

WELL CHILD CARE AT 4 YEARS

At Today's Visit

- Your child's health care provider will ask for an update on your child's health.
- We will discuss your child's growth and development.
- You will complete a questionnaire to determine if your child has risk factors for high cholesterol and a cholesterol level will be obtained if your child is at risk.
- We will check your child's vision if he/she has not had or does not have access to a screening exam.
- We will check your child's hearing if he/she has not had or does not have access to a screening exam.
- Your child will have a physical examination.
- If entering kindergarten this year, your child will receive immunizations including her second MMR (measles, mumps and rubella) vaccine, her second chicken pox vaccine (if she did not have the disease itself), her fifth DTaP (diphtheria, tetanus, pertussis) vaccine, and her fourth polio vaccine. The kindergarten vaccination series can be given anytime between 4 to 6 years of age. It is perfectly acceptable if you and/or your child want to complete her immunization series today even though she may not be entering kindergarten until next year.
- In addition, if entering kindergarten, a urinalysis will be performed on your child's first morning urine sample, and your child's hemoglobin will be determined through a finger stick to screen for anemia (low red blood cell count).
- If needed, your child's medical form will be completed.

Things to Keep in Mind Between Now and the Next Visit

- **Promotion of Healthy and Safe Habits**
 - ▷ Remind your child to wash his hands before eating and after toileting and wiping his nose.
 - ▷ If your child is in child care, continue to provide personal items (e.g., blankets, clothing) for individual use.
 - ▷ Limit television and video viewing to an average of one hour per day. Be sure the programs are appropriate. Watch and talk about them with your child.
 - ▷ Continue to reinforce good sleeping habits. Maintain a regular bedtime routine. **Please refer to well child care at 3 years for a description of normal sleep and common sleep disturbances in the preschool-aged child*.**

- ▷ Take time out for family physical activities (e.g., walking the dog, raking leaves, riding bikes, playing catch).
- **Injury Prevention**
 - ▷ Use a belt-positioning booster seat if your child weighs more than 40 pounds (18 kg). Be sure the vehicle lap and shoulder belt are positioned across the child in the back seat.
 - ▷ Never place your child's safety seat in the front seat of a vehicle with a passenger side air bag. The back seat is the safest place for children of any age to ride.
 - ▷ Establish and enforce firm, clear, and consistent rules for safe behavior.
 - ▷ Children should be supervised by an adult whenever they are near water.
 - ▷ Be sure that swimming pools in your community, apartment complex, or home have a four-sided fence with a self-closing, self-latching gate.
 - ▷ Make sure your child learns how to swim and reinforce water safety rules.
 - ▷ Continue to put sunscreen (SPF15 or higher) on your child before he goes outside. Use a broad-brimmed hat to shade his ears, nose, and lips.
 - ▷ Continue to keep your child's environment free of smoke. Keep your home and car non-smoking zones.
 - ▷ Test smoke alarms to be sure that they work properly. Change the batteries twice a year (e.g., with the time change in the spring and the fall). Conduct fire drills at home.
 - ▷ Keep cigarettes, lighters, matches, alcohol, and electrical tools locked up and/or out of your child's sight and reach.
 - ▷ Remove poisons and toxic household products from your home or keep them in locked cabinets. Have safety caps on all medications.
 - ▷ Keep the number of your local poison control center near the telephone (1-800-222-1222) and call immediately if there is a poisoning emergency.
 - ▷ Be sure that guns, if kept in the home, are unloaded and locked up and that ammunition is stored separately. A trigger lock is an additional important precaution.
 - ▷ Supervise all play near streets or driveways.
 - ▷ Know where your child is at all times. He is too young to be roaming the neighborhood alone.
 - ▷ Teach your child pedestrian and neighborhood safety skills.
 - ▷ Teach your child about playground safety.
 - ▷ Be sure that your child wears a helmet when riding on a tricycle or a bicycle with training wheels.
 - ▷ Choose caregivers carefully. Talk with them about their attitudes and behavior in relation to discipline. Do not permit corporal punishment.
 - ▷ Teach your child safety rules regarding strangers.

- **Nutrition**

- ▷ **Please refer to well child care at 3 years for a detailed description of “how to feed your preschooler”***.
- ▷ Serve your child three nutritious meals a day and share meals as a family when possible.
- ▷ Make mealtimes pleasant and companionable. Encourage conversation.
- ▷ Give your child two planned nutritious snacks rich in complex carbohydrates. Limit high-fat or low-nutrient foods and beverages such as candy, chips, or soft drinks.
- ▷ Offer your child a variety of nutritious foods and let him decide what and how much to eat. Anticipate that he will imitate peers in food likes and dislikes.
- ▷ Serve your child low-fat dairy products, including milk, yogurt, and cheese.
- ▷ Continue to serve foods that your child may not accept at first. Prepare them in different ways and try again.
- ▷ Model and encourage good eating habits. Serve a variety of healthy foods.
- ▷ Help your child learn about food through stories and songs.
- ▷ Be sure that your child’s caregiver provides nutritious foods.

- **Oral Health**

- ▷ Be sure that your child brushes his teeth twice a day with a pea-size amount of fluoridated toothpaste. Regularly supervise tooth brushing.
- ▷ Ask your child’s oral health professional when and how to floss your child’s teeth.
- ▷ Give your child fluoride supplements as recommended by your dentist, based on the level of fluoride in your drinking water.
- ▷ Learn how to prevent dental injuries and handle dental emergencies, especially the loss or fracture of a tooth.
- ▷ If your child regularly sucks his fingers or thumb, gently begin to help him stop.
- ▷ Schedule a dental appointment for your child every six months or as indicated by your child’s individual needs or susceptibility to disease.

- **Sexuality Education**

- ▷ Anticipate your child’s normal curiosity about genital differences between boys and girls.
- ▷ Use correct terms for all body parts, including genitals.
- ▷ Answer questions about “where babies come from.”
- ▷ Explain to your child that certain parts of the body (those areas normally covered by a bathing suit) are private and should not be touched without his/her permission.

- **Promotion of Social Competence**
 - ▷ Praise your child for his cooperation and accomplishments.
 - ▷ Encourage your child to talk with you about his preschool, friends, experiences, and observations.
 - ▷ Encourage interactive reading with your child.
 - ▷ Spend individual time with your child doing something you both enjoy.
 - ▷ Provide opportunities for your child to help with household chores (e.g., helping to set the table, picking up toys).
 - ▷ Enlarge your child's experiences through trips and visits to parks and other places of interest.
 - ▷ Provide opportunities for your child to socialize with other children in play groups, preschool or other community activities.
 - ▷ Promote physical activity in a safe environment.
 - ▷ Encourage assertiveness without aggression.
 - ▷ Set developmentally appropriate limits.
 - ▷ Use "time out," remove the source of conflict, and try other constructive options for unacceptable behavior.
 - ▷ Encourage self-discipline.
 - ▷ Provide some type of structured learning environment for your child, whether in Head Start, preschool, Sunday school, or a community program or child care center.
 - ▷ Talk with the health professional about how to determine when your child is ready for school.

- **Promotion of Constructive Family Relationships and Parental Health**
 - ▷ Take some time for yourself and spend some individual time with your partner.
 - ▷ Choose babysitters and caregivers who are mature, trained, responsible, and recommended by someone you trust.
 - ▷ Listen to and respect your child.
 - ▷ Show interest in your child's preschool and/or child care activities.
 - ▷ Show affection in your family.
 - ▷ Spend some individual time with each child in your family.
 - ▷ Participate in games and other physical activities with your child.
 - ▷ Create opportunities for your family to share time together and for family members to talk and play with your child.
 - ▷ Handle anger constructively in your family.
 - ▷ Encourage the development of good sibling relationships.
 - ▷ Acknowledge conflicts between siblings. Whenever possible, try to resolve conflicts without taking sides. For example, if a conflict arises about a toy, the toy can be put away. Do not allow hitting, biting, or other violent behavior.

- ▷ Talk with the health professional about your own preventive and health-promoting practices (e.g., using safety belts, avoiding tobacco, eating properly, exercising, and doing breast self-exams or testicular self-exams).
- **Promotion of Community Interactions**
 - ▷ Talk with the health professional about possible programs for your child: preschool, early intervention programs, kindergarten, Head Start, swimming or other physical activity programs, or other community programs.
 - ▷ Learn about and consider participating in parent education classes or parent support groups.
 - ▷ Talk with the health professional about your current child care arrangements and how they meet your family's needs.
 - ▷ Visit your child's preschool or other child care program unannounced.
 - ▷ Maintain or expand ties to your community through social, religious, cultural, volunteer, and recreational organizations or programs.
 - ▷ Find out what you can do to make your community safer. Advocate for and participate in a neighborhood watch program.
 - ▷ Advocate for adequate housing and for safe play spaces and playgrounds.
 - ▷ Participate in community projects that provide opportunities for physical activity for the whole family (e.g., walk-a-thons, neighborhood clean-up day, community garden project).

