

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

### Important Points to Remember:

- Try each activity with your baby before marking a response.
- Make completing this questionnaire a game that is fun for you and your baby.
- Make sure your baby is rested and fed.
- Please return this questionnaire by \_\_\_\_\_.

### Notes:

---



---



---



---

## COMMUNICATION

- |   | YES                   | SOMETIMES             | NOT YET               |     |
|---|-----------------------|-----------------------|-----------------------|-----|
| 1. Does your baby make two similar sounds, such as "ba-ba," "da-da," or "ga-ga"? (The sounds do not need to mean anything.)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. If you ask your baby to, does he play at least one nursery game even if you don't show him the activity yourself (such as "bye-bye," "Peek-a-boo," "clap your hands," "So Big")? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," <i>without</i> your using gestures?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. Does your baby say three words, such as "Mama," "Dada," and "Baba"? (A "word" is a sound or sounds your baby says consistently to mean someone or something.)                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. When you ask, "Where is the ball (hat, shoe, etc.)?" does your baby look at the object? (Make sure the object is present. Mark "yes" if she knows one object.)                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. When your baby wants something, does he tell you by <i>pointing</i> to it?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

COMMUNICATION TOTAL \_\_\_\_\_

## GROSS MOTOR

- |  | YES                   | SOMETIMES             | NOT YET               |     |
|--|-----------------------|-----------------------|-----------------------|-----|
| 1. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. While holding onto furniture, does your baby lower herself with control (without falling or flopping down)?                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Does your baby walk beside furniture while holding on with only one hand?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |



**GROSS MOTOR** (continued)

YES                      SOMETIMES                      NOT YET

4. If you hold both hands just to balance your baby, does he take several steps without tripping or falling? *(If your baby already walks alone, mark "yes" for this item.)*



                                                                 \_\_\_\_\_

5. When you hold one hand just to balance your baby, does she take several steps forward? *(If your baby already walks alone, mark "yes" for this item.)*



                                                                 \_\_\_\_\_

6. Does your baby stand up in the middle of the floor by himself and take several steps forward?

                                                                 \_\_\_\_\_

GROSS MOTOR TOTAL \_\_\_\_\_

**FINE MOTOR**

YES                      SOMETIMES                      NOT YET

1. After one or two tries, does your baby pick up a piece of string with his first finger and thumb? *(The string may be attached to a toy.)*



                                                                 \_\_\_\_\_

2. Does your baby pick up a crumb or Cheerio with the tips of her thumb and a finger? She may rest her arm or hand on the table while doing it.



                                                                 \_\_\_\_\_

3. Does your baby put a small toy down, without dropping it, and then take his hand off the toy?


                                                                 \_\_\_\_\_

4. Without resting her arm or hand on the table, does your baby pick up a crumb or Cheerio with the tips of her thumb and a finger?



                                                                 \_\_\_\_\_\*

5. Does your baby throw a small ball with a forward arm motion? *(If he simply drops the ball, mark "not yet" for this item.)*



                                                                 \_\_\_\_\_

6. Does your baby help turn the pages of a book? *(You may lift a page for him to grasp.)*

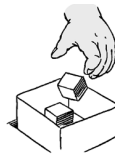
                                                                 \_\_\_\_\_

FINE MOTOR TOTAL \_\_\_\_\_

*\*If Fine Motor Item 4 is marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."*

## PROBLEM SOLVING

- |  | YES                   | SOMETIMES             | NOT YET               |       |
|--|-----------------------|-----------------------|-----------------------|-------|
| 1. When holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___   |
| 2. Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___   |
| 3. After watching you hide a small toy under a piece of paper or cloth, does your baby find it? <i>(Be sure the toy is completely hidden.)</i>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___   |
| 4. If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although she may not let go of it? <i>(If she already lets go of the toy into a bowl or box, mark "yes" for this item.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___   |
| 5. Does your baby drop two small toys, one after the other, into a container like a bowl or box? <i>(You may show him how to do it.)</i>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ * |
| 6. After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by scribbling? <i>(If she already scribbles on her own, mark "yes" for this item.)</i>                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___   |



