



TWO YEARS

Name _____

Date _____

Weight _____

Length _____

Head Circumference _____

BLOOD TESTS (done by finger prick)

1. Hemoglobin. This test will determine if your child is anemic. We will have the result immediately and let you know if any treatment is needed.
2. Lead Test. This test determines how much lead is in your baby's blood stream. We send this test out to a laboratory and receive results in about two weeks. We will contact you if your child's level is elevated.

DEVELOPMENT

This is a time for your child to find out how much he can do on his own, but intervene when the situation becomes too frustrating for him. Riding toys, swings, jungle gyms, and throwing and kicking a ball are a big hit now. Non-toxic finger paints, large crayons or markers, and beads help develop fine motor control.

Some children may speak in short sentences by now, while others are still using only single words. Stuttering is quite normal from now through age six. Be a patient listener. Read to your child daily and speak to him in complete thoughts.

At this age, the word "no" is used often as your child tries to get his own way. Temper tantrums are also common at this time. When they occur, place the child in a safe place and ignore the tantrum until it is over. Reward your child with lots of positive attention for calming down when the tantrum is over.

Routines, including predictable times for meals, baths, and bedtime will enhance your child's sense of security. Building a bedtime routine beginning 45 minutes before the time your toddler falls asleep can be invaluable. The bedtime routine may include a last cup of milk or water followed by brushing teeth, having a bath or washing up, changing into pajamas, reading a story, and getting into bed. Your child should be put into bed while still awake so that he falls asleep in his bed.

DISCIPLINE

This is a good age to begin to use some more formal discipline. The "time out" is an excellent discipline tool from this age through early school age. Reserve "time outs" for dangerous or aggressive behavior such as hitting, biting or going near dangerous areas; don't use it for normal exploratory or rambunctious behavior, as this will dilute its effect. To use "time out" effectively, establish a location that is out of the way and quiet, where your child cannot see the television, look out a window, or otherwise be entertained. A corner of the dining room or kitchen is often a good place. A barrier such as a gate may have to be used to set the area off. Tell your child ahead of time that this is the "time out" place and he will have to go there if he misbehaves. Have a simple kitchen timer available that rings at the end of a set time; it's a great tool for making the "time out" very concrete in your child's mind. When the bad behavior occurs, for example hitting a sibling, immediately say to your child in a firm voice "No hitting! That means 'time out!'" Refrain from giving a long explanation; the quicker and firmer the better. Now take your child to the "time out" spot and set the timer for one minute for each year of age (for example, two minutes for a two-year-old). In the beginning you may have to hold the child in your lap during the "time out" but he will learn very quickly to sit in the spot without you holding him. If you must hold him during the "time out", sit him in your lap facing away from you and do not speak or otherwise interact with him during the "time out". If he tries to squirm away, simply hold him firmly without comment. When the timer goes off at the end of the "time out", your child can go back to playing. When the "time out" is over, do not discuss the behavior but simply go back to normal activities. Remember to be consistent with use of the "time out". For example, if you use it for hitting, you should use it for every episode of hitting as much as possible. A good book on using the "time out" is *S.O.S.: Help for Parents* by Lynn Clark.

EATING

It is normal for a toddler to eat only one good meal a day or to eat well one day then poorly for a day or two. If your child is healthy, be assured that she will eat enough to grow well. If you have concerns, speak with the doctor or nurse practitioner at check-up time. Unless the doctor or nurse practitioner tells you that your child is underweight, now is a good time to switch from whole milk to lowfat milk (2% or 1%). Give your child at least three servings of milk or dairy products each day to provide enough calcium and vitamin D. Avoid too much juice—none or no more than one cup a day. Also stay away from sugary or high-fat snacks. We recommend a daily multivitamin with iron for example Poly-Vi-Sol with iron or half of a crushed chewable multivitamin with iron.

SPECIAL INSTRUCTIONS

Most children begin to toilet train between two-and-a-half and three years old. Keep a potty in the bathroom and let your child go into the bathroom with mommy or daddy. You can also provide storybooks and videos for children about potty training. The rest is up to the child. When she is ready and interested, the process of daytime training should take only a few days. Don't rush her—everyone learns eventually!

Try to start brushing your child's teeth if you haven't already. You may use a tiny dot of regular toothpaste. The first dental appointment is recommended between two-and-a-half and three-and-a-half years old.

SAFETY

Food Safety

To avoid choking, make sure any foods you give your child are soft, easy to swallow, and cut into small pieces. Avoid high-risk choking foods such as nuts, popcorn, raw vegetables, whole grapes, hard candies, and hot dogs.

Home Safety (see the home safety handout given at the four-month visit and available on our website for more detail)

Put a hook outside the bathroom door or install toilet locks. Use caution with all hot liquids and hot surfaces. Place a barrier in front of hot radiators. Place gates at the top and bottom of all stairways. Keep plastic bags, wrappers, and latex balloons out of reach. Move dangling electric cords. Use safety plugs in outlets. Remove house plants from reach, as many are poisonous. Make sure that bookcases are anchored to walls so they can't tip over. Install safety guards on windows (screens are NOT strong enough to prevent a child from falling through). Keep all medications, cleaning products, and other potentially poisonous substances high up out of reach. Post the poison control center phone number near your phone: **1-800-222-1222**.

Car Safety

Your child should be in a rear-facing car seat as long as possible (check the sticker on the car seat to see its size limits). It's the best way to keep him safe. Your child should stay in a rear-facing car seat until he reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness. For forward-facing car seats, the shoulder straps should be at or above the level of your child's shoulders. The straps should fit snugly—you should only be able to get only one finger between the straps and your child. In winter, it is safer to put warm layers on top of your child after strapping him into the car seat; securing the straps on top of bulky clothing can reduce the effectiveness of the car seat. If you would like further information on child car safety or would like to find a certified car seat inspector who can check the installation of your car seat, please consult the National Highway Traffic Administration website at www.nhtsa.dot.gov.

Sun Safety

Avoid the midday sun between 10 am and 3 pm as much as possible. Use a hat or canopy and light clothing that covers as much skin as possible. Sunscreen (SPF 15 or higher) should be used on exposed areas of skin.

NEXT VISIT

Your child's next routine visit will be at two-and-a-half or three years of age. There are no scheduled immunizations at those visits. At three years old, your child will have a finger prick blood test to test for anemia and lead poisoning.