

Your 2 Year Old



Normal Development

Physical Development

Is constantly in motion

Tires easily

Walks up and down stairs alone

Begins to button and unbutton large buttons

May have difficulty settling down for bedtime

Emotional Development

Gets upset and impatient easily

May assert self by saying "no"

Wants own way

Gets upset when daily routine changes

Is in the "do-it-myself" stage

Cannot be reasoned with much of the time

Social Development

Becomes more interested in brothers and sisters

Enjoys playing next to, not with, other children

May scratch, hit, bite, and push other children

Language Development

Dramatically increases interest in language

Gets frustrated when not understood

Understands more words than can speak

Uses three-to-five word phrases by 3 years old



Speech

- Talk slowly and give your child time to respond
- Read to your child everyday
- Talk and describe pictures in books together
- Let your child lead when you play together
- Limit TV to 1-2 hours per day
- Carefully select the shows your child watches
- Watch TV together and talk about what you see and think

How Your Child Behaves

- Praise your child for behaving well
- Listen to your child and treat them with respect
- It is normal for your child to protest being away from you or to meet new people
- Give 2 good choices in snacks, toys, books
- Help your child express their feelings
- Never make fun of your child's fears or allow others to scare your child
- Play with your child every day
- Hug and hold your child often



Safety

- Car seats should be rear facing in the back seat until at least 2 years of age
- Supervise and have your child wear a life jacket when near water
- When backing out of the driveway, have another adult hold your child
- Bike helmet for bicycle/tricycle
- If you have guns in your home make sure that it is locked, stored unloaded with bullets locked in another area

Potty Training

- Children approach potty training very differently.
- Offer the potty, but let your child take the lead.
- Do not push a child who is uninterested or resistant.
- Pressure often leads to stool holding, which can lead to constipation. Make sure that kids stools are soft and easy to pass at this age.

Some Helpful Websites:

- Genesispediatrics.com for our Genesis Advice Packet (GAP)
- rochester.kidsoutandabout.com/ (Suggestions for fun activities to do with your kids)
- www.nysmokefree.com (NYS Smokers' Quitline for tobacco-free coaching and free nicotine replacement therapy)

Next Visit:
See you in 6 months
for the 30 month
physical!

Food, Food, Food!

- At 2 years old the amount your child eats can change on a daily or weekly basis.
- They may love something one day and Yuk! the next day. This is normal.
- Avoid juice, soda and sugary drinks
- Milk - skim or 1% - no more than 24oz/day.
- About 3 meals and 2 snacks per day.
- Continue to offer a variety of foods.
- A great book: *How to Get Your Child to Eat Enough but not Too Much* by Ellyn Satter
- Please tell us if you are having trouble getting enough food for your family.



Mealtimes a struggle?

- Cook one thing for everyone, avoid short order cooking.
- Keep offering healthy foods. Kids need to see new foods several times before feeling comfortable with them.
- Offer a dipping sauce for meats, fruits and veggies to peak their interest.
- Let your child choose foods from what you offer and choose how much they eat.
- Let your child feed himself. It may be messy but he will learn a lot. Give her cups, bowls and spoons that are easy to use.
- Eat meals at the table as a family.

Any suggestions for “toddler friendly” healthy snacks?

1. A graham cracker sandwich filled with a scoop of frozen yogurt and sliced bananas
2. Whole-grain tortilla chips topped with veggies, salsa, and shredded cheese, and guacamole for dipping
3. Apple slices with string cheese or peanut butter
4. Frozen no-sugar-added fruit bars with a glass of milk
5. Berries topped with frozen yogurt
6. Crinkle-cut carrot “chips” with hummus
7. Dip a banana in yogurt, roll it in granola and freeze it for a tasty frozen snack
8. Cottage cheese with cut-up peaches, nectarines, pineapple, or bananas



Where is Lead Found?

