescence (15, 16, 17) is the time of intense emotions and intense relationships with peers. Independence: argue with parents more than any other stage; turn to friends—not parents—for support. Friends: want to fit in with chosen peer group, including clothing, values, music; dating and sexual experimentation begin; may get involved in clubs, gangs, and other groups. Body/self-image: more comfortable with physical changes; physical attractiveness is important. Individual identity: consider the feelings of others; capable of more difficult thought processes; more realistic plans for the future; magical thinking about being able to take risks and not be harmed.
9. Late adolescence (18, 19, 20, 21) is the last step to adulthood. It can be a depressing time if the goals for early and middle adolescence were not successfully reached. Independence: become closer to family again; more likely to accept advice. Friends: less dependent on group activities; more time spent in meaningful relationship with one partner. Body/self-image: okay with body. Individual identity: develop practical, realistic career goals; able to compromise; settle on personal, moral, religious, and sexual values.
10. The 21-year-old who is socially and emotionally independent of parents while still close to them, who is comfortable with himself/herself as an adult, and who is capable of meaningful relationships has successfully completed the passage from childhood to adulthood.



Physical Growth

Growth during adolescence is linked to the hormonal changes of puberty. Girls usually enter puberty earlier than boys.

Girls

The age that your daughter enters puberty depends on several factors, including her general health, her nutritional status, and family history.

You can predict the order of the changes associated with puberty, but you can't predict the timing. Girls usually develop breast buds before pubic and axillary hair. About two years later, menstrual periods begin. A growth spurt begins before breast budding and ends before periods begin.

Boys

You can predict the order of the changes associated with puberty, but you can't predict the timing. Boys usually begin puberty with enlargement of the testicles and scrotum. Pubic hair begins to grow. At the same time, boys may begin to ejaculate. The penis becomes longer and thicker. At the same time, hair grows on the face and underarms and the voice deepens. A growth spurt begins at the same time pubic hair appears and usually lasts 24 to 36 months.

SEE HOW THEY GROW

The inches and pounds added during adolescence count in a big way.
 Inches added to height = 20 percent of final adult height
 Pounds added to weight = 50 percent of final ideal weight

USEFUL
INFORMATION

USEFUL
INFORMATION

BREAST SELF-EXAMS AND TESTICULAR SELF-EXAMS

Breast Self-Exams and Testicular Self-Exams are no longer recommended for adolescents. Parents should expect the doctor to do a genital exam and a breast exam for teens during a routine physical exam or sports physical to make sure they are developing normally and everything is healthy.

WHEN PUBERTY COMES TOO EARLY

Call your doctor for an appointment for the following:

Girls

Before age 7 – 8: Breast development or pubic hair

Before age 10: Menstrual periods

Boys

Before age 9: Enlargement of the testicles and scrotum or pubic hair

WHEN PUBERTY COMES TOO LATE

Call your doctor for an appointment for the following:

Girls

At age 13: No signs of breast enlargement

At age 16: No menstrual periods

Boys

At age 14: No testicular enlargement

HEALTH
ALERT
+

SUDDEN GROIN PAIN

Seek care immediately for sudden “knife-like” groin pain (frequently so severe there is nausea and vomiting) in males age 12 and older.

The most common cause of sudden groin pain in this age group is testicular torsion or twisting of the blood supply to the testis. Emergency surgery within four to six hours is required to prevent permanent damage to the testis.

HEALTH
ALERT
+

MEDICAL CONFIDENTIALITY

“But I pay the bill”

During adolescence, it is appropriate for your teen to take an active role in his or her personal health and medical care. Until now, your child’s health was your responsibility. In adolescence, most of that responsibility shifts to your teen.

By accepting an adult responsibility, your teen earns the right to doctor-patient confidentiality. Confidentiality is important for open, honest communication. Your teen must trust that private conversations will remain private—off limits even to you!

There are situations in which your doctor learns information that cannot be kept in confidence. For instance, if your doctor learns that a life is in danger, such as a possible suicide attempt, your doctor will inform you so that together, you can take the steps necessary to prevent a tragedy.

Your teen’s physician knows you are extremely concerned about your child’s well-being. If you feel the need to discuss your concerns or ask for parenting advice, consider requesting an appointment for a parenting consultation.



IN CASE OF AN AUTO ACCIDENT

Be sure your teen knows what to do if involved in a motor vehicle accident. Stress the importance of remaining at the scene. Write out simple directions on a 3 x 5 card (including insurance information) and place it in the glove compartment of the car, along with auto registration.



IT’S THE LAW!

Under usual circumstances, the parent/legal guardian must provide consent for medical care of a minor considered by law to be a person under age 18. However, the state of Indiana authorizes minors to consent for their own medical services under certain conditions. These include emergency care for a life-threatening condition; examination and treatment for sexually transmitted diseases, including HIV and AIDS; and evaluation and treatment for alcoholism or alcohol or drug abuse at a facility approved by the Division of Addictive Services.

Although the state of Indiana does not directly address the legal rights of minors regarding medical consent for contraceptive services, that right is indirectly assumed under federal case law.



JUST IN CASE...

Chances are the police will stop your teen for a motor vehicle violation sometime in the teen years. Because police officers must be constantly alert for suspicious activity or the threat of harm, teens need to be careful not to alarm the officer by sudden movements or unpleasant words. Just in case your teen is pulled over by the police, rehearse the following with your teen:

- Pull over to the side of the road.
- Stay seated in the car with both hands on the steering wheel.
- Be polite, answering questions with respect.
- Follow directions, and cooperate with police requests, such as taking breathalyzer test.
- Do not drive away until you have been given permission.

LOOKING OUT FOR YOUR TEEN

If your teen has a substance abuse problem, get your child into therapy immediately. Deal with the situation as you would an illness, accepting the problem and putting your energy into supporting your child's recovery.

HEALTH ALERT



Signs of substance abuse

Although almost any one of these signs can appear in a normal, nondrug-using teen, if you see several of these signs together, your child may have a substance abuse problem.

Call your doctor to find out how to get help if your child: spends too much time alone; stops talking or argues frequently with family members; drastically changes style of dress or hair; ignores homework and has dropping grades; drops old friends; has new friends who are less familiar and less friendly to adults; has frequent or unexplained injuries; sleeps poorly or complains of tiredness; develops irregular eating habits; has bloodshot eyes, very large or small pupils; has frequent "colds" or nosebleeds; has unusual odors on clothing; seems "jumpy" or hyperactive; has mood swings including irritability, depression, hostility, or paranoia; keeps drug paraphernalia; attempts to or runs away from home; or steals money or valuables from your home.

Remember, children need love most when they are the most unlovable.



USEFUL INFORMATION

FAMILY FEUDING

From your teen's 14th birthday through the 16th year, you can expect to have some trying times. These are the years when you are most likely to have difficulty getting along with your teen and your teen will have the most difficulty getting along with you.

Several studies have been reported about family relationships during the teen years. Compare your family's experience with the following:

- Ninety percent of 16-year-old teens report getting along well with their mother. Seventy-five percent report good relations with their dad.
- Adolescent girls report a minor conflict with parents every one-and-a-half days. Adolescent boys report a minor conflict every four days. Seventy-five percent of the conflicts are between mother and teen. Mother-daughter conflicts last an average of 15 minutes. Mother-son conflicts last an average of six minutes.
- Only one in five families reports serious difficulty with parent-child relationships.

Late to Bed, Late to Rise

Weekend morning sleep-ins are your teen's way to make up for missed sleep. Teens need nine to 10 hours of sleep per night. Chronic daytime sleepiness, poor grades in morning classes, or drowsiness when driving are signs that your teen needs a better sleep routine every day of the week.

TAKE THESE SIGNS SERIOUSLY

If your teen shows signs of serious depression, get help for your child immediately. Deal with the situation as you would an illness, accepting the problem and putting the energy into supporting your child's recovery.



Signs of depression

Teens are often moody, dress in black day after day, and can't seem to hear anything you say. While you will learn to ignore some behaviors, other behaviors are signs of a serious problem and must not be ignored.

The following are warning signs of severe depression. Call your doctor and ask for help if your child constantly complains of stomachaches, headaches or tiredness; sleeps too much or too little; loses or gains weight very quickly; neglects appearance; increases risky behaviors—drugs, alcohol, unsafe sex, and drinking and driving; loses interest in school and friends—falling grades, dropping out of activities, cutting classes and withdrawing from friends and family; seems suddenly cheerful after a long period of depression; makes statements like “I feel dead inside;” seems preoccupied with death in choice of music and clothing, and talks frequently about friends who have died; or gives away prized possessions, writes a will, or makes other “final” arrangements.



A MATTER OF LIFE AND DEATH

Call a suicide crisis hotline, local emergency department, 911, or your child's doctor if your child complains of feeling hopeless; says, “I'd be better off dead;” or has a specific plan for committing suicide. Take suicide seriously.

RISK FACTORS FOR SUICIDE

Suicide is the third leading cause of death for 15–24 year olds.

- Don't rely solely on an adolescent's promise not to harm himself.
- Involve parents and caretakers in monitoring suicidal thoughts and gestures.
- Remove firearms and ammunition from the home.
- If a child has depression, get help right away (at the beginning of an episode).
- Immediate hospitalization is key to preventing suicide among adolescent and young adult patients.

Source: Hagan JE, Shaw JS, Duncan PM, eds. 2008 *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*. Third Edition. Elk Grove Village, IL: American Academy of Pediatrics.



A CALL TO ACTION

The SOS (Signs of Suicide) Program is a school-based effort that instructs students how to ACT if a friend or family member is severely depressed and possibly suicidal. ACT stands for Acknowledge, Care and Tell. For more information, go to guide.helpingamericasyouth.gov.



Great Book List

This is from The Children's Book Council Web site:

www.cvcbooks.org/readinglists/bookstogrow.html

The list was compiled by the librarian members of the American Library Association-Children's Book Council Joint Committee, April 2003 for ages birth-3 years, and from Reach Out and Read's list for those 3-5 years:

www.reachoutandread.org/about_list.html

BIRTH TO 6 MONTHS

All Fall Down by Helen Oxenbury: Little Simon

Animal Crackers: Bedtime by Jane Dyer: Little Brown,

Baby Animals: Black and White by Phyllis L. Tildes: Charlesbridge

Baby Rock, Baby Roll by Stella Blackstone and illustrated by Denise and Fernando Azevedo: Holiday House

Big Fat Hen by Keith Baker: Harcourt

Black on White by Tana Hoban: Greenwillow

Blue Hat, Green Hat by Sandra Boynton: Little Simon

How a Baby Grows by Nola Buck: HarperCollins

I Love Colors by Margaret Miller: Simon & Schuster

Max by Ken Wilson-Max: Jump at the Sun

My First Baby Games by Jane Manning: HarperCollins

My Very First Mother Goose by Iona Opie and illustrated by Rosemary Wells: Candlewick

Peek-A-Boo! by Janet and Allan Ahlberg: Viking



6 TO 12 MONTHS

Animal Kisses by Barney Saltzberg: Red Wagon

Baby's Lap Book by Kay Chora: Dutton

Brown Sugar Babies by Charles Smith: Jump at the Sun

Goodnight Moon by Margaret Wise Brown: HarperCollins

I Can by Helen Oxenbury: Candlewick

I Smell Honey by Andrea Pinkney and illustrated by Brian J. Pinkney: Red Wagon

Maybe, My Baby by Irene O'Book and illustrated by Paula Tible: HarperCollins

My Colors (Mis Colores) by Rebecca Emberly: Little Brown

Red, Blue, Yellow Shoe by Tana Hoban: Greenwillow

Time for Bed by Mem Fox and illustrated by Jane Dyer: Harcourt

Twinkle, Twinkle, Little Star by Jeanette Winter: Red Wagon

Welcome, Baby! Baby Rhymes for Baby Times by Stephanie Calmenson: HarperCollins

Where's the Baby? by Tom Paxton and illustrated by Mark Graham: Morrow Avon

12 TO 18 MONTHS

The Bear Went Over the Mountain by Rosemary Wells: Scholastic

Big Dog, Little Dog by Dav Pilkey: Harcourt

Count with Maisy by Lucy Cousins: Candlewick

Eating the Alphabet: Fruits and Vegetables from A to Z by Lois Ehlert: Harcourt

The Everything Book by Denise Fleming: Henry Holt

Five Little Monkeys Jumping on the Bed by Eileen Christelow: Clarion

Freight Train by Donald Crews: Greenwillow

Itsy Bitsy Spider by Rosemary Wells: Scholastic

Jamberry by Bruce Degen: HarperCollins

My First Action Rhymes, pictures by Lynne Cravath: HarperCollins

Pat the Bunny by Dorothy Kunhardt: Golden

Rabbit's Bedtime by Nancy Elizabeth Wallace: Houghton Mifflin

Read to Your Bunny by Rosemary Wells: Scholastic

Sheep in a Jeep by Nancy Shaw and illustrated by Margot Apple: Houghton Mifflin

Ten, Nine, Eight by Molly Garrett Bang: Greenwillow

Tom and Pippo Read a Story by Helen Oxenbury: Simon and Schuster

Where Is My Baby? by Harriet Ziefert and Simms Taback: Handprint

Where's Spot? by Eric G.P. Hill: Putnam

You Are My Perfect Baby by Joyce Carol Thomas and photos by Nneka Bennett: Joanna Cotler

Zoom City by Thatcher Hurd: HarperCollins

18 MONTHS TO 3 YEARS

Be Gentle! by Virginia Miller: Candlewick

Book! by Kristine O'Connell George and illustrated by Maggie Smith: Clarion

Brown Bear, Brown Bear, What Do You See? by Bill Martin Jr. and Eric Carle: Henry Holt

Chicka Chicka Boom Boom by Bill Martin Jr. and John Archambault, and illustrated by Lois Ehlert: Little Simon

Color Zoo by Lois Ehlert: HarperCollins

Come Along, Daisy! by Jane Simmons: Little Brown

Construction Zone by Tana Hoban: Greenwillow

Dinosaur Roar! By Paul and Henrietta Sticklan: Dutton

Dinosaurs, Dinosaurs by Byron Barton: HarperCollins

Hello, Lulu by Caroline Uff: Walker

How Do Dinosaurs Say Good Night? by Jane Yolen and illustrated by Mark Teague: Blue Sky

In the Tall, Tall Grass by Denise Fleming: Henry Holt

Jesse Bear, What Will You Wear? by Nancy White Carlstrom and illustrated by Bruce Degen: Simon and Schuster

Little White Duck by Bernard Zaritsky and Walt Whippo: Little Brown

Maisy's ABC by Lucy Cousins: Candlewick

Max's First Word by Rosemary Wells: Dial

"More More More," Said the Baby by Vera Williams: Greenwillow

Mouse Mess by Linnea A. Riley: Scholastic

On Mother's Lap by Ann Herbert Scott: Clarion

Silly Little Goose! by Nancy Tafuri: Scholastic

The Tale of Peter Rabbit by Beatrix Potter: Warne

The Very Hungry Caterpillar by Eric Carle: Philomel

The Wheels on the Bus by Raffi and illustrated by Sylvie K. Wickstrom: Random House

You're Just What I Need by Ruth Krauss and illustrated by Julia Noonan: HarperCollins

PRESCHOOLERS: 3 TO 5 YEARS

Madeline by Ludwig Bemelmans: Viking

Animal Tracks written and illustrated by Arthur Dorros: Scholastic

A Pocket for Corduroy by Don Freeman: Viking

Tag-Along by Juanita Havill: Houghton-Mifflin

Chickens Aren't The Only Ones by Ruth Heller: Scholastic

Amazing Grace by Mary Hoffman, illustrated by Caroline Binch: Dial

The Snowy Day by Ezra Jack Keats: Scholastic

Leo The Late Bloomer by Robert Kraus: Scholastic

Curious George by H.A. Rey: Houghton Mifflin

Gregory, The Terrible Eater by Mitchell Sharmat: Scholastic

Mr. Brown Can Moo! Can You? Dr. Seuss: Random House

Alexander and the Terrible, Horrible, No Good, Very Bad Day by Judith Viorst: Simon & Schuster

