

PARENTING RESOURCE GUIDE



18 Months - 3 Years

Table of Contents

An Introduction by Dr. Robin Williams	1
40 Developmental Assets	2
Breastfeeding Your Toddler	3
Feeding Your Toddler	4-7
Sample Menus	8-10
The Picky Eater: Every Parent's Concern	11-12
Sleep	13
When to Move to a Big Bed	14
Jealousy and Sibling Rivalry	15
Be Aware. Be There. Keeping Your Child Safe	16-17
Car Seat Safety: Keep Your Children Secure on Every Journey	18
Parenting Styles	19
Positive Parenting: Ways to Show Your Toddler that You Care	20
Talking About Feelings and Teaching Empathy	21
Building Your Toddlers Brain: You Can Make a Difference	22
Nipissing District Developmental Screen™: 18, 24, 30 months and 3 years	23-26
Don't Play "Wait & See" With Your Child's Development	27
Developmental Awareness	27
Speech and Language Development	28
Let's Talk! Let's Read!	29-30
Toddlers and Television/Computer Use	31
Temperament and Temper Tantrums	32
What is Positive Discipline?	33
Toilet Training	34-35
Constipation	36
Stress	37
Active Play	38-39
Your Child's Vaccinations	40-41
When Your Child is Ill	42
Common Childhood Illnesses	43-46
Oral Health	47-49
Sun and Repellent Safety	50
Head Lice	51
Wet Combing	52-53
Child Care	54
Resource List	55
Services for Parents	56



An Introduction by Dr. Robin Williams

Enjoy the journey on your way to being a great parent!

As Medical Officer of Health for Niagara and as a paediatrician, I have a deep commitment to the health and well - being of babies, children, youth, and families. Research currently shows that the most effective approach to raising healthy, competent children is to concentrate on building developmental assets. These assets form the foundation children need to make healthy choices and to succeed in life. The more assets your children have, the stronger their foundation will be. Lots of cuddles, kisses, laughter, love, and a focus on their strengths will help nurture and guide them from infancy into adulthood. Our staff has developed the **Parent Resource Guide**, a comprehensive series of five guides to support your parenting journey as you make the best choices for you and your family.

Getting Ready for Parenting

Being pregnant is an exciting time in your life! The **Reproductive Health** program can provide you with information and support before and during your pregnancy. This guide will get you thinking through the idea of parenting before you even become pregnant. If you're already pregnant, it will help prepare you for your journey into parenthood.

Birth to 12 months

Becoming a new parent can be exciting, yet overwhelming. The **Healthy Babies Healthy Children** program is available to assist parents to adjust to the many changes that occur during the first year. Information is provided to assist you through the newborn stage - physically, mentally, and emotionally - with the hope of giving your child the healthiest and best possible start in life.

18 months to 3 years

As your busy toddler grows and develops into a curious preschooler, the **Healthy Babies Healthy Children** program can offer practical tips and advice to guide you through this stage. This early childhood stage of development lays the foundation for the way your toddler relates to the world.

Age 4 - 13

The **School Health** program can provide you with information pertaining to healthy growth and development issues in children from the time they enter the school system until they begin their transition to high school. This is a period of tremendous growth for your child. We offer assistance on your parenting journey that will help you nurture your child toward early adulthood.

Age 14 - 19

Adolescence is the life phase between childhood and adulthood and is marked by many expected and unexpected changes. The teen years are a transition period for our youth - from dependence to independence. Our goal as parents is to guide them through this challenging and exciting period. The **School Health** program can provide you with information on healthy growth and development, on how to communicate with your teen, and on how to support and encourage them to succeed.

Our staff is happy to answer any parenting questions you may have. By calling our Parent Talk Information Line at 905-688-8248 or 1-888-505-6074, ext. 7555, you can speak to a qualified public health nurse Monday through Friday from 8:30 am to 4:30 pm. They can put you in touch with many excellent community resources and parenting groups. You may also want to visit www.niagararegion.ca and www.beagreatparent.ca to find further information that will assist you on your parenting journey.

A good life needs a good start. Remember, we're here, along with your physician, to help you whenever you need it!

Dr. Robin Williams

Medical Officer of Health
Niagara Region Public Health

Throughout this book, you will find many ways that parents can be asset builders for their children. Look for the matching symbols to see which group of assets you are building.

40 Developmental Assets



To Raise Kids Who Thrive.....

There are 40 assets that all children need to succeed. These assets are divided into eight categories (described below). As parents, you have new opportunities each day to help your children build these assets! Research has shown that the more assets young people have, the less likely they are to be involved in many high-risk behaviours later in life, and the more likely they are to engage in positive behaviours.

Here are some ideas to start building assets for your toddler:

Support

- Young children need to have adults who love, care for, and accept them.
- Encourage your toddler to express his wants and needs using words.
- Role model for your toddler the importance of talking kindly to others.

Empowerment

- Allow your toddler to explore and learn in a safe and nurturing environment.
- Celebrate when your toddler learns new skills.
- Include your toddler in appropriate family conversations and decision making.

Boundaries and Expectations

- Children need adults who set limits while encouraging them to do their best.
- Help teach your toddler what is acceptable behaviour and offer explanations.
- Remember your toddler is always learning, so when she makes a mistake, speak to her in a gentle and kind manner.

Constructive Use of Time

- Make routines at home around meals, nap and play times. Knowing what to expect helps your toddler focus on learning.
- Introduce your toddler to the world around him/her. Visit libraries, community and recreation centres, and participate in services for families and young children that encourage learning and a sense of who they are.

Commitment to Learning

- Parents should read, sing and talk with toddlers every day. Find ways to let your toddler participate in reading experiences.
- Simple puzzles, shape and colour sorters, blocks and matching games will help toddlers learn and develop emerging skills.
- Parents should share positive stories about work, school and community from their past and present.

Positive Values

- Expose toddlers to positive values and skills by modelling and teaching them to cleanup, share toys, and be nice to other people.
- Help toddlers build healthy habits (i.e. healthy eating, adequate rest and play time, brushing teeth, bathing) into their daily activities.
- Involve children in food, clothing, and toy drives and other community charities.

Social Competencies

- Remember, your toddler can learn violent behaviour from TV, videos and computer games. Monitor carefully what your toddler is viewing.
- Help your toddler understand the difference between fantasy and reality.
- Parents should accept and be responsive to how toddlers express their feelings.
- Parents should not allow themselves to become overwhelmed by their toddler's needs. Use distraction, redirection, and limit setting as disciplinary strategies.

Positive Identity

- Create an environment where toddlers can develop and make choices.
- Give toddlers appropriate and positive feedback and reinforcement about their skills and choices to promote a healthy self-esteem.
- Demonstrate healthy ways to deal with personal frustrations and challenges.
- Share your own dreams and goals with your toddler.

Check these websites for more information:

www.search-institute.org
www.abundantassets.com
www.thrivecanada.ca
www.mvparents.com
www.beagreatparent.ca

The Developmental Assets® category icons have been used with permission from Search Institute®, Minneapolis, MN. Copyright © 2002. All Rights Reserved. To learn more about asset building and view the original list of 40 Developmental Assets, visit www.search-institute.org. Search Institute does not make warranty or guarantee the accuracy of information and materials included in this resource.

Breastfeeding your Toddler

It is important to realize your toddler can receive many benefits from breastmilk even though most of his nutritional needs are being met from a well balanced diet of solid foods. As long as your toddler continues to breastfeed, there are important vitamins and minerals that your toddler will receive that help to keep your toddler healthy.

Good reasons to continue breastfeeding your toddler:

- Breastmilk is produced specifically for your child. The properties of breastmilk are made up of living, protective cells that change to meet the needs of your growing child.
- Breastfed toddlers tend to get sick less often than non-breastfed toddlers.
- Breastfeeding can provide reassurance and emotional support during a time when your toddler is becoming more independent.
- Breastfeeding is convenient, especially when travelling or going away from home for a few days.

**A vitamin D supplement of 200 IU per day may be needed
for toddlers whose main source of milk is breastmilk.
Ask your toddler's doctor or dietitian.**

Remember

Your right to breastfeed anywhere, anytime is protected by the Canadian Charter of Rights and Freedoms. If you feel your breastfeeding rights are not being respected, report the incident to the Human Rights Commission. Groups such as the La Leche League or INFACT Canada may provide additional information and support.

To receive more information pertaining to breastfeeding when returning back to work visit our website www.niagararegion.ca or contact the Parent Talk Information Line at 905-688-8248 or 1-888-505-6074, ext. 7555

To locate a La Leche league group in your area, call 1-800-665-4324 or visit www.lalecheleaguecanada.ca

Feeding Your Toddler

When it comes to feeding, the toddler years are an exciting time. Your child is graduating from baby food to table food! Your toddler can now eat the same meals as the rest of the family. You can help your toddler safely explore foods from the family table and develop healthy eating skills.

What's typical for toddlers?

- Toddlers can eat small pieces of food with their fingers, hold a spoon and drink from a cup. Provide your toddler with eating utensils that have short, solid handles and forks that are not sharp.
- After the first 12 to 18 months, toddlers' growth slows down so they may eat less than they did before.
- Toddlers are curious and want to make their own choices. Toddlers need to test limits as a part of their normal emotional development.
- Many toddlers dislike trying new foods. It may take a few tries before a new food is accepted. Keep trying.
- Toddlers may ask for the same food day after day. This is common and won't last long, especially if you don't make a fuss about it.
- Toddlers want to learn to eat by themselves.
- Toddlers are messy eaters. As toddlers feed themselves with their fingers or utensils, they are learning about the taste, smell and feel of foods. Some food will make it into their mouth, but more food will end up on the floor, their clothes, face and hair. Expect a mess and try to relax.



Let your child control their eating

- The development of healthy eating habits is both the parent's and child's responsibility.

Your job is to decide

- What foods to offer
- When to offer meals and snacks
- Where the child will eat

Your child's job is to decide

- Whether or not they will eat
- How much they will eat

- It is important to let your child decide whether to eat and how much to eat. This will help your child learn what hunger and fullness feels like. It will help your child understand that food is meant to take the hunger feelings away. If you try to control your child's food intake, it will be confusing to the child and can lead to unhealthy eating habits (including eating when they are sad or upset). This is one cause of weight problems in children and adults.
- Coaxing or tricking your child to eat can lead to power struggles and an unpleasant mealtime experience.
- Refusing food is often a way for toddlers to show their independence. Remember that healthy children will not starve themselves. When they are hungry, they will eat.
- Your child might eat a lot, and that's okay. It's best not to cut back on the amount of food you offer. Toddlers will stop eating when they feel full.

Mealtime as family time



- Sit down and eat with your toddler. Make mealtime a time to enjoy your food together. When mealtime is pleasant, toddlers tend to accept a wide variety of foods.
- Prepare one meal for the whole family. Always have nutritious food on the table that you know your child likes. That way your child can find something nutritious that they will eat. Your child may not eat everything, but that's okay.
- Give your toddler enough time to finish their meals and snacks. Your child will tell you that they have had enough to eat by saying “no,” by turning their face away from the food, playing with it, or throwing it on the floor. Remove the food and let your child leave the table when they lose interest in eating. Keeping them at the table will not make them eat more.
- Remember, your child learns by watching you. Set a good example by eating a variety of healthy foods yourself.

How much food does a toddler need?

- Toddlers need three meals and two to three snacks each day. Offer a variety of nutritious foods, including some choices that contain fat such as cheese and whole milk.
- Offer your toddler a meal or a snack every two to three hours. Meals should contain foods from three or four food groups in Canada's Food Guide. Snacks between meals should contain at least two food groups. If your child needs a bedtime snack, offer foods from one or two food groups. See “Food guide for toddlers” 18-24 months and 24-36 months on pages 8 and 9 for toddler serving sizes.
- Offer one or two tablespoons of each food and let your child ask for more. Allow them to eat as much or as little as they want at meal and snack times. Then wait until the next scheduled meal or snack before offering food or beverages other than water.
- Include a small amount of unsaturated fat, such as canola, olive, and soybean oil, soft margarine and mayonnaise, each day. For example, use canola oil in a stirfry or put a small amount of margarine or mayonnaise in sandwiches.

How much milk should a toddler drink?

- Toddlers need two cups (500 mL) of milk every day because it is their main source of vitamin D. Your toddler should have no more than three cups (750 mL) of milk in a day. If children drink a lot of milk, it will fill them up so they won't be hungry for other foods. This can lead to low iron in your child.
- Give whole milk to toddlers 12 to 24 months of age. At 24 months, gradually switch to lower-fat milk such as, skim 1% or 2%.
- Fortified soy beverages can be used as an alternative to milk after 24 months of age. Soy beverages are not appropriate alternatives for toddlers under 24 months, as these beverages may not have enough fat needed by children under two.

What about juice?

