



# BRIGHT FUTURES HANDOUT ► PARENT

## 12 MONTH VISIT

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

### ✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, reach out for help. Community agencies and programs such as WIC and SNAP can provide information and assistance.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Make sure everyone who cares for your child offers healthy foods, avoids sweets, provides time for active play, and uses the same rules for discipline that you do.
- Make sure the places your child stays are safe.
- Think about joining a toddler playgroup or taking a parenting class.
- Take time for yourself and your partner.
- Keep in contact with family and friends.

### ✓ ESTABLISHING ROUTINES

- Praise your child when he does what you ask him to do.
- Use short and simple rules for your child.
- Try not to hit, spank, or yell at your child.
- Use short time-outs when your child isn't following directions.
- Distract your child with something he likes when he starts to get upset.
- Play with and read to your child often.
- Your child should have at least one nap a day.
- Make the hour before bedtime loving and calm, with reading, singing, and a favorite toy.
- Avoid letting your child watch TV or play on a tablet or smartphone.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

### ✓ FEEDING YOUR CHILD

- Offer healthy foods for meals and snacks. Give 3 meals and 2 to 3 snacks spaced evenly over the day.
- Avoid small, hard foods that can cause choking—popcorn, hot dogs, grapes, nuts, and hard, raw vegetables.
- Have your child eat with the rest of the family during mealtime.
- Encourage your child to feed herself.
- Use a small plate and cup for eating and drinking.
- Be patient with your child as she learns to eat without help.
- Let your child decide what and how much to eat. End her meal when she stops eating.
- Make sure caregivers follow the same ideas and routines for meals that you do.

### ✓ FINDING A DENTIST

- Take your child for a first dental visit as soon as her first tooth erupts or by 12 months of age.
- Brush your child's teeth twice a day with a soft toothbrush. Use a small smear of fluoride toothpaste (no more than a grain of rice).
- If you are still using a bottle, offer only water.

**Helpful Resources:** Smoking Quit Line: 800-784-8669 | Family Media Use Plan: [www.healthychildren.org/MediaUsePlan](http://www.healthychildren.org/MediaUsePlan)

Poison Help Line: 800-222-1222 | Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents) | Toll-free Auto Safety Hotline: 888-327-4236

# 12 MONTH VISIT—PARENT



## SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. In most cases, this will be well past the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is safest.
- Place gates at the top and bottom of stairs. Install operable window guards on windows at the second story and higher. Operable means that, in an emergency, an adult can open the window.
- Keep furniture away from windows.
- Make sure TVs, furniture, and other heavy items are secure so your child can't pull them over.
- Keep your child within arm's reach when he is near or in water.
- Empty buckets, pools, and tubs when you are finished using them.
- Never leave young brothers or sisters in charge of your child.
- When you go out, put a hat on your child, have him wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on his exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- Keep your child away when your pet is eating. Be close by when he plays with your pet.
- Keep poisons, medicines, and cleaning supplies in locked cabinets and out of your child's sight and reach.
- Keep cords, latex balloons, plastic bags, and small objects, such as marbles and batteries, away from your child. Cover all electrical outlets.
- Put the Poison Help number into all phones, including cell phones. Call if you are worried your child has swallowed something harmful. Do not make your child vomit.

## WHAT TO EXPECT AT YOUR CHILD'S 15 MONTH VISIT

### We will talk about

- Supporting your child's speech and independence and making time for yourself
- Developing good bedtime routines
- Handling tantrums and discipline
- Caring for your child's teeth
- Keeping your child safe at home and in the car

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

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

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

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# Your baby at 12 months

Baby's Name \_\_\_\_\_

Baby's Age \_\_\_\_\_

Today's Date \_\_\_\_\_

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 12 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.



