

Welcome to the Forming and Strengthening Relationships: How Pediatricians Can Play a Key Role in Child Care Webinar.

- All attendees will be muted throughout the broadcast to ensure great audio quality and minimize background noise. We also ask that all attendees refrain from using the webcam function during the broadcast.
- Questions will be answered throughout the session - please type your questions in the “Questions” box on the right-hand side of your screen.



IN PARTNERSHIP WITH INAAP AND FSSA

Forming and Strengthening Relationships:

How Pediatricians Can Play a
Key Role in Child Care

September 29, 2020





INAAP

INDIANA CHAPTER
AMERICAN ACADEMY OF PEDIATRICS



**Office of Early Childhood &
Out-of-School Learning**



**EARLY
LEARNING**
INDIANA

Upcoming Webinars

Maintaining Physical Health During Flu Season and a Pandemic

Tuesday, Oct. 13, 2020

2-3 p.m. ET

How can providers support the physical health of the children in their care? In this webinar, learn about preventative behaviors that support physical health, as well as the importance of flu shots, nutrition, exercise and fresh air for children. Learn tips for keeping your program clean to support good physical health as we head into flu season, and find a pediatrician partner for your program.

Recognizing and Responding to Heightened Stress Levels

Tuesday, Oct. 27, 2020

2-3 p.m. ET

As an early learning provider, you often deal with stress – stress of your own, your staff, and the families you serve. In this webinar, learn tips and practical strategies for addressing the mental health needs of children, parents and employees; how to approach stress in the classroom and support families at home; and learn how a pediatrician partner can help support your program in attaining better mental health.



Guest Speakers



Dr. Emily Sherer,
MD

HealthNet
INAAP Early Childhood Champion



Dr. Katie Swec,
Katie Swec, MD, FAAP

General Pediatrician
Assistant Professor of
Pediatrics, Indiana University
School
of Medicine
Medical Director, Reach Out
and Read Indiana



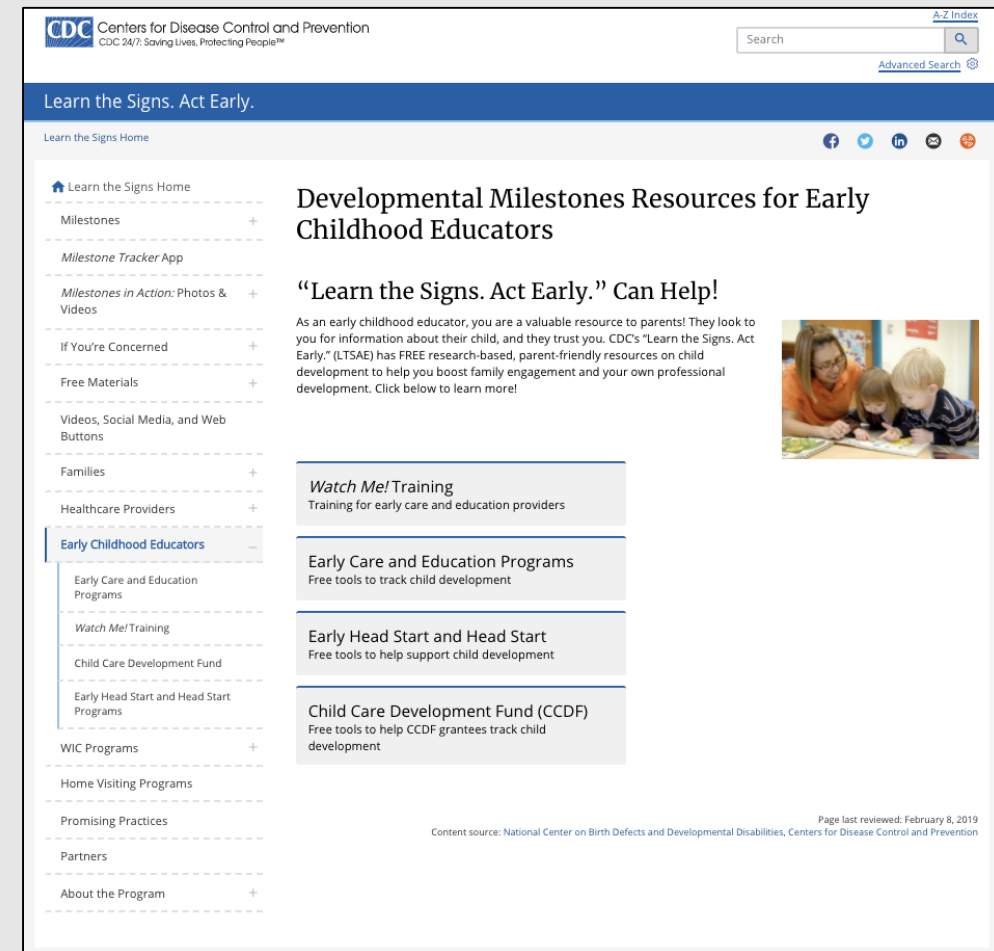
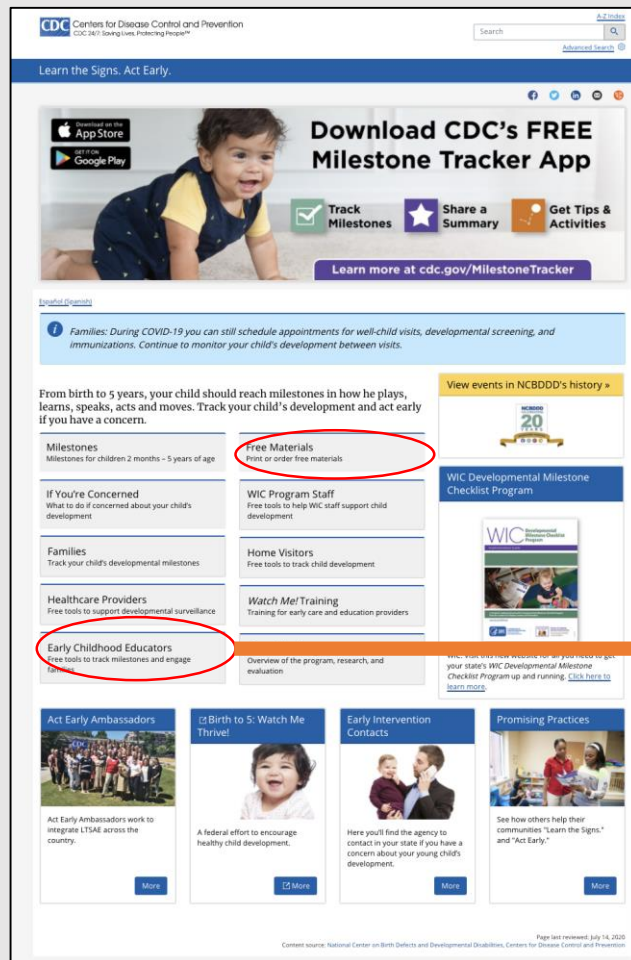
Dr. Nancy Swigonski,
MD, MPH, MBA, FAAP

