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

Talking and Hearing
- Read and sing to your child often.
- Talk about and describe pictures in books.
- Use simple words with your child.
- Tell your child the words for her feelings.
- Ask your child simple questions, confirm her answers, and explain simply.
- Use simple, clear words to tell your child what you want her to do.

Your Child and Family
- Create time for your family to be together.
- Keep outings with a toddler brief—1 hour or less.
- Do not expect a toddler to share.
- Give older children a safe place for toys they do not want to share.
- Teach your child not to hit, bite, or hurt other people or pets.
- Your child may go from trying to be independent to clinging; this is normal.
- Consider enrolling in a parent-toddler playgroup.
- Ask us for help in finding programs to help your family.
- Prepare for your new baby by reading books about being a big brother or sister.
- Spend time with each child.
- Make sure you are also taking care of yourself.
- Tell your child when he is doing a good job.
- Give your toddler many chances to try a new food. Allow mouthing and touching to learn about them.
- Tell us if you need help with getting enough food for your family.

Safety
- Use a car safety seat in the back seat of all vehicles.
- Read the instructions about your car safety seat to check on the weight and height requirements.
- Everyone should always wear a seat belt in the car.
- Lock away poisons, medications, and lawn and cleaning supplies.
- Call Poison Help (1-800-222-1222) if you are worried your child has eaten something harmful.
- Place gates at the top and bottom of stairs and guards on windows on the second floor and higher.
- Move furniture away from windows.
- Watch your child closely when she is on the stairs.
- When backing out of the garage or driving in the driveway, have another adult hold your child a safe distance away so he is not run over.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.
- Prevent burns by keeping hot liquids, matches, lighters, and the stove away from your child.
- Have a working smoke detector on every floor.

Toilet Training
- Signs of being ready for toilet training include:
  - Dry for 2 hours
  - Knows if he is wet or dry
  - Can pull pants down and up
  - Wants to learn
  - Can tell you if he is going to have a bowel movement
  - Read books about toilet training with your child.

Your Child’s Behavior
- Set limits that are important to you and ask others to use them with your toddler.
- Be consistent with your toddler.
- Praise your child for behaving well.
- Play with your child each day by doing things she likes.
- Keep time-outs brief. Tell your child in simple words what she did wrong.
- Tell your child what to do in a nice way.
- Change your child’s focus to another toy or activity if she becomes upset.
- Parenting class can help you understand your child’s behavior and teach you what to do.
- Expect your child to cling to you in new situations.

What to Expect at Your Child’s 2 Year Visit
We will talk about
- Your talking child
- Your child and TV
- Car and outside safety
- Toilet training
- How your child behaves

Poison Help: 1-800-222-1222
Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org
How your child plays, learns, speaks, and acts offers important clues about your child’s development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 18 months. Take this with you and talk with your child’s doctor at every visit about the milestones your child has reached and what to expect next.

### What Most Children Do at this Age:

#### Social/Emotional
- Likes to hand things to others as play
- May have temper tantrums
- May be afraid of strangers
- Shows affection to familiar people
- Plays simple pretend, such as feeding a doll
- May cling to caregivers in new situations
- Points to show others something interesting
- Explores alone but with parent close by

#### Language/Communication
- Says several single words
- Says and shakes head “no”
- Points to show someone what he wants

#### Cognitive (learning, thinking, problem-solving)
- Knows what ordinary things are for; for example, telephone, brush, spoon
- Points to get the attention of others
- Shows interest in a doll or stuffed animal by pretending to feed
- Points to one body part
- Scribbles on his own
- Can follow 1-step verbal commands without any gestures; for example, sits when you say “sit down”

#### Movement/Physical Development
- Walks alone
- May walk up steps and run
- Pulls toys while walking
- Can help undress herself
- Drinks from a cup
- Eats with a spoon

Tell your child’s doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state’s public early intervention program. For more information, go to [www.cdc.gov/concerned](http://www.cdc.gov/concerned) or call 1-800-CDC-INFO.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 18-month visit. Ask your child’s doctor about your child’s developmental screening.

¿Qué Hacen los Niños a Esta Edad?