- If your toddler is drinking a lot of juice, they will fill up on liquids and may not be hungry for other foods. Too much juice may also cause tooth decay, weight problems, diarrhea or upset stomach. Toddlers do not need juice to be healthy.
- If you offer juice, use 100% pasteurized juice, and offer no more than 4 to 6 ounces (125 - 175 mL) a day. Fruit-flavoured drinks and pop are not good choices because they are mostly sugar and water, and contain very little nutrition. Juice should always be given in a cup, never in a bottle.

Planning healthy snacks

- Snacks should be a nutritious, planned part of your toddler's diet. Offer snacks at least two hours before the next meal so your child will be hungry for the meal.
- Serve foods such as fruit, crackers, milk and water at snack time. If you want to offer foods such as candy, cookies and chips, keep them as occasional choices. These foods do not have much nutritional value.
- Limit sugary snacks to reduce tooth decay. Avoid soft, sticky sweets that easily stick to teeth such as suckers, raisins, and rolled-up fruit snacks.



Learning to like new foods

- Your toddler may not like a new food the first few times it is offered. Continue to serve the food even if it has been rejected. The more often toddlers taste a new food, the more they begin to like it. Toddlers might need to try a new food 10 or 15 different times before they will like the food. Offer very small portions of a new food, along with a food that your child likes.
- Don't pressure your toddler to eat a new food. Studies have shown that if toddlers are pressured to eat, they will eat less well, not better. A healthy relationship with food is more important than your child eating their vegetables today. Toddlers will eventually eat a variety of foods if they see the people in their lives eating them.

Tips for eating with toddlers

- Encourage them to feed themselves.
- Be a positive role model and acknowledge positive behaviour at the table.
- Try ignoring little negative behaviours at the table.
- Offer some help with the spoon and fork.
- Encourage your child to try new foods by offering new foods often, when they are hungry and happy.
- Offer less food than you think they will eat and let them ask for more.
- Accept messiness.
- Keep mealtime calm and friendly.
- 20-30 minutes is enough time for a toddler to eat. Let your child leave the table after this time.
- Schedule two to three hours between meals and snacks for your toddler to become hungry.
- Make mealtime a pleasant family time.

What about vitamin supplements?

- By 18 months of age, toddlers should be eating a variety of foods from each of the four food groups in Canada's Food Guide. If a child is eating according to Canada's Food Guide, is growing well, and is healthy, vitamin-mineral supplements are not usually necessary. Teach your child that good nutrition comes from food, not from supplements.
- If your child has food allergies or intolerances, or refuses to eat foods from an entire food group, discuss the need for a supplement with your child's doctor or a dietitian.
- Vitamin D supplements may be needed for toddlers who do not drink two cups (500 mL) of vitamin D-fortified milk or if their main source of milk is breastmilk. Ask your child's doctor or a dietitian.
- Like all medications, supplements should be kept out of reach. Children can be poisoned by an overdose of the nutrients in supplements.

What about mercury and fish?

- Fish and shellfish have many health benefits. However, a few types of fish contain higher amounts of mercury which could harm a young child's developing nervous system. Parents can continue to eat fish wisely by choosing LOW mercury fish.
- Low mercury fish include: anchovies, Atlantic cod, Atlantic mackerel, basa, clams, haddock, herring, mussels, oysters, pollock, rainbow trout, salmon, sardines, scallops, shrimp, smelt, sole, tilapia, and tuna (canned, light).

Choking hazards

- Foods that are hard, small and round, smooth or sticky, hard to chew, or do not easily dissolve in the mouth, can cause a small child to choke. Avoid popcorn, nuts, gum, hard candies, cough drops, raisins, and fish with bones. Make foods as safe as possible. Cut grapes into quarters, dice or cut hot dogs lengthwise, grate carrots or hard fruit pieces, remove pits from fruit, spread sticky foods such as cream cheese, hummus or peanut butter thinly.

Living with Anaphylaxis

Anaphylaxis = life threatening allergic reaction

Anaphylaxis is the most severe type of allergic reaction and must be treated as a medical emergency as it can be fatal. Anaphylaxis can be caused by allergens – foods, insect stings, medication, latex and sometimes triggered by exercise. Eight foods are responsible for most allergic reactions – peanuts, tree nuts (cashews, pistachios, walnuts, almonds, etc.), milk, eggs, fish, shellfish (crab, shrimp, lobster), soy and wheat.

If mom, dad, brothers or sisters have asthma, eczema or allergies (food, dust, pollen, cats, etc.), then your toddler is at higher risk of an allergy. Talk to your child's doctor about the possibility of your toddler having an allergy.

Allergic Reactions

Severe allergic reactions are not predictable. Your child may have a mild reaction one time and a severe one the next time, or vice versa. Symptoms of anaphylactic shock may develop quickly.

Mild Symptoms can include:

- tingling, numbness, pain in the lips and tongue;
- itchy eyes, nose, face;
- flushing of the face and body.

Moderate to Severe Symptoms can include:

- swelling of the eyes, face, lips, tongue and throat;
- difficulty swallowing;
- hives;
- abdominal cramps, vomiting, diarrhea;
- wheezing, coughing, difficulty talking and breathing;
- feeling of impending doom, anxiety;
- weakness and dizziness;
- loss of consciousness.

If your child shows any of the above symptoms, get them emergency treatment right away. Go to your nearest Emergency Department or dial 911 for instructions. Those known to have reactions should carry an EpiPen®. Even if the symptoms go away after an injection with the EpiPen®, you should always take your child to the hospital to be observed for several hours, since the reaction may recur.

Food Guide for Toddlers - 18 to 24 months

Offer a variety of foods from each food group in Canada's Food Guide to your toddler each day. There is no recommended number of servings for each food group for toddlers under 2 years. However, you can use the following chart as a guide on how much to offer. Let your toddler decide how much to eat.

Food group	Suggested serving sizes for toddlers 12 to 24 months old
<p>Vegetables and Fruit Offer at least one dark green and one orange vegetable or certain types of orange fruit each day.</p>	<p>¼-½ medium vegetable or fruit 15-60 mL (1-4 Tbsp) cooked vegetables or fruit, or grated or chopped raw vegetables or fruit 30-60 mL (2 Tbsp-¼ cup) (1-2 oz) 100% juice</p>
<p>Grain Products Offer whole grain products each day.</p>	<p>¼-½ slice bread ⅛-¼ bagel, pita or tortilla 5-15 g cold cereal 30-100 mL (2 Tbsp-½ cup) cooked cereal 15-60 mL (1-4 Tbsp) cooked pasta, rice, bulgur or couscous</p>
<p>Milk and Alternatives Offer 500 mL (2 cups) (16 oz) of milk each day.</p>	<p>60-125 mL (¼-½ cup) (2-4 oz) homo (3.25% M.F.) milk 15-25 g (½-1 oz) cheese 30-100 g (2 Tbsp-½ cup) yogurt</p>
<p>Meat and Alternatives Offer beans, lentils and tofu often. Offer low mercury fish at least two times a week. For information on mercury and fish, call Eat Right Ontario at 1-877-510-5102</p>	<p>10-35 g (¼ -1¼ oz) (1-4 Tbsp) cooked fish, poultry or lean meat 15-100 mL (2 Tbsp-½ cup) tofu or cooked beans or lentils ¼-1 egg 5-15 mL (1 tsp-1 Tbsp) peanut butter</p>

Food Guide for Toddlers - 24 to 36 months

Children two years and older can get the nutrients and calories they need by eating the recommended number of servings from each of the four food groups. This chart shows Canada's Food Guide serving sizes along with the number of servings recommended for two to three year olds. Canada's Food Guide Servings can be divided up into smaller amounts of food offered throughout the day.

Food group	Canada's Food Guide Serving size	# Servings /day
Vegetables and Fruit Offer at least one dark green and one orange vegetable or certain types of orange fruit each day.	1 medium vegetable or fruit 125 mL (½ cup) vegetables or fruit 125 mL (½ cup) 100% juice	4
Grain Products Offer whole grain products each day.	1 slice bread ½ bagel, pita or tortilla 30 g cold cereal; 175 mL (¾ cup) cooked cereal 125 mL (½ cup) cooked pasta, rice, or couscous	3
Milk and Alternatives Offer 500 mL (2 cups) (16 oz) of milk each day.	250 mL (1 cup) milk 50 g (1½ oz) cheese 175 g (¾ cup) yogurt	2
Meat and Alternatives Offer beans, lentils and tofu often. Offer low mercury fish at least two times a week. For information on mercury and fish, call Eat Right Ontario at 1-877-510-5102	75 g (2½ oz) cooked fish, poultry or lean meat 175 mL (¾ cup) tofu or cooked beans or lentils 2 eggs 30 mL (2 Tbsp) peanut butter	1

Toddler’s Feeding Checklist

Does each day include...?	Yes	No
Three meals and two to three snacks at scheduled, consistent times?	<input type="checkbox"/>	<input type="checkbox"/>
A variety of foods from each of the four food groups in Canada’s Food Guide?	<input type="checkbox"/>	<input type="checkbox"/>
Meals that offer foods from three or four food groups?	<input type="checkbox"/>	<input type="checkbox"/>
Between meal snacks that offer foods from at least two food groups?	<input type="checkbox"/>	<input type="checkbox"/>
At least one dark green vegetable (e.g., broccoli, green peas, spinach, bok choy), and at least one orange vegetable or certain types of orange fruit (e.g., carrots, squash, sweet potatoes, apricots, cantaloupe, mango, papaya)?	<input type="checkbox"/>	<input type="checkbox"/>
Whole grain products such as whole grain breads, cereals and pastas?	<input type="checkbox"/>	<input type="checkbox"/>
500 mL (2 cups) of milk?	<input type="checkbox"/>	<input type="checkbox"/>
Low mercury fish, poultry, lean meat or meat alternatives such as lentils, beans and tofu?	<input type="checkbox"/>	<input type="checkbox"/>
Serving sizes that are appropriate for toddlers?	<input type="checkbox"/>	<input type="checkbox"/>
Foods that are generally soft, moist and easy to chew?	<input type="checkbox"/>	<input type="checkbox"/>
Foods that you and your family enjoy?	<input type="checkbox"/>	<input type="checkbox"/>

Books and websites

- Better Food for Kids.
Joanne Saab, Daina Kalnins. Robert Rose Inc., 2002.
- Child of Mine: Feeding with Love and Good Sense.
Ellyn Satter. Bull Publishing, 2000.
- Secrets of Feeding a Healthy Family: Orchestrating and Enjoying the Family Meal. Ellyn Satter. Kelcy Press, 2008.
- Canadian Paediatric Society - www.caringforkids.cps.ca
- Healthy Start for Life - www.dietitians.ca
- EatRight Ontario - www.eatrightontario.ca

For more information:

- Parent Talk Information Line:
905-688-8248 or 1-888-505-6074, ext. 7555
or www.niagararegion.ca
- Ask A Dietitian:
www.eatrightontario.ca or call 1-877-510-5102.

Content adapted from “Feeding your Toddler (12 months to 3 years)” with permission by York Region Health Services Department.

The Picky Eater: Every Parent’s Concern

A picky eater is one of the biggest challenges for parents and caregivers of children. Your child’s likes and dislikes of food probably change daily or weekly, and trying new foods may be next to impossible. Don’t worry – many parents go through the same situation. This is ‘normal’ eating for young children.



What is a picky eater?

Your child:

- Only eats favourite foods, all the time
- Gets upset when new food is introduced
- Becomes fussy or cries at the table
- Has trouble and fear of eating when away from home

Why a picky eater?

- Some children are sensitive to texture, smell and taste
- Have a fussy temperament (do not adapt well to new situations or change in routine)
- Parents and caregivers are picky eaters
- Become picky eaters because of a negative experience with feeding (vomiting or pressured by parents)

Dealing with your picky eater?

- Never force your child to eat or restrict the amounts they eat
- It is your responsibility to provide your child with nutritious foods, but it is your child’s responsibility to eat it – or not
- Recognize that forcing your child can take many forms (forcing to eat or withholding food)
- You can’t predict how much your child will eat
- Recognize that your child may need more time to develop eating skills (using utensils and exploring texture and colours of foods)
- Offer a variety of foods everyday, even foods you do not like

Common Eating Problems and How to Cope

Common Eating Problems	As Your Child Sees It	As You May See It	How to Cope
Refusal to eat	<ul style="list-style-type: none"> • I’m not hungry. • I’m sick. • I’ve found a new way to get attention. 	<ul style="list-style-type: none"> • I must make him eat. • Growing children need food. 	Respect the wisdom of your child’s own body. A skipped meal will not hurt a healthy child. Remove the food without fuss after a reasonable length of time (20-30 minutes). Involve your child in food shopping, preparation, and serving.
Getting hooked on one food and wanting it for breakfast, lunch, dinner, and snacks	<ul style="list-style-type: none"> • I’ve found a wonderful new food. 	<ul style="list-style-type: none"> • I must make sure she eats a balanced diet. 	Be patient. This won’t last long if you don’t make an issue of it. Allow your child to enjoy their favourite food at lunch, but ensure their dinner is the same as the family’s.

