



Bright Futures Parent Handout 2 Year Visit

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

ASSESSMENT OF LANGUAGE DEVELOPMENT

Your Talking Child

- Talk about and describe pictures in books and the things you see and hear together.
- Parent-child play, where the child leads, is the best way to help toddlers learn to talk.
- Read to your child every day.
- Your child may love hearing the same story over and over.
- Ask your child to point to things as you read.
- Stop a story to let your child make an animal sound or finish a part of the story.
- Use correct language; be a good model for your child.
- Talk slowly and remember that it may take a while for your child to respond.

TELEVISION VIEWING

Your Child and TV

- It is better for toddlers to play than watch TV.
- Limit TV to 1–2 hours or less each day.
- Watch TV together and discuss what you see and think.
- Be careful about the programs and advertising your young child sees.
- Do other activities with your child such as reading, playing games, and singing.
- Be active together as a family. Make sure your child is active at home, at child care, and with sitters.

SAFETY

Safety

- Be sure your child's car safety seat is correctly installed in the back seat of all vehicles.
- All children 2 years or older, or those younger than 2 years who have outgrown the rear-facing weight or height limit for their car safety seat, should use a forward-facing car safety seat with a harness for as long as possible, up to the highest weight or height allowed by their car safety seat's manufacturer.

SAFETY

- Everyone should wear a seat belt in the car. Do not start the vehicle until everyone is buckled up.
- Never leave your child alone in your home or yard, especially near cars, without a mature adult in charge.
- When backing out of the garage or driving in the driveway, have another adult hold your child a safe distance away so he is not run over.
- Keep your child away from moving machines, lawn mowers, streets, moving garage doors, and driveways.
- Have your child wear a good-fitting helmet on bikes and trikes.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.

TOILET TRAINING

Toilet Training

- Signs of being ready for toilet training
 - Dry for 2 hours
 - Knows if she is wet or dry
 - Can pull pants down and up
 - Wants to learn
 - Can tell you if she is going to have a bowel movement
- Plan for toilet breaks often. Children use the toilet as many as 10 times each day.
- Help your child wash her hands after toileting and diaper changes and before meals.
- Clean potty chairs after every use.
- Teach your child to cough or sneeze into her shoulder. Use a tissue to wipe her nose.
- Take the child to choose underwear when she feels ready to do so.

TEMPERAMENT AND BEHAVIOR

How Your Child Behaves

- Praise your child for behaving well.
- It is normal for your child to protest being away from you or meeting new people.
- Listen to your child and treat him with respect. Expect others to do as well.
- Play with your child each day, joining in things the child likes to do.
- Hug and hold your child often.
- Give your child choices between 2 good things in snacks, books, or toys.
- Help your child express his feelings and name them.
- Help your child play with other children, but do not expect sharing.
- Never make fun of the child's fears or allow others to scare your child.
- Watch how your child responds to new people or situations.

What to Expect at Your Child's 2½ Year Visit

We will talk about

- Your talking child
- Getting ready for preschool
- Family activities
- Home and car safety
- Getting along with other children

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

The Perkins Pediatric Clinic, LLC
Michael W. Perkins, MD
614 North Pine Street
DeRidder, LA 70634

phone: (337) 462-6000
www.perkinspediatrics.com



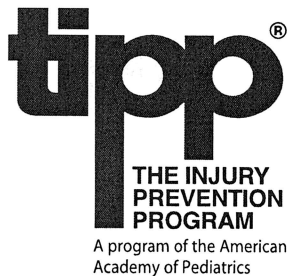
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2 to 4 Years



2 TO 4 YEARS

Safety for Your Child

Did you know that injuries are the leading cause of death of children younger than 4 years in the United States? Most of these injuries can be prevented.

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

Falls

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

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

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

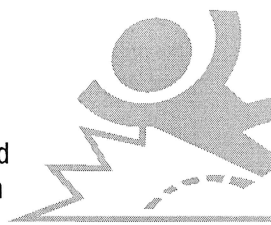
Firearm Hazards

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

Burns

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

Remember that kitchen appliances and other hot surfaces such as irons, ovens, wall heaters, and outdoor grills can burn your child long after you have finished using them.



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

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



Poisonings

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

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

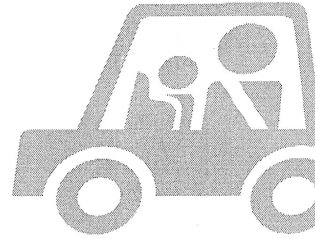
And Remember Car Safety

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

To prevent these injuries, correctly USE a car safety seat EVERY TIME your child is in the car. If your child weighs more than the highest weight allowed by the seat or if his or her ears come to the top of the car safety seat, use a belt-positioning booster seat.