PROBLEM SOLVING TOTAL

*\*If Problem Solving Item 5 is marked "yes" or "sometimes," mark Problem Solving Item 4 "yes."*

## PERSONAL-SOCIAL

- |   | YES                   | SOMETIMES             | NOT YET               |     |
|---|-----------------------|-----------------------|-----------------------|-----|
| 1. When you hold out your hand and ask for his toy, does your baby offer it to you even if he doesn't let go of it? <i>(If he already lets go of the toy into your hand, mark "yes" for this item.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. When you dress your baby, does she push her arm through a sleeve once her arm is started in the hole of the sleeve?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. When you hold out your hand and ask for his toy, does your baby let go of it into your hand?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. When you dress your baby, does she lift her foot for her shoe, sock, or pant leg?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your baby roll or throw a ball back to you so that you can return it to him?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. Does your baby play with a doll or stuffed animal by hugging it?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

PERSONAL-SOCIAL TOTAL

**OVERALL**

Parents and providers may use the space below for additional comments.

1. Does your baby use both hands and both legs equally well? If no, explain:  YES  NO

2. Does your baby play with sounds or seem to make words? If no, explain:  YES  NO

3. When your baby is standing, are her feet flat on the surface most of the time? If no, explain:  YES  NO

4. Do you have concerns that your baby is too quiet or does not make sounds like other babies do? If yes, explain:  YES  NO

5. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:  YES  NO

**OVERALL** *(continued)*

6. Do you have concerns about your baby's vision? If yes, explain:

YES

NO

7. Has your baby had any medical problems in the last several months? If yes, explain:

YES

NO

8. Do you have any concerns about your baby's behavior? If yes, explain:

YES

NO

9. Does anything about your baby worry you? If yes, explain:

YES

NO

## **Nutrition**

Your toddler should be making the transition from a diet of baby food and formula or breast-milk to a diet of mainly table food and cow's milk. This is an important time for your child and your family. It is your responsibility to teach your child to accept and like a variety of healthy foods. The key to getting your child to accept new and nutritious foods is repeated exposure. You may need to serve a food several times before your child learns to accept or even like a new food. Keep trying.

This is an excellent time for parents to look at their own diet. Parents are important role models. How parents eat has a profound impact on their children's diet. Studies show that children who prefer high fat and calorie-dense foods (junk food) have parents with similar preferences. Parents transfer eating habits to their children. Parents need to provide nutritious food at every meal and every snack. Aim for at least two to three servings each of fruits and vegetables a day. Eliminate high-calorie, poor quality snacks such as sodas, chips, and cookies. Milk should be served at each meal. Healthy eating habits will decrease the risks of chronic diseases such as obesity, heart disease, diabetes, cancer, and stroke for the entire family.

You may notice that your child is getting more independent and wants to self-feed. This is normal; provide more finger foods for your toddler.

You may also notice your child's appetite is decreasing. Once again, this is normal. Your child is entering a period in which growth will be much less rapid. In the first year of life most babies triple their birth weight. Between 12 months and 2 years of age, most babies only gain about 5 or 6 pounds. If your child's appetite has decreased; just keep offering a variety of nutritious food. Don't worry about any particular day or even week. Try not to turn meals time into battle time. Resist the temptation to become a short-order cook.

## **The Food Guide Pyramid**

The U. S. Department of Agriculture publishes a "Food Guide Pyramid" that is a general guideline of foods important for a healthy, balanced daily diet. The following is a modification of the USDA Food Pyramid for children age 12 to 23 months.

