



NATIONAL CENTER ON  
Early Childhood Health and Wellness

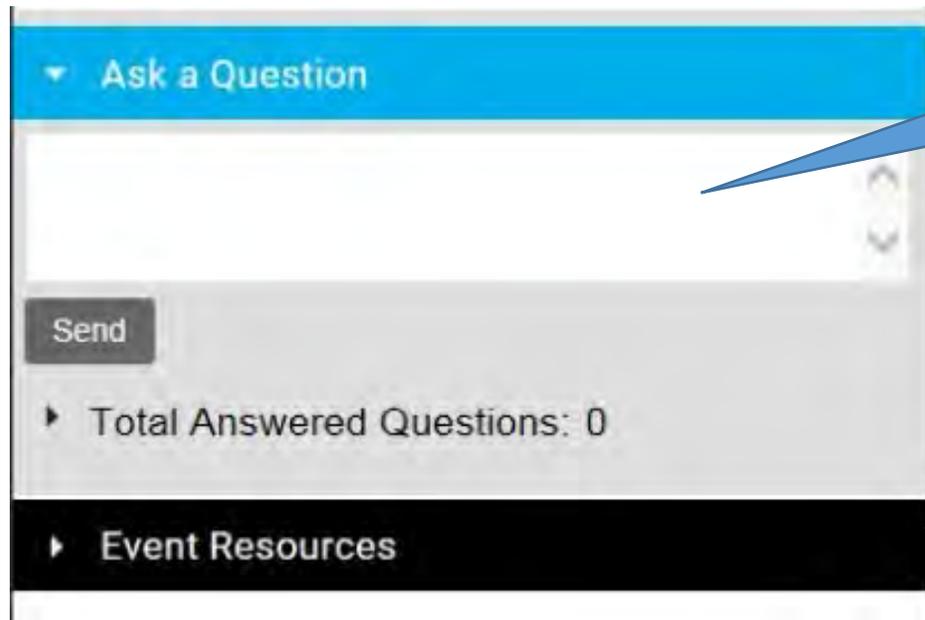
# Keeping Our Children Well During COVID-19

## Tips for Early Care and Education Professionals

Ask the Expert Series

May 8, 2020

**Please use the left side bar to ask questions, submit comments, or download handouts**



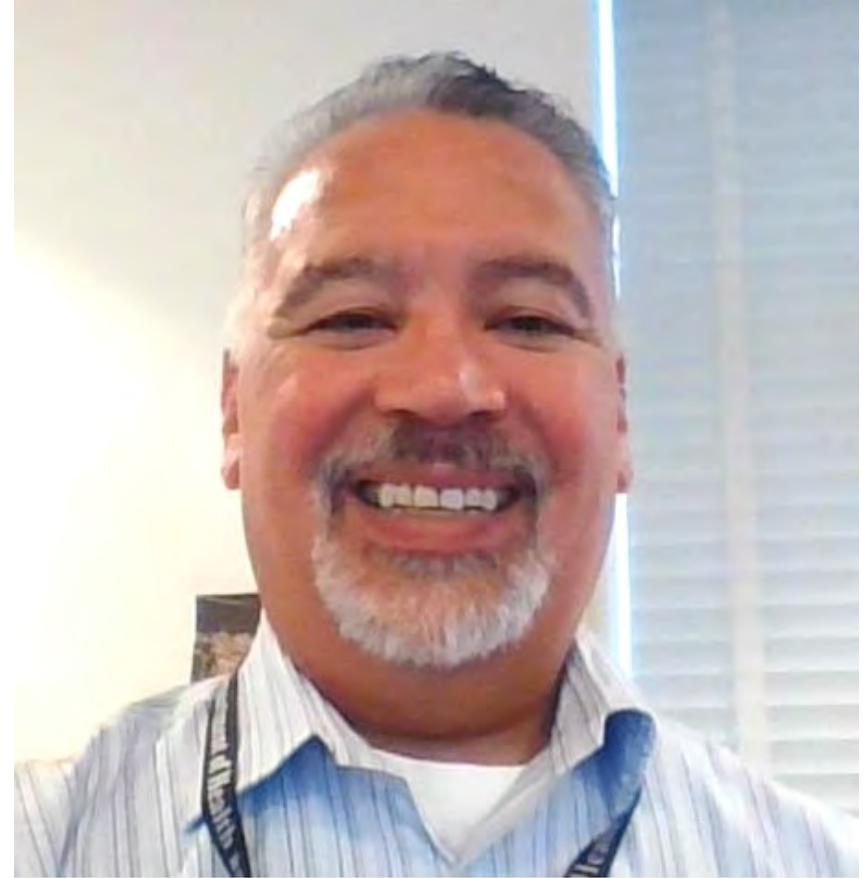
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Download handouts from Event Resources

