



BRIGHT FUTURES HANDOUT ► PARENT

3 YEAR VISIT

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

✓ HOW YOUR FAMILY IS DOING

- Take time for yourself and to be with your partner.
- Stay connected to friends, their personal interests, and work.
- Have regular playtimes and mealtimes together as a family.
- Give your child hugs. Show your child how much you love him.
- Show your child how to handle anger well—time alone, respectful talk, or being active. Stop hitting, biting, and fighting right away.
- Give your child the chance to make choices.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.

✓ EATING HEALTHY AND BEING ACTIVE

- Give your child 16 to 24 oz of milk every day.
- Limit juice. It is not necessary. If you choose to serve juice, give no more than 4 oz a day of 100% juice and always serve it with a meal.
- Let your child have cool water when she is thirsty.
- Offer a variety of healthy foods and snacks, especially vegetables, fruits, and lean protein.
- Let your child decide how much to eat.
- Be sure your child is active at home and in preschool or child care.
- Apart from sleeping, children should not be inactive for longer than 1 hour at a time.
- Be active together as a family.
- Limit TV, tablet, or smartphone use to no more than 1 hour of high-quality programs each day.
- Be aware of what your child is watching.
- Don't put a TV, computer, tablet, or smartphone in your child's bedroom.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

✓ PLAYING WITH OTHERS

- Give your child a variety of toys for dressing up, make-believe, and imitation.
- Make sure your child has the chance to play with other preschoolers often. Playing with children who are the same age helps get your child ready for school.
- Help your child learn to take turns while playing games with other children.

✓ READING AND TALKING WITH YOUR CHILD

- Read books, sing songs, and play rhyming games with your child each day.
- Use books as a way to talk together. Reading together and talking about a book's story and pictures helps your child learn how to read.
- Look for ways to practice reading everywhere you go, such as stop signs, or labels and signs in the store.
- Ask your child questions about the story or pictures in books. Ask him to tell a part of the story.
- Ask your child specific questions about his day, friends, and activities.

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

3 YEAR VISIT—PARENT



SAFETY

- Continue to use a car safety seat that is installed correctly in the back seat. The safest seat is one with a 5-point harness, not a booster seat.
- Prevent choking. Cut food into small pieces.
- Supervise all outdoor play, especially near streets and driveways.
- Never leave your child alone in the car, house, or yard.
- Keep your child within arm's reach when she is near or in water. She should always wear a life jacket when on a boat.
- Teach your child to ask if it is OK to pet a dog or another animal before touching it.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.
- Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.

WHAT TO EXPECT AT YOUR CHILD'S 4 YEAR VISIT

We will talk about

- Caring for your child, your family, and yourself
- Getting ready for school
- Eating healthy
- Promoting physical activity and limiting TV time
- Keeping your child safe at home, outside, and in the car

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

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

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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.

Inclusion in this handout 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 handout. Web site addresses are as current as possible but may change at any time.

The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this handout and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.

Your child at 3 years



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 3. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What most children do by this age:

Social/Emotional Milestones

- Calms down within 10 minutes after you leave her, like at a childcare drop off
- Notices other children and joins them to play

Language/Communication Milestones

- Talks with you in conversation using at least two back-and-forth exchanges
- Asks "who," "what," "where," or "why" questions, like "Where is mommy/daddy?"
- Says what action is happening in a picture or book when asked, like "running," "eating," or "playing"
- Says first name, when asked
- Talks well enough for others to understand, most of the time

Cognitive Milestones (learning, thinking, problem-solving)

- Draws a circle, when you show him how
- Avoids touching hot objects, like a stove, when you warn her

Movement/Physical Development Milestones

- Strings items together, like large beads or macaroni
- Puts on some clothes by himself, like loose pants or a jacket
- Uses a fork

Other important things to share with the doctor...

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

You know your child best. Don't wait. If your child 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 child'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 child more; and
2. Call any local public elementary school for a free evaluation to find out if your child can get services to help.

For more on how to help your child, 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



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

Help your child learn and grow

As your child'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 child's doctor and teachers if you have questions or for more ideas on how to help your child's development.



- Encourage your child to solve her own problems with your support. Ask questions to help her understand the problem. Help her think of solutions, try one out, and try more if needed.
- Talk about your child's emotions and give him words to help him explain how he's feeling. Help your child manage stressful feelings by teaching him to take deep breaths, hug a favorite toy, or go to a quiet, safe place when he is upset.
- Set a few simple and clear rules that your child can follow, such as use gentle hands when playing. If he breaks a rule, show him what to do instead. Later, if your child follows the rule, recognize and congratulate him.
- Read with your child. Ask questions, such as "What is happening in the picture?" and/or "What do you think will happen next?" When she gives you an answer, ask for more details.
- Play counting games. Count body parts, stairs, and other things you use or see every day. Children this age are starting to learn about numbers and counting.
- Help your child develop his language skills by speaking to him in longer sentences than his, using real words. Repeat what he says, for example, "need nana," and then show how to use more "grown-up" words by saying, "I want a banana."
- Let your child help with making meals. Give him simple tasks, such as washing fruits and vegetables or stirring.
- Give your child instructions with 2 or 3 steps. For example, "Go to your room and get your shoes and coat."
- Limit screen time (TV, tablets, phones, etc.) to no more than 1 hour per day of a children's program with an adult present. Don't put any screens in your child's bedroom. Children learn by talking, playing, and interacting with others.
- Teach your child simple songs and rhymes, such as "Itsy Bitsy Spider" or "Twinkle, Twinkle, Little Star."
- Give your child an "activity box" with paper, crayons, and coloring books. Color and draw lines and shapes with your child.
- Encourage your child to play with other children. This helps him learn the value of friendship and how to get along with others.

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 | 1-800-CDC-INFO (1-800-232-4636)



Download CDC's
free Milestone
Tracker app



Learn the Signs. Act Early.

3 years old

Child's name _____

Height _____ Weight _____ Date _____

BMI _____ percentile _____ %

Food for Thought

Do you eat together as a family?

What is your child eating and drinking?

Does your child use a spoon and fork?

How many meals and snacks per day does your child eat?

How much TV does your child watch per day?

What play activities does your child enjoy?

Does the family play together?

Feeding Advice

- Your child's appetite will change from day to day, continue to have 3 planned family meals and 2 healthy snacks – if they don't eat at one meal, they will at the next.
 - Serve lowfat (1%) or fat free (skim) milk at all meals.
 - Serve whole grains (oatmeal, unsweetened dry cereal, whole wheat bread)
 - Serve at least 5 vegetables and fruits per day.
 - Serve small portions and let your child ask for more.
 - Request information on serving sizes.
 - Serve the same food the rest of the family is eating.
- Establish good habits early when eating away from home.
 - Avoid eating in the car.
 - If your child is in day care or staying with relatives, make sure you know what they're eating and drinking when you are away – stay consistent with healthy eating plans.
 - Restaurants – split meals between children or share yours, order milk with the meal; don't let them fill up on pre-meal foods such as bread and crackers.
 - When you do serve dessert, try healthier options such as fruit or yogurt.

- Your main job as a parent is to be sure that your child is served a variety of healthy foods (fruits, vegetables, milk, yogurt, cheese, whole grains, meat, poultry, fish & eggs).
- Don't force your child to eat or to clean their plate.
- Sit down and eat together as a family.

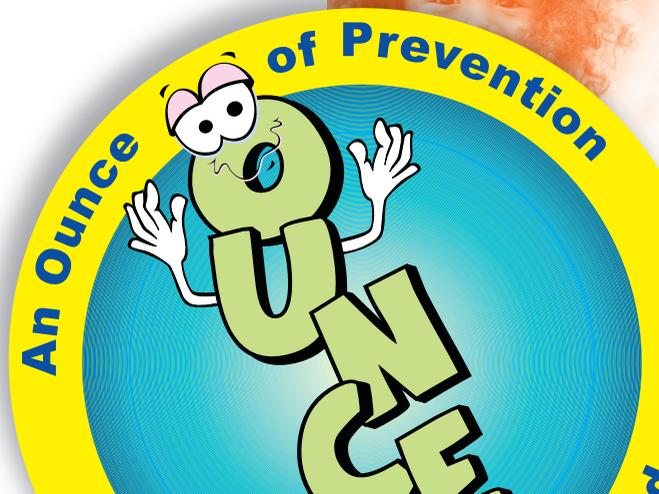
Be Active

- Encourage daily play that includes the entire family.
- Your child should be jumping, running, climbing and may be ready to ride a tricycle.
- Limit screen time (TV, computer, electronic games) no more than 1-2 hours per day and help your child choose what to watch.
- No TV or computer in your child's bedroom.

Notes:



The Ounce of Prevention Program is a collaboration of the Ohio Department of Health, Healthy Ohio; the American Academy of Pediatrics—Ohio Chapter; Nationwide Children's Hospital; the American Dairy Association Mideast and the Ohio Dietetic Association. May be reproduced in its entirety for educational purposes. February 2010





2 TO 4 YEARS

Safety for Your Child

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

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

Falls

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

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

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

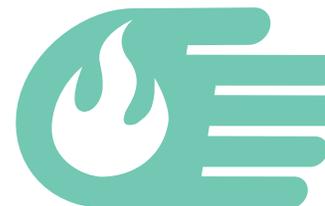
Firearm Hazards

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

Burns

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

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



(over)

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN[®]



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

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

Poisonings

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

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



And Remember Car Safety

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

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



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

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

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

From Your Doctor

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

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

Time-Out Technique

Definition

- Time-out means putting a child in a boring place for a few minutes to correct a misbehavior.
- It's the most effective consequence (discipline technique) for misbehavior in 2- to 5-year-old children. Every parent needs to know how to give a time-out.
- Time-out teaches a child to stop and think. It provides time to calm down and regain control of the emotions. Sometimes, it also helps the parent calm down.
- Time-out is also called quiet time, thinking time, or cooling-off time.

Health Information

When to Give a Time-Out

- Time-out is most useful for aggressive, harmful, or any disruptive behavior that cannot be ignored.
- Time-out is not needed for most temper tantrums.
- Time-out is the most effective consequence for toddlers and preschoolers who misbehave. It's much better than threatening, shouting, or spanking
- The peak ages for using time-out are 2 to 5 years. During these years, children respond to actions much better than words. Time-out is not ever needed before a child can walk. Time-out is rarely needed for children younger than 18 months because they usually respond to verbal disapproval (a simple "No").

What to Expect

- If you use time-out repeatedly, consistently, and correctly, your child will eventually improve. It can change almost any childhood behavior.

Care Advice

How to Give Time-Outs

1. Teach Your Child What a Time-Out Is:

- If you have not used time-out before, go over it with your child.
- Review the kinds of bad behavior that require a time-out. Also, review the good behavior that you would prefer.
- Tell your child it will replace yelling and spanking, if you have used those techniques.
- Then do a practice run. Pretend with your child that he has broken one of the rules. Take him through the steps of time-out so he will understand what to do when he needs a time-out in the future.

2. Time-Out Chair:

- Pick a chair for time-outs. The chair should be in a boring location, facing a blank wall or a corner.
- Don't allow your child to take anything with him to time-out, such as a stuffed animal or security blanket. Your child shouldn't be able to see TV or other people from the location.
- A good chair is a heavy one with side arms. The special chair can also be named after the misbehavior you are trying to stop: such as your hitting chair or screaming chair.
- Alternatives to chairs are standing in a particular corner or sitting on the lower step of a stairway.
- If you are in the same room as your child, carefully avoid making eye contact.

3. **Time-Out Room:**

- Children who refuse to stay in a time-out chair need to be sent to a time-out room. Keeping a child in a room is easier to enforce.
- The room should be one that is safe for the child. The child's bedroom is often the most convenient one. Although toys are available in the bedroom, most children do not initially play with them because they are upset about being excluded from mainstream activities.
- Caution: Avoid any room that is dark or scary (such as some basements), contains hot water (bathrooms), or has filing cabinets or bookshelves that could be pulled down on the child.

4. **Send Your Child to Time-Out:**

- You ask your child to stop doing something, and they do not. You tell them again, and they do not comply.
- Stop talking and state "you need a time-out". If your child doesn't go to time-out within 5 seconds, take him there. Younger children often need to be led there by their hand. In some cases, they may need to be carried there protesting. Older children will usually go to time-out on their own.
- Take him to time-out without talking. Or you can tell your child what he did wrong in one sentence (such as, "No hitting"). Sometimes also clarify the preferred behavior (such as, "Be kind to Zoe"). These brief comments give your child something to think about during the time-out.

