



PATIENT EDUCATION

Caring for Your Two-Year-Old

MAYO CLINIC CHILDREN'S CENTER



BARBARA WOODWARD LIPS
PATIENT EDUCATION CENTER

Mayo Clinic Children's Center

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Advocacy Program	Medical Genetics	Regional (Health System)
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Critical Care	Neurology	Rheumatology
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Behavioral Pediatrics	Oral and Maxillofacial Surgery	Surgery
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Pediatric Specialty Clinics:

Adrenoleukodystrophy Clinic	Dana Child Developmental and	Metabolic Bone Clinic
Aerodigestive Clinic	Learning Disorders Program	Mood Disorders Clinic
Anxiety Disorders Clinic and	Dermatology Genetics Clinic	Neonatal Follow-Up Clinic
Intensive Therapy Program	Diabetes Clinic	Neuromuscular Clinic
Arrhythmia and Device	Eating Disorders Clinic	Pain Clinic
Placement Clinic	Eosinophilic Esophagitis Clinic	Pain Rehabilitation Center
Asthma Center	Epilepsy Clinic	Pediatric Diagnostic Referral Clinic
Attention Deficit Hyperactivity	Erythromelalgia Clinic	Pediatric Level 1 Trauma Center
Disorders (ADHD) Clinic	Facial Paralysis and	Plagiocephaly Program
Bariatric Surgery Clinic	Reanimation Clinic	Pulmonary Hypertension Program
Brain Injury Program	Feeding Program	Renal Stone Clinic
Brain Tumor Clinic	Fertility Preservation	Spina Bifida Clinic
Cerebral Palsy Clinic	Fetal Surgery Program	Spinal Deformities Clinic
Chemotherapy/Radiation	Friedreich's Ataxia Clinic	Sports Medicine Center
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Integrative Medicine)	Immunodeficiency Disorders Clinic	Vascular Malformations
Congenital Heart Clinic	Inflammatory Bowel Disease Clinic	Velo-Pharyngeal
Constraint Induced Movement	Learning Disorders	Insufficiency Clinic
Therapy Program	Assessment Clinic	Voiding Clinic
Craniofacial Clinic	Long QT Syndrome Clinic	Weight Management Clinic
Cystic Fibrosis Center	Marfan Syndrome Clinic	

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Introduction

Two-year-olds are increasingly independent. They will amaze you by what they are able to do. Be watchful as you keep them safe while you allow them to grow.

As your child becomes more capable, let your child help brush teeth, dress, and self-feed. Two-year-olds like to imitate adults. Be aware of your behaviors and what your child learns from watching you.

As your child continues to grow, learn, and discover, you will find new delights, issues, and challenges as the parent of a two-year-old.

Use the following information as a resource during the next 12 months of your child's life. If you have questions about this information or your child, talk with your child's health care provider.

Developmental Milestones

Children are unique and develop at their own pace.

Mental and physical development

By two, most children are able to run and walk up and down stairs using two feet on each step. Most two-year-olds can throw a ball overhead. Most can use a spoon and fork and open a door. Most can stack blocks and draw a vertical line. They like to imitate adults and play alongside other children.

Your child should be able to follow one-step and two-step commands.

A typical two-year-old can speak in two-word phrases. Over the next year, your child's vocabulary will grow. Your child will likely be able to speak in complete sentences. See the section titled "Interacting with your child" for ideas to help with your child's language development.

Mild stuttering is common. However, it usually ends on its own by the time children reach four years of age. Use patience and avoid hurrying your child while they speak. Talk with your child's health care provider if you are worried about speech problems.

Praise and smile when your child learns new things. Children enjoy positive feedback. They like to know you are pleased when they are learning.

Social and emotional development

Two-year-olds often say “no” or refuse to do what you want them to do. Testing your authority happens at this age. Follow these guidelines as you set limits for your toddler:

- Be gentle but firm.
- Establish simple rules and limits that keep your child and others safe.
- Respond to your child in a calm, consistent way when rules or limits are not followed.
- Do not allow your child to hit, bite, or be aggressive. If these rules are broken, stop the behavior. Remove your child from the problem situation. Let your child calm down until quiet.
- Distract your child from harmful situations. Offer other safe playthings or activities.
- Praise behaviors that are positive and appropriate.
- Encourage your child to be independent. Offer choices to your child whenever possible. Say, for example: “Do you want bananas or peaches?”

The American Academy of Pediatrics advises that spanking a child is not an effective method of discipline. Spanking may help your frustration for the moment and stop unwanted behavior for a brief time. However, the behavior change may not last long.

