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Welcome to Healthy Children magazine—the only magazine for parents backed by 64,000 pediatricians committed to the optimal physical, mental, and social health and well-being of all infants, children, adolescents, and young adults. This 2015 back-to-school edition is filled with information and tips to help parents and caregivers keep their children healthy. Here are some highlights:

• “No Shots, No School? Make Sure Your Children’s Immunizations Are Up-to-Date” emphasizes the importance of making sure children are fully immunized, explains the consequences of not immunizing, and answers questions about specific vaccines. The December 2014 to April 2015 measles outbreak linked to an amusement park in California is a reminder that diseases can easily spread across continents and be especially dangerous to those who are not vaccinated.

• “Fresh Fruit and Vegetables for Busy Families: A Guide to Choosing and Storing Produce” encourages parents to opt for healthier snacks by providing practical advice on how to shop for and store fresh fruits and vegetables.

• “Reading to Children and Brain Development: Why Parents Need to Book Time With Their Children” introduces the 5 Rs of Early Education and provides age-appropriate reading tips.

• “#socialmediachildren#teensandsocialparents” is an overview of social media and about parenting in a digital world.

• “Just Say No to ALL Tobacco: Alternative Forms of Tobacco Are Dangerous Too” informs parents about the different forms of tobacco and why it’s important to keep all forms of tobacco out of sight and reach of children.

Sandra G. Hassink, MD, FAAP
President
American Academy of Pediatrics
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ADVERTISING INFORMATION
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Parents concerned about vaccine safety routinely ask their pediatricians or primary care physicians to spread out the recommended vaccine schedule. Most physicians stress the importance of giving all of the vaccines at the recommended times, and outline the potential dangers of not doing so, but some parents still resist.

In the April 2015 Pediatrics study, “Pediatrician Response to Parental Requests to Spread Out the Recommended Vaccine Schedule,” pediatricians and family physicians responded to e-mail and mail surveys from June through October 2012 on the frequency of requests to spread out the recommended vaccine schedule from parents with children younger than 2 years.

Physicians reported a wide variety of reasons that parents stated for wanting to spread out the vaccines, including short- and long-term complications, belief that their child is unlikely to get a vaccine-preventable disease, and concern that their child might develop autism. Most physicians reported using many different strategies to convince parents to stick with the recommended vaccine schedule, but few were thought to be effective.

Study authors point out that delaying or spacing out vaccines puts children and other vulnerable people in the population at risk for vaccine-preventable diseases with potentially severe outcomes. Discussions and interventions need to begin early in pregnancy for parents who are questioning vaccine safety and efficacy. Social networks and public messaging have been shown to play an important role in shaping some parents’ vaccination decisions and should be considered when talking to vaccine-hesitant parents.

More study needs to be directed at finding effective ways of countering misinformation about the safety of vaccines.
AAP Recommends Whole-Diet Approach to Children’s Nutrition

In a new policy statement, the American Academy of Pediatrics (AAP) urges schools and families to take a broader approach to nutrition, considering children’s whole diet pattern—rather than the amount of sugar, fat, or specific nutrients in individual foods.

“A good diet is built on highly nutritious foods from each of the main food groups,” said Robert Murray, MD, FAAP, lead author of the policy statement, “Snacks, Sweetened Beverages, Added Sugars, and Schools,” published in the March 2015 Pediatrics. “No ingredient should be banned. A small amount of sugar or fat is OK if it means a child is more likely to eat foods that are highly nutritious.”

Since 1995, steady improvements have been made in school meal programs. Schools are serving meals with more lean meats, lower fat milks, and more fruits, vegetables, and whole grains. National standards now limit the type of foods and drinks that are sold in schools. As of 2014, 92% of school districts reported meeting US Department of Agriculture school meal standards released in 2012.

There remains an opportunity, however, to improve the nutritional quality of food brought from home, which is often lower in nutrition and higher in calories, according to the policy statement. The AAP recommends a 5-step approach parents and schools can take in selecting food for packed lunches and social events.

1. Select a mix of foods from the 5 food groups: vegetables, fruits, grains, low-fat dairy, and quality protein sources, including lean meats, fish, nuts, seeds, and eggs.
2. Offer a variety of food experiences.
3. Avoid highly processed foods.
4. Use small amounts of sugar, salt, fats, and oils with highly nutritious foods to enhance enjoyment and consumption.
5. Offer appropriate portions.
How do I help my child with homework?

Here are tips to help make homework less of a hassle.

• Create a homework-friendly environment. Children need a consistent work space in their bedroom or another part of the home that is quiet, is without distractions, and promotes study.
• Schedule enough time for homework.
• Set a household rule that electronics such as televisions and cell phones stay off during homework time.
• Supervise computer and Internet use.
• Be available to answer questions and offer help, but never do your child’s homework.

• Take steps to help lessen eye fatigue, neck fatigue, and brain fatigue while studying. For example, make sure your children take occasional breaks—a few minutes to rest the eyes and stretch their bodies.
• If your child is struggling with a certain subject and you aren’t able to help, a tutor can be a good solution. Talk it over with your child’s teacher first.
• Some children need help organizing their homework. Checklists, timers, and parental supervision can help overcome homework problems.
• If your child is having difficulty focusing on or completing homework, discuss this with your child’s teacher, school counselor, and doctor.
My kids are not looking forward to the first day of school. What can I do to help them make the adjustment?

Try these tips to make the first day of school easier.

• Remind your child that there are probably a lot of students who are uneasy about the first day of school. This may be at any age. Teachers know that students are nervous and will make an extra effort to make sure everyone feels as comfortable as possible.

• Point out the positive aspects of starting school. She’ll see old friends and meet new ones. Refresh her positive memories about previous years, when she may have returned home after the first day with high spirits because she had a good time.

• Find another child in the neighborhood with whom your student can walk to school or ride on the bus.

• If it is a new school for your child, attend any available orientations and contact the school to arrange a school tour before the first day.