## What most babies do by this age:

### Social/Emotional Milestones

- Plays games with you, like pat-a-cake

### Language/Communication Milestones

- Waves "bye-bye"
- Calls a parent "mama" or "dada" or another special name
- Understands "no" (pauses briefly or stops when you say it)

### Cognitive Milestones (learning, thinking, problem-solving)

- Puts something in a container, like a block in a cup
- Looks for things he sees you hide, like a toy under a blanket

### Movement/Physical Development Milestones

- Pulls up to stand
- Walks, holding on to furniture
- Drinks from a cup without a lid, as you hold it
- Picks things up between thumb and pointer finger, like small bits of food

## Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

**You know your baby best.** Don't wait. If your baby is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your baby's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your baby more; and
2. Call your state or territory's early intervention program to find out if your baby can get services to help. Learn more and find the number at [cdc.gov/FindEI](https://www.cdc.gov/FindEI).

For more on how to help your baby, visit [cdc.gov/Concerned](https://www.cdc.gov/Concerned).

**Don't wait.**  
**Acting early can make**  
**a real difference!**



Download CDC's  
free Milestone  
Tracker app



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# Help your baby learn and grow

As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.



- Teach your baby “wanted behaviors.” Show her what to do and use positive words or give her hugs and kisses when she does it. For example, if she pulls your pet's tail, teach her how to pet gently and give her a hug when she does it.
- Talk or sing to your baby about what you're doing. For example, “Mommy is washing your hands” or sing, “This is the way we wash our hands.”
- Build on what your baby tries to say. If he says “ta,” say “Yes, a truck,” or if he says “truck,” say “Yes, that's a big, blue truck.”
- Redirect your baby quickly and consistently by giving her a toy or moving her if she is getting into things you don't want her to get into. Save “no” for behaviors that are dangerous. When you say “no,” say it firmly. Do not spank, yell, or give her long explanations.
- Give your baby safe places to explore. Baby-proof your home. For example, move sharp or breakable things out of reach. Lock away medicines, chemicals, and cleaning products. Save the Poison Help Line number, 800-222-1222, in all phones.
- Respond with words when your baby points. Babies point to ask for things. For example, say “You want the cup? Here is the cup. It's your cup.” If he tries to say “cup,” celebrate his attempt.
- Point to interesting things you see, such as a truck, bus, or animals. This will help your baby pay attention to what others are “showing” him through pointing.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- Give your baby water, breast milk, or plain milk. You don't need to give your baby juice, but if you do, give 4 ounces or less a day of 100% fruit juice. Do not give your baby other sugary beverages, such as fruit drinks, soda, sports drinks, or flavored milks.
- Help your baby get used to foods with different tastes and textures. Foods can be smooth, mashed, or finely chopped. Your baby might not like every food on the first try. Give your baby a chance to try foods again and again.
- Give your baby time to get to know a new caregiver. Bring a favorite toy, stuffed animal, or blanket to help comfort your baby.
- Give your baby pots and pans or a small musical instrument like a drum or cymbals. Encourage your baby to make noise.

**To see more tips and activities download CDC's Milestone Tracker app.**

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children (75% or more) can do by each age. Subject matter experts selected these milestones based on available data and expert consensus.

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly) | 1-800-CDC-INFO (1-800-232-4636)



Download CDC's  
free Milestone  
Tracker app



**Learn the Signs. Act Early.**

# 12 months old

Child's name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date \_\_\_\_\_

Weight for Length percentile \_\_\_\_\_ %

## Food for Thought

*Any feeding concerns?*

*Is your baby eating as you expected?*

*Do you eat together as a family?*

*What foods does your child like to eat?*

*What does your child drink?*

*How well is the bottle weaning going?*

*Is your child allowed to stop eating when he or she is full?*

*Does your child watch TV? If so, how much?*

## Feeding Advice

- Continue breastfeeding on demand.
- May start whole milk\* in a cup and offer a ½ cup (4 oz.) serving at each meal for a total of three to four - ½ cup servings per day.