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

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



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

From Your Doctor

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

Is Your Toddler Communicating With You?



Your baby is able to communicate with you long before he or she speaks a single word! A baby's cry, smile, and responses to you help you to understand his or her needs. In this publication the American Academy of Pediatrics shares information about how children communicate and what to do when there are concerns about delays in development.

Milestones during the first 2 years

Children develop at different rates, but they usually are able to do certain things at certain ages. Following are general developmental milestones. Keep in mind that they are only guidelines. If you have *any* questions about your baby's development, ask your child's doctor—the sooner the better. Even when there are delays, early intervention can make a significant difference.

By 1 year most babies will

- Look for and be able to find where a sound is coming from.
- Respond to their name most of the time when you call it.
- Wave goodbye.
- Look where you point when you say, "Look at the _____."
- Babble with intonation (voice rises and falls as if they are speaking in sentences).
- Take turns "talking" with you—listen and pay attention to you when you speak and then resume babbling when you stop.
- Say "da-da" to dad and "ma-ma" to mom.
- Say at least 1 word.
- Point to items they want that are out of reach or make sounds while pointing.

Between 1 and 2 years most toddlers will

- Follow simple commands, first when the adult speaks and gestures, and then later with words alone.
- Get objects from another room when asked.
- Point to a few body parts when asked.
- Point to interesting objects or events to get you to look at them too.
- Bring things to you to show you.
- Point to objects so you will name them.
- Name a few common objects and pictures when asked.
- Enjoy pretending (for example, pretend cooking). They will use gestures and words with you or with a favorite stuffed animal or doll.
- Learn about 1 new word per week between 1½ and 2 years.

By 2 years of age most toddlers will

- Point to many body parts and common objects.
- Point to some pictures in books.
- Follow 1-step commands without a gesture like "Put your cup on the table."
- Be able to say about 50 to 100 words.
- Say several 2-word phrases like "Daddy go," "Doll mine," and "All gone."
- Perhaps say a few 3-word sentences like "I want juice" or "You go bye-bye."
- Be understood by others (or by adults) about half of the time.

When milestones are delayed

If your child's development seems delayed or shows any of the behaviors in the following list, tell your child's doctor. Sometimes language delays occur along with these behaviors. Also, tell your child's doctor if your baby stops talking or doing things that he or she used to do.

- Doesn't cuddle like other babies
- Doesn't return a happy smile back to you
- Doesn't seem to notice if you are in the room
- Doesn't seem to notice certain noises (for example, seems to hear a car horn or a cat's meow but not when you call his or her name)
- Acts as if he or she is in his or her own world
- Prefers to play alone; seems to "tune others out"
- Doesn't seem interested in or play with toys but likes to play with objects in the house
- Has intense interest in objects young children are not usually interested in (for example, would rather carry around a flashlight or ballpoint pen than a stuffed animal or favorite blanket)
- Can say the ABCs, numbers, or words to TV jingles but can't use words to ask for things he or she wants
- Doesn't seem to be afraid of anything
- Doesn't seem to feel pain in a typical fashion
- Uses words or phrases that are unusual for the situation or repeats scripts from TV

Delays in language

Delays in language are the most common types of developmental delay. One out of 5 children will learn to talk or use words later than other children their age. Some children will also show behavioral problems because they are frustrated when they can't express what they need or want.

Simple speech delays are sometimes temporary. They may resolve on their own or with a little extra help from family. It's important to encourage your child to "talk" to you with gestures or sounds and for you to spend lots of time playing with, reading to, and talking with your infant or toddler. In some cases, your child will need more help from a trained professional, a speech and language therapist, to learn to communicate.

Sometimes delays may be a warning sign of a more serious problem that could include hearing loss, developmental delay in other areas, or even an autism spectrum disorder (ASD). Language delays in early childhood also could be a sign of a learning problem that may not be diagnosed until the school years. It's important to have your child evaluated if you are concerned about your child's language development.

What your child's doctor might do

Sometimes more information is needed about your child before your child's doctor can address your concerns. The doctor may

- Ask you some questions or ask you to fill out a questionnaire.
- Interact with your child in various ways to learn more about his or her development.
- Order a hearing test and refer you to a speech and language therapist for testing. The therapist will evaluate your child's speech (*expressive language*) and ability to understand speech and gestures (*receptive language*).
- Refer your child for evaluation through an early intervention program.

