



Development

Your child should be using at least 50 words, putting 2–3 words together to make short phrases, and using pronouns like “I”, “me”, and “you”. You can work on teaching colors and counting. She should imitate horizontal or circular strokes with a crayon, kick a ball, throw overhand, climb stairs one at a time, and stack 5 or 6 blocks. Your toddler may be showing an interest in toilet–training. Get a potty seat and give positive reinforcement, but do not force it if she doesn’t want to use the potty. Most kids are ready by about 2 ½ to 3 years of age.

Avoid exposing your child to television and be aware of the content of television shows or videos watched. Any media exposure should be limited to 30 minutes per day, be of good–quality, and ideally watched while sitting on a parent’s lap. Check out www.common sense media.org for recommendations. Use your child’s knowledge of how to turn page to involve her in reading books with a goal of daily reading. Engage in guided, interactive play with your child several times a day, but also encourage free time play. Make time for physical activity with your child. In order to make exercise fun, try child–appropriate play equipment from balls to bats and give them a choice when possible. At this age, toddlers enjoy playing among, but not necessarily playing with other children and they often will not share toys.

Behavior

You’ve probably heard the phrase, “terrible two’s”. This is an age where children will test authority to see what your limits are, and how well you enforce those limits. It’s not really a terrible age; think of it instead as an age of new–found freedom and curiosity. A child at 2 still has limited abilities to internalize rules for behavior. Promote a better sense of control by allowing him to choose from 2 equally acceptable options when possible. Decide on your limits, then try to be as consistent as you can. Reward good behavior with praise, hugs, and small treats like stickers. In the long run, positive reinforcement for desired behaviors is more effective in teaching children than negative consequences for undesired behavior. Use “time–out” as a consequence for inappropriate actions. Time–out is a quiet spot such as the corner of a room, or a boring room such as a den, in which your child can cool down. Use one minute for each year of age. Then briefly talk to him about what he did to warrant a stay in time–out. Most kids will continue to test you, so remember to be consistent. Research shows physical punishment, such as spanking, has adverse outcomes and shows no long term benefit. It increases the risk for injury and can lead to increased aggression in your child now and in the future.

Oral health

Use a soft toothbrush with a smear of fluoridated toothpaste no larger than a grain of rice, twice a day. Allow your child to try brushing on occasion to avoid conflict, but children at this age do not have the dexterity to brush effectively. Avoid sharing utensils or cups with her because it introduces your own bacteria into her mouth, which can contribute to tooth decay. Work to find a dentist by 3 years of age.

Safety

Keep household cleaners, tide pods, and E–Cigarettes out of reach as accidental ingestions and aspirations may occur. Nicotine cartridges from e–cigarettes are especially dangerous. Keep firearms stored unloaded and locked in a safe with ammunition stored separately. It’s important to keep your car, home, and other places where your toddler spends time free of tobacco smoke and E–cigarette vapor. Move dangerous chemicals such as those found in drain cleaners and dish–washing detergents out of your child’s reach. Some

house plants are poisonous, so move them up high, too. If your child ingests anything potentially poisonous, **call Poison Control at 800-222-1222**. Keep this phone number by your phone. Kitchen safety includes turning pot handles towards the back of the stove, making sure your child cannot reach the microwave so he cannot remove hot liquid or food, and not leaving hot liquids or heavy objects on a table with a tablecloth that he may pull down.

If your child has outgrown the rear-facing height or weight limits for your convertible or 3-in-1 car seat then you may face your child forward. However, if he has not outgrown these limits continue to keep him rear-facing as it provides the best protection for your child's neck, spine, and head in the case of a crash. It is safe for your child's feet to touch the vehicle seat in front of him and for his legs to bend or hang over the sides as this position does not put your child at risk for foot or leg injuries. Your own safe driving behaviors are important as well. Use a seat belt, do not drive under the influence of drugs or alcohol, and do not text or use mobile devices while driving.

It is extremely important to supervise your child around any body of water. If you have a pool, it should be fully enclosed and equipped with self-closing gates. Buckets of water and kiddie pools should be emptied when not in use. REMEMBER, IT ONLY TAKES SECONDS TO DROWN. Young child should never be left unsupervised in or around vehicles. When outside, protective clothing should be worn and sunscreen should be applied. See the [sunscreen](#) page in the parent information section of our website for more information.

What to expect at this visit

Two developmental screens should be completed for this visit; one is specific for autism. Please let us know if you are worried about the iron in her diet. A blood test to check lead will be done with a heel stick. You will know the results before leaving the office. We will apply fluoride varnish at this visit unless you have established with a dentist. Immunizations given at this visit include: Hepatitis A if the second dose was not already given at 18 months. Flu vaccine may be given at this visit, if in season. See our [Medication Dosing Guide](#) for recommended dosing of acetaminophen and ibuprofen.

Hep A



Influenza injection



Nasal Influenza

