Housekeeping Items

• Welcome to L.A. Care Provider Continuing Education (PCE) Program's Live Webinar!

• Webinar participants are muted upon entry and exit of webinar.

• *Webinar attendance will be noted via log in. Please log in through a computer (instead of cell phone) to Join Webinar / Join Event and choose the Call In option to call in by telephone with the call in number, event access code and assigned unique attendee ID number. If your name does not appear on our WebEx Final Attendance and Activity Report (only as Caller User #) and no submission of online survey, no CME or CE certificate will be provided.*

• Webinar is being recorded.

• Questions will be managed through the Chat box and will be answered at the end of the presentation. ***Please keep questions brief and send to All Panelists.*** One of the Learning and Development Team members will read the questions in the Chat box when it's time for Q & A session (last 19 minutes of live webinar).

• Please send a message to the Host via Chat box if you cannot hear the presenter or see the presentation slides.

L.A. Care PCE Program Friendly Reminders

- ***Partial credits are not allowed at L.A. Care's CME/CE activities for those who log in late (more than 15 minutes late) and/or log off early.***

- We have three (3) Presenters today. Each PowerPoint Presentation is allotted 50 minutes plus a 3-minute break after each presenter. We will only have 19 minutes for the Q & A session, total of 3-hour webinar, **3 CME credits** for L.A. Care Providers and other Physicians, **3 CE credits** for NPs, RNs, LCSWs, LMFTs, LPCCs, LEPs, and other healthcare professionals. Certificate of Attendance will be provided to webinar attendees without credentials.

- **Friendly Reminder,** a survey will pop up on your web browser after the webinar ends (please do not close your web browser and wait a few seconds) and please complete the survey. ***Please note: the online survey may appear in another window or tab after the webinar ends.***

- Within two (2) weeks after virtual event date May 19, 2022 (live webinar) and upon completion of the online survey, you will receive the pdf CME or CE certificate based on your credential and after verification of your name and attendance duration time of at least 2 hours and 45 minutes for this 3-hour webinar.

- The PDF copy of the webinar presentation will be made available to all eligible webinar participants at lacare.org under the PCE Program link:

  https://www.lacare.org/providers/provider-central/provider-programs/classes-seminars

- Any questions about L.A. Care Health Plan's Provider Continuing Education (PCE) Program and our CME/CE activities, please email Leilanie Mercurio at lmercurio@lacare.org

Children's Health Conference
In Collaboration with First 5 LA
and Los Angeles County
Department of Public Health

L.A. Care
HEALTH PLAN
For All of L.A.

May 19, 2022, 9:00 am – 12:00 pm PST

Virtual Half Day Conference via Cisco WebEx

Directly Provided CME/CE Activity by L.A. Care Health Plan

Welcome, Opening Remarks and Webinar Overview

Cathy Mechsner, MBA, PMP

Manager, Practice Transformation Programs

AGENDA

Time	Topics	Presenters
9:00 am – 9:05 am PST	Welcome, Opening Remarks and Introductions	Cathy Mechsner, MBA, PMP L.A. Care Health Plan
9:05 am – 9:55 am	Early, Periodic Screening, Diagnosis and Treatment (EPSDT)	Christine Mirzaian, MD Children's Hospital Los Angeles
9:55 am – 9:58 am	3-minute Break	
9:58 am – 10:48 am	Developmental-Behavioral Pediatrics (DBP)	Douglas Vanderbilt, MD Children's Hospital Los Angeles
10:48 am – 10:51 am	3-minute Break	
10:51 am – 11:41 am	Adverse Childhood Experiences (ACEs)	Adam Schickedanz, MD UCLA Department of Pediatrics
11:41 am – 12:00 pm	Q & A Session via WebEx Chat Box (please include name of Presenter with your questions)	Dr. Mirzaian, Dr. Vanderbilt, Dr. Schickedanz All Webinar Attendees
12:00 pm PST	Adjournment	

Presenter's Biography

<u>Christine Bottrell Mirzaian, MD, MPH, IBCLC</u>

Christine Mirzaian, MD, MPH, is a general pediatrician at Children's Hospital Los Angeles, where she has been practicing pediatrics for over 10 years.

Dr. Mirzaian sees patients at her private practice and in the lactation clinic at AltaMed, as well as in the High Risk Infant Follow-up Clinic at Children's Hospital Los Angeles. In addition, she is the Director of Clinical and Community Services at the USC University Center for Excellence in Developmental Disabilities and runs a Parent Navigator program which helps connect families to Regional Centers and other needed services in the community.

