



PATIENT EDUCATION



Caring for Your Three- to Five-Year-Old

MAYO CLINIC CHILDREN'S CENTER



BARBARA WOODWARD LIPS
PATIENT EDUCATION CENTER

Mayo Clinic Children's Center

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Cardiovascular Surgery	Infectious Diseases	Radiation Oncology
Child and Family Advocacy Program	Medical Genetics	Radiology
Community Pediatrics and Adolescent Medicine	Neonatal Medicine	Regional (Health System) Pediatrics
Critical Care	Nephrology	Research
Dermatology	Neurology	Rheumatology
Developmental and Behavioral Pediatrics	Neurosurgery	Sleep Medicine Center
Emergency Medicine	Ophthalmology	Speech Pathology
Endocrinology and Metabolism	Oral and Maxillofacial Surgery	Surgery
Gastroenterology and Hepatology	Orthopedic Surgery	Urology
	Otorhinolaryngology (ENT)	
	Physical Medicine and Rehabilitation	

Pediatric Specialty Clinics:

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

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Introduction

Preschoolers continue to strive for independence. Their physical abilities and curiosity continue to grow. They need close supervision to protect them from getting hurt. Because you love them and are concerned for their safety, you need to set boundaries. Your preschooler will challenge these boundaries.

Be patient and encourage your child as they grow. This helps your preschooler develop new skills and build self-confidence. As your child continues to grow, learn, and discover, you will find new challenges as the parent of a 3- to 5-year-old.

Use the following information as a resource during the next two years 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

Three-year-olds typically play alongside other children rather than with them. This is called parallel play. As children approach 4 and 5 years of age, their play more often includes other children. Out-of-home activities, such as play groups or nursery school programs, can help your child develop social skills. These skills include taking turns, sharing, and following rules within a group.

Most preschoolers enjoy pretending with common objects found at home. They like to imitate adults. Be aware of your behaviors and what your child learns from watching you.

Children develop their language skills most easily through direct conversation and reading. Three-year-olds speak in complete sentences. They begin to make comparisons. They use opposites, such as "up" and "down." Encourage your child to describe objects and to tell stories about their experiences.

Read and sing to your child and with your child each day. These are important ways you can help your child develop language skills. Present numbers, letters, and new words to your child. Present new ideas to your child along with ideas they already understand. When your child watches you do something, use simple sentences to describe what you are doing. This helps develop language skills.

Mild stuttering is common. However, it usually ends on its own by the time children reach four years of age. Be patient and don't hurry your child when they are speaking. Don't interrupt your child or finish your child's sentences. Talk with your health care provider if you are worried about speech problems.

Television watching contributes little to the language development of young children. It is linked to childhood obesity. For this reason, limit screen time to no more than one to two hours per day for children under 5.

Early childhood screening is available through most school districts starting at the age of 3. Talk to your child's health care provider about the benefits of early childhood screening.



Toilet readiness

Because children are unique, readiness for using the toilet is a very individual matter.

Most 3-year-olds have started using the toilet and are becoming better at it. Learning to use the toilet is a process, rather than an event. It often can take several months. Let your child know how proud and happy you are as toilet training goes on. Offer praise when your child uses the toilet. Do not put too many demands on your child. Never shame your child for wearing diapers during the day or night. Never punish your child for accidents or setbacks.

It is common for 3- to 5-year-olds who are dry in the day to have accidents sometimes. Children who master using the toilet during the day may still wet during the night. Some children may need diapers or waterproof training pants until around age 5.

Once children are dry most mornings when they wake up, toilet training is considered complete.

Social and emotional development

Three- to five-year-olds often say “no” or refuse to do what you want them to do. Testing parents’ rules is normal. Follow these guidelines as you set limits for your preschooler.

Following are discipline guidelines that may be used with a preschooler:

- Establish a few simple rules. Give the highest priority to issues of safety, such as not running into the street, and preventing harm to others. Do not allow your child to hit, bite, or be aggressive.
- Use rules that are fair and reasonable. Do not punish your child for behavior that is part of normal emotional development. This includes thumb sucking, fears of separation from parents, and toilet training accidents.
- Respond consistently to your child when rules or limits are not followed.
- Be gentle but firm. Use a pleasant tone of voice. Correct your child in a kind manner briefly stating the rule that was broken.
- Praise behavior that is positive and appropriate. Look for times when your child is being good. Give your child more praise and positive responses than negative responses.
- Encourage your child to be independent. Offer acceptable choices whenever possible. Say, for example, “Do you want orange juice or apple juice?”
- Young children quickly forget what they did that resulted in consequences. Therefore, give consequences right after the unacceptable behavior.