Other effective means of discipline include:

- **Time-out.** You may, on occasion, need to separate your child from an activity when a behavior is not acceptable. The amount of time for a young child to remain in “time-out” is about one minute for each year of age. This means about two minutes for a two-year-old. When the time-out is complete, talk to your child about what happened to cause the time-out.
- **Logical consequences.** Consequences for a child’s behavior should relate to the behavior itself. For example, if a child throws a cup on the floor during mealtime, allow it to remain on the floor. Don’t pick it up only to have it thrown on the floor again.
- **Loss of privileges.** You can take away toys that are not used correctly. You can turn off the TV if siblings begin to quarrel while they watch. These are examples of losing a privilege.
- **Ignoring behavior.** With a small child, the most effective action may be to ignore the unwanted behavior. Do this only if ignoring it does not put your child or others in danger. Direct your child to an appropriate behavior.

Socialization opportunities

You may be thinking about having your child take part in community education classes or a preschool program in order to have time to be with other children. However, it is not necessary to take this step at this age as long as your child has playtime with children close in age.



Toilet readiness

At around two years, children begin to show signs of being ready to use the toilet. Most children are interested in the toilet or potty-chair by the time they are 18 months to two years old. But they may not be ready for toilet training. Most children reach their peak readiness by about two and a half to three years.

Because children are unique, being ready to use the toilet is a very individual matter. A sign that your child prefers to be dry is when they start to tell you about wet or soiled diapers. Praise your child for telling you.

Toddlers are naturally curious about how people use the bathroom. If your child seems curious, allow your child to watch you using the toilet. Place a potty-chair in the room where your child usually plays. Talk about how to use it. But do not insist that your child use it. It is often easier, in the long run, to wait for your child to ask to use the potty-chair. When your child does use the toilet, tell your child how proud you are.

Temper tantrums

Almost all children between one and three years old have temper tantrums. This happens partly because they cannot verbally express their needs. When children this age become tired, hungry, frustrated, or frightened, it is harder for them to control their temper.

If you try to reason with or punish your toddler, you may lengthen the tantrum. It is better to make sure your child is in a safe place. Then ignore the tantrum. Don't look directly at your child. Don't speak to your child or about your child to others where they can hear you.

The following may help prevent temper tantrums:

- Keep a daily routine. Routines and structure help children understand what to expect.
- Help your child meet physical needs. Provide healthy meals and snacks, plenty of rest, and time for play and activity.
- Set reasonable limits for your child. A child should not be expected to sit quietly and be well behaved for long periods.
- Give your child choices whenever possible. For example, if your child resists a bath, offer a simple choice. Try saying, "It's time for your bath. Would you like to walk upstairs or have me carry you?" On a cold day try saying, "Would you like to wear your blue mittens or your furry mittens?"
- Set a good example for your child. Do not argue or yell in front of your child.

Stranger and separation anxiety

Some children experience stranger anxiety when they are around someone who they don't know. Let your child watch you talk with and see that you are comfortable with a person before you suggest that your child go to that person. If your child cries, do not force your child to go to someone they do not know.

Never sneak away when you leave your child with another caregiver. Instead, say a brief good-bye and reassure your child that you will return.

Thumb sucking and pacifier use

Many children suck their thumb or fingers or use a pacifier. This is common and has a soothing and calming effect. These habits usually are not a concern unless they continue past age five.

Do not let your child use a pacifier in place of or to delay meals.

Curiosity about sexuality

Children this age begin to learn about their own bodies. It is important to teach your child the proper name for body parts. This gives your child the language to ask questions and express concerns. Making up names for body parts may give the idea that there is something bad about the proper name.

Many toddlers touch themselves to express their natural sexual curiosity. Boys may pull at their penises, and girls may rub their genitals. Teach your child that this is a normal — but private — activity.

Teach your child that some body parts are private. Private parts of the body are those parts that a bathing suit covers. Let your child know that no one should touch or look at private body parts unless it is to give care.

Growth

Your child's rapid physical growth, especially the rate of weight gain, continues to slow down between two and three years of age. Most children gain only three or four pounds over the entire year.

Your child's health care provider continues to watch your child's growth and make sure your child is thriving and growing well.

Nutrition

Unless your health care provider tells you otherwise, give your child low-fat milk. But do not give more than four cups a day. Drinking more than this often limits the amount of solid food toddlers eat. This can lead to possible iron deficiency.

Feeding basics

Offer your child three nutritious meals and one or two scheduled healthy snacks a day. Your child should eat a variety of healthy foods from these food groups:

- Cereal and bread
- Vegetable
- Fruit
- Milk
- Meat or other protein

Toddlers do not grow as fast as they did during their first 15 months. Your child may eat less at some meals and more at others. Trust your child's appetite.