En las áreas social y emocional
- Le gusta alcanzarle cosas a los demás como un juego
- Puede tener rabietas
- Puede ser que le tenga miedo a los desconocidos
- Le demuestra afecto a las personas conocidas
- Juega a imitar cosas sencillas, como alimentar a una muñeca
- Se aferra a la persona que le cuida en situaciones nuevas
- Señala para mostrarle a otras personas algo interesante
- Explora solo, pero con la presencia cercana de los padres

En las áreas del habla y la comunicación
- Puede decir varias palabras
- Dice “no” y sacude la cabeza como negación
- Señala para mostrarle a otra persona lo que quiere

En el área cognitiva (aprendizaje, razonamiento, resolución de problemas)
- Sabe para qué sirven las cosas comunes; por ejemplo, teléfono, cepillo, cuchara
- Señala una parte del cuerpo
- Señala para llamar la atención de otras personas
- Demuestra interés en una muñeca o animal de peluche y hace de cuenta que le da de comer
- Hace garabatos sin ayuda
- Puede seguir instrucciones verbales de un solo paso que no se acompañan de gestos; por ejemplo, se sienta cuando se le dice “síéntate”

En las áreas motora y de desarrollo físico
- Camina solo
- Jala juguetes detrás de él mientras camina
- Puede subir las escaleras y correr
- Puede ayudar a desvestirse

Reaccione pronto y hable con el doctor de su hijo si el niño:
- No señala cosas para mostrárselas a otras personas
- No puede caminar
- No sabe para qué sirven las cosas familiares
- No copia lo que hacen las demás personas
- No aprende nuevas palabras
- No sabe por lo menos 6 palabras
- No se da cuenta ni parece importarle si la persona que le cuida se va o regresa
- Pierde habilidades que había adquirido

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte www.cdc.gov/prevocupo o llame 1-800-CDC-INFO.

La Academia Americana de Pediatría recomienda que, a los 18 meses de edad, se evalúe el desarrollo general de los niños y se realicen pruebas de detección del autismo. Pregúntele al médico de su hijo si el niño necesita ser evaluado.

www.cdc.gov/pronto | 1-800-CDC-INFO

Aprenda los signos. Reaccione pronto.
Toilet Training

Teaching your child how to use the toilet takes time and patience. Each child learns to use the toilet in his or her own time. Here is information from the American Academy of Pediatrics to help guide you and your child through the process.

When is a child ready?
Children have no control over bladder or bowel movements before age 12 months. Many children start to show signs of being ready between 18 and 24 months of age. Some children may not be ready until 36 months or older. Remember that it’s normal for time frames to vary.

Most children can control their bowels and daytime urine by 3 to 4 years of age. Your child is able to stay dry during the day before being able to be dry at night. Most children are able to stay dry at night between 5 to 7 years of age.

Is your child ready?
Here are signs that your child may be ready.

- Your child is dry at least 2 hours at a time during the day or is dry after naps.
- You can tell when your child is about to urinate or have a bowel movement.
- Your child can follow simple instructions.
- Your child can walk to and from the bathroom and help undress.
- Your child does not like wet diapers and wants to be changed.
- Your child asks to use the toilet or potty chair.
- Your child asks to wear “big-kid” underwear.

If your child has issues with constipation, talk with your child’s doctor.

