American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Growth and Development: 3-4 Years

Watching a young child grow is a wonderful and unique experience for a parent. Learning to sit up, walk and talk are some of the more major developmental "milestones" your child will achieve. But your child's growth is a complex and ongoing process. Young bodies are constantly going through a number of physical and mental changes.

Although no two children develop at the same rate, they should be able to do certain things at certain ages. As a parent, you are in the best position to note your child's below as guidelines.

At the ages noted, observe your child for l month. (This lets you take into account any days when your child may be acting differently because he or she is sick or upset.) Use the milestones listed for each age to see how your child is developing.

Remember a "no" answer to any of these questions does not necessarily mean that there is a problem. Every child develops at his or her own pace and may sometimes develop same age. Keep in mind these milestones should be used only as guidelines.

Plan to talk about these guidelines with your pediatrician during your next office visit if you note the following:

- major differences between your child's development and the "milestones"
- your child does not yet do many of the things usually done at his or her age

3 Years

Can your child name at least one picture when you look at animal books together?

Can your child throw a ball overhand (not sidearm or underhand) toward your stomach or chest from a distance of 5 feet?

Can your child answer simple questions?

Does your child help put things away?

Can your child answer the question, "Are you a boy or girl?"

Can your child name at least one color?

4 Years

Can your child pedal a tricycle at least 10 feet forward?

Does your child play hide-and-seek, cops-and-robbers, or other games where he/she takes turns and follows rules?

Can your child name pictures in books or magazines?

Can your child tell you what action is taking place in a picture?

Does your child use action words (verbs)?

Does your child play pretend games, such as with toys, dolls, animals, or even an imaginary friend?

If you have any questions, plan to discuss them with your pediatrician. Pediatricians are developmental problems in children. Many problems, if detected early, can be treated by your pediatrician and successfully managed.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Growth and Development: 5-6 Years

Watching a young child grow is a wonderful and unique experience for a parent. Learning to sit up, walk and talk are some of the more major developmental "milestones" complex and ongoing process. Young bodies are constantly going through a number of physical and mental changes.

Although no two children develop at the same rate, they should be able to do certain parent, you are in the best position to note your child's development, and you can use the milestones described below as guidelines.

At the ages noted, observe your child for I month. (This lets you take into account any days when your child may be acting differently because he or she is sick or upset.) Use the milestones listed for each age to see how your child is developing.

Remember a "no" answer to any of these questions does not necessarily mean that there is a problem. Every child develops at his or her own pace and may sometimes develop more slowly in certain areas than other children the same age. Keep in mind these milestones should be used only as guidelines.

Plan to talk about these guidelines with your pediatrician during your next office visit if you note the following:

- major differences between your child's development and the "milestones"
- your child does not yet do many of the things usually done at his or her age

5 Years

Can your child button some of his/her clothing or his/her doll's clothes? (Snaps do not count.)

Does your child react well when you leave him/her with a friend or sitter?

Can your child name at least three colors?

Can your child walk down stairs alternating his/her feet?

Can your child jump with his/her feet apart (broad jump)?

Can your child point while counting at least three different objects?

Can your child name a coin correctly?

6 Years

Can your child tie his/her shoes?

Can your child dress himself/herself completely without help?

Can your child catch a small bouncing ball, such as a tennis ball, using only his/her hands? (Large balls do not count.)

Can your child copy a circle?

Can your child tell his/her age correctly?

Can your child repeat at least four numbers in the proper sequence?

Can your child skip with both feet?

If you have any questions, plan to discuss them with your pediatrician. Pediatricians are trained to detect and treat developmental problems in children. Many problems, if detected early, can be treated by your pediatrician and successfully managed.

Working Together for Home Fire Safety

More than 4,000 Americans die each year in fires and 20,000 are injured. An overwhelming number of fires occur in the home. There are time-tested ways to prevent and survive a fire. It's not a question of luck. It's a matter of planning ahead.

Every Home Should Have at Least One Working Smoke Alarm

Buy a smoke alarm at any hardware or discount store. It's inexpensive protection for you and your family. Install a smoke alarm on every level of your home. A working smoke alarm may double your chances of survival. Test it monthly, keep it free of dust and replace the battery at least once a year. Smoke alarms themselves should be replaced after 10 years of service, or as recommended by the manufacturer.