A Chair for My Mother by Vera Williams: Scholastic



Organizations

GENERAL GROWTH AND DEVELOPMENT INFORMATION

The American Academy of Pediatrics

141 Northwest Point Blvd.
P.O. Box 747
Elk Grove Village, IL 60009-0747
847-434-4000 (phone)
847-434-8000 (fax)
www.aap.org

Brilliant Beginnings, LLC

207A 19th St. NW
Long Beach, CA 90806
www.brilliantbeginnings.ca

Centers for Disease Control and Prevention /National AIDS Clearinghouse

P.O. Box 6003
Rockville, MD 20849-6003
800-458-5231
www.cdc.gov

Children's Defense Fund

25 E St., N.W.
Washington, DC 20001
800-233-1200
www.childrensdefense.org

National Child Care Information & Technical Assistance Center

10530 Rosehaven St., Suite 400
Fairfax, VA 22030
800-616-2242 (phone)
800-716-2242 (fax)
www.nccic.org

Riley Hospital for Children

702 Barnhill Dr.
Indianapolis, IN 46202
800-248-1199
www.rileyhospital.org

Riley Hospital Community Education and Child Advocacy Department

Riley Hospital for Children
575 West Dr., Room 008
Indianapolis, IN 46202-5272
317-274-2964 or 888-365-2022
www.rileyhospital.org/kids1st

SPECIFIC GROWTH AND DEVELOPMENT INFORMATION

Brain Development

Parents Action for Children

P.O. Box 15605
Beverly Hills, CA 90209
888-447-3400
www.iamyourchild.org

Johnson and Johnson Pediatric Institute

www.jjpi.com

Brain Wonders

www.zerotothree.org/brainwonders

Zero to Three National Center for Infants, Toddlers, and Families

2000 M St., NW Suite 200
Washington, DC 20036
202-638-1144
www.zerotothree.org

The Ounce of Prevention Fund

33 W. Monroe St., Suite 2400
Chicago, IL 60603
312-922-3863
www.ounceofprevention.org

Development**First Steps**

Indiana's Early Intervention System for Infants, Toddlers & Their Families
800-441-STEP (7737)
317-232-1144
www.infirststeps.com
First Steps assures that all Indiana families with infants and toddlers experiencing developmental delays or disabilities have access to early intervention services close to home. Families can contact their county office for more information on eligibility and available services.

Educational Resources**National Association for the Education of Young Children (NAEYC)**

1509 16th St., NW
Washington, DC 20036
800-424-2460
202-232-8777
www.naeyc.org

Mental Health**American Psychiatric Association**

1000 Wilson Blvd., Suite 1825
Arlington, VA 22209
888-35-PSYCH (77924)
www.psych.org

**National Institute of Mental Health
Public Information Office**

6001 Executive Blvd.
Bethesda, MD 20892-9663
866-615-6464

Sexuality**Planned Parenthood**

810 Seventh Ave.
New York, NY 10019
212-541-7800
www.plannedparenthood.org
Community resource programs and educational materials, such as brochures, videos and books, are available at various health centers located throughout the state. Call 800-230-PLAN (7526) to find the nearest Planned Parenthood.

Sexuality Information and Education Council of the United States

90 John St., Suite 704
New York, NY 10038
212-819-9770
www.siecus.org

Special Needs**Camp Riley**

Riley Children's Foundation
50 S. Meridian St., Suite 500
Indianapolis, IN 46204
317-634-4474
www.rileykids.org/camp
Provides traditional camp experiences for children with disabilities.

About Special Kids (ASK)

7275 Shadeland Ave., Suite 1
Indianapolis, IN 46250
317-254-8683
800-964-4746
www.aboutspecialkids.org
A nonprofit organization where parents, professionals and volunteers work together to support children with special needs.

Substance Abuse

Al-Anon/Alateen Family Group Headquarters

1600 Corporate Landing Parkway
Virginia Beach, VA 23454
888-AL-ANON (888-425-2666)
757-563-1600
www.al-anon.alateen.org

National Clearinghouse for Alcohol and Drug Information

11300 Rockville Pike
Rockville, MD 20847-2345
800-729-6686 (phone)
240-221-4292 (fax)
www.ncadi.samhsa.gov

PRIDE Youth Programs

4 West Oak St.
Fremont, MI 49412
800-668-9277 (phone)
231-924-5663 (fax)
www.prideyouthprograms.org

Students Against Destructive Decisions (SADD)

Formerly Students Against Driving Drunk

255 Main St.
P.O. Box 800
Marlboro, MA 01752
877-SADD-INC (723-3462) phone
508-481-5759 (fax)
www.saddonline.com



Web Sites for Parents and Kids

PBS Kids

www.pbskids.org

This Web site is great for children and adults. Kids enjoy their favorite PBS characters while reading, playing games, and doing other educational activities. This site also offers parents several educational goals for children of all ages (ages 2 – 12).

World of Discovery

www.discovery.com

Created by the Discovery Channel, this Web site offers many activities to share with your preschooler (age 3 and up).

The Children's Literature Web Guide

www.reachoutandread.org — National Early Literacy Program

This Web site for parents provides a collection of information about children's literature. It includes information about children's book awards, popular children's authors and additional resources found on the Web. For books about reading aloud to your child, visit the Web site, www.reachoutandread.org





Toll-Free Help Lines

AIDS

Centers for Disease Control and Prevention AIDS Hotline
800-CDC-INFO or 800-232-4636

ALCOHOL AND DRUGS

Hazelden Foundation (drug and alcohol treatment)
800-257-7810

BABYSITTING

Safe Sitter Inc.
8604 Allisonville Rd., Suite 248
Indianapolis, IN 46250-1597
317-596-5001 or 800-255-4089 (phone)
317-596-5008 (fax)
www.safesitter.org

CHILD ABUSE

National Child Abuse Hotline
800-422-4453

CONTRACEPTION

Planned Parenthood
800-230-7526

CRISIS

Adolescent Crisis and Intervention and Counseling Hotline
800-999-9999

DEPRESSION

National Suicide Prevention Lifeline
800-273-8255

PREGNANCY

Crisis Pregnancy Counseling Center and Adoption
800-441-2670

Planned Parenthood
800-230-7526

RUNAWAY

National Runaway Switchboard Hotline
(for parents and for runaways)
800-RUNAWAY (800-786-2929)

SEXUAL IDENTITY

Gay and Lesbian Hotline
888-843-4564
Monday-Friday, 4 p.m. – midnight EST; Saturday, noon – 5 p.m. EST

SEXUALLY TRANSMITTED INFECTION

**Centers for Disease Control and Prevention AIDS Hotline
and Sexually Transmitted Disease Hotline**
800-CDC-INFO (800-232-4636)





Nutrition

Well-prepared, nutritious foods...Healthy appetites...Pleasant mealtimes together... It sounds easy, but it's not—with working parents, weight-conscious kids and fast food chains on every corner.

Check out what you need to know about vitamins and minerals, and calcium in your teen's diet. Learn a little about vegetarian nutrition. While you're at it, you'll find lots of other useful information and hard-to-find facts about child nutrition.

IN THIS SECTION

.....

- **Nutrition Basics**
- **MyPyramid for Kids**
- **Eating for Two**
- **Nutrition for Different Ages**
- **Vegetarian Diets**
- **Specific Resources**

And much more...

Healthy Habits for a Lifetime

The Right Foods

In 2005, the United States Department of Agriculture released the MyPyramid Food Guidance System with updated recommendations on both nutrition and exercise. Use these guidelines to help you plan healthy menus for your family. Eat more dark-green leafy vegetables, deep-yellow vegetables, fruits and whole grain products. Go lean with protein, eat calcium-rich foods like low-fat or fat-free milk, and get healthy oils each day.

The Right Amounts

Serve your child portions that fit the three As: age, appetite and activity level. Be sure your child gets the right amount of milk. Limit the amount of fats and sweets like butter, french fries, potato chips, soft drinks and candy.

Daily Exercise

Do something active every day. Exercise as a family: bike, walk, camp, swim, play ball, visit a playground, fly a kite.

A healthy diet is easy if you choose more foods from the food groups with the widest stripes, eat a variety of foods within each group and eat portions of a reasonable size. Offering smaller portions and allowing children to ask for more satisfies hunger and does not waste food.

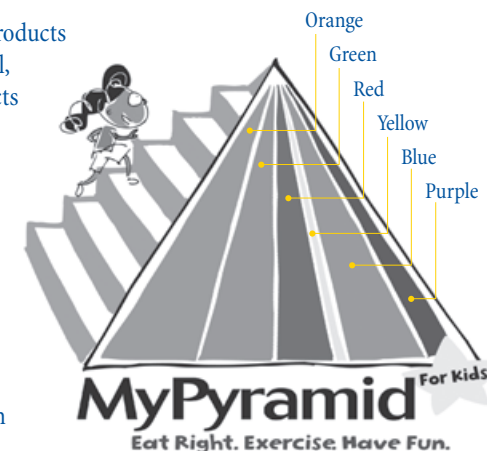


MyPyramid for Kids

The MyPyramid Food Guidance System is an updated guide to healthy food choices for good daily nutrition. It's based on the recommendations of the United States Department of Agriculture. The MyPyramid for Kids was designed specifically for children 6 – 12 years old.

Colored bands represent various food groups. Wider bands (such as green and red) represent foods you should eat more frequently, while narrower bands are for foods you should eat less frequently.

- **Orange:** The grains group includes products made from wheat, rice, oats, cornmeal, barley or another cereal grain. Products include bread, pasta, oatmeal, breakfast cereals, tortillas and grits.
- **Green:** The vegetables group includes any vegetable or 100 percent vegetable juice. You may eat raw or cooked vegetables, as well as fresh, frozen, canned or dried.
- **Red:** The fruits group includes any fruit or 100 percent fruit juice. As with vegetables, you may eat them fresh, canned, frozen or dried.
- **Yellow:** Healthy fats and oils are essential to a balanced diet. Get them from such sources as fish, nuts and liquid oils such as corn, soybean, canola and olive oil.
- **Blue:** The milk, cheese and yogurt group includes all fluid milk and many products made from milk. Cream cheese, cream and butter—because they lose their calcium content during processing—are not included.
- **Purple:** Meat, poultry, fish, dry beans, eggs, nuts and cheese are included in this group. Choose mainly lean meat and poultry. Fish, nuts and seeds are especially good, because they contain healthy oils.



You begin making choices about feeding your baby long before your baby is born. Pregnancy provides you with the chance to think about what food you eat, how you will feed your baby, and what eating habits you want for your growing family.

Eating for Two

- If your weight is within a healthy range at the beginning of your pregnancy, expect to gain 25 – 35 pounds. If you are overweight or underweight, your weight-gain needs will be different.
- Practice good family mealtime habits, such as eating together with the TV off.
- Tape the MyPyramid Plan for Moms* to your refrigerator door and use it to guide your food choices.
- Eat calcium-rich food such as dairy products, calcium-fortified orange juice, broccoli and leafy green vegetables.
- Eat iron-rich food such as meat, poultry, fish, liver, legumes, soybean products, dried fruits and iron-fortified cereals.
- Eat food rich in folic acid such as leafy green vegetables, fruits, milk and folic acid – fortified cereals. Check with your doctor to be sure your folic acid intake is adequate.
- In addition to eating a healthy diet, be faithful in taking the prenatal vitamin and mineral supplement your doctor recommends.
- Avoid alcohol, caffeine and tobacco products.

*To download and print a MyPyramid food guide, go to www.mypyramid.gov

Brain Fact

Consuming 400 micrograms of folic acid daily even before you become pregnant can help reduce the chance of your baby developing a neural tube defect (involving the spine and nervous system). During pregnancy, you should continue taking a folic acid supplement in addition to consuming folate-rich foods. You should consult with your doctor to determine how much folic acid to take during pregnancy and when breast feeding.



USEFUL INFORMATION

VITAMINS AND MINERALS

To absorb more iron from your diet: Eat iron-rich food at the same sitting with foods rich in vitamin C, such as orange juice, tomatoes and green peppers.

To absorb more iron from your iron supplement: Take the iron supplement between meals with orange juice or other juices rich in vitamin C or with water (not with milk, coffee or tea).

HEALTH ALERT



NO ALCOHOL, NO TOBACCO

If you are pregnant or think you could be pregnant, do not drink alcoholic beverages, including beer and wine. If you are pregnant or think you could be pregnant and use tobacco products like cigarettes or chewing tobacco, stop! Your doctor can help you find a program to break the habit.

Alcohol use during pregnancy is the most frequent cause of preventable mental retardation in the United States.

Smoking during pregnancy can cause miscarriage, fetal death, premature birth and low birth weight.

Top Five Reasons to Breastfeed

1. Human breast milk is the *perfect food* for human infants and is superior to all commercial formulas.
2. Human breast milk composition changes from the beginning of the feeding to the end of the feeding, from feeding to feeding, and from day to day. The change in the composition *of breast milk makes it possible to meet your baby's changing nutritional needs*.
3. Breastfed babies have *fewer infectious illnesses* and fewer allergic problems in the first year of life.
4. Nursing your baby is *good for your health, too*. Breastfeeding mothers recover more quickly from the pregnancy, have a faster return to pre-pregnancy weight, have a reduced risk of premenopausal breast cancer, and have a reduced risk of ovarian cancer.
5. Breastfeeding is *convenient and saves money*. You don't have to buy expensive infant formulas. You also may save money on health care costs since breastfed babies are healthier than formula-fed babies.

Doctors Advise Against Breastfeeding if...

- you have AIDS or any other disease that can be passed to your baby through your breast milk.
- you take certain medications—such as diagnostic or therapeutic radioactive isotopes or chemotherapeutic agents—that pass into breast milk and could harm your baby.
- you have a serious health problem such as kidney failure or heart disease.
- you use drugs such as marijuana, cocaine or methadone, or are a heavy user of alcohol.



Birth to 6 Months

Vitamins and Minerals

Do formula-fed babies require vitamin supplementation?

Formulas are supplemented with vitamins and minerals. In the first 6 months of life when infants are exclusively formula-fed, they do not require supplementary vitamins and minerals.

Do babies require fluoride supplementation?

Supplemental fluoride should not be given in the first 6 months of life.

Do breastfed babies require vitamin supplementation?

Some physicians recommend beginning iron soon after birth, particularly if your baby was pre-term, had a low birth weight or had inadequate iron stores at birth.

The American Academy of Pediatrics recommends vitamin D supplementation for all breastfed babies. Your doctor will prescribe vitamin D beginning in the first two months of life.

In addition to vitamin D, vitamin B12 supplements are required for babies who are nursed by mothers who follow a vegan diet (a diet that excludes all food of animal origin).



Q: Should I offer my baby water between feedings?

A: Healthy babies do not require extra water. Formula (when properly prepared) and breast milk are adequate to meet your baby's fluid needs. Juice is not recommended in the first 6 months of life.

NOT ENOUGH BREAST MILK

Signs that baby is not getting adequate breast milk

Call your doctor if your baby:

- does not have 6 – 8 wet diapers a day
- fails to nurse 8 – 12 times a day
- does not seem content after nursing
- acts unusually irritable or unusually drowsy
- has a weak suck, gags frequently or has difficulty latching on

Your doctor will probably want your baby to be seen right away.

HEALTH
ALERT

MILESTONES

RICE CEREAL

Rice cereal is the most frequently recommended first solid food. It is usually added to the baby's diet at about 4 to 6 months.

Rice cereal is chosen because rice contains no gluten. Gluten is an allergy-triggering protein found in most other grains.