• If you feel it is needed, walk with or drive your child to and from school on the first day.

What do I need to know about backpack safety?

Backpacks that are too heavy or are worn incorrectly can cause problems for children and teenagers. Improperly used backpacks may injure muscles and joints. This can lead to severe back, neck, and shoulder pain, as well as posture problems. Here are tips on how to use backpacks safely.

• Choose a backpack with wide, padded shoulder straps and a padded back.

• Pack light. Organize the backpack to use all of its compartments. Pack heavier items closest to the center of the back. The backpack should never weigh more than 10% to 20% of your child’s body weight.

• Always use both shoulder straps. Slinging a backpack over one shoulder can strain muscles.

• If your school allows, a rolling backpack may be a good choice for students who must tote a heavy load. Keep in mind that rolling backpacks still must be carried up stairs, they may be difficult to roll in snow, and they may not fit in some lockers.

Adapted from “Back to School Tips” on the American Academy of Pediatrics Web site
The one thing parents need to check off of the back-to-school to-do list sooner rather than later is school immunizations (vaccinations). New school clothes and school supplies can wait until the last minute. However, children cannot attend school if their immunizations records on file do not meet state requirements.

The American Academy of Pediatrics (AAP) believes that immunizations are the safest and most cost-effective way of preventing disease, disability, and death. We urge parents to make sure that their children are immunized against dangerous diseases because it is always better to prevent a disease than to have to treat it or live with the consequences of having it.

**SCHOOL CHECK-IN**

Check with the school for vaccine requirements. Two resources that list the child care and school entry requirements in each state are the [Centers for Disease Control and Prevention](https://www.cdc.gov) (CDC) and [Immunization Action Coalition](https://www.immunize.org) Web sites.

**DOCTOR CHECKUP**

If your children’s immunizations are not up-to-date, you will need to schedule a doctor’s visit. Call the doctor early in the summer or sooner because appointments can fill up quickly. Also, remember to ask the doctor for a signed copy of your children’s immunization records for the school.
Each year, top disease experts and doctors who care for children work together to decide what to recommend that will best protect US children from diseases. These recommendations are evaluated based on the most recent scientific data available. Changes are announced in January, if needed. The most current information, including updates, is published on the CDC Web site. Recommendations are approved by the American Academy of Pediatrics, the Centers for Disease Control and Prevention (CDC), and the American Academy of Family Physicians.

TO VACCINATE OR NOT TO VACCINATE?

Vaccinate! Vaccines are safe and an effective way to protect people from dangerous and deadly diseases.

If you’re unsure or if you’ve chosen to not vaccinate, please keep in mind that there are consequences. Talk with your child’s doctor if you have any questions or concerns.

Here are 3 consequences of choosing not to vaccinate. This information is adapted from the “What if You Don’t Immunize Your Child?” brochure written by the California Department of Public Health and Immunization Action Coalition.

1. Your children will be at risk of catching a vaccine-preventable disease.
2. Your children will be an infectious disease threat to others.
3. Your children may have to be excluded from school or child care.

Remember that the choice not to vaccinate affects not only the health of your children but also the health of your family, your children’s friends and their families, and your community.

If you’re unsure or if you’ve chosen to not vaccinate, do you have all the facts from a source you can trust?

Here are answers to questions about 6 vaccines: chickenpox (varicella) vaccine; diphtheria, tetanus, and pertussis vaccine; hepatitis B vaccine; human papillomavirus vaccine; influenza vaccine; and measles, mumps, and rubella vaccine.

CHICKENPOX (VARICELLA) VACCINE

Q I got chickenpox and was fine. Why should my child receive the varicella vaccine?

A Chickenpox is a common childhood disease. It is usually mild but sometimes can be very serious. Complications can include pneumonia; encephalitis (brain infection); “flesh-eating” bacterial infection; and death.

If an immunized person gets chickenpox, the illness will be much milder than in a non-immunized person. Varicella vaccine protects children now and as adults, when they are more likely to die from chickenpox and its complications. It cuts down on days that a child might be absent from school or that a parent will have to miss work. There are only a few cases of disease today, but without vaccination that number will rise.

Adapted from “Chickenpox Vaccine: Frequently Asked Questions” on HealthyChildren.org
DIPHTHERIA, TETANUS, AND PERTUSSIS VACCINES

What is the difference between DTaP and Tdap? Why does my child need both vaccines?

DTaP vaccine and Tdap vaccine both protect against diphtheria, tetanus (lockjaw), and pertussis (whooping cough). DTaP vaccine is for children younger than 7. One dose is recommended at the following ages: 2 months, 4 months, 6 months, 15 to 18 months, and 4 to 6 years—a total of 5 doses. Tdap is for adolescents and adults. Because protection from the DTaP vaccine can wear off as children get older, a Tdap vaccine booster is recommended at 11 or 12 years of age. Most schools require Tdap vaccine before children can attend sixth or seventh grade. (A dose of Tdap is recommended during every pregnancy and for anyone in close contact with babies younger than 12 months.)

Derived from Centers for Disease Control and Prevention Web site

HEPATITIS B VACCINE

I’m not sure the hepatitis B vaccine is necessary for my baby. Why is it important?

Even if the mother and the baby are both negative for hepatitis B at birth, it is important to get the vaccine. Because individuals who are infected with hepatitis B often do not feel sick or show symptoms of the disease, they can pass the virus on unknowingly. If your baby is not protected by the vaccine, he could be at risk for contracting the virus. In two-thirds of the cases of childhood transmission of the virus, the mother tested negative for hepatitis B but the unvaccinated infant was exposed from a family member or caregiver. Talk with your pediatrician about the recommended schedule for the hepatitis B vaccine to guarantee all 3 doses are completed.

Adapted from “Frequently Asked Questions: Vaccine Safety” on the American Academy of Pediatrics Web site

HUMAN PAPILLOMAVIRUS VACCINE

Why does my preteen need HPV vaccine?

HPV causes 27,000 cases of cancer each year, including cancers of the cervix, tongue, and tonsils, but most of those can be prevented with HPV vaccine. The AAP recommends the first dose of HPV vaccine be given at the same time as Tdap and meningococcal vaccines when your child is 11 or 12 years of age. Vaccines only work if they’re given long before someone is exposed to the disease, so at 11 or 12 years old is the best time to protect against a cancer-causing virus. Also, the HPV vaccine works much better—up to twice as well—if it’s given at this age.

Source: American Academy of Pediatrics Immunization Program

quick tip
Adolescents also need vaccines!
INFLUENZA VACCINE

A lot of people get the flu each season; it’s not that serious, right?

It is true that a lot of people get the flu (influenza) each season. Every year in the United States, on average 5% to 20% of the population will get the flu. Despite how common it is, influenza is a serious disease and every year about 36,000 people die and 200,000 people end up in the hospital because of it. Young children are at high risk for serious flu complications, such as bacterial pneumonia, ear and sinus infections, and dehydration.

The flu vaccine is recommended for all people 6 months and older. Because babies cannot get vaccinated until they are 6 months old, it is critical that people who live with or care for children, especially infants younger than 6 months, get vaccinated. Vaccinating adults who are around an infant to prevent illnesses is often referred to as “cocooning.”

Flu immunizations are needed each year because flu viruses are always changing and a
new vaccine is made each year so that the vaccine protects against the currently circulating influenza viruses. Also, immune protection from vaccination declines over time, so vaccination is recommended every year for optimal protection. It takes about 2 weeks after vaccination for the body to develop full protective immunity.

Adapted from “Frequently Asked Questions: Vaccine Safety” on the American Academy of Pediatrics Web site; “National Influenza Vaccine Week” also on the American Academy of Pediatrics Web site; and “Preventing the Flu: Resources for Parents & Child Care Providers” on HealthyChildren.org

MEASLES, MUMPS, AND RUBELLA VACCINE

Q I thought measles was a mild illness, so why the alarm now?

A Thanks to the success of the measles vaccine, we are now able to protect children from measles. However, in recent years some parents have refused or delayed vaccinating their children out of fear or misinformation about the safety of the measles vaccine. This means there are more unvaccinated children, adolescents, and adults in our communities. Choosing to not vaccinate your children not only leaves them susceptible to measles but also potentially exposes other children to measles. This includes infants who are too young to be vaccinated and those who are unable to be vaccinated because of other health conditions. In addition, measles is still common, measles is the seventh leading cause of childhood deaths in the world, and large outbreaks occur in many other parts of the world. Thus, measles is just a plane ride away, or even closer. Recent outbreaks of measles in the United States remind us how contagious the virus is and why children need to be vaccinated.

Adapted from “How to Protect Your Children During A Measles Outbreak” on HealthyChildren.org

Q Is there a link between vaccines and autism spectrum disorder?

A In the past, some individuals thought that vaccines were a cause of autism spectrum disorder (ASD). However, many studies have been done, and there is no scientifically proven link between childhood vaccinations—including the measles-mumps-rubella (MMR) vaccine—and ASD. In fact, the research article that first suggested a link between the MMR vaccine and ASD has been retracted (that is, removed permanently) because the research was done incorrectly. There also is no scientific proof to support a link between thimerosal (a mercury-containing preservative) and ASD. Even so, almost all vaccines given to children in the United States no longer contain mercury. The AAP urges parents to have their children fully immunized. Vaccines are safe and an effective way to protect children from diseases. Autism Speaks states that, “Vaccines do not cause autism. We urge that all children be fully vaccinated.” Families who remain concerned about vaccines and ASD should talk with their pediatrician.

For more information about immunizations, visit www.HealthyChildren.org or www2.aap.org/immunization.
NEW from the AMERICAN ACADEMY OF PEDIATRICS

NEW!
Raising Kids to Thrive: Balancing Love With Expectations and Protection With Trust
By Kenneth R. Ginsburg, MD, MS Ed, FAAP; Ilana Ginsburg; and Talia Ginsburg

Pediatrician Ken Ginsburg has been helping parents of adolescents for many years, and now his teenaged daughters, Talia and Ilana, have joined him in writing Raising Kids to Thrive. Offering essential tips on fostering resilience in teens, this book helps parents understand how they can balance unconditional love and still set high expectations for their children, as well as recognize when to set boundaries or get out of kids’ way so they can learn lessons firsthand. Combining Dr. Ginsburg’s breadth of experience with the perspective of his daughters and the views of 500 adolescents, Raising Kids to Thrive offers a fresh take on how to successfully parent teens in today’s complicated world.

NEW!
Baby Care Anywhere: A Quick Guide to Parenting On the Go
By Keith Seibert, MD, MBA, FAAP, and Ben Spitalnick, MD, MBA, FAAP

This portable pocket guide to baby basics fits in a diaper bag or stroller pocket, making it a great resource for on-the-go moms and dads. Written by 2 pediatricians, Baby Care Anywhere addresses 150 of the most frequent questions and concerns raised by new parents. Covers picking a pediatrician, pediatric checkups, jaundice, diaper rash, earaches, immunizations, sleep, reflux, fever, and much more!

For more information, visit the HealthyChildren bookstore at shop.aap.org/for-parents/.
A lifetime of learning begins the moment parents say their first hello to their newborn. Children’s early experiences have a strong and enduring effect on their learning, health, and path in life.

Amazing things happen in young brains when parents read, talk, and sing with their children. Connections are made and strengthened that teach them more words. Children learn that pictures and words in books have meaning. They learn to love books and the special time they spend with those that they love the most. This makes them feel loved, safe, and secure. They feel good about themselves and good about their relationship with their parents and caregivers, the people they love the most in the world. The real power of this activity is that it begins in a parent’s lap.