Toilet training tips

1. Decide which words to use. Choose the words your family will use to describe body parts, urine, and bowel movements. Don’t use the words dirty, naughty, or stinky.
2. Pick a potty chair. A child’s feet should be able to reach the floor. Books or toys for “potty time” may help make this time more fun.
3. Be a role model. Let your child see you use the toilet and wash your hands afterward.
4. Know the signs. Your child may grunt or make other noises, or squat, or stop playing for a moment. When pushing, his face may turn red. Explain briefly to your child that these signs mean a bowel movement is about to come. If your child waits to tell you about a wet diaper, praise him for knowing when she needs to go. Suggest that “next time” he let you know in advance. It may take longer for a child to notice the need to urinate than the need to move bowels.
5. Make trips to the potty a routine. Take your child to the potty when you see him showing signs of readiness. Go at other times, too, such as first thing in the morning. Boys can urinate sitting down first and can stand up to urinate when they are better at it. Early on, many children have bowel movements or urinate right after getting off the toilet. If this happens a lot, it may mean your child is not really ready for training. Learning how to relax the muscles that control the bowel and bladder takes time.
6. Teach your child proper hygiene habits. Show your child how to wipe carefully. Girls should spread their legs apart when wiping. They should wipe thoroughly from front to back to prevent bringing germs from the rectum to the vagina or bladder. Make sure both boys and girls learn to wash their hands well after urinating or after a bowel movement.
7. Praise your child. Encourage your child with a lot of hugs and praise when success occurs. When a mistake happens, treat it lightly. Punishment and scolding will often make children feel bad and may make toilet training take longer.
8. Wait to try training pants. Keep using diapers until your child is able to remain dry during the day for 2 weeks. However, be prepared for “accidents.” It may take weeks, even months, before toilet training is completed. Continue to have your child sit on the potty once during the day. If your child uses the potty, praise her. If not, it is still good practice. Some children who are not ready for cloth training pants will still feel that they are more “grown up” if they wear disposable training pants.
   Some children will want to go back to diapers, especially for bowel movements. Do not look at this setback as a failure. Instead, praise your child for knowing when she needs to go.
9. Avoid a power struggle. Children at toilet training ages are becoming aware of their individuality. They look for ways to test their limits. Some children may do this by holding back bowel movements. Try to stay calm about toilet training. Remember that no one can control when and where a child urinates or has a bowel movement except the child.
10. Understand their fear. Some children believe that their bowel movements and urine are part of their bodies. They may be scared of the toilet flushing parts of them away. Some also fear they will be sucked into the toilet if it is flushed while they are sitting on it. To give your child a feeling of control, let him flush the toilet.
11. Watch for a desire to move up. Most of the time, your child will let you know when she is ready to move from the potty chair to the “big toilet.” Provide a stool to brace her feet.
When toilet training should be put on hold

Major changes in the home may make toilet training more difficult. Sometimes it is a good idea to delay toilet training if
- Your family has just moved or will move in the near future.
- You are expecting a baby or have recently had a new baby.
- There is a major illness, a recent death, or some other family crisis.

Remember

If any concern comes up before, during, or after toilet training, talk with your child’s doctor or pediatric health care professional. Often the problem is minor and can be resolved quickly. Sometimes physical or emotional causes will require treatment. Getting professional help can make the process easier.

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of external resources. Information was current at the time of publication.

The information contained 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.
It's hard for young children to hold strong feelings inside. When they feel frustrated or angry, they often cry, scream, or stomp up and down. This is a temper tantrum.

Temper tantrums are a normal part of your child’s development. They usually begin around 12 to 18 months of age, get worse between 2 and 3 years, and taper off after that, once children are able to use words to communicate their wants and needs.

Here is information from the American Academy of Pediatrics to help parents understand temper tantrums and how best to deal with them.

Why do children have temper tantrums?
During the toddler years, there is a change in how children process information. They suddenly become more aware that their world can change. They realize they won’t always get what they expect or want. Their young minds are easily overwhelmed, and they don’t know how to cope with change or how to deal with not getting their way.

A lot of things can trigger a tantrum. For example, children may have a temper tantrum because they

- Do not understand what you are saying or asking
- Are upset when others cannot understand them
- Do not know how to tell you how they feel or what they need
- Do not know how to solve problems on their own
- Have an illness or other problem that keeps them from expressing how they feel
- Are hungry
- Are tired
- Are anxious or uncomfortable
- Are reacting to stress or changes at home
- Are jealous, want what other children have, or want the attention others receive
- Are not able to do as much as they think they can, such as walking, running, climbing, drawing, or making toys work

How to prevent temper tantrums
Temper tantrums are a normal part of growing up, but you may be able to prevent some from happening.

What you can do

- Encourage your children to use words to tell you how they are feeling. Try to suggest words they can use to describe their feelings.
- Set reasonable limits, and don’t expect your children to be perfect. Give simple reasons for the rules, and don’t change them.
- Keep to a daily routine as much as possible so your children know what to expect.