Common Eating Problems	As Your Child Sees It	As You May See It	How to Cope
Dislike of new foods	<ul style="list-style-type: none"> • I don't like the taste, colour, smell, and/or look of this new food. • I don't want to try anything new today. 	<ul style="list-style-type: none"> • I like this food. I think my child should learn to like it too. • My child should adjust to our family's eating patterns. 	<p>Children, like adults, will have certain dislikes. If the dislike is treated casually, your child will probably learn to like it at a later date. Remember that children have very sensitive taste buds. If you can serve the food differently, try it. For example, serve raw vegetables instead of cooked.</p>
Rejection of vegetables	<ul style="list-style-type: none"> • I don't like the smell or taste of cooked vegetables. • Daddy/mommy never eats them. • I'm bored with having the same ones over and over again. 	<ul style="list-style-type: none"> • I think my child should eat cooked vegetables as part of a balanced diet. 	<p>It doesn't matter if the vegetables are eaten cooked, raw, or even frozen. Just be sure they are not overcooked. Children often prefer bright colours and crisp textures of raw vegetables. You may consider trying vegetable juices or a blend of vegetables and fruit juices.</p> <p>Remember: children are the world's best imitators! Your likes and dislikes are quickly noticed and copied.</p>
Playing with foods	<ul style="list-style-type: none"> • I want to explore this food. • I need time to get used to these utensils. • I'm not hungry. • I'm too tired. 	<ul style="list-style-type: none"> • I don't think children should play with their food. 	<p>A child needs time to learn to use utensils. If you're a fast eater, you might occasionally take the time to eat slowly with your child. Begin feeding your child a few minutes before the rest of the family. Children learn by touching. Give them the time and opportunity to explore food.</p>
Overeating	<ul style="list-style-type: none"> • I get approval and attention from the family when I eat a lot. • Everyone asks for second helpings. 	<ul style="list-style-type: none"> • When he's good I reward him with a treat like a cookie. • He'll outgrow his baby fat. • A child should learn to clean his plate. 	<p>Reduce portion sizes. Don't force your child to take "just one more bite" or "clean his plate" Learn to prepare foods without adding extra fat or energy. Avoid high-fat sauces, breading, or frying foods.</p> <p>Encourage more physical activity. Use a few kind words, a hug, a game, or a toy rather than food, when you want to comfort or reward your child.</p>

Sleep

Bedtime should be a happy bonding time with both parents participating in the routine. Your child's bedtime routine should last for 15-30 minutes and should remain consistent most of the time. Examples of positive bedtime routines include:

- Story time
- Play soft music
- Cuddling
- Give a warm, calm bath.
- Bedtime snack
- Brush teeth
- Massage
- Discuss what happened throughout the day
- Lights out

Bedtime routines should never include vigorous play, television or video games.

Additional sleep time tips:

- Encourage the use of a transitional object (toy or blanket)
- Put your child to bed when he is showing signs of sleepiness
- Discourage television or too much stimulation before bedtime
- Provide a dark room for sleeping
- Use the bedroom for sleeping
- Encourage exercise during the day

On average, most toddlers need 12 – 14 hours of sleep a day (including naps). There are toddlers who sleep more or less than the average and remain healthy and well rested.

Nightmares

From about 18 months, children may develop nightmares. Fever, stress, not enough, or irregular sleep can cause nightmares. Encourage your child to take a transitional object to bed to help them feel safe. You may also use a night light or glow in the dark stickers. Discourage scary stories and television shows. Talk to your child about their fears and what might work to make their fears go away. Do not ask your child to re-tell the nightmare.

Setting Limits

Children need limits and they will feel less anxious when they know what to expect. When providing limits:

- Be consistent and ensure all caregivers use the same limits
- If your child is old enough, talk about their sleep routine during the day
- Provide clear rules with bedtime routine
- Do not make too many rules at once
- Make sure your child is looking at you when you are providing limits
- Clearly state the rules
- Speak firmly and guide your child back to bed
- Do not feel guilty about expecting your child to stay in bed
- Use positive reinforcement



When to Move to a ‘Big Bed’

There is no hurry! Most children move from a crib to a regular or toddler bed sometime between 1 ½ and 3 ½ years.

Reasons for moving to a big bed

- Your child is climbing or jumping out of their crib
- Your child is toilet trained and will need to get out of bed to use the toilet
- You are expecting another baby
- The time has come to move to a big bed

It is recommended to wait until your child is closer to three years old to make the transition to a “big-kid bed.”

Making your child’s room safe

- Ensure all windows are locked and all curtain and blind cords are secured
- Install safety latches on cabinets and use electrical plug covers
- Ensure baby gates are located at the top of stairs (hardware-mounted) so your child does not fall down the stairs due to the dark or being drowsy
- Install a guardrail on the bed to prevent your child from falling out

To ease the transition,



- Put your child’s bed in the same location as the crib
- Place a mattress on the floor vs. a bed frame
- Make your child feel special about having a “big bed.” Have a “big-kid bed” party
- Let your child pick out new sheets for their new “big bed”
- Start with napping in the “big bed”
- Have quiet time before bed
- Keeping an existing blanket from their crib may make your child feel more secure and comfortable
- Praise, praise, praise

**Remember, some children are not ready for a ‘big bed’
Be sure to time the transition from crib to bed on child’s readiness rather
than on the need to free up the crib.**

**For more information related to your child and sleep, please call the Parent Talk Information Line
at 905-688-8248 or 1-888-505-6074, ext. 7555 or visit www.niagararegion.ca**

Jealousy and Sibling Rivalry

Jealousy between brothers and sisters is normal. It is called sibling rivalry. Jealousy can start when there is a new baby in the family. It may last until children are in their teens.

A child who feels jealous will often...

- Try to get attention
- Want to be held and carried
- Get into trouble on purpose
- Not do what she is asked to do
- Act like a baby
- Try to hit the baby
- Become quiet
- Not want to have anything to do with the parents
- Become upset and afraid



What to do if your child feels jealous: 😊

When you are pregnant...

- Tell your child that there will be a new baby in the family
- Visit friends and family members that have new babies
- Move your child to her new room or bed (if this is needed) a few months before the baby arrives
- Answer questions about where the baby is. Let her feel and listen to mother's tummy
- Let her look at her baby pictures

A few days before the baby is expected...

- Tell your child that you will be going to the hospital to have a baby
- Tell your child who will be looking after her when you are in the hospital

While you are in the hospital...

- Get someone to bring your child to visit you. If possible, phone your child
- Give your child extra attention before she meets the new baby
- Tell your child you will be coming home with baby

Once you and the new baby are home...

- Give your child extra attention while someone else looks after the baby
- Let your child look at and touch the baby when she is ready
- Never leave your child and baby alone together. Help your child pick up the baby
- Let the child help you care for the baby. She can get diapers, clothes and toys. Praise your child when she does help
- Let your child tell you how she feels about the baby
- Do things with the older child while the baby is sleeping

Adapted with permission by Manitoba Health & Healthy Living

Be Aware. Be There. Keeping Your Child Safe

Your child is learning new things every day. This is an exciting age for your child. It is healthy for your child to play and explore. Here are some ways to keep your child safe as they grow.

Your child can....	This means your child can...	You can...
crawl or walk up and down stairs	fall down the stairs	<ul style="list-style-type: none"> • put a safety gate at the top and bottom of the stairs* until they are two years old • stay close
climb and jump	fall down stairs or off furniture	<ul style="list-style-type: none"> • teach your child safe places to climb and jump, like at the park, in and out of boxes, baskets, or soft toys • put your child in a regular bed when you see them trying to climb out of their crib
think that medicine is candy	be poisoned	<ul style="list-style-type: none"> • lock up all medicine and vitamins • also lock up all cleaning chemicals • never call medicine candy
feed themselves	choke	<ul style="list-style-type: none"> • cut food into small pieces • keep small toys away • keep the floor clean
get dressed with help	get a sunburn or frostbite	<ul style="list-style-type: none"> • check to see if they are wearing the right clothes for the weather • apply broad spectrum (UVA/UVB) sunscreen of SPF 30 or greater on sunny days • remind your child to wear a hat and sunglasses or hat, mittens, and boots
play in water	drown	<ul style="list-style-type: none"> • keep in arm's reach when playing by or in water, including the bath tub, lakes, and pools • never leave your child unattended in or near water (including the bath tub)
run	run onto the road outside	<ul style="list-style-type: none"> • hold their hand and teach them to "Stop, Look and Listen" before crossing the road
ride toys	hurt their head	<ul style="list-style-type: none"> • put a fitted helmet on tight enough so that when they shake their head, the helmet does not wiggle
play at the playground	fall	<ul style="list-style-type: none"> • stay close • let them play on things close to the ground • take off any helmets, scarves, or strings that can get caught

*Do not use a pressure mounted gate at the top of stairs. Your child can push it down and both could fall down the stairs. Use a hardware wall mounted safety gate at the top of stairs.

The best way to keep your child safe is to watch them and stay close.

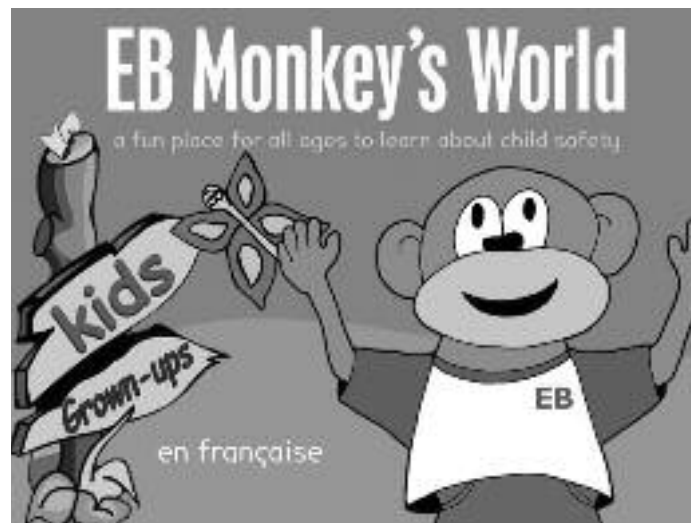
- Let them have fun and explore the world.
- Be a role model and show them the safe way to do things.
- Give your child hugs, kisses, high fives or praise when you see that they have done something that is safe and right.
- Teach your child what is unsafe. But remember, they have a short memory and may need to be told many, many times.
- Try not to get angry but keep telling them what is safe and unsafe.

Falls are the number one cause of emergency room visits for children. Children can easily fall down stairs, off of beds, furniture, and ride-on toys. Watch your child closely!

Post the Ontario Poison Centre number: 1-800-268-9017 by every phone in your home. Take a CPR/First Aid course, check the yellow pages for the location closest to you.

For information on product recalls visit www.healthycanadians.gc.ca

For a free copy of “Keeping Children Safe at Home” or for more tips on child safety, call the Parent Talk Information Line or visit www.ebmonkey.ca or www.safekidscanada.ca



Car Seat Safety: Keep Your Children Secure on Every Journey

Car crashes are the lead cause of death for children under nine years of age. This, in part, can be linked to the fact that most children are unbuckled or not properly installed in their car seats. The only way to protect children from the danger of a crash or sudden stop is to ensure that every child riding in a vehicle is properly installed in his/her car seat. Child car seats can hugely reduce the chance and seriousness of injuries.

Car seat safety tips:

- Most children can move into a forward facing car seat when they are at least one year of age, 20 lbs (9 kg), and able to pull themselves up to a standing position (follow the manufacturer's weight and length guidelines).
- For the harness, make sure the straps are not twisted; harness is tight (should only be able to fit one finger between child's collarbone and harness); harness straps come through the back of the seat at or above the child's shoulder, and chest clip is at armpit level.
- The car seat can be installed anywhere in the back seat (Note: should not go in front of a pull down armrest, and needs to have direct access to tether bolt). Car seat must be in tight – so there is very little movement from side to side (1/2 inch to 1 inch).
- Booster seats: A child can move into a booster seat when they weigh at least 40 lbs (18 kg) and/or they meet the booster seat's height and weight requirements.
- Ontario law states that children must stay in a booster seat until they are eight years old, 80 lbs (36 kg), or 4 feet 9 inches (145 cm) tall.
- Until a seatbelt fits properly, continue using a booster seat.
- Always follow specific vehicle and car seat manufacturer's instructions and guidelines for installation.

Need more information?

Niagara Region Public Health has developed a number of resources to help Niagara residents use their car seats safely and correctly.

- For free information classes on how to safely install and use child car seats, please visit our website at www.niagararegion.ca for a schedule of dates, times and locations.
- To watch a video on how to properly install a car seat, as well as a downloadable car seat 'inspection checklist' please visit www.niagararegion.ca.
- For installation trouble-shooting, questions about car seat laws or the latest safety information, call 905-688-8248 or 1-888-505-6074, ext. 7362.
- For information on car seat recalls visit www.healthycanadians.gc.ca

Make every ride a safe ride, take the time to do it right.