- Do not become overly concerned about eating patterns that are not regular. This is common in toddlers.
- Avoid struggles about what and how much your child eats. A 2-year-old may insist on nothing but a favorite food for three days and then refuse to eat it the next day.
- Do not insist that your child eat some of each food served or finish everything on the plate. Instead, offer a variety of healthy choices at each meal to help your child build decision-making skills and get the nutrition they need over time.
- Do not use food as a reward.

Mealtime

- Make mealtime enjoyable.
- Eat with your child whenever possible.
- Serve your child what the rest of your family eats as often as possible.
- Most two-year-olds can feed themselves using a fork and spoon. Put your child's food in a bowl or on a plate and encourage self-feeding. Provide a cup with a lid ("sippy" cup). Self-feeding is likely to be messy, but it is an important learning experience



Snacks

Nutritious snacks can be an important part of your child's diet. Since children have smaller stomachs than adults, serve your child three meals on a child-sized plate. Give a healthy snack between meals. Three meals and healthy snacks are good ways to meet your child's energy and nutrient needs.

Avoid offering snacks too close to mealtime. Do not give snacks when your child is not hungry, but rather is bored or simply wants a particular food.

Although an occasional less nutritious snack is acceptable, snacks low in fat, sugar, and sodium are best. Suggestions for snacks include:

- Milk, cheese, and yogurt (regular or frozen).
- Pudding.
- Fresh fruit, canned fruit, or fruit cups.
- Soft, cooked vegetables.
- Muffins.
- Toasted whole-grain bread with peanut butter, jelly, or lean meat, such as turkey.
- Dry, whole-grain cereals and cereal mixes. Examples include Cheerios™, Honey Nut Cheerios™, Chex™, Kix™, and cereal mixes.
- Pretzels.
- Whole grain crackers.

Continue to be aware of choking hazards

- Don't put your child to bed with a cup. This could cause choking, forced feeding, and tooth decay. This also increases the risk of ear infections.
- Never leave your child alone while eating.
- Do not let your child run or play while eating.
- Cut food into pieces no larger than one-half inch, and offer small amounts.
- Do not let your child put too much food in their mouth.
- Do not give foods that are round, hard, or sticky. This includes hot dogs, nuts, and seeds. It includes hard candy, uncooked vegetables, popcorn, whole grapes, and raisins. And it includes peanuts, honey, fruit chews, and chunks of peanut butter.
- Do not give your child chewing gum.

Food allergy

Food allergy reactions can range from mild to severe. They happen when the body reacts against proteins found in foods. Usually, this happens shortly after a food is eaten. The following foods cause most food allergies.

- Cow's milk
- Eggs
- Peanuts
- Soy
- Wheat
- Nuts from trees
- Fish
- Shellfish

As you start new foods, watch for signs of a food allergy or intolerance, such as:

- Tingling or itching in the mouth
- Face, tongue, or lip swelling
- Wheezing
- Hoarse breathing
- Flushed skin or rash
- Hives or welts
- Diarrhea
- Vomiting

If any of these signs happen after you start a new food, stop feeding the food. Tell your child's health care provider about the possible reaction. You may wish to keep a diary of new foods and any reactions.

Seek immediate medical attention if your child has difficulty breathing or loses consciousness.

Juice

Juice has little nutritional value for toddlers or children.

Although juice contains some nutrients, it is high in calories and sugar, even when unsweetened. Children who drink juice are at increased risk for dental cavities. Children who drink juice are also at higher risk for obesity.

A two-year-old should not drink more than 4 to 6 ounces of juice per day.

Vitamin D and supplements

Vitamin D helps develop strong bones. Talk to your child's health care provider about giving your child a daily vitamin D supplement. Follow the instructions that come with the liquid supplement to give the correct dose.

Usually, no other vitamin or mineral supplements are needed for children, unless you are told otherwise by your child's health care provider.

If you choose to give your child vitamins or supplements, talk with your child's health care provider. Treat vitamins and supplements as medication. Never refer to them as candy in front of your child. Make sure the vitamin or supplement you give is right for your child's age and weight.

Health

Preventing illness

Toddlers are at greater risk for illness than older children and adults. It is not unusual for toddlers to get five or six colds a year. Each can last about seven to 10 days. Colds are caused by viruses. Antibiotics do not help colds. To lower your child's exposure to illness:

- Wash your child's hands before and after meals, after diaper changes, and after playing with toys.
- Wash toys that your child puts in their mouth, especially toys that are used by other children.
- Have people wash their hands before they hold or play with your child.
- Whenever possible, keep your child away from large crowds and people who have colds.
- Create a smoke-free environment. Children breathe in smoke whenever someone around them smokes cigarettes, pipes, or cigars. Secondhand smoke causes children to be at higher risk for serious health problems. These include ear infections, asthma, and upper respiratory infections. They also include other respiratory problems, such as pneumonia.