<b>The Food Pyramid</b>		
<b>Food Group</b>	<b>Servings Per Day</b>	<b>Serving Size</b>
Dairy Group	3 - 4 Servings	Milk (whole milk) - ½ cup (4 oz.) Cheese - ½ oz. Yogurt - ¼ cup (2 oz.)
Meat and Other Proteins	2 servings	Meat, Fish or Poultry - 1 ounce (about ¼ the size of a deck of cards) Eggs - ½ Beans - ¼ cup (cooked)
Fruit	2 – 3 servings	Canned or Frozen Fruit (in natural juice, not syrup) - ¼ cup Fresh Fruit - ½ of small sized fruit 100% Fruit Juice - 3 to 4 oz., not more than 8 oz a day
Vegetables	2 – 3 servings	Cooked Vegetables - ¼ cup (2 oz. or 4 tablespoons) Raw vegetables aren't appropriate at this age, as they are a choking hazard.
Grains – at least half should be whole-grain	4 – 6 servings	Bread - ½ slice (preferably whole grain) Cooked Cereal, Rice, Pasta - ¼ cup Dry Cereal - 1/3 cup Crackers - 2 to 3 (preferably whole grain)

## **Healthy Eating Tips**

### **1. Liquid Intake:**

A. **Milk:** Your child should drink at least 8 - 18 ounces a day of whole cow's milk. More than 24 ounces a day of milk can lead to anemia and a decreased appetite in general. Dietary fat is important for brain growth; your child is too young for low-fat milk. Offer milk at every meal. If your child won't drink milk, offer milk products such as cheese and yogurt.

**B. Juice:** All juice given to your children should be 100% fruit juice, not a fruit drink. Four ounces is a reasonable serving. Your child should not drink more than 8 ounces of fruit juice a day. Excessive juice is associated with diarrhea, gas, tooth decay, and poor nutrition. Your child may now have citrus juices.

**C. Soft Drinks, Sport Drinks:** Not appropriate in this age group. Offer water between meals.

**D. Cup Training:** Your toddler should be able to drink all of his liquids from a cup. It's time to discontinue the bottle; prolonged bottle use can cause cavities. One way to help wean off the bottle is to put only water in the bottle so your child will lose interest. Sippy-cups (cups with a lid and spout) can also cause cavities if you allow your child to use them all day long. Save them for snacks and mealtimes. Cups with straws will reduce exposure of the teeth to the beverage as your child drinks.

**2. Fruits and Vegetables:** Offer two to three servings each of fruits and vegetables to your toddler every day. While amounts of food eaten on any given day can vary tremendously, a reasonable goal for total fruits and vegetables a day for your toddler is a cup to a cup and a half a day. A cup would be 4 servings and a cup and a half would be 6 servings a day. Keep trying. Set a good example.

**3. Grains:** Make sure at least half of your child's grains are whole grain.

**4. Iron-Containing Foods/Anemia:** Iron stores during the first year of life are generally very good. Breastmilk, iron-containing formulas, and iron-fortified infant cereals all help to ensure adequate iron intake during the first year.

- Now that your toddler is entering her second year she will need to depend on different foods for her iron. Red meats, poultry, and fish all provide iron that is easy to absorb. Green leafy vegetables, dried fruit, and beans also supply iron, but in a form that is not as easily absorbed. Vitamin C helps iron absorption, so offering citrus fruits and juices at meals or snacks can help. Limit milk to 18 ounces or less a day; twelve - sixteen ounces is all that is needed to supply the calcium that your toddler needs. Excessive milk at this age can cause anemia.
- If your child is not a meat-eater or you have concern about your child's iron-intake, don't hesitate to give a daily supplemental vitamin with iron, such as Polyvisol with Iron or Vidaylin with Iron drops. One to two servings a day of infant cereal is another way to provide iron supplementation to your toddler. The infant cereals are more iron-rich than regular cereals.
- **Snacks:** Offer nutritious bite-sized snacks such as fresh fruit, fruit canned in natural juice, cottage cheese, string cheese, whole-grain crackers, cheerios and other iron-fortified non-sweetened cereals, avocado, and bits of meat. Avoid high calorie, poor nutrition foods such as cookies, donuts, candy, and French Fries.