Reading regularly with young children stimulates optimal patterns of brain development and strengthens parent-child relationships at a critical time in child development, which, in turn, builds language, literacy, and social-emotional skills that last a lifetime.
WHAT PARENTS CAN DO

1. Set aside a few quiet minutes each day for sharing books together with your children. Put it on your schedule. This should be a time free of TV, texting, and other distractions. This can be part of your regular bedtime routine.

2. Read books that your children are interested in and recommended for their age. Here are some examples of what children can do and what parents and caregivers can do.

   • Birth–3 months
     Babies can: Look at the book you are holding for them and talking about.
     Parents can: Find a quiet, cozy place to cuddle up together with a sturdy book or 2.

   • 4–5 months
     Babies can: Reach toward a book and pat the pictures in it.
     Parents can: Name and point to the pictures your baby shows interest in.

   • 6–8 months
     Babies can: Explore a book by feeling it, turning it upside down, putting it in their mouth, or dropping it.
     Parents can: Help your baby turn pages, following his interest.

   • 9–11 months
     Babies can: Copy some of the sounds you make, the looks on your face, and the gestures you make.
     Parents can: Act out the story or pictures using your face, hands, and voice.

   • 12–14 months
     Babies can: Choose a favorite book to read with you.
     Parents can: Ask your children questions they can answer by pointing. You can say: “Where’s the doggie?” or “Where’s the happy baby?” or “Who says meow?”

   • 15–17 months
     Children can: Laugh, squeal, and point while enjoying a favorite book with you.
     Parents can: Name and then demonstrate actions or emotions in a book, such as laughing. Look at the boy laughing. Then laugh with your toddler!

   • 18–23 months
     Children can: Choose a book to share and tell you they want “more book” or “another book.”
     Parents can: Read the same book again, if your children want this. Toddlers learn by repeating things over and over again.

   • 24–29 months
     Children can: Ask you questions about the pictures or story, such as: “What’s that?”
     Parents can: Respond with excitement to your children’s questions and comments.

   • 30–35 months
     Children can: Ask you questions about the characters or story in a book.
     Parents can: Talk about the feelings of the characters. Ask if your children has ever felt like this.
• 3 years
  Children can: Tell you how a story is like things they have seen or done.
  Parents can: Ask your children to show you all the things in a picture that are alike in some way. You can say: “Can you find all the blue things?” or “Show me all the things that can fly.”

• 4 years
  Children can: Pretend to read a favorite story out loud to you.
  Parents can: Point out colors, shapes, numbers, and letters. Ask your children to find them in the books you are reading together.

• 5 years
  Children can: Predict (before turning the page) what might happen next in a story.
  Parents can: Ask your children to tell you about the pictures and the story.

• 6–10 years
  Children can: Tell you what they think about the story. They can imagine how they might have changed some parts of it, if they had written it themselves.
  Parents can: Ask your children to imagine how they might have told this story differently. Ask what message this story may have given them.

Use the 5 Rs of Early Education in your daily activities with your children, right from birth.

• Read together as a daily, fun, family activity.
• Rhyme, play, talk, sing, and cuddle together often throughout the day.
• Build Routines for meals, play, and sleep, which help children know what to expect and what is expected of them.
• Give Rewards for everyday successes (especially for effort toward goals like helping), understanding that praise from those closest to a child is a very potent reward.
• Develop Relationships that are nurturing, reciprocal, purposeful, and lasting, which are the foundations of healthy early brain and child development. Reciprocal means shared and not one-sided.

Read more and explore. Here is a list of literacy resources for parents and caregivers from the Books Build Connections toolkit.

HealthyChildren.org
HealthyChildren.org is the American Academy of Pediatrics Web site for families and caregivers. It has English and Spanish resources related to raising healthy children, including early literacy.

Too Small to Fail
Too Small to Fail has resources for parents and caregivers to help children thrive from birth to 36 months of age, including videos and Spanish materials.

Reach Out and Read
The Reach Out and Read Web site provides family-friendly reading tip sheets in English and Spanish.

Colorín Colorado
Colorín Colorado is a bilingual Web site providing information, activities, and advice about helping English language learners (ELLs) succeed. A sister project of Reading Rockets, Colorín Colorado offers a range of resources.
for Spanish-speaking and ELL parents, such as family literacy activities, multicultural book recommendations, author interviews, and monthly newsletters. Colorín Colorado also features an extensive collection of resources for ELL educators, including research-based strategies for reading, language, and content-area instruction; recommendations for building relationships with ELL families; and information on the Common Core State Standards and ELLs.

Dolly Parton’s Imagination Library
Dolly Parton’s Imagination Library helps communities develop early literacy programs and provide books for early readers. Parents can use the search feature to find out whether there is a program in their community.

Get Ready to Read!
Get Ready to Read! is a Web site powered by the National Center for Learning Disabilities that has information for professionals and parents. It has a free kindergarten readiness test for children and provides resources to address areas of need identified by the test.

Reading Is Fundamental
Kids will love the Reading Is Fun (RIF) Web site because it has games, interactive stories, contests, e-cards, and more! Parents can download booklists and information guides and learn more about RIF.

Reading Rockets
Reading Rockets is a Web site for parents who want more information about how to help struggling readers.

Story Place
Pre-K and elementary school students can read dozens of interactive books using the Story Place computer guide. Online activities and games reinforce the themes of the story. These activities are for emerging readers and teach beginning computer skills. Books are available in English and Spanish.

About Books
Build Connections
The Books Build Connections toolkit was developed by the American Academy of Pediatrics (AAP) in collaboration with Too Small to Fail, a joint initiative of the Bill, Hillary & Chelsea Clinton Foundation, Next Generation, and Reach Out and Read. The toolkit aims to promote early literacy and ensure that doctors, parents, and caregivers have the information, tools, and books they need to promote talking, reading out loud, and singing to children every day starting in infancy. It incorporates new recommendations on literacy issued by the AAP in June 2014.