Parenting Styles

As a parent, you are the most important person in your child's life. Research tells us that the consistent use of the authoritative (balanced) parenting style leads to positive childhood outcomes.



Children raised with the authoritative (balanced) parenting style:

- Do better in school;
- Report less depression and anxiety;
- Have higher self-esteem; and
- Are less likely to engage in risky problem behaviours, including drug and alcohol use or sex or violence.
- Are more independent and healthy.
- Learn to accept responsibility, make wiser choices, cope with change.

Authoritative (Balanced) parents:

- Give choices
- Guide them to see the natural consequences of their choices
- Explain why rules are important and why they must be followed
- Consider their child's point of view even though they might not always agree
- Are firm, with kindness, warmth and love
- Encourage their children to be independent and often catch them being good rather than focusing on the bad
- Handle discipline in an age-appropriate manner

Here are some quick tips to start you on your journey to being a great parent.

- During everyday activities (e.g., supper, walks, car rides) talk about family and friends.
- Get down to your child's level and pay attention to what they have to say.
- Learn what to expect as your toddler grows and what you can do to support your toddler's development.
- Encourage turn-taking when playing and talking with your toddler.
- Allow your toddler to do things themselves, such as opening doors.
- All toddlers are different. It is your job to accept and guide them to develop their own unique personality.
- Give your toddler love and attention everyday. Be emotionally and physically available.
- Comfort your toddler when they are upset, sick or hurt.
- Do fun things together as a family on a regular basis.

A better understanding of how to communicate with, guide, and relate to your child are the basic tools all parents need to raise independent, confident, healthy and happy children. Parenting is about making the best choices. No one said it was going to be easy.

**For more information, please visit www.beagreatparent.ca.
Take the online questionnaire and see what your parenting style is!**

Positive Parenting: Ways to Show Your Toddler that You Care

Communicate and Model Responsible Behaviour

Use appropriate words, language and actions because children learn from what they see and hear.

Make Your Child Feel Important

Ask the child to be a ‘helper’ and give them small jobs to do (e.g. A young child can help match socks while you fold laundry).

Give Your Child Choices

Offer your child a lot of choices. For example, “Do you want a pear or an apple?; Would you like to wear the blue shirt or the red shirt?”

Expand Your Child’s Social World

Let children experience and develop relationships with other children. Arrange times to play with children their age in group settings, or a day at the park/beach.

Set Boundaries and Have Age Appropriate Expectations

Create limitations while encouraging your children to explore and succeed.

Implement Routines

Have daily routines for story time, bedtime, outdoor and indoor play time and bath time. Children feel safe and secure when they know what comes next, it also makes it easier to deal with change.

Offer Outdoor Play and Activities

Explore your environment with your child. Walk, go to the park/beach/pool, have a picnic, etc.

Expose Your Child To Creative Activities

Provide large crayons, markers, crafts, sensory items (oatmeal, rice, pudding, sand, play dough) and music.

Encourage Imagination

Play dress-up. Encourage storytelling, singing, and dancing.

Read With Your Child

Help develop speech and language skills by reading with your child daily, and exposing him/her to books.

Talking About Feelings and Teaching Empathy

Feelings are a part of life, both for adults and children. Some feelings, or emotions, feel good and others feel bad. Because children have limited experience with emotions, they need help from their caregivers to make sense of and handle their feelings. Talking to children about feelings helps them do this.

Talking to children about their feelings means:

- Noticing a child’s cues and trying to understand what he might be feeling.
- Asking a child how he feels, and offering words to describe his feelings.
- Responding in a way that matches or is in tune with how the child is feeling.

Caregivers can also talk to children about their own or other people’s feelings. This helps children realize that others also have feelings. This teaches them empathy, an understanding of how others feel.

Feelings and Empathy with Toddlers

Talking to toddlers about their feelings helps them make sense of their emotions and feel acknowledged and understood. When children experience this caring and empathy, they can begin to care and understand how others feel. Labelling toddlers’ feelings and our own feelings also helps children build a vocabulary for emotions. When children have these words they can express how they feel verbally, rather than physically. Teaching toddlers empathy, or imagining how others feel, is essential for learning how to cooperate and make friendships with others.

Toddler’s Feelings	Caregiver’s Feelings	Other Child’s Feelings
<p>Are you upset because your blocks fell over? Let’s try again together.</p> <p>I know that must have hurt when you fell. That must have been scary for you. I will hold you until you feel better.</p>	<p>Wow, look at the way you are putting away your toys. You are so helpful. I feel so happy when you do what I ask.</p> <p>I know you don’t like your hat on, but I worry that you might get sick without it.</p>	<p>Uh-oh, Lucas. Daniel looks upset because he wasn’t done playing with the truck. Let’s give it back to him and find something for you to play with until it is your turn.</p> <p>Sophia is sad because her mom is leaving. I wonder if we can help her feel less sad?</p>

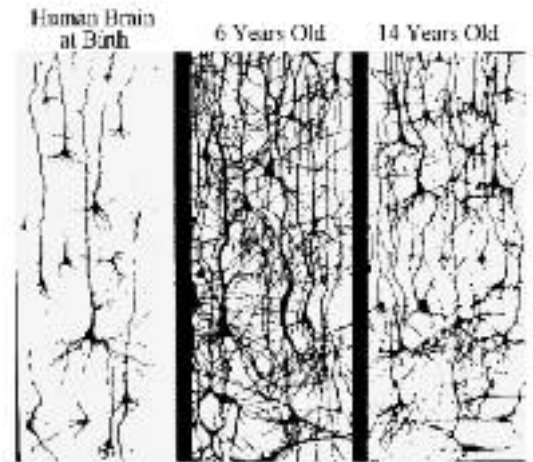
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Content provided from “Promoting First Relationships: A curriculum for service providers to help parents and other caregivers meet young children’s social and emotional needs.” with permission by NCAST-AVENUW Programs.

Building Your Toddlers Brain: You Can Make A Difference

Scientists know that the early years of life are very important for building a child's brain. And that's exactly what you – parents, grandparents, caregivers – do every day. In fact, everything you do and say can help to “wire” your child's brain – for thinking, feeling, moving, and learning. These are the years when you can make a big difference in your child's development – and your child's future.

Have you ever noticed what happens when you walk through deep snow or tall grass over and over, along the same route? You make a path. Something like this happens as the brain develops. Each time your child uses one of her senses – seeing, tasting, touching, hearing, and smelling – a connection or path is made. When a child has different kinds of experiences, and these experiences are repeated over and over again, the connections in the brain become stronger. These connections shape the way a child thinks, feels, behaves, and learns.



Reference: Building Your Baby's Brain: A parent's guide to the first five years, Diane Trister Dodge & Cate Heroman. U.S. Department of Education Office of Elementary and Secondary Education, The Even Start Family Literacy Program and Office of Educational Research and Improvement National Institute on Early Childhood Development and Education.

Track Your Toddler's Development

Every toddler is unique and will develop differently than any other toddler. A good tool to help keep track of your toddler's development is called the Nipissing District Developmental Screen (NDDS)[™].

The Nipissing District Developmental Screen[™]:

- Is a series of checklists to help parents keep track of their child's development
- Is designed to be completed at the same time the child will get their vaccination(s), as well as key developmental stages up to age six
- Lists a number of activities parents can do with their child that are appropriate for their age and will help them with their development
- Can be completed the NDDS[™] at home and then taken to their child's doctors appointments. This gives parents a chance to tell the doctor if they have any concerns with their child's development



Parents can also call the Parent Talk Information Line to ask any questions or talk about concerns they have about their child's development with a public health nurse.

The NDDS[™] for ages 18, 24, 30 months and 3 years are included here. NDDS[™] for other ages (1-2, 4, 6, 9, and 12 months 4, 5 and 6 years) can be found at your local Ontario Early Years Centre or by calling the Parent Talk Information Line. The NDDS[™] is available online by visiting www.ndds.ca. The NDDS[™] are available in English, French, Spanish, Chinese and Vietnamese.

The Nippising Developmental Screens can be found at
<http://www.ndds.ca/>

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Don't Play "Wait & See" With Your Child's Development

By **18 MONTHS**, your child should be able to:

- Point to several body parts when asked
- Point to pictures using one finger
- Say about 20 words
- Demonstrate some pretend play with toys
- Enjoy being read to and sharing simple books with you
- Respond with words or gestures to simple questions
- Show affection for people, pets or toys
- Walk on their own

Talk to your doctor about your child's development at his/her 18-month checkup

If you have any concerns about your child's speech and language development, call Speech Services Niagara: 905-688-1890, ext. 151 or visit: www.npcc.on.ca

If you have questions about your child's overall development, talk to a public health nurse by calling the Parent Talk Information Line: 905-688-8248, ext. 7555, or 1-888-505-6074 or visit: www.niagararegion.ca



Developmental Awareness

Toddlers may:

- Insist on being independent as their skills develop
- Begin to say "NO" and "MINE"
- Only be able to think of themselves and see things from their own point of view
- Copy actions of others
- Have a short attention span
- Be eager to explore everything and don't want to hold your hand or ride in the stroller



What You Might Expect	What Your Toddler May be Trying to Tell You
Busy	"I have lots of energy and I am growing. I am learning to walk, run, climb, throw, and feed myself. I sometimes act without thinking. It's your job to teach me about safety, manners and feelings."
Curious	"I want to explore everything in my environment and test how people will respond to my behaviour."
Easily Frustrated	"I have a limited number of words and can't always do what I think I can. I cannot always tell you what is wrong and I may whine, cry, bite, or throw myself on the ground."
Biting	"I may not be able to tell you what I want – my teeth hurt and biting feels good. I am angry because I can't get your attention or get my way."
Tantrums	"Sometimes I may build up to have a temper tantrum. It's your job to keep me safe and to help me calm down."
Independent	"I want to do things by myself. It's your job to be patient and allow enough time for me to practice everyday tasks such as getting dressed or feeding myself and help me to be successful."

Remember ... Your toddler learns by watching everything you do and say. Being a good role model is key to positive discipline. Nobody's perfect... positive discipline is not the only part of being a parent and caregiver. Try spending time with your child just having fun, playing together, reading together and modelling good behaviour.

Speech and Language Development:

A Quick Reference Guide for Speech and Language Development

How well are they Communicating?

By age 1 ½, your child should...

- Use about 10-20 words consistently
 - Words may not always be clearly pronounced
 - Words may be accompanied by gestures
- Understand simple directions (“where’s your...” or “show me the...”)
- Learn new words weekly

By age 2, your child should...

- Use at least 50-150 words
- Begin to combine 2 words (may even be combining 3-4 words)
 - Eg. “more juice” “hi daddy”
- Understand at least 300 words
- Respond appropriately to yes/no questions
- Begin to show interest in simple, short stories/books



By age 2 ½, your child should...

- Use about 250-350 words
- Be understood by at least some familiar adults, other people may have a hard time understanding them
- Understand about 500 words
- Follow simple two-step commands (eg. “get your coat and wait at the door”)
- Be able to answer simple questions (e.g. - “who?”, “what’s that?”)
- Understand position words such as in, on, under, up and down

By age 3, your child should...

- Use about 1,000 words
- Talk in short sentences (3-5 words), that are not always grammatically correct, eg. “I eated it”
- Use plurals (s), “ing” endings, prepositions on, in, under, negative: won’t
- Put end sounds on the end of words (eg. dad)
- Be understood 90% of the time
- Follow two step commands (eg. “take off your shoes and put them in the closet”)
- Answer “where?” & “what’s he doing?”

Reference: Speech Services Niagara and Quality Child Care Niagara

**If you have any questions based on this information, call
Speech Services Niagara for a screening of a child’s speech and language development.
Call 905-688-3550 or 1-800-896-5496, ext. 151 for an appointment.**

Let's Talk! Let's Read!



Language and Literacy Go Together



When you talk, sing, and use rhyme with your toddler you are helping them learn how to use and understand language. Understanding and using words well are the first steps in learning to read and write. Toddlers who have trouble using words to talk and understand may have trouble learning to read and write later on.

A good way to help your toddler become a successful reader is to encourage them to talk and share ideas.

You can encourage your toddler's speech and language development by:

- Talking face to face
- Getting down at their level to play/talk
- Read books geared to their age level
- Ask simple questions to stimulate thinking
- Sing songs, listen to music
- Talk about what you are doing or what you've seen
- Listen/pay attention to your toddler when they are talking to you
- Expose your toddler to many new experiences
- Play games/take turns

Books Help Your Toddler Learn To Talk

- Read books over and over. Your toddler will learn new words, increase their memory and learn how to put ideas and stories in order.
- Books are great for imitating sounds and naming pictures.
- Sharing books is a special time to talk with your toddler.
- Books encourage toddlers to think about 'What happens next?'
- Looking at books will help your toddler learn to pay attention

	1 to 2 years	2 to 3 years
Exploring Books	<ul style="list-style-type: none"> • Will sit for awhile and look at books by themselves. • With help, children learn to point and name pictures, turn to pages, and enjoy books with a favourite theme (cars, animals). • Recognize a favourite book and show you that they want you to read it. 	<ul style="list-style-type: none"> • Begin to fill in a sound or word when it is their 'turn,' while reading a story with you. • Stories with more adventures are especially fun! • Will pretend to read.
Things to try	<ul style="list-style-type: none"> • Talk about the pictures. Don't worry about reading the words. • Give children proper names for the pictures. • Follow underneath the sentence with your finger as you read. 	<ul style="list-style-type: none"> • Read books over and over. Say the first part of the sentence and then pause to let your children fill in the rest. • Say rhymes and sing songs over and over. • Use your child's name in the story.
Best Books	<p>Books with:</p> <ul style="list-style-type: none"> • Lots of repetition; a few words on each page; simple rhymes • Small plastic photo albums with pictures of family, friends, and special activities. <p><i>Brown Bear, Brown Bear What Do You See?</i> by Bill Martin Jr. <i>Goodnight Moon</i> by Margaret Wise Brown <i>Scratch and Sniff Shopping</i> by DK Publishing, Inc.</p>	<ul style="list-style-type: none"> • Books that tell simple stories and rhymes. • Interactive books eg. with flaps • Books about a favourite movie or T.V. character. • Books about counting and the alphabet. <p><i>Sheep in a Jeep</i> by Nancy Shaw <i>The Very Hungry Caterpillar</i> by Eric Carie Series: Franklin, Arthur, Clifford</p>

Adapted by: Let's Talk! Let's Read! Language and literacy are inseparable, Speech Services Niagara & Literacy Link Niagara.

Other Suggested Book Titles for Toddlers

18 Months - 2 Year Olds		
Publisher	Title	Author
Usborne touchy-feely books	That's not my car...	Fiona Watt
	That's not my lion...	
Candlewick	Humpty Dumpty and Other Rhymes	Iona Opie and Rosemary Wells
Orchard Books Board Book Edition	Tickly Under There	Debi Gliori
Random House Books for Young Readers	Open the Barn Door	Christopher Santoro
Little Simon Board Book Edition	The Cheerios Play Book	Lee Wade
Dutton Children Books Board Book Edition	Dinosaur Roar!	Paul & Henrietta Stickland
2 - 3 Year Olds		
Cartwheel Books Board Edition	Read to Your Bunny	Rosemary Wells
Harcourt Inc. Board Book Edition	I Went Walking	Sue Williams
Little Brown and Company	Come Along Daisy	Jane Simmons
HarperCollins Canada/ Greenwillow Library	School Bus	Donald Crews
Candlewick	One Duck Stuck	Phyllis Root
Warne Board Book Edition	Where's Spot?	Eric Hill
Blue Sky Press	The Deep Blue Sea: A Book of Colors	Audrey Wood
Debbie Zimmerman Early Years Niagara Literary Award Winners:		
Harper Collins	Not a Box	Antoinette Portis
Penguin Young Readers Group	Llama Llama Red Pajama	Anna Dewdney
Hyperion	Knuffle Bunny	Mo Willems

(Recommended by Speech Services Niagara)

Toddlers and Television/Computer Use

The Canadian Paediatric Society recommends parents should limit daily television watching to one hour or less for children three years and younger.

- Television and computers can be powerful teachers for toddlers; however they can also cause major risks to the child's development if used incorrectly.
- Too much television/computer use leads to an increased chance of childhood obesity as well as having a negative effect on learning.
- Television/computer use frequently limits toddler's time for important activities that are necessary for their development such as playing, reading, learning to talk, participating in outdoor/physical activity and spending time with peers and family. These activities are necessary for their overall development.
- The following suggestions may help protect your toddler from the negative influences of television/computer use:
 1. Limit daily viewing of television/videos and computer use to one hour or less per day.
 2. Make sure your toddler watches programs that you are familiar with and ensure that these programs are age-appropriate for your toddler. As frequently as possible, watch the program with your toddler.
 3. Do not use television/computer as a babysitter.
 4. Do not allow your toddler to have a television/computer in their bedroom. Ensure the television/computer is in a public place in the house. This ensures that you can monitor what your toddler is watching.

If you choose to allow your toddler to watch television, then the following guidelines may be helpful:

Choose calm, quiet programs

Slower-spaced viewing gives your toddler time to think about what he's watching and absorb the information. Lots of action and quickly changing images will only confuse him or make his eyes glaze over.

The best shows are those that inspire your toddler to make sounds, say words, sing, and dance.

Watch the program with your toddler and discuss the program with your toddler

Explain what's going on in the show, and encourage your toddler to ask questions.

Extend the TV show's content with activities or books

If you and your toddler have just finished watching a TV segment that introduces a number, talk about it and then find other examples to show him. Then read and discuss a book that explores numbers.

References:

Impact of media use on children and youth from Canadian Paediatric Society - Position Statement

Promoting good television habits from Caring for Kids - Canadian Paediatric Society

TV watching guidelines for Toddlers (October 2006): retrieved on June 13, 2007 from babycenter.com

Temperament & Temper Tantrums

Temperament is how a person usually acts. Temperament affects how your child learns, plays, makes friends, and shows love. It predicts ways your child will most likely react, feel, behave, and learn. A child's temperament cannot be changed but a child can be influenced by others to make choices to behave in other ways.

Sometimes people tend to unfairly label temperament traits. Every trait can be used in good ways, so it is important to understand your child's temperament and help your child to make good choices and adapt to certain situations.

Take time to understand what your child's world looks like, and think of how his world differs at home, school, or in his childcare setting. Family, friends, childcare, and school activities all influence your child's temperament. Knowing what your child's world looks like, will help you to make your child's world fit better with his temperament.

Visit www.readyforlife.org/temperament/who_is_my_child to take an online temperament quiz to help figure out your child's temperament. This tool can help you learn how you can support your child.

The above information was developed by and is the property of KERA. For more information visit the 'Kids and Family' section of www.kera.org.



Temper Tantrums

Temper tantrums are a common part of development and happen mostly between 2 and 4 years of age.

During a tantrum a child may...

- Run around screaming and yelling
- Pound his fists
- Bang his head
- Kick and bite
- Hold his breath

Tantrums are the child's way of showing anger and frustration. This often happens when the child...

- Is not able to do something he wants to do
- Is asked to do something he does not want to do
- Needs to get rid of anger and tension
- Is over-tired, excited or hungry

During a tantrum...

- Ignore the tantrum, NOT the child
- Understand the child and why the tantrum is happening
- Stay calm – don't try to argue or "talk sense" to the child
- Don't give in to the child
- Keep the child from getting hurt, harming others or breaking things.
- Help the child learn how to calm down or learn better ways of showing and dealing with his/her frustration

After a tantrum...

- Stay calm and loving
- Remove what was causing the tantrum
- Give the child something quiet and easy to do
- Praise your child for behaving well

To prevent temper tantrums

- Give the child toys that are "right for his age"
- Stick to the child's daily routine
- Make sure your child is getting enough sleep and regular meals
- Set rules for your child and tell them what they are
- Don't give the child a choice when there is no choice. For example, say "It's bedtime" instead of "Do you want to go to bed now?"
- Do not have temper tantrums of your own
- Avoid things that cause your child to have a temper tantrum

For more information on handling temper tantrums please call the Parent Talk Information Line or contact your local Ontario Early Years Centre (see page 56) for upcoming workshops on temperament.

Adapted with permission by Manitoba Health & Healthy Living

What is Positive Discipline?



Positive discipline is not physical punishment.

- Positive discipline teaches and guides your child so they feel safe and secure
- Be positive with discipline because how you teach is as important as what you teach

Positive discipline helps your child to:

- | | |
|-----------------------------|---|
| • Make good choices | • Learn to solve problems |
| • Be confident | • Develop self control |
| • Get along with others | • Know the consequences of his or her actions |
| • Treat others with respect | |

Positive discipline does NOT:

- | | |
|---------------|--------------------------|
| • Frighten | • Break trust |
| • Hurt | • Reject |
| • Criticize | • Force children to obey |
| • Shame | |
| • Cause guilt | |

- Using positive discipline will help to improve communication between you and your child
- Using positive discipline will help your children become happy, responsible, caring, and emotionally mature
- Using positive discipline will help build a lifelong positive strong relationship with your child – spend time together, play and listen to them in order to determine their needs.

What is Punishment?

Punishment is not discipline. Punishment is an act that is meant to physically or emotionally hurt a child.

Examples of physical and emotional punishment that are not acceptable:

- Name calling
- Pushing
- Yelling
- Hitting
- Spanking
- Slapping
- Swearing
- Teasing
- Verbal put downs

Reasons NOT to use punishment

- | | |
|--|--|
| • It is easy to hurt a child when acting in anger | • The child will not understand what behaviour is expected |
| • The child may think it is okay to solve problems with violence | • Use of punishment will hurt the relationship between parents and child |
| • The child may feel embarrassed and frightened | |

Toilet Training

A child may be physically ready to be toilet trained by 18 months. However, his/her ability to understand and communicate what is happening comes much later. Most children are toilet trained between two and four years of age.

Before toilet training

- Tell your child when he/she is going pee/poop
- Let your child see you use the toilet
- Teach bathroom words (eg. pee, poop, penis, vagina)
- Read a book about toilet training
- Teach your child to dress and undress
- Show your child the potty and let him/her sit on it
- Change diapers in the bathroom; if pooped, let your child flush it down the toilet

**Wait until
child's life is
more stable
and he/she
feels secure.
Every child is
different.**

When NOT to start

Do not start toilet training during stressful life events such as:

- Birth of a new sibling
- Moving into a new house
- When your child is sick
- During changes in the family (eg. death or separation)
- While traveling
- Switching from crib to bed

Your child is ready to toilet train when he/she:

- Stays dry for longer periods of time
- Likes to copy or imitate others
- Tells you when he/she has a dirty diaper
- Understands simple directions
- Wants to sit on the potty or toilet
- Can pull pants up and down
- Poops around the same time every day
- Shows signs before going pee/poop (e.g. grunts, grabs genital area, dances, jumps up and down)

Tips for easy training

- Replace diapers with underwear (quilted with your child's favorite character)
- Dress your child in easily removable clothing (e.g. elastic waistbands, skirts, etc.)
- Allow time without clothing or diapers. It helps to connect what your child sees with what he/she feels
- Encourage your child to sit on the potty/toilet:
 - Immediately upon waking in the morning and after naps
 - After meals and snacks
 - Whenever he/she normally poops
 - Every two hours during the day
 - Before bath time; removal of clothing and warm water may trigger the urge to pee

Rewards

- **Children under three do not fully understand the concept of a reward**
- Limit material rewards as they can lead to feelings of failure and low self-esteem when your child is unsuccessful
- **Praise is the best reward:**
 - Hugs and kisses
 - Smiles
 - Words (e.g. “Good job!”, “You can do it!”)

Handling accidents

- Be calm and reassuring
- Never punish, shame or blame
- Help change into clean clothes
- Be matter of fact; let your child know he/she can try again later
- Never force your child to sit on the potty/toilet longer than wanted
- Avoid constant reminders to use the potty/toilet

Toilet refusal

Happens when your child either:

- Is not ready for toilet training
- Had a negative experience
- Is scared to sit on the potty

If your child refuses to go, a 1-3 month break from training is advised.

Nighttime

- Even when your child is dry in the day he/she may need diapers for naps and bedtime
- It may take several months to years before your child stays dry at night

Helping your child stay dry at night

- Limit drinks before bedtime
- Have your child use the toilet before sleeping
- Before you go to bed, wake your child to use the toilet



Constipation

Bowel habits are different for every child. The number of bowel movements will depend on the child's age, diet and activity level. If bowel movements are soft, the child is likely not constipated, even if there are several days between each stool. If your child has painful bowel movements that are hard, dry, pebble-like and difficult to pass, your child may be constipated.

Why is my child constipated and what can I do to help?

Some children are going through toilet training at this stage and may “hold in” their bowel movements on purpose. Busy children have better things to do than spend time in the bathroom. Some children are afraid to go because they find it painful or scary – some fear a strange bathroom (at daycare, etc.). The longer they “hold it in,” the harder, drier and more difficult the stool becomes to pass. Never pressure or scold your child about toilet habits and bowel movements. Some children do not drink enough fluids or eat enough high-fibre foods. Other children are constipated due to inactivity.

