Learning Objectives

As a result of participation in this activity, learners will be able to:

• Explain the appropriate ages and purposes for preventive health screenings
• Describe what early care and education professionals can do to collaborate with parents and physicians
• Identify resources related to developmental screening, nutrition and physical activity and oral health

Time for a Polling Question

What is your primary role?

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Bridge
Time for a Polling Question

Does your program use the Child Health Report – CD 51?

Is the Child Health Report – CD 51 Just Another Piece of Paper for the Child’s File?

• Form can be the CD 51 or another form that contains all required information
• Review the form – Don’t just file it
• Important information for all: health providers and early care and education professionals

Recommended Health Screenings

Preventive Health Screenings for Discussion:

BMI (Body Mass Index)  Vision
Hearing  Hematocrit or hemoglobin
Lead screening  Oral health
Developmental screening  Autism
Tuberculosis exposure screening

For each screening test, we will explain:

• What the screening test is
• When in a child’s life does the physician perform the screening
• Why is the screen important
• What early care and education professionals can do to collaborate with parents and physicians
BMI Screening

BMI
• What the screening test is:
  BMI = Body Mass Index
  – A way of determining over/underweight which takes into account height and weight
  – Changes with age
• When do we screen:
  – Age 2 years, 2.5 years, 3 years and every year thereafter

BMI
• Why is the screen important:
  Elevated BMI can lead to:
  ✓ Type 2 diabetes
  ✓ High blood pressure
  ✓ Fatty liver
  ✓ High cholesterol levels
  ✓ Social teasing
  ✓ Inability to participate in activities

BMI
• What Early Care and Education Professionals can do:
  – Note body type or build - Doctor might not have noted BMI on problem list or elsewhere on the health report.
  – Keep routine in early care and education program: set time for meals and snacks
  – DO NOT use food as a reward. Use praise, stickers, privileges.

BMI
• What Early Care and Education Professionals can do: (continued)
  – Detach emotions from food. Deemphasize food as the center of a party. Concentrate on playing games.
  – Engage children in moderate to vigorous indoor and outdoor activity throughout every day.
  – Ask parents to keep sturdy shoes (not sparkly princess sandals) at early care and education program for outdoor play.

Time for a Polling Question

Have you ever had a concern about a child’s vision or hearing that you shared with the family?
Vision Screen

• **What** the screen is:
  - Detects if child has normal vision in both eyes

• **When** do we screen:
  - Formal vision screening starts at 3 years in the pediatric office
  - Prior to that, we look for:
    • Abnormal light reflex, drifting eyes, squinting, holding objects to the side instead of in front of eyes, "lazy eye," and head tilt
    • Also look for general developmental delays

• **Why** is this screen important:
  - Detect unequal vision and prevent blindness in one eye (amblyopia)
  - Correct poor vision
  - Prevent developmental delays

• **What** early care and education professionals can do:
  - Watch for "lazy eye" or any wandering eye
  - By 4 months of age, eyes should work together, in unison, and should not cross, wander, or appear to look in different directions.
  - Developmental delay compared to same aged peers
  - Head tilt

• **What** early care and education professionals can do: (continued)
  - Watch for:
    - Squinting
    - Holding objects to the side of their faces rather than in front of their faces to see better
    - Note: headaches in preschoolers is generally NOT a sign of poor vision

Vision Screen

Hearing Screen
Hearing Screen

• **What** the screen is:
  – In infants: device measures brain’s response to sounds
  – In older children: audiometry requires the child’s cooperation - behavioral testing

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Hearing Screen

• **When** do we screen:
  – Birth, one year of age if the child was born prematurely or had complications as a newborn
  – At every pediatric office well check using parents’ report
  – Audiometry at ages 4, 5, and 6 years

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Hearing Screen

• **Why** is the screen important:
  – Detect hearing loss
  – Prevent language delay
  – Prevent behavior and attention problems

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Hearing Screen

• **What** early care and education professionals can do:
  Recognize language delay!
  – **Babies**: repeat one syllable age 6 months, babble by 9 months, 1 word by one year
  – **Two year olds**: 2 word sentences, speech understood approximately 50% of the time by someone who does not know the child well

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Hearing Screen

• **What** early care and education professionals can do: (continued)
  Recognize language delay!
  – **Three year olds**: 3 word sentences, speech understood approximately 75% of the time by someone who does not see the child every day
  – **Four year olds**: 4+ word sentences, speech well understood by anyone (does not include mild articulation error such as “w” for “r” sounds, for example)

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Hearing Screen

Other signs of hearing loss besides language delay:
• Does not follow directions well
• Appears hyperactive and loud
• Appears withdrawn
• Cannot understand whispering
Hemoglobin or Hematocrit

- **What** the screen is:
  - Check a child's hemoglobin or hematocrit level in the blood as a marker of iron level. Looking for iron deficiency anemia.

- **When** do we screen:
  - Blood test at one year of age.
  - Risk assessment at 4, 15, 30 months, then yearly after that

- **When** do we screen: (continued)
  - Risk factors for anemia: starting whole milk before one year of age, failure to start iron fortified foods before one year of age
  - Drinking too much milk (not formula)
    - More than 24 ounces per day

- **Why** is the screen important:
  - Mild iron deficiency anemia may have no symptoms but has been linked to later learning problems.
  - Severe iron deficiency can lead to children looking pale and tiring easily.
  - Very severe iron deficiency can lead to heart failure.

- **What** early care and education professionals can do:
  - Limit milk intake to 24 ounces per day
  - Provide iron-rich foods if available
  - Do not serve milk at iron-rich food meals. Iron is not well absorbed when eaten with calcium (milk).

Lead Screen
**Lead Screen**

- **What** the screening test is:
  - Detect elevated blood lead level
- **When** do we screen:
  - 6 months to 6 years of age

- **Why** is the screen important:
  - Elevated lead levels lead to learning problems.
  - Very high lead levels can cause damage to internal organs in addition to the brain. The body has a hard time excreting lead.

- **What** early care and education professionals can do:
  - Alert parents if your facility was built prior to 1978 and has chipping paint or was recently renovated.
  - Make sure your facility has safe drinking water.
  - Prevent children from playing in the dirt immediately surrounding the building.
  - Check for lead mixed into dust/dirt.
  - Wash hands after playing outside and before eating.

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**Oral Health**

- **What** the screening test is:
  - Prevents dental caries
- **When** do we screen:
  - 6 and 9 months of age
  - 12, 18, 24 and 30 months of age
  - 3 and 6 years of age
  (fluoride varnishes may also be given at 6 months - 5 years of age)

Oral Health

• **When** do we screen: (continued)
  – Pediatricians discuss gum care and tooth care even prior to tooth eruption and tell parents to start brushing teeth twice daily as soon as teeth erupt. Use a tiny rice-grain smear of fluoride toothpaste for child under 3 yrs. Use pea-sized amount for child older than 3 yrs.

• **Why** is the screen important:
  - Prevent caries (cavities)


Oral Health

• **What** early care and education professionals can do
  – Brush teeth after meals or at least once each day during the time the child is in early care and education
  – Offer rinsing water after meals if tooth brushing is not feasible.

Developmental Screen

• **What** the screen is:
  - Formal test of gross motor, fine motor, language and social skills (for example, Survey of Wellbeing of Young Children - SWYC, Child Health and Development Interactive System - CHADIS)

• **When** do we screen:
  - From birth and every well visit after birth
  - Validated screening questionnaire starts at 9 months

Developmental Screen

• **Why** is the screen important:
  - Determine who needs intervention
  - Who is "slow" and who has other senses that need to be checked.
  - Delayed language skills can mean poor hearing or mental retardation.
Developmental Screen

- **What** early care and education professionals can do:
  - Notice the warning signs / “red flags”
  - Bring these children to parents’ attention. If you have regular conferences with parents, this is a good time to alert parents. They expect you to tell them how their child is developing.

Time for a Polling Question

Does your program do developmental screening?

Autism Screen

- **What** the screening test is:
  - Validated questionnaire (Modified Checklist for Autism in Toddlers: M-CHAT for example)
- **When** do we screen:
  - Formal screen at 18 months and 2 years.
- **Why** is the screen important:
  - Earlier detection can lead to earlier intervention with facilitated communication
  - May help improve later functioning.

Autism Screen

- **What** early care and education professionals can do:
  - Note the warning signs / “red flags”
  - Remember some children are just “quirky”
  - Most autistic children have speech delay.
  - Many autistic children fail to demonstrate imaginative play/abstract play when other children do: between 15-18 months.
  - Many lack empathy and social skills.
  - Share with parents at parent conferences.

Tuberculosis (TB) Screen

1941 Library of Congress
Tuberculosis (TB) Screen

- **What** the screening test is:
  - TB is primarily a lung disease that causes cough.
  - Can also cause other problems such as brain and bone disease, prolonged fevers, weight loss.

- **When** do we screen:
  - At one month of age, six months of age, one year of age and yearly thereafter

Tuberculosis (TB) screen

- **Why** is the screen important:
  - To detect exposure to TB before actual symptoms occur
  - Disease can easily be treated at this stage to prevent later complications and to prevent spread of infection.

Tuberculosis (TB) screen

- **What** early care and education professionals can do:
  - Let parents know if early care and education professionals:
    - Have a history of a positive TB test
    - Traveled to a high risk country or was exposed to a high risk person in the US or someone else with known TB

Emphasize the Partnership:
It's All About the Children

Is the Child Health Report – CD 51
Just Another Piece of Paper for the Child’s File?

- Form can be the CD 51 or another form that contains all required information
- Review the form – Don’t just file it
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Caring for Our Children, 3rd Ed (CFOC3)

Standard 3.1.2.1:
Routine Health Supervision and Growth Monitoring

www.nrckids.org
or purchase:
www.aap.org
Section 10: Health Plan

- Child and Staff Health Services
  1. Child Health Assessment
  2. Adult Health Assessment
  3. Tracking and Updating Immunizations and Checkup Records
- Oral Health

www.ecels-healthychildcarepa.org/publications/manuals/pamphlets/policies or purchase from www.aap.org

- Encouragement of large muscle play
- Daily routines, equipment and settings
- Required clothing and footwear, supervision, participation of early care and education professionals
- Types and plans for active play
- Appendix O: Daily and Monthly Playground Inspection and Maintenance Form
- Appendix P: Form to schedule staff supervision for active play

Developmental Screen – Resources
Learn the Signs – Act Early
http://www.cdc.gov/ncbddd/actearly/

Developmental Screen – Resources
Watch Me!
http://www.cdc.gov/ncbddd/watchmetraining/

Physical Activity and Nutrition Resources
ECELS Self-Learning Module:
Fitness and Nutrition: Moving and Munching, Supporting Wellness in Early Learning Programs
www.ecels-healthychildcarepa.org
- Professional Development/Training Tab
- Self-Learning Modules, Search by title
- 3 PD Credit Hours
- Assess current practice
- Create action plan for improvement

Physical Activity and Nutrition Resources
https://healthykidshealthyfuture.org/5-healthy-goals/resources/
Physical Activity and Nutrition Resources

http://www.panen.org/keystone-kids-pq

Lead – Soil Sample Resources

https://www.epa.gov/lead/national-lead-laboratory-accreditation-program-nllap

National Lead Laboratory Accreditation Program (NLLAP)
- Identifies laboratories that accurately analyze paint chip, dust, or soil samples for lead
- 5 laboratories in Pennsylvania

Oral Health Resources

ECELS Self-Learning Modules:
- Oral Health (2 Hours PD Credit)
- Oral Health Basics (1 Hour PD Credit)

www.ecels-healthychildcarepa.org

- Professional Development/Training Tab
- Self-Learning Modules, Search by title
- Learn about oral health promotion strategies from very simple to daily tooth brushing

Oral Health Resources

http://www.ecels-healthychildcarepa.org/tools/posters/item/431-oral-health-poster

Health Capsules

www.ecels-healthychildcarepa.org
Select Publications >Health Capsules

Health Capsules
- Brief, low – literacy articles

Topics include:
- Oral Health
- Drinking Water Available All Day
- Fluoride Recommendations for Oral Health

Time for a Polling Question

Does your program use child care management software to document health information?
WellCareTracker Resources
www.wellcaretracker.org

- Secure, online tool to check completeness of routine preventive health services.
- Tool checks health records according to American Academy of Pediatrics' recommendations
- Staff enter dates of services and report is generated.

Letter Requesting Information from Health Care Professionals
www.wellcaretracker.org

Questions and Comments

Wrap Up

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Select Professional Development > Webinars, then the title of this webinar. Fax or scan and email your completed evaluation form to ECELS at 484-446-3255.

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