What to expect after the doctor's visit

- If your child's doctor tells you not to worry (that your child will "catch up in time") but you are still concerned, it's OK to get a second opinion. You can ask your child's doctor for a referral to a developmental specialist or a speech and language therapist. You may also contact an early intervention program for an evaluation if your child is younger than 3 years, or your local school district if he or she is 3 or older.
- If what your child says (*expressive language*) is the *only* delay, you may be given suggestions to help your child at home. Formal speech therapy may also be recommended.
- If *both* what your child understands (*receptive language*) and what he or she says are delayed and a hearing test is normal, your child will need further evaluation. This will determine whether the delays are caused by a true communication disorder, generalized developmental delays, an ASD, or another developmental problem.

When an ASD is the reason for language delays, your child will also have difficulty interacting with other people and may show some or all of the concerning behaviors listed previously. If there is concern your child might have an ASD, your child will usually be referred to a specialist or a team of specialists for evaluation and treatment of an ASD or a related disorder. The specialist(s) may then recommend speech therapy and may suggest other ways to improve social skills, behavior, and the desire to communicate.

Programs that help children and families

If your child has delays or suspected delays, your child's doctor will probably refer you to an early intervention program in your area. The staff there might do additional evaluations and reassure you that your child's development is normal or tell you that your child would benefit from some type of intervention. Your child does not need to have a diagnosis of a developmental problem to receive services through this program.

If your child is younger than 3 years, the referral may be to an early intervention program in your area. Early intervention programs are sometimes called "Part C" or "Birth to Three" programs. Early intervention is a federal- and state-funded program that helps children and their families. You may also contact the early intervention program yourself (see Resources to find a contact in your state).

If your child qualifies for services, a team of specialists will work with you to develop an *Individual Family Service Plan (IFSP)*. This plan becomes a guide for the services your child will receive until 3 years of age. It may include parent

training and support, direct therapy, and special equipment. Other services may be offered if they benefit your child and family. If your child needs help after 3 years of age, the early intervention staff will transition your child to services through your local school district.

If your child is 3 years or older, the referral may be to your local public school. You may also contact the local public school directly. If your child is eligible, the school district staff will, with your input, develop an *Individual Education Plan (IEP)*. This plan may provide some of the same services as the early intervention program but focus on school services for your child. The level of services also may be different. If your child continues to need special education and services, the IEP will be reviewed and revised from time to time.

Resources

American Academy of Pediatrics

www.HealthyChildren.org

Family Voices

www.familyvoices.org

Learn the Signs. Act Early.

www.cdc.gov/actearly

National Center for Medical Home Implementation

www.medicalhomeinfo.org/how/clinical_care/developmental_screening

National Early Childhood Technical Assistance Center (NECTAC)

www.nectac.org (to find an early intervention program in your state)

Remember

As a parent, follow your instincts. If you continue to have concerns about your child's development, ask for a reevaluation or referral for additional formal testing.

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this brochure. Web site addresses are as current as possible, but may change at any time.

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From your doctor

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The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

American Academy of Pediatrics
Web site—www.HealthyChildren.org

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Toddler Cooperation

Preschoolers require more finesse to gain their cooperation, because they have not yet reached the age at which they can see and understand the whole picture. Robert Scotellaro is quoted in *The Funny Side of Parenthood* as saying, "Reasoning with a two-year-old is about as productive as changing seats on the Titanic." (He must have had a two-year-old at the time.) You can get around this frustrating state of affairs by changing your approach. Let's look at two situations — first the typical (Titanic) way:

Parent: David! Time to change your diaper.

David: No! (As he runs off)

Parent: Come on, honey. It's time to leave, I need to change you.

David: (Giggles and hides behind sofa.)

Parent: David, this isn't funny. It's getting late. Come here.

David: (Doesn't hear a word. Sits down to do a puzzle.)

Parent: Come here! (Gets up and approaches David.)

David: (Giggles and runs.)

Parent (Picking up David): Now lie here. Stop squirming! Lie still. Will you stop this?! (As parent turns to pick up a new diaper, a little bare bottom is running away.)

I'm sure you've all been there.

By the way, David is *my* son. Like you, I got very tired of this. And then I discovered a better way:

Parent (picking up diaper and holding it like a puppet, making it talk in a silly, squeaky voice): Hi, David! I'm Dilly Diaper! Come here and play with me!

David (running over to Diaper): Hi Dilly!

Parent as Diaper: You're such a nice boy. Will you give me a kiss?