Professor, Department of
Pediatrics, Indiana University
School of Medicine
Professor, Fairbanks School of
Public Health
Children's Health
Services Research



CDC Learn the Signs Act Early

<https://www.cdc.gov/ncbddd/actearly/index.html>



Indiana's CDC LTSAE Ambassador is Stephan Viehweg sviehweg@iu.edu

How to Get Help for Your Child

Help Your Baby Learn and Grow

You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 2-month-old baby today.



What You Can Do for Your 2-Month-Old:

- ☐ Cuddle, talk, and play with your baby during feeding, dressing, and bathing.
- ☐ Place a baby-safe mirror in your baby's crib so she can look at herself.
- ☐ Help your baby learn to calm herself. It's okay for her to suck on her fingers.
- ☐ Look at pictures with your baby and talk about them.
- ☐ Begin to help your baby get into a routine, such as sleeping at night more than in the day, and have regular schedules.
- ☐ Lay your baby on his tummy when he is awake and put toys near him.
- ☐ Getting in tune with your baby's likes and dislikes can help you feel more comfortable and confident.
- ☐ Encourage your baby to lift his head by holding toys at eye level in front of him.
- ☐ Act excited and smile when your baby makes sounds.
- ☐ Hold a toy or rattle above your baby's head and encourage her to reach for it.
- ☐ Copy your baby's sounds sometimes, but also use clear language.
- ☐ Hold your baby upright with his feet on the floor. Sing or talk to your baby as he is upright.
- ☐ Pay attention to your baby's different cries so that you learn to know what he wants.
- ☐ Talk, read, and sing to your baby.
- ☐ Play peek-a-boo. Help your baby play peek-a-boo, too.

Milestones adapted from Caring for Your Baby and Young Child: Birth to Age 5, Fifth Edition, edited by Steven Shawar and Tanya Remer Altmann © 1991, 1993, 1996, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Your Baby at 2 Months

Child's Name _____

Child's Age _____

Today's Date _____



Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 2 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by this Age:

Social/Emotional

- ☐ Begins to smile at people
- ☐ Can briefly calm himself (may bring hands to mouth and suck on hand)
- ☐ Tries to look at parent

Language/Communication

- ☐ Coos, makes gurgling sounds
- ☐ Turns head toward sounds

Cognitive (learning, thinking, problem-solving)

- ☐ Pays attention to faces
- ☐ Begins to follow things with eyes and recognize people at a distance
- ☐ Begins to act bored (cries, fussy) if activity doesn't change

Movement/Physical Development

- ☐ Can hold head up and begins to push up when lying on tummy
- ☐ Makes smoother movements with arms and legs

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't respond to loud sounds
- ☐ Doesn't watch things as they move
- ☐ Doesn't smile at people
- ☐ Doesn't bring hands to mouth
- ☐ Can't hold head up when pushing up when on tummy

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

DON'T WAIT.
Acting early can make a real difference!



www.cdc.gov/ActEarly
1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Concerned about Development? How to Get Help for Your Child



Talking to the doctor is the first step toward getting help for your child if you are concerned about his or her development (how your child plays, learns, speaks, acts, or moves). **Don't wait.** Acting early can make a real difference!