Prevent Electrical Fires

Never overload circuits or extension cords. Do not place cords and wires under rugs, over nails or in high traffic areas. Immediately shut off and unplug appliances that sputter, spark or emit an unusual smell. Have them professionally repaired or replaced.

Use Appliances Wisely

When using appliances, always follow the manufacturer's safety precautions. Overheating, unusual smells, shorts and sparks are all warning signs that appliances need to be shut off, then replaced . Unplug appliances when not in use. Use safety caps to cover all unused outlets, especially if there are small children in the home.

Alternate Heaters

- Portable heaters need their space. Keep anything combustible at least 3 feet away.
- Keep fire in the fireplace. Use fire screens and have your chimney cleaned annually. The creosote buildup can ignite a chimney fire that could easily spread.
- Kerosene heaters should be used only where approved by authorities. Never use gasoline or camp-stove fuel. Refuel outside and only after the heater has cooled.

Affordable Home Fire Safety Sprinklers

When home fire sprinklers are used with working smoke alarms, your chances of surviving a fire are greatly increased. Sprinklers are affordable — they can increase property value and lower insurance rates.

Plan Your Escape

Practice an escape plan from every room in the house. Caution everyone to stay low to the floor when escaping from fire and never to open doors that are hot. Select a location where everyone can meet after escaping the house. Get out then call for help.

Caring for Children

Children under five are naturally curious about fire. Many play with matches and lighters. Tragically, children set more than 20,000 house fires every year. Take the mystery out of fire play by teaching your children that fire is a tool, not a toy.

Caring for Older People

Every year, more than 1,200 senior citizens die in fires. Many of these fire deaths could have been prevented. Seniors are especially vulnerable because many live alone and can't respond quickly.

Additional Resource

The U. S. Fire Administration
16825 South Seton Ave.
Emmetsburg, MD 21727
Internet: www.usfa.fema.gov

Source: U.S. Department of Homeland Security

Updated: March 2006

Stranger Safety

What kinds of strangers are dangerous?

- Treat all strangers as if they are dangerous.
- You can't tell who is a nice stranger and who is a dangerous stranger.
- Dangerous strangers can act nice.
- Even strangers who know your name, family members' names, or where you live are dangerous. This information is not hard for strangers to find out.
- Even strangers who look the same age as an older brother or sister can be dangerous.

What are some dangerous situations?
These are times you should run the other way and immediately find a safe place or a safe adult:

- Strangers who ask you for directions
- Strangers who try to touch you
- Strangers who show you a private body part
- Strangers who ask you to help them find something they have lost
- Strangers who offer you gifts, money, or candy
- Strangers who offer you a ride
- Strangers who have pets or other neat things they want you to come look at
- Strangers who ask you to go somewhere with them

What is stranger safety?

- It's always best to walk with someone else, even if the person is younger or smaller than you are. Groups are even safer.
- Know where your "safe spots" are. Safe spots are the houses of people you know. Go to a safe spot if a stranger tries to get close to you.
- Stores, libraries, schools, police stations, and fire stations are also safe places.
- If a stranger comes toward you, immediately run the other direction.
- If a stranger asks you something, run the other way.
- If a stranger is near and you don't feel safe, run away and make as much noise as you can. Scream and yell and try to get people's attention.
- Run as soon as you can. Never wait around to see what the stranger might do next.
- Go to a safe spot right away and tell an adult about the stranger.
- Never take gifts, candy, or food from strangers.
- Never walk toward a stranger, even if they want to show you something.
- Never follow a stranger, get in the car with a stranger, or let a stranger take you somewhere.

What about answering the phone?

- Young children should never be left home alone.
- Some older children can be left home alone if they are prepared, responsible, and know how to handle emergencies.
- Teach your child not to answer the phone if he is home alone.
- Or, teach him/her how to answer the phone if he is home alone.

    - Never tell a caller you are home alone.
    - Say that your parents are busy and can't come to the phone.
    - Never tell a caller your name, phone number, or address.
    - If the caller asks for this information, hang up and call a safe adult.
    - If a stranger calls twice, hang up and call a safe adult.
    - If the caller teases you or says things that scare you, hang up and call a safe adult.

What about answering the door?