#### **Dental Tips**

1. Don't allow children to use sippy cups throughout the day. Save them for snacks and meals. High-sugar beverages, such as juice, are best to drink with a straw.
2. Discontinue bottle use. If a bottle is used at all, it should only contain water.
3. Use water and a soft child-sized toothbrush for daily cleaning once your child has teeth showing. Try to brush your baby's teeth twice a day, best times are after breakfast and before bedtime.
4. Once you are sure that your toddler will spit, not swallow, toothpaste you should begin using a toothpaste with fluoride. Use a pea-sized amount of toothpaste to limit the amount that he can accidentally swallow.
5. Cheese is excellent when eaten at the end of a meal or as a snack. Cheese is a good source of calcium. In addition, Cheddar, Swiss, and Mozzarella stimulate saliva flow, which helps clear the mouth of food and neutralizes acids.
6. For more information you may visit the American Academy of Pediatric Dentistry's website at [www.aapd.org](http://www.aapd.org).

#### **Development**

- **Social/Emotional.** During the second year of life toddlers have a very selfish view of the world. They know other people exist, but they have no idea how they think or feel. Child development experts refer to this as the egocentric or self-centered phase. This viewpoint makes it difficult for toddlers to play with other children their age in a truly social sense. They will often enjoy playing alongside each other but cooperative games don't usually work. Often playing with older children is easier and more enjoyable for everyone. Sharing is meaningless to a child this age. Every toddler believes that he alone deserves the spotlight. Your toddler's mood will swing between fierce independence and clinging to you. Some people call this period "the first adolescence." Your child is having mixed feelings about his new independence skills and his reluctance to separate from you. Give him attention and reassurance.

##### **Tips:**

- Try to minimize combat when your child's "friends" are over. Provide plenty of toys for everyone. It might help to select a couple of prized possessions for your child and make these items off limits to other children. If your child is acting too possessive and not allowing the other children to play, try reassuring him that the other child is "only looking at it" or "yes it's your toy, he's not going to take it from you." Distract and redirect your child. Be prepared to referee.

- Children this age are often aggressive. They have very little awareness of the feelings of others and being physical is a natural response to frustration or anger. Be alert when toddlers play. Be prepared to pull the aggressive child away from the activity. Clearly reprimand the behavior, ("don't bite," "don't hit", etc.) and redirect all the children to friendlier play.
- Toddlers are great imitators. When you are mowing the lawn, reading the paper, or sweeping the floors, she'll want to "help". Even though it may take longer, try to involve your child or turn the activity into a game. If you are doing something that she can't help you with or participate in some way, find another "chore" to do. Encourage these desires to be helpful. Helping, like sharing, is an important social skill.
- Brief separations from you may help your toddler become more independent. He'll still suffer separation anxiety, but generally the protest is brief. Leave him with a kiss and a promise that you'll return. When you return, greet him enthusiastically and devote full attention to him for a while before moving on to other chores or business. Your child will learn that you always return.
- Toddlers are notorious for throwing tantrums. Unfortunately tantrums are seen from about 9 months up until 4 or 5 years of age. A tantrum is the emotional equivalent of a blown fuse. A tantrum is most likely when frustration has built up in your toddler such that only an explosion can release it. Once a tantrum is underway it is not something an adult nor the child can generally stop.

The best strategy is to try to avoid tantrums. Organize your toddler's life so frustration is kept to a minimum. Allow time for naps and quiet time. Keep meal and snack times predictable. Have reasonable expectations. A toddler is not going to eat neatly or pick up his toys without help. If possible, leave your toddler at home with the other parent when lengthy errands need to be done. Sometimes you might be able to head off a tantrum by holding your child and cuddling or by redirection. Lend him some of your control until he's able to take a breather and take charge of himself again. If it's too late for this, try your best to treat his behavior as unpleasant but irrelevant. Don't scream or argue with your child; he's not capable of listening during a tantrum. Remove breakable objects. Don't give in to your child's demand; this will increase their frequency. Don't let your child feel rewarded or punished for the tantrum. When the tantrum is over, you both just need to go on with your day.

- **Cognitive/ Learning.** You will notice how hard your toddler concentrates as he plays. He is constantly gathering information about how things work. He is learning to make decisions and find solutions for play-related problems. He will be attracted to mechanical devices such as wind-up toys, switches, buttons, and knobs. Imitation is an important part of learning at this age. He may play with household objects by himself or try to involve you. He may also like hiding games. If he does something special, he may pause and look to you for applause. By responding to these cues you will encourage his learning, and have fun. He still lacks judgement and doesn't understand consequences. You must watch him carefully. Even if he injures himself in play he may not understand the cause. He knows that he can open and shut doors, but doesn't know to keep his fingers out of the way, etc.
- **Language.** You have probably noticed that your toddler is now understanding most of what you say. If you suggest going outside, he'll head for the door. If you ask where his ball is, he'll go look for it. This understanding is a giant leap in language development. Start using less baby talk. Speak clearly to your toddler. Continue to talk lovingly and with emotion and enthusiasm to your toddler. Try to read to your child daily and at a regular time. Most toddlers can say one or two words at this age. First words are usually labels, such as peoples' names, favorite toys, pets' names, or other special objects. Use correct labels (names) for objects. Pronunciation is difficult, work hard to understand what he is telling you. Boys often develop language skills more slowly than girls.
- **Gross Motor (Movement) Skills.** Walking without support is the major motor milestone for this age group. If your child is not walking yet, she should be within the next 6 months. When a toddler first walks, she will plant legs apart widely and lurch side-to-side slowly. Also she may hold her arms up, bent at the elbow, and with hands at shoulder level for balance. Over the next few months, her walk will mature. Her feet will come together and her arms will move at her side in a more normal fashion. At this age walking is still a challenge. Your toddler will fall and fall and fall. Even turning corners is not easy at first. Watch your child carefully, especially around stairways.
- **Fine Motor (Hand and Finger) Skills.** Over the next few months your toddler's ability to manipulate small objects will improve dramatically. By manipulating small objects he will learn spatial relationships such as: in, on, under, and around. Favorite games include:
  - Putting raisins or cheerios in a small container and then dumping them out again.
  - Building towers of 2 or 3 blocks and knocking them down.
  - Turning knobs and pages
  - Covering and uncovering containers
  - Picking up balls or other objects in motion

#### **Media Alert**

- Now while your child is young, parents need to consider both the risks and the benefits of mass media exposure (television, movies, video and computer games, the Internet, etc.) and set family rules for media exposure.



- Potential benefits of the media include selected educational television programs, family entertainment/movies, and knowledge obtained through the Internet.
- Unfortunately there are also problems with excessive or unsupervised mass media exposure. Currently the average American child spends more than 3 hours a day watching television. This figure does not include time spent watching movies, listening to music, playing video or computer games, or surfing the Internet. Time spent with the media can displace creative, active, or social pursuits. Other problems include:
  - **Behavior:** There is much evidence that significant exposure to media violence increases the risk of aggressive behavior in certain children and adolescents, desensitizes children to violence, and can lead a child to believe that the world is a "meaner and scarier" place than it is.
  - **Sexual Content:** American media, both in programming and advertising, is highly sexualized in content. The average young television viewer is exposed to more than 14,000 sexual references a year. Most of these references do not portray responsible sexual behavior nor do they mention the risks of pregnancy and sexually transmitted disease.
  - **Tobacco and Alcohol:** Advertising and popular movies normalize and glamorize the use of tobacco, alcohol, and illicit drugs.
  - **Obesity and School Performance:** Excessive television viewing has been documented to be a significant factor leading to obesity and may lead to decreased school achievement as well. There is concern that over stimulation from high levels of media use might lead to problems with attention or hyperactivity; however, there has been no research to date that proves this.