- Distract your children. Try a new game, book, or toy. Sometimes a change in location can prevent a tantrum. For example, if you are indoors, go outside to look for birds in the sky.
- Avoid situations that frustrate your children, such as playing with toys that are too advanced.
- Avoid long outings during which your children have to sit still or cannot play. If you have to take a trip, bring along a favorite book or toy.
- Have healthy snacks ready for when your children get hungry.
- Make sure your children are well rested.
- Be choosy about saying no. When you say no to everything, it can frustrate your children. Consider saying yes sometimes. Of course, if your children’s safety is at stake, don’t say yes just to avoid a tantrum. Praise your children when they do something good that otherwise might have led to frustration.
- Give choices. For example, make it clear that while they have to take a bath, they can make some choices on their own. Try saying, “It’s time for your bath. Would you like to walk upstairs or have me carry you?” Be sure the choices you offer are also acceptable to you.
- Set a good example. Avoid arguing or yelling in front of your children.

How to handle tantrums

What you can do

- Let the tantrum end itself. Once children begin a tantrum, only they can end it. Allow them the time and space to be left alone (in a safe place) to let the tantrum run its course. All tantrums end, almost always by a child’s path to resolution. Trying to end one early usually delays the child’s resolution.
- Try to stay calm. If you shout or get angry, it can make things worse. If you can’t stay calm, leave the room. Wait a minute or two, or until the crying stops, before returning.
- Offer a cooling down time. During a tantrum, it’s helpful for parents to let children not only manage their tantrum but also know there is a safe place and safe time for them to do so. It can be called a cooling-down time and place or a time-out.
- Ignore minor displays of anger, such as crying, screaming, or kicking. Try touching or holding your children to calm them. Or, try standing nearby without talking until they calm down. If your children have tantrums in a public place, take them home or to the car.

Some behaviors are not OK and should not be ignored, such as

- Hitting or kicking people
- Throwing things that might hurt someone or break something
- Screaming or yelling for a long time
If these things happen, take your children away from the problem. Say firmly, “No hitting,” or “No throwing,” to make sure your children know these behaviors are not OK.

What not to do

- **Never punish your children for temper tantrums.** They may start to keep their anger or frustration inside, which can be unhealthy. Keep in mind that as your children grow, they will learn to deal with their strong emotions.
- **Do not give in to your children just to stop a tantrum.** This teaches your children that temper tantrums get them what they want. Also, don’t feel guilty about saying no to your children. Set the rules and stick with them. When parents change the rules, it is harder for children to understand which rules are firm and which ones are not. Discuss with those who care for your children which rules are really needed and how to be firm about them.

When temper tantrums are serious

Your children should have fewer temper tantrums by 3½ years of age. Between tantrums, their behavior should seem normal and healthy. If the outbursts are severe or happen too often, they may be an early sign of emotional problems. Talk with your children’s doctor if your children seem to have difficulty expressing themselves with words (compared with other children the same age), cause harm to themselves or others, or hold their breath and faint, or if tantrums get worse after 4 years of age. Your children’s doctor will make sure no physical or emotional problems are causing the tantrums. He or she can also give you advice to help you deal with these outbursts.

It is important to realize that temper tantrums are a normal part of growing up. While tantrums are not always easy to deal with, a loving and understanding approach will help you deal with these.

Breath-holding spells

Some children, when upset and crying very hard, hold their breath after taking a big breath. They can even hold their breath to the point of passing out. It is not done on purpose but may happen when children are upset, such as during a temper tantrum. While these episodes can be scary for parents, rest assured that they are usually harmless and your children will grow out of them. If you are concerned about your children’s behavior, talk with your children’s doctor.

Keeping your children safe

Many times you will have to tell your children no to protect them from harm or injury. For example, the kitchen and bathroom can be dangerous places for your children. They may not understand why you will not let them play there. This can cause a tantrum. However, it’s more important to keep your children safe.

Childproof your home, and make dangerous areas or objects off-limits. Keep an eye on your children at all times. Never leave them alone in a situation that could be hazardous. Take away dangerous objects and replace them with something safe. It is up to you to keep your children safe.

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Fires and burns cause almost 4,000 deaths and about 20,000 hospitalizations every year. Winter is an especially dangerous time, as space heaters, fireplaces, and candles get more use in the home. It is no surprise that fires in the home are more common between December and February. However, you might be surprised at how easy it is to reduce the risk of fire in your home. Follow these suggestions to help keep your home and family safe from fire all year round.

