

ANTICIPATORY GUIDANCE FOR YOUR CHILD

Safety:

- Pedestrian / Playground / Stranger
- Seatbelts and Booster Seats until age 8 (It's the law in Virginia)
- No Guns in the house or locked up and out of reach
- Matches / Fires (stop – drop – roll)
- Bicycle Helmets and Safety Equipment bicycles, roller blades, skateboards, etc.
- Poisons – do not give Ipecac without calling **Poison Control – 1-800-222-1222**

Nutrition:

- Healthy Meals and Snack – Encourage fruits and vegetables and a diversity of foods
- Avoid potato chips, cookies, cakes, candies etc. – Practice Moderation
- Family Time / Family Meals
- **CHKD Weight Management Program – 757-668-7035**

Health:

- Yearly physicals with your pediatrician or family doctor
- **Immunizations – Free at the NN Immunization Clinic – 757-594-7410**
M-Thurs. 8-11 & 1-4. Fri 1-4
- Sexual Curiosity – Good Touch / Bad Touch – Teach your children about privacy
- Regular Dental Visits – Doral Dental Program for children with Medicaid and Famis
Smiles for Children – 1-888-912-3456
- Adequate Sleep at least eight hours a night and a good breakfast in the morning
- Physical Activity – Contact the YMCA for **their guardian program or the membership service director** (YMCA does not discriminate on ability to pay)

Newport News Branch YMCA -

7827 Warwick Blvd Newport News, VA 23607 Phone: 757-245-0047

Hampton Branch YMCA

1322 LaSalle Ave Hampton, VA 23669 Phone: 757-722-9044

Victory Family YMCA

101 Long Green Blvd Yorktown, VA 23693 Phone: 757-867-3300

Parks and Recreation Programs – City of NN, York, Hampton

Social / Behavioral:

- Family Rules / Respect / Right from Wrong
- Praise / Encourage
- Prepare Child for School / Tour the School / Meet the Teacher
- **Dr. Dietzler's Favorite Books:** (Check them out at your local library)
"The Spirited Child" by Mary Sheedy Kurcinka
"How To Talk So Your Kids Will Listen & How To Listen So Your Kids Will

Talk"

by Adele Faber & Elaine Mazlish

- Library Services – Go on line and choose your books then just stop in and pick them up at the front desk – it's quick and easy

On Line Programs For Children: www.starfall.com (great reading program for kids)

SCREENING QUESTIONS: PLEASE REVIEW THESE QUESTIONS AND CHECK ANY THAT APPLY

Anemia/Hemoglobin (Check Box If Answer Is Yes)

- Has your child been tested for anemia in the past – CBC or Hemoglobin or Hematocrit?
- Has your child been diagnosed with anemia in the past?
- Is your child eligible for Medicaid or WIC?
- Does your child have limited access to food or consume a diet low in iron?
- Does your child have special health care needs?
- Do you have well water or does your child drink mostly bottled water?

Lead Screening (Check Box If Answer Is Yes)

- Is your child eligible for Medicaid or WIC?
- Does your child live at any of the following Zip Codes: 23651 23661, 23665, 23604, 23607?
- Does your child lives in or regularly visits a house or child care facility built before 1950?
- In the past six months has your child visited a house or child care facility built before 1978 & being renovated?
- Does your child live in or regularly visit a house or structure in which 1 or more persons have high lead levels?
- Does your child live with an adult whose job or hobby involves exposure to lead?
- Does your child live near an industrial plant that releases lead into the environment?
- Do you have any concerns about possible lead exposure?

Tuberculosis Screening (Check all that apply)

- Has the child had any exposure to tuberculosis or to high risk adults?
- Has your child had any TB like symptoms – cough, fever, weight loss...?
- Has your child lived in a country where TB is common or traveled in areas with high prevalence of TB?
- Has your child ever received BCG?
- Has your child been homeless or a resident in congregate living?
- Is your child medically underserved?
- Does your child have HIV infection or are they receiving steroids or other receiving immunosuppressive therapy?
- Does your child have cancer, diabetes, or other medical risk factors?

Diabetes

- Does your child have symptoms of diabetes – urinating frequently, vision changes, drinking a lot
- Does the child's mother father, brothers or sisters have diabetes

High Cholesterol

- Does anyone in the child's family have high cholesterol or take cholesterol medication