- Young children should never be left home alone.
- Some older children can be left home alone if they are prepared, responsible, and know how to handle emergencies.
- Teach your child not to answer the door if he is home alone.
- Or, teach him/her how to answer the door if he is home alone.
    - If someone knocks, keep the door closed and locked.
    - Look through the window or peephole to see who is there.
    - Never tell the visitor you are home alone.
    - Say that your parents are busy and can't come to the door.
    - Talk to the visitor through the closed door. Don't open the door. Keep it locked.
    - Never let a stranger in, even to use the bathroom or the phone.
    - Don't let anyone in unless your parents said it was okay for this person to come in. If you didn't talk about this person, don't let them in even if you know them.
    - If the person says they came to deliver something or fix something, say your parents are busy and take a message.
    - If the person will not go away or tries to get in, call 911.

How can we avoid problems with strangers?

- Teach your child never to wander in the woods, alleys, or isolated streets.
- Teach your child to come home before it gets dark. Instead of walking home after dark, children should call a safe adult.
- Be on time to pick your child up. Call an adult if you will be late so they can supervise your child while he waits.
- Teach your child not to help strangers. If a stranger needs help, your child should find a safe adult and tell them.
- Teach your child his address and home phone number and a back-up number, like a grandparent. If the child is ever in trouble or needs a ride, he can call.
- Teach your child to tell a parent, teacher, or other trusted adult if a stranger ever asks him to keep a "secret."
- Teach your child to tell an employee if he is lost (at an amusement park, at the mall, etc.).
- Teach your child these safety tips in a matter of fact way. Do not scare him.
- Ask your doctor for more safety tips.

Quick Answers

- Children should treat all strangers as if they are dangerous.
- Teach children to run away from strangers who offer a ride, candy, gifts, or who ask for directions. Never go anywhere with a stranger.
- Teach your child stranger safety. If a stranger ever tries to come toward him or talk to him, he should run in the other direction and tell a safe adult.

- Teach your child how to answer the phone or door if he is home alone.
- Children should never tell a stranger they are home alone. They should call a safe adult right away if a stranger at the door or on the phone won't leave them alone or is scaring them.
- Teach your child not to help strangers. If a stranger needs help, your child should find a safe adult and tell them.

References

- American Academy of Pediatrics. The Pediatrician's Role in the Prevention of Missing Children. 1992 January (cited 2002 April 2). URL: http://www.medem.com/search/article_display.cfm?path=n:&mstr=/ZZZG321Y0CC.shtml&soc=AAP&srch_typ=NAV_SERCH
- Rutherford K. Do You Know How to be Street Smart? KidsHealth. 2001 November (cited 2002 April 2). URL: http://www.kidshealth.org/kid/watch/out/street_smart.html
- University of Missouri. Stranger Danger! National Institute of Occupational Safety. (cited 2002 April 2).

Donna D'Alessandro, M.D.
Lindsay Huth, B.A.

Peer Review Status: Internally Reviewed
Creation Date: May 2002
Last Revision Date: May 2002

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Sexual Abuse Prevention
What to do if you suspect child sexual abuse

If your child does reveal sexual abuse to you, the most important point is to take what your child says seriously. Many children who report sexual abuse are not believed. When a child's plea for help is ignored, he may not risk telling again. As a result, the child could remain a victim of abuse for months or years.

Listen to your child's explanation for disclosing the abuse. Make sure you report the abuse and help your child to understand that the abuse is not his or her fault. Give lots of love, comfort, and reassurance. If you are angry, make sure you let your child know you're not angry with him. Let your child know how brave he was to tell you and that you understand how frightened and scared he feels. This is most important if the child has been abused by a close relative or family friend. Then, **tell someone yourself and get help.** Talk to your child's pediatrician, a counselor, a police officer, a child protective service worker, or a teacher.

If the abuser is a friend or family member, you may be tempted to try and solve the problem yourself. However, when parents try to stop sexual abuse themselves, they will almost always be unsuccessful. The hard but healthy way to deal with this problem is:

- Face the issue.
- Take charge of the situation.
- Confront the problem to avoid future abuse.
- Discuss the problem with your pediatrician who can provide support and counseling.
- Report abuse to your local child protection service agency and ask about crisis support help.

Talking about sexual abuse can be very hard for the child who has been threatened or told not to tell by the abuser, who is often a trusted adult. It can be just as hard for adults to talk about it if the abuser is someone close to them. Still, in the best interest of the child, the abuse needs to be reported and the child needs to get help.

When abuse is reported, the case is investigated by the police or a social service agency that looks into reports of suspected child abuse. With the help of a doctor, the police or social services will decide whether sexual abuse took place. Sometimes the police will let social services handle the case. This may occur if the child shows no physical injury and the abuser is a family member. When a child is abused by a nonfamily member, the matter is usually handled by the police.

After sexual abuse is reported, what happens depends on the circumstances of the case. The degree of risk of more abuse to the boy or girl is of first concern to the authorities. The offender and/or the entire family may be required to attend a treatment program. The offender may even face criminal charges. If the child's safety is in question, authorities will take the offender out of the home. Usually a child can stay in the home as long as her family will take the necessary steps to protect her from further abuse, such as by asking the offender to leave the home while the

problem is investigated. In any event, the child and family will need a lot of support from relatives and friends.

Stay alert to this problem and teach your children what sexual abuse is. Tell them they can and should say "no" or "stop" to adults who may threaten them sexually. Make sure they know that it's okay to tell you about any attempt to molest them--no matter who the offender may be. Let them know they can trust you and that you will not be angry with them if they tell you.

The American Academy of Pediatrics encourages you to take the following steps:

- **Teach** your child about the privacy of body parts.
- **Listen** when your child tries to tell you something, especially when it seems hard for her to talk about it.
- **Give** your child enough of your time and attention.
- **Know** who your child is spending time with. Be careful about allowing your child to spend time in out-of-the-way places with other adults or older children. Make visits to your child's caregiver without notice. Ask your child about his visits to the caregiver or with child sitters.
- **Check** to see if your child's school has an abuse prevention program for the teachers and children. If it doesn't, get one started.
- **Talk** to your child about sexual abuse. A good time to do this is when your child's school is sponsoring a sexual abuse program.
- **Tell** someone in authority if you suspect that your child or someone else's child is being abused.

Prevention measures to safeguard your children from sexual abuse should begin early since a number of child abuse cases involve preschoolers. The guidelines below offer age-appropriate topics to discuss with your children.

Your child's teacher, school counselor, or pediatrician can help you teach your child to avoid sexual abuse. They know how this can be done without upsetting or scaring your child. For more information on child sexual abuse or other forms of abuse, write to the National Committee for Prevention of Child Abuse, PO Box 2866, Chicago, IL 60690.

Your pediatrician understands the importance of communication between parents and their children. Your pediatrician also is trained to detect the signs of child sexual abuse. Ask your pediatrician for advice on how to protect your children.

AGE	PREVENTION PLAN
18 months	Teach your child the proper names for body parts.
3-5 years	Teach your child about "private parts" of the body and how to say "no" to sexual advances. Give straight-forward answers about sex.
5-8 years	Discuss safety away from home and the difference between being touched in private parts of the body (parts covered by a bathing suit) and other touching. Encourage your child to talk about scary experiences.
8-12 years	Stress personal safety and give examples of possible problem areas, such a video arcades, malls, locker rooms, and out-of-the-way places outdoors. Start to discuss rules of sexual conduct that are accepted by the family.
13-18 years	Re-stress personal safety and potential problem areas. Discuss rape, "date rape," sexually transmitted diseases, and unintended pregnancy.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Bicycle and Tricycle Safety

If you like to ride a bicycle, you'll probably consider getting a child carrier that attaches to the back of the bike. You should be aware that even with the best carrier and safety helmet, your child is at risk for serious injury. This can occur when you lose control on an uneven road surface, or if you should happen to strike or be struck by another vehicle. It's a good idea to wait to enjoy bicycling together until your child is old enough to ride with you on her own tricycle or two-wheeler.

As your child outgrows babyhood, she will probably want a tricycle of his/her own. Keep in mind that this right of passage has some unique hazards of its own. For example, a child on a tricycle is so low to the ground that he/she can't be seen by a motorist who is backing up.

But riding tricycles and bikes is almost an essential part of growing up. You can keep your child's first cycling experiences fun and safe by taking a few precautions. Keep the suggestions below in mind as you and your child begin bicycling together.