What you can do:

- Be flexible and relaxed during toilet training – this may ease your child's fear.
- Encourage daily physical activity. Take a walk together or put on music and dance.
- Provide your child with a firm foot support while on the potty. This position may make it more comfortable to pass a bowel movement.
- Ensure your child is getting enough fluids. Offer water and 100% prune, apple or pear juice. Try 1-2 ounces of juice to start, up to a maximum of 4-6 ounces per day.
- Ensure your child is getting enough foods that contain fibre. Fibre is found in vegetables and fruit, whole grain breads, cereals and other grain products, and legumes (beans, peas, lentils).
- Call the Parent Talk Information Line at 905-688-8248 or 1-888-505-6074 ext. 7555 to talk to a public health nurse or Eat Right Ontario at 1-877-510-5102 to speak to a registered dietitian.

Call the doctor if:

- You have tried the above suggestions and your child is still constipated.
- You find blood in the stool.
- Your child is in a lot of pain during bowel movements.

Remember: Do not give your child laxatives, enemas, suppositories or any medications without talking to the doctor first. These may make constipation worse in the long term.

Stress

Stress is the "wear and tear" your body experiences as you get used to your changing environment. Stress can affect your physical health by increasing your heart rate, raising your blood pressure, producing muscular tension, or making a person irritable or depressed.

Adults aren't the only ones who feel stressed. Kids do too. Some stress is normal. Too much stress is not good for children – or adults! The major difference between adult and childhood stress is that children have not learned how to cope with the situations that cause them stress, as adults often do.

Most Common Signs of Childhood Stress:

- Recurring headaches, tummy aches or neck pain
- Increased irritability, sadness, panic, anger
- Being more quiet than usual
- Trouble relaxing or sleeping
- Sluggish, daydreaming, withdrawal from activities
- Excessive energy or restlessness
- Immature behaviours
- Nervous habits such as nail biting, hair twisting, thumb sucking, or sighing deeply
- A strained look, frowning
- Trouble getting along with friends

The most common sign indicating that a child is stressed is a change in behaviour. A child under stress will change their behaviour and react by doing things they normally would not do.

A toddler under stress may react by:

- Acting like a baby
- Feeling angry and not understanding their feelings
- Having fears of being alone or without their parents
- Withdrawing, biting, or sensitivity to sudden or loud noises
- Becoming sad, angry or aggressive
- Having nightmares
- Being prone to injuries

Source: The Psychology Foundation of Canada (1999).
Facilitator's Resource Guide: Kids Have Stress Too.

Strategies for Parents to Help Your Child Cope with Stress:



How can YOU help your child cope when he/she feel stressed?

STOP! Find a time to connect with your child. The best time may be when you are both involved in the same activity (colouring, dishes, etc.)

LOOK! Check your child's facial expressions and body gestures throughout the day. Will she look into your eyes? Does he look tense? Is she biting her nails?

LISTEN! Spend time with your child on a daily basis, especially if you suspect him/her to be stressed. Sit facing your child and listen without speaking. Give positive encouragement by nodding your head. Let your child finish his/her own sentences. Do not criticize what your child says or he/she will learn not to tell you things that bother them.

Other helpful tips:

- Make sure your child gets exercise and time to play.
- Healthy food can help the body cope with stress more easily.
- Spend time with your children and ask them how they feel.
- Hugs and kisses show kids you love them and make them feel good.
- Bedtime routines help kids relax at the end of the day.
- Sleep is important. A tired child gets stressed more easily.
- Morning routines get the day off to a good start.
- Have fun together. A good laugh helps fight off stress.
- Learn to manage your stress.

For more information please visit: www.niagararegion.ca or www.kidshavestresstoo.org

Active Play

Toddlers need 90 minutes of active play every day:

- * 30 minutes structured physically active play — planned games and activities**
- ** 60 minutes unstructured physically active play — supervised free time for children to play on their own or with other children.**

What can you do at home or in child care to help a toddler be active?

- a) **Offer toys that encourage toddlers to use their muscles.** Provide building toys, riding toys, balls, beanbags, and climbers.
- b) **Provide plenty of time for active free play.** Include indoor and outdoor space for movement, danceable music, indoor and outdoor toys and a playground if possible.
- c) **Turn off the TV, DVD, and computer.** Toddlers should not sit in one place or lie down for more than an hour at a time except when sleeping. For more information related to television and computer use, see page 31.
- d) **Make it fun!**
 - Pretend to be animals, workers, or machines. Teach them group games like "Follow the Leader" or "Ring around the Rosie."
 - Make an obstacle course. Indoors or out, toddlers can take turns going over, under, around, and through furniture, boxes, and climbing equipment.
 - Move to music! Bounce, sway, clap, march, dance, or play rhythm instruments.
 - Exercise together; do stretches before lunch; play in the park or take a walk.
- e) **Be active with your toddler.** Walk, run, bike, build, dance, climb, and play ball with your toddler. Playing with your child will help set a positive example of how being active is important.
- f) **Read books about people being active.**
- g) **Dress your child in clothing that is appropriate for the weather and that allows them lots of room to move.**

Toddlers should not sit in one place or lie down for more than an hour at a time except when sleeping.

Why is Active Play Important?

A child's environment and experiences – especially during the first three years – strongly influence their development. Provide building toys, riding toys, balls, beanbags, and climbers.

Active Play...

- Supports healthy growth and development
- Helps build strong muscles and bones
- Helps maintain good posture and balance
- Helps children learn about himself/herself and their environment
- Teaches you about a child's personality and temperament
- Assists in the development of self-esteem and social skills
- Helps toddlers learn back and forth communication
- Helps build strong bonds of trust and attachment
- Encourages a lifelong positive attitude toward physical activity



Some play ideas for toddlers:

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Finger paint & coloring • Playing dress-up • Riding toys • Kicking a ball • Building blocks • Playing house or school | <ul style="list-style-type: none"> • Moving to music • Hopping and singing games • Running in the backyard • Sidewalk drawing • Nature walks • Ice skating (with help) | <ul style="list-style-type: none"> • Playgrounds • Water play • Visit an Ontario Early Years Centre • Follow the leader/Hide and go seek |
|--|--|--|

Water Safety Warning:

You must be careful to never let your toddler out of your sight near water — not even for one moment! Do not allow for any distractions (telephone, doorbell, other children, etc.).

Remember... Toddlers should always have an adult close by to supervise them while they are playing.

References:

- Physical Activity Guidelines for Infants and Toddlers, National Association for Sport and Physical Activity Education www.aahperd.com
- Dietitians of Canada: www.dietitians.ca

Immunization: Your Child's Best Protection

What is immunization?

Immunization means vaccination, or getting a needle. When children are immunized, they receive an injection that will protect them from serious childhood diseases such as whooping cough, diphtheria, tetanus, measles, mumps, and rubella, to name a few.

How does it work?

Vaccines trigger your child's immune system to produce antibodies to fight certain diseases. For immunization to work best, children should have all their vaccinations on schedule.

Is it safe?

Yes, immunization is very safe. Before any vaccine is approved for use in Canada, it must go through careful testing to show it is safe and effective. Once a vaccine is in use, its safety is continually monitored. The benefits of immunization greatly outweigh any potential risks.

Are there any side effects?

The most common side effects are mild pain, swelling and/or redness where the needle was given. Some infant vaccines may cause a low-grade fever (approximately 38°C) or fussiness for a day or two after the needle. Talk to your child's doctor about how reactions can be prevented or minimized. Serious side effects are rare.

When should I have my child immunized?

Immunization begins in early infancy and continues throughout life. Your child will receive the majority of his/her immunizations between the ages of 2 months and 6 years of age. The Recommended Immunization Schedule for Publicly Funded Vaccines in Ontario shows when your child should be immunized. If your child was not immunized in infancy, talk to your child's doctor about a recommended catch-up schedule. For more information on the Immunization Schedule, speak with your child's doctor or visit www.niagararegion.ca to download a copy.

Where do I go for more information about childhood immunization?

A good starting point is to get a copy of the pamphlet called *Immunization: Your Child's Best Protection* which is available at all of our Public Health offices. You can also visit www.niagararegion.ca to download a copy and obtain more information about immunization. Always discuss any questions or concerns you have about immunization with your child's doctor. You can also call the Vaccine Preventable Disease Program at 905-688-8248 or 1-888-505-6074 ext. 7425 and ask to speak to a public health nurse.



Did you know it is the responsibility of a parent/guardian to report immunization information to Niagara Region Public Health each time his/her child is vaccinated?

The importance of having this up-to-date information on file helps us to protect all children in case of an outbreak of a vaccine preventable disease in the community.



**Please report your child's immunization(s) to
Niagara Region Public Health using one of the following:**

INTERNET

www.niagararegion.ca

TELEPHONE

Immunization Report Line

905-688-8248 or 1-888-505-6074 ext. 7459

FAX

(a copy of the immunization record)

905-688-8225

Public Health Immunization Clinics

**Please call 905-688-8248 or 1-888-505-6074 ext. 7425
to book an immunization appointment for your child
at one of our Public Health offices.**

Thorold · Welland · Niagara Falls · Fort Erie

When Your Child is Ill

It is common for your child to have a fever if they are sick with an infection (caused by either bacteria or a virus). Fever is a symptom not a diagnosis.

What is a normal temperature?

- The normal temperature range varies, depending on what type of thermometer you are using.

Measurement Method	Normal Temperature Range
Armpit	34.7°C to 37.3°C (94.5°F to 100.4°F)
Ear	35.8°C to 38°C (96.4°F to 100.4°F)



- The safest and easiest way to take your child's temperature is by placing the bulb of the thermometer under the arm (axillary temperature) or using an ear thermometer.
- Taking your child's temperature orally (under the tongue) is not recommended until your child is over four or five years of age. Your child must be old enough to cooperate and not bite on the thermometer.
- Do not use a mercury thermometer. If it breaks, you and your baby might be exposed to this toxic material.

Call the doctor or go to the hospital if:

- Your child has a fever for more than 72 hours
- Your child is more cranky or fussy than usual
- Your child is more sleepy, lethargic, or doesn't respond
- Your child is constantly wheezing or coughing
- Your child has a fever with a rash or any other signs of illness that worries you

What To Do If Your Child Has A Fever

- Keep your child comfortable and offer lots of fluids.
- Remove extra blankets and clothing so heat can leave the body and help lower the body temperature.
- Don't take off all the child's clothes, because they may become too cold and start shivering, which makes more body heat causing the temperature to rise again.
- Do not sponge your child with lukewarm or cool water, alcohol baths, or rubs.

Medication is not always needed to reduce your child's temperature. The best reason for giving your child medicine is to relieve any aches and pains. When medicine is required, follow these guidelines:

- **Acetaminophen is an appropriate medication for a fever.**
- Unless your physician says otherwise, parents can give the dose recommended on the package every four hours until the child's temperature comes down.
- Temperature usually comes down in 1 hour then rises again. Medication may have to be repeated.
- **Do not** exceed 5 doses in 24 hours.
- **Ibuprofen is another choice.**
- Follow the directions on the package, it can be given every 6-8 hours, up to 4 times in a 24 hour period.
- Do not exceed the recommended dosage.

Do not give acetaminophen and ibuprofen at the same time.

A child with a fever should NOT be given aspirin. Taking aspirin can increase the risk of Reyes syndrome. This is a very serious condition that can cause damage to your child's liver and brain.

Common Childhood Illnesses

Guidelines and Information on Childhood Communicable Diseases

Childhood illness	Is this disease reportable to Public Health?	How is the illness caused?	What are the common symptoms?	When will I see symptoms?	What can I do?	How long should my child stay at home?
Chickenpox	YES Call Public Health at 905-688-8248 or 1-888-565-6014 ext. 7330	<ul style="list-style-type: none"> Caused by a virus Spread mainly through the air by direct contact with the droplets from the nose and throat of the infected person. Can be spread indirectly through articles soiled by the fluid from lesions. Scabs are not infectious. Chicken pox is most infectious 1-2 days before the rash appears and up to 5 days or until all lesions have crusted over. 	<ul style="list-style-type: none"> May start with symptoms of a common cold (runny nose, fever, cough). The rash of chickenpox resembles small blisters and usually appears on the chest and back first. 	<ul style="list-style-type: none"> Within 2-3 weeks after contact with a case. 	<ul style="list-style-type: none"> Inform your child care provider. Parents may wish to speak to their physician about the Varicella (chickenpox) vaccine for children who have never had the illness. 	<ul style="list-style-type: none"> A child with chickenpox who has fever >38.5°C and/or ongoing development of many new lesions and are not well should not be in a child care facility. The child can return to child care facility 5 days from the onset of the rash. A child with "mild" illness defined as having a fever for a short period of time and only a little rash (<30 spots) should be allowed to return to child care facility as soon as she/he is well enough to participate normally in all activities, regardless of the state of the rash. <small>(Canadian Pediatric Society 2008)</small>
Common Cold	NO	<ul style="list-style-type: none"> Caused by a virus. Spread mainly through the air, but can be spread on the hands and articles soiled with nose & throat discharges of the infected person. 	<ul style="list-style-type: none"> Sneezing, headache, runny coughing, runny nose, fever, sore throat, lack of energy. 	<ul style="list-style-type: none"> 12 hours- 5 days, usually 48 hours, after contact with a case. Varies with the virus. 	<ul style="list-style-type: none"> Keep your child at home if they are unwell & inform your child-care provider. Good hand washing by you and your child. 	<ul style="list-style-type: none"> Children may continue to attend a child care facility if feeling well enough to take part in regular daily activities.