*\*Talk with your pediatrician or registered dietitian to determine if reduced fat (2%) milk should be used instead of whole milk.*

### Table Time Tips ~

- 3 regular meals and 2-3 planned snacks per day.
- Fruits & Vegetables – ½ cup fresh, frozen or canned, 4-6 servings per day.
- Bread, cereal, rice, pasta – ½ slice or ¼ cup, 5-6 servings per day.
- Meat, poultry, fish & eggs – 1 ounce, ¼ cup cooked or 1 egg, 2 servings per day.
- Milk, yogurt – ½ cup; cheese – ½ oz., 3-4 servings per day.
- Eat together as a family and allow your child to feed themselves.
- Don't force your child to eat. Your child's growth is slowing down, some days your child will eat less than other days.
- **DO NOT** use food as a comfort or reward.

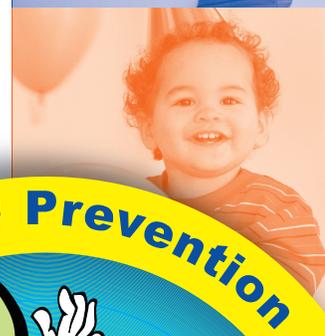
### Drinks ~

- All drinks should be served in a cup and serve milk at meals.
- **If juice is given, it should be 100% fruit juice and no more than 4-6 oz. per day.**
- Water is best if your child is thirsty.
- Avoid sweetened drinks like fruit punch and soft drinks.
- Ask about Vitamin D supplementation. For more information talk to your doctor or healthcare professional.

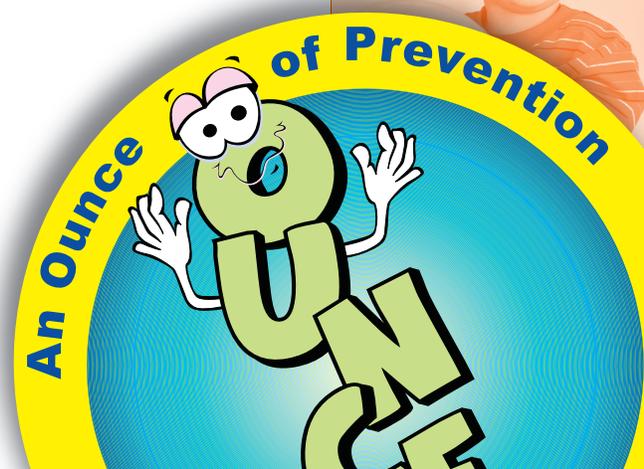
## Be Active

- Encourage crawling and walking.
- Play with your child – encourage push toys and enjoy simple ball games.
- Screen time (TV, computer, electronic games) not recommended under age 2.

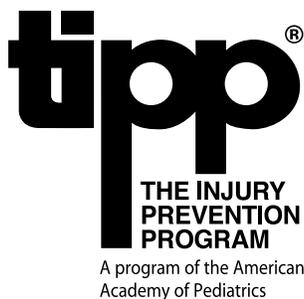
## Notes:



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# 1 to 2 years



## 1 TO 2 YEARS

### Safety for Your Child

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

Often, injuries happen because parents are not aware of what their children can do. At this age your child can *walk, run, climb, jump, and explore* everything. Because of all the new things he or she can do, this stage is a very dangerous time in your child's life. It is your responsibility to protect your child from injury. Your child cannot understand danger or remember "no" while exploring.

#### 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. **Handguns are especially dangerous.** If you keep a gun, keep it unloaded and in a locked place, with the ammunition locked separately. Ask if the homes where your child visits or is cared for have guns and how they are stored.



#### Poisonings

Children continue to explore their world by putting everything in their mouths, even if it doesn't taste good. Your child can *open doors and drawers, take things apart, and open bottles* easily now, so you must use safety caps on all medicines and toxic household products. **Keep the safety caps on** at all times or find safer substitutes to use. Contact Poison Help for more information.



Your child is now able to get into and on top of everything. Be sure to keep all household products and medicines completely out of sight and reach. Never store lye drain cleaners in your home. Keep all products in their original containers. Use medicines exactly as directed and dispose of unused medicine safely as soon as you are finished with it.