1 Make an appointment with your child's doctor

- When you schedule the appointment, tell the doctor's staff you have concerns about your child's development that you would like to discuss with the doctor.

2 Complete a milestone checklist

- Before the appointment, complete a milestone checklist by downloading CDC's free *Milestone Tracker* mobile app from the App Store or Google Play or printing a paper checklist from www.cdc.gov/Milestones
- Write down your questions and concerns; take these with you to the doctor's appointment.

3 During the doctor's appointment

- **Show the completed milestone checklist to the doctor**
 - If your child **is** missing milestones, point them out, and share any other concerns that you have.
 - If your child **is not** missing milestones but you still have concerns, tell the doctor about them.
- **Ask the doctor for developmental screening for your child**
 - Developmental screening is recommended whenever there is a concern. It gives the doctor more information to figure out how best to help your child.
 - For more information about developmental screening, go to www.cdc.gov/DevScreening.
- **Ask the doctor if your child needs further developmental evaluation**
 - If your child does, ask for a referral and call right away. If you have difficulty getting an appointment, let the doctor know.

4 Make sure you understand what the doctor tells you, and what to do next

- Before you leave the appointment, check the notes you have written and make sure all of your questions have been answered.
- If you do not understand something, ask the doctor to explain it again or in a different way.
- When you get home, review your notes and follow the steps the doctor has given you. Remember, you can always contact the doctor's office if you have any questions.

You Know Your Child Best

If your child's doctor has told you to "wait and see," but you feel uneasy about that advice:

Talk with another doctor to get a second opinion

AND

Call for a free evaluation to find out if your child can get free or low-cost services that can help.

■ **If your child is under age 3:**
Call your state's early intervention program. Find the phone number at www.cdc.gov/FindEI.

■ **If your child is age 3 or older:**
Call the local public elementary school.

You do not need a doctor's referral to have your child evaluated for services.

Find more information, including what to say when you make these important calls, visit www.cdc.gov/Concerned.

Don't wait.
Acting early can make a real difference!



www.cdc.gov/ActEarly
1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Resources

Try CDC's FREE Milestone Tracker app today...
Because milestones matter!



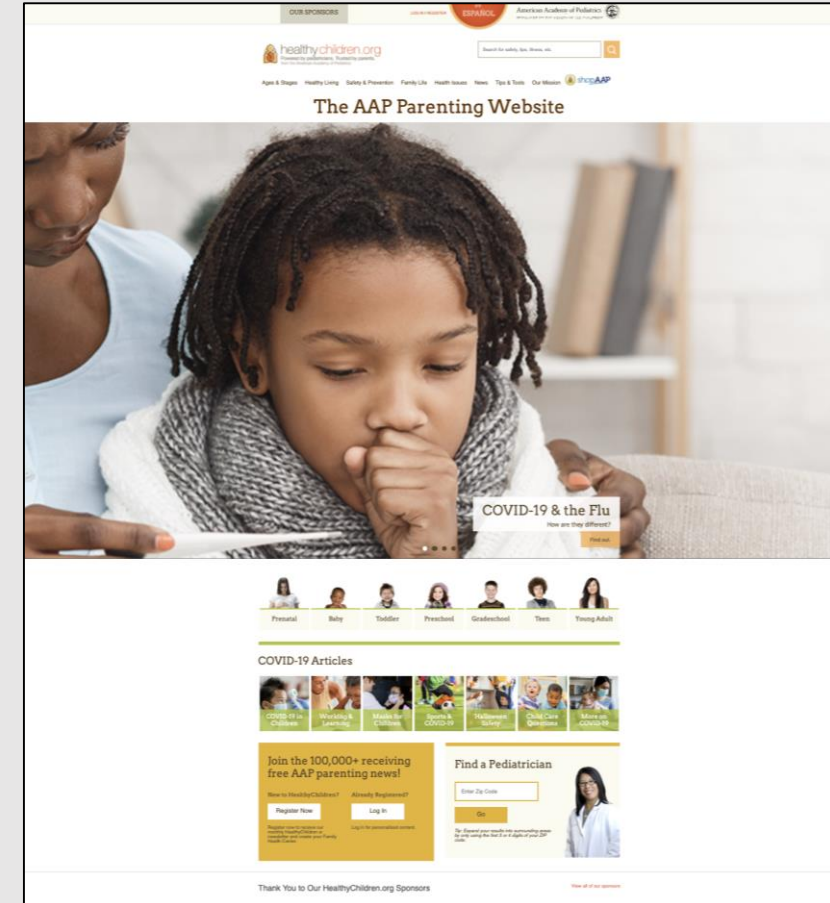
-  Illustrated milestone checklists for 2 months through 5 years
-  Summary of your child's milestones to share
-  Activities to help your child's development
-  Tips for what to do if you become concerned
-  Reminders for appointments and developmental screening