**Email your questions to [health@ecetta.info](mailto:health@ecetta.info)**



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OHS

# Keeping Well

- Well care
- What if your child is ill?
  - COVID-19 symptoms
  - Other conditions
- Services for kids with special health care needs
- Tips for new routines and memories: “the new normal”

# Well Visits: Recommendations from the AAP



- Priority for children <24 months of age
  - In person as much as possible
  - Screenings (Anemia, lead)
  - Developmental screening
  - Immunizations
  - Growth
- Telehealth

## Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Itagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

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AGE <sup>1</sup>	INFANCY							EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE											
	Prenatal <sup>2</sup>	Newborn <sup>3</sup>	3-5 d <sup>4</sup>	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
<b>HISTORY</b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>MEASUREMENTS</b>																																
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Head Circumference		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Weight for Length		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Body Mass Index <sup>4</sup>																																
Blood Pressure <sup>5</sup>		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★		
<b>SENSORY SCREENING</b>																																
Vision <sup>6</sup>		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★		
Hearing		● <sup>7</sup>	● <sup>7</sup>		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★		
<b>DEVELOPMENTAL/BEHAVIORAL HEALTH</b>																																
Developmental Screening <sup>8</sup>																																
Autism Spectrum Disorder Screening <sup>9</sup>																																
Developmental Surveillance <sup>10</sup>		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
Psychosocial/Behavioral Assessment <sup>11</sup>		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
Tobacco, Alcohol, or Drug Use Assessment <sup>12</sup>																																
Depression Screening <sup>13</sup>																																
Maternal Depression Screening <sup>14</sup>																																
<b>PHYSICAL EXAMINATION<sup>15</sup></b>		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
<b>PROCEDURES<sup>16</sup></b>																																
Newborn Blood		● <sup>17</sup>	● <sup>18</sup>																													
Newborn Bilirubin <sup>19</sup>		●																														
Critical Congenital Heart Defect <sup>20</sup>		●																														
Immunization <sup>21</sup>		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
Anemia <sup>22</sup>						★				★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★		
Lead <sup>23</sup>						★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★		
Tuberculosis <sup>24</sup>				★		★				★																						
Dyslipidemia <sup>25</sup>																																
Sexually Transmitted Infections <sup>26</sup>																																
IBV <sup>27</sup>																																
Cervical Dysplasia <sup>28</sup>																																
<b>ORAL HEALTH<sup>29</sup></b>																																
Fluoride Varnish <sup>30</sup>																																
Fluoride Supplementation <sup>31</sup>																																
<b>ANTICIPATORY GUIDANCE</b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		

- If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.
- A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (<http://pediatrics.aappublications.org/content/124/4/1227.full>).
- Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
- Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (<http://pediatrics.aappublications.org/content/129/3/e607.full>). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (<http://pediatrics.aappublications.org/content/125/2/405.full>).
- Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" ([http://pediatrics.aappublications.org/content/120/Supplement\\_4/S164.full](http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full)).

- Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (<http://pediatrics.aappublications.org/content/140/5/2011.1964>). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
- A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (<http://pediatrics.aappublications.org/content/137/1/e20153599>) and "Procedures for the Evaluation of the Visual System by Pediatricians" (<http://pediatrics.aappublications.org/content/137/1/e20153597>).
- Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (<http://pediatrics.aappublications.org/content/120/4/996.full>).
- Verify results as soon as possible, and follow up, as appropriate.
- Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (<http://www.sciencedirect.com/science/article/pii/S1052118816000483>).
- See "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (<http://pediatrics.aappublications.org/content/118/1/465.full>).