Childhood illness	Is this disease reportable to Public Health?	How is the illness caused?	What are the common symptoms?	When will I see symptoms?	What can I do?	How long should my child stay at home?
Diarrhea	Depends on the cause of illness. Call Public Health at 905-688-8248 or 1-888-565-6014 ext. 7330	<ul style="list-style-type: none"> Caused by viruses, bacteria and/or parasites. Spread by the fecal-oral route from an infected person. Can be spread by contaminated food and/or water. 	<ul style="list-style-type: none"> Diarrhea, abdominal cramping, poor appetite. 	<ul style="list-style-type: none"> 6 hours-10 days, depending on the germ. 	<ul style="list-style-type: none"> Inform your child care provider. Keep your child at home if they have diarrhea. Seek medical attention immediately if your child has frequent diarrhea, appears ill, has a fever, is in pain, or blood appears. Clean up child's surroundings (anything that might have been touched by child's stool) as soon as possible. Good hand washing after diapering or toileting child. 	<ul style="list-style-type: none"> Children should not return to the child care facility until 24 hours after diarrhea stops. How long they remain out of the facility may vary based on the cause of illness, number of cases and source of infection.
Fifth Disease (also known as "slapped cheek")	NO	<ul style="list-style-type: none"> Caused by a virus. Spread mainly through the air but can be spread on the hands and articles soiled with nose and throat discharges of the infected person. 	<ul style="list-style-type: none"> Bright red facial rash "slapped-cheek" followed by a lace-like rash on body, arms and legs. The rash may fade and recur for 1-3 weeks or longer on exposure to sunlight or heat. Once the rash appears the child is no longer infectious. 	Between 4-20 days after contact with case.	<ul style="list-style-type: none"> Inform your child care provider. Good hand washing by you and your child. Inform pregnant women who have been in contact with your child. 	<ul style="list-style-type: none"> Children may continue to attend the child care facility if well enough to take part in activities. The spread of the virus occurs before the start of the rash.

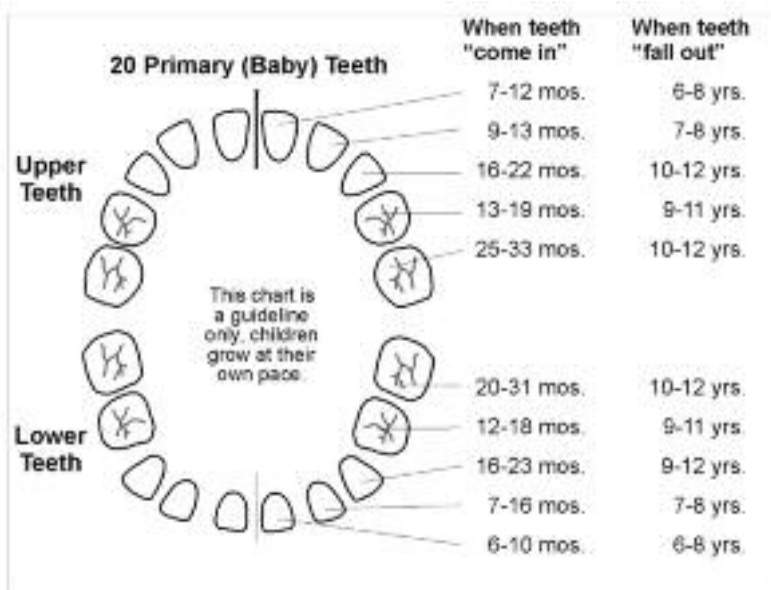
Childhood illness	Is this disease reportable to Public Health?	How is the illness caused?	What are the common symptoms?	When will I see symptoms?	What can I do?	How long should my child stay at home?
Hand, Foot and Mouth Disease (also known as coxsackie virus)	NO	<ul style="list-style-type: none"> Caused by a virus. Spread by direct contact with the nose and throat secretions and feces of an infected person. 	<ul style="list-style-type: none"> Fever, sore throat and sores in mouth. May have rash on hands, feet and sometimes buttock. 	<ul style="list-style-type: none"> Within 3-5 days after contact with a case. 	<ul style="list-style-type: none"> Inform your child care provider. Good hand washing after handling nose/throat discharges and feces. 	<ul style="list-style-type: none"> Children should not attend child care when they have a fever. The child can return when feeling well enough to participate in activities.
Impetigo	NO	<ul style="list-style-type: none"> Caused by a bacteria. Spread by contact with the fluid in the sores; hands can spread this germ. 	<ul style="list-style-type: none"> Starts with multiple lesions, usually around the face and mouth. Sores start as a small blister that changes to yellow crusted areas. 	<ul style="list-style-type: none"> Varies. 	<ul style="list-style-type: none"> See a doctor; an antibiotic may be prescribed. Inform your child care provider. Good hand hygiene by you and your child. Avoid sharing face cloths or hand/bath towels. 	<ul style="list-style-type: none"> Children should not return to child care until the antibiotic prescribed by a doctor has been taken for at least one full day.
Influenza (Flu)	YES Call Public Health at 905-688-8248 or 1-888-565-6014 ext. 7330	<ul style="list-style-type: none"> Caused by a virus. Spread by the droplets from the nose and/or mouth (coughing or sneezing) or by touching contaminated objects (door knobs). 	<ul style="list-style-type: none"> Sudden onset of fever, chills, headache, sore throat, body aches and cough. 	<ul style="list-style-type: none"> Within 1-3 days after contact with a case. 	<ul style="list-style-type: none"> Inform your child care provider. Good hand washing by you and your child. Seek medical attention as needed. Consult with your child's doctor about annual influenza (flu) vaccination. 	<ul style="list-style-type: none"> Children should not attend the child care facility until 7 days after the symptoms began.
Pink Eye (Conjunctivitis)	NO	<ul style="list-style-type: none"> Caused by a bacteria or virus. Spread by contact with the eye(s) or discharge from eye(s) of infected person. 	<ul style="list-style-type: none"> The eye(s) may feel "scratchy" or child may complain of pain. Pus-like discharge from eye(s). The white of eye may be pink or red. 	<ul style="list-style-type: none"> Within 24-72 hours after contact with a case. 	<ul style="list-style-type: none"> See a doctor; an antibiotic may be prescribed. Inform your child care provider. Good hand washing by you and your child. Avoid sharing face cloths or hand/bath towels. 	<ul style="list-style-type: none"> Children should not return to child care until the antibiotic prescribed by a doctor has been taken for at least one full day.

Childhood illness	Is this disease reportable to Public Health?	How is the illness caused?	What are the common symptoms?	When will I see symptoms?	What can I do?	How long should my child stay at home?
Ringworm	NO	<ul style="list-style-type: none"> Caused by a fungus Can be spread by direct (i.e. touching) or indirect contact (i.e. combs/brushes) with the skin and scalp lesions of infected people. Can also be spread by the sores of animals, contaminated floors, shower stalls, benches and similar articles. 	<ul style="list-style-type: none"> Ringworm of the body- a flat, spreading ring-shaped lesion with a raised edge. As it progresses the center of the lesion appears to be clear. Ringworm of the scalp- starts with a red area on the scalp that spreads, leaving a scaly patch and partial hair loss in that spot. 	<ul style="list-style-type: none"> 4-10 days (Ringworm of the body). 10-14 days (Ringworm of the scalp). 	<ul style="list-style-type: none"> See a doctor; medication will be prescribed. Inform your child care provider. Children should be discouraged from sharing personal items (combs, brushes, hair accessories). Children should be encouraged to wear footwear in public showers and pools. 	<ul style="list-style-type: none"> Children can return to child care after treatment has started.
Roseola "Sixth Disease"	NO	<ul style="list-style-type: none"> Caused by a virus. Spread by the secretions from the nose and/or mouth of an infected person. 	<ul style="list-style-type: none"> Fever for 3-7 days. Irritability and runny nose may be present at the time of fever. Fever is followed by a rose-pink coloured rash on the lower body and later the remainder of the body. 	<ul style="list-style-type: none"> Within 10 days, may range 5-15 days after contact with a case. 	<ul style="list-style-type: none"> Inform your child care provider. 	<ul style="list-style-type: none"> Children can return to child care facility when fever goes away & they are well enough to participate in activities.
Streptococcal Infections (Strep Throat & Scarlet Fever)	NO	<ul style="list-style-type: none"> Caused by a bacteria Spread by the saliva, or through droplets from the nose and throat of the infected person. 	<ul style="list-style-type: none"> Headache, fever, sore throat, swollen glands are common. Scarlet fever can occur with a strep infection it may appear as a red, raised rash on the body that spreads within hours to days. The rash fades when pressure is applied. Hands and feet may peel during recovery. 	<ul style="list-style-type: none"> Within 1-3 days after contact with a case. 	<ul style="list-style-type: none"> See a doctor. Inform your child care provider. Children should not share personal items (straws, drinking glasses). In the home, avoid sharing items (i.e. eating utensils, toothbrushes). Teach children to cover their nose and mouth when they cough and/or sneeze. 	<ul style="list-style-type: none"> Children should not return to child care until the antibiotic prescribed by a doctor has been taken for at least one full day.

Oral Health

Baby teeth are important!

- Your child's first teeth help them to eat, speak and smile. They also help the adult teeth come in straight.
- By the time your child is two or three years old they will have 20 primary (baby) teeth. Your child may have some of these baby teeth until age 12 so it is important to start healthy habits early.
- Brush your child's teeth twice a day, morning and before bed and floss daily once two teeth are touching.
- Sipping on a bottle or cup for long periods of time during the day can cause cavities. Offer water between meals. Your child produces more saliva (spit) while eating which helps to wash away the sugars. Choosing healthy snacks such as fruits, cheeses and vegetables between meals promotes healthy eating and reduces the risk of cavities.



Check your child's teeth often. If you notice white or brown spots on the teeth or changes to the gums contact your dental professional or Niagara Region Public Health immediately.

Eruption times refer to teeth on both the right and left side of mouth. Eruption chart courtesy of Durham Region Department of Health.

Your Child's First Dental Visit – Have Fun with It!

The first visit to the dentist should occur by the age of one year, or when the first tooth appears. By age two to three all the baby teeth will have come in. Scheduling a dental check-up at this time is important to establish a healthy routine and catch any problems early and fix them. Your dental professional will also let you know if you are doing a good job brushing at home.

Before the first visit:

- Take turns counting each other's teeth and explain that this is what the dentist will do. Explain other things the dentist might do such as "taking pictures with a special camera" for x-rays.
- You may want to take your child along with you and/or an older sibling when they go for a checkup to get them used to the office.
- Your child may want to bring along their favourite toy or book.



Fluoride

- Fluoride helps to strengthen tooth enamel (the hard outer layer of teeth). When teeth are stronger they are less likely to get cavities. Fluoride occurs naturally in tooth enamel, bone and our environment.
- Currently, the drinking water in the Niagara region does NOT contain fluoride.
- If your child is at risk for cavities your dental professional may recommend fluoride. A fluoride treatment in the form of a varnish that is applied directly to the teeth provides even more protection and may also be recommended.
- Fluoride at optimal levels is not a health concern. Swallowing too much fluoride between the ages of 3 months and 8 years can result in a condition called dental fluorosis. Fluorosis is a cosmetic condition that appears as white chalky spots on the permanent teeth. Children under 3 years should have their teeth brushed by an adult using only a slight smear (Figure 1) of fluoridated toothpaste.

Pacifiers (Soothers)

For babies, the need to suck is natural and helps relax and comfort. By age two or three years of age this need to suck is less and becomes more of a habit. It may be easier to wean your child from a soother rather than thumb sucking. This is because you can control when and how a soother is used. Never dip a soother in anything sweet. This can cause cavities. **Sucking on a soother after the permanent (adult) teeth come in, about age four to six, can cause problems with the development of the teeth and jaw.**

Did you know?

- If your child has an urgent dental condition Niagara Region Public Health Dental Program may be able to help. The Children In Need Of Treatment (CINOT) program provides dental coverage to eligible children.
- Public Health dental professionals visit Niagara Region schools once a year to provide students with a dental assessment and offer families the opportunity to receive preventive services for their children.
- There are 4 Public Health Dental Clinics located within the Niagara Region that provide preventive services to children.
- Public Health dental professionals, in partnership with local agencies conduct educational workshops and presentations on oral health.