According to Pamela High, MD, FAAP, lead author of the AAP early literacy policy statement, “Pediatricians want all parents and caregivers to know that by making special one-on-one time every day to read, talk, and play with their young children, they are promoting their child’s early learning. This kind of treasured experience actually creates new connections in their child’s brain that promote language development and secure the bond between parent and child.”

About Too Small to Fail
Too Small to Fail aims to help parents and businesses take meaningful actions to improve the health and well-being of children ages 0 to 5, so that more of America’s children are prepared to succeed in the 21st century.

About Reach Out and Read
Reach Out and Read is an evidence-based nonprofit organization of medical professionals who promote early literacy and school readiness in pediatric examination rooms nationwide by integrating children’s books and advice to parents about the importance of reading aloud into well-child visits.

Derived from Books Build Connections Web site
Fresh fruit and vegetables are a quick and healthy after-school snack for busy parents and hungry children. They are packed full of important nutrients and are naturally low in calories. The fruits and vegetables listed in this publication are easy to prepare—wash and eat, peel and eat, or wash, slice, and eat.

Keep in mind that it can take many tries before children will try a new fruit or vegetable. If dips are offered with the vegetables they should be healthy, such as low-fat dressing or hummus. It is also important for parents to be good role models and fill half their plates with fruits and vegetables too.

A GUIDE TO CHOOSING AND STORING PRODUCE

Fresh fruits and vegetables are a quick and healthy after-school snack for busy parents and hungry children. They are packed full of important nutrients and are naturally low in calories. The fruits and vegetables listed in this publication are easy to prepare—wash and eat, peel and eat, or wash, slice, and eat.

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FRESH FRUIT AND VEGETABLE BUYING AND STORING GUIDE

- Different varieties of fruits and vegetables may be available all-year round in the produce section because they can come from other parts of the country or world. Fruits and vegetables that are in season (peak season/peak of freshness) may cost less and taste better.
- Produce that produces ethylene (a natural gas) can cause ethylene-sensitive produce to ripen faster. Store produce that make ethylene away from produce that are sensitive to ethylene.
- Produce that make ethylene: apples, avocados, bananas, cantaloupe, nectarines, papayas, peaches, pears, plums, and tomatoes.
- Produce sensitive to ethylene: asparagus, broccoli, cabbage, cauliflower, celery, chayotes, collard greens, grapefruit, green beans, kale, kiwifruit, lemons, lettuce, mangoes, mushrooms, okra, oranges, persimmons, potatoes, spinach, watermelon, and yellow squash.
- If fresh fruits and vegetables are limited in your area, frozen or canned is another option. Frozen and canned fruits are as nutritious as fresh fruits and vegetables.
<table>
<thead>
<tr>
<th>Fruit*</th>
<th>Buying Tips</th>
<th>Storage Tips</th>
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</table>
| **Apples** | Firm, shiny, smooth skin, stem attached  
_In season: September–May_ | Refrigerate in plastic bags away from foods with strong odor; eat within 3 weeks. |
| **Apricots** | Firm (not hard), plump, golden yellow  
_In season: June–July_ | Ripen at room temperature, and then refrigerate in plastic bags; eat within 3–5 days. |
| **Bananas** | Firm, no bruises, yellow with slightly green stem and tips  
_In season: All year_ | Ripen at room temperature. Ripened bananas can be stored in the refrigerator for up to 2 weeks, but skin may turn black. |
| **Berries**  
**Blueberries** | Firm, plump, dry, dusty blue, similar in size  
_In season: June–August_ | Refrigerate; eat within 10–14 days. |
| **Berries**  
**Raspberries** | Firm, dry (check for mold), plump  
_In season: June–August_ | Refrigerate; eat within 1–2 days. Wash when ready to eat. |
| **Berries**  
**Strawberries** | Shiny, firm, bright red; green caps attached  
_In season: June–August_ | Refrigerate; eat within 1–3 days. Wash when ready to eat. |
| **Cherries** | Firm, no blemishes, stems attached  
_In season: May–June_ | Refrigerate; eat within 10 days. |
| **Citrus fruit**  
**Grapefruit** | Firm, feels heavy for size, smooth, well rounded  
_In season: October–June_ | Store at room temperature; eat within 1 week. Refrigerate; eat within 1–2 weeks. |
| **Citrus fruit**  
**Oranges** | Firm, feels heavy for size, skin not too rough  
_In season: November–June_ | Store at room temperature; eat within 1–2 days. Refrigerate; eat within 1–2 weeks. |
| **Citrus fruit**  
**Tangerines** | Deep orange or yellow; glossy skin  
_In season: November–January_ | Refrigerate. Eat within 2 weeks. |
| **Grapes** | Firm, plump, attached to green stems  
_In season: June–December_ | Refrigerate in plastic bag; eat within 7 days. |
| **Kiwi fruit** | Slightly firm, rough and fuzzy skin  
_In season: June–August_ | Refrigerate unripened up to 6 weeks. |
| **Mangoes** | Slightly firm, smooth skin often speckled with black  
_In season: April–August_ | Store at room temperature; eat within 1–2 days. Refrigerate peeled, cut mangoes. |
| **Melon**  
**Cantaloupe** | Sweet smell; yellowish skin under the netting; stem end a little soft; feels heavy for size  
_In season: May–September_ | Store whole melon at room temperature for up to 1 week. Refrigerate cut-up melon in airtight container; eat within 5 days. |
| **Melon**  
**Honeydew** | Sweet smell; creamy, yellow rinds; feels heavy for size  
_In season: February–October_ | Store at room temperature; eat within 2 weeks. |
| **Melon**  
**Watermelon** | Yellow, cream-colored underside; symmetrical; dried stem; feels heavy for size  
_In season: May–August_ | Store at room temperature; eat within a week. Refrigerate cut-up melon in airtight container; eat within 5 days. |
| **Nectarines** | Firm, smooth skin  
_In season: June–September_ | Ripen in paper bag at room temperature. Refrigerate ripe nectarines; eat within 2–3 days. |
| **Papaya** | Greenish yellow; slightly soft to touch when fruit is pressed in palm of hand  
_In season: All year_ | Store at room temperature until yellow or orange; eat within 2–3 days. |
| **Peaches** | Firm, fuzzy, no blemishes  
_In season: June–September_ | Ripen in paper bag at room temperature. Refrigerate ripe nectarines; eat within 1–2 days |
| **Pears** | Firm; ripe when stem can be gently moved; color creamy yellow to brown  
_In season: August–May_ | Ripen at room temperature. Refrigerate ripe nectarines; eat within 1–2 days |
| **Pineapples** | Golden yellow; slightly soft; dark-green leaves; ripe when a leaf can be easily taken off; heavy for size  
_In season: February–August_ | Refrigerate cut pineapple; eat within 2–3 days. |
| **Plums** | Plump, smooth skin, no blemishes. Avoid shriveled or hard plums.  
_In season: June–September_ | Room temperature in paper bag until ripe. Refrigerate ripe. |
### Fresh vegetables