HEALTHY
HABITS

SAFE FOOD HANDLING

Do not save the formula (or expressed breast milk) left in the bottle after the baby has finished a feeding. Germs from your baby's mouth may have contaminated the milk, and refeeding the leftover milk may make your baby ill.

BABIES, BOTTLES, AND FORMULA

Follow directions exactly when preparing concentrated or powdered formula to ensure that the correct balance of nutrients and water is maintained. Feeding formula that is too weak or too concentrated is dangerous to your baby's health.

Do not use the microwave to warm your baby's bottle. Microwaves heat unevenly, creating hot spots that can burn your baby's mouth. Microwaves may also change the composition of the milk. Place the bottle in hot water instead, and check the temperature before feeding.

Never "prop" your baby's bottle. Babies should be held while they are feeding. Propping is the practice of giving a baby a bottle by leaning the bottle against a pillow or other support rather than holding the baby and the bottle. Propping puts the baby at risk for choking and robs the baby of the opportunity for warm and loving interaction with the person holding the bottle.

HEALTH
ALERT

QUESTIONS & ANSWERS

Q: Why can't babies under 1 year of age have honey?

A: Honey may be contaminated with the spores of the germs that cause botulism. Babies with botulism can develop muscle weakness, which sometimes progresses to paralysis and, rarely, even death.

CHILD REARING MYTH: Adding rice cereal to your baby's diet will help your baby sleep through the night.

CHILD REARING FACT: Hunger is not waking your baby, and rice cereal does not help your baby sleep through the night. Your baby is a light sleeper and once awakened, can't get back to sleep without help. When your baby develops a mature sleep pattern and learns to self-comfort when awake but not hungry, you'll get a good night's sleep.

USEFUL
INFORMATION

What to Feed Your Older Infant

In addition to breastfeeding or giving your older baby formula, you can provide these foods:

6 to 8 months old

Two to three times a day, offer your baby these foods. You can spoon-feed him soft foods, but let your baby feed himself small pieces of food. Here are some ideas:

- Fortified infant cereal
- Strained or mashed vegetables, fruits and meats
- Sticky rice and mashed potatoes
- Dry cereals and graham crackers

8 to 10 months old

At meal times and snacks, offer these kinds of foods:

- Cooked vegetables and soft fruits, cut up
- Finely ground or small pieces of tender cooked meat, chicken and boned fish
- Small pieces of soft cheese
- Mashed cooked beans and lentils
- Strips of bread, toast, tortilla and bagels

10 to 12 months old

Offer your baby foods from your family meals, cut into small pieces:

- Cooked vegetables and soft fruits, but a greater variety than before
- Tender chopped meats, poultry and boned fish
- Cooked dried beans, peas or lentils
- Soft-cooked pasta
- Cottage cheese and yogurt

Source: Michigan State University Cooperative Extension Service



Vitamins and Minerals

Is fluoride supplementation needed in the first year of life?

The American Academy of Pediatrics says that deciding whether or not to give fluoride supplements to children 6 months to 3 years old depends on several factors; those include how much fluoride is in your home water supply, as well as how much fluoride is in other fluid sources, food and toothpaste that your children regularly have.

If your local water is not adequately fluoridated, your drinking water is purified with a reverse osmosis filter, or you give your child only bottled water, your child may require fluoride supplementation. To check the fluoride level in your water, call your local water company. To have your well water tested, call your county health department. When you know the results, ask your child's physician if your child requires fluoride supplementation.

Is vitamin and mineral supplementation needed for 6- to 12-month-old formula-fed babies?

Older infants who still drink formula and who eat a variety of foods that include good sources of iron and vitamins A and C don't require supplemental vitamins. However, children with certain chronic health problems or healthy children who are finicky eaters may require vitamin and mineral supplementation.

MILESTONES

Self-Feeding

Age	Milestone
5 – 6 months	Shows hunger or interest in food by opening mouth and leaning forward.
	Shows fullness or disinterest in food by turning away or leaning back.
6 months	Holds own bottle.
7 – 8 months	Self-feeds hand-held food.
8 – 9 months	Self-feeds finger-held food. Holds cup.
10 – 12 months	Holds spoon and aims spoon at mouth.

FOOD ALLERGIES

If your family has a strong history of allergies, consult your physician for specific advice about feeding your infant.

As for all babies, breastfeeding is best. However, if you decide not to breastfeed, suitable formulas are available.

Do not start solid foods until your baby is 4 to 6 months. Delay cow's milk until 1 year of age. If you wean your baby from breastfeeding before 1 year, give your baby formula instead.

Source: American Academy of Pediatrics



SAFE FOOD HANDLING

Use a clean cloth to wipe tops of baby food jars before opening. Do not use food from any jar if the safety button is raised, the lid does not pop on turning, or if the use-by date has passed.



NO BOTTLES IN BED

Bottles in bed increase the risk of tooth decay and ear infection.



HOME COOKING

Home-prepared baby foods have many advantages. They help your baby adjust to table foods and are less expensive.

Remember, when preparing baby's food at home:

- Do broil, steam or bake foods.
- Do use fresh vegetables within a day of purchase so that vitamins are not lost.
- Boil vegetables in small amounts of water to preserve nutrients.
- Do cook meat to a temperature of at least 160 degrees Fahrenheit (instant-read meat thermometer).
- Do use cooked food within two days.
- Don't add salt or sugar.
- Avoid using foods with high levels of salt, sugar, added fat or preservatives.
- Don't prepare spinach, beets, turnips or collard greens at home. These foods may contain high levels of nitrate that can cause a problem with the hemoglobin in your baby's blood.



MyPyramid for Kids

Daily Food Amounts and Portion Sizes for a 2-year-old*



	Grains	Vegetables
	3 ounces	1 cup
Portion Sizes	1 ounce = 1 slice bread; 1 cup dry cereal; ½ cup cooked cereal, rice or pasta; 1 small flour tortilla, biscuit, or muffin; 3 cups popcorn; 7 saltines or snack crackers	1 cup = 1 cup cooked or chopped/diced raw vegetables or vegetable juice; 2 cups raw greens; 2 medium raw carrots; 1 large ear of corn; 1 medium boiled or baked potato; 1 large tomato

*Recommended calorie level (1,000 calories) suggested for boys and girls ages 2 years, who are moderately active (30-60 minutes a day of moderate physical activity in addition to daily activities).

Source: Michigan State University Cooperative Extension Service



Fruits	Milk & Milk products	Meats & Beans	Oils
1 cup	2 cups	2 ounces	3 teaspoons
1 cup = 1 cup sliced, chopped, raw or cooked fruits; 1 cup 100% juice; ½ cup dried fruit; 1 large banana, orange, or peach; 1 medium pear or grapefruit; 1 small apple; 3 medium plums	1 cup = 1 cup nonfat or low-fat milk or yogurt; 1½ ounces hard cheese; ⅓ cup shredded cheese; 2 ounces processed cheese; ½ cup ricotta cheese; 2 cups cottage cheese; 1 cup pudding made with milk; 1½ cups ice cream	1 ounce = 1 ounce lean cooked meat, poultry or fish; 1 egg; ½ ounce nuts or dry seeds; 1 tablespoon peanut butter; ¼ cup cooked dry beans or peas; ½ cup bean, split pea or lentil soup	3 teaspoons = 1 tablespoon of vegetable oils; 1 ounce of dry roasted nuts or sunflower seeds; 1 tablespoon of soft margarine or mayonnaise

Vitamins and Minerals

What is the best source for vitamins and minerals for healthy toddlers?

A well-balanced diet is the best source for vitamins and minerals for most toddlers. A healthy toddler whose diet follows the MyPyramid Food Guide System gets more than adequate amounts of vitamins and minerals. Even small servings of the various food groups are adequate if you pay special attention to offering good sources of iron and vitamins A and C.

Nutrition for Children with Special Health Care Needs

Consult your physician for help with nutritional issues for children with special health care needs.

Source: Hagan JE, Shaw JS, Duncan PM, eds. 2008 *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*. Third Edition. Elk Grove Village, IL: American Academy of Pediatrics.

HEALTHY SNACKS FOR OLDER TODDLERS

Offer older toddlers two or three snacks a day. Have a supply of healthy snacks available. Children should sit when eating.

Fresh fruits: diced apples, bananas, peaches

Vegetables: well-cooked and diced carrots, green beans, potatoes

Dairy products: sliced or diced cheese, fresh or frozen yogurt, milk

Breads and cereals: small pieces of pretzels or bagels

Meats and proteins: smooth peanut butter spread thin on bread, cracker or small strip of apple

**CHOKING HAZARDS FOOD LIST**

**SAFETY
HABITS**

The following foods should not be given to toddlers or children younger than age 5:

- Hard candies, jelly beans, chewing gum
- Popcorn, raisins, seeds and nuts

The following foods may be given to children between the ages of 2 and 5 only if they are cut into small pieces or strips:

- Hot dogs (slicing lengthwise before cutting crosswise reduces the risk of choking)
- Grapes or cherries (peeling, removing seeds or pits, and cutting in half reduces the risk)
- Raw carrots, apples, celery, green beans (dicing or cutting into small strips reduces the risk)
- Peanut butter (spread thinly)
- Large chunks of any food such as meat, potatoes or raw vegetables, and fruits (dice or cut into small strips)

Source: American Academy of Pediatrics, *Guide to Your Child's Nutrition*



Q: How much milk should my toddler drink daily?

A: Four – five ½-cup servings per day. Offer water when your child is thirsty. Don't overdo milk and juice between meals. Juice should be limited to four to six ounces per day.

MILESTONES**Self-Feeding**

Age	Milestone
18 months	Uses spoon. Holds cup with one hand.
36 months	Uses spoon, fork, and gets food from plate to mouth with only occasional spills

FAT IN YOUR TODDLER'S DIET

**HEALTHY
HABITS**

Dietary fat provides calories for growth and energy for active play. It is also important for healthy skin, shiny hair, vitamin absorption, and wound-healing. Fat should supply between 30 to 35 percent of your child's daily calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids.

In the first 2 years of life, children should drink whole milk (after being weaned from breast milk or formula).

After age 2, you should gradually decrease dietary fat. Do simple things like switching from whole milk to low-fat milk and decreasing the amount of fat you cook with.

MyPyramid for Kids

Daily Amounts of Food and Portion Sizes
for 3- to 5-Year-Olds*

Ages	Calorie level	Grains	Vegetables
3 years—girls	1,200	4 ounces	1½ cups
3 years—boys	1,400	5 ounces	1½ cups
4 and 5 years — boys/girls	1,400	5 ounces	1½ cups
Portion Sizes		1 ounce = 1 slice bread; 1 cup dry cereal; ½ cup cooked cereal, rice or pasta; 1 small flour tortilla, biscuit, or muffin; 3 cups popcorn; 7 saltines or snack crackers	1 cup = 1 cup cooked or chopped/diced raw vegetables or vegetable juice; 2 cups raw greens; 2 medium raw carrots; 1 large ear of corn; 1 medium boiled or baked potato; 1 large tomato

*Recommended calorie level suggested for boys and girls ages 2 through 5 years, who are moderately active (30 – 60 minutes a day of moderate physical activity in addition to daily activities).

Source: Michigan State University Cooperative Extension Service



Fruits	Milk & Milk products	Meats & Beans	Oils
1 cup	2 cups	3 ounces	4 teaspoons
1½ cups	2 cups	4 ounces	4 teaspoons
1½ cups	2 cups	4 ounces	4 teaspoons
1 cup = 1 cup sliced, chopped, raw or cooked fruits; 1 cup 100% juice; ½ cup dried fruit; 1 large banana, orange, or peach; 1 medium pear or grapefruit; 1 small apple; 3 medium plums	1 cup = 1 cup nonfat or low-fat milk or yogurt; 1½ ounces hard cheese; ⅓ cup shredded cheese; 2 ounces processed cheese; ½ cup ricotta cheese; 2 cups cottage cheese; 1 cup pudding made with milk; 1½ cups ice cream	1 ounce = 1 ounce lean cooked meat, poultry or fish; 1 egg; ½ ounce nuts or dry seeds; 1 tablespoon peanut butter; ½ cup cooked dry beans or peas; ½ cup bean, split pea or lentil soup	3 teaspoons = 1 tablespoon of vegetable oils; 1 ounce of dry roasted nuts or sunflower seeds; 1 tablespoon of soft margarine or mayonnaise

EATING HABITS

Don't allow your child to eat while watching television or playing on the computer. If your child eats while “vegging out” in front of the TV or while surfing the Internet, then eating will become a habit and not a response to hunger. Your child can take on extra calories, which add extra weight and can start a child on the slippery slope to obesity.



Vitamins and Minerals

A well-rounded diet—not calcium supplementation—is the best source for calcium.

Even if your child refuses to drink milk, there are plenty of other sources of dietary calcium:

Food Source	Calcium
Milk—8 ounces	300 milligrams
Cheddar cheese—1 ounce	205 milligrams
Calcium-fortified orange juice—½ cup	175 milligrams
Nonfat yogurt—½ cup	155 milligrams
Frozen waffle	150 milligrams
Chocolate ice cream—½ cup	75 milligrams
Cottage cheese—½ cup	75 milligrams
Broccoli, steamed—½ cup	35 milligrams



SNACKING

Use snacks to satisfy hunger, not as treats or rewards. Offer nutritious snacks one to two hours before meals. If meals are more than four hours apart, include some protein and fat to satisfy hungry appetites.



Q: How can I get my finicky eater to eat?

A: Try these ideas. Include your child in grocery shopping and food preparation. Be patient with your child and keep mealtimes pleasant. Offer nutritionally acceptable choices and model good eating behaviors such as drinking milk at meals. Be sure to praise your child for tasting new foods. Provide your child very small portions of new foods. If your child refuses a new food, offer the food again in a few weeks. Young children are discovering new foods and flavors. One study showed a new food must be offered an average of 10 times before it is accepted.

CHOKING HAZARDS

To reduce the risk of your child choking, post a list for family, friends and sitters of foods that are choking risks and are not to be given to your child. Insist that your child sit at the table to eat—no eating while running or playing. Don’t allow tickling during mealtimes and teach your child not to talk while eating. Avoid feeding your child in the car. Don’t give chewing gum to a child under 5 years of age. Make sure anyone caring for your child knows what to do if your child chokes.



MyPyramid for Kids

Daily Food Amounts and Portion Sizes for an 1,800-Calorie Diet



Grains	6 oz.	Make at least half of these whole grains.	1 ounce equivalent is about 1 slice bread, 1 cup dry cereal, or ½ cup cooked rice, pasta or cereal
Vegetables	2 ½ cups	Make them colorful.	Choose from dark green, orange, starchy, dry beans and peas, or other veggies
Fruits	1 ½ cups	Choose mostly fruit, not juice.	
Oils		They're not exactly a food group, but you need some for your health.	Get your oils from fish, nuts, and liquid oils such as corn oil, soybean oil and canola oil.
Milk	3 cups (for kids 2 – 8, it's 2 cups)	Choose fat-free or low-fat most of the time.	1 cup yogurt or 1½ ounces cheese = 1 cup milk
Meats & Beans	5 oz.	Choose lean meat, chicken and turkey, along with fish, beans, peas, nuts and seeds.	1 ounce equivalent is 1 ounce meat, chicken or turkey, or fish, 1 egg, 1 tablespoon peanut butter, ½ ounce nuts, or ¼ cup dry beans

Source: U.S. Department of Agriculture



BENEFITS OF BREAKFAST

Breakfast really matters. Studies show that children who don't eat breakfast have difficulty concentrating and staying alert at the beginning of the school day. Eating breakfast actually improves school performance and may help to prevent weight gain in adolescents.

Vitamins and Minerals

Should my school-age child take a vitamin and mineral supplement?

Vitamin and mineral supplementation is rarely required in middle childhood. If your child is healthy and eats a reasonably balanced diet, supplementation is unnecessary. Supplementation should be considered if your child has an eating disorder, poor eating habits, or if he or she follows a restrictive or alternative diet such as a fad diet, a vegan diet (excludes all food of animal origin) or a fruitarian diet (only raw and dried fruits, seeds, sprouted seeds and grains, and nuts; no cooked foods, vegetables, or animal products).