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

#### Falls

To prevent serious falls, lock the doors to any dangerous areas. **Use gates on stairways and install operable window guards** above the first floor. **Remove sharp-edged furniture** from the room your child plays and sleeps in. At this age your child will walk well and start to climb, jump, and run 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.



**If your child has a serious fall or does not act normally after a fall, call your doctor.**

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(over)

## Burns

The kitchen is a dangerous place for your child during meal preparation. Hot liquids, grease, and hot foods spilled on your child will cause serious burns. A **safer place for your child** while you are cooking, eating, or unable to give him or her your full attention is the **playpen, crib, or stationary activity center, or buckled into a high chair**. It's best to keep your child out of the kitchen while cooking.

Children who are learning to walk will grab anything to steady themselves, including hot oven doors, wall heaters, or outdoor grills. Keep your child out of rooms where there are hot objects that may be touched, or put a barrier around them. If you have a gas fireplace, keep children away while it is in use and for at least an hour after turning it off. The glass doors get extremely hot and can cause severe burns.

Your child will *reach* for your hot food or cup of coffee, so don't leave it within your child's reach.

**NEVER carry your child and hot liquids at the same time.** You can't handle both.

**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.**



## Drowning

At this age your child loves to play in water. **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.** Empty all buckets after each use. Keep the bathroom doors closed. Your child can drown in less than 2 inches of water. Knowing how to swim does NOT mean your child is safe near or in water. Stay within an arm's length of your child around water.

If you have a swimming pool, fence it on all 4 sides with a fence at least 4 feet high, and be sure the gates are self-latching. If possible, lock doors that could lead to the pool area. Most children drown when they wander out of the house and fall into a pool that is not fenced off from the house. You cannot watch your child every minute while he or she is in the house. It only takes a moment for your child to get out of your house and fall into your pool.



## And Remember Car Safety

**Car crashes are a great danger** to your child's life and health. The crushing forces to your child's brain and body in a crash or sudden stop, even at low speeds, can cause severe injuries or death. **To prevent these injuries USE a car safety seat EVERY TIME** your child rides in the car. All infants and toddlers should ride in a rear-facing car safety seat until they reach the highest weight or height allowed by their car safety seat's manufacturer. Be sure that the safety seat is installed and used correctly. Read and follow the instructions that come with the car safety seat and the instructions for using car safety seats in the owners' manual of your car. **The safest place for all infants and children to ride is in the back seat.**

**Do not leave your child alone in or around the car. Keep vehicles and their trunks locked. Children who are left in a car can die of heatstroke because temperatures can reach deadly levels in minutes. They can be strangled by power windows or knock the vehicle into gear.**

Always **walk behind your car** to be sure your child is not there before you back out of your driveway. You may not see your child behind your car in the rearview mirror.

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



From Your Doctor

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## Sources of Lead

Identify and remove sources of lead from your home.



**Home**  
Lead can be in paint in old homes built before 1978.

- Chipped paint
- Old furniture and toys
- Dirt
- Play or costume jewelry
- Pewter
- Crystal glassware



**Imported Goods**  
Items brought back from other countries may contain lead.

- Glazed pottery
- Asian, Hispanic, Indian spices
- Mexican candy (tamarindo and chili)



**Home Remedies**  
Some home remedies may contain lead. These remedies are typically red or orange powders.

- Traditional and folk remedies (Greta, Azarcón, Pay-loo-ah)



**Beauty Products**  
Imported beauty products from Asia, India, and Africa may contain lead.

- Sindoor, Khol, Kajal, Surma



**Jobs**  
Jobs such as car repair, mining, construction, and plumbing may increase your exposure to lead. Lead dust can be brought into the home on your skin, clothes, shoes, or other items you bring home from work.