David: Yes. (Gives diaper a kiss.)

Parent as Diaper: How 'bout a nice hug?

David: (Giggles and hugs Diaper.)

Parent as Diaper: Lie right here next to me. Right here. Yup. Can I go on you? Oh yes?! Goody goody goody! (The diaper chats with David while he's being changed.) Oh, David! Listen, I hear your shoes calling you: 'David! David!'

The most amazing thing about this trick is that it works over and over. You'll keep thinking, "He's not honestly going to fall for this again?" But he will! Probably the nicest by-product of this method is that it gets you in a good mood and you have a little fun time with your child.

When you've got a toddler, this technique is a pure lifesaver. When my son David was little I used this all the time. One day, when he was almost three, we were waiting in a long line at the grocery store and I was making my hand talk to him. He was hugging my hand and looked up at me and said, "Mommy, I love for you to pretend this hand is talking."

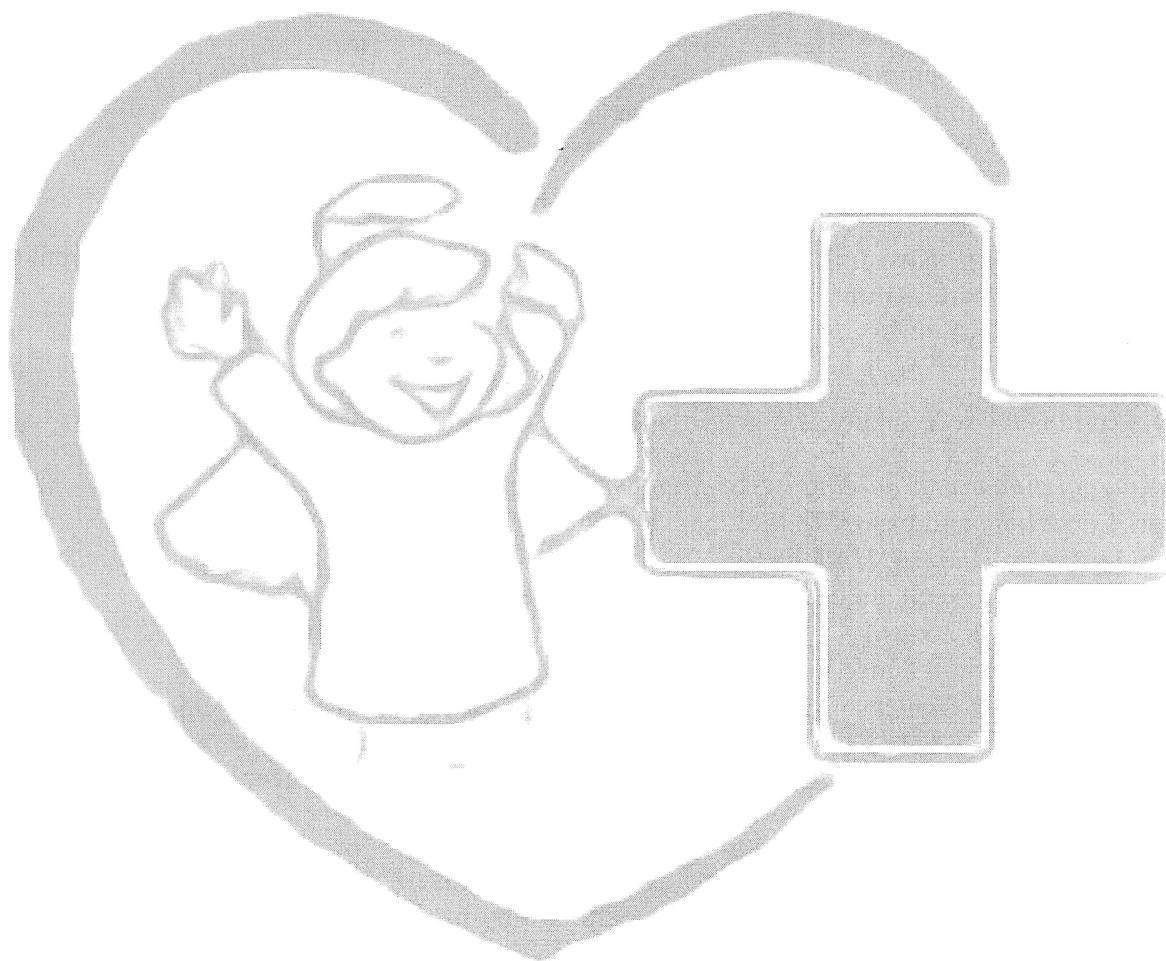
Another day, after I had called David to the table for dinner a number of times, he calmly looked up at me, chubby hands on padded hips and said, "Mommy, why don't you have my dinner call to me?"