Is megavitamin therapy safe?

Megavitamin therapy (extremely large vitamin doses) is unsafe. If you are tempted to try megadose vitamin therapy for your child or for yourself, beware! Vitamins or minerals in very large amounts can lead to serious health problems. Fat soluble vitamins—A, D, E, and K—are stored in the body and, if taken in large doses, can build up to toxic levels causing problems such as deafness, kidney stones, headaches and blurred vision. When high-dose vitamin or mineral supplementation is appropriate, a physician should prescribe and monitor it.



BREAKFAST IDEAS

The following foods are easy to prepare and can be eaten for breakfast:

- cold cereal with fruit
- whole wheat toast with peanut butter
- yogurt with fruit
- whole grain toaster waffles topped with fresh or canned fruits
- breakfast bars with milk
- warmed-up leftover pizza.

The following foods can be eaten as a breakfast on-the-run:

- granola bar with milk
- bagel or toasted English muffin with peanut butter
- raisin/bran or fruit/oatmeal muffin with juice
- crackers and cheese with juice.



QUESTIONS & ANSWERS

Q: What are some good sources of fiber for my child's school lunch box?

A: Sandwiches made with whole wheat bread provide a good source of fiber. Fresh fruits and vegetables such as apples, celery and carrots are all high-fiber foods that are safe bets as child pleasers.

Food Handling

Packing School Lunches

- Purchase an insulated soft pack and an unbreakable thermos.
- Use plastic containers for crushable foods.
- Thoroughly wash and dry all reusable containers.
- Wash hands before preparing food.
- Choose foods that require no refrigeration or include a frozen ice pack.
- Wash fruit before packing.
- Peel and wash vegetables before packing.
- Pack portions that match your child's appetite.



Choosing Good Nutrition at the Vending Machine

Leave the...	Instead Choose...
potato chips	baked tortilla chips
cheese snacks	pretzels, popcorn
candy bars	granola bar, trail mix
soft drinks	water, low-fat milk or chocolate milk
ice cream	pure fruit popsicle, frozen yogurt
cookies	graham crackers, fig bars

Calorie and Nutrient Requirements for Teens

Recommended Dietary Allowances

Teens' caloric needs vary by age and activity level.

Males				Females			
Age	Sedentary	Moderately Active	Active	Age	Sedentary	Moderately Active	Active
12	1,800	2,200	2,400	12	1,600	2,000	2,200
13	2,000	2,200	2,600	13	1,600	2,000	2,200
14	2,000	2,400	2,800	14	1,800	2,000	2,400
15	2,200	2,600	3,000	15	1,800	2,000	2,400
16	2,400	2,800	3,200	16	1,800	2,000	2,400
17	2,400	2,800	3,200	17	1,800	2,000	2,400
18	2,400	2,800	3,200	18	1,800	2,000	2,400
19 – 20	2,600	2,800	3,000	19 – 20	2,000	2,200	2,400

Source: US Department of Agriculture

Other Key Nutrients

	Protein and Amino Acids (g/day)	Iron (mg/day)	Zinc (mg/day)	Calcium (mg/day)
Males 9 – 13	34	8	8	1,300
Males 14 – 18	52	11	11	1,300
Males 19 – 30	56	8	11	1,000
Females 9 – 13	34	8	8	1,300
Females 14 – 18	46	15	9	1,300
Females 19 – 30	46	18	8	1,000

Source: Institute of Medicine of the National Academies

Note: g=grams; mg=milligrams

MyPyramid Food Guide System

Daily Amounts of Food for Teens

Calorie Level	1,000	1,200	1,400	1,600	1,800	2,000	2,200	2,400	2,600	2,800	3,000	3,200
Fruits (cups)	1	1	1.5	1.5	1.5	2	2	2	2	2.5	2.5	2.5
Vegetables (cups)	1	1.5	1.5	2	2.5	2.5	3	3	3.5	3.5	4	4
Grains (oz-eq)	3	4	5	5	6	6	7	8	9	10	10	10
Meat and Beans (oz-eq)	2	3	4	5	5	5.5	6	6.5	6.5	7	7	7
Milk (cups)	2	2	2	3	3	3	3	3	3	3	3	3
Oils (tsp)	3	4	4	5	5	6	6	7	8	8	10	11
Discretionary calorie allowance*	165	171	171	132	195	267	290	362	410	426	512	648

*This is the number of calories left after accounting for all calories needed in each food group, using fat-free, low-fat, and no-added-sugar foods.

Source: U.S. Department of Agriculture

Vitamins and Minerals

Do any of the medications commonly prescribed for teenagers interact with vitamins?

Several medications commonly prescribed for teens, like oral contraceptives, certain antibiotics and the acne medicine Accutane, change the requirement for specific vitamins or minerals. Ask your child's doctor for specific directions.

Does my teenager need a calcium supplement?

Some teens may need calcium supplements. Three servings of fat-free or low-fat milk or equivalent milk products should meet daily recommendations. Teens who avoid dairy products need to increase their intake of other foods high in calcium, such as calcium-fortified orange juice. For teens with inadequate dietary calcium intake, many doctors suggest taking a nonprescription, calcium-containing antacid tablet or a soft chewable calcium supplement daily.

FOOD SUPPLEMENTS ARE SECOND CHOICE

It's better to spend your money on good foods, not on food supplements. The FDA does not regulate supplements as medication, and as a result, different brands vary in their quality and nutrient levels. If you give your children supplements, make sure to tell your physician, since they may interact with medications your children are taking.



Nutrition in the Fast Lane

Today's fast-food restaurants are offering more lower-fat, lower-calorie options than ever before. Here are some comparisons of calorie, protein, fat and sodium contents of a few menu items:

Restaurant	Menu item	Calories	Protein	Total fat	Sodium
KFC	KFC Snacker, Honey BBQ	210	14 g	3 g	530 mg
KFC	Chicken breast	360	37 g	21 g	1,020 mg
McDonald's	Ranch snack wrap (grilled)	270	18 g	10 g	830 mg
McDonald's	Big Mac	540	25 g	29 g	1,040 mg
Pizza Hut	12-inch, medium Thin 'n Crispy pizza, cheese only, 1 slice	200	10 g	8 g	570 mg
Pizza Hut	14-inch, large Stuffed Crust pizza, Meat Lovers', 1 slice	520	26 g	29 g	1,690 mg
Subway	6-inch Veggie Delight	230	9 g	3 g	500 mg
Subway	6-inch Meatball Marinara	560	24 g	24 g	1,590 mg

Note: g=grams; mg=milligrams



A GENERATION AT RISK

Soft drinks, juice and sports drinks have replaced milk as the mealtime drink of teenagers.

When teens drink a 12-ounce can of cola instead of a 12-ounce glass of milk, they lose 450 milligrams of calcium, which is one-third of their daily requirement of calcium.

Less than 10 percent of girls ages 9 to 17 get the recommended daily amount of calcium, which is crucial for building strong bones.

Calcium Needs for Teens

Children between the ages of 9 and 18 need 1,300 milligrams of calcium a day. Young adults between the ages of 19 and 24 need 1,000 milligrams of calcium per day. Adequate calcium intake in teen years is essential to build strong bones for life. Calcium can be lost from bone throughout life, but it can only be added during adolescence and through the 20s. Inadequate calcium intake during the teen years means an increased risk of osteoporosis and hip fractures later in life.



CALORIES TO GROW ON

Teens who restrict the number of calories they eat may be stunting their growth. When calories are limited, growth takes a back seat. Calories go first to provide the energy for basic life processes. Next, they provide fuel for physical activity. If there are calories left over, they are used for growth. When there are no extra calories, the teen's growth suffers. Inadequate calorie intake can also affect emotions and the body's ability to fight infection.

**HEALTH
ALERT**



USEFUL INFORMATION

THE IRON AGE

Teens require iron—considerably more than during the preteen years. Boys require the extra iron to keep up with the demands of new muscles and more blood for a bigger body. Girls require the extra iron for growth and to replace the iron lost in menstrual blood. Iron requirements are further increased for males and females who are active in athletics.

STRONG BONES BY THE GLASS

Note these calcium-filled drinks:

Drink (8 fluid ounces)	Calories	Calcium (mg)
2% milk	121	300
Skim milk	86	300
Low-fat chocolate milk	190	300
Calcium-fortified orange juice	110	350
Chocolate shake	300	250

EMPTY CALORIES THAT LEAVE HOLES

Now compare these drinks low in calcium:

Drink (8 fluid ounces)	Calories	Calcium (mg)
Coke	97	9
Diet Coke	0	12
Sweetened iced tea	80	8
Lemonade	110	8

The Skinny on Fat

Birth to 2

- To assure proper growth and brain development, half of your child's daily calories should come from fat.

2 to 3

- Fat should supply between 30 to 35 percent of your child's daily calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids. These include vegetable oils, nuts and fish.

4 to 18

- Fat should supply between 25 and 35 percent of your child's daily calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids. These include vegetable oils, nuts and fish.
- Reduce your consumption of calories from saturated fatty acids to less than 10 percent of calories. Consume less than 300 mg per day of cholesterol. Keep consumption of trans fats as low as possible.
- Check food labels for nutritional information including fat content.

Obesity Prevention

All children need regular health supervision visits with their physicians. At these visits, your child's physician will be able to monitor your child's growth and weight. Your physician will look for signs of obesity in your child—risk factors that could lead to chronic adult disease.

If your child is at risk for obesity, your doctor can help you develop strategies for weight control. For example, your physician may suggest promoting healthy eating by providing nutritious meals and snacks, encouraging physical activity, and limiting TV and computer time to fewer than two hours a day.

The Riley Hospital POWER program takes a proactive role in the prevention and treatment of youth obesity. The program's goal is to improve the health of children ages 2–18 and decrease the risks of obesity through multi-level and multi-disciplined clinical programs. Call 317-278-5888 for more information.



Choosing Vegetarianism

Many studies have shown that vegetarians seem to have a lower risk of obesity, coronary heart disease (which causes heart attack), high blood pressure, diabetes mellitus and some forms of cancer. That's why it's not surprising that some families or children decide to follow a vegetarian diet. Younger vegetarians are usually part of a family that eats vegetarian meals for health, cultural or other reasons. Older children may decide to become vegetarians because of their concern for animals, the environment or their own health.

Planning a vegetarian diet is the same as planning any healthy diet — provide a variety of foods and include foods from all of the food groups. Vegetarian diets can be healthful and nutritionally sound if they're carefully planned to include essential nutrients. However, a vegetarian diet can be unhealthy if it contains too many calories and/or saturated fat and not enough important nutrients. A balanced diet will provide the right combinations to meet nutritional needs. Just be aware of potential nutrient deficiencies in your child's diet, and figure out how you'll account for them.

Most of the time, you shouldn't be concerned if your child chooses vegetarianism; however, please take the time to talk with them about what it means and how to follow the diet, always ensuring your child makes healthy and nutritious food choices. It's important to remember all vegetarian diets are not alike and to know the differences.

Major Vegetarian Categories

Ovo-vegetarian—eats eggs, no meat

Lacto-ovo vegetarian—eats dairy and egg products, no meat

Lacto-vegetarian—eats dairy products, no eggs or meat

Vegan—eats only food from plant sources

Many other people are semi-vegetarians who have eliminated red meat, but may eat poultry or fish

Most vegetarian diets are either low in animal products or do not include them at all. They're also usually lower than non-vegetarian diets in total fat, saturated fat and cholesterol.



Vegetarian diets can meet all the recommendations for nutrients. The key is to eat a variety of foods and the right amount of foods to meet your calorie needs.

Follow the food group recommendations for your age, gender and activity level to get the right amount of food and the variety of foods needed for nutrient adequacy. Nutrients that vegetarians may need to focus on include protein, iron, calcium, zinc, and vitamin B12.

Protein has many important functions in the body and is essential for growth and maintenance. Protein needs can easily be met by eating a variety of plant-based foods. Combining different protein sources in the same meal is not necessary. Sources of protein for vegetarians include beans, nuts, nut butters, peas, and soy products (tofu, tempeh, veggie burgers). Milk products and eggs are also good protein sources for lacto-ovo vegetarians. **Iron** primarily carries oxygen in the blood. Iron sources for vegetarians include iron-fortified breakfast cereals, spinach, kidney beans, black-eyed peas, lentils, turnip greens, molasses, whole wheat breads, peas, and some dried fruits (dried apricots, prunes, raisins). **Calcium** is used to build bones and teeth and in maintaining bone strength. Sources of calcium for vegetarians include fortified breakfast cereals, soy products (tofu, soy-based beverages), calcium-fortified orange juice, and some dark green leafy vegetables (collard greens, turnip greens, bok choy, mustard greens). Milk products are excellent calcium sources for lacto vegetarians. **Zinc** is necessary for many biochemical reactions and also helps the immune system function properly. Sources of zinc for vegetarians include many types of beans (white beans, kidney beans, and chickpeas), zinc-fortified breakfast cereals, wheat germ, and pumpkin seeds. Milk products are a zinc source for lacto vegetarians. **Vitamin B12** is found in animal products and some fortified foods. Sources of vitamin B12 for vegetarians include milk products, eggs, and foods that have been fortified with vitamin B12. These include breakfast cereals, soy-based beverages, veggie burgers, and nutritional yeast.

Vegetarian Infants

The main sources of protein and nutrients for infants are breast milk and formula (soy formula for vegan infants), especially in the first 6 months of life. Breastfed infant vegans should receive a source of vitamin B12, if the mother's diet isn't supplemented, and breastfed infants and infants drinking less than 32 ounces (1 liter) formula should get vitamin D supplements. Guidelines for the introduction of solid foods are the same for vegetarian and non-vegetarian infants. Breastfed infants 6 months and older should receive iron from complementary foods, such as iron-fortified infant cereal. Once an

infant is introduced to solids, protein-rich vegetarian foods can include pureed tofu, cottage cheese, yogurt or soy yogurt, and pureed and strained legumes (legumes include beans, peas, chickpeas, and lentils).

Vegetarian Toddlers

Toddlers are already a challenge when it comes to eating. When they stop drinking breast milk or formula, children are at risk for nutritional deficiencies. After the age of 1, strict vegan diets may not offer growing toddlers enough essential vitamins and minerals, such as vitamin D, vitamin B12, iron, calcium, and zinc, so it's important to serve fortified cereals and nutrient-dense foods. Vitamin supplementation is recommended for young children whose diets may not provide adequate nutrients. Toddlers are typically picky about which foods they'll eat and, as a result, some may not get enough calories from a vegetarian diet to thrive. For vegan toddlers, the amount of vegetables needed for proper nutrition and calories may be too bulky for their tiny stomachs. During the picky toddler stage, it's important for vegetarian parents to make sure their young child eats enough calories. You can get enough fat and calories in a vegan child's diet, but you have to plan carefully.

Older Vegetarian Kids and Teens

Preteens and teens often voice their independence through the foods they eat. One strong statement is a child's decision to stop eating meat. This is common among teens, who may decide to embrace vegetarianism in support of animal rights, for health reasons, or because friends are doing it. If it's done right, a meat-free diet can actually be a good choice for adolescents, especially considering that vegetarians often eat more of the foods that most teens don't get enough of — fruits and vegetables.

A vegetarian diet that includes dairy products and eggs (lacto-ovo) is the best choice for growing teens. A more strict vegetarian diet may fail to meet a teen's need for certain nutrients, such as iron, zinc, calcium, and vitamins D and B12. If you're concerned that your child is not getting enough of these important nutrients, talk to your doctor, who may recommend a vitamin and mineral supplement.