Milestone Tracker App



Help Me Grow
1-844-624-6667 Option 3 **Indiana**
Supporting the Healthy Development of Children

Available to families in Lake, LaPorte, St. Joseph, Elkhart, Grant, Madison, Delaware, Marion, and Scott Counties.



www.healthychildren.org

Developmental and Educational Supports



Anyone can make a referral to First Steps.

To make a referral, please visit www.firststeps.in.gov and select "Make a referral" in the "Family Information" box.

Visit this site to see the map and find contact information for the local First Steps System Point of Entry offices.

For more information, call 800-545-7763 or email firststepsweb@fssa.in.gov



<http://insource.org/>

Resources for families for support in navigating the school system for children ages 3 and older who need educational supports

Expertise for children with Individualized Education Plans (IEP)

800-332-4433

Email: insource@insource.org

Practical Information - COVID19 or Corona Virus

- The virus is not a living organism, but a protein molecule (RNA) covered by a protective layer of lipids (fats)
- If absorbed by the cells of eyes, nose or mouth, it converts them into attacker cells and multiplies.
- The virus is very fragile; the only thing that protects it is a thin outer layer of fat. That's why any soap or detergent is the best remedy. FOAM breaks down the fat (or grease) layer(that's why you need to rub so much: for 20 seconds and make a lot of foam).
- HEAT melts the fat; Use water warm / hot water to wash your hands; hot water to wash clothes and everything else.
- Alcohol or any mixture with alcohol greater than 65% DISSOLVES ANY FAT, especially the external lipid layer of the virus.
- Any mixture with 1 part of bleach and 5 parts of water directly dissolves the protein, breaks it down from the inside.
- NO ANTIBIOTICS. Virus is not a living organism like bacteria; cannot kill it with antibiotics.
- NEVER shake used clothing, sheets or clothing. If you shake or use a duster on a contaminated surface, the virus floats in the air for up to 3 hours and can settle in your nose.
- The virus CANNOT go through healthy skin but if you are washing your hands a lot then you can develop cracked dry areas or mini-cuts. Treat HANDS with a moisturizer. Also keep your SHORT NAILS so that the virus doesn't hide there.

Let's Get Back to Work

Delivering care in a COVID-19 Environment

A GUIDE FOR PROVIDERS
June 15, 2020



Submitted by:
Early Learning Indiana
1776 N. Meridian St., Suite A
Indianapolis, IN 46202

Index

Operational Resources – Safe Operating

Understanding Guidelines - Providers: State Mandated Licensing Guidelines

- 3 The State of Indiana has provided guidelines for providers in re-opening centers. Make sure you and your staff are familiar with these guidelines. You can find these guides here:
Link:

Procedures and Guidelines

- 4 **Employee Procedures and Guidelines**
Scheduling, temp checks,
5 **Family Procedures and Guidelines**
Drop/Pick, Temp checks
6 **Facility and Classroom Operation**
Cleaning procedures, Visitor policy, classroom size and staffing, communication to kids, safe meal service
8 **Equipment, Supplies, Funding and Resources**
10 Signage

Staff Communications and Resources

- 12 **Communicating Safety**
What to expect, your role (importance of communicating w/ families), changes in routine, Scheduling considerations, resources for dealing with concerned staff,
15 **High Risk Employees**
Resources for working and communicating with high risk employees, as well as information on how to staff in the absence of high-risk staff.

Family Communication and Resources

- 16 **Understanding Guidelines -
Families: Let's Get Back to Work**
19 **Communicating with families**
Free ways to communicate with families, Tone and Do's/don'ts, New procedure explanation email templates (cleaning, staffing, what to bring/not bring, transportation, Fever free policy reminders, First day back email template, reminder of policy email templates for first few weeks.
21 **Resources for Families**
How children can be part of the solution, how to navigate separation anxiety, ways to help their kids understand)
22 **Marketing to new Families**
Social Media tactics, updating your profile with referral agencies

In Case of COVID Exposure

- 26 **Notify staff/families and email templates**
28 **Cleaning Procedure**
30 **Tips for staying in touch with families during temporary closure**



Office of Early Childhood &
Out-of-School Learning



HEALTH
SCREENING

Each person entering the facility will be screened. Please do not allow individuals past the check in desk until they have passed this screening or been cleared through Indiana University Health's Virtual Clinic.