Immunizations

Immunizations, also called vaccinations, are an important part of your child's care. They save lives and protect against the spread of disease. Not having your child immunized puts your child at risk to catch a dangerous or deadly disease.

Go to all scheduled well-child appointments. Keep your child's immunizations up to date. Read the information that you get at the well-child appointments.

If you have questions about immunizations, talk with your child's health care provider.

All children should get a yearly influenza (flu) vaccination. This helps to prevent the flu and flu-related complications that may develop. Those who have close contact with your child also should get a yearly flu vaccination to help prevent passing this illness.

Cough and cold medicine

Over-the-counter cough and cold medicines are not recommended or safe for children younger than six years old. These medications have not been studied in children.

Suggested treatment options include honey for children over 12 months, nasal suction, and saline rinse. They also include cool humidified air, drinking plenty of fluids, and ibuprofen or acetaminophen for pain.

If you are thinking of using natural remedies to soothe your child, talk with your child's health care provider first. Many natural remedies are thought to be safe but may in fact harm your child.

Fever

A fever occurs when the body temperature rises above normal – above 100.4 degrees Fahrenheit (F) or 38 degrees Celsius (C).

A fever is a symptom, not an illness by itself. Fevers can have many causes. The most common cause of fever in children is viral illness. Fevers related to viral illness usually last about two to three days.

Fevers can be a sign of a more serious illness. Follow these guidelines for when to contact your child's health care provider. But remember, these are general guidelines. **If you are worried about how your child looks or acts, call your child's health care provider.**

Call your child's health care provider during regular office hours if your child has:

- A fever for more than 48 to 72 hours without a known cause.
- A fever that returns after having gone away for 24 or more hours.
- Burning or pain with urination.
- Ear pain or ear pulling.

Call your child's health care provider right away or take your child to an emergency care facility if your child has:

- Difficulty breathing.
- Disorientation or confusion, or is not responsive or difficult to awaken.
- Stiff neck.
- Seizure.
- Signs of significant dehydration, such as a dry mouth, sunken eyes, or minimal urination, for 8 to 12 hours.
- Intense abdominal pain.
- Extreme irritability and is difficult to comfort or calm for more than one hour.
- Acts very sick.

Taking your child's temperature

Now that your child is a toddler, there are several ways to take a temperature. When choosing a thermometer, consider the following options.

- **Digital thermometers.** These thermometers use electronic heat sensors to record body temperature. They can be used in the rectum (rectal), mouth (oral), or armpit (axillary). Armpit temperatures are typically the least accurate of the three.
- **Digital ear thermometers.** These thermometers use an infrared ray to measure the temperature inside the ear canal. Keep in mind that earwax or a small, curved ear canal can interfere with the accuracy of an ear thermometer.
- **Temporal artery thermometers.** These thermometers use an infrared scanner to measure the temperature of the temporal artery in the forehead. This type of thermometer can be used even while a child is asleep.

Digital pacifier thermometers and fever strips are not recommended.

Safety tips

Carefully read the instructions that come with the thermometer. Before and after each use, clean the tip of the thermometer. Use rubbing alcohol or soap and lukewarm water and then rinse with cool water.

If you plan to use a digital thermometer to take a rectal temperature, then also get another digital thermometer for oral use. Mark each thermometer, and don't use the same thermometer in both places.

For safety — and to make sure the thermometer stays in place — never leave your child alone while you take their temperature.

- **Oral temperature.** If your child has been eating or drinking, wait 15 minutes before you take a temperature by mouth. Turn on the digital thermometer. Place the tip of the thermometer under your child's tongue toward the back of the mouth. Ask your child to keep their lips closed. When the thermometer signals that it is done, remove it and read the number.
- **Armpit temperature.** Turn on the digital thermometer. When you place the thermometer under your child's armpit, make sure it touches skin — not clothing. Hold the thermometer tightly in place until the thermometer signals that it is done. Remove the thermometer and read the number.
- **Ear temperature.** Turn on the thermometer. Gently place the thermometer in your child's ear. Follow the directions that come with the thermometer to be sure you insert the thermometer the proper distance into the ear canal. Hold the thermometer tightly in place until the thermometer signals that it is done. Remove the thermometer and read the number.
- **Temporal artery temperature.** Turn on the thermometer. Gently sweep the thermometer across your child's forehead. Remove the thermometer and read the number.

When reporting a temperature to your child's health care provider, give the reading and explain how the temperature was taken.

Teeth

Brush your child's teeth at least daily using a soft cloth or baby toothbrush.

Toothpaste with fluoride is recommended for all children. Use only a very small amount, about the size of a grain of rice. Adults should squeeze out the amount of toothpaste for young children. Adults also should supervise and help with brushing.



Your child's health care provider may apply fluoride varnish once your child's teeth come in. Over-the-counter fluoride rinse is not recommended for children younger than six years. Children younger than six years may swallow high levels of fluoride.

