

Middle Childhood

5 to 10 Years





Middle Childhood: 5 and 6 Year Visits

CONTEXT

As the middle childhood stage begins, children are growing steadily and their physical competence continues to increase. Their improved language and communication skills match social competence to physical ability. They are prepared to move out of home care and child care or preschool. They are ready for school.

Starting school is a major milestone for the 5- or 6-year-old child and for his family. As he prepares to enter kindergarten or elementary school, key developmental issues emerge, such as his readiness for school and his ability to separate from his parents. The 5-year-old who has attended preschool or has been in child care out of the home may be able to separate from his parents more easily than children who have stayed at home. Most 6-year-olds will have attended kindergarten and acquired the social skills necessary for learning in a full-day, first-grade setting. By observing how the child responds to new situations, the parents, teacher, and health care professional can anticipate how temperament and experience may affect school readiness and competence. The 5 and 6 Year Visits permit observation of his ability to follow directions, as well as his language skills, maturity level, and motor ability.

Starting school brings new opportunities, challenges, and rules for children. School activities require increased impulse control. Children are expected to obey rules, get along with others, and avoid disruptive behavior. Paying attention to teachers and

other adults can be difficult for some children. Acquiring skills in listening, reading, and math excites some children and challenges others. Children entering kindergarten will have many opportunities to make friends and meet other families. They may go on school field trips or participate in after-school activities. Some children can have difficulty adjusting to eating at school with self-service lunches or structured times for lunch and snacks. Most will manage these new challenges gracefully, while others struggle to learn appropriate behaviors during these transitions. Parents should listen to their child's feelings, reassure him, and praise his efforts and accomplishments.

A child's progress in school is an important factor in his development at this age. School-based assessments, report cards, and IEPs are used to track a child's progress. Children with special health care needs or children with developmental disability or delay likely will have been receiving services through your community's early childhood special education services program. Inquiry regarding transition from this program to kindergarten is appropriate.

Not every child is immediately successful in the school experience. Adjustment difficulties or psychosocial stressors must be addressed. Disorders of attention and learning are typically undetected until school entry. Federal education law requires school systems to evaluate children who are experiencing learning or developmental difficulties. Families may need help finding advocates for the exact services they need.

Each family will have its own perspective on how a child is performing in school. A child will perform best if he feels there is consistency between the expectations of the school and his family regarding educational performance and behavior at school. Parents sometimes need help in understanding the significance of particular academic struggles. In addition, the concept of a learning disability may not make sense within certain cultural beliefs about health or abilities.

Families who are newly immigrated may not understand the educational system in this country and may need guidance about what to expect and how they can be involved in supporting their child in school. If English is not spoken at home, health care professionals should assess the child's exposure to English and what resources are needed to support the important learning tasks ahead of her.

An increasing amount of time is spent with friends and others outside the home. Parents should meet these new friends and their families. Parents need to encourage their child's friendships and respect the growing influence of peers. Rules and behavioral expectations will vary among families, especially across cultures. As they acquire new experiences, 5- and 6-year-olds normally begin to test whether the rules can change now that they are older. Some rules can be loosened, but others must be maintained in the interest of sustaining appropriate behavior, providing emotional security and personal safety, and promoting moral upbringing.

Certain hazards, such as matches, cigarette lighters, gas stoves, and fireplaces, often fascinate 5- and 6-year-olds. Thus, parents should remember to keep matches and lighters out of reach, and remind children that these items are not toys. Parents should be cautioned specifically about the dangers of keeping guns in the home. It is critical that children continue to use appropriate car safety seats and booster seats.

The child's community affects safety concerns because the setting and seasonal climate determine common activities and risks. Traffic crashes and playing around cars are health risks for the young child, with a higher proportion of minority children experiencing death or injury than children of other races and ethnicities. Children living in poverty may have limited access to appropriate play areas or activities, and may be out in the neighborhood playing in unsafe venues. Families with limited economic resources may be able to find places in the community where they can receive help in obtaining low-cost bike helmets, car safety seats, and other safety equipment.

By his sixth birthday, a child is eager to act independently, but he is not yet able to consistently make good decisions. He likes to climb trees or fire escapes and play in the yard or on the sidewalk with other children, but he is still learning about safety. Children must learn to be safe at home, at school, on the playground, and in the neighborhood. Families will need to continue to set appropriate boundaries and other limits while encouraging and promoting their child's growing independence. Before he is ready to start exploring the community on his own, he must be able to remember and understand safety rules well enough to interpret them and adapt them for different situations. Children need rules for interacting with and avoiding strangers, as well as instructions on telephone numbers to call for help in case of emergencies. At this age, most children are riding bicycles or using in-line skates and may be learning to use skateboards and to swim. Parents need to teach, and frequently review with their child, the safety rules for playing on the playground, riding a bicycle in the neighborhood, and engaging in other recreational activities. Children this age are not yet ready to cross the street alone, and adult supervision also is needed for swimming and



other water sports. A child's bicycle should be suited to his ability level and adjusted to his size. He should always wear an approved helmet and protective equipment when riding, skateboarding, in-line skating, or playing in organized sports.

Newly found skills generate interest in testing physical prowess. How fast can he run? How far can he throw? As he learns how his body works, the 5- and 6-year-old gains the confidence and skills needed to enjoy physical activities or to participate in individual or team sports. A team sport focused on skill building and learning "sportsmanlike" behavior, rather than winning or keeping score, is a good way to encourage further engagement in physical activities. Parents should be sure that coaches' demands are reasonable. For children who are from cultures where gender roles and modesty issues

preclude girls from participating in typical sports activities, opportunities for cooperation and physical development can be found in activities such as ethnic dance groups, scouting, or same-sex physical activities that are arranged by the cultural community.

As the child's cognitive skills continue to develop, his ability to understand and communicate becomes more sophisticated. At this age, health care professionals can talk directly with the child about his family, friends, and excitement or fears about going to school and becoming more independent. This provides an opportunity for the health care professional to develop a partnership directly with the child and to encourage him to assume responsibility for his clothes, toys, or other belongings, selected chores, and good health habits. These responsibilities will help promote autonomy, independence, and a sense of competence.

5 and 6 Year Visits

PRIORITIES FOR THE VISIT

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Middle Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- School readiness (established routines, after-school care and activities, parent-teacher communication, friends, bullying, maturity, management of disappointments, fears)
- Mental health (family time, routines, temper problems, social interactions)
- Nutrition and physical activity (healthy weight; appropriate well-balanced diet; increased fruit, vegetable, whole-grain consumption; adequate calcium intake; 60 minutes of exercise a day)
- Oral health (regular visits with dentist, daily brushing and flossing, adequate fluoride)
- Safety (pedestrian safety, booster seat, safety helmets, swimming safety, child sexual abuse prevention, fire escape/drill plan and smoke detectors, carbon monoxide detectors/alarms, guns)

HEALTH SUPERVISION

History

Interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice. The following questions can encourage in-depth discussion:

- Do you have any concerns about your child's physical well-being or special health care needs?
- Do you have any concerns about your child starting school or your child's school performance?
- Do you have any concerns about your child's development (eg, walking, talking, drawing, or writing her name or ABCs)?
- Do you have any concerns about your child's mood or behavior (eg, attention, hitting, temper, worries, not participating in play with others, irritability, mood, or activity level)?

Observation of Parent-Child Interaction

During the visit, the health care professional should observe:

- Do both the parent and the child ask questions and speak directly with the health care professional, or does the parent dominate?
- Do the parent and child make eye contact with each other and with the health care professional?
- Does the parent attend to the child and listen to what the child has to say?
- Does the parent praise, support, and seem proud of the child's abilities and accomplishments, or is the parent impatient and critical?

- Does the parent have realistic expectations, given the child's age and developmental abilities?
- Does the child communicate with respect and in a friendly way with his parents?

The health care professional also should observe for the child's ability to interact with adults other than parents:

- Is the child friendly, cooperative, and comfortable in speaking with others?
- Is the child unwilling to speak or excessively shy?
- What is the child's level of concentration, attention, or activity?
- Is the child's language understandable? Are the child's syntax, vocabulary, grammar, and speech content appropriate for his age?

Surveillance of Development

Children Transitioning to Kindergarten

Starting school is a major milestone for child and family. Parents may have concerns about their child's readiness for this big step. Although many parents tend to focus on the child's knowledge of the alphabet, numbers, or drawing skills as evidence of school readiness, teachers are most concerned about the child's language skills and social readiness to separate from parents easily and get along with other children. If parents are considering holding their child back, it is important to explore their rationale. The desire to give their child an advantage over younger children by placing their child in a pre-kindergarten class may actually cause more harm than benefit. For children who have low school-readiness test results, it is often more helpful to place them in kindergarten with well-chosen supports than to hold them back. Older children who are held back from school may become bored and be mismatched with their peers in terms of behavior and interests.

The child with special health care needs transitions from early childhood special education services to the classroom setting. The child's IEP should be revised before this move, and the health care professional should discuss appropriate changes with the family.

Children Currently Attending School

Adjustment to new school experiences are both the measure and the end-point of developmental accomplishment. Health care professionals may measure school success by parent and child report or by review of the child's most recent report card. The health care professional must be alert for diagnoses such as ADHD and learning disorders. For children with special health care needs, it is important for the health care professional to review a copy of the IEP or any special accommodations.

Do you have any specific concerns about your child's development, learning, or behavior?

- **A 5- or 6-year-old child**
 - Balances on one foot, hops, and skips
 - Is able to tie a knot, has mature pencil grasp, can draw a person with at least 6 body parts, prints some letters and numbers, and is able to copy squares and triangles
 - Has good articulation, tells a simple story using full sentences, uses appropriate tenses and pronouns, can count to 10, and names at least 4 colors
 - Follows simple directions, is able to listen and attend, and undresses and dresses with minimal assistance

Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

- **Measure:**
 - Blood pressure
- **Measure and plot:**
 - Height
 - Weight
- **Calculate and plot:**
 - BMI

- **Eyes**

- Attempt to perform ophthalmoscopic examination of optic nerve and retinal vessels

- **Mouth**

- Observe for caries, gingival inflammation, and malocclusion

- **Neurologic**

- Observe fine and gross motor skills, including gait
- Assess language acquisition, speech fluency and clarity, thought content, and ability to understand abstract thinking

Screening — 5 Year

UNIVERSAL SCREENING	ACTION	
Vision	Objective measure with age-appropriate visual acuity measurement (using HOTV; tumbling E tests; Snellen letters; Snellen numbers; or Picture tests, such as Allen figures or LEA symbols)	
Hearing	Audiometry	
SELECTIVE SCREENING	RISK ASSESSMENT*	ACTION IF RA +
Anemia	+ on risk screening questions	Hemoglobin or hematocrit
Lead	If no previous screen and + on risk screening questions or change in risk	Lead screen
Tuberculosis	+ on risk screening questions	Tuberculin skin test

*See Rationale and Evidence chapter for the criteria on which risk screening questions are based.

Screening — 6 Year

UNIVERSAL SCREENING	ACTION	
Vision	Objective measure with age-appropriate visual acuity measurement (using HOTV; tumbling E tests; Snellen letters; Snellen numbers; or Picture tests, such as Allen figures or LEA symbols)	
Hearing	Audiometry	
SELECTIVE SCREENING	RISK ASSESSMENT*	ACTION IF RA +
Oral Health	Does not have a dental home	Referral to dental home
	Primary water source is deficient in fluoride	Oral fluoride supplementation
Anemia	+ on risk screening questions	Hemoglobin or hematocrit
Lead	If no previous screen and + on risk screening questions or change in risk	Lead screen
Tuberculosis	+ on risk screening questions	Tuberculin skin test
Dyslipidemia	+ on risk screening questions and not previously screened with normal results	Fasting lipid profile

*See Rationale and Evidence chapter for the criteria on which risk screening questions are based.

Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.

CDC National Immunization Program (NIP): <http://www.cdc.gov/vaccines>

American Academy of Pediatrics *Red Book*: <http://www.aapredbook.org>

ANTICIPATORY GUIDANCE

The following sample questions, which address the Middle Childhood Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family.

SCHOOL READINESS

Established routines, after-school care and activities, parent-teacher communication, friends, bullying, maturity, management of disappointments, fears

Determine whether newly immigrated families understand the local educational system, which may be very different from that in their country of origin. Check whether any language barriers exist to parent/caregiver interactions with the school.

For the child with special health care needs, discuss the child's specific needs related to the school setting. Encourage parents to maintain an active role in the IEP process. Remind parents to bring a copy of the IEP to each health supervision visit.

Bullying and teasing can interfere with normal development and school performance. Assist parents in being observant for signs of bullying.¹

For the Child Entering Kindergarten and Elementary School:

SAMPLE QUESTIONS:

Did your child go to preschool? Tell me about her preschool experience. Is there anything the school or teacher should know related to any special needs your child may have?

For the child

Tell me about your new school. (Probe for feelings and concerns about starting school.)

ANTICIPATORY GUIDANCE:

- Prepare your child for school. Talk about new opportunities, friends, and activities at school. Tour your child's school with her and meet her teacher.

For the child

- Ask your teacher to explain things if you do not know what you are supposed to do. It helps all the kids in class know what they are supposed to do.

For the Child Currently Enrolled in School:

SAMPLE QUESTIONS:

What concerns do you have about your child's ability to do well in academic work? Follow the rules at school? What are your plans for your child's after-school activities? (Probe for type of adult supervision, appropriate mix of active and sedentary activities, and food provided.)

For the child

Tell me about your new school. (Probe for feelings and concerns about elementary school.) Tell me about your best friend. What kinds of things do you and your best friend do together? Do kids ever call you mean names or tease you?

ANTICIPATORY GUIDANCE:

- Attend back-to-school nights, parent-teacher meetings, and other school functions. These will give you a chance to get to know your child's teacher and become familiar with the school so you can talk more knowledgeably with her about her experiences at school.
- If you enroll your child in an after-school program or hire a caregiver for the after-school period, be sure your child is in a safe environment. Talk with caregivers about their attitudes and behavior about discipline. Do not let them discipline your child by hitting or spanking her.

For the child

- Talk with your parents every day about things that you like and any things that may worry you at school.
- If anyone is being mean to you, tell your teacher and your parents. They can help you deal with it.

MENTAL HEALTH**Family time, routines, temper problems, social interactions**

Family routines create a sense of safety and security for the child. Assigning regular household chores is good because it engenders a sense of responsibility in the child and helps him feel as though he is an essential part of the family.

Parents should encourage self-discipline and impulse control.

SAMPLE QUESTIONS:

What are some of the family routines you have at home? What chores is your child responsible for at home? How does your child handle angry feelings? How do you and your partner (or other caregiver) handle discipline?

For the child

What regular jobs do you have at home? What family traditions do you enjoy? What things make you sad? Angry? Scared? How do you handle these feelings? Do you talk to your parents about your concerns? What happens in your house if your dad or mom doesn't approve of something you're doing? When do your mom or dad get angry with you?

ANTICIPATORY GUIDANCE:

- Talk with your partner about important routines you and your partner loved as children. Decide together which of these routines, or new ones, you want for your family. Observe them consistently. Your child will look forward to these special traditions.
- Show affection in your family.
- Listen to and respect your child as well as your partner. Serve as a positive ethical and behavioral role model.
- Teach your child the difference between right and wrong. The goal of discipline is teaching appropriate behavior, not punishment.
- Promote a sense of responsibility in your child by assigning chores and expecting them to be done, including for children with special health care needs. For all children, chores should be determined by what is needed and what is appropriate for the child's ability.
- Model anger management by talking about your anger and letting off steam in positive ways.
- Help your child manage anger and resolve conflicts without violence. Do not allow hitting, biting, or other violent behavior.
- Encourage self-discipline and impulse control in your child by modeling these behaviors and by praising his efforts at self-control.

For the child

- Chores are an important part of being in a family. You help make things go well at home and learn new skills you can be proud of. If you need a break from a chore, talk about it with your parents.
- Everyone gets angry at times, but it's never OK to hit, bite, kick, or punch another person. Better ways to deal with feeling angry are to talk about what has upset you with the person who made you angry, to get outside and run or play hard, or just walk away from the person who is making you angry.

NUTRITION AND PHYSICAL ACTIVITY

Healthy weight; appropriate well-balanced diet; increased fruit, vegetable, and whole-grain consumption; adequate calcium intake; 60 minutes of exercise a day

Discuss healthy weight by using the BMI chart to show children and their families where they are in relationship to weight/stature/age. If the child's BMI is greater than the 85th percentile, it is appropriate to begin more in-depth counseling on nutritious food choices and physical activity.

As 5- and 6-year-old children begin to broaden their experiences beyond home, they are increasingly expected to make their own choices about what to eat. This is a good time to counsel families about appropriate food choices that promote nutritional adequacy and to reinforce positive nutrition habits established earlier. Provide guidance or a referral if the family needs nutrition help because of cultural, religious, or financial reasons.

SAMPLE QUESTIONS:

What concerns do you have about your child's eating (eg, getting her to drink enough milk and eat fruits and vegetables)? What does your child usually eat for snacks? How often does she drink soda and juice? Are there ever times when your family does not have enough to eat?

For the child

What fruits and vegetables did you eat yesterday? How many sodas do you drink each day? How many glasses of juice do you drink each day? How much milk did you drink yesterday? What other dairy foods, such as yogurt or cheese, did you eat? What do you eat for breakfast?

ANTICIPATORY GUIDANCE:

- Breakfast is an important meal. Research shows that eating breakfast helps children learn and behave better at school.
- Help your child learn to choose appropriate foods, including plenty of fruits and vegetables every day. Aim for at least 5 servings of fruits or vegetables every day by including them in most of your meals and snacks.
- Limit high-fat and low-nutrient foods and drinks, such as candy, salty snacks, fast foods, and soda.
- Make sure your child is getting enough calcium daily. Children ages 4 to 8 need about 2 cups of low-fat milk each day. Low-fat yogurt and cheese are good alternatives to milk. Limit juice to 4 to 6 oz per day of 100% fruit juice. Do not serve fruit drinks.

For the child

- Eating breakfast helps you learn better and feel better at school, so always eat something healthy for breakfast.
- Fruits and vegetables are an important part of healthy eating. Ask your parents to let you help choose fruits and vegetables at the store and to help prepare them for meals and snacks.
- Be sure to drink at least 2 cups of low-fat milk a day or eat cheese or yogurt because they are important for strong bones and teeth.

Encourage parents to support their children in being physically active and to be physically active together as a family.

Encourage parents of children with special health care needs to allow their children to participate in regular physical activity or cardiovascular fitness within the limits of their medical conditions.

Emphasize the importance of safety equipment when the child participates in physical activity. In unsafe neighborhoods, help families identify appropriate community activities for their child (eg, Boys and Girls Clubs, 4-H, community centers, and faith-based programs).

SAMPLE QUESTIONS:

How much physical activity does your child get every day? How many hours per day does she play outside? Do you and your child participate in physical activities together? About how much time does your child spend each weekday watching TV or videos, or playing computer games? How about on weekends?

For the child

Do you play together with your family? How much time each day do you spend watching TV or videos or playing computer games?

ANTICIPATORY GUIDANCE:

- Encourage your child to be physically active for at least 60 minutes total every day. It doesn't have to happen all at once, but can be split up into several periods of activity over the course of the day.
- Find physical activities your family can enjoy and incorporate into their daily lives.
- Limit the amount of time your child watches TV and plays video games or is on the computer (other than for homework) to no more than 2 hours altogether each day. Remove any TVs from your child's bedroom.
- To minimize your child's exposure to violence and other age-inappropriate material, be aware of the content included in music, video games, and TV programs that your child watches.

For the child

- It's a good idea to get outside and play several times every day.
- Turn off the TV, get up, and play. For every half hour you watch TV or play a video game, match it with a half hour of active play.
- When you see something on TV or in a game that makes you uncomfortable or frightened, turn off the TV or video game and tell your parents about it.

ORAL HEALTH**Regular visits with dentist, daily brushing and flossing, adequate fluoride**

By 5 years, the child already should have an established dental home. He should be having regularly scheduled visits with his dentist at least twice each year. He should also receive a fluoride supplement if the fluoride level in community (at home and at school) water supplies is low.

SAMPLE QUESTIONS:

How many times a day does your child brush and floss his teeth?

For parents of children with special health care needs:

Does your child need help with brushing his teeth? Do you use any special oral health equipment, such as a mouth prop to keep his mouth open, to complete this task?

For the child

Do you brush and floss your teeth every day? How many times? When do you brush your teeth?

ANTICIPATORY GUIDANCE:

- Be sure that your child brushes his teeth twice a day with a pea-sized amount of fluoridated toothpaste and flosses once a day with your help. Be sure to supervise brushing and flossing. Help him if necessary.

- If your child does not have a regular dentist (also called a dental home), it's important to get one.

For the child

- It is important to brush your teeth at least twice a day and to floss at least once a day, especially when your new teeth come in, because they are the teeth you'll have forever.

SAFETY

Pedestrian safety, booster seat, safety helmets, swimming safety, child sexual abuse prevention, fire escape/drill plan and smoke detectors, carbon monoxide detectors/alarms, guns

Car safety is a critical area to address because many deaths at this age are due to crashes involving vehicles when child passengers are inadequately restrained. Riding bikes safely and pedestrian safety are other issues of importance for counseling parents.

Young children lack the neurologic maturity, skills, and knowledge needed to safely cross the street. They have not developed neurologically to have the skills to see cars in their peripheral vision, localize sounds, and judge vehicle distance and speed, and, in general, are not ready to cross the street alone until age 10 or older. To protect their young child from harm, parents must use constant vigilance and regularly review the safety of the environment. Parents often overestimate the cognitive and sensory integration of young children and need advice on how to teach and provide adequate supervision for injury prevention.

SAMPLE QUESTION:

What have you done to prepare your child for crossing the street on the way to school or for taking a school bus?

ANTICIPATORY GUIDANCE:

- Begin to teach your child safe street habits. Teach your child to stop at the curb, and then look to the left, to the right, and back to the left again. Teach your child never to cross the street without a grown-up.
- Children need to learn where to wait for the school bus and should have adult supervision for getting on and off the bus.

The back seat is the safest place for all children to ride until age 13, and they should use a belt-positioning booster seat until the safety belt fits well, usually between the ages of 8 and 12 and when the child is about 4'9" tall. Assist families who cannot afford appropriate car safety seats by connecting them with community resources. Children with behavior problems or special health care needs may benefit from the use of seats with full harnesses to higher weights or restraints designed for special needs (www.preventinjury.org).

Questions about proper installation should be referred to a certified Child Passenger Safety Technician in the community.

Child Safety Seat Inspection Station Locator: www.seatcheck.org

Toll-free Number: 866-SEATCHECK (866-732-8243)

SAMPLE QUESTIONS:

Does your child always use a car safety seat or belt-positioning booster seat securely fastened in the back seat of a vehicle?

For the child

What type of seat do you sit in when you ride in a car? Do you sit in the back seat?

ANTICIPATORY GUIDANCE:

- Be sure the vehicle lap and shoulder belt are positioned across the child in the belt-positioning booster seat in the back seat of the vehicle. Your child should use a car safety seat or a booster seat until the lap belt can be worn low and flat on her upper thighs and the shoulder belt can be worn across her shoulder rather than the face or neck, and she can bend at the knees while sitting against the vehicle seat back (usually between 8 and 12 years old and at about 4'9" tall). The back seat is the safest place for all children younger than 13 to ride.

For the child

- Always sit in your booster seat and ride in the back seat of the car because that is where you are safest.

SAMPLE QUESTIONS:

Does your child use safety equipment when biking, skating, skiing, in-line skating, snowboarding, or horseback riding? (Tailor the list of activities appropriate to the area and the family.)

For the child

Do you always wear a helmet when biking, skating, skiing, in-line skating, snowboarding, or horseback riding? (Tailor these questions as appropriate.)

ANTICIPATORY GUIDANCE:

- Be sure your child always wears appropriate safety equipment when biking, skating, skiing, in-line skating, snowboarding, or horseback riding. *(Tailor the list of activities appropriate to the area.)*
- Make sure your child wears a properly fitted, approved helmet every time she rides a bike. Never let your child ride in the street. Your child is too young to ride in the street safely.

For the child

- Being active is good for you, but being safe while being active is just as important. One of the best ways to protect yourself is to wear the right safety equipment, especially a helmet, every time you go biking, skating, skiing, in-line skating, snowboarding, or horseback riding. *(Tailor the activities as appropriate.)*

An adult should supervise whenever children are in or near water.

SAMPLE QUESTIONS:

Does your child know how to swim? Does she know about water safety?

For the child

Do you know how to swim?

What rules do your parents have about swimming?

**Child Safety
Seat Inspection
Station Locator:
www.seatcheck.org
Toll-free Number:
866-SEATCHECK
(866-732-8243).**

ANTICIPATORY GUIDANCE:

- Now is the time to teach your child to swim.
- Do not let your child play around any water (lake, stream, pool, or ocean) unless an adult is watching. Even if your child knows how to swim, never let her swim alone. NEVER let your child swim in any fast-moving water.
- Teach your child to never dive into water unless an adult has checked the depth of the water. When on any boat, be sure your child is wearing an appropriately fitting, US Coast Guard-approved life jacket.
- Be sure that swimming pools in your community, apartment complex, or home have a 4-sided fence with a self-closing, self-latching gate.
- Continue to put sunscreen (SPF 15 or higher) on your child before she goes outside to play or swim.

For the child

- Swimming lessons are an important way to become safe in the water. Ask your parents about learning to swim.
- Never swim without an adult around.
- Always wear a life jacket in a boat.

As children now spend increasing amounts of time with other adults, parents should discuss personal safety in a manner that is informative and empowering without provoking unnecessary anxiety.

Because the majority of sexual abuse and misuse is intrafamily, safety messages must focus on privacy, autonomy, and avoiding victimization and not just on the risks from strangers.

SAMPLE QUESTIONS:

Have you talked to your child about ways to avoid sexual abuse?

For the child

What are your “privates”? Why do we call them that? What would you do if a grown-up made you scared? Who could you tell? Who would help you?

ANTICIPATORY GUIDANCE:

- Teach your child that it is never all right for an adult to tell a child to keep secrets from parents, to express interest in private parts, or to ask a child for help with his or her private parts.

For the child

- We call the parts of your body that are usually under a bathing suit “privates” because we keep them covered and because you are the only one in charge of them.
- It is never OK for an older child or an adult to show you his or her private parts, to ask you to show your privates, to touch you there, to scare you, or to ask you not to tell your parents about what he or she did with you. Always get away from the person as quickly as possible and tell your parent or another adult right away.

Home fire safety is best achieved with prevention (teaching children not to play with matches or lighters), protection (smoke detectors), and planning (reaction and escape).

SAMPLE QUESTIONS:

Where are the smoke detectors in your home? (Probe for multiple locations.) Do you have carbon monoxide detectors/alarms in your home? Do you have an emergency escape plan in case of fire and does your child know what to do in case the alarm rings?

For the child

What should you do if a fire starts in your home? What should you do if your clothes catch on fire?

ANTICIPATORY GUIDANCE:

- Install smoke detectors on every level in your house, especially in furnace and sleeping areas, and test the detectors every month. It is best to use smoke detectors that use long-life batteries, but, if you do not, change the batteries once a year.
- Install a carbon monoxide detector/alarm, certified by UL, in the hallway near every separate sleeping area of the home.
- Make an escape plan in case of fire in your home. Your fire department can tell you how. Teach your child what to do when the smoke detector rings. Practice what you and your child would do if you had a fire.
- Keep all matches and lighters out of reach of children.

For the child

- Never play with matches or lighters or let others do so.
- If your clothes catch on fire, don't run. Stop, drop, and roll.

Discuss gun safety in the home and danger to family members and children. Homicide and completed suicide are more common in homes in which guns are kept. To keep children safe, the AAP recommends that guns be removed from where children live and play. If it is necessary to keep a gun, it should be stored unloaded and locked, with the ammunition locked separately from the gun.

At this age, children lack the maturity or cognitive capacity to reliably follow advice concerning guns. The health care professional's guidance should be addressed to the parents.

SAMPLE QUESTIONS:

If there is a gun in your home, is it unloaded and locked up? Where is the ammunition stored? Have you considered not owning a gun because it poses the danger to children and other family members?

ANTICIPATORY GUIDANCE:

- The best way to keep your child safe from injury or death from guns is to never have a gun in the home.

- If it is necessary to keep a gun in your home, keep it unloaded and in a locked place, with ammunition locked separately. Keep the key where children cannot have access.
- Ask if there are guns in homes where your child plays. If so, make sure they are stored unloaded and locked, with the ammunition locked separately, before allowing your child to play in the home.
- Remember that young children simply do not understand how dangerous guns can be, despite your warnings.



Middle Childhood: 7 and 8 Year Visits

CONTEXT

Now prepubertal, bigger, more interactive, and involved with friends, the emotionally developed 7- and 8-year-old child now uses his increasing cognitive strengths and communication skills to plot a developmental trajectory toward mature independence and autonomy. His newly formed superego, or conscience, allows the understanding of rules, relationships, and social mores. Moral development progresses. Early experiences with separation foster individuation. Coping skills develop, supporting the child's social activities, friendships outside the family, and school and community competencies. This process continues into young adulthood.

A 7- or 8-year-old child begins to look outside the family for new ideas and activities. He may encounter beliefs and practices that differ from those of his family. He will try to make sense of these differences and may begin to experience some conflict between the beliefs and values at home and those of his peers. A child's peer group becomes increasingly important; he identifies with children of the same gender who have similar interests and abilities. He may have a best friend, a milestone in interpersonal development. The growing influence of peers may present a challenge to the family.

Children at these ages increasingly spend time away from family with school and social activities. Opportunities for formal after-school activities, such as scouts, team sports, and arts activities, are beginning to be readily

available. A 7- or 8-year-old child also can begin to take on new family responsibilities, such as making his own bed, picking up his clothes, setting the table, and helping with meals. These responsibilities can help him develop a sense of personal competence. His sense of accomplishment and pride helps him become confident in attempting activities that require increased responsibility.

By 8 years, a child is able to use logic and to focus on multiple aspects of a problem. Busy with school projects, book reports, and creating collections that reflect his interests in sports, animals, or other topics, he wants to learn how things work and he has many questions about the world around him. He also is beginning to recognize that others' viewpoints may differ from his own.

School performance remains a functional marker of a child's development and accomplishments across all developmental domains (social-emotional, communicative, cognitive, and physical). By now, a child should have completed the transition to the classroom setting. Behaviors necessary for learning, such as cooperation and attention, are demonstrated.

If the child has a special health care need or a disability, the health care professional should be concerned with how well the child is coping with his special predicament, given the new developmental, social, and environmental demands of becoming older. A child with special health care needs may be on a different or similar developmental trajectory when compared with age and classroom peers. Cultural and family values and beliefs

about the cause of special health care needs and expectations for individuals with illnesses and disabilities will influence both current adjustments and planning for transition to adulthood.

For children with special health care needs and for children receiving supplemental or special education services, a review of services with parents is appropriate. Parents can provide a copy and discuss their child's IEP or Section 504 Plan for in-classroom accommodations. These documents should be checked for accurate attention to medical co-morbidities, appropriate accommodations, and for comprehensive approaches to learning. The role of psychotropic medications may need to be reviewed. Children with special health care needs should have a Care Plan that is developed in conjunction with the parents and shared with the school nurse and after-school caregivers. The Care Plan should address any chronic medications, emergency medications, alterations of diet or activity, and signs of a worsening health condition.

Children from cultures other than the predominant one of their community will continue to struggle with individuality and assimilation. By 7 and 8 years of age, a child living in linguistically isolated households (defined by the Census Bureau as those in which no one older than 14 speaks English at least "very well") may be taking on responsibilities beyond those typical for his age in dealing with family needs. He is required to

be a bridge between the family and the unfamiliar school, neighborhood, or social services. For example, he may be serving as an interpreter for adults in communicating with the school, with agencies, or on issues such as keeping the electricity on in the house. These are weighty tasks for a 7- or 8-year-old.

Health supervision visits with 7- and 8-year-olds provide an opportunity for the health care professional to talk directly with the child and build a trusting relationship with him. As he continues to grow and develop, he will need to feel comfortable asking questions and discussing concerns with the health care professional if he is to begin to assume personal responsibility for his health.

The child is now cementing health habits, including those related to nutrition, physical activity, and safety. This visit provides an excellent opportunity to foster self-responsibility for positive health behaviors. The child needs to eat a variety of nutritious foods, brush his teeth twice a day, participate in physical activities, limit screen time, and make safety a priority by, for example, using a booster seat and safety belt when riding in a vehicle and by wearing a helmet when biking. Parents continue to be role models for their children in health behaviors. Many health care professionals will now note the importance of not smoking or drinking alcohol. A discussion of the initiation of puberty and value of ongoing sexuality education within the family is appropriate at this age and developmental stage.

PRIORITIES FOR THE VISIT

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Middle Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- School (adaptation to school, school problems [behavior or learning issues], school performance/progress, involvement in school activities and after-school programs, bullying, parental involvement, IEP or special education services)
- Development and mental health (independence, self-esteem, establishing rules and consequences, temper problems, managing and resolving conflicts, puberty/pubertal development)
- Nutrition and physical activity (healthy weight, appropriate food intake, adequate calcium, water instead of soda, adequate physical activity in organized sports/after-school programs/fun activities, limits on screen time)
- Oral health (regular visits with dentist, daily brushing and flossing, adequate fluoride)
- Safety (knowing child's friends and their families, supervision with friends, safety belts/booster seats, helmets, playground safety, sports safety, swimming safety, sunscreen, smoke-free home/vehicles, guns, careful monitoring of computer use [games, Internet, e-mail])

HEALTH SUPERVISION

History

Interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice. The following questions can encourage in-depth discussion:

Questions to the Parent:

- What are your concerns about your child's physical well-being or special health care needs?
- Do you have any concerns about your child's development or learning?
- Please share any concerns you may have about your child's mood or behavior (eg, attention, hitting, temper, worries, not participating in play with others, irritability, mood, or activity level)?
- Are there any changes at home since last year?

Questions to the Child:

- How are you?
- How is school going?
- What would you like to discuss about your health today?

Observation of Parent-Child Interaction

During the visit, the health care professional should observe:

- Do both the parent and the child ask questions?
- Does the parent allow the child to communicate with the health care professional directly, or does the parent interfere in the interaction?
- Does the parent have realistic expectations, given the child's age and developmental abilities?
- Does the child communicate with respect and in a friendly way with his parents?
- Do the parent and child make eye contact with each other and with the health care professional?

The health care professional also should observe for the child's ability to interact with adults other than parents:

- Is the child friendly and cooperative?
- Is the child unwilling to speak or excessively shy?
- Is the child's language understandable (eg, is the child's syntax, vocabulary, grammar, and content appropriate for his age)?
- Does the child appear angry or depressed?
- Does the child follow directions?
- What is the child's level of concentration, attention, or activity?
- Does the child seem proud to describe his friendships, activities, and emerging skills?

Surveillance of Development

As children move into the second and third grades, issues of inattention, hyperactivity, and impulsiveness can interfere with the learning of complex concepts as well as with fitting into most school environments. Aggressive and oppositional behaviors may become maladaptive behaviors rather than behaviors of adjustment to the expectations and demands of school. Demanding learning tasks may reveal learning disabilities.

Sorting among the issues created by parent and cultural expectations, the fit of the child with teacher and school expectations, and school performance deficits in light of the child's previous developmental and social history is challenging but of critical importance to the child's well-being. School failure has significant negative impact on a child's self-esteem and confidence. Therefore, the nature of problems revealed in poor school performance needs to be identified as soon as possible through referrals for the assessment and diagnosis of learning disabilities and mental health disorders so that appropriate treatments can begin.

For children with special health care needs and for children receiving supplemental or special education services, a review of services with parents is appropriate. It is helpful for parents to provide a copy of their child's IEP or Section 504 Plan for discussion. Review these documents carefully for accurate attention to medical co-morbidities, appropriate accommodations for the child's special needs, and for comprehensive approaches to learning. Also, review medications that may need to be administered during the school day, including psychotropic medications, and ensure completion of appropriate school forms. Consider switching the child to extended-release medications if the child is embarrassed by taking medications at school. Some parents

may wish to avoid contacting the school about ADHD medications because of concerns about stigma. Yet, parents should be informed that teacher-parent communication about behavior and medications will help the parent and the health care professional make the right decisions about dosing.

Do you have any specific concerns about your child's development, learning, or behavior?

A 7- or 8-year-old child

- Demonstrates physical, cognitive, emotional, social, and moral competencies
- Engages in behaviors that promote wellness and contribute to a healthy lifestyle
- Has a caring, supportive relationship with family, other adults, and peers²

Physical Examination

A complete physical examination is included as part of every health supervision visit. Respect the child's privacy by using appropriate draping during the examination. Ask siblings to wait in the waiting room, if possible.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

- **Measure**
 - Blood pressure
- **Measure and plot:**
 - Height
 - Weight
- **Calculate and plot:**
 - BMI
- **Musculoskeletal**
 - Observe hip, knee, and ankle function
- **Mouth**
 - Observe for caries, gingival inflammation, and malocclusion
- **Breasts and Genitalia**
 - Assess for sexual maturity rating

Screening — 7 Year

UNIVERSAL SCREENING	ACTION	
None		
SELECTIVE SCREENING	RISK ASSESSMENT*	ACTION IF RA +
Vision	+ on risk screening questions	Snellen test
Hearing	+ on risk screening questions	Audiometry
Anemia	+ on risk screening questions	Hemoglobin or hematocrit
Tuberculosis	+ on risk screening questions	Tuberculin skin test
*See Rationale and Evidence chapter for the criteria on which risk screening questions are based.		

Screening — 8 Year

UNIVERSAL SCREENING	ACTION	
Vision	Snellen test	
Hearing	Audiometry	
SELECTIVE SCREENING	RISK ASSESSMENT*	ACTION IF RA +
Anemia	+ on risk screening questions	Hemoglobin or hematocrit
Tuberculosis	+ on risk screening questions	Tuberculin skin test
Dyslipidemia	+ on risk screening questions and not previously screened with normal results	Fasting lipid profile
*See Rationale and Evidence chapter for the criteria on which risk screening questions are based.		

Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.

CDC National Immunization Program (NIP): <http://www.cdc.gov/vaccines>

American Academy of Pediatrics Red Book: <http://www.aapredbook.org>

ANTICIPATORY GUIDANCE

The following sample questions, which address the Middle Childhood Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family.

SCHOOL

Adaptation to school, school problems (behavior or learning issues), school performance/progress, involvement in school activities and after-school programs, bullying, parental involvement, IEP or special education services

School is the most readily observable marker of a child's social, linguistic, and cognitive development. Encourage parents to be supportive, observant, and involved in this essential component of their child's life.

SAMPLE QUESTIONS:

How is your child enjoying school? Do you have any concerns about bullying of your child? How do you help your child solve conflicts on the playground or elsewhere?

For the child

How do you like school? What kind of grades are you getting this year? How about last year? Are you happy with them? What kinds of school and after-school activities do you do? Are you picked on by other kids at school or has anyone there ever tried to hurt you? What would you do if someone said they were going to hurt you?

ANTICIPATORY GUIDANCE:

- If your child is not doing well in school, ask the teacher about evaluation for special help or tutoring that may be available.
- If your child is anxious about going to school, talk with her about the possibility that she is being bullied by another child. Try to obtain a complete picture of what is happening, and when and where. Contact your child's teacher and the principal to seek their assistance in dealing with the bully.

For the child

- Doing well in school is important to how you feel about yourself. However, doing well means something different for each person. What matters is that you try your best and ask for help when you need it.
- If someone picks on you or tries to hurt you, tell them in a firm voice to stop bothering you and walk away. Tell an adult you trust, your teacher, or your parents about what is happening. Have them help you avoid these situations and stop the bad behavior of others.

DEVELOPMENT AND MENTAL HEALTH

Independence, self-esteem, social interactions, establishing rules and consequences, temper problems, managing and resolving conflicts, puberty/pubertal development

Self-esteem is a key feature of a fulfilling life and has an enormous influence on mental health. Children develop a positive sense of self if they think they are making a contribution. Words of encouragement are important and provide energizing motivation. Help parents think about how they can encourage their child to be responsible by modeling responsibility themselves, by keeping promises, showing up on time, and completing tasks on time.

Parents can help make their child feel secure by giving hugs, participating in activities together, and talking. Children with warm, nurturing parents are more likely to have high self-esteem. Hypercritical parents who have unrealistically high expectations, and uninvolved parents who do not encourage their children to achieve and to try new experiences, can damage their child's self-esteem.

SAMPLE QUESTIONS:

What are your child's favorite activities? What concerns and worries has your child shared with you? What types of discipline do you use most often? What responsibilities does your child have at home (eg, helping care for younger siblings, helping prepare meals together, raking an elderly neighbor's leaves)? Are temper tantrums a frequent problem for your child? How does he deal with frustration?

For the child

What new things have you tried in the past year? Who do you usually talk to about your worries and things that made you mad?

ANTICIPATORY GUIDANCE:

- Encourage competence, independence, and self-responsibility in all areas by not doing things for your child, but by helping him do things well himself, and by supporting him in helping others through volunteering.
- Show affection and pride in your child's special strengths and use praise liberally.
- Be a positive role model for your child in terms of activities, values, attitudes, and morality.
- Do not hit, shake, or spank your child or permit others to do so. Instead, talk with your child about establishing reasonable consequences for breaking the rules, and follow through with the agreed-upon consequences each time a rule is broken.

For the child

- Everyone has worries and things that make them mad. These feelings don't feel good. The best way to deal with them is to talk with someone who listens well and who will help you learn how to deal with them in good ways. Often, just talking about unpleasant feelings helps them go away.

Parents of various cultural and religious backgrounds may differ in their opinions about puberty. Explore their beliefs and respect them, while also explaining that their child's curiosity about this issue is normal.

SAMPLE QUESTIONS:

What have you told your child about how to care for his changing body?

For the child

Do you know what puberty is? Has anyone discussed with you how your body will change in the time called puberty?

ANTICIPATORY GUIDANCE:

- Answer questions simply and honestly at a level appropriate to your child's understanding. If your child receives family life education at school or in the community, discuss the information with him.

For the child

- Lots of changes happen to you and your body during puberty, and some of those changes can be surprising or hard to figure out. It's always OK to ask your parent or another adult you trust if you have any concerns or worries.
- Even embarrassing questions can be important ones. It's OK to talk about your body's development.

NUTRITION AND PHYSICAL ACTIVITY

Healthy weight, appropriate food intake, adequate calcium, water instead of soda, adequate physical activity in organized sports/after-school programs/fun activities, limits on screen time

Counsel families about appropriate food choices that promote nutritional adequacy and reinforce positive nutrition habits. Guidance or a referral is appropriate if the family needs nutrition help because of cultural, religious, or financial reasons. Encourage parents to support their children in being physically active and to be physically active together as a family.

Discuss healthy weight by using the BMI chart to show children and their families where they are in relationship to weight/stature/age. If the child's BMI is greater than the 85th percentile, it is appropriate to begin more in-depth counseling on nutritious food choices and physical activity.

SAMPLE QUESTIONS:

What do you think of your child's weight and growth over the past year? What concerns do you have about your child's eating (eg, getting her to drink enough milk and eat fruits and vegetables)? How often does she drink soda or juice drinks? How often does she drink or eat a food rich in calcium, such as milk, calcium-fortified juice, cheese, or yogurt? How often do you eat together as a family? Are there ever times when your family does not have enough to eat?

For the child

How many sodas a day do you drink? Do you drink milk? Is it low fat?

ANTICIPATORY GUIDANCE:

- Help your child learn to choose appropriate foods, including plenty of fruits and vegetables every day. Aim for at least 5 servings of fruits or vegetables every day by including them in most of your meals and snacks.
- Serve your child a balanced breakfast or make sure that the school provides one.
- Limit high-fat and low-nutrient foods and drinks, such as candy, salty snacks, fast foods, and soda.
- Make sure your child is getting enough calcium daily. Children aged 4 to 8 need about 2 cups of low-fat milk a day. Low-fat yogurt and cheese are good alternatives to milk.
- Limit juice to 4 to 6 oz per day of 100% fruit juice. Do not serve fruit drinks.
- Share family meals together as often as possible. Make mealtimes pleasant and companionable; encourage conversation and turn off the TV during mealtimes.

For the child

- Eating healthy foods is important to helping you do well in school and sports.
- Dairy foods are important for strong bones and teeth. Be sure to drink at least 2 glasses of milk each day. You can also eat cheese and yogurt instead of drinking milk.

All children should be able to participate in some type of physical activity daily. Current recommendations state that children should be physically active for at least 60 minutes on most, if not all, days. For a child with special health care needs, encourage parents to allow her to participate in regular physical activity or cardiovascular fitness within the limits of her medical or physical conditions.

This is the age when children become involved in organized sports.

Emphasize the importance of safety equipment when the child participates in physical activity.

SAMPLE QUESTIONS:

How much physical activity does your child get every day? About how much time does your child spend each weekday watching television or videos, or playing computer games? How about on weekends?

For the child

How often do you go outside to play? How much time each day do you spend watching TV or videos or playing computer games?

ANTICIPATORY GUIDANCE:

- Encourage your child to be physically active at least 60 minutes total every day. It doesn't have to be all at once. Find physical activities that your family enjoys. Include them in your daily lives.
- Limit the amount of time your child watches TV and plays video games or is on the computer (other than homework) to no more than 2 hours total each day. Do not let your child have a TV or computer in her room.

For the child

- It's a good idea to get outside and play hard several times every day.
- Turn off the TV and get up and play. For every half hour you watch TV or play a video game, match it with a half hour of active play.

ORAL HEALTH**Regular visits with dentist, daily brushing and flossing, adequate fluoride**

Children should have an established dental home. They should have regularly scheduled visits with their dentist at least twice each year. Fluoride supplementation should be provided if the fluoride level in community (at home and at school) water supplies is low.

Your child's dentist may schedule a first visit to the orthodontist to evaluate the need for braces.

SAMPLE QUESTIONS:

How many times a day does your child brush and floss his teeth? How often does your child see the dentist? Does your child need help brushing his teeth?

For the child

Do you brush and floss your teeth every day? How many times? Do you always wear a mouth guard when you play contact sports?

ANTICIPATORY GUIDANCE:

- Your child already should have an established dental home (a dentist he sees regularly). He should be having regularly scheduled visits to the dentist. If your child does not have a dental home, we can help you find one.
- Be sure that your child brushes his teeth twice a day with a pea-sized amount of fluoridated toothpaste and flosses once a day with your help. Be sure to supervise the brushing and flossing, and help your child if necessary.
- Give your child a fluoride supplement if recommended by your dentist.

For the child

- It is important to brush your teeth at least twice a day and to floss at least once a day, to protect your teeth.
- If you are playing sports, always wear your mouth guard to protect your teeth.

SAFETY

Knowing child's friends and their families, supervision with friends, safety belts/booster seats, helmets, playground safety, sports safety, swimming safety, sunscreen, smoke-free home/vehicles, guns, careful monitoring of computer use (games, Internet, e-mail)

As children now spend more time with other children and families, parents must help their children develop safe play habits. Play should be supervised by a responsible adult aware of children's activities and available in case of problems.

Parents should discuss personal safety in a manner that is informative and empowering without provoking unnecessary anxiety. Child sexual abuse prevention requires that children have knowledge and age-appropriate skills to keep themselves safe.

SAMPLE QUESTIONS:

Do you know your child's friends? Their families? Does your child know how to get help in an emergency if you are not present? Does your child have a back-up plan if you are not home when she gets there after school? Have you discussed with your child ways to prevent sexual abuse?

For the child

Do you know what to do if you get home and Mom or Dad is not there? What would you do if you felt unsafe at a friend's house? What would you do if a grown-up made you scared? Who could you tell? Who would help you? Has anyone ever touched you in a way that made you feel uncomfortable? Has anyone ever tried to harm you physically?

ANTICIPATORY GUIDANCE:

- Teach your child that the safety rules at home apply at other homes as well.
- Be sure that your child is supervised in a safe environment before and after school and at times when school is out.
- Anticipate providing less direct supervision as your child demonstrates more maturity.
- Be sure your child understands safety rules for the home, including emergency phone numbers, and that she knows what to do in case of a fire or other emergency. Teach your child how to dial 911.
- Help your child to understand it is always OK to ask to come home or call you if she is not comfortable at someone else's house.
- Teach your child that it is never all right for an adult to tell a child to keep secrets from parents, to express interest in private parts, or to ask a child for help with his or her private parts.

For the child

- Don't open the door to anyone you don't know. It's best not to have friends over unless your parents give you permission for them to be there.
- Be sure you play safe wherever you play. Every family should have the same safety rules.
- It's always OK to ask a grown-up for help if you are scared or worried. And it's OK to ask to go home and be with your Mom or Dad.
- We call the parts of your body that are usually under a bathing suit "privates" because we keep them covered and because you are the only one in charge of them.
- It is never OK for an older child or an adult to show you his or her private parts, to ask you to show your privates, to touch you there, to scare you, or to ask you not to tell your parents about what he or she did with you. Always get away from the person as quickly as possible and tell your parent or another adult right away.

Remind parents of the ongoing importance of automobile and bicycle safety. Children should use belt-positioning booster seats until the safety belt fits well. Stress the need for parental modeling of safe behaviors by wearing their own safety belts and bike helmets.

Questions about proper installation should be referred to a Certified Child Passenger Safety technician in the community.

Child Safety Seat Inspection Station Locator: www.seatcheck.org

Toll-free Number: 866-SEATCHECK (866-732-8243)

SAMPLE QUESTIONS:

Does everyone in the family always wear a safety belt?

For the child

What type of seat do you sit in when you are in the car? Do you sit in the back seat every time you ride in the car?

ANTICIPATORY GUIDANCE:

- Continue to use a belt-positioning booster seat with the lap and shoulder safety belt until the lap/shoulder belt fits, which means the lap belt can be worn low and flat on the upper thighs, the shoulder belt can be worn across the shoulder rather than the face or neck, and your child can bend at the knees while sitting against the vehicle seat back. This usually happens when your child is between the ages of 8 and 12 and at about 4'9" tall.
- The back seat is the safest place for children younger than 13 to ride.

For the child

- Always sit in your booster seat and ride in the back seat of the car because that is where you are safest.

**Child Safety
Seat Inspection
Station Locator:**
www.seatcheck.org
Toll-free Number:
866-SEATCHECK
(866-732-8243).

Reinforce the importance of safety in sports and other physical activities, emphasizing the need for wearing protective gear (eg, helmet, mouth guard, eye protection, and knee and elbow pads).

Children younger than 16 should not ride an all-terrain vehicle.

SAMPLE QUESTIONS:

Do you enforce the use of helmets? Do you always wear helmets yourself?

For the child

Do you always wear a helmet when biking, skating, skiing, in-line skating, snow boarding, or horseback riding? (List activities appropriate to the area and child.)

ANTICIPATORY GUIDANCE:

- Make sure your child always wears a helmet while riding a bike. Now is the time to teach your child “Rules of the Road.” Be sure she knows the rules and can use them.
- Watch your child ride. See if she is in control of the bike. See if your child uses good judgment. Your 8-year-old child is not old enough to ride at dusk or after dark. Make sure your child brings the bike in when the sun starts to set.
- Make sure your child also always wears protective equipment when skating, skiing, in-line skating, snowboarding, horseback riding, skateboarding, or riding a scooter. *(List activities appropriate to the area and family.)*

For the child

- Being active is good for you, but being safe while being active is just as important. One of the best ways to protect yourself is to wear the right safety equipment, especially a helmet, when you are biking, skating, skiing, in-line skating, snowboarding, or horseback riding. *(List activities as appropriate.)*

An adult should supervise whenever children are in or near water. Reinforce the continuing importance of using sunscreen on the child when the child is outside.

SAMPLE QUESTIONS:

Does your child know how to swim?

For the child

Do you know how to swim? What rules do your parents have about swimming?

ANTICIPATORY GUIDANCE:

- Teach your child to swim. Knowing how to swim does not make children “drown proof,” so even if your child knows how to swim, never let her swim alone.
- Do not let your child play around any water (lake, stream, pool, or ocean) unless an adult is watching. NEVER let your child swim in any fast-moving water.
- Teach your child to never dive into water unless an adult has checked the depth of the water.
- When on any boat, be sure your child is wearing an appropriately fitting, US Coast Guard-approved life jacket.

- Be sure that swimming pools in your community, apartment complex, or home have a 4-sided fence with a self-closing, self-latching gate.

For the child

- Swimming lessons are an important way to become comfortable in the water. Ask your parents about learning to swim.
- Never swim without an adult around.

SAMPLE QUESTIONS:

What type of sunscreen do you use on your child when she goes outside?

ANTICIPATORY GUIDANCE:

- Use sunscreen (SPF 15 or higher) on your child before she goes outside to play or swim. Read the directions carefully and apply the correct amount of sunscreen. Apply it at least 15 minutes before she goes out in the sun and reapply it every 2 hours.

Encourage parents to keep their home and vehicles smoke-free. Refer parents who smoke and request assistance in quitting to community resources for smoking cessation.

SAMPLE QUESTIONS:

Does anyone smoke in your home or vehicle? If so, who?

ANTICIPATORY GUIDANCE:

- Exposure to secondhand smoke greatly increases the risk of heart and lung diseases in your child. For your health and your child's health, please stop smoking if you are a smoker, and insist that others not smoke around your child.

For the child

- Don't try cigarettes. They are bad for your lungs and heart, and your skin and teeth. Walk away from kids who offer you cigarettes or other things to smoke.

Discuss gun safety in the home and the danger of guns to family members and children. Homicide and completed suicide are more common in homes in which guns are kept. The AAP recommends that guns be removed from where children live and play, and that, if it is necessary to keep a gun, it should be stored unloaded and locked, with the ammunition locked separately from the gun.

Children this age are curious. Because guns can lead to serious injury or death, parents cannot rely on their own children, no matter how well-behaved they are, to avoid handling a weapon that they find. At this age, children still lack the maturity or cognitive capacity to reliably follow advice concerning guns.

SAMPLE QUESTIONS:

If there is a gun in your home, is it unloaded and locked up? Where is the ammunition stored? Have you considered not owning a gun because it poses a danger to children and other family members?

For the child

What would you do if you saw a gun?

ANTICIPATORY GUIDANCE:

- If it is necessary to keep a gun in your home, it should be stored unloaded and locked, with the ammunition locked separately from the gun. Keep the key where children cannot have access.
- Remember that children simply do not understand how dangerous guns can be, despite your warnings.

For the child

- Adults are supposed to keep their guns away from children. If you see a gun that is unlocked, don't touch it, but do tell your parent right away.

Internet safety is similar to neighborhood safety. Younger children never play outside unsupervised or leave the yard. More mature children will be allowed to go to known safe places like a playground, but not allowed to wander into inappropriate or unsafe areas. Internet use should parallel safe play outdoors. Younger children should only be online supervised, and, with increasing maturity, limited browsing can be permitted.

Information about safe Internet use and the AAP-Microsoft Family Safety Settings can be found at www.aap.org.

SAMPLE QUESTIONS:

How much do you know about your child's Internet use (eg, what sites she's visiting, what games she's playing, who she's talking to, and how much time she's spending on the computer)? Do you have rules for the Internet? Have you installed an Internet filter?

For the child

What would you do if you came to an Internet site that you thought wasn't a good idea or that scared you?

ANTICIPATORY GUIDANCE:

- Your family computer should be in a place where you can easily observe your child's use.
- Check the Internet history regularly to be sure you approve of your child's Internet choices.
- Just as you monitor your child's activity in the neighborhood and community, it is important to be aware of her Internet use. A safety filter allows some parental supervision.³

For the child

- It is important to only go online when your parents say it's OK. And never go to Internet sites unless you know they are good choices.
- Never chat online unless you tell your parents. No one should ever make you feel scared online.
- Do not give your personal information (like your full name or address or phone number) on a Web site unless your parents say it is OK.



Middle Childhood: 9 and 10 Year Visits

CONTEXT

Puberty is beginning in some children. Pubertal onset is marked by breast development at about age 10 for girls, and by testicular enlargement at about age 11 for boys. These changes are accompanied by a growth spurt. Individual, as well as racial, differences are noted with pubertal onset.

This is an opportunity for the health care professional to learn about family and cultural beliefs about puberty and about how the family's cultural and religious values will guide the discussion of sexuality and physical changes of puberty.

By the time a child is 9 or 10, he has become a member of a peer group and is playing sports, involved in social and community activities, competing at video games, and listening to his favorite music. Most of his friends are the same gender, and these friends have assumed great importance in his life. The child's growing independence from the family is now more apparent.

Parents can acknowledge the child's desire for independence by offering him opportunities to earn privileges by demonstrating his responsibility (eg, parents may identify appropriate chores, while allowing the child to decide when to complete them and the consequences if the chores are or are not completed). The value placed on independence and how it is defined are determined by culture, the economic realities of the family, and the safety of the general environment. In some families, conflict arises if the parents misinterpret this normal realignment of

allegiance toward peers as a rejection of family values, past support, and guidance.

Supporting and enhancing the child's self-esteem and self-confidence are critical during this period. Children who feel good about themselves are better equipped to withstand negative peer pressure than children who have a lot of self-doubt. Families need to spend time with the child, talking with him, showing affection, and praising his efforts and accomplishments. In some cultures, it is deemed inappropriate to praise children, and they will have alternative approaches to enhance their child's sense of competence and self-esteem. It is important to have this discussion with parents in the context of the family's culture. Caregivers who are depressed may have difficulty providing such emotional support. The health care professional can help by identifying the child's strengths and promoting communication between him and his family.

School performance continues to mark the child's accomplishments across all developmental domains (social-emotional, communicative, cognitive, and physical). Inquire about school success. It may be of value to review the child's most recent report card. Increasing requirements for autonomy and self-motivation may lead to academic deterioration for children who functioned well with supervised and structured academic tasks. Is the child having any academic or social problems? How does he get along with teachers and peers? Is the child participating in extracurricular activities or is he involved with clubs? At this age, many children become

9 and 10 Year Visits

9 and 10 Year Visits

involved in a variety of outside activities, including sports, music, scouting, and community or faith-based activities. A child can easily become overscheduled, and parents need to balance enriching activities with sufficient “down time” and family time.

Injury prevention should be emphasized during this stage of development. The 9- or 10-year-old child may engage in dangerous risk-taking behaviors (eg, dares, drinking, smoking, inhaling, or gang involvement) as a result of peer pressure. If the peer group includes older children, the child may encounter pressure to perform acts and take risks for which he is not developmentally prepared. Recognizing and discussing this possibility may help parents teach their children about dealing with peer pressure.

Parents need to know their children’s friends and the friends’ parents. For parents and caregivers with limited English proficiency, supervising their child in the broader community can be a challenge. Health care professionals can help provide connections to

supports in the community that will enhance the parents’ role. Children this age should still be in environments where appropriate adult supervision exists so as to limit opportunities for experimentation with cigarettes, alcohol and other drugs, and other developmentally inappropriate activities. The amount of unsupervised time and the incidence of drug use are directly related.

The health care professional may want to meet alone with the child or the child may want to meet alone with the health care professional. It may be most appropriate to give the child the choice. At this age, some children may feel a need to have a parent close by during the visit to help describe any individual or family concerns; while others may feel they are “pre-teenagers” and should be seen without parental supervision. However the health care professional may need for parents to verify and expand some of the child’s answers. Cultural norms should be taken into account in making this decision.

PRIORITIES FOR THE VISIT

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Middle Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- School (school performance, homework, bullying)
- Development and mental health (emotional security and self-esteem, family communication and family time, temper problems and setting reasonable limits, friends, school performance, readiness for middle school, sexuality [pubertal onset, personal hygiene, initiation of growth spurt, menstruation and ejaculation, loss of “baby fat” and accretion of muscle, sexual safety])
- Nutrition and physical activity (weight concerns, body image, importance of breakfast, limits on high-fat foods, water rather than soda or juice, eating as a family, physical activity)
- Oral health (regular visits with dentist, daily brushing and flossing, adequate fluoride)
- Safety (safety belts, helmets, bicycle safety, swimming, sunscreen, tobacco/alcohol/drugs, knowing child’s friends and their families, supervision of child with friends, guns)

HEALTH SUPERVISION

History

Interval history may be obtained according to the concerns of the family and the health care professional’s preference or style of practice. The following questions can encourage in-depth discussion:

Questions to the Parent:

- What concerns do you have about your child’s physical well-being or special health care needs?
- Do you have any concerns about your child’s development or learning?
- Tell me about any concerns you may have about your child’s mood or behavior (eg, attention, hitting others, temper, worries, not having good friends, irritability, mood, or activity level)?

Questions to the Child:

- How have you been?
- How is everything going for you?
- What issues or concerns would you like to discuss today?

Observation of Parent-Child Interaction

During the visit, the health care professional should observe:

- Do both the parent and the child ask questions?
- Does the parent allow the child to communicate with you directly, or does the parent interfere in your interaction with the child?

Surveillance of Development

School performance is a functional marker of a child's development and accomplishments across all developmental domains (social-emotional, communicative, cognitive, and physical). Increasing requirements for autonomy and self-motivation sometimes lead to academic deterioration for children who functioned well with supervised and structured academic tasks.

The child's intellectual abilities as well as learning problems become more apparent during this period of the child's development. Many learning problems become evident in the later elementary school years, as expectations for class performance increase. School failure or new struggles require investigation, as they frequently indicate an unrecognized learning disability, ADHD, or the impact of stressors, such as family dysfunction and divorce, bullying at school, or depression in the child or parent. Some children and parents also become apprehensive about the transition to middle school.

For children and youth with special health care needs and for children receiving supplemental or special education services, a review of services with parents is appropriate. It is helpful for parents to provide a copy of their child's IEP or Section 504 Plan for discussion. Review these documents carefully for accurate attention to medical co-morbidities, appropriate accommodations for the child's special needs, and for comprehensive approaches to learning. Also, review medications that may need to be administered during the school day, including psychotropic medications, and ensure completion of appropriate school forms. Consider switching the child to extended-release medications if the child is embarrassed by taking medications at school. Some parents may choose to avoid contacting the school about ADHD medications because of concerns about stigma. Yet, parents should be informed that teacher-parent communication about behavior and medications will help the parents and the health care professional make the right decisions about dosing.

Do you have any specific concerns about your child's development, learning, or behavior?

A 9- or 10-year-old child

- Demonstrates physical, cognitive, emotional, social, and moral competencies
- Engages in behaviors that promote wellness and contribute to a healthy lifestyle
- Demonstrates increasingly responsible and independent decision making
- Has a caring, supportive relationship with family, other adults, and peers
- Experiences a sense of self-confidence, hopefulness, and well-being²

Physical Examination

A complete physical examination is included as part of every health supervision visit. Respect the child's privacy by using appropriate draping during the examination. Ask siblings to wait in the waiting room, if possible.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

- **Measure:**
 - Blood pressure
- **Measure and plot:**
 - Height
 - Weight
- **Calculate and plot:**
 - BMI
- **Skin**
 - Observe tattoos, piercings, and any signs of abuse or self-inflicted injuries
 - Inspect nevi or birthmarks; note any changes
- **Spine**
 - Examine back
- **Breasts and Genitalia**
 - Assess for sexual maturity rating

Screening — 9 Year

UNIVERSAL SCREENING	ACTION	
None		
SELECTIVE SCREENING	RISK ASSESSMENT*	ACTION IF RA +
Vision	+ on risk screening questions	Snellen test
Hearing	+ on risk screening questions	Audiometry
Anemia	+ on risk screening questions	Hemoglobin or hematocrit
Tuberculosis	+ on risk screening questions	Tuberculin skin test

*See Rationale and Evidence chapter for the criteria on which risk screening questions are based.

Screening — 10 Year

UNIVERSAL SCREENING	ACTION	
Vision	Snellen test	
Hearing	Audiometry	
SELECTIVE SCREENING	RISK ASSESSMENT*	ACTION IF RA +
Anemia	+ on risk screening questions	Hemoglobin or hematocrit
Tuberculosis	+ on risk screening questions	Tuberculin skin test
Dyslipidemia	+ on risk screening questions and not previously screened with normal results	Fasting lipid profile

*See Rationale and Evidence chapter for the criteria on which risk screening questions are based.

Immunizations

Consult the CDC/ACIP or AAP Web site for the current immunization schedule.

CDC National Immunization Program (NIP): <http://www.cdc.gov/vaccines>

American Academy of Pediatrics *Red Book*: <http://www.aapredbook.org>

ANTICIPATORY GUIDANCE

The following sample questions, which address the Middle Childhood Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family.

SCHOOL

School performance, homework, bullying

At this age, the child may be expected to display self-confidence with a sense of mastery and pride in school and extracurricular activities, participate in group activities, understand and comply with most rules at school, and assume reasonable responsibility for her schoolwork. Reinforce the strengths of the child and parents with comments such as, "I'm so pleased that you are making good progress with math."

SAMPLE QUESTIONS:

What issues about school would you like to discuss? What extracurricular activities do you encourage your child to participate in?

For the child

How is school going? What are some of the things you are good at doing? What are you proud of? What kinds of school and after-school activities are you involved in? What concerns do you have about being bullied or teased or being hurt physically or sexually?

ANTICIPATORY GUIDANCE:

- If your child is not doing well in school, ask the teacher about special help or tutoring that may be available.
- Praise your child's efforts and accomplishments in school. Show interest in her school performance and after-school activities.
- Provide a well-lit, quiet space for homework. Remove distractions such as television. Set routine times for homework.
- If your child tells you that she is being bullied, discuss it with her teacher or guidance counselor.

For the child

- Doing well in school is important to how you feel about yourself. However, doing well means something different for each person. What matters is that you try your best and ask for help when you need it.
- Joining clubs and teams, church groups, and friends for activities is a fun way to stay healthy and enjoy being with other kids outside of school.
- If someone picks on you or tries to hurt you, tell them in a firm voice to stop bothering you, and walk away. Tell your teacher, your parents, or another adult you trust about what is happening. Have them help you avoid these situations and stop their harmful behavior.

DEVELOPMENT AND MENTAL HEALTH

Emotional security and self-esteem, family communication and family time, temper problems and setting reasonable limits, friends, school performance, readiness for middle school, sexuality (pubertal onset, personal hygiene, initiation of growth spurt, menstruation and ejaculation, loss of “baby fat” and accretion of muscle, sexual safety)

At this age, the child may be expected to display self-confidence, understand and comply with most rules at home, and assume reasonable responsibility for his chores.

SAMPLE QUESTIONS:

How happy a person is your child? Has your child been having any recent stresses in the family or school? How do you discipline your child? How often do you share a clear “no use” message about alcohol, tobacco, and other drugs with your child? What are your household rules and the consequences for not observing them? How respectful of others do you think your child is? Do you talk to your child about your values and attitudes about sex?

For the child

Tell me about some of the things you are good at doing. What are some of the things that make you sad? Angry? Worried? How do you handle that?

How do your parents or other adults help you when you get upset or angry? How do your parents discipline you? What do you and your friends like to do together? What do you do when your friends pressure you to do things you don’t want to do? If you said, “No,” what do you think your friends would do? Do you have friends or know other children at school who use or try to get other kids to use cigarettes, alcoholic drinks, drugs, or having sex?

ANTICIPATORY GUIDANCE:

- Promote self-responsibility.
- Assign age-appropriate chores, including responsibility for personal belongings and for some household or yard tasks.
- Provide personal space at home, even if limited, for your child.
- Promote independence by encouraging developmentally appropriate decision making.
- Anticipate the normal range of early adolescent behaviors, including the pervasive influence of peers, a change in the communication between you and your child, sudden challenges to parental rules and authority, conflicts over issues of independence, refusal to participate in some family activities, moodiness, and a new desire to take risks.
- Serve as a positive ethical and behavioral role model.
- Handle anger constructively in the family. Do not allow either physical or verbal violence; encourage compromise. Do not permit yourself or others to use corporal punishment.
- Encourage and role model the admission of mistakes and asking of forgiveness.

- Supervise your child's activities with peers. Encourage your child to bring friends into your home and help them feel welcome there.
- Help your child learn appropriate and respectful behavior. Reinforce the importance of respectful behavior toward others.
- Counsel your child to not use alcohol, tobacco, drugs, and inhalants.

For the child

- Talking with a safe and trusted adult is an important way to handle anger, disappointment, and worry.
- Good friends are important. They never ask you to do harmful or scary things; they want what is best for you. If you find that a good friend has become a bad friend, try talking with him. If that person is unwilling to change, stop spending time with him.
- Everyone gets angry. It's normal. Here are some ways you can deal with anger. You can avoid getting defensive, calm yourself, acknowledge the importance of the other person's point of view, listen without interrupting, repeat your understanding of what the issues are, and demonstrate your desire to understand the angered person.
- It's normal to have up moods and down moods, but, if you feel sad most of the time, enjoy very few things, or find yourself wishing you were dead, we should talk about it. Almost everyone worries at times about how they look and whether they are developing normally.
- Every person has to decide whether or not to try alcohol, drugs, cigarettes, and sex. Chances are, you know at least some of the dangers of trying each of these, but there are many more dangers you likely don't know or don't want to think about. It's not enough to just say, "No." If you really mean "No!" to any one of these choices, you need to clearly say why you feel that way.

Children are now initiating sexual development. They are aware of sexual themes and content in media. Access to accurate and culturally appropriate information on sexual development and sexuality is essential from multiple sources (home, school, and health care professionals).

Parents are encouraged to engage their children in an ongoing conversation regarding sexual development. Questions can be answered simply, and additional discussion should be welcomed.

SAMPLE QUESTIONS:

How well do you and your partner agree on how to talk with your child about issues related to sexual development and sexuality? Does your child know any gay men or lesbian women? How about children brought up by same-sex couples? How would you respond if your child asked you about this topic?

For the child

What questions do you have about the way your body is developing? Have you ever been pressured to touch someone in a way that made you feel uncomfortable? Has anyone ever tried to touch you in a way that made you feel uncomfortable?

ANTICIPATORY GUIDANCE:

- Be prepared to answer questions about sexuality and to provide concrete examples of the types of behavior that are not acceptable to you.
- Encourage your child to ask questions. Answer them at a level appropriate to his understanding. Discuss these issues even if sexual activity seems unlikely.
- Teach your child the importance of delaying sexual behavior.
- If your child receives family life education at school or in the community, discuss the information and review materials with him.
- Teach your child that it is never all right for an adult to tell a child to keep secrets from parents, to express interest in private parts, or to ask a child for help with his or her private parts.

For the child

- For boys and girls:
 - Around age 8 or 9, you will notice your body starting to change. Some of the first things that happen are that you develop body odor, and the skin on your face becomes oilier and may break out in pimples or acne. You will need to bathe every day, use deodorant, and wash your face well in the morning and at night.
- For girls:
 - The next changes you will notice are that your breasts will start to get bigger. It's normal for one side to be bigger than the other at first. As your breasts grow, you will need to wear a bra.
 - Hair will grow on your underarms and pubic area, becoming thicker, darker, and curlier over time. You also will start to grow taller at a very fast rate. This is called the growth spurt. Now is a good time to have pads (sanitary napkins) available to use in your underwear when your periods start.
 - Girls can have their first period, or menses, as early as 10, but usually by 13. Every girl is different. Periods often come at unpredictable times at first, but they eventually will come about once every 4 weeks. A small amount of blood, sometimes more brown in color than red, will come from your vagina and appear on your underwear. Use the pads to catch the blood. Change your pad every few hours and wrap the used pad in toilet paper or place it in a small paper bag to be discarded. Most pads cannot be flushed down toilets. Always wash your hands after changing your pad.
- For boys:
 - The next change you will notice is that your testicles will begin to grow larger. Hair will grow on your underarms and pubic area, becoming thicker, darker, and curlier over time. Soon, your penis will become longer and wider and your testicles will continue to grow. You also will start to grow taller at a very fast rate. This is called the growth spurt. Your voice will also start to crack and deepen as your larynx or voice box grows longer. You may find a wet, sticky discharge, called an ejaculation, on your pajama bottoms in the morning. This is called a wet dream. Ejaculations are not the same as passing urine. Ejaculations contain sperm and a special fluid. This happens because of strong surges of hormones that occur while you sleep.

- For boys and girls:
 - It is never OK for an older child or an adult to show you his or her private parts, to ask you to show your privates, to touch you there, to scare you, or to ask you not to tell your parents about what he or she did with you. Always get away from the person as quickly as possible and tell your parent or another adult right away.

NUTRITION AND PHYSICAL ACTIVITY

Weight concerns, body image, importance of breakfast, limits on high-fat foods, water rather than soda or juice, eating as a family, physical activity

Children this age are at risk of overweight or obesity. Carefully assess BMI and discuss results with parents. Meal skipping increases in this age group. Often, a child will eat snacks and not be hungry at mealtimes. This habit may lead to unhealthy eating practices.

In addition, at this age, girls begin to think of dieting and weight loss. Evaluate the child's risk of severe dieting or tendencies toward an eating disorder.

SAMPLE QUESTIONS:

Do you have any concerns about your child's weight? Do you have any concerns about her eating behaviors or food intake (eg, getting her to drink enough milk and eat fruits and vegetables)? How often does she drink soda and/or juice? How often do you have a family meal together? Are there ever times when your family does not have enough to eat?

For the child

What concerns do you have about your weight? How do you feel about how you look? How often have you cut back on how much you eat or tried a diet to lose weight? What fruits and/or vegetables did you eat yesterday? Did you eat breakfast this morning? How often do you drink soda, sports drinks, or juices?