Individuals referred for a virtual visit must return to their vehicle to complete the visit. In order to enter the program, they must share the email confirmation of their clearance.

Screening Process Questions

1

Have you traveled to Europe*, China, Italy, Iran, South Korea, United Kingdom or Ireland in the past 21 days?

2

Have you had close contact with a person known/suspected to have COVID-19?

3

Do you have a new cough, shortness of breath, sore throat, or fever within the past 21 days?

If a guest answers 'Yes' to any question, they will not be permitted and should be directed to the [Indiana University Virtual Clinic](#) or to their primary care provider for further evaluation.

PROVIDER TOOLKIT SAMPLES

**Office of Early Childhood & Out-of-School Learning**

**Brighter Futures INDIANA**

COVID- 19 SUPPLY LIST

Consider investing in the following items to accommodate COVID-19 related guidelines.
Click links to purchase.

Cleaning Supplies



- [Buckets and Spray Bottles](#) - Cleaning Solution
- [Tubs and Scrub Brushes](#) - Sanitize Toys, Etc.
- [Chlorine Test Strips](#) - Cleaning Solution Safety
- [Clorox Total 360](#) - Clean Large Spaces Quickly

Safety Reminders and Tools

- [No Touch Thermometers](#) - Temperature Checks
- [Outdoor Handwashing Station](#) - Playground
- [Lamintaor](#) - Safety Signs
- [Masks for Adults, Masks for Children, and PPE](#)




Personalized Supplies




- [Labels and Stickers](#) - Personalize Supplies
- [Personal Play Supplies](#) - Individual Crayons, Etc.
- [Label Maker](#) - Supplies or Cleaning Solutions

STOP THE SPREAD OF GERMS

Appreciate your help and support in keeping our work environment safe and germ-free.



Wear a mask when on premises.

**Office of Early Childhood & Out-of-School Learning**

STOP THE SPREAD OF GERMS

Ready to get back to work? Here's a checklist to help you feel confident that your child is healthy and safe returning to care. Things to check for at home:

- ☐ Has anyone in the home tested positive for COVID-19 and is actively under quarantine? If yes, please keep your child at home for at least 10 days
- ☐ Is your child free of any COVID-19-related symptoms including fever, cough, shortness or breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea?
- ☐ If your child has had a fever, is he or she fever free for at least three days/72 hours without being given fever-reducing medications?
- ☐ If your child has had an illness or symptoms, have their symptoms improved and has it been at least 10 days since their symptoms first appeared?

Brighter Futures INDIANA  **Office of Early Childhood & Out-of-School Learning**

ing and

ing meal times,

her to help

ing up to date of daily activities?

will the provider notify families of health concerns?


Brighter Futures INDIANA  **Office of Early Childhood & Out-of-School Learning**

Health & Safety

- ILead and SPARK
- FSSA Fact sheets
 - <https://www.in.gov/fssa/carefinder/provider-resources/child-care-health-consultant-program/educational-fact-sheets/>
- Safe Sleep
 - Marion County Safe Sleep needs please email cribs@iu.edu

Ages & Stages: How Children Grow & Learn

All children go through stages of growth and development. Their behaviors, and our reactions to them, are very important to their successful progress and learning. Knowing what to expect can help you guide children through these stages.




Birth to 6 Months

- Learns to tell speech from other sounds,
- Knows different faces/voices by 2 months,
- Learns to roll over and sits up with help,
- Responds to own name and smiles back,
- Shows happy/sad feelings—picks up on your mood,
- Lifts head to look around,
- Grasps small objects.

6 to 9 months

- Looks for things dropped,
- Copies a few sounds and actions,
- Likes familiar routines,
- Plays by banging things and taking things out of containers,
- Sits on own and learns to crawl/scoot,
- Babbles trying to show their wants.



9 to 12 months

- Understands simple, familiar words,
- Babbles as if speaking—says mama/dada,
- Waves/kisses/points in response to others,
- Crawls/scoots well,
- Spends longer time doing one thing.

1 to 3 years

- Starts scribbling, singing and naming,
- Copies sounds/actions more and better,
- Knows words and puts them together,
- Has temper fits and may grab/bite/hit,
- Wants more freedom—tests, but wants and needs limits,
- Discovers own interests and wants,
- Walks/runs/climbs—gets into everything,
- Drinks from cup, eats with spoon and helps dress and do chores,

3 years to 6 years

- Likes to imitate people and animals.
- Expresses definite likes and dislikes,
- Plays with others, takes turns and shares,
- Sings/dances simple routines,
- Plays dress-up to explore genders/roles,
- Asks “why” a lot—curious about nature,
- Rides/steers/pushes/pulls wheeled toys,
- Plays simple games,
- Delights in learning/showing new skills.

Talking Points for Parents

- Tell parents every day about their child’s efforts and progress.
- Answer concerns about progress and stress that each child learns at their own rate.
- Ask parent help to solve behavior problems, using positive discipline at the right level for their child.
- Have a list to give parents of people and places where they can get information and help beyond what you can provide.

Your Role is Important

Young children are always learning about themselves and their world. Be aware of your impact on them: always set a good example in your words and actions.


You can help parents do their best by respectfully sharing what you know about child development and positive discipline, in ways they can use at home.

Resources:

Healthy Child Care magazine: 877-258-6178 or www.healthychild.net
American Academy of Pediatrics: toll-free 888-227-5409 or www.aap.org
Bright Futures Encounter Forms for Families: www.brightfutures.org
Information consistent with Caring for Our Children 2012: <http://www.ccofids.org>

Updated February 2013

Tips for Bottle Feeding



Feeding an infant can be one of the most enjoyable parts of taking care of them. Parents and caregivers may feel about as confident as you are about feeding a policy in place to insure that the following current on feeding of infants.

you start, sanitized bottle, cleaning, exactly: up of bottle, set (rolling) for five ter over bottle. prevent hotspots. WAVE to warm a and breaks down

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clearly dated and sly use bottles day’s date. ready-to- use bottle, nipple to be used

ad in the container for 48 freezer for up 2 of 0 degrees for up

ld be refrigerated e delayed.

Feeding Baby

Every baby should be fed on demand, however, most babies will need to be fed every 2-3 hours with 3-8 ounces depending on age.

- Always hold the baby in a semi-upright position when feeding.
- Hold bottle at bottom and tip up to make sure the nipple is full of milk and no air is trapped.
- Burp the baby half way through feeding and again at the end.
- Discard all formula or breast milk remaining in the bottle after each feeding. All milk should be used within 1 hour.
- NEVER prop bottles.
- Never put a baby to bed with a bottle.
- Don’t allow children to walk with bottles.
- Only use bottles labeled with the current day’s date.

Talking Points for Parents

Share your policy on bottle feeding for both formula and breast milk.

- Make a point to talk about their baby’s feeding schedule and any special issues.
- Communicate daily with parents about the feedings each day and if there are any changes in eating patterns.
- Explain putting a baby to bed with a bottle increases the risk of ear infections and tooth decay.

Social and Learning Opportunities

Here are some things to remember to make infant feeding a special time.

- One-on-one attention allows the child to bond with the caregiver.
- Holding and feeding a baby creates a warm, secure environment, allowing the infant to feel comfortable to learn and grow.

Resources:

Healthy Child Care magazine: www.healthychild.net or 877-258-6178.
*Information consistent with Caring for Our Children 2012: <http://www.ccofids.org>

Lead Screening



Indiana State Department of Health
<https://www.in.gov/isdh/24543.htm>

Vaccine	19-26 years	27-49 years	50-64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV) ⓘ	1 dose annually			
or Influenza live attenuated (LAIV) ⓘ	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td) ⓘ	1 dose Tdap, then Td or Tdap booster every 10 yrs			
Measles, mumps, rubella (MMR) ⓘ	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR) ⓘ	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV) (preferred) ⓘ			2 doses	
or Zoster live (ZVL) ⓘ				1 dose
Human papillomavirus (HPV) ⓘ	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		