Talk to your child's health care provider about fluoride supplements if your child does not drink water that contains fluoride.

Limit sugary foods and drinks in your child's diet. To help prevent tooth decay and cavities, do not give your child soda pop. Do not let your child carry around a bottle or cup of milk or juice. And do not put your child to bed with a bottle or sippy cup of milk or juice. Constant sipping adds to the time teeth are in contact with these fluids. This increases the risk for tooth decay.

Dental visits

Talk to your child's health care provider and your dentist about when to schedule dental visits. Recommendations may vary depending on practice.

Sleep

Your child may now be taking only one nap and sleeping about 12 to 14 hours a day. Even if your child sometimes does not nap, plan for a quiet period of rest at a regular time each day.

Keep a regular bedtime routine for your child.

Safety Concerns

Child safety seats

Your child must be in an approved car seat at all times when in a vehicle.

In a vehicle, the safest place for your child is in the back seat, in the middle if possible. Never put your child in the front seat. It is even more dangerous if your car has airbags. Airbags can cause serious harm or death to children.

Once your child has outgrown the size limits for car seats in the rear-facing position, a forward-facing seat secured in the back seat is the safest option. Never use a seat that is built just for rear-facing in a forward-facing position.

If you have a convertible car seat, follow the manufacturer's instructions to safely convert the seat from rear- to forward-facing. Children should stay in a forward-facing car seat with a harness until they reach the height and weight limits of the seat, which typically occurs around 4 years of age.

- **Always read and follow the manufacturer's instructions for your car seat.** If you do not have instructions, contact the manufacturer. The address and phone number are on a label on the seat.
- Follow the instructions in your vehicle owner's manual about using car seats. Some manufacturers' instructions may be available on their web sites.
- Do not use child safety seats that have been in a crash or that you do not know the history of.
- Most car seats expire after 6 years from the date of manufacture. An expiration date should be printed somewhere on the seat. When in doubt, call the manufacturer and ask for this date.
- Secure the harness straps when your child is in the car seat.

Car seat instructions can be confusing. On average, four out of five car seats are not installed correctly. If you have questions or would like more information about the use of your child's car seat, ask your child's health care provider. Find out who you can contact in your community to get more information. You also can seek out a public agency in your area that inspects child safety seats, or you can attend an infant passenger safety class.

Never put a child safety seat in the front seat.

Never leave your child alone in a vehicle.

Be a good role model and always wear your seatbelt.



Preventing falls and injuries

The greatest cause of death of children younger than four years old is injuries. Most injuries can be prevented. Often, injuries happen because parents are not aware of what their child can do. Children this age cannot understand danger or remember “no” while they explore.

Because of ever-increasing mobility and curiosity, it is important to watch your child closely and to:

- Use gates on stairways and doors of rooms you do not want your child to go into.
- Cover all electrical outlets.
- Remove sharp-edged and hard furniture from rooms where your child plays and sleeps.
- Take care with cords, ribbons, and strings. Toddlers tend to pull and grab at any rope or cord they can reach, so keep electrical, telephone, and window-blind cords tied up and inaccessible. Loose window cords are particularly dangerous because they hang in loops that can easily be tightened around a young child’s neck. Make sure to place your child’s bed away from window blinds and cords. Also, remove drawstrings from toddlers’ coats and sweatshirts.
- Install childproof locks and safety latches on cupboards and drawers. Do this especially where sharp items are kept.
- Keep all appliances and electrical cords out of your child’s reach.
- Keep all electrical appliances in the bathroom out of your child’s reach.
- Do not underestimate your child’s ability to climb. A chair left next to a kitchen counter, table or window allows your child to climb to dangerously high places.
- Make sure windows are closed or have screens that cannot be pushed out. Install window guards on windows if needed.
- Never leave your child unattended around machinery, fans, and other equipment.
- Always walk behind your car to be sure your child is not there before you back out of your driveway. You may not see your child behind your car in the rear view mirror.
- Choose playground equipment that is safe for your child’s age and skill level. Watch your child closely.

Bike helmets

If you take your child for a bike ride in a pull-behind cart or in a seat that is attached to the bike, put a bike helmet on your child. The helmet should meet the bicycle helmet safety standards of the Consumer Product Safety Commission (CPSC).

The helmet should be worn squarely on top of the head. It should cover the top of the forehead. If it is tipped back, it does not protect the forehead. The helmet fits well if it does not move around on the head or slide down over the eyes when it is pushed or pulled. The chinstrap should be adjusted to fit snugly.

Preventing burns

Prevent burns and scalds. Keep your home's water heater temperature set at or below 120 degrees Fahrenheit or 48.8 degrees Celsius. To check the temperature or change the setting, read the water heater's instruction manual or go to the manufacturer's web site.