5. **Decide the Length of Time-Out:**

- Time-out should be brief so your child can easily comply. A good rule of thumb is 1 minute per year of age (with an upper limit of 5 minutes). There's no evidence that timeouts longer than this work any better.
- After age 6, most children can be told they must take a time-out "until you can behave" or "until you calm down." This allows the child to recover quickly if they are able.
- Setting a portable kitchen timer for the required number of minutes can be helpful. The best type rings when the time is up. A timer can stop a child from asking the parents when he can come out.

6. **Quiet Behavior in Time-Out: Required or Not?**

- The minimum requirement for time-out completion is that your child does not leave the chair or time-out place until the time-out is over. If your child leaves ahead of time, return them and reset the timer.
- Some parents do not consider a time-out to be completed unless the child has been quiet for the entire time. Until 4 years of age, many children are unwilling or unable to stay quiet. Ignore tantrums in time-out, just as you would ignore tantrums outside of time-out. After age 4, quiet time is preferred but not required. If you wish, you can tell your child, "Time-out is for thinking, and to think need to be quiet. If you yell or complain, the time will start over."

7. **Release Your Child from Time-Out:**

- To be released, your child must have performed a successful time-out. This means he stayed in time-out for the required number of minutes.
- Your child can leave time-out when the timer rings. If you don't have a timer, he can leave when you tell him, "Time-out is over. You can get up now."
- A few children may need to start with shorter timeouts. Even so, you have to stay in charge of when the timeout is over.

Special Time-Out Problems

1. **Younger Child Who Refuses to Stay in Time-Out:**
 - In general, if a child escapes from time-out (gets up from the chair), you should quickly take the child back to time-out and reset the timer. This approach works for most children.
 - Some strong-willed toddlers initially need to be held in time-out. Holding your child in time-out teaches your child that you mean what you say and that he must comply. Place your child in the time-out chair again and hold him by the shoulders from behind. Tell your child that you will stop holding him when he stops trying to escape.
 - Then avoid eye contact and any talking. Pretend that you don't mind doing this and are thinking of something else.
 - When the time is up, tell your child "that was a good time-out" whether it was or not. Your child will usually stop trying to escape after a week of this holding approach.
2. **Younger Child Who Won't Sit in the Time-Out Chair:**
 - A last resort for young children who continue to resist sitting in a chair is putting them in the bedroom with a strong gate blocking the door.
 - Occasionally, a parent with carpentry skills can install a half-door.
 - If you cannot devise a barricade, some children will need you to close the door. When you do say, "I'm sorry I have to close the door. I'll open it when you promise to stay in your room for your time-out." Hold the door closed for the 3 to 5 minutes it takes to complete the time-out period. Most children need their door closed only a few times.
3. **Older Child Who Refuses to Stay in Time-Out:**
 - An older child can be defined in this context as one who is too strong for the parent to hold in a time-out chair. In general, any child older than 5 years who does not take time-out quickly should be considered a "refuser".
 - Time-out always needs a backup plan.
 - Change the consequence to one that matters to your child. If 5 minutes pass without your child going to time-out, take away a privilege or possession. Tell your child that they just lost TV, video games, a favorite toy, outside play or visits with friends until they take their time-out. That can mean for the rest of that day. After giving the consequence, walk away and no longer discuss it.
4. **Time-Out Away from Home:**
 - Time-out can be effectively used in any setting.
 - In a supermarket, younger children can be put back in the grocery cart. Older children may need to stand in a corner.
 - In shopping malls, children can take their time-out sitting on a bench or in a restroom.
 - Sometimes a child needs to be taken to the car and made to sit there with supervision.
 - If the child is outdoors and misbehaves, you can ask him to stand facing a tree.

When Time-Outs are Not Working: What to Do

1. **Don't Give Up on Using Time-Outs:**
 - Some children repeat their misbehavior immediately after release from time-out. Others seem to improve but by the next day are back at it. Some children refuse to go to time-out or won't stay there. None of these examples means that time-out should be abandoned.
 - It remains the most powerful discipline technique for 2- to 5-year-old children.
 - The following recommendations may help you fine-tune how you are using time-out.