ANTICIPATORY GUIDANCE:

- Help your child learn to choose appropriate foods, including plenty of fruits and vegetables every day. Aim for at least 5 servings of fruits or vegetables every day by including them in most of your meals and snacks.
- Limit high-fat or low-nutrient foods and beverages, such as candy, salty snacks, fast foods, or soft drinks.
- Make sure your child is getting enough calcium daily. Children aged 9 to 18 need about 3 cups of low-fat milk a day. Low-fat yogurt and cheese are good alternatives to milk.
- Share family meals together regularly. Make mealtimes pleasant and companionable; encourage conversation. Avoid having the TV on during mealtimes.

For the child

- I am happy to answer your questions and explain your weight and height measurements. The key to good health is a balance between calorie intake from foods and calorie output in activity.
- Healthy eating prevents weight problems and helps learning. Eating a healthy breakfast every day is especially important.
- Every day, try to eat fruits, vegetables, whole-grain breads and cereals, low-fat or fat-free dairy products, and lean meats. Drink low-fat or fat-free milk or water instead of soda and sugared drinks. Choose small portions instead of large ones, or share a large portion (especially foods that are high in fat or sugar) with someone else.
- Weight loss is almost never a good idea while your body is rapidly growing in puberty. If you are considering going on a diet to lose weight, let's talk about it first.
- If you are considering taking dietary supplements, please discuss these plans with me to make sure they are safe and really will help you reach your goals.

All children should be able to participate in some type of physical activity. Talk to parents of children with special health care needs about the benefits and risks associated with physical activity. Emphasize the importance of safety equipment when the child participates in physical activity.

At this age, children become involved in organized sports. Educate parents about appropriate sports for age and ability. Discuss with the family the attributes of a quality program and coach.

SAMPLE QUESTIONS:

Do you have concerns about your child's activity level (either too much or too little)?

For the child

Tell me about the physical activities you do inside and outside of school. How often do you do them?

ANTICIPATORY GUIDANCE:

- Support your child's sport and physical activity interests, and play with your child.
- Limit all screen time (TV, videos, video games, and computer time other than for homework) to no more than 2 hours total per day.

For the child

- Try to get at least 1 hour of moderate- to high-intensity exercise every day. Find ways to become more active, such as walking or biking instead of riding in a car, and taking the stairs, not elevators. Be active with your friends to increase the fun. Being physically active every day helps you feel good and focus on your schoolwork.
- It helps to plan times each day that are dedicated to a physical activity you enjoy, making activity part of your routine, rather than an exception.

ORAL HEALTH**Regular visits with dentist, daily brushing and flossing, adequate fluoride**

Children should have an established dental home. They should have regularly scheduled visits with their dentist at least twice each year. Fluoride supplementation should be provided if the fluoride level in community (at home and at school) water supplies is low.

SAMPLE QUESTIONS:

Who is your child's regular dentist? Is the water you drink fluoridated? Is your child involved in physical activities, such as contact sports, that could potentially result in dental injuries? (Probe for use of protective gear.) How would you handle a dental emergency?

For the child

Do you brush and floss your teeth every day?

ANTICIPATORY GUIDANCE:

- Be sure that your child brushes his teeth twice a day with a pea-sized amount of fluoridated toothpaste and flosses once a day with your help. Be sure to supervise brushing and flossing every day and help if necessary.
- By the time your child is 10, he already should have an established dental home (a dentist he sees regularly). He should see the dentist at least twice a year. If your child does not have a dental home, try to get one.
- Give your child fluoride supplements if recommended by your dentist.

For the child

- To protect your teeth, it is important to brush your teeth at least twice each day and to floss at least once a day.
- If you are playing sports, always wear your mouth guard to protect your teeth.

SAFETY**Safety belts, helmets, bicycle safety, swimming, sunscreen, tobacco/alcohol/drugs, knowing child's friends and their families, supervision of child with friends, guns**

A child should use a booster seat until the safety belt fits properly, which means the lap belt can be worn low and flat on the upper thighs, the shoulder belt can be worn across the shoulder rather than the face or neck, and the child can bend at the knees while sitting against the vehicle seat back (usually between the ages of 8 and 12 and about 4'9" tall).

Questions about proper installation should be referred to a Certified Child Passenger Safety technician in the community.

Child Safety Seat Inspection Station Locator: www.seatcheck.org

Toll-free Number: 866-SEATCHECK (866-732-8243)

The back seat is the safest place for children younger than 13 to ride.

Child Safety
Seat Inspection
Station Locator:
www.seatcheck.org
Toll-free Number:
866-SEATCHECK
(866-732-8243).

SAMPLE QUESTIONS:

Does everyone in the family use a safety belt?

For the child

Do you use a booster seat or safety belt every time you ride in the car?

Do you sit in the back seat every time you ride in the car?

ANTICIPATORY GUIDANCE:

- Do not start your vehicle until everyone's safety belt is buckled.

For the child

- The back seat of the car is still the safest place for you to sit until you are at least 13.
- Using a booster seat or wearing a safety belt every time you get in the car is the best way to protect yourself from injury and death in a crash.

Reinforce the importance of safety in sports and other physical activities, emphasizing the need for wearing protective gear (helmet, mouth guard, eye protection, and knee and elbow pads).

SAMPLE QUESTIONS:

Do you enforce the use of helmets? Do you model this behavior?

For the child

How often do you wear a helmet and protective gear when biking, skating, skiing, in-line skating, snowboarding, or horseback riding? (Tailor the list of activities appropriate to the area and the child.)

ANTICIPATORY GUIDANCE:

- Make sure your child always wears protective equipment when biking, skating, skiing, snowboarding, horseback riding, skateboarding, riding a scooter, or in-line skating. *(Tailor the list to activities appropriate to the area and family.)*

For the child

- Being active is good for you, but being safe while being active is just as important. One of the best ways to protect yourself is to wear the right safety equipment, especially a helmet when you are biking, skating, skiing, in-line skating, snowboarding, or horseback riding. *(Tailor the list to activities as appropriate.)*

An adult should supervise children when they are near water. Reinforce the continuing importance of using sunscreen on your child when she is outside.

SAMPLE QUESTIONS:

Does your child know how to swim?

For the child

Do you know how to swim? What rules do your parents have about swimming?

ANTICIPATORY GUIDANCE:

- Teach your child to swim.
- Do not let your child play around any water (lake, stream, pool, or ocean) unless an adult is watching. Even if your child knows how to swim, never let her swim alone. NEVER let your child swim in any fast-moving water.
- Teach your child to never dive into water unless an adult has checked the depth of the water.
- When on any boat, be sure your child is wearing an appropriately fitting, US Coast Guard-approved life jacket.
- Be sure that swimming pools in your community, apartment complex, or home have a 4-sided fence with a self-closing, self-latching gate.

For the child

- Swimming lessons are an important way to become comfortable in the water. Ask your parents about learning to swim.
- Never swim without an adult around.

SAMPLE QUESTION:

What type of sunscreen do you use on your child when she goes outside?

ANTICIPATORY GUIDANCE:

- Use sunscreen (SPF 15 or higher) on your child before she goes outside to play or swim. Read the directions carefully and apply the correct amount of sunscreen. Apply it at least 15 minutes before she goes out in the sun, and reapply it every 2 hours.

Tobacco, alcohol, and drugs are new risks for children as they approach middle school. Children need clear messages about the dangers of substance use.

SAMPLE QUESTIONS:

Is smoking, alcohol, or drug use a concern in your family? Is your child exposed to substance use?

ANTICIPATORY GUIDANCE:

- Children are constantly exposed to smoking, drinking, and drug-use behaviors through TV and other media. They need clear messages that substance use is substance abuse.
- If alcohol is used in the home, its use should be appropriate and discussed with children.
- If you or anyone in the house smoke, try to quit. If quitting is not possible, discuss the difficulty of addiction with your child.

For the child

- Do any of your friends smoke, drink alcohol or beer, or use drugs? Will you ever smoke, drink alcohol, or use drugs?

As their children are now spending increasing amounts of time with other children and families, parents must help their children develop safe play habits. Play should be supervised by a responsible adult who is aware of children's activities and available in case of problems.

SAMPLE QUESTIONS:

Do you know your child's friends? Their families? Does your child know how to get help in an emergency if you are not present?

For the child

What would you do if you felt unsafe at a friend's house?

ANTICIPATORY GUIDANCE:

- Teach your child that the safety rules at home apply at other homes as well.
- Help your child understand it is always OK to ask to come home or call her parent if she is not comfortable at someone else's house.

For the child

- Be sure you play safe wherever you play. Every family should have the same safety rules.
- It's always OK to ask a grown-up for help if you are scared or worried. And it's OK to ask to go home and be with your Mom or Dad.

The safest home is one without a gun. A gun kept in the home is far more likely to kill or injure someone known to the family than to kill or injure an intruder. A gun kept in the home triples the risk of homicide. The risk of completed suicide is far more likely if a gun is kept in the home.

There is evidence that programs designed to teach children to avoid contact with guns are not effective in overcoming the child's innate curiosity and social pressure to handle guns. At this age, children still lack the maturity or cognitive capacity to reliably follow advice concerning guns.

SAMPLE QUESTIONS:

Who, among family members and friends, owns a weapon or gun? Have you considered not owning a gun because it poses a danger to children and other family members?

For the child

What have your parents taught you about guns and what not to do with them?

ANTICIPATORY GUIDANCE:

- Homicide and completed suicide are more common in homes that have guns. The best way to keep your child safe from injury or death from guns is to never have a gun in the home.
- If it is necessary to keep a gun in your home, it should be stored unloaded and locked, with the ammunition locked separately from the gun. Keep the key where children cannot have access.

- Ask if there are guns in homes where your child plays. If so, make sure they are stored unloaded and locked, with the ammunition locked separately, before allowing your child to play in the home.
- Talk to your child about guns in school or on your streets. Find out if your child's friends carry guns.

For the child

- Adults are supposed to keep their guns away from children. If you see a gun that is unlocked, don't touch it, but tell your parent right away.
- If you are starting to hunt with adults in your family, learn how to use guns and hunting knives safely, and use them only under adult supervision.

References

1. Olweus Bullying Prevention Program. Available at: <http://www.clemson.edu/olweus/index.html>. Accessed November 18, 2006
2. Association of Maternal and Child Health Programs. *A Conceptual Framework for Adolescent Health*. Washington, DC: Association of Maternal and Child Health Programs, National Network of State Adolescent Health Coordinators; 2005:5-6
3. Microsoft strives to help make Internet use safer, more family-friendly. Available at: <http://www.aap.org/advocacy/releases/mar06microsoft.htm>. Accessed November 21, 2006