Do not let your child be around you when you cook. Hot liquids, foods, and grease can spill on your child and cause serious burns. Do not leave hot food or beverages where your child can reach them. Never carry your child and hot items at the same time.

Toddlers will grab anything to steady themselves. This includes hot oven doors, wall heaters, and outdoor grills. Keep your child out of rooms and areas where hot objects can be touched. Or put a barrier around the hot objects. Use the back burners on the stove with the panhandles turned inward. Use a fireplace screen to keep your child from touching the fire or hot glass.

If your child gets burned, immediately run cold water over the burned area for 10 minutes. Then cover the burn loosely with a bandage or clean cloth. Call your child's health care provider right away for all burns.

Frequently check that your smoke and carbon monoxide detectors are working. Change the batteries at least once a year on a date you will remember. For example, change the batteries when daylight saving time begins or on your child's birthday. Have a working fire extinguisher in your home.

Make sure your baby's sleepwear is not flammable, which means it cannot easily catch fire.

Practice a fire escape plan.

Sun safety

Protect your child from sunburn with clothing and a hat.

At least 30 minutes before sun exposure, apply sunscreen to your child's face, ears, neck, backs of hands, tops of feet and any other areas not covered by clothing or a hat.

Use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15 or higher. Rub it in well. Reapply every 2 hours and after swimming. Apply lip balm that contains sunscreen to lips.

It is best to avoid sun exposure between 10 a.m. and 2 p.m.

Preventing drowning

A child can drown in less than two inches of water. Never leave your child alone in or near a bathtub, pail of water, toilet, wading or swimming pool or any other water even for a moment. Empty all buckets after each use. Always supervise your child during bath time. Stay within an arm's length of your child around water.

If you have a swimming pool, put a fence that is at least four feet high on all sides of the pool. Be sure the gates are self-latching. Most children drown when they wander out of the house and fall into a pool that is not fenced off from the house. It only takes a few moments for a child to get out of the house and fall into a pool.

If your family enjoys boating and spending time near water, make sure you and your child wear life jackets. Children should wear life jackets at all times when on a boat or near a body of water. Check the label on the life jacket to be sure it meets U.S. Coast Guard or state regulations. The life jacket should be comfortable and the right size for your child. It should always be worn as instructed with all straps belted. However, wearing a life jacket is not a substitute for adult supervision. Blow-up water wings, toys, rafts, and air mattresses should not be used as life jackets.

Preventing suffocation, choking, and poisoning

Toddlers continue to explore their world by putting many things into their mouths. They have small airways and can easily choke. To prevent suffocation and choking:

- Insist that your child stay seated when eating.
- Follow the age recommendations on toy packages.
- Keep the following items away from your child:
 - Plastic bags and wrappers.
 - Balloons.
 - Coins.
 - Marbles.
 - Toys with small parts.
 - Small balls.
 - Pen and marker caps.
 - Button-type batteries.
 - Medicine syringes.
 - Candy, gum, and fruit snacks.
 - Caps from beverage bottles.
 - Any item that could fit inside your child's mouth.

Teach older children not to give your toddler small objects. Give your child only unbreakable toys that do not have sharp edges or small parts that can come loose.

Cords from window blinds and draperies can strangle your child. Tie cords high and out of reach. Do not knot cords together.

What should I do if my child chokes?

To be prepared in case of an emergency take a class on cardiopulmonary resuscitation (CPR) and choking first aid for children. Encourage everyone who cares for your child to do the same.

If your child is able to cough, cry, or make noises with force, do not interfere. Keep watching your child closely and be ready to help if needed. Alert someone that your child is choking.

If your child is choking and can't breathe:

1. Position yourself so that you stand behind your child's body.
2. Make a fist with one hand and place your fist so that the thumb of your fist is in the middle of your child's tummy, just above the belly button. Use your other hand to grasp your fist.
3. Press your fist into your child's tummy with a quick upward motion (abdominal thrust). Repeat this motion until your child is able to breathe.
4. If your child becomes unconscious (not able to respond), begin CPR or call 911.
5. If doing CPR, look into your child's mouth each time before giving a breath. If you see an object, use your finger to carefully remove it to avoid pushing the object into the throat. Continue doing CPR until your child starts coughing, crying, or speaking. **Call 911 after 2 minutes of CPR if someone has not already called.** Then continue doing CPR.

To prevent poisoning

Many ordinary things in your house can poison your child.

- Keep household products, such as detergent pods, bleach, cleaners, chemicals, and medicines, completely out of sight and reach of your child.
- Install safety latches on drawers and cupboards.
- Be aware that some household plants are poisonous. Keep all plants out of your child's reach.