Smoke alarms save lives

Half of home fire deaths are due to fires that happen while people are sleeping. One of the most important steps you can take to protect your family against fire is to install smoke alarms and keep them in good working order. You can buy smoke alarms at most home and hardware stores, and they often cost $10 or less. Check with your fire department to see if they give out and install free smoke alarms.

- Install smoke alarms outside every bedroom or any area where someone sleeps. Also install them in furnace areas. Be sure there is at least 1 alarm on every level of your home, including the basement, or at each end of a mobile home.
- Place smoke alarms away from the kitchen and bathroom. False alarms can occur while cooking or even showering.
- Test smoke alarms every month by pushing the test button. It is best to use smoke alarms that have long-life batteries, but if you do not, change the batteries at least once a year, such as when you change your clocks in the fall.
- Replace smoke alarms every 10 years.
- Never paint a smoke alarm.
- Clean (dust or vacuum) smoke alarms once a month.
- Use smoke alarms equipped with a flashing light and an alarm in homes with children or adults who are hard of hearing or deaf.

Safety around the home

Take a careful look at each room of your home.

Use the following checklists and safety tips to reduce the risk of fire:

- Do not smoke in your home. If you do, use deep ashtrays and do not smoke in bed.
- Make an escape plan. Practice it every 6 months. Every member of the family should know at least 2 exits from each room and where to meet outside. Make sure doors and windows are easy to open to permit easy escape if needed.
- Check electrical cords. Replace any electrical cords that are worn, frayed, or damaged. Never overload outlets. Avoid running electrical cords under carpets or furniture because they can overheat and start a fire.
- Consider installing an automatic home fire sprinkler system. They are now practical for many homes.
- Ask your local fire department to make sure woodstoves in your home are safely vented. They usually cannot be installed safely in mobile homes.
- Avoid using kerosene heaters and electric space heaters. If electric space heaters must be used, keep them away from clothing, bedding, and curtains, and unplug them at night. Kerosene heaters give off carbon monoxide and should not be used in enclosed spaces, such as inside your home.

Bedrooms

☐ Check the labels of your child’s pajamas. Children should always wear flame-retardant and/or close-fitting sleepwear.
☐ If a bedroom is on an upper floor, make sure there is a safe way to reach the ground, such as an escape ladder that will not burn.
   ♦ Never smoke in bed or when you are drowsy or have been drinking. Tobacco and smoking products, matches, and lighters are the most common cause of fatal fires in the home.

Living and family rooms

Make sure all matches, lighters, and ashtrays are out of your child’s sight and reach. Better yet, keep them in a locked cabinet.

☐ Use large, deep ashtrays that won’t tip over, and empty them often. Fill ashtrays with water before dumping ashes in the wastebasket.
☐ Give space heaters plenty of space. Keep heaters at least 3 feet from anything that might burn, like clothes, curtains, and furniture. Always turn space heaters off and unplug them when you go to bed or leave the home.
☐ Have fireplaces and chimneys cleaned and inspected once a year.
☐ Use a metal screen or glass doors in front of the fireplace.
   ♦ Never leave a room unattended when candles, heaters, or fireplaces are in use.

Kitchen

☐ Keep your stove and oven clean and free of anything that could catch fire. Do not place pot holders, curtains, or towels near the burners.
☐ Install a portable fire extinguisher in the kitchen, high on a wall, and near an exit. (Choose a multipurpose, dry chemical extinguisher.) Adults should know how to use it properly when the fire is small and contained, such as in a trash can. Call your fire department for information on how to use fire extinguishers.
   ♦ Never leave cooking food unattended.
Never pour water on a grease fire.
Never pour water on a grease fire.
Never pour water on a grease fire.

If a fire starts in your oven, keep the oven door closed, turn off the oven, and call the fire department.