Lead based paint was frequently used in homes built before 1978. Renovating these homes can release lead and cause a danger to everyone in that home, especially children. It is possible that parents who work in certain professions (painting, plumbing, construction, auto repair, welding) can bring lead home on their clothing and shoes. Lead can also be found in improperly fired ceramic or pottery made in a foreign country. Children are required to be tested for lead at 1 and 2 years old or at any time that they are found to be at risk for lead exposure.

Lead Exposure Risk Questionnaire

1. Does your child live in or regularly visit a house/building built before 1978 with peeling or chipping paint or with recent remodeling? Includes day care center, preschool or babysitter's home. (Yes/No)
 2. Has your family ever lived outside of the United States or recently arrived from another country? (Yes/No)
 3. Does your child have a brother or sister, playmate being treated for lead poisoning? (Yes/No)
 4. Does your child frequently put things in their mouth or eat non-food items? (Yes/No)
 5. Does your child see an adult whose job or hobby involves lead? Including painting, plumbing, construction, auto repair, welding. (Yes/No)
 6. Does your child live near an active industrial site or a busy road? (Yes/No)
 7. Does your family use products from other countries such as health remedies, spices or foods or serve food in leaded crystal, pottery or pewter? (Yes/No)
- If the answer is YES to any of these questions, then your child is considered to be at risk for lead exposure and should have a lead screening test.



Television and the Under 3 Crowd: Making Good Decisions About “Screen Time” for Young Children

American Academy of Pediatrics Recommendation

The American Academy of Pediatrics recommends no television (or screen media such as computer games, videos, or DVDs) for children under 2. For children over age 2, the recommendation is 1 to 2 hours per day for television (or any screen media).

For parents and caregivers who choose to allow their young children to watch some TV, consider the following research and guidance on viewing.

Television Plays a Limited Role in Learning

Although children may learn some concepts from watching educational programming, they learn best from interactive, hands-on experiences—touching, feeling, shaking, stacking, problem solving—with people they care about. Research has found that some children’s shows (such as *Arthur*, *Clifford*, *Dragon Tales*, *Dora the Explorer*, and *Blue’s Clues*) have positive effects on children’s learning, but other shows (like *Teletubbies* or *Barney & Friends*) do not. In general, it’s best to choose age-appropriate programs in which:

- television characters occasionally speak directly to children and
- television characters ask children to participate in the show in some way (e.g., repeating a word).

Children’s shows with a strong storyline and storybook structure (beginning, middle, end) are also good choices.

What You Can Do:

Talk about the program. Ask 2- and 3-year-olds what they thought the show was about, which characters they liked and disliked, how it made them feel.

Answer children’s questions. Children are still figuring out new ideas and concepts. Sometimes they need your help to make sense of what they’re seeing on the screen.

Point out and name things they see on the screen.

Be active while you watch. Dance to the music, hop around like the bunnies on the show, and so forth.

Connect what children see on TV to children’s “real lives.” “Do you remember we watched a show about a mail carrier this morning? Here comes our mail carrier! Do you want to watch her deliver our mail?”

When the show is over, turn off the TV and act out the story. Use puppets to tell the story, or make up your own story to act out together.

Finally, do not use television shows or videos to put children to sleep. This makes it more difficult for them to learn to fall asleep on their own. Also, young children need the love, safety, and security that comes from naptime routines (story, back rub, song) shared with you.

Hepatitis A Vaccine:

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

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

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

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

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

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

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

2 Hepatitis A vaccine

Children need 2 doses of hepatitis A vaccine:

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

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

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

Hepatitis A vaccine is recommended for the following people:

- All children aged 12–23 months
- Unvaccinated children and adolescents aged 2–18 years
- International travelers
- Men who have sex with men
- People who use injection or non-injection drugs
- People who have occupational risk for infection
- People who anticipate close contact with an international adoptee
- People experiencing homelessness
- People with HIV
- People with chronic liver disease
- Any person wishing to obtain immunity (protection)

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

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

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

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

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



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

Your health care provider can give you more information.

4 Risks of a vaccine reaction

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

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

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

5 What if there is a serious problem?

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

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

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

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines

