



# Bright Futures Parent Handout 18 Month Visit

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

LANGUAGE PROMOTION/HEARING

## 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.

FAMILY SUPPORT

SAFETY

## Safety

- Use a car safety seat in the back seat of all vehicles.

Rear facing until 2 years of age

TOILET-TRAINING READINESS

- 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.

SAFETY

TOILET-TRAINING READINESS

## 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.

TOILET-TRAINING READINESS

CHILD DEVELOPMENT AND BEHAVIOR

- Have the parent of the same sex as your child or an older brother or sister take your child to the bathroom.
- Praise sitting on the potty or toilet even with clothes on.
- Take your child to choose underwear when he feels ready to do so.

## 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

### Next visit at 24 months

Poison Help: 1-800-222-1222

Child safety seat inspection:  
1-866-SEATCHECK; seatcheck.org

Please complete AUTISM Screen

Appointment Line and After Hours Provider:  
410-293-2273

Sign up for Relay Health to e-mail  
communicate with your provider at  
www.RELAYHEALTH.com

Review your labs on TRICAREONLINE.COM



## American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

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# Toilet Training



One important skill that you will need to teach your child is how to use the toilet. But teaching your child this skill takes time, understanding, and patience. The important thing to remember is that you cannot rush your child; each child learns to use the toilet in his or her own time. The American Academy of Pediatrics has written this publication to help guide you and your child through this important stage.

## When is a child ready?

There is no set age at which toilet training should begin. Before children are 12 months of age, they have no control over bladder or bowel movements. While many children start to show signs of being ready between 18 and 24 months of age, some children may not be ready until 30 months or older. This is normal.

Most children achieve bowel control and daytime urine control by 3 to 4 years of age. However, even after your child is able to stay dry during the day, it may take months or years before he achieves the same success at night. Most children are able to stay dry at night after 5 years of age.

## Is your child ready?

Signs that your child may be ready include the following:

- Your child stays dry at least 2 hours at a time during the day or is dry after naps.
- Bowel movements become regular and predictable.
- 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 seems uncomfortable with soiled diapers and wants to be changed.
- Your child asks to use the toilet or potty chair.
- Your child asks to wear "big-kid" underwear.

Note: Some child care programs require children to be toilet trained as a requirement for enrollment. Don't let this be a threat to your child; it may be an incentive for her to cooperate in the toilet training process.

## Toilet training tips

1. **Decide which words to use.** Choose the words your family will use to describe body parts, urine, and bowel movements. Remember that other people will hear these words too, so pick words that will not offend, confuse, or embarrass anyone. Avoid negative words like "dirty," "naughty," or "stinky." They can make your child feel ashamed and embarrassed. Talk about bowel movements and urination in a simple, matter-of-fact manner.

2. **Pick a potty chair.** A potty chair is easier for a small child to use because there is no problem getting onto it and a child's feet can reach the floor. Special books or toys for "potty time" may help make this more enjoyable for your child.
3. **Be a role model.** Children are often interested in their family's bathroom activities. It is sometimes helpful to let children watch parents when they go to the bathroom. Seeing grown-ups use the toilet (and wash their hands afterward) makes children want to do the same. If possible, mothers should show the correct skills to their daughters, and fathers to their sons. Children can also learn these skills from older brothers and sisters.
4. **Know the signs.** Before having a bowel movement, your child may grunt or make other straining noises, squat, or stop playing for a moment. When pushing, his face may turn red. Explain to your child that these signs mean that a bowel movement is about to come. Your child may wait until after the fact to tell you about a wet diaper or a bowel movement. This is actually a good sign that your child is starting to recognize these body functions. Praise your child for telling you, and suggest that "next time" he let you know in advance. Keep in mind that it often takes longer for a child to recognize the need to urinate than the need to move bowels.
5. **Make trips to the potty routine.** When your child seems ready to urinate or have a bowel movement, go to the potty. It may also be helpful to make trips to the potty a regular part of your child's daily routine, such as first thing in the morning, after meals, or before naps.

Keep your child seated on the potty for only a few minutes at a time. (It is better for boys to learn to urinate sitting down first, and then change to standing up when they are better at it.) Explain what you want to happen.

In the beginning, many children have bowel movements or urinate right after getting off the toilet. It takes time for children to learn how to relax the muscles that control the bowel and bladder. If this happens a lot, it may mean your child is not really ready for training.

## Keep in mind

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 you have recently had a new baby.
  - There is a major illness, a recent death, or some other family crisis.
- However, if your child is learning how to use the toilet without problems, there is no need to stop because of these situations.

6. **Teach your child proper hygiene habits.** Show your child how to wipe carefully. (Girls 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. **Try training pants.** Once your child starts using the potty with some success, training pants can be used. This moment will be special. Your child will feel proud of this sign of growing up. 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 several times during the day. If your child uses the potty successfully, it is an opportunity for praise. If not, it is still good practice. Some children who are not ready for training pants will still feel that they are more "grown up" if they wear disposable training pants (Pull-ups is one brand name) as a step forward in the training process.

Some children will want to go back to diapers, especially for bowel movements. Instead of looking at this as a failure, praise your child for knowing when he needs to go. Suggest that he have the bowel movement in the bathroom while wearing a diaper. Encourage improvements, and work toward sitting on the potty without the diaper.

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 relaxed 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 wastes are part of their bodies, and seeing their stools flushed away may be scary and hard to understand. 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 her flush the toilet. This will lessen the fear of the sound of rushing water and the sight of things disappearing.
11. **Moving up.** Most of the time, your child will let you know when he is ready to move from the potty chair to the "big toilet." Make sure your child is tall enough, and practice the actual steps with him. Provide a stool to brace his feet.

## Your pediatrician can help

If any concerns come up before, during, or after toilet training, talk with your pediatrician. Often the problem is minor and can be resolved quickly, but sometimes physical or emotional causes will require treatment. Your pediatrician's help, advice, and encouragement can help make toilet training easier. Also, your pediatrician is trained to identify and manage problems that are more serious.

Products are mentioned for informational purposes only and do not imply an endorsement by the American Academy of Pediatrics.

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.

## From your doctor

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The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

American Academy of Pediatrics  
Web site—[www.aap.org](http://www.aap.org)

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### **Acetaminophen (Tylenol, Store Brand) Dosing Information**

**\*\*Give every 4-6 hours, as needed, no more than 5 times in 24 hours\*\***

Weight of Child	Infant Drops Old Concentration 80mg/0.8ml	Infant Oral Suspension: New Concentration 160mg/5ml	Children's Elixir 160mg/5ml	Children's Tablets 80mg =1 tablet	Junior Strength 160 mg = 1 tablet
6-11 lbs (2.7-5 kg)	0.4 ml	1 ml	1 ml		
12-17 lbs (5.5-7.7 kg)	0.8 ml	2.5ml	2.5 ml	1 tablet	
18-23 lbs (8.2-10.5 kg)	1.2 ml	3.75ml	3.75 ml	1 ½ tablets	
24-35 lbs (10.9-15.9 kg)	1.6 ml (2 droppers)	5 ml	5 ml	2 tablets	
36-47 lbs (16.4-21.4 kg)	2.4 ml (2.5 droppers)		7.5 ml	3 tablets	
48-59 lbs (21.8-26.8 kg)			10 ml	4 tablets	2 tablets
60-71 lbs (27.3-32.3 kg)			12.5 ml	5 tablets	2 ½ tablets
72-95 lbs (32.7-43.2 kg)			15 ml	6 tablets	3 tablets

### **Ibuprofen (Motrin, Advil, Store Brand) Dosing Information**

**\*\*Give every 8 hours, as needed, no more than 4 times in 24 hours\*\***

**\*\*NOT ADVISED FOR PATIENTS UNDER 6 MONTHS OF AGE \*\***

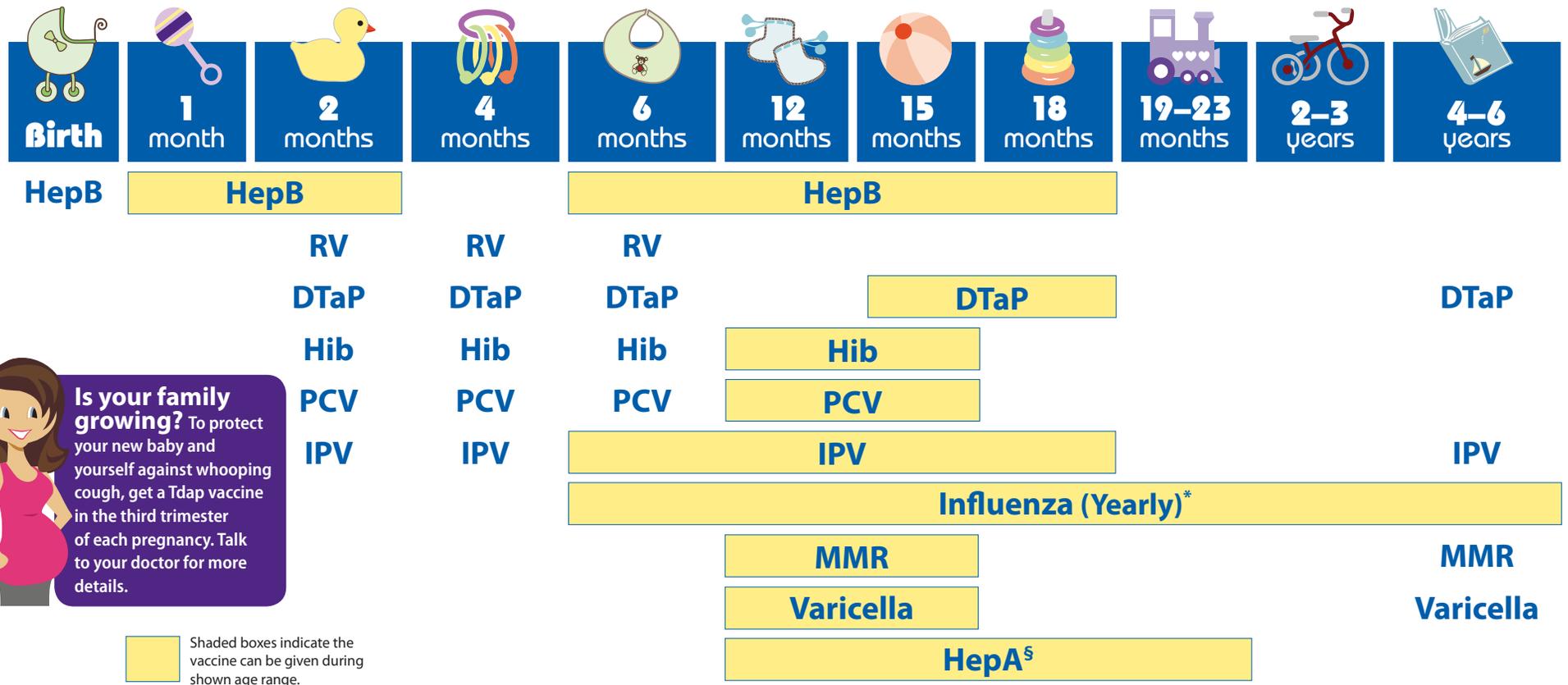
Weight of Child	Infant Drops 50mg/1.25ml	Children's Elixir 100mg/5ml	Children's Tablets 50mg/1 tablet	Junior Strength 100mg/1 tablet
Under 11 lbs (5kg)	*NOT ADVISED			
12-17lbs (5.5-7.7kg)	1.25 ml	2.5 ml		
18-23lbs (8.2-10.5kg)	1.875 ml	3.75 ml	1 tablet	
24-35 lbs (10.9-15.9 kg)	2.5 ml	5 ml	2 tablets	
36-47 lbs (16.4-21.4 kg)	-	7.5 ml	3 tablets	
48-59 lbs (21.8-26.8 kg)	-	10 ml	4 tablets	2 tablets
60-71 lbs (27.3-32.3 kg)	-	12.5 ml	5 tablets	2 ½ tablets
72-95 lbs (32.7-43.2 kg)	-	15 ml	6 tablets	3 tablets

### **Diphenhydramine (Benadryl, Generic, Store Brand) Dosing Information**

**\*\*Give every 6 hours as needed, no more than 4 times in 24 hours\*\***

Weight of Child	Liquid 12.5mg/5ml	Chewable 12.5mg/tablet	Capsule 25mg/capsule
13.2-15.3 lbs	3 ml	-	-
15.4-17.5 lbs	3.5 ml	-	-
17.6-19 lbs	4 ml	-	-
20-24 lbs	3.75 ml	-	-
25-37 lbs	5 ml	1 tablet	-
38-49 lbs	7.5 ml	1 ½ tablets	-
50-99 lbs	10 ml	2 tablets	1 capsule
100+ lbs	-	4 tablets	2 capsules

# 2014 Recommended Immunizations for Children from Birth Through 6 Years Old



**Is your family growing?** To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

**NOTE:** If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:** \* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.  
 § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

*If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.*

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free  
**1-800-CDC-INFO** (1-800-232-4636)  
 or visit  
<http://www.cdc.gov/vaccines>



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



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## Overview of Program



### STEP 1:

#### Request/Screening

Screening information is collected and is shared with parent, and when appropriate, school personnel.



### STEP 2:

#### IEP Team Meeting is Scheduled

(Parents provide written consent if assessment is considered necessary) An IEP meeting is held to obtain parent consent for assessment.



### STEP 3:

#### 2nd IEP Meeting

Assessment is conducted. An IEP meeting is then held to review results and determine eligibility for services



### STEP 4:

#### Individualized Education Program

An IEP is developed, service delivery will be discussed and placement location will be determined.



## Child Find Resources:

### Infants & Toddlers Program:

410-222-6911

Birth to 2 yrs. 9 months

### Preschool Child Find Program:

410-766-6662

2 yrs. 10 mos. - 5th birthday

(Preschoolers NOT in kindergarten)

### School Age Program:

Contact the Administrator

at your child's school of attendance  
5th birthday to 21st birthday

### Private/Religious Students:

410-222-5479

5th birthday to 21st birthday



Kevin M. Maxwell, Ph.D.  
Superintendent of Schools



The Anne Arundel County Public School System does not discriminate on the basis of race, sex, age, national origin, religion, disability, sexual orientation, or familial status in matters affecting employment or in providing access to programs. Questions regarding nondiscrimination should be directed to Leslie H. Starnon, Superintendent of Human Relations, Anne Arundel County Public Schools, 2044 Riva Road, Annapolis, Maryland 21401 (410) 222-5318; TDD (410) 222-5500.

AMPS - Division of Special Education - DFS/JH 2791/11 (Rev. 9/07)

# Preschool Child Find



If you have a child or know of a child between the ages of 2 years-10 months and 5 years old who seems to have difficulty learning, help is available.

The information in this brochure will tell you how and where to get help.

Name  
Sponsor SSN  
Phone Number

Date

### Modified Checklist for Autism in Toddlers (M-CHAT)

The M-CHAT is designed to screen for Autism Spectrum Disorders in toddlers (i.e., over the age of 12 months, and ideally over the age of 18 months). A parent can complete the items independently. The M-CHAT does not allow a clinician to make a diagnosis of an Autism Spectrum Disorder, but is a very useful clinical tool that has excellent sensitivity and specificity. Positive results suggest a high risk for an Autism Spectrum Disorder, and may necessitate referral.

Please fill out the following about how your child **usually** is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

- |   |     |    |
|---|-----|----|
| 1. Does your child enjoy being swung, bounced on your knee, etc.?   | Yes | No |
| 2. Does your child take an interest in other children?  | Yes | No |
| 3. Does your child like climbing on things, such as up stairs?  | Yes | No |
| 4. Does your child enjoy playing peek-a-boo/hide-and-seek?  | Yes | No |
| 5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?  | Yes | No |
| 6. Does your child ever use his index finger to point, to ask for something?  | Yes | No |
| 7. Does your child ever use his/her index finger to point, to indicate interest in something?                       | Yes | No |
| 8. Can your child play properly with toys (e.g., cars or bricks) without just mouthing, fiddling, or dropping them? | Yes | No |
| 9. Does your child ever bring objects over to you (parent) to show you something?                                   | Yes | No |
| 10. Does your child look you in the eye for more than a second or two?  | Yes | No |
| 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)   | Yes | No |
| 12. Does your child smile in response to your face or your smile?   | Yes | No |
| 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?)                                | Yes | No |
| 14. Does your child respond to his/her name when you call?  | Yes | No |
| 15. If you point at a toy across the room, does your child look at it?  | Yes | No |
| 16. Does your child walk?   | Yes | No |
| 17. Does your child look at things you are looking at?  | Yes | No |
| 18. Does your child make unusual finger movements near his/her face?  | Yes | No |
| 19. Does your child try to attract your attention to his/her own activity?  | Yes | No |
| 20. Have you ever wondered if your child is deaf?   | Yes | No |
| 21. Does your child understand what people say?   | Yes | No |
| 22. Does your child sometimes stare at nothing or wander with no purpose?   | Yes | No |
| 23. Does your child look at your face to check your reaction when faced with something unfamiliar?                  | Yes | No |

Have you ever filled out this form for this child before?      Yes    No