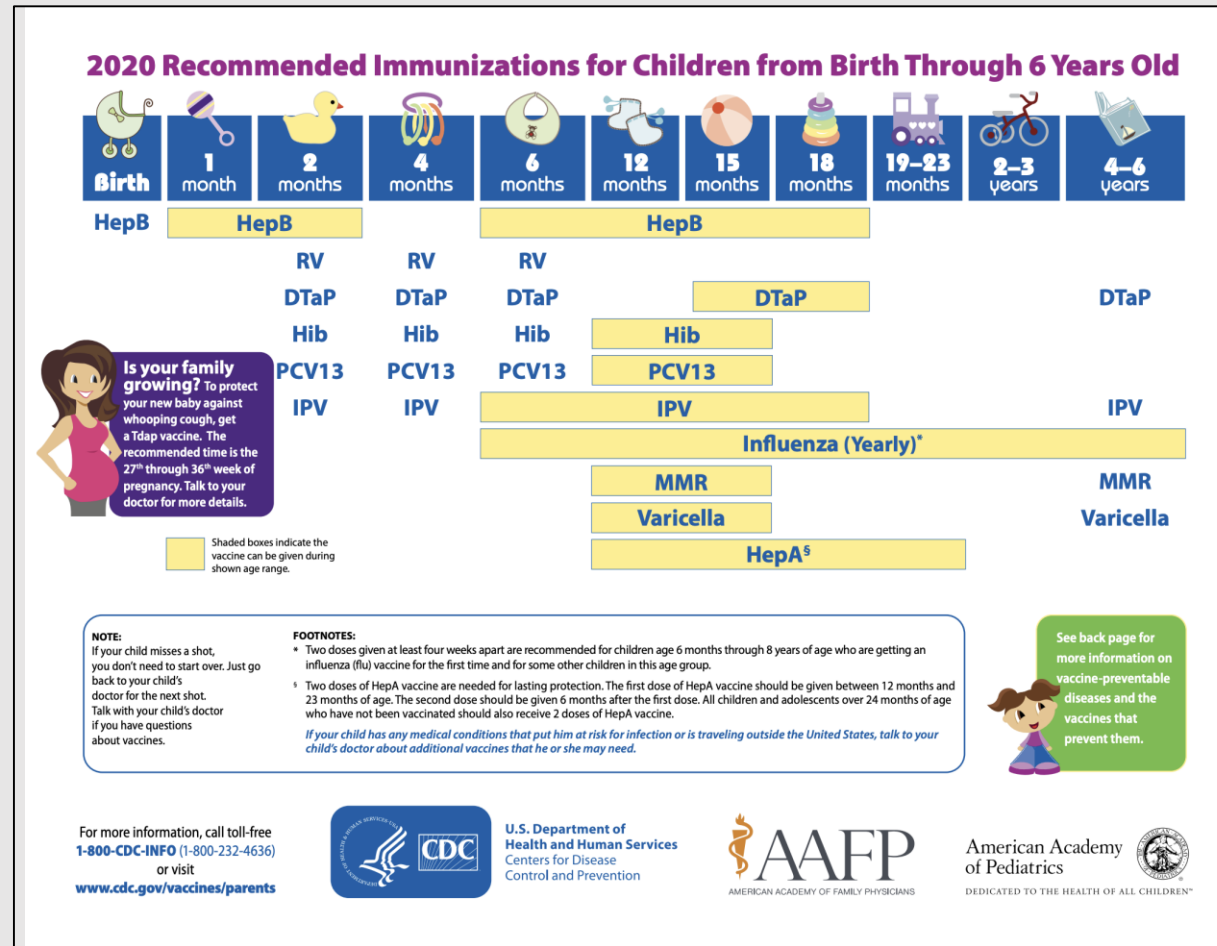
Legend

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

Immunization Resources from CDC



<https://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>



**Find Adult
Publicly Funded
Immunization
Providers at**

<https://www.in.gov/isdh/26540.htm>



**Find Vaccine
For Children
(Medicaid eligible,
uninsured,
underinsured)
providers at**

<https://www.in.gov/isdh/26482.htm>



**Indiana
Immunization
Coalition**

<https://vaccinateindiana.org/>

Includes information about why vaccinate,
vaccine schedules,
and resources

Adult Vaccine Preventable Illness

Vaccine-preventable diseases cause long-term illness, hospitalization, and even death. Did You Know in the US

- 1 million people get shingles and some will have severe pain that can continue even long after their rash clears up (called post-herpetic neuralgia) or they may suffer from other painful complications that could persist for years.
- Since 2010, flu-related hospitalizations have ranged from 140,000 to 710,000 and flu related deaths have ranged from 12,000 to 56,000.
- About 320,000 people get pneumococcal pneumonia every year, leading to over 150,000 hospitalizations and 5,000 deaths
- 700,000 to 1.4 million people suffer from chronic hepatitis B, with complications such as liver cancer.

<https://www.cdc.gov/vaccines/adults/vpd.html>

Reasons for Vaccine Hesitancy

Countering Vaccine Hesitancy

Kathryn M. Edwards, Jesse M. Hackell and THE COMMITTEE ON INFECTIOUS DISEASES, THE COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE
Pediatrics September 2016, 138 (3) e20162146; DOI: <https://doi.org/10.1542/peds.2016-2146>

Vaccine safety

- Too many vaccines
- Development of autism
- Vaccine additives (thimerosal, aluminum)
- Overload the immune system
- Serious adverse reactions
- Potential for long-term adverse events
- Inadequate research performed before licensure
- May cause pain to the child
- May make the child sick

Necessity of vaccines

- Disease is more “natural” than vaccine
- Parents do not believe diseases being prevented are serious
- Vaccine-preventable diseases have disappeared
- Not all vaccines are needed
- Vaccines do not work

Freedom of choice

- Parents have the right to choose whether to immunize their child
- Parents know what’s best for their child
- Believe that the risks outweigh the benefits of vaccine
- Do not trust organized medicine, public health
- Do not trust government health authorities
- Do not trust pharmaceutical companies
- Ethical, moral, or religious reasons