If your vegetarian preteen or teen would rather make his or her own school lunch or opts to buy lunch, keep in mind that your child's idea of a healthy vegetarian meal may be much different from yours (e.g., French fries and a soda). Talk to your child about the importance of eating right, especially when following a vegetarian diet.

Also be wary if your child has self-imposed a very restrictive diet. A teen with an eating disorder may drastically reduce calories or cut out all fat or carbohydrates and call it “vegetarianism” because it’s considered socially acceptable and healthy.

Any type of vegetarian diet should include a wide variety of foods and enough calories to meet your energy needs.

Keep your intake of sweets and fatty foods to a minimum. These foods are low in nutrients and high in calories.

- Choose whole or unrefined grain products when possible, or use fortified or enriched cereal products.
- Use a variety of fruits and vegetables, including foods that are good sources of vitamins A and C.
- If you use milk or dairy products, choose fat-free/nonfat and low-fat varieties.
- Eggs are high in cholesterol (213 mg per yolk), so monitor your use of them. Limit your cholesterol intake to no more than 300 mg per day.

A vegetarian diet can be a healthy choice for all kids, as long as it’s properly planned.

If you aren’t sure your child is getting all necessary nutrients or if you have any questions about vegetarian diets, check in with your family doctor, pediatrician or a registered dietitian.

Sources:

HYPERLINK

“http://kidshealth.org/PageManager.jsp?dn=KidsHealth&lic=1&ps=107&cat_id=148&article_set=21639”
http://kidshealth.org/PageManager.jsp?dn=KidsHealth&lic=1&ps=107&cat_id=148&article_set=21639

www.americanheart.org/presenter.jhtml?identifier=4777

HYPERLINK

“http://www.mypyramid.gov/tips_resources/vegetarian_diets.html”
www.mypyramid.gov/tips_resources/vegetarian_diets.html

Parents: To learn more about the MyPyramid Food Guide System, contact the U.S. Department of Agriculture Center for Nutrition Policy and Promotion (see listing below).



Organizations

GENERAL NUTRITION INFORMATION

The American Academy of Pediatrics

141 Northwest Point Blvd.

Elk Grove Village, IL 60007-1098

847-434-4000 or 800-433-9016

www.aap.org

Articles and policy statements:

Breakfast Eating and Weight Change in a 5-Year Prospective Analysis of Adolescents: Project EAT (Eating Among Teens). *Pediatrics*. Vol. 121, No. 3, March 2008, pp. e638-e645. Retrieved here:

<http://pediatrics.aappublications.org/cgi/content/abstract/121/3/e638>.

Breastfeeding and the Use of Human Milk. *Pediatrics*. Vol. 115, No. 2, February 2005, pp. 496-506. Retrieved here:

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496>.

Breastfeeding

<http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;121/1/183>



Choking Prevention

www.aap.org/publiced/BR_Choking.htm

Effects of Early Nutritional Interventions on the Development of Atopic Disease in Infants and Children: The Role of Maternal Dietary Restriction, Breastfeeding, Timing of Introduction of Complementary Foods, and Hydrolyzed Formulas.

Pediatrics. Vol. 121, No. 1, January 2008, pp. 183-191. Retrieved here:

<http://pediatrics.aappublications.org/cgi/content/full/121/1/183>

Prevention of Pediatric Overweight and Obesity. *Pediatrics*. Vol. 112, No. 2, August 2003, pp. 424-430. Retrieved here:

<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;112/2/424.pdf>

Books

Hagan JF, Shaw JS, Duncan PM, eds. 2008 *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*. Third Edition. Elk Grove Village, IL: American Academy of Pediatrics.

American Dietetic Association

120 S. Riverside Plaza, Suite 2000

Chicago, IL 60606-6995

800-877-1600

www.eatright.org

American School Health Association

Food and Nutrition Council

7263 State Route 43

P.O. Box 708

Kent, OH 44240-0708

330-678-1601 (phone)

330-678-4526 (fax)

www.ashaweb.org/

Food and Drug Administration

Center for Food Safety and Applied Nutrition

Office of Nutritional Products, Labeling and Dietary Supplements

5100 Paint Branch Parkway

College Park, MD 20740

301-436-2373 (phone)

301-436-2639 (fax)

www.cfsan.fda.gov

Articles:

What Dietary Supplements Are You Taking? Does Your Health Care Provider Know?

It Matters, And Here's Why. Retrieved here: www.cfsan.fda.gov/~dms/ds-take.html.

Food and Nutrition Board

Institute of Medicine

500 Fifth St. NW

Washington, D.C. 20001

202-334-2352 (phone)

202-334-1412 (fax)

iomwww@nas.edu (e-mail)

www.iom.edu

Articles and charts: Dietary Guidelines for Americans, 2005. Retrieved here:

www.health.gov/dietaryguidelines/dga2005/document/pdf/DGA2005.pdf

Dietary Reference Intakes. Retrieved here:

www.iom.edu/Object.File/Master/7/294/Webtableminerals.pdf

Another good site for information:

www.healthierus.gov

International Food Information Council

1100 Connecticut Ave., N.W., Suite 430
 Washington, D.C. 20036
 202-296-6540 (phone)
 202-296-6547 (fax)
foodinfo@ific.org (e-mail)
www.ific.org

March of Dimes

1275 Mamaroneck Avenue
 White Plains, NY 10605
 National Office Phone:
 914-997-4488
www.marchofdimes.com

**National Institute of Arthritis and Musculoskeletal and Skin Diseases**

1 AMS Circle
 Bethesda, MD 20892-3675
 Phone: 301-495-4484
 877-22-NIAMS (64267) (phone)
 301-718-6366 (fax)
niamsinfo@mail.nih.gov (e-mail)
www.niams.nih.gov

Articles:

Osteoporosis: Peak Bone Mass in Women. Retrieved here:
www.niams.nih.gov/Health_Info/Bone/Osteoporosis/bone_mass.asp.

POWER Program

Riley Hospital for Children
 702 Barnhill Drive
 Indianapolis, IN 46202
 317-278-5888

U.S. Department of Agriculture**Center for Nutrition Policy and Promotion**

3101 Park Center Drive, 10th Floor
 Alexandria, VA 22302-1594
 703-305-7600 (phone)
 703-305-3300 (fax)
www.cnpp.usda.gov

Downloadable materials:

http://teamnutrition.usda.gov/Resources/mpk_poster2.pdf
http://teamnutrition.usda.gov/Resources/mpk_worksheet.pdf
http://www.mypyramid.gov/downloads/MyPyramid_Food_Intake_Patterns.pdf
http://www.mypyramid.gov/downloads/MyPyramid_Calorie_Levels.pdf

Specific Nutrition Issues and Concerns

Breastfeeding

**The Academy of Breastfeeding Medicine
Membership Management Services**

140 Huguenot St., Third Floor
New Rochelle, NY 10801
800-990-4ABM (4226)
914-740-2101 (fax)
www.bfmed.org

La Leche League International

P.O. Box 4079
Schaumburg, IL 60168-4079
800-525-3243 (phone)
847-969-0460 (fax)
www.llli.org/

Food Allergies

The Food Allergy & Anaphylaxis Network

11781 Lee Jackson Highway, Suite 160
Fairfax, VA 22030-3309
800-929-4040 (phone)
703-691-2713 (fax)
www.foodallergy.org

Vegetarian Nutrition

The Vegetarian Resource Group

P.O. Box 1463, Dept. IN
Baltimore, MD 21203
410-366-8343 (phone)
410-366-8804 (fax)
www.vrg.org

www.kidshealth.org/parent/nutrition_fit/nutrition/vegetarianism.html
www.americanheart.org/presenter.jhtml?identifier=4777
http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=1



Web Sites for Parents and Kids

MyPyramid

www.mypyramid.gov

The official USDA Web site for the MyPyramid Food Guide System, it contains many resources for determining individual nutrition needs, including printable pyramid posters. A special kids' section contains fun, educational activities.
(Ages 5 – 11 and adults)

Food Domain

www.fooddomain.msu.edu

This extensive Web site from the Michigan State University Cooperative Extension Service contains a number of resources for families, including printable nutrition fact sheets for infants, kids and adolescents. **Downloadable materials:**
www.fooddomain.msu.edu/bulletin/nutrition/6-12monthsbaby.4.27.pdf
www.fooddomain.msu.edu/bulletin/nutrition/Children2-5pyramid.pdf

Nutrition Café

exhibits.pacsci.org/nutrition/default.html

Nutrition Café is one of the best sites on the Web for nutrition information. It has a few games that are fun and full of information.
(Ages 5 – 10)

Dole 5-a-day

www.dole5aday.com

Created by Dole, a fruit and vegetable company, this Web site introduces several playful characters, such as Bam-Nana and Brayden Broccoli, to help kids learn about healthy foods.
(Ages 6 – 8)

Nutrition Camp

www.kelloggnutrition.com

This Web site, sponsored by Kellogg, contains basic information for parents on eating well and staying active.





Child Safety

In the Child Safety section, you'll discover the steps you can take to protect your child from common childhood injuries and lots of other useful information and hard-to-find facts about child safety.

Learn how to make your home safe for your family and other important safety tips.

IN THIS SECTION

.....

- **Bike Safety**
 - **Bullying**
 - **Falls**
 - **Choking and Suffocation**
 - **Fire Safety**
 - **Home Safety**
 - **Pedestrian Safety**
 - **Toy Safety**
 - **Water Safety**
 - **Playground Safety**
 - **First Aid**
 - **Poison Safety**
 - **Room-by-Room Checklist**
- And much more

A Letter to Parents ...

On the day your local newspaper lists the birth of your child, you probably buy a paper or get one from a friend and clip out the official announcement to put in your family record. Very likely, the newspaper list includes the names of other parents whose babies were born on the same day. Although you may not realize it, you have a lot in common with these parents. Many of the hopes and fears you have for your child are the same hopes and fears that they have for their newborn. The birth of a child (and the pregnancy) affects most of us with joy, awe, and a little bit of fear—that we might not be up to the job of parenting with all of its responsibilities—keeping the child healthy, protecting the child from harm, and helping the child grow and develop into a contributing member of society. It's a big job.

Even before your baby is born, you are concerned with your baby's safety. You purchase and install a rear-facing child safety seat in the back seat of the car ready for the ride home. Like other new parents, you have been making your home safe for your child. You are already investing time and money in the important responsibility of keeping your child safe.

Time passes. There are different dangers now. Your child is about to leave your safe home for the first day of school. You face the reality that your role in keeping your child safe is decreasing, and your child's role is increasing. Your child must know how to handle dangerous situations without you. You have been preparing for this day. Very likely, your child can give his or



her name and address, and knows to look left-right-left before crossing the street. You have been teaching your child how to stay safe in the world.

Ten years pass, and your baby-turned-teenager is preparing to drive off in the family car for the first time. Your heart skips a beat, and your stomach aches with a dull, heavy pain. You taught your child safety habits. Your child can handle the car, but what about those other new drivers? What about drivers who are drinking? What if it rains? Once again, you think about what you can do to keep your child safe. You've made your home safe for your child. You've made your child safe for the world. But now that you realize all of the risks "out there," you know you haven't done enough. You want to make the world safe for your child.

There are other parents "out there" who share your concerns—parents who used child safety seats and safety gates, and who taught their children how to cross the street safely. You've talked with them at back-to-school night, football games, and school fund raisers. They worry about the same problems you do—drugs, gangs, crime. These aren't problems that can be fixed easily, but they are problems that concerned parents can work on together. Join with these parents to tackle the problems in your community that threaten the safety of children.

All kids are our kids. Keeping your child safe can only be accomplished in a community where all children are safe. Your commitment to do all that you can to make your community safe for your child becomes your obligation to do all that you can to make your community safe for all children.

CHILDHOOD IS RISKY BUSINESS

The years of first steps, birthday bikes, swimming lessons, and after-school soccer are also the years of bumps, bruises, broken bones and worse. Children are at special risk for injury for many reasons. They don't recognize danger. They are naturally curious. They are less likely to have the skills they need to escape from dangerous situations. Their bodies are fragile and more likely to be seriously injured. Young children are not able to keep themselves safe. Their safety is the responsibility of their caregivers. Be sure everyone who cares for your young child knows and practices good safety habits, and has the energy and patience required to protect your child from danger.



HEALTHY
HABITS

Facts Every Parent Should Know About Childhood Injuries

- Childhood injuries are too frequent and too serious. Unintentional injuries are the leading cause of death and disability for children ages 14 and younger.
- The youngest children are at the greatest risk. Children ages 4 and younger are at increased risk of serious injury. They account for almost half of all deaths from unintentional injuries.
- Boys are at greater risk than girls. At every age, males are at greater risk of serious injury and injury-related death than females.
- Temperament affects risk. Children who are impulsive, have a high activity level and poor internal controls are at increased risk of unintentional injury; children who are attracted to "risk-taking" activities have the highest rate of serious injury.
- Almost all injuries are preventable. As many as 90 percent of unintentional injuries are preventable.

Source: *Safe Kids Worldwide*. For additional information and the most recent statistics, visit Injury Facts under Safe Kids USA at www.usa.safekids.org.

INJURIES ARE NOT ACCIDENTS

Accidents happen by chance. They can't be predicted. They can't be prevented.

Injuries are not accidents. They can be predicted. They can be prevented.

Knowing and using good safety habits can prevent most unintentional injuries.



USEFUL
INFORMATION

Cause of Death from Unintentional Injury in Indiana Children Ages 1 – 17: 2006

Rank	Cause	Percent of deaths
#1	Motor vehicle	53
#2	Drowning	12
#3	Suffocation	9
#4	Fire/burn	7
#5	Poisoning	5

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Available from www.cdc.gov/ncipc/wisqars.

Sports Safety

When your child begins to get interested in sports, remember to ask your doctor which sports are right for your child.

- Be sure your child wears all the protective equipment made for the sport, such as shin pads, mouth guards, wrist guards, eye protection, or helmets.
- Ask your child's coach to help you select protective equipment as well.

All bikers should wear helmets on all bike rides. Even if the bike ride is just down the driveway, your child should wear a helmet. Be consistent. Don't allow your child to ride without a helmet.

Facts Every Parent Should Know About Bike Injuries

- Bicycles are associated with more childhood injuries than any other consumer product except motor vehicles.
- Bicycles + motor vehicles = bad outcomes. Motor vehicles are involved in 90 percent of all bicycle-related deaths and 10 percent of all nonfatal bicycle-related injuries.
- “Rules of the road” are not optional. In more than 80 percent of bicycle-related deaths, the cyclist did not follow the “rules of the road” or used poor judgment—for example, riding into the street without stopping, running a stop sign or riding after dark.
- Head injuries are serious. Head injuries are the leading cause of bicycle-related deaths and the most important determinant of permanent disability.
- Helmets make a real difference. Correctly-fitted and properly-positioned bicycle helmets reduce the risk of fatal head injury by 75 percent and reduce the risk of brain injury by 85 percent.

Source: *Safe Kids Worldwide*. For additional information and the most recent statistics, visit Injury Facts under Safe Kids USA at www.usa.safekids.org.

HELMETS AREN'T JUST FOR BICYCLISTS!

Helmets should be worn for any wheeled activity such as skating; inline skating; skate boarding; winter activities such as skiing, snow boarding; horseback riding; rock and wall climbing; sports such as football and baseball; and for wheeled motorized activities such as scooters, mopeds, go-carts, snowmobiles and ATVs. **Not all helmets are the same, however.** To find out which helmet to use for your specific activity, visit the U.S. Consumer Product Safety Commission's Web site: www.cpsc.gov/CPSCPUB/PUBS/349.pdf.

USEFUL
INFORMATION



SAFETY
HABITS

BIKING SAFELY

Restrict your child's biking to sidewalks or bike paths until the age of 10 or until you feel your child is showing the skill and judgment needed to be safe in traffic.