- Car batteries
- Scrap metal/parts
- Ammunition



**Hobbies**  
Certain hobbies increase your risk of coming in contact with lead.

- Hunting (lead bullets)
- Fishing (lead sinkers)
- Artist paints
- Refinished furniture



**Travel**  
Traveling outside the U.S. may increase your risk of coming in contact with lead-based items.

- Souvenirs
- Spices or food
- Toys
- Jewelry

## Cleaning

Keep lead dirt and dust out of your home with these helpful tips.



Wash hands



Keep shoes outside



Mop & wet wipe



Use a vacuum with a HEPA filter



Wash toys

**Avoid:**  
Sweeping  
Dry dusting  
Beating rugs

## Nutrition

These foods can help lower your child's lead level.

### Vitamin C



Tomatoes  
Strawberries  
Oranges  
Potatoes

### Calcium



Milk  
Cheese  
Yogurt

### Iron



Chicken  
Steak  
Fish  
Peas  
Eggs



ADHS

## SUGGESTED SCREEN TIME USE BY AGE



### 18 MONTHS AND YOUNGER

Avoid use of screen media other than video-chatting.



### 18 - 24 MONTHS

Parents of children 18 to 24 months of age who want to introduce digital media should choose high-quality programming, and watch it with their children to help them understand what they're seeing.



### 2 - 5 YEARS

Limit screen use to 1 hour per day of high-quality programs. Parents should co-view media with children to help them understand what they are seeing and apply it to the world around them.



### 6 - 12 YEARS

Place consistent limits on the time spent using media, and the types of media, and make sure media does not take the place of adequate sleep, physical activity and other behaviors essential to health.



### 12 YEARS AND OLDER

Designate media-free times together, such as dinner or driving, as well as media-free locations at home, such as bedrooms.



# 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. Here 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 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, ASD, or another developmental problem.

When 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 ASD, your child will usually be referred to a specialist or a team of specialists for evaluation and treatment of 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](http://www.HealthyChildren.org)  
[www.AAP.org](http://www.AAP.org)

### Early Childhood Technical Assistance Center (ECTA Center)

<http://ectacenter.org>  
(to find an early intervention program in your state)

### Family Voices

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

### Learn the Signs. Act Early.

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

### National Center for Medical Home Implementation

<https://medicalhomeinfo.aap.org/tools-resources/Pages/For-Families.aspx>

## 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.

## From Your Doctor



The American Academy of Pediatrics (AAP) is an organization of 67,000 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.

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# Hepatitis A Vaccine:

## What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1. Why get vaccinated?

Hepatitis A vaccine can prevent **hepatitis A**.

**Hepatitis A** is a serious liver disease. It is usually spread through close, personal contact with an infected person or when a person unknowingly ingests the virus from objects, food, or drinks that are contaminated by small amounts of stool (poop) from an infected person.

Most adults with hepatitis A have symptoms, including fatigue, low appetite, stomach pain, nausea, and jaundice (yellow skin or eyes, dark urine, light-colored bowel movements). Most children less than 6 years of age do not have symptoms.

A person infected with hepatitis A can transmit the disease to other people even if he or she does not have any symptoms of the disease.

Most people who get hepatitis A feel sick for several weeks, but they usually recover completely and do not have lasting liver damage. In rare cases, hepatitis A can cause liver failure and death; this is more common in people older than 50 years and in people with other liver diseases.

Hepatitis A vaccine has made this disease much less common in the United States. However, outbreaks of hepatitis A among unvaccinated people still happen.

### 2. Hepatitis A vaccine

**Children** need 2 doses of hepatitis A vaccine:

- First dose: 12 through 23 months of age
- Second dose: at least 6 months after the first dose

**Infants 6 through 11 months old** traveling outside the United States when protection against hepatitis A is recommended should receive 1 dose of hepatitis A vaccine. These children should still get 2 additional doses at the recommended ages for long-lasting protection.