2. **Give Your Child More Physical Affection Each Day:**
 - Be sure your child receives several time-ins for each time-out. A time-in is a brief caring human interaction.
 - Try to restore the positive side of your relationship with your child. Catch him being good. Give your child a hug many times a day. For younger children, hold them closely for a few minutes many times a day. Play with your child more.
 - Children who are overly criticized can feel that they are no longer loved. Then they no longer want to please you.
3. **Use Time-Out Only For The One Worst Behavior You Are Trying to Change:**
 - Pick your one main "problem behavior" and concentrate on that. Use your time-out consequence only for that target behavior.
4. **Don't Threaten to Give a Time-Out, Just Do It:**
 - See the popular book "1-2-3 Magic" by psychologist Thomas Phelan PhD. He uses a slow 3-count prior to requiring the time-out. This 3-warning approach helps many children accept the requested change and avoid the time-out.
 - The main point is don't give repeated warnings. If you tell your child to stop doing something and they don't, give them a time-out. No discussion.
5. **Put Your Child in Time-Out Quickly:**
 - Don't argue about it with your child.
 - When your child breaks a rule, have her in time-out within 10 seconds.
6. **Be Gentle When Moving Your Child to Time-Out:**
 - This will help reduce your child's anger.
 - Say you're sorry he needs a time-out, but be firm about it.
 - Try to handle your child gently if you have to carry him to time-out.
7. **Give Your Child a Choice About How He Takes His Time-Out:**
 - Ask, "Do you want to take a time-out by yourself or do you want me to hold you in your chair? It doesn't matter to me." Also known as the easy way or the hard way.
8. **Don't Talk to Your Child During Time-Out:**
 - Don't answer his questions or complaints. Don't try to lecture your child.
9. **Ignore Tantrums in Time-Out:**
 - Don't insist on quietness during time-out. Reason: Makes it harder to finish the time-out and move on.
10. **Return Your Child to Time-Out if He Escapes:**
 - Have a back-up plan.
 - For example, you can hold a young child in the time-out chair, or ground an older child.
 - See detailed discussion under Special Time-Out Problems.
11. **Use a Portable Timer for Keeping Track of the Time:**
 - Your child is more likely to obey a timer than to obey you.
 - A timer can be very helpful for toddlers.
12. **Allow Your Child to Come out of Time-Out as soon as Feels Calmer:**
 - Give your child the option to regain self-control on their terms rather than taking the specified number of minutes. This helps strong-willed children.
13. **Praise Your Child for Taking a "Good" Time-Out:**
 - Forgive your child completely when you release him from time-out.
 - Don't give lectures or ask for an apology.
 - Give your child a clean slate and don't tell your partner how many time-outs he needed that day.

14. Use Different Consequences for Different Misbehaviors:

- Ignore harmless behaviors.
- Use distraction for bad habits.
- Use logical consequences -- such as removal of toys, other possessions, or privileges -- for some misbehavior.

15. Clarify With Your Child What You Want Him To Do:

- Clarify the important house rules.
- Memory requires repetition. Review rules at a time when your child is in a good mood.
- This will help him be more successful in the future.

Call Your Doctor If

- Your child has many behavioral problems and is out of control
- Your child refuses to stay in time-out after using this plan for 1 week
- Your child's misbehavior has not improved after using this plan for 4 weeks
- You have other questions or concerns

Pediatric Care Advice

Author: Barton Schmitt MD, FAAP

Copyright 2000-2023 Schmitt Pediatric Guidelines LLC

Disclaimer: This health information is for educational purposes only. You the reader assume full responsibility for how you choose to use it. The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. Listing of any resources does not imply an endorsement.

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.

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.

Check out our BBP
Fluoride Varnish Video!



PARTNERS
FOR KIDS®


NATIONWIDE
CHILDREN'S®
When your child needs a hospital, everything matters.

FREE BOOKS EACH
MONTH

CHILDREN AGES
0-5

REGISTER YOUR CHILD
TODAY

FREE BOOKS



**RECEIVE A FREE
HIGH-QUALITY, AGE APPROPRIATE BOOK EACH
MONTH FOR REGISTERED CHILDREN FROM
BIRTH TO AGE FIVE.**

**REGISTER YOUR CHILD TODAY!
OHIOIMAGINATIONLIBRARY.ORG/ENROLL**



DOLLY PARTON'S IMAGINATION LIBRARY OF OHIO