To protect your child from injuries, be sure your child:

- Wears a bicycle helmet that meets the safety standards set by the Consumer Product Safety Commission (CPSC). The CPSC sticker can be found on the inner liner of the helmet. Check with your local police department to find the age limits for children riding on the sidewalk.
- Has a helmet that fits snugly, covers the top part of the forehead and does not slide.
- Has a bike that is the right size, in good repair, and is equipped with a working light or front reflector, rear reflector and horn.
- Knows and uses hand signals for turning left and right, slowing down and stopping.
- Rides on the right side of the road—with traffic.
- Obeys traffic signs and signals, and knows to stop and look left-right-left before entering an intersection or street, whether or not there is a stop sign.
- Wears brightly colored clothing, has shoelaces securely tied, and avoids clothing that could get caught in bike wheels.
- Does not ride at night or in bad weather.
- Never bikes while wearing headphones or earphones.
- Never rides double.
- Always has at least one hand on the handlebars.
- Bicycle helmets need to be replaced after severe impact such as a fall on the pavement.

Source: American Academy of Pediatrics and *Safe Kids Worldwide*.

Bicycle Safety for Children with Special Health Care Needs

Every child should have the chance to enjoy bicycling and to learn how to do so safely. If your child is not able to use a conventional bike, the Community Education and Child Advocacy Department at Riley Hospital for Children can provide you with information about adapted bikes and the Pedal Power program—a resource for parents, health care and rehabilitation professionals.

USEFUL INFORMATION

RILEY OFFERS RACING FOR SAFETY COURSES

in your community for children who use conventional bikes, adapted bikes, wheelchairs and power scooters. For more information, go to www.rileyhospital.org/kids1st, or call 888-365-2022.



Bullying

Bullying and Your Child

It can be hard to determine if what your child is experiencing is actual bullying or just “kids being kids.” Being called a name once or being ignored by a friend for a few days isn’t bullying. Bullying is repeated, intentional, aggressive behavior toward someone more vulnerable than the bully.



Here is a general definition of bullying: Bullying is when one child picks on another child repeatedly. It can be physical, verbal, or social. It can happen at school, on the playground, on the school bus, in the neighborhood, or over the Internet.

Types of Bullying

- **Physical:** hitting, kicking, stealing belongings
- **Verbal:** name-calling, taunting, insults
- **Psychological:** intentional exclusion, spreading rumors
- **Cyber:** sending cruel text, e-mail or instant messages; posting insults on the Internet

When Your Child Is Bullied

- Help your child learn how to respond by teaching your child how to:
 1. Look the bully in the eye.
 2. Stand tall and stay calm in a difficult situation.
 3. Walk away.
- Teach your child how to say in a firm voice:
 1. “I don’t like what you are doing.”
 2. “Please do NOT talk to me like that.”
 3. “Why would you say that?”
- Teach your child when and how to ask for help.
- Encourage your child to make friends with other children.
- Support activities that interest your child.
- Alert school officials to the problems and work with them on solutions.

- Make sure an adult who knows about the bullying can watch out for your child's safety and well being when you cannot be there.

When Your Child Is the Bully

- Be sure your child knows that bullying is never OK.
- Set firm and consistent limits on your child's aggressive behavior.
- Be a positive role model. Show children they can get what they want without teasing, threatening or hurting someone.
- Use effective, non-physical discipline, such as loss of privileges.
- Develop practical solutions with the school principal, teachers, counselors and parents of the children your child has bullied.

When Your Child Is a Bystander

- Tell your child not to cheer on or even quietly watch bullying.
- Encourage your child to tell a trusted adult about the bullying.
- Help your child support other children who may be bullied. Encourage your child to include these children in activities.
- Encourage your child to join with others in telling bullies to stop.

For more information, go to the AAP Web site:

www.aap.org/family/healthychildren/08school/self%20esteem.pdf

Source: American Academy of Pediatrics Web site: <http://safetynet.aap.org/>

Online Bullying Prevention Resources for Parents

• Stop Bullying Now

<http://stopbullyingnow.hrsa.gov>

(English/Español)

Web site of the Health Resources and Services Administration.

• Bullying Fact Sheet for Teens

www.safeyouth.org/scripts/teens.asp

(English/Español)

Web site of The National Youth Violence Resource Center by the Centers for Disease Control and Prevention.

It's a fact—babies explore their environments and will put anything and everything into their mouths. That's why it's important to never leave small objects within your baby's reach, even for a moment.

- NEVER feed your baby hard pieces of food such as chunks of raw carrots, apples, hot dogs, grapes, peanuts, and popcorn.
- Cut all the foods you feed your baby into thin pieces to prevent choking.
- Be prepared if your baby starts to choke. Ask your doctor to recommend the steps you need to know.

Follow these steps to prevent possible suffocation and reduce the risk of sudden infant death syndrome (SIDS).

- Your baby should always sleep on his or her back
- NEVER put your baby on a waterbed, beanbag or anything that is soft enough to cover the face and block air to the nose and mouth.
- Plastic wrappers and bags form a tight seal if placed over the mouth and nose, and may suffocate your child. Keep them away from your baby.

CHOKING HAZARDS FOOD LIST

The following foods should not be given to toddlers or children younger than age 5:

- Hard candies, jelly beans, chewing gum
- Popcorn, raisins, seeds and nuts

The following foods may be given to children between the ages of 2 and 5 only if they are cut into small pieces or strips:

- Hot dogs (slicing lengthwise before cutting crosswise reduces the risk of choking)
- Grapes or cherries (peeling, removing seeds or pits, and cutting in half reduces the risk)
- Raw carrots, apples, celery, green beans (dicing or cutting into small strips reduces the risk)
- Peanut butter (spread thinly)
- Large chunks of any food such as meat, potatoes or raw vegetables, and fruits (dice or cut into small strips)

Source: American Academy of Pediatrics, *Guide to Your Child's Nutrition*

HEALTH
ALERT



CHOKING RISKS AND YOUR CHILD WITH SPECIAL HEALTH CARE NEEDS

If your child with special needs has difficulty swallowing, use extra care with feeding and food preparation. Children who continue to “mouth” objects are also at increased risk for choking. All caregivers must be especially careful.



Be Ready to Rescue

Know how to do CPR (cardiopulmonary resuscitation), and relieve an obstructed airway in infants and children. To locate a CPR class, contact your local hospital, fire department or Red Cross. Be sure to enroll in a class that teaches CPR and airway rescue techniques for infant and children as well as adults. If you prefer learning at home, self-instructional learning kits developed by the American Heart Association (AHA) and the American Academy of Pediatrics (AAP) can be purchased for about \$35 per kit. The kits, CPR Anytime and Infant CPR Anytime, are appropriate for the instruction of parents, grandparents, siblings, babysitters and friends, and contain everything required to learn and practice CPR and choking rescue skills, including an instructional DVD and an inflatable manikin. For information about ordering these kits, call 1-877-AHA-4CPR, or visit www.cpranytime.org.

Obtain several copies of written CPR, choking rescue and first aid instructions.

Place one chart on display in a convenient and highly visible location, such as on your refrigerator door, the back of your kitchen or bathroom door, or the family bulletin board. Keep a chart with every first-aid kit (home, car). For away-from-home emergencies, carry a chart with you in your tote, suitcase or the baby's diaper bag. A 3-in-1 First Aid, Choking, CPR Chart is available from the American Academy of Pediatrics (AAP). You can order a copy by calling 888-227-1770 or ordering online from the AAP.

Post a list of emergency numbers beside every phone. (See sample Emergency Information form at the back of this book.)

Teach your children how and when to call 911.

When calling 911, speak slowly and clearly, and provide the following information:

- Your first and last name, and phone number.
- Full address, including identifying landmarks.
- What happened.
- What is being done.
- The condition of the child at the time of the call.
- Request emergency instructions.
- Stay on the line until the 911 dispatcher tells you to hang up.

USEFUL INFORMATION

If your child does eat something that could be poisonous, call the Poison Help Line at 1-800-222-1222.

Falls are the leading cause of injury in children. Babies fall from changing tables. Toddlers fall out of high chairs. Preschoolers fall out of bed. School-age kids fall on the playground. Teenagers fall during athletic activities. Your job as a parent is to protect your child. You won't be able to protect your child from all falls, but you must do everything possible to protect your child from serious falls. Check every area every time for hazards. Don't fall down on your job of preventing falls. No exceptions! No excuses! No regrets!



Maintaining a Safe Environment

Falls are a concern for infants and children of all ages. If your child has a serious fall or does not act normally after a fall, call your doctor.

- Babies wiggle and move and push against things with their feet soon after they are born. Even these very first movements can result in a fall.
- Install operable window guards on all windows above the first floor.
- Do not use a baby walker since he may tip the walker over, fall out of it, or fall down stairs and seriously injure his head.
- As your child develops new abilities, he will fall down often.
- Protect your child from injury by putting gates on stairways and doors.
- Remove sharp-edged or hard furniture from the room where your child plays.
- To prevent serious falls, lock the doors to any dangerous area.
- Remove sharp-edged furniture from the room your child plays and sleeps in.
- At 1 – 2 years of age, your child starts to walk well and climbs, jumps, and runs as well. A chair left next to a kitchen counter, table, or window allows your child to climb to dangerously high places. Remember, your child does not understand what is dangerous.

- At ages 2 – 4, your child's abilities are so great now that he will find an endless variety of dangerous situations at home and in the neighborhood. He 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, woodchips, or bark) maintained to a depth of at least 9 inches underneath play equipment.
- Lock the doors to any dangerous areas.
- If window guards are used on floors 2 – 6, they should be able to be easily removed by older children and adults if there is a fire.





Firearms and Families

It's a fact that children who live 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.

The best way to keep your children safe from injury or death from guns is to NEVER have a gun in the home:

- Do not purchase a gun, especially a handgun.
- Remove all guns present in the home.
- Talk to your children about the dangers of guns, and tell them to stay away from guns.
- Find out if there are guns in the homes where your children play. If so, talk to the adults in the house about the dangers of guns to their families.

For those who know of the dangers of guns but still keep a gun in the home:

- Always keep the gun unloaded and locked up.
- Lock and store the bullets in a separate place.

Make sure to hide the keys to the locked boxes. It is best to keep all guns out of the home. Handguns are especially dangerous.



While it is good to teach your children not to touch a gun, it is the gun owner's responsibility to keep the gun appropriately secured. The safest plan is not to have a gun in the home where children live and play. When your child visits other homes, ask if there is a gun in the home and how it is stored.

Source: American Academy of Pediatrics Web site, www.aap.org



As children grow, they begin to grab everything. It's important to remember not to leave cups of hot coffee on tables or counter edges. Never carry hot liquids or food near your child or while holding your child. He or she could get burned.

If you allow your child to crawl or walk around stoves, wall or floor heaters, or other hot appliances, he may get burned. A safe place for your child while you are cooking, eating, or unable to provide your full attention is the playpen, crib, stationary activity center, or buckled into a high chair.

If your child does get burned, put the burned area in cold water immediately. 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 120 degrees Fahrenheit. In many cases, you can adjust your water heater.

Source: American Academy of Pediatrics Web site, www.aap.org

Fireworks Safety for Families

Even though they are fun, fireworks are dangerous. Fireworks can result in severe burns, scars and disfigurement that can last a lifetime. Even fireworks that are often thought to be safe, (i.e. sparklers) can reach temperatures above 1,000 degrees Fahrenheit, and can burn users and bystanders.

Families should attend community fireworks displays run by professionals rather than using fireworks at home. The American Academy of Pediatrics recommends prohibiting public sale of all fireworks, including those by mail or the Internet.

Source: American Academy of Pediatrics Web site, www.aap.org

Fire Safety at Home

Help keep your family safe year round by implementing the following tips from the American Academy of Pediatrics (AAP).

Keeping Your Family Safe

- Never leave small children alone in the home, even for a minute.
- Place a barrier around open flames.
- Do not allow children to play near fireplaces, radiators, space heaters or kitchen stoves.
- Do not wear loose-fitting clothing near a stove, fireplace, or open space heater.

Fire Prevention

- Do not smoke in your home, especially in bed.
- Dispose of cigarette butts, matches, and ashes with care.
- Keep matches and lighters away from children.
- Be sure your gas water heater is off the ground. Spilled flammable liquids will be ignited by the pilot light.
- Have your heating system and fireplace checked and cleaned yearly. Fall is a great time to do this.
- Leave plenty of room around space heaters. They should be at least 3 feet from anything that might burn, like curtains and furniture. Turn space heaters off and unplug them when you go to bed or leave the home.
- Check electric appliances and cords regularly for wear or loose connections.
- Use only appropriate fuses for lighting circuits. Never use a substitute for a fuse.



Family Preparedness

- Install long-life smoke alarms with lithium-powered batteries on every level of your home, especially in furnace and sleeping areas.
- Test smoke alarms once a month. If long-life alarms are not available, change the batteries at least once a year.
- Plan several escape routes from the house. Plan a place to meet right after leaving the house.
- Conduct home fire drills with your family. Even preschool-aged children (3 and older) can begin to learn what to do in case of a fire.
- Place fire extinguishers around the home where the risk of fire is greatest—in the kitchen and furnace room, and near the fireplace.

In Case of a Fire

- Get everyone outside right away. Go to your planned meeting place.
- Do not stop to dress or put out the fire. (Most deaths occur from suffocation due to hot fumes and smoke, not from direct burning.)
- Call the fire department from a neighbor's house.

Source: American Academy of Pediatrics Web site, www.aap.com

Adapted from “AAP TIPP® – The Injury Prevention Program Safety Slip “Protect Your Home Against Fire. . . Planning Saves Lives” and “Keep Your Family Safe: Fire Safety and Burn Prevention at Home”)

FIRE SAFETY AND YOUR CHILD WITH SPECIAL HEALTH CARE NEEDS



If your child has a disability or health care need, think about how his/her disability or health care need may affect your planning and response to a fire emergency. Notify your local fire department members of your child's particular needs before a fire so they can help you plan ahead for a safe escape, review your plan and also be ready to respond to your child's needs in a fire emergency. Be sure to include all other members of your household in making and practicing your escape plan, too.

Before setting your emergency evacuation plan into place for your child with disabilities or health care needs, check with your primary care physician. Not all disabilities are the same; the evacuation process needs to be an individualized plan.

Identify two ways out of every room and every building, and make certain everyone knows to go to an established meeting place outside your home. Install alarms on every level of your home and outside all sleeping areas. Use smoke alarms that use strobe lights to alert people who are deaf or hard of hearing of a fire. Other alarms also shake the bed to wake a person. Practice your plan regularly, and let other neighborhood families, friend and care providers know about the plan, too.

For more information about fire safety and children with disabilities and other health care needs, visit the links below, or for information about adapted fire safety products, call the Riley Safety Store at 888-365-2022.

www.rileyhospital.org/kids-1st

www.escapesafe.org (emergency evacuation for children with disabilities)

SAFETY
HABITS

INSTALL A SMOKE ALARM in or near every sleeping area and on each level of the home, including the basement. Test them monthly, and change the batteries twice a year.

Home Safety

Room-by-Room Checklist

Is your home a safe place for your child? The American Academy of Pediatrics developed the following checklist to help you prevent serious injury or even death. This checklist is just the beginning...research home safety at your local library or on the Internet.

YOUR CHILD'S BEDROOM

- Never leave your child unattended. Keep needed supplies within arm's reach. Try to keep a hand on your infant at all times.
- Make sure your drapes and blind cords are out of reach since loose cords can strangle young children. Check the cords in your other rooms as well. Keep the cords tied up high without loops.
- If you use baby powder, pour it carefully. Keep the powder away from your baby's face. (Reports have indicated that talc or even cornstarch can injure a baby's lungs.)

Crib

- Lower the risk of Sudden Infant Death Syndrome (SIDS). All healthy babies younger than 1 year should sleep on their backs at all times, including naptime and at night.
- A crib with a firm mattress and a fitted sheet is the safest place for your baby to sleep.
- Keep pillows, quilts, comforters, sheepskins and stuffed toys out of your baby's crib since they can cover baby's face.
- Don't put bulky items in your baby's crib. Your baby could use them as a step for climbing out of the crib.
- Don't hang anything with strings or ribbon over your baby's crib.
- Make sure the crib has no raised corner posts or cutouts. Don't put loose clothing on your baby since it can snag and even strangle your baby.
- Slats on your crib should be not more than 2 3/8 inches apart. Widely spaced slats are dangerous because your baby can get his head caught in them.
- Use a mattress that fits snugly in the crib so your baby cannot slip between the sides of the crib.
- Tighten all the screws, bolts and other hardware so the crib is sturdy and will not collapse.



Other Bedroom Safety Measures

- Night-light. Keep night-lights away from drapes or bedding where they can start a fire. Buy only cool night-lights that do not get hot.
- Smoke Alarms. Install smoke alarms outside every bedroom (or any sleeping area), in furnace areas and on every level of your home, including the basement.
- Buy alarms with long-life lithium batteries. Standard batteries should be changed every year. Remember to test your alarms every month to make sure they are working.
- Window Guards. Make sure your window guards are secured to prevent a child from falling out the window.
- Outlets. Use plug protectors in all outlets of your home to prevent your child from being burned or shocked from sticking his finger or other objects into the outlet.
- Toy chest. The best toy chest to use is a box or basket without a lid. If you have a toy chest with a lid, make sure it has hinges that hold the lid open so your child's fingers will not be pinched. In addition, the toy chest should have air holes in case your child gets trapped inside.
- Humidifier. Use a cool-mist humidifier that will avoid burns. Clean it often since bacteria and mold will grow in it.



THE KITCHEN

- Use a cabinet with child locks to store knives or other sharp utensils, as well as dishwasher detergent and other cleaning supplies.
- Keep chairs and stools away from counters and the stove to prevent your child from climbing on them and falling.
- Keep your child away from the stove when you are cooking.
- On your stove, use the back burners. Point pot handles toward the back of your stove to keep them out of your child's reach.
- Keep electrical appliances—and appliance cords—out of your child's reach and unplugged when not in use.
- Make sure your child's high chair is sturdy and has a seat belt with a crotch strap.
- Put a fire extinguisher in the kitchen. Make sure it works, and know how to use it.

THE BATHROOM

- When your child is in the bathtub, always stay within an arm's reach. Bathtub drowning often occurs when a parent leaves an infant or child alone or with another child.
- Keep the bathroom door closed when it's not being used. Keep the toilet seat down, and consider using a toilet lid latch. Use a doorknob cover to keep your child out of the bathroom when you're not there.
- For the safety of you and your child, use a nonskid bath mat on the floor.
- Keep all medicines, toiletries, cosmetics and cleaning supplies out of the reach of your child. Store these items in cabinets with child locks. Make sure all medicines have child-resistant caps on them.
- Keep hair dryers, curling irons and other electrical appliances unplugged and out of your child's reach.
- Make sure bathroom outlets have ground fault interrupters (GFI's).
- Check your water temperature. To avoid burns, the water temperature should be no more than 120 degrees Fahrenheit. (Many times, to change the temperature, you can adjust the hot water heater.)

THE FAMILY ROOM

- Pad the edges and corners of tables.
- Keep houseplants out of your child's reach. Some can be poisonous.
- Secure your TV and other heavy items so they won't tip over.
- Check all electrical cords. Frayed, worn or damaged cords should be replaced. Never overload outlets. Cords should run behind furniture and not hang down so that children can pull them. Remove any cords you are not using.
- Put a barrier around the fireplace or other hot sources.
- Store matches and lighters out of your child's reach or in a cabinet with child locks.
- Teach your child that lighters and matches are only for adults.

Make every ride a safe ride. Don't let things like being on vacation, being in a hurry, being late or going on a long ride wear you down. Even when you feel too tired to move, transfer your child's safety seat to the car in which your infant will be riding. And, if your own father tries to talk you out of putting your fussing baby in that "awful car seat way back there with nothing to look at" and if he goes on to tell you about that coast-to-coast car trip where you sat happily on your mother's lap in the front seat for the whole trip, don't give in. You know the right thing to do, so do it. Make every ride a safe ride. No exceptions! No excuses! No regrets!



Protect Your Child from Motor Vehicle Injury

HEALTH ALERT



MOTOR VEHICLE SAFETY AND YOUR CHILD WITH SPECIAL NEEDS

If you have a child with special needs or with certain health problems, your child may require special adaptive equipment for safe and comfortable transportation. There are a number of resources you can use, beginning with the car seat safety program in the hospital where your child was born. You can also call the Automotive Safety Program at Riley Hospital at 317-274-2977 or 800-543-6227.

Infants should ride rear facing in an infant only or a convertible car safety seat until they reach the highest weight or height allowed for use by the manufacturer of the seat. When infants reach the weight or height limit for the infant only seat, which usually is 20-22 pounds or when the head is within an inch of the top of the seat, they should transfer to a convertible seat used rear facing. The convertible seat can be used rear facing to 30-35 pounds or until the child's head is within an inch of the top of the seat. Infants should ride rear facing to **at least** one year **and at least** 20 pounds. Children in the second year of life are five times less likely to have serious injury or die in a crash rear facing than forward facing.

All children are safest in the rear seat, and a rear-facing car safety seat should never be placed in front of a passenger air bag as death and serious injury can occur to a child from an inflating air bag.

Older children who can no longer ride rear facing should ride in the back seat in a forward facing car safety seat with a full harness. Seats with harnesses are for children up to 40-65 pounds depending on the seat and until the child's ears reach the top of the back of the car safety seat.

The harnesses should be in slots at or below the child's shoulders when rear facing and at or above the shoulders and for some seats in the top slots when forward facing.

Booster seats are important for children who have outgrown car safety seats with a full harness but are not yet **at least** 8 years old or for whom the seat belt does not fit—usually when 4' 9" tall. Booster seats help make the seat belt fit until the child is

large enough for the lap-shoulder belt to fit well across the strongest body parts. The seat belt fits when the shoulder belt crosses the mid-chest, the lap belt is low and flat across the upper legs and the child's knees bend over the edge of the seat when his bottom is against the back of the vehicle seat. The shoulder belt should never be under the arm or behind the child's back.

All children under age 13 should sit in the back seat of the car, using the restraint that protects the child the best. The back seat is safer than the front seat, even when there is no air bag on the passenger side.

Car Safety Seat Installation Online Resources for Parents

Child Safety Seat Inspection Station Locator: www.seatcheck.org
(English/Espanol)

Child Passenger Safety Technician is available to answer questions about car safety seat installation: www.safekids.org (Find a tech)

Indiana Resources: www.preventinjury.org

National Highway Traffic Safety Administration (NHTSA): www.nhtsa.dot.gov
(see child passenger safety)

Air Bags and Children

Air bags are dangerous for children under age 13 as well as any passenger not properly positioned. Passenger air bags have caused the death of more than 150 children. Almost all of these children were improperly or unrestrained at the time of the crash. Air bags inflate only in front end crashes. They inflate at tremendous speeds of up to 200 miles per hour. The bag loses air immediately after it inflates.

The cause of death from air bags is injury to the head or neck. The injury to infants in rear facing car safety seats is caused by the inflating bag hitting the back of the seat causing severe force on the infant's head. Children in forward facing seats are hit in the head and neck causing severe spine and head injuries.

Source: American Academy of Pediatrics, www.aap.org

Pedestrian Safety

No exceptions! No excuses!
No regrets! Be a good pedestrian safety role model. Most parents are faithful in teaching their children about pedestrian safety. Children are taught to cross at a crosswalk or corner and to obey traffic signals. Children hear what their parents say, but children also see what their parents do. Many parents have a different set of rules for themselves. Parents jaywalk, and parents frequently cross a street with the "Don't Walk" sign blinking. When children hear one thing and see another, safety rules seem more like safety "suggestions." If you want your child to believe that rules are rules and you want your child to follow those rules, then you need to follow the rules. Be a good role model. No exceptions! No excuses! No regrets!



Facts Every Parent Should Know About Pedestrian Injuries

- Pedestrian injury is the second leading cause of injury-related deaths in children ages 5 – 9.
- More than 500 toddlers ages 1 and 2 are killed in pedestrian accidents each year. The majority of these deaths occur when a toddler is struck by a car backing down a driveway.
- About half of all child pedestrian deaths occur between 4 – 8 p.m.

Source: *Safe Kids Worldwide*. For additional information and the most recent statistics, visit Injury Facts under Safe Kids USA at www.usa.safekids.org.

PEDESTRIAN SAFETY AND THE CHILD WITH SPECIAL HEALTH CARE NEEDS

If your child uses a wheelchair on sidewalks or streets, make certain the wheelchair is properly marked with reflective tape or lights. Adding a bike flag to the wheelchair makes it more visible in crowded areas.

USEFUL
INFORMATION

STREET SAFETY

Never let your child play near the street. Your child may dart out into traffic without thinking. The park or playground is the best place to play. Begin to teach your child safe street habits. Teach your child to stop at the curb, then look to the left, to the right, and back to the left again. Teach your child never to cross the street without a grown-up.



SAFETY
HABITS

Poison Safety

Children can get very sick if they are poisoned. Children ages 1-3 are at highest risk.

Young children may put anything in their mouths. This is part of learning. Many household products can be poisonous if swallowed, if in contact with the skin or eyes, or if inhaled.

Common Examples

MEDICINES: Vitamins and minerals, cold medicine, allergy and asthma medicine, ibuprofen, acetaminophen

HOUSEHOLD PRODUCTS: Moth balls, furniture polish, drain cleaners, weed killers, insect or rat poisons, lye, paint thinners, dishwasher detergent, antifreeze, windshield washer fluid, gasoline, kerosene, lamp oil

There is more of a danger of poisoning when you are away from home, especially at a grandparent's home.

Safety Rules

- Keep harmful products locked up and out of your child's sight and reach.
- Use safety latches or locks on drawers and cabinets where you keep dangerous items.
- Take extra care during stressful times.
- Call medicine by its correct name. You do not want to confuse the child by calling medicine candy.
- Always replace the safety caps immediately after use.
- Never leave alcohol within a child's reach.
- Seek help if your child swallows a substance that is not food. Call the Poison Help Line at 800-222-1222 or your doctor. Don't make your child vomit.
- Keep products in their original containers. Never put non-food products in food or drink containers.
- Read labels with care before using any product.
- Teach children not to drink or eat anything unless an adult gives it.
- Do not take medicine in front of small children. Children tend to copy adult behavior.



- Don't flush drugs down the toilet or drain, unless the label or accompanying patient information specifically instructs you to do so (source: National Drug Control Policy's federal guidelines).
- To dispose of prescription drugs that aren't labeled to be flushed, find out if there is a community drug take-back program or other programs such as household hazardous waste collection events. Call your city or county government's household trash and recycling service to ask if a drug take-back program is available (source: www.WhiteHouseDrugPolicy.gov).
- Get rid of substances used for old-fashioned treatments such as oil of wintergreen, boric acid, ammoniated mercury, oil of turpentine, and camphorated oil.

Source: American Academy of Pediatrics Web site, www.aap.org

POISON SAFETY AND THE CHILD WITH SPECIAL HEALTH CARE NEEDS

USEFUL INFORMATION

Some children with special needs continue the toddler's habit of exploring objects by mouthing them. Children who continue to mouth objects are frequently unaware that they are in danger of choking or poisoning.

Every place that your child receives care should be regularly checked for objects that are dangerous. Every person who cares for your child should be aware of the need for increased caution and the importance of keeping items out of reach.

HEALTH ALERT



SEEK HELP if your child swallows a substance that is not food. Call the Poison Help Line at 800-222-1222 or your doctor. Don't make your child vomit.

Keep these telephone numbers by your phone.

Doctor _____

Hospital _____

Poison Help Line **800-222-1222**

Protect Your Child from Lead Poisoning

Ask your doctor about blood lead screening if your child lives in or regularly visits a house or child care facility built before 1950 or a home built before 1978 that is being remodeled or has been remodeled in the last six months.

Also check with your doctor if your child has a sibling or playmate who has or had a high blood lead level.

Source: American Academy of Pediatrics

Carbon Monoxide Poisoning

- Each year, nearly 30 children ages 14 and younger die from carbon monoxide poisoning.
- Half of all carbon monoxide-related deaths could be prevented by a carbon monoxide detector.

Source: *Safe Kids Worldwide*. For additional information and the most recent statistics, visit Injury Facts under Safe Kids USA at www.usa.safekids.org.



Online Carbon Monoxide Resource for Parents:

www.epa.gov/iaq/co.html —Web site of U.S. Environmental Protection Agency (English/Español)



PROTECT YOUR CHILD FROM CARBON MONOXIDE POISONING

Install carbon monoxide alarms near bedrooms and on each floor of your home. Make sure that space heaters, furnaces, fireplaces and wood-burning stoves are properly vented and inspected each year.

Toy Safety

Buying Safe Toys for Children

When buying toys for children, safety should always come first. Each year thousands of children are injured by toys. Here are some tips to learn what to look for when buying toys as well as some simple ideas about how to prevent injury.

Most injuries from toys are minor cuts, scrapes, and bruises. However, toys can cause serious injury or even death. This happens when toys are dangerous or used in the wrong way.

Tips for Buying Toys

- Read the label. Warning labels give important information about how to use a toy and for what ages the toy is safe.
- Think LARGE. Make sure all toys and parts are larger than your child's mouth to prevent choking.
- Avoid toys that shoot objects into the air.
- Avoid toys that are loud to prevent damage to your child's hearing.
- Look for stuffed toys that are well made. Make sure all the parts are on tight and seams and edges are secure. It should also be machine washable.
- Avoid toys that have small bean-like pellets or stuffing that can cause choking or suffocation if swallowed.
- Buy plastic toys that are sturdy so they won't break.
- Avoid toys with toxic materials that could cause poisoning; make sure the label says "nontoxic."
- Avoid hobby kits and chemistry sets for any child younger than 12 years.
- Electric toys should be "UL Approved."
- Do not buy or put up crib toys with wires or strings that hang in a crib to prevent strangulation.



Follow age recommendations on the toys since they offer information about the following:

- Safety of the toy (for example, if there are any possible choking hazards)
- Ability of a child to play with the toy
- Ability of a child to understand how to use a toy
- Needs and interests at various levels of a child's development

Recalled Toys

One of the Consumer Product Safety Commission's goals is to protect consumers and families from dangerous toys. It sets up rules and guidelines to ensure products are safe and issues recalls of products if a problem is found. Toys are recalled for various reasons, including unsafe lead levels, choking or fire hazards, or other problems that make them dangerous. Toys that are recalled should be removed right away. If you think your child has been exposed to a toy containing lead, ask your child's doctor about testing for elevated blood lead levels.

If you are not sure about the safety of a toy or want to know if a toy has been recalled, see the CPSC Web site (www.cpsc.gov) for photos and descriptions of all recalled toys.

Source: American Academy of Pediatrics Web site, www.aap.org

Water Safety

Young children drown in swimming pools, other bodies of water and even standing water around the home in these places of danger:

- Bathtubs, even with baby bathtub "supporting ring" devices
- Buckets and pails, especially 5-gallon buckets and diaper pails
- Ice chests with melted ice
- Hot tubs, spas and whirlpools
- Irrigation ditches, post holes and wells
- Fish ponds, fountains

Remember to watch your child at all times when he or she is near water. Children can drown in as little as 2 inches of water. Adult supervision is needed. Even the presence of a pool lifeguard isn't a safe substitute for adult supervision.