Normal Development: 4 Years Old

- These guidelines are offered as a way of showing a general progression through the developmental stages rather than as fixed requirements for normal development at specific ages. It is perfectly natural for a child to attain some milestones earlier and other milestones later than the general trend.
- ***If you have any concerns related to your child's own pattern of development, check with your child's pediatric healthcare provider.***
 - ▷ **Physical Development**
 - ◆ hops, runs, skips, climbs with increasing skill
 - ◆ tires easily
 - ◆ is accident prone
 - ◆ enjoys making loud noises, but is frightened by unexpected sounds
 - ◆ toilets independently
 - ◆ makes designs and draws recognizable objects
 - ◆ manipulates blunt scissors
 - ◆ dresses self (with exception of shoes)
 - ◆ small muscle control lags behind large muscle
 - ▷ **Emotional Development**
 - ◆ regresses to baby behavior periodically
 - ◆ shows new fears (becoming aware of more dangers)
 - ◆ has a penchant for silliness

- ▷ **Social Development**
 - ◆ refers to parents as final authority
 - ◆ continues to test parental limits
 - ◆ uses "naughty" words to observe reaction
 - ◆ is ready for group activities
 - ◆ talks "with" another child, but does not listen to what other child says
 - ◆ is comfortable with other children, but shares grudgingly
 - ◆ tattles and name-calls
 - ◆ imitates adult activities

- ▷ **Mental Development**
 - ◆ is more likely to solve problems through words than aggressive action
 - ◆ has a vocabulary of about 1,500 to 2,000 words
 - ◆ speaks in 4 to 5 word sentences
 - ◆ fancies funny, exaggerated stories
 - ◆ can count to 5
 - ◆ identifies some shapes
 - ◆ begins to understand some concepts of time (yesterday, today, tomorrow)
 - ◆ often asks "why" questions
 - ◆ usually can put toys and materials away without adult assistance
 - ◆ insists on finishing an activity or project
 - ◆ likes helping with simple tasks
 - ◆ begins to know difference between right and wrong
 - ◆ shows growing ability to distinguish real-life from make-believe
 - ◆ tells tall tales, but cannot always distinguish between honesty and dishonesty
 - ◆ believes the only viewpoint is his or her own
 - ◆ believes two unrelated events can have a cause-effect relationship

How to Prepare for the Next Visit

- Please bring in questions and/or observations about your child that you would like to discuss.
- Keep track of any illnesses, including visits to other health care facilities and the ER.
- Consider planning a special trip for you and your child to visit her kindergarten and to meet her teachers.
- Fill out and bring in any school health forms that you need completed.
- If entering kindergarten, talk with your child about the next visit to the office, including the physical exam, immunizations, and other procedures.
- **Please bring in a first morning urine sample.**
- Please bring your vaccine record.

What to Expect at the Next Visit

- Your child should return when he is **5 years old**.
- Your child will have a physical examination.
- Your child's blood pressure will be checked.
- If entering kindergarten, a urinalysis will be performed on your child's first morning urine sample.
- If entering kindergarten, your child's hemoglobin will be determined through a finger stick to screen for anemia (low red blood cell count).
- If your child did not receive immunizations today, he will receive them at his next visit including his second MMR (measles, mumps, rubella), his second chicken pox (if he did not have the disease itself), his fifth DTaP (diphtheria, tetanus, pertussis), and his fourth polio vaccine.

*** =found on our web site**

QUESTIONS FOR THE 4 YEAR VISIT

PATIENT NAME: _____

DATE: ____/____/____

NUTRITION

Is your child drinking milk? Yes No

If so, what type?
 whole 1% 2% skim soy rice other

HOW MUCH MILK DOES YOUR CHILD DRINK?
 < 8 ounces 8 to < 16 ounces 16 to 24 ounces 24 to 32 ounces >32 ounces

HOW MUCH JUICE, GATORADE, SPORTS DRINKS AND SODA POP DOES YOUR CHILD DRINK?
 0 to 4 ounces 4 to 8 ounces 8 to 16 ounces >16 ounces

HOW MUCH WATER DOES YOUR CHILD DRINK?
 < 8 ounces 8 to 16 ounces 16 to 24 ounces >24 ounces

WHAT TYPE OF WATER SOURCE DO YOU HAVE?
 city well bottled with fluoride bottled without fluoride

HOW MANY SOLID MEALS DOES YOUR CHILD EAT IN A DAY?
 1-2 2-3 3-4 4-5 5-6

HOW MANY SNACKS DOES YOUR CHILD EAT IN A DAY?
 0 1 1-2 2-3 >3

HAS YOUR CHILD COMPLETELY ELIMINATED ANY OF THE FOLLOWING FOOD GROUPS?
 meats vegetables fruits breads

ELIMINATION

STOOL
 Is your child continent of stool by day and night? Yes No

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING REGARDING HIS/HER BOWEL MOVEMENTS?
 pain fear holding large size or hard diarrhea blood in stool

FREQUENCY:
 every 3-4 days every other day every day 1-2 times per day > 3 times per day

URINE
 Is your child continent of urine during the day? Yes No
 Is your child continent of urine at night? Yes No
 Is your child having any problems with urination? Yes No