For more information on oral health and programs that may be available for your child visit www.niagararegion.ca or call the Niagara Region Public Health Dental Program at 905-688-8248 ext. 7201 or speak to your dental professional

Make Brushing Part of Your Daily Routine

- **Make It Fun!** Songs, games and books can all keep the experience positive.
- **Try different toothbrushes.** Let your child be involved in picking out their own brush. Be sure to choose a soft brush that is appropriate to your child's age.
- **Take turns.** Allow your child to brush first then you finish up. This gives your child some independence.
- **Get comfortable.** Find a position that is comfortable for you and your child. On your lap, in your arms or on a change table.
- **Choose a good time.** Brushing when your child is tired or hungry is likely to cause a struggle.
- **Be consistent!** Routine helps your child understand the importance of brushing morning and night.
- **Start** on the bottom teeth using **gentle** circles and slowly work your way across the mouth. Clean every surface of the teeth and be sure to brush where the teeth & gums meet.
- Children under 3 years should have their teeth brushed by an adult twice a day using only a smear of fluoridated toothpaste. Rinse the mouth with water after brushing.
- **Children learn healthy habits from you!** Let your child see you brush & floss daily.



Figure 1. A smear of toothpaste (left) is a very thin amount covering about a quarter of the surface of the surface of a child's toothbrush. A pea-sized portion of toothpaste is shown on the right. Image and text Copyright ©2005 Canadian Dental Association.

Sun and Repellent Safety

Sun Safety

Protect your child from the sun

- Dress your child in protective clothing (comfortable long pants, long-sleeved shirts and hat)
- Use a broad spectrum (UVA/UVB) sunscreen with SPF 30+. Apply sunscreen to your child 20 minutes before going outside and reapply every two hours, especially if swimming or sweating
- Keep your child out of the sun during 11 a.m. to 4 p.m. (when UV rays are the strongest)
- Encourage your child to play in the shade
- Encourage your child to wear sunglasses (glasses that protect from ultraviolet rays and are CSA approved)

Insect Repellents

Children aged 6 months up to 2 years

- You may use a lower concentration of DEET repellent (10% DEET or less)
- Do not apply more than once per day
- The product should be applied sparingly and not to the face and hands

Children 2 to 12 years of age

- You may use a lower concentration of DEET repellent (10% DEET or less)
- Do not apply more than three times per day. Do not apply to the face and hands



Apply mosquito repellent containing DEET to exposed skin only when at risk of mosquito contact

Head Lice

- Children playing together can be exposed to head lice. Finding head lice can be upsetting.
 - Stay calm
 - Check everyone who lives in the house for lice
 - Treat everyone who has lice the same day
 - Treatment includes getting rid of the bugs and the eggs (nits)
 - Time and effort spent on getting rid of the lice the first time around saves a lot of frustration later
- Head lice (pediculosis) are tiny bugs that live and breed on the head. Anyone can get head lice. Clean hair and clean houses do not prevent lice. They spread mainly by crawling from head to head. Head lice are found more often on children because when they play their heads tend to touch.
- Head lice start out in a tiny, oval, dark coloured egg laid by an adult female bug. The egg is glued to the hair shaft close to the scalp. In 7-10 days, a very tiny bug (nymph) hatches from the egg. The nymph grows to adult size ready to lay more eggs after another 7-14 days.
- Treatment is aimed at killing and removing the bugs and removing the eggs before they can hatch. Before you treat, talk to your doctor or pharmacist about what to use if:
 - anyone has allergies to mums or ragweed
 - anyone has a seizure disorder
 - you are pregnant or breastfeeding
 - your child is under two years old
 - there is a cut or infected area on the scalp
 - adult lice (larger) are found even after you have done the first or second treatment
- Treatment products are available at your pharmacy. Follow the directions carefully and do a second treatment when suggested. Some products do not contain harsh chemicals. The wet combing method uses regular conditioner, a very fine tooth comb and 4 day schedule (see instructions on next page). Research to support the usefulness of tea tree oil is not available. If used in the wrong amounts, tea tree oil could be harmful.
- Removing lice and eggs from the head is most important. Follow up with vacuuming anywhere your children might have rested their head. Wash bedding and clothes used in the last 3 days. Sprays are not necessary.
- Speak with your nursery school, or daycare staff, and anyone whose children might have been in head-to-head contact with your child, so they know to check for head lice to stop further spreading. Even after you think you are rid of all lice and eggs, keep checking for at least 2 weeks since it is easy to miss some eggs. If the eggs hatch, the cycle will continue.

**Treatment does not prevent head lice infestation.
Be certain your child has head lice before using
chemically based products.**

**For further information call 905-688-8248 or 1-888-505-6074 ext 7379.
For general head lice information use ext 7371 or visit www.niagararegion.ca.**

Wet Combing


What is Wet Combing?

A way to remove head lice by carefully combing through wet hair soaked with conditioner, using a fine-tooth comb.

Wet Combing Method

You Need:

- regular shampoo (not 2 in 1) and a regular conditioner
 - a wide-tooth comb
 - important - a plastic head lice comb or other comb, (like a pet flea comb), with very small spaces between the teeth
 - a large towel
 - paper towels and garbage bag
1. Wash hair with shampoo. Rinse. Leave hair dripping wet.
 2. Drape the towel around child's shoulders.
 3. Using lots of conditioner, soak hair thoroughly down to the scalp. Leave conditioner in the hair.
 4. Sit the child in a location with good lighting, by a sink if possible.
 5. Untangle and straighten hair using the wide-tooth comb.

6. a) Switch to the head lice comb or fine-tooth comb.
 b) Work with small sections of hair. Place the teeth of the lice comb at the roots of the hair, touching the scalp.
 c) Comb through each section of hair from roots to ends, several times.
 d) Pay special attention when combing around the ears and back of the neck.
 e) Check the comb for lice (baby to adult size), after each stroke, and remove them by wiping the comb on paper towels or rinsing under the tap. This is what you are looking for: 
7. Rinse out the conditioner, and leave the hair dripping wet. Repeat steps 5 & 6 to find any lice you might have missed.

Wet Combing - How often?

- Wet combing to remove all lice and break the life cycle can be done as often as every two days for 2 weeks, but the following pattern has proven very successful:
- Repeat the steps for a total of **4** times in **2** weeks, wet combing every **4th** day.
- Use the calendar below to keep track of the wet combing days, by inserting the date in the boxes.

Found Lice Wet Combing	1	2	3	4 Wet Combing	1	2
3	4 Wet Combing	1	2	3	4 Wet Combing	

Wet Combing - How often?

- If done correctly, all live lice should be removed during the first session of wet combing. Any live eggs still present on the hair will hatch in 7-10 days and baby lice do not leave the head. You will remove those baby lice in the next combing sessions, so make sure you continue wet combing for the full 2 weeks (many people like to work at removing as many eggs as possible so there will be fewer lice hatching).
- If you see **large lice** any time after the first wet combing session, add 3 more sessions of wet combing every **4th** day.
- If you choose to use a head lice treatment product, it is still important to do wet combing 5 days after treatment and again 12 days after treatment to be sure all lice are gone.
- Even when you think you are rid of the head lice, it is wise to continue wet combing as part of your weekly routine.

Follow-up Advice

- Check everyone living in your home.
- Treat everyone who has head lice the same day.
- Caregivers should do the wet combing on themselves after treating the family.
- Inform nursery school, daycare staff, and anyone who could have been in head to head contact with the child who had lice so they can do a head lice check.
- The presence of nits (empty harmless egg shells which remain glued to the hair) can be embarrassing for a child, so manually remove them.
- Thorough vacuuming and washing clothes, toys and towels are important, but there is no need for sprays.

For more information call Niagara Region Public Health – School Health Elementary Program at 905-688-8248 or 1-888-505-6074, ext. 7379

Pictures courtesy of Community Hygiene Concern
Bug Buster Kit Combs

For more information about child care in the Niagara Region

1. Early learning in any child care setting can have positive impacts on your child's development.
2. There are a number of options, including centre-based care, home-based care, nursery school and family.
3. Choosing a child care provider can be one of the most important decisions you make.

Niagara Region Community Services/ Children's Services		Financial Assistance	
For licensed child care programs view: www.niagararegion.ca or call 905-984-3810 , or toll-free 1-800-263-7215 ext 3894 to inquire about supports and services available to you and your family.		Financial support for child care. For information, call 905-984-3750 or 1-800-263-7215, ext. 3897 .	
Early Childhood Community Development Centre		Adolescent Family Support Services of Niagara	
Information on choosing quality child care. View their website at: www.eccdc.org/choose.htm or call 905-646-7311 .		For young moms planning to continue school. Call 905-735-2566 .	

A word about Grandparent(s) and extended family:

Allow Grandma and Grandpa (or Auntie or Uncle) to have time with your toddler. This will help build the 40 Assets, build memories with grandparents, and provide grandparent(s) the opportunity to share their lifelong learned wisdom with their grandchild. As well, extended family members who are willing and able can help with child care. Check out www.grandparenting.org



Resource List

Important: Remember your toddler must be registered for the following:

1	Birth Certificates – 1-800-461-2156 or www.serviceontario.ca
2	Health Cards – 1-800-664-8988 or www.health.gov.on.ca
3	Social Insurance Card – 1-800-206-7218 or www.servicecanada.gc.ca NOTE: Must show birth certificate
4	Universal Child Care Benefit – 1-800-959-2221 or www.universalchildcare.ca
5	Canada Child Tax Benefit – 1-800-387-1193 or www.children.gov.on.ca Based on Ontario Child Benefit – 1-866-821-7770 or www.ontariochildbenefit.ca income

Be a Great Parent
www.beagreatparent.ca

Best Start
Ontario's Ministry of Children and Youth Services program that is committed to helping young children get the best start in life.
www.beststart.org

Canadian Paediatric Society
www.cps.ca

- Child Care**
- **Regional Municipality of Niagara**
905-984-3810 or 1-800-263-7215, ext. 3894
 - **Community Services Department Children's Services**
905-984-3750 or 1-800-263-7215, ext. 3897
 - **Early Childhood Community Development Centre**
www.eccdc.org or call 905-646-7311
 - **Adolescent Family Support Services of Niagara (AFSSN)**
905-735-2566

College of Physicians and Surgeons of Ontario
(for assistance in securing a family doctor)
www.cpso.org

Fatherhood
www.fatherhood.org
www.cfii.ca

First Aid/CPR Courses
Canadian Red Cross - 905-680-4099
Heart Niagara - 905-358-5552
St. John Ambulance - 905-685-8964

Health Canada
www.hc-sc.gc.ca

Invest in Kids Foundation
www.investinkids.ca

Multiple Births Canada
1-866-228-8824 or www.multiplebirthscanada.org

Niagara Health System
Niagara area hospitals-one central number
905-378-4647 or www.niagarahealth.on.ca

Nutrition
1-877-510-5102 or
www.eatrightontario.ca/en/askDisclaimer.aspx

Ontario Poison Centre
1-800-268-9017

Safe Kids Canada
www.safekidscanada.ca

Speech Services Niagara
905-688-3550 or 1-800-896-5496

Services for Parents



Niagara Region Public Health Parent Talk Information Line (PTL)

Speak to a public health nurse about any parenting concern.
905-688-8248 or 1-888-505-6074 ext. 7555
www.niagararegion.ca

Telehealth Ontario: 1-866-797-0000 TTY: 1-866-797-0007

The government's Telehealth Ontario program is a free, confidential telephone service you can call to get health advice or general health information from a Registered Nurse, 24 hours a day, 7 days a week. A call to Telehealth Ontario does not replace 911 – that is always the first number you should call in emergency situations.

www.health.gov.on.ca



Ontario Early Years Centres

offer parenting programs, workshops and interactive play for parents/caregivers and children 0-6 years of age.

Please visit www.ontarioearlyyears.ca or call for hours of operation:

Erie Lincoln Service Area
(Fort Erie, Port Colborne, Lincoln, West Lincoln, & Wainfleet)
905-834-9071

Niagara Centre Service Area
(Welland, Pelham & Grimsby)
905-734-3563

Niagara Falls Service Area
(Niagara Falls & Niagara-on-the-Lake)
905-357-2398

St. Catharines Service Area
(St. Catharines & Thorold)
905-938-9392

Parenting Classes, Clinics, and Groups are available through Public Health

Clinics

- Breastfeeding Clinics
- Travel Clinics
- Dental Clinics

Classes

- Baby Talk Classes
 - Car Seat Information Classes
 - Nurture Your Newborn Workshops
 - Parenting Workshops
- Online registration will be coming soon in 2010*

Support Group

- M.O.M.S – Moms Offering Moms Support

For more information on these services please visit www.niagararegion.ca or call the Parent Talk Information Line.

OTHER AVAILABLE PARENTING RESOURCE GUIDES



Getting Ready for Parenting



Birth-12 Months



4-13 Years



14-19 Years



2201 St. David's Rd., Campbell East, Thorold, ON
Tel: 905-688-8248 Toll Free: 1-888-505-6074 Fax: 905-688-5100
Mailing Address: P.O. Box 1052, Station Main, Thorold, ON L2V 0A2

www.niagararegion.ca

www.beagreatparent.ca