<table>
<thead>
<tr>
<th>Fruit*</th>
<th>Buying Tips</th>
<th>Storage Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bell peppers</strong></td>
<td>Firm, brightly colored peppers (green, red, orange, yellow) with tight skin that are heavy for their size. Avoid dull, shriveled, or pitted peppers. <em>In season: All year</em></td>
<td>Refrigerate bell peppers in plastic bag for use within 5 days.</td>
</tr>
<tr>
<td><strong>Broccoli</strong></td>
<td>Firm, closed, dark-green florets; firm, tender stalks <em>In season: October–May</em></td>
<td>Refrigerate 3–5 days.</td>
</tr>
<tr>
<td><strong>Carrots</strong></td>
<td>Firm; bright colored; smooth. No soft, wilted, or split. <em>In season: All year</em></td>
<td>Refrigerate in plastic bag; eat within 2 weeks.</td>
</tr>
<tr>
<td><strong>Cauliflower</strong></td>
<td>Bright-green leaves; firm creamy-white florets. No bruises or open florets; no brown spots. <em>In season: September–November</em></td>
<td>Refrigerate in plastic bag up to 5 days.</td>
</tr>
<tr>
<td><strong>Celery</strong></td>
<td>Fresh leaves, crisp branches. Light green. No wilts, rough look or puffy feel to stalk. <em>In season: All year</em></td>
<td>Refrigerate in plastic bag up to 1 week.</td>
</tr>
<tr>
<td><strong>Cucumbers</strong></td>
<td>Bright, shiny dark green, firm, heavy for size <em>In season: May–August</em></td>
<td>Refrigerate in plastic bag up to 1 week.</td>
</tr>
<tr>
<td><strong>Tomato</strong></td>
<td>Firm, plump, no blemishes <em>In season: May–August</em></td>
<td>Store at room temperature away from sunlight up to 1 week. Refrigerate if needed, but this will affect the taste.</td>
</tr>
</tbody>
</table>

* Some fruits and vegetables can be a choking hazard for younger children. Do not feed children younger than 4 years round, firm food unless the food is completely chopped and children are able to chew properly.

FOOD SAFETY FIRST

Here are tips adapted from the Centers for Disease Control and Prevention “Tips for Fresh Produce Safety: Safe Handling of Raw Produce and Fresh-Squeezed Juices.”

Buying Tips
• Do not buy bruised or damaged produce.
• Make sure fresh-cut produce, such as a half a watermelon or bagged salad greens, are refrigerated or on ice.
• Put fresh fruits and vegetables in a different storage bag than meat, poultry, and seafood products.

Storage Tips
• Store perishable fresh fruits and vegetables, such as strawberries or lettuce, in a clean refrigerator with a temperature of 40°F or below.
• Refrigerate all precut or peeled produce.

Preparation Tips
• Always wash your hands for 20 seconds with warm water and soap before and after preparing fresh produce. Children should wash their hands before and after snacks and meals.
• Cut away any damaged or bruised areas on fresh fruits and vegetables. Throw out rotten produce.
• All produce should be thoroughly washed before eating. Wash fruits and vegetables under running water just before eating, peeling, cutting, or cooking. Washing produce with soap or detergent or using commercial produce washes is not recommended.
• Many precut, bagged produce items like lettuce are prewashed. If the package states that the contents have been prewashed, you can use the produce without washing again.
• Scrub firm produce, such as melons and cucumbers, with a clean produce brush.
• Dry produce with a clean cloth towel or paper towel, which may help reduce bacteria that may be present.
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The only Web site backed by 64,000 American Academy of Pediatrics (AAP) member physicians, HealthyChildren.org offers:

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- An interactive KidsDoc Symptom Checker
- An “Ask the Pediatrician” tool
- Easy-to-use search by keyword, topic, or age
- Tips, tools, schedules, checklists, and more
- Special offers and a free e-newsletter for registered users

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- Webby Award Honoree
- Chicago Innovation Award Finalist
- EXCEL Gold Award
- Innovation of the Year Award
- EXCEL Award for Editorial Excellence (Spanish)

Visit HealthyChildren.org today!
Millions of text messages, photos, and videos are shared each day via social media. One tap or one click and a text message, photo, or video can be shared instantly with friends and family. And if the privacy settings are not set, then information could also be accessed by anyone in the world.

Many children and teens use social media, and they probably know more about social media than their parents. Though this may be true, parents need to remember that children may not have the experience, resources, or ability to always make the best choices. It’s important for parents to stay connected with their children and to set healthy boundaries when utilizing social media.

TEENS AND THEIR SOCIAL MEDIA USE
According to data collected by the Pew Research Center in 2012, 78% of teens have a cell phone, and almost half (47%) of those own smartphones. About 3 in 4 (74%) teens aged 12 to 17 say they access the Internet on cell phones, tablets, and other mobile devices at least occasionally. Smartphones are cell phones with an operating system that allows users to connect with social media; basic cell phones are limited to basic functions, such as sending and receiving text messages or photos. Though many teens share personal information on the social media profile they use most often, many of them do take steps to manage (i.e., update, edit, delete) and monitor their profiles to protect their reputation. For example, teens may remove their name from photos that have been tagged to identify them or may delete comments from others on their profile or account.