If you think your child has swallowed something poisonous, call the Poison Control Center right away. Post the **Poison Control Center** phone number where your entire family can find it: 1 (800) 222-1222

Preventing lead poisoning

Lead poisoning happens when too much lead builds up in the body. It can cause learning, behavior, and health problems in children.

Your child's health care provider may give you a questionnaire to review your baby's risk factors for lead poisoning. If exposure to lead is suspected or your child is thought to be at higher risk for lead exposure, your child will have a blood test.

Children less than six years who spend time in homes built before 1978 are at greatest risk for lead poisoning. These homes may have chipping or peeling paint or are being renovated. Lead was allowed in household paint until 1978. The older your home is, the more likely it contains lead-based paint. Paints containing up to 50 percent lead were used on the inside and outside of homes through the 1950s.

Lead also can be found in soil around homes and apartment buildings. Children may come in contact with the lead by playing in the dirt.

Some toys put children at risk for exposure to lead. Older or antique toys and collectibles passed down through generations may have lead paint. This can put children at risk for lead exposure. Watch for peeling or chipped paint on toys. Do not allow your child to play with toys that have peeling or chipped paint.

Talk to your child's health care provider if you have concerns about lead in your home.

Preventing non-accidental head trauma (shaken baby syndrome)

Non-accidental head trauma, also known as shaken baby syndrome, is a medical term for the injuries caused by shaking or throwing a child.

Never shake or throw your child. Shaking or throwing a child, even for a few seconds, can cause bleeding inside the head and pressure on the brain. This may cause blindness, deafness, internal bleeding, paralysis, brain damage, or death.

Shaking a child generally happens when a person is angry or frustrated and loses control. Do not hold your child during an argument or fight. If you find yourself becoming annoyed or angry, put your child in a safe place and leave the room. Take a time-out. Call someone for support.

Tell anyone who cares for or spends time with your child about the dangers of shaking or throwing a child. Do not leave your child with someone who seems violent, is angry, drinking alcohol, or using drugs.

Some symptoms of non-accidental head trauma or shaken baby syndrome include sleepiness, fussiness, poor eating, vomiting, seizures, not breathing, or unconsciousness.

Immediately seek medical care for your child if you suspect an injury.

Firearm hazards

Children in homes where guns are present are in more danger of shooting themselves or being shot by friends or family members than of being injured by an intruder.

It is best to keep all guns out of the home. If you choose to keep a gun, make sure it is not loaded. Keep it in a locked place separate from the ammunition. Ask if the homes where your child visits or is cared for have guns. If so, find out how they are stored.

Radon

Radon is a gas that comes naturally from the breakdown of uranium in soil, rock, and water. It has no odor or color. Radon can enter homes through cracks or openings in walls or foundations. It becomes part of the air you breathe. It is the leading cause of lung cancer among nonsmokers.

The only way to know whether your home has high levels of radon is to test. You can get test kits at city and county health departments, home improvement stores, and hardware stores.

If you have unsafe levels of radon in your home, there are ways to lower the risk.

To find out how to test for radon or what you can do if you have radon in your home, contact your local department of public health or a local chapter of the American Lung Association.

Insects

Keep your child out of areas where there are mosquitoes. If that is not possible, use screens and clothing to protect your child. If that is not possible, insect repellent can be applied to children.

DEET is a chemical used in insect repellents. Choose an insect repellent that contains 10-30 percent DEET. Use just enough repellent to cover your child's clothing and exposed skin. Do not put insect repellent on your child's face or hands. Wash your child's skin with soap and water to remove repellent after you return indoors.

Interacting With Your Child

Read and sing to your child, and with your child, every day. Doing this helps your child develop and improve language skills. Children this age especially have fun when they sing action songs, clap, and dance to music.

Talk with your child:

- Use simple sentences to describe what you are doing. Your child may not know the meaning of some words. But hearing the sounds helps develop critical language skills.
- Repeat yourself. Your child's vocabulary increases when they hear familiar sounds and words repeated. This prepares your child for more complex speech and reading.
- Introduce new words or names to your child in a familiar setting.
- Point to and name foods at mealtime.
- Point to clothing, toys, body parts, objects, or pictures. Ask your toddler to name them. You may need to first name the object so your child can copy you.
- Make a picture book with photos of your child, family members, pets, and objects familiar to your child.

Watching television adds very little to the language development of young children. It is linked to increasing levels of childhood obesity. For this reason, limit your two-year-old to no more than one to two hours per day of worthwhile screen time. Please note: Be mindful of media violence. Even if children are not watching television, the noise that comes from the television being on has an impact on children.