Garage, storage area, and basement
☐ Have your furnace inspected at least once a year.
☐ Do not store anything near a heater or furnace. Keep the area free of clutter.
☐ Clean your dryer’s lint filter after every use. Lint buildup can start a fire.
☐ Check to make sure paint and other flammable liquids are stored in their original containers, with tight-fitting lids. Store them in a locked cabinet if possible, out of your child’s reach, and away from appliances, heaters, pilot lights, and other sources of heat or flame.
☐ Never use flammable liquids near a gas water heater.
☐ Store gasoline, propane, and kerosene outside the home in a shed or detached garage. Keep them tightly sealed and labeled in approved safety containers.
☐ Gasoline should be used only as a motor fuel, never as a cleaning agent.
☐ Never smoke near flammable liquids.

Outdoors
☐ Move barbecue grills away from trees, bushes, shrubs, or anything that could catch fire. Never use grills indoors, on a porch, or on a balcony.
☐ Place a barrier around open fires, fire pits, or campfires. Never leave a child alone around the fire. Always be sure to put the fire out completely before leaving or going to sleep.
☐ Create a “fire break” around your home. Make sure woodpiles, dead leaves, pine needles, and debris are removed or kept as far away from the home as possible.
☐ Do not start lawnmowers, snow blowers, or motorcycles near gasoline fumes. Let motors cool off before adding fuel.
☐ Be very careful with barbecue grills. Never use gasoline to start the fire. Do not add charcoal lighter fluid once the fire has started.

Know what to do in a fire
• Test any closed doors with the back of your hand for heat. Do not open the door if you feel heat or see smoke. Close all doors as you leave each room to keep the fire from spreading.
• Crawl low under smoke. Choose the safest exit. If you must escape through a smoky area, remember that cleaner air is always near the floor. Teach your child to crawl on her hands and knees, keeping her head less than 2 feet above the floor, as she makes her way to the nearest exit.
• Don’t stop. Don’t go back. In case of fire, do not try to rescue pets or possessions. Once you are out, do not go back in for any reason. Firefighters have the best chance of rescuing people who are trapped. Let firefighters know right away if anyone is missing.
• If you get trapped by smoke or flames, close all doors. Stuff towels or clothing under the doors to keep out smoke. Cover your nose and mouth with a damp cloth to protect your lungs. If there is no phone in the room, wait at a window and signal for help with a light-colored cloth or flashlight.
• Stop, drop, and roll! Cool and call. Make sure your child knows what to do if her clothes catch fire.
Stop!—Do not run.

Fire and children
A child’s curiosity about fire is natural and in most cases is no cause for concern. However, when a child begins to use fire as a weapon, it can be very dangerous. If you suspect that your child is setting even very small fires, address the problem right away. Talk with your pediatrician, who can suggest ways to help.

Use the following tips when talking with your child about preventing fires:
• Teach your child that matches and lighters are tools for grown-ups only.
• Older children should be taught to use fire properly, and only with an adult present.

For your sitters
When you are away from home and someone else cares for your children, make sure that your children and the sitter will be just as safe as when you are there.
• Let your sitter know about your family’s escape plan.
• Remind sitters never to leave the children alone.
• Remind sitters that you do not allow smoking in or around your home. Leave emergency information near the phone. Include the local fire department phone number, your full home address and phone number, and a neighbor’s name and phone number.

Burn prevention
Most burn injuries happen in the home. For a young child, many places in the home can be dangerous. Hot bathwater, radiators, and even food that is too hot can cause burns. The following are tips to help prevent your child from getting burned:
• Keep matches, lighters, and ashtrays out of the reach of children.
• Cover all unused electrical outlets with plastic plugs or other types of outlet covers.
• Do not allow your child to play close to fireplaces, radiators, or space heaters.
• Replace all frayed, broken, or worn electrical cords.
• Never leave barbecue grills unattended.
• Teach your children that irons, curling irons, grills, radiators, and ovens can get very hot and are dangerous to touch or play near. Never leave these items unattended. Unplug and put away all appliances after using them.
• Keep electrical cords from hanging down where children can pull on them or chew on them. Mouth burns can result from chewing on a live extension cord or on a poorly insulated wire.