**Older children and adolescents** 2 through 18 years of age who were not vaccinated previously should be vaccinated.

**Adults** who were not vaccinated previously and want to be protected against hepatitis A can also get the vaccine.

Hepatitis A vaccine is also recommended for the following people:

- International travelers
- Men who have sexual contact with other men
- People who use injection or non-injection drugs
- People who have occupational risk for infection
- People who anticipate close contact with an international adoptee
- People experiencing homelessness
- People with HIV
- People with chronic liver disease

In addition, a person who has not previously received hepatitis A vaccine and who has direct contact with someone with hepatitis A should get hepatitis A vaccine as soon as possible and within 2 weeks after exposure.

Hepatitis A vaccine may be given at the same time as other vaccines.



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### 3. Talk with your health care provider

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Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis A vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone hepatitis A vaccination until a future visit.

Pregnant or breastfeeding people should be vaccinated if they are at risk for getting hepatitis A. Pregnancy or breastfeeding are not reasons to avoid hepatitis A vaccination.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis A vaccine.

Your health care provider can give you more information.

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### 4. Risks of a vaccine reaction

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- Soreness or redness where the shot is given, fever, headache, tiredness, or loss of appetite can happen after hepatitis A vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

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### 5. What if there is a serious problem?

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An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

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### 6. The National Vaccine Injury Compensation Program

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The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim.

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### 7. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).



# MMR Vaccine (Measles, Mumps, and Rubella): *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1. Why get vaccinated?

MMR vaccine can prevent **measles, mumps, and rubella**.

- **MEASLES (M)** causes fever, cough, runny nose, and red, watery eyes, commonly followed by a rash that covers the whole body. It can lead to seizures (often associated with fever), ear infections, diarrhea, and pneumonia. Rarely, measles can cause brain damage or death.
- **MUMPS (M)** causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender salivary glands under the ears. It can lead to deafness, swelling of the brain and/or spinal cord covering, painful swelling of the testicles or ovaries, and, very rarely, death.
- **RUBELLA (R)** causes fever, sore throat, rash, headache, and eye irritation. It can cause arthritis in up to half of teenage and adult women. If a person gets rubella while they are pregnant, they could have a miscarriage or the baby could be born with serious birth defects.

Most people who are vaccinated with MMR will be protected for life. Vaccines and high rates of vaccination have made these diseases much less common in the United States.

## 2. MMR vaccine

**Children** need 2 doses of MMR vaccine, usually:

- First dose at age 12 through 15 months
- Second dose at age 4 through 6 years

**Infants who will be traveling outside the United States when they are between 6 and 11 months of age** should get a dose of MMR vaccine before travel. These children should still get 2 additional doses at the recommended ages for long-lasting protection.

**Older children, adolescents, and adults** also need 1 or 2 doses of MMR vaccine if they are not already

immune to measles, mumps, and rubella. Your health care provider can help you determine how many doses you need.

A third dose of MMR might be recommended for certain people in mumps outbreak situations.

MMR vaccine may be given at the same time as other vaccines. Children 12 months through 12 years of age might receive MMR vaccine together with varicella vaccine in a single shot, known as MMRV. Your health care provider can give you more information.

## 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of MMR or MMRV vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant** or thinks they might be pregnant—pregnant people should not get MMR vaccine
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems**
- Has ever had a **condition that makes him or her bruise or bleed easily**
- Has recently had a **blood transfusion or received other blood products**
- Has **tuberculosis**
- Has **gotten any other vaccines in the past 4 weeks**

In some cases, your health care provider may decide to postpone MMR vaccination until a future visit.



**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting MMR vaccine.

Your health care provider can give you more information.

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#### 4. Risks of a vaccine reaction

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- Sore arm from the injection or redness where the shot is given, fever, and a mild rash can happen after MMR vaccination.
- Swelling of the glands in the cheeks or neck or temporary pain and stiffness in the joints (mostly in teenage or adult women) sometimes occur after MMR vaccination.
- More serious reactions happen rarely. These can include seizures (often associated with fever) or temporary low platelet count that can cause unusual bleeding or bruising.
- In people with serious immune system problems, this vaccine may cause an infection that may be life-threatening. People with serious immune system problems should not get MMR vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

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#### 5. What if there is a serious problem?