And suddenly, the peas on his plate came to life and called out to David; he ran over to join us at the dinner table.

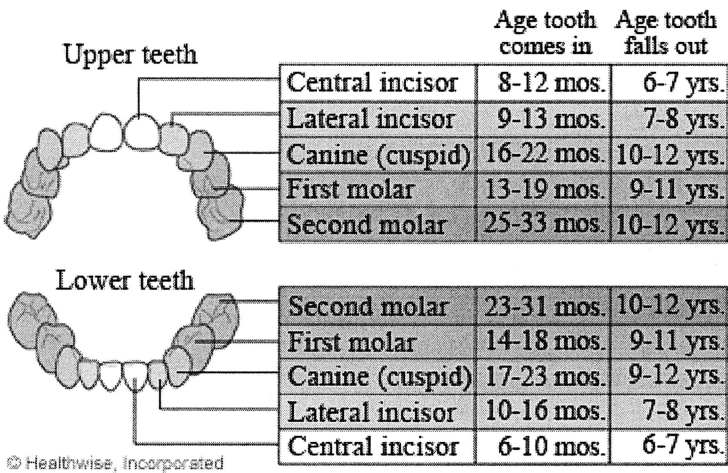
A variation on this technique is to capitalize on a young child's vivid imagination as a way to thwart negative emotions. Pretend to find a trail of caterpillars on the way to the store, hop to the car like a bunny, or pretend a carrot gives you magic powers as you eat it.

It's delightful to see how a potentially negative situation can be turned into a fun experience by changing a child's focus to fantasy.

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Teething in Children: Care Instructions



		Age tooth comes in	Age tooth falls out
Upper teeth	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	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.

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Your Care Instructions

Teething is the normal process in which your baby's first set of teeth (primary teeth) break through the gums (erupt). Teething usually begins at around 6 months of age, but it is different for each child. Some children begin teething at 3 to 4 months, while others do not start until age 12 months or later. A total of 20 teeth erupt by the time a child is about 3 years old. Usually teeth appear first in the front of the mouth. Lower teeth usually erupt 1 to 2 months earlier than their matching upper teeth. Girls' teeth often erupt sooner than boys' teeth.

Your child may be irritable and uncomfortable from the swelling and tenderness at the site of the erupting tooth. These symptoms usually begin about 3 to 5 days before a tooth erupts and then go away as soon as it breaks the skin. Your child may bite on fingers or toys to help relieve the pressure in the gums. He or she may refuse to eat and drink because of mouth soreness. Children sometimes drool more during this time. The drool may cause a rash on the chin, face, or chest.

Teething may cause a mild increase in your child's temperature. But if the temperature is higher than 100.4 F (38 C), look for symptoms that may be related to an infection or illness.

You might be able to ease your child's pain by rubbing the gums and giving your child safe objects to chew on.

Follow-up care is a key part of your child's treatment and safety. Be sure to make and go to all appointments, and call your doctor if your child is having problems. It's also a good idea to know your child's test results and keep a list of the medicines your child takes.

How can you care for your child at home?

- Give acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) for pain or fussiness. Read and follow all instructions on the label.

- Gently rub your child's gum where the tooth is erupting for about 2 minutes at a time. Make sure your finger is clean, or use a clean teething ring.
- Do not use teething gels for children younger than age 2. Ask your doctor before using mouth-numbing medicine for children older than age 2. The U.S. Food and Drug Administration (FDA) warns that some of these can be dangerous. Talk to your child's doctor about other teething remedies.
- Give your child safe objects to chew on, such as teething rings. Do not use fluid-filled teethingers.
- If your child is eating solids, try offering cold foods and fluids, which help to ease gum pain. You can also dip a clean washcloth in water, freeze it, and let your child chew on it.

When should you call for help?



Call your doctor now or seek immediate medical care if:

- Your child has a fever.
- Your child keeps pulling on his or her ears.
- Your child has diarrhea or a severe diaper rash.

Watch closely for changes in your child's health, and be sure to contact your doctor if:

- You think your child has tooth decay.
- Your child is 18 months old and has not had an erupting tooth yet.

Where can you learn more?

Go to <https://www.healthwise.net/patiented>

Enter **C015** in the search box to learn more about "**Teething in Children: Care Instructions**".

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