Kitchen concerns
• Never leave a child alone in the kitchen when food is cooking.
• Enforce a “kid-free” zone at least 3 feet around the oven or stove while you are cooking. Use a playpen, high chair, or other stationary device to keep your child from getting too close.
For 1st and 2nd degree burns, cool the burned area with cool running water for a few minutes. This helps stop the burning process, numbs the pain, and prevents or reduces swelling. Do not use ice on a burn. It may delay healing. Also, do not rub a burn; it can increase blistering.

For 3rd degree burns, cool the burn with wet, sterile dressings until help arrives.

2. Remove burned clothing.

Lay the person flat on her back and take off the burned clothing that isn’t stuck to the skin. Remove any jewelry or tight-fitting clothing from around the burned area before swelling begins. If possible, elevate the injured area.

3. Cover the burn.

After the burn has cooled, cover it loosely with a dry bandage or clean cloth. Do not break any blisters. This could allow bacteria into the wound. Never put grease (including butter or medical ointments) on the burn. Grease holds in heat, which may make the burn worse. It also makes the burn harder to examine by medical personnel later.

4. Keep the child from losing body heat.

Keep the person’s body temperature normal. Cover unburned areas with a dry blanket.

First aid for burns

For severe burns, call 911 or your local emergency number right away. Until help arrives, follow these steps.

1. Cool the burn.

- Never leave a hot oven door open.
- Use back burners if possible. When using front burners, turn pot handles rearward. Never let them stick out where a child could grab them.
- Do not leave spoons or other utensils in pots while cooking.
- Turn off burners and ovens when they are not being used.
- Do not use wet pot holders because they may cause steam burns.
- Carefully place (not toss) wet foods into a deep fryer or frying pan containing grease. The reaction between hot oil and water causes splatter.
- Remove pot lids carefully to avoid being burned by steam. Remember, steam is hotter than boiling water.
- In case of a small pan fire, carefully slide a lid over the pan to smother the flames, turn off the burner, and wait for the pan to cool completely.
- Never carry your child and hot liquids at the same time.
- Never leave hot liquid, like a cup of coffee, where children can reach it. Don’t forget that a child can get burned from hot liquids by pulling on hanging tablecloths.
- Wear tight-fitting or rolled-up sleeves when cooking to reduce the risk of your clothes catching on fire.
- In microwave ovens, use only containers that are made for microwaves. Test microwaved food for heat and steam before giving it to your child. (Never warm a bottle of milk or formula in the microwave oven. It can heat the liquid unevenly and burn your child.)
- Avoid letting appliance cords hang over the sides of countertops, where children could pull on them.
- Do not use mobile baby walkers. They allow your child to move quickly before he knows how to use this mobility safely. It may allow him to gain access to hot liquids, appliance cords, and hot surfaces.

Hot water

- The hottest water temperature at the faucet should be no higher than 120°F to prevent scalding. In many cases, you can adjust your water heater to prevent exceeding this temperature.
- When using tap water, always turn on the cold water first, then add hot. When finished, turn off the hot water first.
- Test the temperature of bathwater with your forearm or the back of your hand before placing your child in the water.
- Use a cool-mist vaporizer instead of a hot-water vaporizer. Hot-water vaporizers can cause steam burns or can spill on your child.
- Never leave children alone in the bathroom for any reason. They are at risk of burns and drowning.

First aid for burns

For severe burns, call 911 or your local emergency number right away. Until help arrives, follow these steps.

1. Cool the burn.

- Never leave a hot oven door open.
- Use back burners if possible. When using front burners, turn pot handles rearward. Never let them stick out where a child could grab them.
- Do not leave spoons or other utensils in pots while cooking.
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Fire drills—be prepared!

Even young children (3 and older) can begin to learn what to do in case of a fire.

Install at least 1 smoke alarm on every level of your home.

Have an escape plan and practice it with your family. This will help you and your family reach safety when it counts. When a fire occurs, there will be no time for planning an escape.

Draw a floor plan of your home. Discuss with your family 2 ways to exit every room. Make sure everyone knows how to get out and that doors and windows can be easily opened to permit escape. If you live in an apartment building, never use an elevator during a fire. Use the stairs!

Agree on a meeting place. Choose a spot outside your home near a tree, street corner or fence where everyone can meet after escaping. Teach your children that the sound of a smoke alarm means to go outside right away to the chosen place.