Information Teens Share
• 91% post a photo of themselves.
• 71% post their school name.
• 71% post the city or town where they live.
• 53% post their e-mail address.
• 20% post their cell phone number

Derived from “Part 3: Reputation Management on Social Media,” “Teens and Technology 2013,” and “Teens, Social Media, and Privacy” on Pew Research Center Web site
**SOCIAL MEDIA SITES AT-A-GLANCE**

Here are 4 examples of social media teens may use. How they are used and how often they are used can change overtime.

<table>
<thead>
<tr>
<th>Social Media</th>
<th>Date Founded or Launched</th>
<th>Description</th>
<th>For More Information</th>
</tr>
</thead>
</table>
| **Facebook** | • Founded in 2004 (open to college students)  
• Opened to high school students in 2005  
• Opened to the public in 2006 | “Connect with friends and the world around you on Facebook.” — [www.facebook.com](http://www.facebook.com)  
The site offers users to register for access to a dedicated profile with the option to list their name, birthday, relationship status, location, interests, and much more. Users can also share instant posts, photos, videos, and links and can chat or send personal messages. | Family Safety Center  
[www.facebook.com/safety](http://www.facebook.com/safety)  
Privacy Policy  
[www.facebook.com/fbprivacy](http://www.facebook.com/fbprivacy) |
| **Instagram** | • Launched in 2010  
• Acquired by Facebook in 2012 | “Capture and Share the World’s Moments: Instagram is a fast, beautiful and fun way to share your life with friends and family. Take a picture or video, choose a filter to transform its look and feel, then post to Instagram — it’s that easy. You can even share to Facebook, Twitter, Tumbler and more.” — [www.instagram.com](http://www.instagram.com) | Instagram Help Center  
(Click on “Tips for Parents.”)  
[www.help.instagram.com](http://www.help.instagram.com)  
Privacy Policy  
[www.instagram.com/about/legal/privacy/](http://www.instagram.com/about/legal/privacy/) |
| **Snapchat** | • Launched in 2011 under the name “Picaboo,” as an iOS-only app  
• Renamed Snapchat and available to Android users in 2012 | “Enjoy fast and fun mobile conversation! Snap a photo or a video, add a caption, and send it to a friend. They’ll view it, laugh, and then the Snap disappears from the screen—unless they take a screenshot!” — [www.snapchat.com](http://www.snapchat.com)  
Snaps are pictures or video messages taken and shared with friends who also have the app. Snapchat in real time. Snaps can be viewed for up to 10 seconds, depending on the amount of time the user chooses. Snapchatters can choose to have their photo or video saved in their phone’s photo gallery or just sent to friends.  
Snapkidz is a version with limited functions for children younger than 13. | Snap Chat Safety Center  
[www.snapchat.com/safety](http://www.snapchat.com/safety)  
Privacy Policy  
[www.snapchat.com/privacy](http://www.snapchat.com/privacy) |
| **Twitter** | • Founded in 2006 | “Connect with your friends—and other fascinating people. Get in-the-moment updates on the things that interest you. And watch events unfold, in real time, from every angle.” — [www.twitter.com](http://www.twitter.com)  
Tweet—A message of 140 characters or less. Can also include photos, videos, and links to other Web sites. The # symbol, called a hashtag, is used to mark keywords or topics in a Tweet.  
Retweet—a re-posting of someone else’s Tweet. Twitter’s Retweet feature helps you and others quickly share that Tweet with all of your followers. | Help Center  
[www.support.twitter.com/](http://www.support.twitter.com/)  
Families learn how to protect your tweets  
[www.support.twitter.com/articles/470968](http://www.support.twitter.com/articles/470968)  
Privacy Policy  
IMPORTANT MEDIA USE REMINDERS

• Keep media devices out of children’s and teens’ bedrooms. Set a “media curfew” at mealtime and bedtime, putting all devices away or plugging them into a charging station for the night.

• Be firm about not viewing content that is not age appropriate: sex, drugs, violence, etc. Movie and TV ratings exist for a reason, and online movie reviews also can help parents to stick to their rules.

• Keep the computer in a public part of your home, so you can check on what your kids are doing online and how much time they are spending there. Also set the parental controls on the computer.

• Remind children that every place they go on the Internet and any text, photos, or videos posted on the Internet may be “remembered” forever. Anyone who uses the Internet leaves a permanent “digital footprint.”

• Become familiar with popular social media sites like Facebook, Twitter, and Instagram. You may consider having your own profile on the social media sites your children use. By “ friending” or “following” your kids, you can monitor their online presence. Note: You must be 13 years and older to sign up and have a profile on many social media sites. This age requirement is in line with the Children’s Online Privacy Protection Act (COPPA) that prohibits Web sites from collecting information from children younger than 13. If you have young children, you can create accounts on sites that are designed specifically for kids their age.

• Talk with your children about being good “digital citizens.” Bullying is not OK in school, not OK at home, and not OK anywhere else, including online. If your child is the victim of cyberbullying, it is important to take action with the other parents and the school, if appropriate. Attend to children’s and teens’ mental health needs promptly if they are being bullied online, and consider separating them from the social media platforms where bullying occurs.

• Make sure children of all ages know that it is not appropriate or smart to send or receive pictures of people without clothing, or “sexy” text messages, no matter whether they are texting friends or strangers. Any pictures and videos sent or posted via social media could be saved, stored, and shared. Caution and discretion should always be utilized.