- Screening should occur per "Identification and Evaluation of Children With Autism Spectrum Disorders" (<http://pediatrics.aappublications.org/content/120/5/1183.full>).
- This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (<http://pediatrics.aappublications.org/content/135/2/304>) and "Poverty and Child Health in the United States" (<http://pediatrics.aappublications.org/content/137/4/e20160339>).
- A recommended assessment tool is available at <http://craftg.org>.
- Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at ([https://downloads.aap.org/AAP/PDF/Mental\\_Health\\_Tools\\_for\\_Pediatrics.pdf](https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf)).
- Screening should occur per "Incorporating Recognition and Management of Perinatal Depression into Pediatric Practice" (<http://pediatrics.aappublications.org/content/143/1/e20183259>).
- At each visit, age-appropriate physical examination is essential, with infant totally undressed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (<http://pediatrics.aappublications.org/content/127/5/991.full>).
- These may be modified, depending on entry point into schedule and individual need.

(continued)

# Immunizations

- Evidence that rates are falling during COVID-19
- Concern about rise in vaccine-preventable illness
- Options for immunizations

#VaccinesWork for All

24<sup>th</sup> April 2020

## World Immunization Week

Let's pray we soon find a vaccine for the

### Covid-19



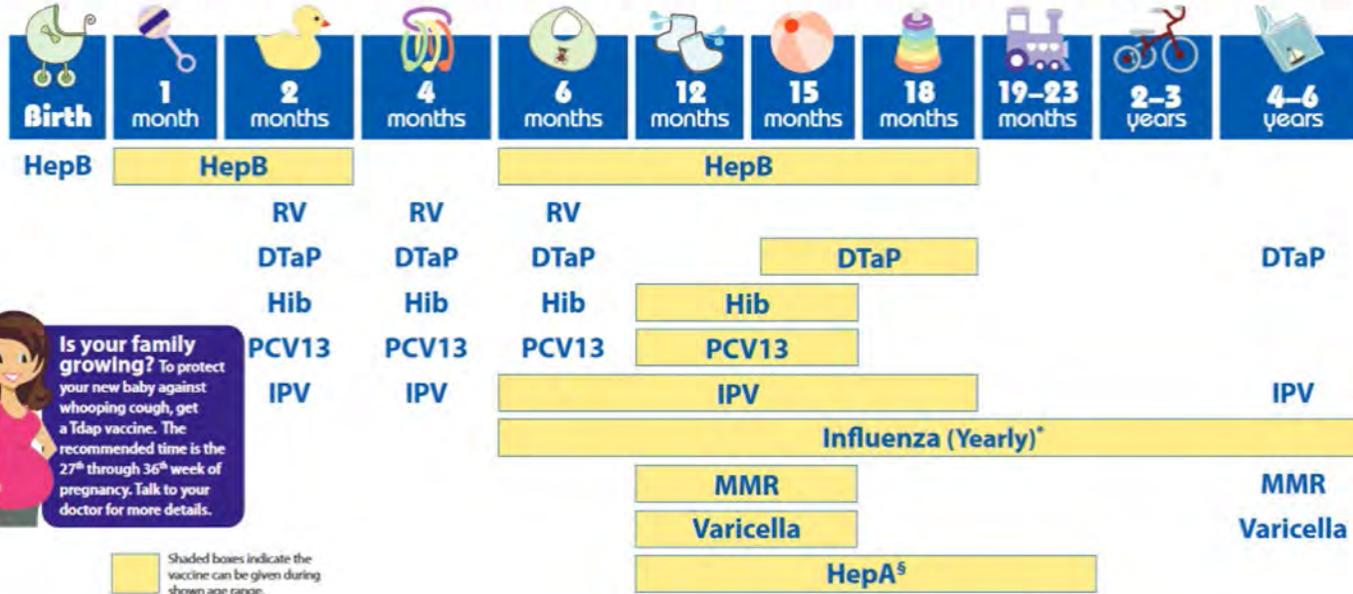
#StayHomeStaySafe

Dr. Santosh T Soans  
IAP President, 2018



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## 2020 Recommended Immunizations for Children from Birth Through 6 Years Old



**Is your family growing?** To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27<sup>th</sup> through 36<sup>th</sup> week of pregnancy. Talk to your doctor for more details.