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An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

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#### 6. The National Vaccine Injury Compensation Program

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The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim.

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#### 7. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).



# Pneumococcal Conjugate Vaccine: *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1. Why get vaccinated?

Pneumococcal conjugate vaccine can prevent pneumococcal disease.

**Pneumococcal disease** refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Pneumococcal bacteria are one of the most common causes of pneumonia.

Besides pneumonia, pneumococcal bacteria can also cause:

- Ear infections
- Sinus infections
- Meningitis (infection of the tissue covering the brain and spinal cord)
- Bacteremia (infection of the blood)

Anyone can get pneumococcal disease, but children under 2 years old, people with certain medical conditions or other risk factors, and adults 65 years or older are at the highest risk.

Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

## 2. Pneumococcal conjugate vaccine

Pneumococcal conjugate vaccine helps protect against bacteria that cause pneumococcal disease. There are three pneumococcal conjugate vaccines (PCV13, PCV15, and PCV20). The different vaccines are recommended for different people based on age and medical status. Your health care provider can help you determine which type of pneumococcal conjugate vaccine, and how many doses, you should receive.

**Infants and young children** usually need 4 doses of pneumococcal conjugate vaccine. These doses are recommended at 2, 4, 6, and 12–15 months of age.

**Older children and adolescents** might need pneumococcal conjugate vaccine depending on their age and medical conditions or other risk factors if they did not receive the recommended doses as infants or young children.

**Adults 19 through 64 years old** with certain medical conditions or other risk factors who have not already received pneumococcal conjugate vaccine should receive pneumococcal conjugate vaccine.

**Adults 65 years or older** who have not previously received pneumococcal conjugate vaccine should receive pneumococcal conjugate vaccine.

Some people with certain medical conditions are also recommended to receive pneumococcal polysaccharide vaccine (a different type of pneumococcal vaccine, known as PPSV23). Some adults who have previously received a pneumococcal conjugate vaccine may be recommended to receive another pneumococcal conjugate vaccine.



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### 3. Talk with your health care provider

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Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any type of pneumococcal conjugate vaccine (PCV13, PCV15, PCV20, or an earlier pneumococcal conjugate vaccine known as PCV7), or to any vaccine containing diphtheria toxoid (for example, DTaP), or has any severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone pneumococcal conjugate vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover.

Your health care provider can give you more information.

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### 4. Risks of a vaccine reaction

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- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness (irritability), feeling tired, headache, muscle aches, joint pain, and chills can happen after pneumococcal conjugate vaccination.

Young children may be at increased risk for seizures caused by fever after a pneumococcal conjugate vaccine if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

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### 5. What if there is a serious problem?

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An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

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### 6. The National Vaccine Injury Compensation Program

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The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim.

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### 7. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).



# Varicella (Chickenpox) Vaccine: What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1. Why get vaccinated?

Varicella vaccine can prevent varicella.

**Varicella**, also called “chickenpox,” causes an itchy rash that usually lasts about a week. It can also cause fever, tiredness, loss of appetite, and headache. It can lead to skin infections, pneumonia, inflammation of the blood vessels, swelling of the brain and/or spinal cord covering, and infections of the bloodstream, bone, or joints. Some people who get chickenpox get a painful rash called “shingles” (also known as herpes zoster) years later.

Chickenpox is usually mild, but it can be serious in infants under 12 months of age, adolescents, adults, pregnant people, and people with a weakened immune system. Some people get so sick that they need to be hospitalized. It doesn’t happen often, but people can die from chickenpox.

Most people who are vaccinated with 2 doses of varicella vaccine will be protected for life.