### Sleep

- Most 12 month olds sleep around 11 hours overnight and take 2 naps a day (morning and afternoon) of 1 to 2 hours each for a total of 13 to 14 hours of sleep in a 24 hour day. Often the morning nap is discontinued by 15 to 18 months of age. When the morning nap is dropped, the afternoon nap may stretch out another half hour or so.
- Have a soothing predictable bedtime routine such as bath, bedtime story, and saying goodnight to family and favorite objects. A snack or drink should not be part of this routine. Include his transitional object in the routine. Make sure "Mister Bear" is included in story time. Place your child in his crib while he is awake but drowsy.
- If he stirs and seems to awaken during the night, don't rush in. If you wait for a few minutes he may settle back to sleep. If he calls out for you, sometimes calling back and letting him know that you are nearby will be enough. If these simple measures don't work, you will need to go into his room and briefly reassure him. Make nighttime contacts brief and boring.
- If you want to read more about sleep problems, we recommend Solve Your Child's Sleep Problem by Richard Ferber.

### Reach Out and Read. Reading to your child is the best way to help your child love books and learning.

- Reading milestones between 12 -18 months:
- Your child should:
  - Sit without support
  - May carry book
  - Hold book with help
  - Turn board pages, several at a time
  - No longer mouth book right away
  - Point with one finger
  - May make same sound for certain pictures
  - Point when asked "where's the ...?"
  - Turn book right side up
  - Give book to adult to read
- The parent should:
  - Respond to child's prompting to read
  - Let the child control the book
  - Be comfortable with toddler's attention span
  - Ask "where's the ...?" and let child point
- Favorite titles for this age group:
  - Clifford, the Big Red Dog board book
  - Goodnight Moon
  - Buenas Noches Luna
  - The Zoo Book

- Feliz Cumpleanos
- Hagamos de Cuenta
- Diez Puntos Negros
- Read To Your Bunny
- Leale a Su Conejito
- The Bug Book
- Feelings
- In the Kitchen
- When I Grow Up
- Mi Libro del ABC

## **Safety**

Injuries are the leading cause of death in children less than 4 years of age. Because of all the new motor skills and the natural desire to explore, 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.

- **Poisoning.**
  - Children continue to explore their world by putting everything in their mouths, even if it doesn't taste good. Your child can now open doors and drawers, take things apart, and open bottles easily. You must use safety caps on all medicines and toxic household products. Consider using non-toxic substitute household products.
  - Your child is now able to get into and on top of everything. Be sure and keep all household products and medicines completely out of sight and reach. Never store lye drain cleaners in your house. Keep all products in their original containers.
  - If your child puts something poisonous into his mouth, call the Poison Help Line immediately. Have the Poison Help Line number (1-800-222-1222) on or near your phone. Do not make your child vomit. The American Academy of Pediatrics no longer recommends that syrup of Ipecac (medication that induces vomiting) be kept at home as a home treatment strategy.
- **High Blood Lead.** Children can be exposed to lead by living in older homes that have lead-based paints and/or by a family member's occupation or hobby. This lead exposure can be harmful. There is a questionnaire in the immunization folder that you can look at to help decide whether or not your child is at risk. In our part of the country, the incidence of significant lead exposure is quite low, but it does occur. If you answer "yes" to any questions on the questionnaire, a blood test for lead may be needed.
- **Falls.** To prevent serious falls, lock the doors to any dangerous area. Use gates on stairways and install operable window guards above the first floor. Remove sharp-edged furniture from the room that your child plays and sleeps in. Children this age can climb. A chair left next to a kitchen counter is an invitation to climb and explore. Remember, your child does not understand what is dangerous.
- **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. Hand guns are especially dangerous. If you choose to keep a gun, keep it unloaded and in a locked place separate from the ammunition. Ask if the homes where your child visits or is cared for have guns and how they are stored.
- **Drowning.** At this age children love to play in water. Never leave your child alone in or near a bath tub, pail of water, wading or swimming pool, or any other water, even for a moment. Empty all buckets after each use. Keep bathroom doors shut. Your child can drown in less than 2 inches of water. Stay within an arm's length of your child around water. If you have a swimming pool, fence it at all 4 sides with a fence at least 4 feet high, and be sure that the gates are self-latching. Most children drown when they wander out of the house and fall into a pool that is not fenced off from the house.
- **Burns.**
  - The kitchen is a dangerous place for your child during meal preparation. Hot liquids, grease, and hot foods spilled on your child can cause serious burns. A safe place for your child while you are cooking, eating, or unable to give him your full attention is the play pen, high chair, or crib. Never carry your child and hot liquids or food at the same time.
  - Children will grab anything as they toddle about, including oven doors, wall heaters, or outdoor grills. Keep your child out of rooms where there are hot objects that may be touched or place a barrier around them.
  - If your child does get burned, immediately place cold water on the burned area. Then cover the burn loosely with a bandage or clean cloth. Call your doctor for all burns. To protect your child from hot water burns reduce the temperature of your hot water heater to 120° F.