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.



Temper tantrums

Children between 3 and 5 still may have temper tantrums. When children become tired, hungry, frustrated, frightened, or when things do not go as desired, it is harder for them to control their temper.

If you try to reason with your preschooler, 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 to 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 behave well for long periods.
- Give your child choices whenever possible. For example, if your child does not want to get dressed, offer a simple choice. Try saying, "Would you like to wear your blue shirt or your red shirt?"
- 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 they don't know. Let your child watch you talk with and see that you are comfortable with a person. Then you may 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. It soothes and calms your child. 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

Your child may begin to be curious about where babies come from and how boys and girls are different from each other. This is normal. Answer questions honestly and simply. Use correct terms for body parts. 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.

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 health care provider continues to monitor growth and ensure your child is thriving and growing well.

Children between 3 and 5 typically experience slow weight gain. Over two years, they often gain about 5 pounds and grow about 5 inches.

Nutrition

Unless your health care provider gives you other instructions, give your child low-fat milk. Do not give more than four cups a day. Drinking more than this often limits the amount of solid food young children eat. This may cause iron deficiency.

Feeding basics

Most children are able to eat using a spoon, fork, and cup by the time they turn 3 years old.

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

Do not worry too much about eating patterns that are not regular or food “jags.” This is common in young children. A preschooler may insist on nothing but a favorite food for three days and then refuse to eat it the next day. Avoid struggles about what and how much your child eats. Do not use food as a reward.

Mealtime

- Make mealtime enjoyable.
- Allow your child to eat with the family whenever possible.
- Serve your child the food the rest of your family is eating as much as possible.
- Do not insist that your child eat some of each food served at a meal or sitting. Instead, provide healthy choices and help your child build decision-making skills.
- Do not insist that your child finish everything on the plate. Instead, provide small portions and offer seconds if your child is still hungry.

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.
- Don't let your child run or play while eating.
- Do not let your child put too much food in their mouth.
- Do not give foods that are round, hard, or sticky.
- 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.

If you decide to give your child juice, limit it to no more than 4 to 6 ounces a 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 about it 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 given is right for your child's age and weight.

Health

Preventing illness

Preschoolers are at greater risk for illness than older children and adults. It is not unusual for children 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:

- Teach your child to wash hands often, especially before eating and after using the toilet.
- 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

You have several options for taking your child's 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 temperatures 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.

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

Help your child to brush their teeth at least twice daily.

Toothpaste with fluoride is recommended for all children. Use only a very small amount, about the size of a pea. 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 to your child's teeth. 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 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

By age 3, many children stop taking naps. Even when this is the case, plan for a quiet period of rest at a regular time each day. This helps prevent your child from becoming too excited or tired.

Keep a regular bedtime routine for your child.

Bedtime may come earlier when naps are stopped. Your child should fall asleep in their own bed and sleep there through the night.

Nightmares and night terrors

Nightmares are common for preschool children. When a child wakes up from a nightmare, the child is likely to be frightened. Usually a child is able to recall the dream but may find it hard to tell the difference between the dream and reality.

Night terrors are also common, particularly for children between ages 3 and 5. During deep sleep, your child may wake up screaming and terrified. Your child may not be able to explain what happened. You may not be able to comfort your child or get your child to fully wake up.

Although the terror may last for 10 to 20 minutes, usually a child will not remember the episode the next morning. Night terrors usually happen during the first third of the night.

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.

Children who weigh 40 pounds or less are best protected in a child passenger safety seat with a full harness. Do not switch a child to a booster seat until your child reaches the upper weight and height limits for the safety seat as set by the manufacturer. When your child outgrows these weight and height limits, use an approved booster seat.

Children this age should not ride in a car using a seat belt alone. Children should be secured in booster seats until they are 4'9" tall and between 8 and 12 years of age. Taking your child out of a car seat or booster seat too early greatly increases the risk of injury or death in a motor vehicle accident. Children younger than 13 years should ride properly restrained in the back seat.