## 2. Varicella vaccine

**Children** need 2 doses of varicella vaccine, usually:

- First dose: age 12 through 15 months
- Second dose: age 4 through 6 years

**Older children, adolescents, and adults** also need 2 doses of varicella vaccine if they are not already immune to chickenpox.

Varicella vaccine may be given at the same time as other vaccines. Also, a child between 12 months and 12 years of age might receive varicella vaccine together with MMR (measles, mumps, and rubella) vaccine in a single shot, known as MMRV. Your health care provider can give you more information.

## 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of varicella vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant** or thinks they might be pregnant—pregnant people should not get varicella vaccine
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems**
- Is **taking salicylates** (such as aspirin)
- Has recently **had a blood transfusion or received other blood products**
- Has **tuberculosis**
- Has **gotten any other vaccines in the past 4 weeks**

In some cases, your health care provider may decide to postpone varicella vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting varicella vaccine.

Your health care provider can give you more information.



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## 4. Risks of a vaccine reaction

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- Sore arm from the injection, redness or rash where the shot is given, or fever can happen after varicella vaccination.
- More serious reactions happen very rarely. These can include pneumonia, infection of the brain and/or spinal cord covering, or seizures that are often associated with fever.
- In people with serious immune system problems, this vaccine may cause an infection that may be life-threatening. People with serious immune system problems should not get varicella vaccine.

It is possible for a vaccinated person to develop a rash. If this happens, the varicella vaccine virus could be spread to an unprotected person. Anyone who gets a rash should stay away from infants and people with a weakened immune system until the rash goes away. Talk with your health care provider to learn more.

Some people who are vaccinated against chickenpox get shingles (herpes zoster) years later. This is much less common after vaccination than after chickenpox disease.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

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## 5. What if there is a serious problem?

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An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

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## 6. The National Vaccine Injury Compensation Program

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## 7. How can I learn more?

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- Contact the Centers for Disease Control and Prevention (CDC):
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  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).



# Fluoride Varnish

## Frequently Asked Questions

### What is fluoride varnish?

Fluoride varnish is a professionally applied treatment that can help protect teeth from cavities. It can help cavities from getting worse that are in their earliest stages. Fluoride varnish can be applied either at a doctor's or dentist's office.

### Is fluoride varnish safe?

Yes, fluoride varnish (and fluoride toothpaste) is safe to use, starting when the first teeth erupt. Only a small amount is used during a single fluoride varnish application. Allergies or sensitivities to fluoride varnish are rare.

### Why is fluoride varnish recommended for children's teeth?

Tooth decay, or cavities, is the most common chronic childhood disease. A small cavity can have a big impact on a child's life and development.

Cavities start when certain foods and drinks interact with the bacteria in our mouths. The more frequently this happens, the more likely cavities will form.

Teeth have an outer layer called enamel. In children's teeth, the enamel is thinner than adult teeth. Therefore, cavities can start and get worse more quickly. Fluoride helps to prevent or slow this process.

Cavities in baby teeth can interfere with speech, eating and cause pain and infection. Dental pain and infection can affect sleep schedules and a child's ability to focus.

### How often should your child get fluoride varnish?

Fluoride varnish can be applied when the first tooth erupts. It can be applied up to 4 times a year or once every 3 months. Insurance plans might limit how often it is covered, but most will cover fluoride varnish 2 times a year.

### How is fluoride varnish put on the teeth?

The liquid-like solution is painted on dry teeth with a tooth-sized paint brush. Saliva in the mouth causes the varnish to stick to the teeth. The procedure is easy, fast and painless. Some children may not like the procedure or sticky feeling.

### What do you do after a fluoride varnish treatment?

Children should avoid hot foods and liquids that would dissolve the varnish. Otherwise, normal eating and drinking are ok.

Do not brush or floss your child's teeth until the next morning, using their current toothbrush. After that, you should use a new toothbrush.

Teeth may appear yellow after fluoride varnish is applied but that color is temporary. The teeth will return to normal after toothbrushing the next morning.

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Fluoride Varnish Video!



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