**NOTE:**  
If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:**

- \* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
  - § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.
- If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.*



See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free  
**1-800-CDC-INFO (1-800-232-4636)**  
or visit  
[www.cdc.gov/vaccines/parents](http://www.cdc.gov/vaccines/parents)



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

# How Are Pediatricians Responding?

- Morning hours for infants and toddlers only
  - In person, in the office
  - Screening for illness, both children and parents, prior to visit
  - Can perform all screenings and immunizations
- Early afternoon for mild illness that needs physical exam
- Telehealth and drive-through visits
  - Mornings for well care and immunizations
    - Temperature, weight/height, necessary screenings
  - Afternoons and evenings for fever/URI/cough
  - Outreach for chronic conditions (asthma, development)





# Services for Children with Special Healthcare Needs

Children should still receive:

- Part C services
  - Less home based
  - More remote and coaching
- Special Education services
  - Transition to Remote





U.S. Department of Health & Human Services



Administration for Children & Families

Contact Us

1-866-763-6481

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## Outline

[Responding to COVID-19](#)

# Responding to COVID-19

Coronavirus disease 2019 (COVID-19) has deeply impacted Head Start and Early Head Start programs, enrolled children

## Outline

Responding to COVID-19

Sites Currently Serving Children

Staff Wages and Benefits

Health and Hygiene

### ▼ [Programming During Remote Service Delivery](#)

- [Planning for Program-Wide Needs](#)
- [Engaging Families and Children](#)
- [Supporting Economic Stability](#)
- [Engaging Community Partners](#)
- [Remote Home Visiting](#)
- [Providing Meals, Snacks, and Diapers to Children](#)
- [Professional Development](#)

### ▶ [Resources for Parents and Families During Remote Service Delivery](#)

# Programming During Remote Service Delivery

There are a number of things Head Start programs can do to support children and families while their communities are maintaining social distance. These resources can be shared with families to support home activities and family health. Staff should be in regular phone and electronic communication with families to the extent feasible, providing engagement and other program services. This section is regularly updated with the most relevant resources. All published resources are listed under [Recent Updates](#).

OHS has empowered grantee leadership to make decisions that support Head Start children and families first, and also help others in need. We have full confidence you will do what you can to support your community needs and ensure your program's mission is still the first priority.

- [Planning for Program-Wide Needs](#)
- [Engaging Families and Children](#)
- [Supporting Economic Stability](#)
- [Engaging Community Partners](#)
- [Remote Home Visiting](#)
- [Providing Meals, Snacks, and Diapers to Children](#)
- [Professional Development](#)

**Topic:** [About Us](#)

**Keywords:** [Social distancing](#), [Community assessment](#), [Program planning systems](#)

*Last Updated: April 24, 2020*



**Updated Daily:** COVID-19 and Remote Service Delivery

[Home](#) [About](#) [IDEA](#) [Systems](#) [Practices](#) [Outcomes](#) [Events](#) [Resources](#)

## Featured



### Coronavirus Disease (COVID-19):

- [Supporting Children and Families during the COVID-19 Pandemic](#)
- [State Guidance and Resources on Remote Service Delivery](#)



### Remote Service Delivery:

- [Video: A Home Visit with Zander's Family](#)
- [Technology and Privacy](#)
- [Reimbursement](#)
- [Activities for Families](#)



### Outcomes:

- [COS Completion When Teams Can't Meet In Person](#)
- [619 Child Outcomes Data Completeness Calculator](#)

## Events

### Upcoming Events



[Conferences being cancelled, rescheduled or moved online](#)

### Recent Events



[Applying Assessment Principles to Determining Eligibility Remotely](#)



[Family Resources: Overview of Product and Process from the Positive Early Learning Experiences Center \(PELE\)](#)



[Shifting Blackboards: Supports for](#)

## News



[eNotes: April 3, 2020](#)



[SPP/APR information collections in the Federal Register:](#)

- [Part C](#)
- [Part B, Section 619](#)



[2018 Federal Appropriations and National Child Counts:](#)

- [Part C](#)
- [Part B, Section 619](#)



[2018 SPP/APR Indicator Analyses:](#)

- [Part C](#)
- [Part B, Section 619](#)

### [American Occupational Therapy Association \(AOTA\): Telehealth Resources](#)

Looking for information on whether you can use telehealth in your state and how to incorporate it into practice? AOTA has gathered the resources below to help members navigate this emerging area.