- **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 look for a public agency in your area that inspects child safety seats. You can also 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 fall and injuries

Injuries that come from accidents or abuse are the leading cause of death in children. Most injuries can be prevented. Often injuries happen because parents are not aware of what their children can do. Observe your child and think about what might get your child into trouble. Remove potential dangers.

Because of your child' mobility and curiosity, your child needs your protection. Supervise your child closely and take the following safety precautions:

- Lock or block areas that are off limits.
- Keep doors locked to prevent your child from wandering outside.
- Cover all unused electrical outlets.
- Take care with cords, which are still 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.
- Install childproof locks and safety latches on cupboards and drawers, especially where poisonous substances or sharp items are kept.
- Keep hot appliances and electrical cords out of your child's reach.
- Keep all electrical appliances in the bathroom out of your child's reach.
- Make sure windows are closed or have screens that cannot be pushed out.
- 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.
- Do not allow your child to climb on ladders, chairs, or cabinets.
- Never leave your child home alone.
- Supervise while your child crosses the street. A preschool child is too young to be expected to look both ways every time they cross the street.
- Begin to talk to your child about how to dial 9-1-1 for emergency help.
- When your child gets close to kindergarten age, teach your child your phone number and address.
- If you choose to keep a gun, keep it unloaded and in a locked place. Keep it separate from the ammunition. Ask if the homes where your child visits or is cared for have guns. Ask how they are stored.
- Always supervise your child with a family pet or neighborhood animal. Teach your child to respect animals and never to tease or surprise them. Teach your child to stay away from animals that are not known to them. Teach your child to tell you if a strange animal is nearby. When animals eat, sleep, care for their young, or are surprised, they may bite.

Bike helmets

If your child rides anything with wheels, put a helmet on your child. This includes tricycles, bicycles, scooters, skateboards, roller blades, and wagons. It also includes riding in a pull-behind cart or in a seat that is attached to a bike. 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

Burns are a leading cause of childhood injury. Follow these precautions to protect your child:

- Set your home water heater at or below 120 degrees Fahrenheit or 48.8 degrees Celsius.
- Do not allow your child to be next to you when you are cook. Hot liquids, foods, and grease can spill on your child and cause serious burns.
- Keep your child away from hot parts on lawn mowers and motorcycles.
- Do not leave hot food or beverages where your child can reach them.
- Preschoolers often are interested in fire. Keep matches and lighters out of reach.
- Use the back burners on the stove with pan handles turned inward whenever possible.
- Carefully supervise your child when near a fireplace or outdoor campfire.

If your child gets burned, run cold water right away over the burned area for 10 minutes. Then loosely cover the burn 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 child'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, or toilet. Never leave your child near a wading or swimming pool or any other water—even for a moment. Empty all buckets after each use. Always stay with 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 each gate latches by itself. 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 does not take the place of adult supervision. Blow-up water wings, toys, rafts, and air mattresses should not be used as life jackets.

Preventing suffocation, choking, and poisoning

Children 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.
 - Button-type batteries.
 - Medicine syringes.
 - Candy, gum, and fruit snacks.
 - Caps from beverage bottles.
 - Any item that could fit inside your child's mouth.

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

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. Keep it 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 happens 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 and become 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. Test kits can be found 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 about radon testing 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.

Personal safety

Many parents worry about their child being abducted. Teach your child never to go anywhere with a stranger. Teach your child not to go with someone they may know unless arrangements have been made ahead of time.

Teach children early about good and bad touches. Do so in a calm manner. 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.

Preschoolers should be taught that some body parts are private. Private parts of the body are those that a bathing suit covers. No one has the right to look at or touch a child's private parts or to make a child look at or touch another person's private parts. Tell your child to say "no" to such requests and to tell you or another trusted adult if this happens.

Emphasize that touching private parts is never a secret. Sometimes, however, people, such as health care providers or parents, do need to look at or touch private parts.

Interacting With Your Child

Engage with your preschooler as your child grows and learns:

- Praise your child for positive behaviors, such as trying a new task, helping someone, or being cooperative.
- Help your child to express emotions in a positive way.
- Encourage your child's independence. Encourage your child to try new things and to do things on their own.
- Provide meaningful ways your child can contribute to the family and take part in family activities.
- Set up routines, rituals, and family traditions.
- Continue to read and sing with your child. Preschool children especially enjoy singing action songs where they clap and dance.
- Enjoy and appreciate being in the company of your child.



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, 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.

Notes



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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