Adapted from “How to Make a Family Media Use Plan” on HealthyChildren.org
Just Say **No**
To **ALL** Tobacco:
Alternative Forms of Tobacco
Are Dangerous Too

All forms of tobacco have the potential to cause health problems, and the nicotine in tobacco products is addictive. Also, tobacco products that look like candy or come in candy flavors like chocolate, cherry, or mint are especially dangerous to young children. For example, one teaspoon of liquid nicotine from a refillable e-cigarette could be lethal to a child.

Children, teens, and parents need to know that there are no safe forms of tobacco.
OTHER FORMS OF SMOKING
While cigarettes remain the most popular form of tobacco, there are many other forms that parents should be aware of.

Cigars: A cigar is a tightly rolled bundle of tobacco wrapped in leaf tobacco or in a substance that contains tobacco. Three types of cigars sold in the United States include large cigars, cigarillos, and little cigars. One large cigar usually contains about the same amount of tobacco as a pack of cigarettes. It takes about 1 to 2 hours to smoke and smokers usually do not inhale the smoke. Cigarillos (means “little cigar” in Spanish) are about 3 to 4 inches long and usually do not include a filter. Little cigars are about the size of cigarettes, may include a filter, may be flavored, and are sold in packs. Cigar smoke is not any safer even when cigar smoke is not inhaled or if smoke is inhaled through a filter.

Hookahs: A hookah or water pipe is a device used to smoke tobacco. Special tobacco is made for a hookah and may be flavored. Tobacco is heated, filtered by water, and then inhaled as smoke through a hose with a mouthpiece at the end. Hookah smokers usually smoke in a group sharing one mouthpiece. Young adults typically use hookah as a social activity; hookah bars or lounges near college campuses are popular meeting places. Inhaling tobacco smoke using a hookah is not any safer because of the water filter. Hookah use can lead to several types of cancers, as well as heart and lung diseases. Also, because people are sharing a mouthpiece, there is a risk of hepatitis, herpes, and tuberculosis.

Bidis: A bidi is a small, thin, hand-rolled cigarette wrapped in leaves. Bidis can be tied with a string at one or both ends. Bidis may be flavored. The amount of nicotine in bidi smoke is 3 to 5 times higher than the amount of nicotine in cigarette smoke. Several research studies have found that many of the same health problems associated with cigarettes can be common with bidi use. Bidis are imported from Asia.

Kretek: A kretek is a cigarette that contains a mixture of tobacco, cloves, and other additives. They are imported from Indonesia and are also called cloves or clove cigarettes. Kretek use can cause some of the same health problems that cigarette smoking causes, such as difficulty breathing, coughing up blood, and other lung problems.

FORMS OF SMOKELESS TOBACCO
Many people believe smokeless tobacco is safer than smoking because they are not inhaling smoke. However, this is not true. Smokeless tobacco still contains many dangerous chemicals and ingredients that can cause harm to the body. Also, because there is no smoke this may make it easier for children to use tobacco products without being noticed. Products that look like candy or are flavored can be appealing to young children.

Chewing tobacco: Also known as spit tobacco, or chew, chewing tobacco is made of strips of shredded tobacco leaves in various forms. Chewing tobacco is placed between the gum and the cheek and tobacco juice that builds up is spit out. The most common
form is **loose-leaf**, which means the strips of tobacco are sweetened and packaged in a foil pouch. Chewing tobacco can also appear in **plug form**, where the tobacco is pressed together into a small, cake-like form and wrapped in a tobacco leaf, or **twist or roll form**. In each form, the user takes a piece from the package and places it in the mouth, between the gums and cheek. Chewing tobacco users are at risk for gum loss, oral cancers, stained teeth, and oral sores.

**E-cigarette:** Also called electronic nicotine delivery systems (ENDS), personal vaporizers, vape pens, e-cigars, e-hookah, or vaping devices. These devices are battery-powered and provide nicotine through use of a cartridge. A vapor is released from the end so users feel like they are smoking a real cigarette. E-cigarettes come in flavors like chocolate, gummy bear, tobacco, and cappuccino. Because some e-cigarettes may look like toys (shiny or colorful) and are not sold in child-proof packaging, it’s especially important to keep these devices and their refillable liquids out of sight and reach of children. The US Food and Drug Administration intends to develop regulation for these devices.

**Snuff:** Snuff is also called pinch, or dip, and is a finely-ground form of tobacco that can be dry or moist. Dry snuff is often a powder-like consistency and can be inhaled through the nostrils, taken orally, or placed between the gums and cheek, as is common to do with moist snuff. **Snus** is moist snuff that originated in Sweden. It is dispensed in packets, or sachets (that look like small tea bags), and placed between the gums and cheek. Snus is also designed so that there is no need to spit the product juices out, as is the case with other forms of smokeless tobacco, and this may make the product more popular in school settings. Snus contains many of the same dangers as other smokeless forms of tobacco, despite intense marketing as a safer alternative to cigarettes.

**Dissolvable tobacco:** Tobacco that is meant to dissolve in the user’s mouth is given the broad term dissolvable tobacco. This can include **orbs** (that look like small, oval-shaped mints), **strips** (that look like breath strips), and **sticks** (that look like toothpicks) that are in some markets around the United States. The nicotine content in each differs; some contain more nicotine than a typical cigarette, some contain less. Though the amount of nicotine in some of these brands may seem small compared to other tobacco forms, there is a greater danger of addiction or poisoning. Because these products look like candy or mints, it’s especially important to keep these out of sight and reach of children. Parents need to make sure their children and teens know that orbs, strips, and sticks contain nicotine just like cigarettes and are not safe. Parents should also keep in mind that these products are drugs that can be easy for children and teens to hide and use.

For more information about tobacco and secondhand smoke, visit the [AAP Julius B. Richmond Center of Excellence](http://www.aap.org) Web site. Derived from “Alternative Forms of Tobacco are Dangerous” on HealthyChildren.org; “Emerging and Alternative Products” on the Julius B. Richmond Center of Excellence Web site; and “Smoking & Tobacco Use” on the Centers for Disease Control and Prevention Web site.