Other Safety Rules

- Empty all the water from a bathtub, pail, or any container of water immediately after use—do not leave them filled and unattended.
- Keep the door to the bathroom closed, and keep young children out of the bathroom unless they are closely watched.
- Teach others in the home to keep the bathroom door closed, and install a hook-and-eye latch or doorknob cover on the outside of the door.
- NEVER leave your child alone in or near a bathtub, pail of water, wading or swimming pool, or any other water, even for a moment.
- Knowing how to swim does NOT make your child water safe when he is very young.
- Stay within an arm's length of your child around water.
- If you have a swimming pool, now is the time to install a fence that separates the house from the pool. The pool should be fenced in on all 4 sides. Most children drown because they fall into a pool that is not fenced off from the house.
- Use a rigid, lockable cover on hot tubs, spas, or whirlpools, or fence in all four sides as you would a swimming pool.



- Set your water heater thermostat so that the hottest temperature at the faucet is 120 degrees Fahrenheit to avoid burns.
- Throw away or tightly cover water or chemical mixtures after use.
- Learn CPR and know how to get emergency help.

Make Swimming Pools Areas Safe

Swimming pools can be quite dangerous for children. If possible, wait to install a swimming pool in your yard until your children are older.

Protect Children From Drowning

- Never leave your children alone in or near the pool, even for a moment.
- No diving in a pool that is not deep enough.
- Practice touch supervision with children younger than 5 years. This means that the adult is within an arm's length of the child at all times.
- Keep rescue equipment (such as a shepherd's hook or life preserver) and a telephone by the pool.
- Do not use air-filled "swimming aids" as a substitute for approved life vests.
- Remove all toys from the pool after use so children aren't tempted to reach for them.
- After the children are done swimming, secure the pool so they can't get back into it.
- A power safety cover that meets the standards of the American Society for Testing and Materials (ASTM) may add to the protection of your children but should not be used in place of the fence between your house and the pool.
- Empty blow-up pools after each use.
- No tricycles or other riding toys at poolside.
- No electrical appliances near the pool.
- No running on the pool deck.

Swimming Lessons — When to Start

Children are generally not developmentally ready for formal swimming lessons until after age 4. Also, swimming lessons for infants and toddlers do not necessarily make them safer in or around the water and are not a recommended means of drowning prevention at these ages.

If you want to enroll your small child in a swimming program, choose one that doesn't require him to put his head under water (swallowing too much water can make your child sick). Also, find a program that lets you swim with your child.

Even a child who knows how to swim can drown a few feet from safety. Also remember that even a child who knows how to swim needs to be watched at all times. No one, adult or child, should ever swim alone.

Older children and teens are also at risk from drowning, even if they know how to swim. They often drown while swimming in unsupervised places such as water-filled quarries, rivers, or ponds. Although many teens can swim well, they often encounter risky situations that they might not recognize, such as rough currents, surf, and sharp rocks. Alcohol is also a factor in many drowning among teens.

Source: American Academy of Pediatrics Web site, www.aapp.org

USEFUL INFORMATION

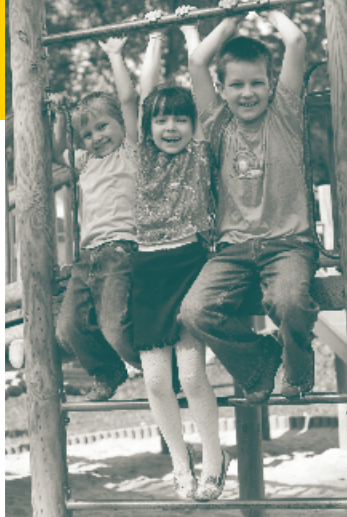
YOU MUST PUT UP A FENCE AROUND YOUR POOL

that is at least 4 foot high and covers all four sides. Chain-link fences are very easy to climb and are not recommended as pool fences. Most young children who drown in pools wander out of the house and fall into the pool. Use gates that self-close and self-latch, with latches higher than your children's reach.

Following these general guidelines will make your home playground a safe and fun place to play.

- Carefully supervise young children as they use playground equipment. Keep children from shoving, pushing or fighting.
- The surface under playground equipment should be energy absorbent. Use safety-tested mats or loose full materials (shredded rubber, sand, wood chips or bark) maintained to a depth of at least 9 inches.
- Install the protective surface at least 6 feet (more for swings and slides) in all directions from the equipment.
- Swing seats should be made of something soft, not wood or metal.
- Children should not twist swings, swing empty seats, or walk in front of moving swings.
- Put home playground equipment together correctly. It should sit on a level surface and be anchored firmly to the ground.
- Cap all screws and bolts. Check periodically for loose nuts and bolts and broken, rusty, or sharp parts.
- Install playground equipment at least 6 feet from fences or walls.
- Check for hot metal surfaces on equipment such as those on slides, which could cause burns.
- Never attach ropes, jump ropes, clotheslines, or pet leashes to playground equipment because children can strangle on them.

Sources: American Academy of Pediatrics Web site, www.aap.org, and Riley Hospital for Children Trauma Center staff.



When Disaster Strikes, Will You Be Ready?

Imagine what you would do if your family were to experience a sudden disaster such as a house fire or flood. Would you know how to get out of your house safely, where to meet or whom to call? There are many things you can do to help your family become better prepared for a disaster.



U.S. Department of Homeland Security Tips to Prepare for a Disaster

- Develop a disaster plan, and review your plan every six months.
- Practice fire drills and evacuation of your home twice a year.
- Assemble an emergency kit that has a three-day supply of food and water for each member of your family. You may also want to keep a smaller version of your emergency kit in each car in case you are driving when a disaster strikes.
- Find at least two ways to get out of each room in your home in case there is a fire and you need to get out quickly.
- Designate two meeting places for your family in the event of an emergency. One should be right outside your home and the other outside your neighborhood if it is unsafe to return home. Don't just tell your children where the meeting place is — walk with them to the meeting place before any emergencies occur to make sure they understand where to go.
- Complete an emergency contact card, and make copies for each member of your family. Your card should include a contact person outside your area in case there is a local disaster.
- Keep a portable medical history that provides emergency responders with your child's medical history should medical care be needed.

In addition, teach your children how and when to call 911 or your local Emergency Medical Services number as soon as they are able to talk. Post these numbers by every telephone in your house. Parents and caregivers need to learn CPR, first aid and how to properly use a fire extinguisher.

You cannot prevent disasters from happening, but you can become better equipped in case one does happen. If you do experience a disaster, make time afterwards to talk with your children about what has happened. Listen to them, and let them know they are loved.

For more emergency preparedness tips and help in making your own emergency evacuation plan, visit the Web at www.ready.gov, www.redcross.org and www.escapesafe.org.

Organizations

GENERAL SAFETY

American Academy of Pediatrics

141 Northwest Point Blvd.
Elk Grove Village, IL 60007-1098
800-433-9016 (phone) or 847-434-4000
847-434-8000 (fax)
www.aap.org

American Red Cross (ARC) National Headquarters

2025 E St., NW
Washington, D.C. 20006
202-303-4498 (or call the local chapter)
www.redcross.org
Provides information on a wide variety of safety instruction materials and cardiopulmonary resuscitation (CPR) classes

Consumer Product Safety Commission

4330 East-West Highway
Bethesda, MD 20814-4408
800-638-2772
www.cpsc.gov

Indiana SAFE KIDS Coalition

575 West Dr., Room 004
Indianapolis, IN 46202
317-278-3218
888-832-3219
www.preventinjury.org

National Center for Injury Prevention and Control

4770 Buford Highway N.E.
Atlanta, GA 30341-3724
800-CDC-INFO (232-4636)
770-488-4760 (fax)
www.cdc.gov/ncipc/cmprfact.htm



Riley Hospital Community Education and Child Advocacy Department

Riley Hospital for Children

575 West Dr., Room 008

Indianapolis, IN 46202-5272

317-274-2964 or 888-365-2022

www.rileyhospital.org/kids1st

Provides information and educational resources on child health, safety and advocacy.

Riley Safety Store

317-944-6565 or 888-365-2022

The Riley Safety Store provides low cost child safety products and injury prevention education materials for all children. The store, open to hospital families, staff, and the general public, also houses the Safe Escape Project which provides education and safety products to support safe evacuation of children with special needs in case of a fire of natural disaster.

National Get on Board with Child Safety Campaign

www.getonboardwithsafety.com

Led by the National Association of Children's Hospitals and Related Institutions and Dorel Juvenile Group, the national campaign promotes awareness and action among parents, care givers, and consumers to prevent injuries to children at home and on the road, especially children from birth through age three who are at highest risk of injury-related death.

Safe Kids Worldwide

1301 Pennsylvania Ave., NW, Suite 1000

Washington, D.C. 20004

202-662-0600 (phone)

202-393-2072 (fax)

www.safekids.org

AUTOMOTIVE SAFETY**Automotive Safety Program****Riley Hospital for Children**

575 West Dr., Room 004

Indianapolis, IN 46202

317-274-2977 or 800-543-6227

Provides material and reference information on the transportation and occupant protection of children, including children with special needs.

www.preventinjury.org

**BICYCLE SAFETY****Consumer Product Safety Commission**

4330 East-West Highway

Bethesda, MD 20814-4408

800-638-2772

www.cpsc.gov

Provides bike helmet information for parents and activities for kids.

CHILD ABUSE**Childhelp USA**

National Child Abuse Hotline

15757 North 78th St.

Scottsdale, AZ 85260

800-4-A-CHILD (800-422-4453)

Provides comprehensive crisis counseling by mental health professionals for adult and child victims of child abuse and neglect, offenders and parents who are fearful that they will abuse, and parents who want information on how to be effective parents.

www.childhelp.org

CHILD CARE

Safe Sitter Inc.

8604 Allisonville Rd., Suite 248
Indianapolis, IN 46250-1597
317-596-5001 or 800-255-4089 (phone)
317-596-5008 (fax)
www.safesitter.org

DRUG AND ALCOHOL SAFETY

National Clearinghouse for Alcohol and Drug Information (NCADI)

11300 Rockville Pike
Rockville, MD 20852-2345
800-729-6686 (phone)
240-221-4292 (fax)
www.ncadi.samhsa.gov
Provides a variety of government publications about the prevention of drug use by children.

PRIDE Youth Programs

4 West Oak St.
Fremont, MI 49412
800-668-9277 or 231-924-1662 (phone)
231-924-5663 (fax)
www.prideyouthprograms.org
A national resource center that can provide prevention services in the area of alcohol and other drugs.

Partnership for a Drug-Free America

405 Lexington Ave.
Suite 1601
New York, NY 10174
212-922-1560 (phone)
212-922-1570 (fax)
www.drugfree.org
Provides free information about various drugs and tips to help your kids stay away from them.

FIRE SAFETY

National Fire Protection Association

1 Batterymarch Park
Quincy, MA 02169-7471
617-770-3000 (phone)
617-770-0700 (fax)
www.nfpa.org
www.sparky.org
Fire safety tips and children's games online.

FOOD SAFETY

United States Department of Agriculture U.S. Agriculture Department Meat and Poultry Hotline

1400 Independence Ave., SW
Washington, D.C. 20250
800-535-4555
www.USDA.gov
Home economists, registered dietitians and food technologists answer questions about food safety weekdays from 10 a.m. to 4 p.m. (EST). Recorded information is available 24 hours.

Indiana Resources for Families

About Special Kids (ASK)

800-964-4746
www.aboutspecialkids.org
Provides information, peer support to families of youth and young adults with special needs.

ARC of Indiana

800-382-9100
www.arcind.org
Provides information and referrals regarding services for people with developmental disabilities.

ATTAIN

www.attaininc.org

Provides technology programs and equipment exchange to serve people with disabilities throughout Indiana.

Center for Youth and Adults With Conditions of Childhood (CYACC)

866-551-0093

cyacc@iupui.edu

Provides consultation for youth and adults preparing to transition from pediatric to adult health care as well as all related issues for a successful transition to adulthood.

Family Helpline

800-433-0746 Voice

866-275-1274 TTY / TDD

www.in.gov/isdh/programs/mch.ifh.htm

A statewide health information and referral service.

Indiana Council on Independent Living (ICOIL)

800-545-7763

www.in.gov/fssa/ddrs/4960.htm

Indiana Governor's Planning Council

317-232-7770

www.in.gov/gpcpd

Advances independence, productivity and inclusion of people with disabilities in all aspects of society.

Indiana Institute on Disability & Community

800-433-0746

www.iIdc.indiana.edu

Center on Transition provides resources and technical assistance to families and professionals.

Indiana Justice Center

800-869-0212

www.indianajustice.org/Home/PublicWeb

Provides civic legal assistance to eligible low-income people throughout Indiana.

Indiana Protection and Advocacy Services

800-622-4845

www.in.gov/ipas

Provides information and support about the rights of children and adults with disabilities.

IN*SOURCE

800-332-4433

www.insource.org

Provides information about special education process, services IEP support to families of youth and young adults with special needs.

Medicaid/Hoosier Healthwise

800-889-9949

www.healthcareforhoosiers.com

Public health insurance for children to age 19 and those with disabilities.

Mental Health Association of Indiana

www.mentalhealthassociation.com

Resource for services to address mental health needs.

Social Security Administration

800-772-1213

www.ssa.gov

Provides cash assistance to low-income children and adults with disabilities.

Special Education

877-851-4106

www.doe.state.in.us

Special education programs for eligible children who qualify from the ages of 3–21.

MISSING CHILDREN

National Center for Missing and Exploited Children (NCMEC)

699 Prince St.

Alexandria, VA 22314-3175

800-The-LOST (800-843-5678) (hotline)

703-274-2200 (fax)

www.ncmec.org

To report a suspicion of child abuse or the sighting of a missing child or to report a child who is missing.

PLAYGROUND SAFETY

Consumer Product Safety Commission

4330 East-West Highway

Bethesda, MD 20814-4408

800-638-2772

www.cpsc.gov

The Handbook for Public Playground Safety as well as other safety tips are available online.

The National Program for Playground Safety

University of Northern Iowa

Human Performance Center 103

Cedar Falls, IA 50614-0618

800-554-PLAY (800-554-7529)



POISON SAFETY

Indiana Poison Center

Methodist Hospital, Room AG373

I-65 at 21st St.

Indianapolis, IN 46206-1367

800-222-1222 or 317-962-2323 (phone)

317-962-2337 (fax)

www.clarian.org/poisoncontrol

Universal Poison Center Number

800-222-1222

This number will automatically connect you to your local poison center.

RECALLED PRODUCTS

Consumer Product Safety Commission

4330 East-West Highway

Bethesda, MD 20814-4408

800-638-2772

www.cpsc.gov

Kids in Danger

116 W. Illinois, Suite 5E

Chicago, IL 60610-4522

312-595-0649 (phone)

312-595-0939 (fax)

www.kidsindanger.org

Provides information and educates parents about product recalls.



Web Sites for Parents and Kids

Consumer Product Safety Commission

www.cpsc.gov/kids/bb.html

Kids Health for Parents

www.kidshealth.org

National Fire Protection Association

www.nfpa.org

www.sparky.org (family Web site)

Riley Hospital Community Education and Child Advocacy Department

www.rileyhospital.org/kids1st

Safe Sitter

www.safesitter.org

ONLINE CHILD SAFETY STORES

Baby Guard

703-821-1231 or 866-823-BABY (866-823-2229)

www.babyguard.com

Baby Protectors

800-622-4320 (phone)

800-859-0657 (fax)

www.babypro.com

Safe Beginnings

800-598-8911 (phone)

info@safebeginnings.com (e-mail)

www.safebeginnings.com (request a catalog or order online)

Child Safety

603-536-4794

childsafetyinfo@gmail.com (e-mail)

www.childsafety.com

Community Education and Child Advocacy Department, 888-365-2022

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Emergency Information

Our Home Address _____

Our Home Phone _____

Emergency Services

EMS

Police

Fire

Poison Center

1-800-222-1222

Health Services

Child's Doctor

Pharmacy

24-Hour Pharmacy

Child's Dentist

If parents cannot be reached in an emergency, call

Family Member

Neighbor

Locked first-aid kit is located

Key is located