SLEEP

Does your child have a fairly consistent bedtime? Yes No

WHERE DOES YOUR CHILD FALL ASLEEP?
 in his/her own room in a room with a sibling in his/her parent(s) room other

YOUR CHILD SLEEPS IN:
 a toddler bed his/her parent's bed a twin bed

HOW MANY HOURS DOES YOUR CHILD SLEEP AT NIGHT?
 < 8 8-10 10-12 > 12

HOW MANY NAPS DOES YOUR CHILD TAKE IN A DAY?
 0 1 1-2 2 2-3

HOW MANY HOURS OF TOTAL NAP TIME DOES YOUR CHILD SLEEP?
 < 1 hour 1-2 hours 2-3 hours > 3 hours

M.A.R. 2.2008 SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

QUESTIONS FOR THE 4 YEAR VISIT

PATIENT NAME: _____

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING REGARDING SLEEP?

- snoring restless sleep is poorly rested after a night of sleep night terrors difficulty falling asleep
 frequent nighttime awakenings pausing or startled breathing during sleep teeth grinding nightmares

VISION

Do you have any concerns about your child's vision? Yes No

HEARING

Do you have any concerns about your child's hearing? Yes No

SAFETY

Does your child ride in the car using a forward facing car/booster seat? Yes No

DO YOU HAVE A POOL? NO YES, IT IS AN:

- Above ground without a fence Above ground with fence around pool Above ground with fence around yard
 In ground without a fence In ground with fence around pool In ground with fence around yard

DEVELOPMENT

- | | | |
|--|------------------------------|-----------------------------|
| Pedals a tricycle at least 10 feet forward | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uses large muscle to skip, jump, run, throw a ball, and climb | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Plays hide-and-seek, cops-and-robbers, or other games where he/she takes turns and follows rules | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Takes turns and follows rules | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Turns pages in a book one at a time | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Retells stories that are familiar | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can tell what action is happening in a picture | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uses action words (verbs) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Plays pretend games, such as with toys, dolls, animals, or even with an imaginary friend | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Copies a circle | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pretends to write, making marks on a page that only he/she can read | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uses mostly four-word or five-word sentences when talking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can follow 3 step directions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

M.A.R. 2.2008 SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

**CHILDHOOD LEAD RISK
 ASSESSMENT QUESTIONNAIRE**

PATIENT NAME: _____

BIRTHDATE: ____/____/____

AGE: _____

DATE: ____/____/____ ZIP CODE: _____

**ALL CHILDREN 6 MONTHS THROUGH 6 YEARS MUST BE ASSESSED FOR LEAD POISONING.
 (410 ILCS 45/6.2)**

A documented result of a blood lead test or a properly filled out Childhood Lead Risk Assessment Questionnaire must be attached to a Certificate of Child Health Examination form for purposes of admission to an Illinois Department of Children and Family Services or state regulated child-care facility, including those operated by a school district.

Respond to the following questions by checking the appropriate answer.

Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this child have a sibling with a blood lead level of 10 mcg/dL or higher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this child live in or regularly visit a home that was built before 1978?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Is this child a refugee or an adoptee from any foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does your child live in a high risk zip code area? <small>* Please reference list of high risk zip codes on the back of this form.</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	* <input type="checkbox"/> Don't Know

MAR 2, 2008

SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

Cholesterol Screening Questionnaire



PATIENT NAME: _____

BIRTHDATE: ___ / ___ / ___ AGE: _____ DATE: ___ / ___ / ___

Increasing evidence suggests that atherosclerosis (hardening of the arteries) and coronary heart disease (CHD) involve processes that begin in childhood and adolescence. Depending on family history, children at risk for hyperlipidemia (high fats in the blood) should be screened with a blood test (measuring either a cholesterol or LDL-C level depending on the risk factor) beginning at age two. Please complete this questionnaire to determine if your child has any of these risk factors. Screening can prevent complications by early recognition and treatment.

Respond to the following questions by circling the appropriate answer.

1.	Does your child have a parent or grandparent who was diagnosed with coronary atherosclerosis (based on coronary angiography), including those who have had balloon angioplasty or coronary artery bypass surgery \leq 55 years of age ?	Yes	No	Unknown
2.	Does your child have a parent or grandparent who has had a documented myocardial infarction (heart attack), angina pectoris (heart related chest pain), peripheral vascular disease (narrowing of the blood vessels within the body), cerebrovascular disease (narrowing of the blood vessels within the brain or having had a stroke), or sudden cardiac death \leq 55 years of age?	Yes	No	Unknown
3.	Does your child have a parent with a cholesterol level \geq 240 mg/dl ?	Yes	No	Unknown

Signature of Provider

_____/_____/_____
Date