### [American Physical Therapy Association \(APTA\): Telehealth](#)

Telehealth, the use of electronic communication to remotely provide health care information and services, is gaining more and more attention as providers, patients, and payers all seek more effective and cost-efficient ways to deliver care. Physical therapy is no exception, and while those services have developed mostly in rural areas to accommodate the long distances between patients and providers, telehealth in physical therapy is being considered in other geographic and clinical settings.

### [American Speech-Language-Hearing Association \(ASHA\): Telepractice](#)



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## Resources to Support Early Intervention & Early Childhood Special Education during COVID-19

[Early Intervention/Early Childhood Special Education Resources](#)

[Updates](#)

[Federal Guidance](#)



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*\*\*Please check back often as we will be updating this page regularly! Remember to refresh each time you visit!\*\**

**All Available Resources**

# Health Disparities & Vulnerable Populations

*COVID-19 is another example of how health disparities play out in the U.S.*

- Based on early data, COVID-19 is impacting African American, LatinX and Native American populations at a disproportionate rate.
- Vulnerable populations are more likely to be a part of the workforce deemed essential and may not have access to PPEs.
- Longstanding inequities contribute to the crisis in vulnerable populations.
- Head Start programs have an important role to play in addressing disparities among their populations.
  - Reflection Question: What disparities are you seeing in your program, regarding COVID-19?

# Tips for Families



- Resilience is the lesson!
- Routines are important, yet flexibility is crucial
  - Sleep
  - Meals
  - “Active time”
  - “Interactive time”
- New routines and new memories
  - Reading
  - Meal prep and cleaning
  - “one good thing about today”

## Say what they say, do what they do...

Copy your child's words and actions to let him/her know you are there and responsive.



If your child says "car," you can point to the car and say, "car."

If your child bounces the ball, you can bounce the ball.



## Describe what they're doing ...

Say what your child is doing while he/she is playing using language your child would use.



If your child is tapping on a drum, you can say, "tapping the drum!" You can do this about every 15 seconds.

## Add new language and play ideas ...

Once you've established a play routine, add new language or play actions to keep your child interested.

If your child says, "car", you can say, "it's a fast car!"



If your child is holding a baby, you can hold the baby and model feeding it.



## Stories for Children

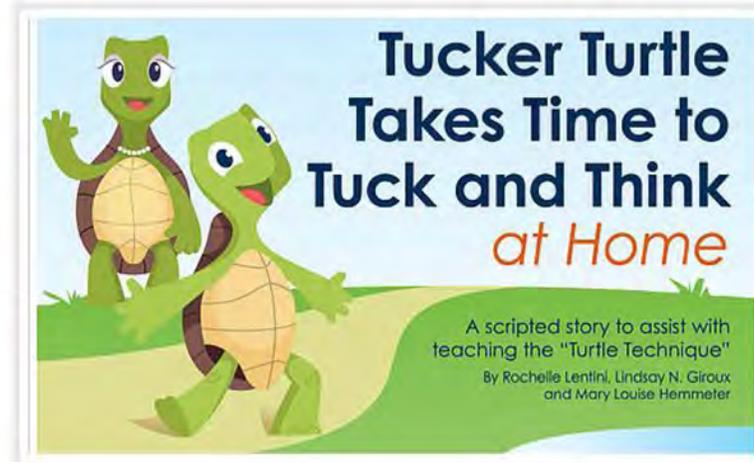
### Tucker Turtle Takes Time to Tuck and Think at Home - Social Emotional Regulation

New #PyramidModel Resource for Emotional Regulation *at home*. "Tucker Turtle Takes Time to Tuck and Think at Home." [Read the story here.](#)