- Buy a tricycle only when your child is physically able to handle it. Most children are ready around age three.
- Buy a tricycle that is built low to the ground and has big wheels. This type is safer because it is less likely to tip over.
- Use the tricycle only in protected places. Don't allow your child to ride near automobiles or near swimming pools.
- Protect your child from injury by making sure she is wearing an approved bicycle helmet. Look for a "Snell Approved" or "Meets ANSI Z90.4 Standard" sticker inside or on the box.
- Be sure your child has the balance and muscle coordination necessary before removing training wheels. In general, children don't have the coordination to ride a two-wheel bicycle until around age seven.
- Never put a child under one year of age in a seat on the back of your bicycle. If you must carry your child on a bike, children who are old enough to sit well unsupported and whose necks are strong enough to support a lightweight helmet may be carried in a rear-mounted seat.
- Attach any rear-mounted seat securely over the rear wheel. Add spoke guards to prevent feet and hands from being caught in the wheels and have a high back seat with a sturdy shoulder harness and lap belt that will support a sleeping child.
- Prevent or minimize head injury to a young passenger by ensuring a lightweight infant bike helmet is always worn.
- Strap your child into the bike seat with a sturdy harness.
- Never ride with a child on the front handlebars or place a seat there.

Excerpted from "Caring for Your Baby and Young Child: Birth to Age 5" Bantam 1998

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Children, Adolescents and Television

Committee on Communications

In 1984 the American Academy of Pediatrics (AAP) issued a statement that cautioned pediatricians and parents about the potential for television to promote violent or aggressive behavior and obesity[1] The influence of television on early sexual activity, drug and alcohol use and abuse, school performance, and perpetuation of ethnic stereotypes was also stressed. In 1990, the AAP reaffirmed its concerns about the negative effects of television on children and adolescents and provided recommendations to pediatricians and parents for prevention and management of these effects.[2]

In 1993, most children in the United States still spent more time (outside of school hours) watching television than performing any other activity except sleeping. According to recent Nielsen data,[3] the average child and adolescent watches television between 21 and 23 hours per week, with the youngest children viewing the most hours per week. Although the amount of commercial television viewed by children has declined since 1980, the most recent estimates of television viewing do not include the use of videocassette recorders. Therefore, the amount of time that children in our country spend in front of the television set has probably not decreased significantly in the past decade.

Television's influence on children is a function of the length of time they spend watching and the cumulative effect of what they see. By the time the average child reaches age 70, he or she will have spent approximately 7 to 10 years watching television.[4] Therefore, the passive nature of television may displace other more active and meaningful experiences of the world. For some children, the world shown on television becomes the real world.[5]

In the more than 10 years since the original statement was released, sufficient data have accumulated to warrant the conclusion that protracted television viewing is one cause of violent or aggressive behavior for some viewers.[6-9] Recent reviews also report frequent viewers becoming desensitized to violence in the media, believing that violence is an acceptable response to a problem, or perceiving the world as a "mean and scary" place.[10,11] In addition to these effects, television viewing has been linked to obesity.[12] Furthermore, although difficult to research, there is also evidence that frequent viewers of television score lower on measures of academic performance.[4,13]

The frequency of adolescent pregnancy and sexually transmitted diseases and the prevalence of alcohol-related deaths among adolescents and young adults represent major sources of illness, injury, and death. Although there is no clear documentation that the relationship between television viewing and sexual activity or the use of alcohol and tobacco is causal, the many implicit and explicit messages on television that promote alcohol consumption and promiscuous or unprotected sexual activity are a cause for concern. American teenagers see an estimated 14 000 sexual references and innuendos per year on television, yet only 150 of these references deal with sexual responsibility, abstinence, or contraception.[14]

The American Academy of Pediatrics therefore makes the following recommendations:

1. Efforts should be intensified to encourage pediatricians and other child advocates to educate parents about the influence of television. Furthermore, new initiatives should continue to be developed to promote involvement by parents to help their children learn critical television viewing skills[15,16] Relationships between pediatricians, school teachers and parent-teacher associations could provide valuable resources in these efforts.
2. Parents should be encouraged to limit their children's daily television viewing to no more than 1 to 2 hours per day. In addition, as part of anticipatory guidance during health supervision visits, pediatricians should include advice regarding the effects of television on children and adolescents and the importance of limiting television time. Parents should be encouraged to help their children develop television substitutes such as reading, athletics, physical conditioning and instructive hobbies, as well as allow them time for imaginative play.
3. Families should participate in the selection of the programs that children watch. Parents should watch television with their children and adolescents to help interpret what they see. Controversial subjects or programs with an intense emotional context can be an opportunity for parent-child dialogues that should not be lost. Parents should take advantage of high-quality programs offered on videocassettes or other modalities for their children's viewing.
4. Pediatricians should continue to support the Children's Television Act of 1990. The Act makes broadcast of high-quality children's programming a condition of license renewal, specifically mandating some programming of educational and instructional benefit to children, as well as limiting the amount of advertising time allowed during children's programming.
5. Pediatricians should continue to urge that sexuality be portrayed responsibly by the media.
6. Pediatricians should support efforts to eliminate alcohol advertising on television and also encourage extensive counter-advertising.[17,18]
7. Pediatricians should continue to educate parents and health professionals about the negative effects of televised violence on children and adolescents and actively join the debate on strategies to reduce the amount of violence shown.
8. Pediatricians are encouraged to role model for parents and children the appropriate use of television on pediatric visits and in their offices, for example, by using educational videotapes, by providing age-appropriate toys and books in waiting rooms, by inviting volunteer readers into waiting rooms or by supporting television-free zones in offices and clinics.
9. Further research is needed into the effects of television on children and adolescents. Coalitions should continue to be built with other groups to monitor and improve television for children.

COMMITTEE ON COMMUNICATIONS, 1994 TO 1995
Steven P. Shelov, MD, Chair
Miriam Bar-on, MD
Lillian Beard, MD
Marjorie Hogan, MD
H. James Holroyd, MD
Robert Prentice, MD
S. Norman Sherry, MD
Victor Strasburger, MD

REFERENCES

1. American Academy of Pediatrics, Task Force on Children and Television. Children, adolescents and television. News and Comment. 1984;35:8

2. American Academy of Pediatrics, Committee on Communications. Children, adolescents and television. Pediatrics. 1990;85:1119-1120
3. AC Nielsen Company. 1992-1993 Report on Television. New York, NY: Nielsen Media Research; 1993
4. Strasburger VC. Children, adolescents, and the media: five crucial issues. Adolesc Med: State of the Art Rev. 1993;4:479-493
5. Gerbner G. Children's television: A national disgrace. Pediatr Ann. 1985;14:822-827
6. Susser M. Causal Thinking in the Health Sciences: Concepts and Strategies of Epidemiology. New York, NY: Oxford University Press; 1973
7. Gadow KD, Sprafkin J. Field experiments of television violence with children: Evidence for an environmental hazard? Pediatrics. 1989;83: 399-405
8. Comstock G, Strasburger VC. Media violence: Q & A. Adolesc Med: State of the Art Rev. 1993;4:495-509
9. Centerwall BS. Television and violence: the scale of the problem and where to go from here. JAMA. 1992;267:3059-3063
10. Hoberman HM. Study group report on the impact of television violence on adolescents. J Adolesc Health Care. 1990;11:45-49
11. Gerbner G. Society's storyteller: how television creates the myths by which we live. Media and Values. 1992;59-60:8-9
12. Dietz WH, Gortmaker SL. Do we fatten our children at the television set? Obesity and television viewing in children and adolescents. Pediatrics. 1985;75:807-812
13. Huston AC, et al. Big World, Small Screen: The Role of Television in American Society. Lincoln, NE: University of Nebraska Press; 1992
14. Strasburger VC. Adolescent sexuality and the media. Pediatr Clin North Am. 1989;36:747-773
15. Singer D, Kelly HB. Parents, Children and TV. Columbus, OH: National PTA, Highlights for Children; 1984
16. TV Ontario. Television & Your Children. Ontario, Canada: TV Ontario; 1985
17. American Academy of Pediatrics, Committee on Adolescence. Alcohol use and abuse: a pediatric concern. Pediatrics. 1987;79:450-453
18. American Academy of Pediatrics, Committee on Communications. The commercialization of children's television. Pediatrics. 1992;89:343-344

Pediatrics Volume 96, Number 4 October, 1995, p 786-787