Create opportunities for social interaction, exploration and physical activity:

- Encourage your child to play alone and in groups alongside or with other children.
- Establish routines.
- Encourage self-care, such as helping with dressing.
- Provide ways for your child to explore and discover safely. This is important as your toddler's mobility increases.
- Explore the natural world: gather leaves, rocks, and sticks.
- Go for a walk together.
- Visit a playground or park.
- Make an obstacle course with boxes or furniture for your child to climb in, on, over, under and through.
- Spend time teaching your child how to play.

Encourage your child to use their imagination:

- Help your child use crayons, finger paints, and Play-Doh™.
- Encourage imaginative play and sharing toys. But do not be surprised if your child does not want to share toys with others.
- Offer stuffed animals and toys for building.
- Tell stories.
- Put sponges or squeeze bottles in the bathtub.
- Toys, such as cups and bowls that a child can use to dump and pour, are fun in the bathtub and sandbox.

A two-year-old enjoys imitating parents, siblings, and others. Common household activities, such as sweeping and dusting, are fun. Washing play dishes, sorting the laundry, and shoveling snow are also fun activities for your toddler. Play clean-up games. To help clean up after play, let your toddler put away toys on shelves and in storage containers.

Be a good role model for your child. Be respectful in your relationships with others. You can encourage positive sibling relationships when you praise positive interactions.



Behavior management

Behavior management is teaching your child limits through loving care. Establish rules and limits your child needs to stay safe and keep others safe, and then consistently enforce them. All of your child's caregivers should use the same set of rules.

It is easy to unintentionally set up a negative relationship where parents feel that all they do is correct their child. Praise your child for good behaviors, letting them know you want those behaviors to continue. Be careful not to tell your child they are "good" or "bad." It is what your child is doing that you like or do not like, not your child.

The word "no" can lose its effectiveness if used too often. Limit the use of "no" to the most important times, such as when your child may get hurt or is hurting others. Allow no hitting, biting, or aggressive behavior.

Praise your child for being so special to you. Continue to pick up your child, hold and cuddle your child. Help your child express joy, anger, sadness, fear, and frustration and develop self-quieting behavior.

Set a good example

Your child learns by watching you, even when you do not realize it. Your child will copy your behaviors. Therefore, be a good example for your child:

- Get regular activity and exercise.
- Select and eat healthy foods.
- Respond calmly when faced with challenging situations.
- Don't smoke.
- Wear a seat belt.
- Wear a helmet when biking.

Childcare

If your child goes to daycare, continue to monitor the safety of the care facility as your child grows older and needs change. Consider the following factors:

- Safety and health standards.
- Licensing, accreditation, and qualifications.
- Child-to-staff ratio.
- Care provider policies including visiting policy.
- Your expectations.
- Back-up care plan.

If you have any issues you need to discuss with your daycare provider, be open and honest about your concerns. If you need to make adjustments, do so.

A Final Word

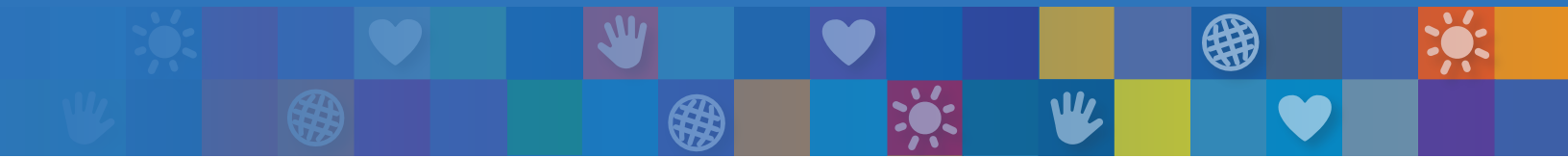
Enjoy your child during this time. Give your child your time, attention, and unconditional love.

Follow the schedule your child's health care provider suggests for well-child exams.

Well-child exams or regular checkups focus on your child's growth and development. They let you get to know your child's health care provider. Write down any questions or concerns you may have as you get ready for each well-child exam. Talk with your health care provider about any concerns you may have.

Your child will receive immunizations as scheduled by their health care provider. Unless your child has special needs or concerns, lab tests aren't needed at most well-child exams.

If you have any questions or concerns about this information or anything that concerns your child, contact your child's health care provider. Together, you will help your child thrive and be healthy.



BARBARA WOODWARD LIPS PATIENT EDUCATION CENTER

Mrs. Lips, a resident of San Antonio, Texas, was a loyal Mayo Clinic patient of more than 40 years and a self-made business leader who significantly expanded her family's activities in oil, gas and ranching. Upon her death in 1995, Mrs. Lips paid the ultimate compliment by leaving her entire estate to Mayo Clinic. By naming the Barbara Woodward Lips Patient Education Center, Mayo honors her generosity, her love of learning, her belief in patient empowerment and her dedication to high-quality care.

This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.

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MC5354-07rev0917