Presenter's Biography

Douglas Vanderbilt, MD, MS

Douglas Vanderbilt, MD, MS, is the Director of the Developmental-Behavioral Pediatrics (DBP) Section at Children's Hospital Los Angeles (CHLA) and a Professor of Clinical Pediatrics (Educational Scholar) at Keck School of Medicine and Occupational Science/Occupational Therapy at University of Southern California (USC). He completed his medical school at the University of Tennessee, residency at UCLA, and DBP fellowship and a 2-year faculty appointment at Boston University.

As DBP fellowship director, he has graduated 13 DBP fellows and is partnering across the pediatric residency programs in the Los Angeles basin for DBP training.

As the Medical Director of the Newborn follow-up clinic at CHLA, he has led the effort to bring an interdisciplinary team of nutrition, nursing, occupational and physical therapy, psychology, and social work staff together to enhance the parent-infant relationship of NICU graduates.

Presenter's Biography

Adam Bennett Schickedanz, MD, PhD

Adam Schickedanz, MD, PhD, is a general pediatrician and health services researcher at UCLA who works clinically within the Los Angeles County Department of Health Services at Olive View-UCLA Medical Center. His work focuses on developing new models of pediatric primary care to address families' social and economic determinants of health. He has helped large and small health systems and clinics implement assessment and evaluation programs to address patients' basic needs, including food, housing, and transportation.

Dr. Schickedanz received his medical training at UCSF and came to Los Angeles as a Robert Wood Johnson Clinical Scholar at UCLA. He received his doctorate in Health Policy and Management at the UCLA Fielding School of Public Health, focusing on the relationships between Adverse Childhood Experiences (ACEs) in one generation and behavioral health problems in the next generation of children.

Dr. Schickedanz is currently on faculty in the UCLA Department of Pediatrics in Westwood. He is also the Chair of the ACEs Committee of the Southern California American Academy of Pediatrics Chapter.

DISCLOSURE

The following speakers do not have relevant financial relationships with ineligible companies.

An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by, or consumed, on patients.

EARLY, PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)

Christine Bottrell Mirzaian, MD, MPH, IBCLC

Assistant Professor of Clinical Pediatrics

Keck School of Medicine of USC/Children's Hospital Los Angeles

May 19, 2022 9:00 am – 12:00 pm PST, 3 CME / CE Credits

L.A. Care Children's Health Conference In Collaboration with First 5 LA and Los Angeles County Department of Public Health

I, Christine Mirzaian, have no relevant financial relationships with commercial interests / ineligible companies.

1. Summarize developmental screening requirements under EPSDT.

2. Identify 3 potential screening tools that can be used in a general pediatrics setting.

3. Specify community-based resources and referral pathways to use when a developmental delay is identified.

4. Identify available resources for developmental delay through the CDC and AAP.

- EPSDT = Early, Periodic Screening, Diagnosis, and Treatment
- Per Federal Regulations, the Department of Health Care Services (DHCS) is responsible for providing full-scope Medi-Cal beneficiaries under age 21 with EPSDT services
  - These services are provided without cost
- In CA, the Child Health and Disability Prevention Program (CHDP) administers the Early and Periodic Screening component of EPSDT
- As of July 1, 2016, the CHDP Program adopted the American Academy of Pediatrics (AAP) Bright Futures Recommendations for Primary Care
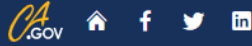
Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Bright Futures.
prevention and health promotion for infants, children, adolescents, and their families®

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* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. 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.

	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	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
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																																
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•																				
Weight for Length		•	•	•	•	•	•	•	•	•	•																					
Body Mass Index[5]												•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING																																
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	•	•	★	•	★	•	★	•	★	•	★	•	★	•	★
Hearing		•[8]	•[9]			★ →	★	★	★	★	★	★	★	★	•	•	•	★	•	★	•	←	• →[10]		←	• →		←	• →			
DEVELOPMENTAL/BEHAVIORAL HEALTH																																
Developmental Screening[11]								•			•																					
Autism Spectrum Disorder Screening[12]											•	•																				
Developmental Surveillance		•	•	•	•	•	•		•	•		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment[13]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol, or Drug Use Assessment[14]																						★	★	★	★	★	★	★	★	★	★	★
Depression Screening[15]																							•	•	•	•	•	•	•	•	•	•
Maternal Depression Screening[16]				•	•	•	•																									
PHYSICAL EXAMINATION[17]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES[18]																																
Newborn Blood		•[19]	•[20] →																													
Newborn Bilirubin[21]		•																														
Critical Congenital Heart Defect[22]		•																														
Immunization[23]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anemia[24]						★		•	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[25]						★	★	• or ★[26]			★	• or ★[26]		★	★	★	★															
Tuberculosis[27]			★			★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[28]											★			★		★		★		← • →		★	★	★	★	★	★	←	•	→		
Sexually Transmitted Infections[29]																						★	★	★	★	★	★	★	★	★	★	★
HIV[30]																						★	★	• →		←	•	→		★	★	★
Hepatitis C Virus Infection[31]																												•				
Cervical Dysplasia[32]																																•
ORAL HEALTH[33]							•[34]	•[34]	★		★	★	★	★	★	★	★															
Fluoride Varnish[33]							←				•		→																			
Fluoride Supplementation[34]							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★					
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