*Format: Stories for Children*

*Relevant for: Childcare, Early Childhood Special Education, Early Intervention, Families*

*Source: National Center for Pyramid Model Innovations (NCPMI)*



### Why Is My School Closed

Talk with Children About COVID-19 Using Social Stories. [Read the story here.](#)

*Format: Stories for Children*

*Relevant for: Childcare, Early Childhood Special Education, Early Intervention, Families*

*Source: Program-Wide Positive Behavior Support Project at University of South Florida*

## Why is my School Closed?

Easy answers to hard questions



## Family Life

### Medical Home

### Family Dynamics

Adoption & Foster Care

● Communication & Discipline

Types of Families

### Media

### Work & Play

### Getting Involved in Your Community

[Healthy Children](#) > [Family Life](#) > [Family Dynamics](#) > [Communication & Discipline](#) > Parenting in a Pandemic: Tips to Keep the Calm at Home

#### FAMILY LIFE

LISTEN 

Español

Text Size - +



# Parenting in a Pandemic: Tips to Keep the Calm at Home

Fear, uncertainty, and being holed up at home to slow the spread of **COVID-19** can make it tough for families to keep a sense of calm. But it's important to help children feel safe, keep healthy routines, manage their **behavior** and build resilience.



Here are some tips from the American Academy (AAP) to help your family through the outbreak.



## Health Issues

### Conditions

[Abdominal](#)

[ADHD](#)

[Allergies & Asthma](#)

[Autism](#)

[Cancer](#)

**● [Chest & Lungs](#)**

[Chronic Conditions](#)

[Cleft & Craniofacial](#)

[Developmental Disabilities](#)

[Ear Nose & Throat](#)

[Emotional Problems](#)

[Eyes](#)

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[From Insects or Animals](#)

[Genitals and Urinary Tract](#)

[Glands & Growth](#)

[Head Neck & Nervous System](#)

[Healthy Children](#) > [Health Issues](#) > [Conditions](#) > [Chest & Lungs](#) > Simple Ways to Entertain & Boost Your Baby's Development at Home

### HEALTH ISSUES

LISTEN



Text Size . +



# Simple Ways to Entertain & Boost Your Baby's Development at Home

*Anne H. Zachry, PhD, OTR/L*

During **social distancing** to slow the spread of **COVID-19**, you may be looking for new ways to entertain and play with your young child. Thankfully, all you need is loving attention and some basic household items.



Try these time-tested activities, suggested by age, and let the fun happen!



# Silver Lining

# Ask the Experts Series

- Caring for Children in Group Settings During COVID-19: A Follow-up Conversation
- Keeping Our Children Well During COVID-19
- Supporting Home Safety During COVID-19
- Helping Parents Manage Stress during COVID-19
- Caring for Children with Special Health Care Needs During COVID-19
- Social Distancing in Early Care and Education: Feasible or Impossible?

**Check the ECLKC upcoming events page for dates and registration links**  
**<https://eclkc.ohs.acf.hhs.gov/upcoming-events>**



## A Collaborative Platform for the Early Care and Education Community

MyPeers is a virtual learning network where you can brainstorm, exchange ideas, and share resources with early childhood colleagues from across the country. It was created by the Office of Head Start (OHS) to help you connect and learn with people who share your interests and program responsibilities. These informal connections can be a great source of encouragement and insight.

<https://eclkc.ohs.acf.hhs.gov/about-us/article/mypeers-collaborative-platform-early-care-education-community>

### Welcome Back

Select the button below to access the login page.

Access MyPeers

### Register to Learn More About MyPeers

Select the links below to join a webinar. You don't need to sign up for MyPeers before joining us for any of these sessions:

- MyPeers Orientation [↗](#)
- Making the Most of MyPeers [↗](#)

### Create an Account

New to MyPeers?

Sign up for your free account.

Once you've joined, you will be able to add new communities to meet your specific needs.

Join

# National Center on Early Childhood Health & Wellness Contact Information

Email: [health@ecetta.info](mailto:health@ecetta.info)

Website: <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health>

COVID-19 Health Information:

<https://eclkc.ohs.acf.hhs.gov/physical-health/coronavirus/health-hygiene>