Know how to call the fire department. The fire department should be called from outside using a portable phone or from a neighbor’s home. Whether the number is 911 or a regular phone number, everyone in the family should know it by heart. Make sure your children know your home address too. Teach your children that firefighters are friends and never to hide from them.

Practice, practice, practice. Practice your exit drill at least twice a year. Remember that fire drills are not a race. Get out quickly, but calmly and carefully. Try practicing realistic situations. Pretend that some exits or doorways are blocked or that the lights are out. The more prepared your family is, the better your chances of surviving a fire.

Note: Parents of very young children or children with special needs should have a safety plan that fits their child’s needs and abilities. For example, a child who is hard of hearing or deaf may need a smoke alarm with a flashing strobe-light feature. Parents with children younger than 5 years must plan on an adult rescuing them in the case of a house fire; they are too young to be able to reliably rescue themselves.
### Different degrees of burns

Following are the 4 different levels of burns and the symptoms of each:

**1st degree burns are minor and heal quickly.** Symptoms are redness, tenderness, and soreness (like most sunburns).

**2nd degree burns are serious injuries.** First aid and medical treatment should be given as soon as possible. Symptoms are blistering (like a severe sunburn), pain, and swelling.

**3rd degree burns (also called full-thickness burns) are severe injuries.** Medical treatment is needed right away. Symptoms are white, brown, or charred tissue often surrounded by blistered areas. There may be little or no pain at first.

**4th degree burns are severe injuries that involve skin, muscle, and bone.** These often occur with electrical burns and may be more severe than they appear. They may cause serious complications and should be treated by a doctor right away.

Call your pediatrician if your child suffers anything more than a minor burn. ALL electrical burns and any burn on the hand, foot, face, genitals, or over a joint worse than 1st degree should receive medical attention right away.

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Adapted from material provided by the National Fire Protection Association (NFPA). For more information, call 617/770-3000, or visit the NFPA Web site at www.nfpa.org or its family Web site at www.sparky.org.

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

The information contained 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.
<table>
<thead>
<tr>
<th>Food Group</th>
<th>Servings per Day</th>
<th>Portion Size for Ages 1 to 3</th>
<th>Portion Size for Ages 4 to 6</th>
<th>Portion Size for Ages 7 to 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruits</td>
<td>2–3 servings</td>
<td>¼ cup cooked, frozen, or canned, ½ piece fresh, ¼ cup 100% juice</td>
<td>¼ cup cooked, frozen, or canned, ½ piece fresh, ¼ cup 100% juice</td>
<td>½ cup cooked, frozen, or canned, 1 piece fresh, ½ cup 100% juice</td>
</tr>
<tr>
<td>Vegetables</td>
<td>2–3 servings</td>
<td>¼ cup cooked</td>
<td>¼ cup cooked</td>
<td>½ cup cooked</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>½ cup salad</td>
<td>1 cup salad</td>
</tr>
<tr>
<td>Grains</td>
<td>6–11 servings</td>
<td>½ slice bread, ¼ cup cooked cereal, rice, or pasta, ½ cup dry cereal, 2–3 crackers</td>
<td>½ slice bread, ¼ cup cooked cereal, rice, or pasta, ½ cup dry cereal, 3–4 crackers</td>
<td>1 slice bread, ½ cup cooked cereal, rice, or pasta, ¾–1 cup dry cereal, 4–5 crackers</td>
</tr>
<tr>
<td>Meats and other proteins</td>
<td>2 servings</td>
<td>1 ounce meat, fish, chicken, or tofu, ¼ cup cooked beans, ½ egg</td>
<td>1 ounce meat, fish, chicken, or tofu, ½ cup cooked beans, 1 egg</td>
<td>2–3 ounces meat, fish, chicken, or tofu, ½ cup cooked beans, 1 or 2 eggs</td>
</tr>
<tr>
<td>Dairy</td>
<td>2–3 servings</td>
<td>½ cup milk, ½ ounce cheese, ½ cup yogurt</td>
<td>½ cup milk, 1 ounce cheese, ½ cup yogurt</td>
<td>1 cup milk, 1 ounce cheese, ¾–1 cup yogurt</td>
</tr>
</tbody>
</table>