- Children are at greatest risk in house fires. Test the batteries on your smoke alarm once a month to be sure that they work. Change the batteries at least twice a year on dates that you'll remember, like the day that time changes for Daylight Saving and Standard Time.
- **Sun Exposure.** Avoid the sun during the hours of 10am to 4pm. If outside, stay in the shade, use a hat to protect your child's face, and use a sunscreen that is approved for children. Sun exposure during childhood can cause skin cancer and premature aging of the skin later in life.
- **Car Safety.**
  - Car accidents are a great danger to your child's life and health. The crushing forces to your child's brain and body in an accident 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 a car.
  - Since January 2013 recommendations have changed. We now know keeping children in car seats rear facing until two years of age is the safest to prevent spinal cord injury. Read and follow the instructions that come with the car safety seat and the instructions for using car safety seats in the owner's manual of your car. The safest place for all infants and children to ride is in the back seat.
  - For more information about car safety seats and for information about having your seat checked for proper installment call 1-800-252-8255 (safe riders program) or 1-866-SEAT-CHECK ([www.seatcheck.org](http://www.seatcheck.org)).
  - Do not leave your child alone in the car. Death from excess heat may occur very quickly in warm weather in a closed car. Keep vehicles and their trunks locked. Before backing up, always walk behind your car to be sure that your child is not there. You may not see your child if you rely only on the rear view mirror.

### **Early Childhood Intervention (ECI) Programs**

The State of Texas has a network of local community programs (Early Childhood Intervention or ECI) that provide services to Texas families and their children, birth to age three, with developmental delays. The cost of services provided is based on family income. Children are eligible for ECI services if they are under age 3 and have developmental delays or conditions (such as Down's, prematurity, vision or hearing impairments) that have a high possibility of resulting in a developmental delay. Anyone may refer a child for ECI services. If you believe that your child is delayed or has a condition that could lead to delays, call 1-800-682-5115 or visit the ECI website at [www.dars.state.tx.us/ecis](http://www.dars.state.tx.us/ecis) for the ECI program closest to you.

**Reading Suggestions and Resources.** We encourage all parents to invest in one or more reference book on child care and child development.

The following are a few books and websites that we can recommend:

- **Caring for Your Baby and Young Child: Birth to Age 5**, The American Academy of Pediatrics.
- **Your Baby and Child: From Birth to Age 5**, Penelope Leach.
- **Siblings without Rivalry**, Adele Faber and Elaine Mazlish, Avon Books.
- **Sign With Your Baby**, Joseph Garcia.
- **Solve your Child's Sleep Problems**, Richard Ferber
- **Guide to Your Child's Sleep: Birth Through Adolescence**, George Cohen, M.D. FAAP, The American Academy of Pediatrics
- [www.aap.org](http://www.aap.org), The American Academy of Pediatrics
- [www.aapd.org](http://www.aapd.org), The American Academy of Pediatric Dentistry.
- [www.cdc.gov/nip](http://www.cdc.gov/nip), National Immunization Program. Federal government sponsored online information about vaccines.
- [www.vaccine.chop.edu](http://www.vaccine.chop.edu), Information about vaccines from the Children's Hospital of Philadelphia