Options for families who do not have insurance

- For a child with special health care needs: please contact us at 1-317-233-1351 or 1-800-475-1355, or via email at cschcscarecoordination@isdh.in.gov
- Eskenazi <https://www.eskenazihealth.edu/programs/financial-counseling>
- HealthNet https://www.healthnet.com/content/healthnet/en_us/why-choose-health-net/financial-help.html
- <https://www.in.gov/medicaid/members/57.htm>
- Medicaid and Federal Marketplace

On this site families can determine if they are eligible for Medicaid and apply for it

Also includes information about Federal Health Insurance Marketplace

Homeless children have significant health problems

PEDIATRICS
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

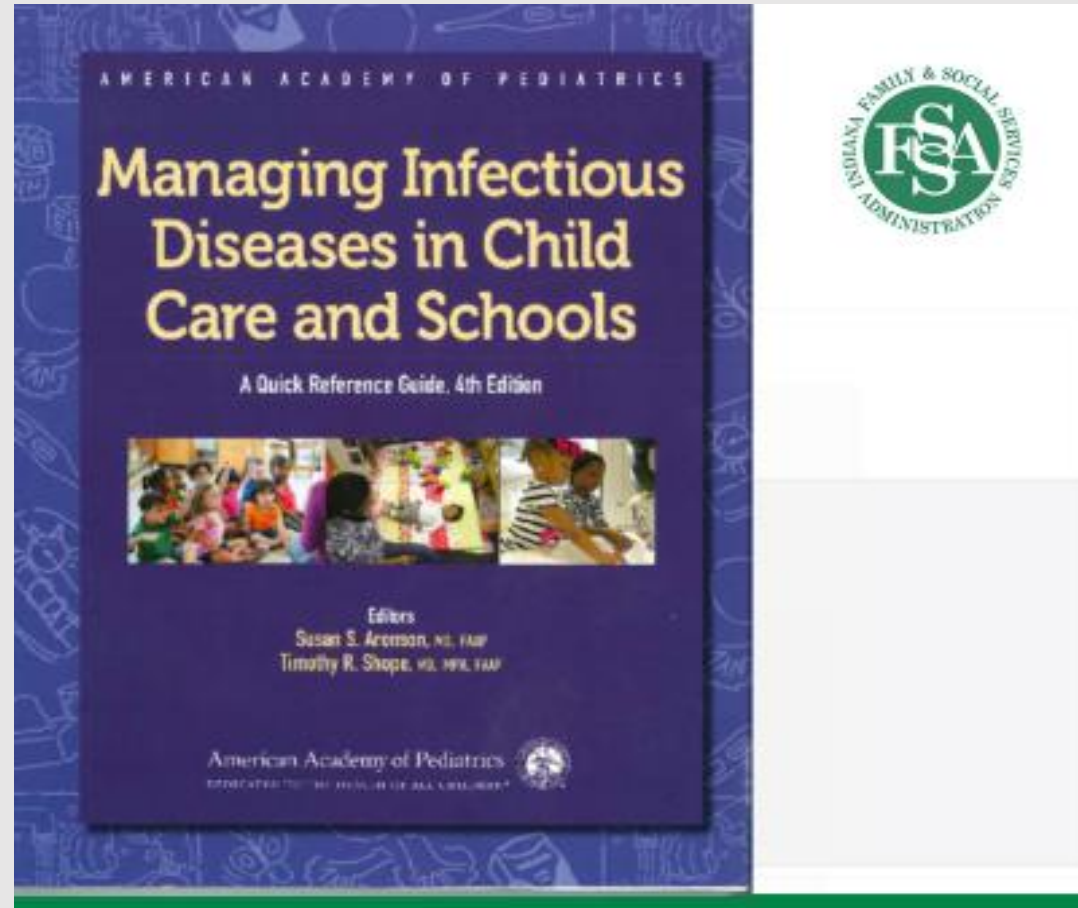
A Shelter Is Not a Home: The Crisis of Family Homelessness in the United States

Benard P. Dreyer

Pediatrics November 2018, 142 (5) e20182695; DOI: <https://doi.org/10.1542/peds.2018-2695>

- 78% of school-aged children who were homeless had mental health, behavioral, or academic issue
- immunization delays, iron deficiency anemia, and poor growth have been documented
- High rates of asthma and obesity
- high rates of psychiatric, behavioral, or developmental problems
- disruption of school attendance.
- 75% of the preschool-aged children had language delays and emotional problems
- high multiple adverse childhood experiences (ACEs)

Managing Infectious Diseases in Child Care and Schools 4th ed.



<https://shop.aap.org/products/childcare/>

Find a Pediatrician Partner



Looking for a local pediatrician partner for your program?

Sign up to be contacted by INAAP.

<https://www.surveymonkey.com/r/QXXDR3L>

THANK YOU