1. 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.
2. 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" (https://pediatrics.aappublications.org/content/142/1/e20181218).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. 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/e827.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).
5. 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)
6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (http://pediatrics.aappublications.org/content/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. 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/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153597).
8. 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/120/4/898.full).
9. Verify results as soon as possible, and follow up, as appropriate.
10. 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" (https://www.sciencedirect.com/science/article/abs/pii/S1054139X16000483).
11. Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (https://pediatrics.aappublications.org/content/145/1/e20193449).
12. Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (https://pediatrics.aappublications.org/content/145/1/e20193447).
13. 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/135/2/384) and "Poverty and Child Health in the United States" (http://pediatrics.aappublications.org/content/137/4/e20160339).
14. A recommended assessment tool is available at http://crafft.org.
15. 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.
16. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (https://pediatrics.aappublications.org/content/143/1/e20183259).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed 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).
18. These may be modified, depending on entry point into schedule and individual need.
19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel (https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (https://www.babysfirsttest.org/newborn-screening/states) establish the criteria for and coverage of newborn screening procedures and programs.

(continued)

KEY: • = to be performed   ★ = risk assessment to be performed with appropriate action to follow, if positive   ← • → = range during which a service may be provided

BF NC 2021.PSFEB 3-35W0321

EPSDT / CHDP Bright Futures / AAP Developmental Screening Guidelines

AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	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
	INFANCY								EARLY CHILDHOOD						
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS															
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●			
Weight for Length		●	●	●	●	●	●	●	●	●	●				
Body Mass Index[5]												●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●
SENSORY SCREENING															
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	●	●
DEVELOPMENTAL/BEHAVIORAL HEALTH															
Developmental Screening[11]								●			●		●		
Autism Spectrum Disorder Screening[12]											●	●			

Developmental Screening at 9 months, 18 months, and 30 months
Autism Screening at 18 and 24 months

Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (https://pediatrics.aappublications.org/content/145/1/e20193449).

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Proposition 56 Developmental Screenings

Back to Proposition 56

Overview | Current Materials

Overview

Effective for dates of service from January 1, 2020, through December 31, 2021, Medi-Cal reimburses providers a supplemental incentive payment of $59.90 for developmental screenings with funds from the California Healthcare Research and Prevention Tobacco Tax Act of 2016 (Proposition 56). A developmental screening is the use of a standardized set of questions to see if a child's motor, language, cognitive, social, and emotional development are on track for their age.

National guidelines recommend developmental screening performed at well-child visits for all children at 9 months, 18 months, and 30 months of age, and when medically necessary when risk is identified on developmental surveillance. All children enrolled in Medicaid are entitled to receive developmental screenings as it is a required service for children under the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.

Providers must use a standardized screening tool that meets the criteria set forth by the American Academy of Pediatrics (AAP) and the Centers for Medicare & Medicaid Services (CMS). Billing requires that the completed screen was reviewed, the appropriate tool was used, results were documented and interpreted, results were discussed with the child's family and/or caregiver and any clinically appropriate actions were documented. This documentation should remain in the beneficiary's medical record and be available upon request.

Current Materials

- State Plan Amendment 19-0041
- Developmental Screenings Policy (October 2019)
- New Medi-Cal Policy for Childhood Developmental Screening Reimbursement
- Bright Futures/American Academy of Pediatrics Periodicity Schedule (Update March 2020)

Last modified date: 3/23/2021 9:43 AM

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DEDICATED TO THE HEALTH OF ALL CHILDREN™

Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening

Paul H. Lipkin, MD, FAAP,[a] Michelle M. Macias, MD, FAAP,[b] COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

2. Identify 3 potential screening tools that can be used in a general pediatrics setting.

Supplemental Table 1 Developmental Screening Tests

	Description	Age Range	No. Items	Administration Time	Forms Available EHR Compatible	Psychometric Properties[a]	Utility as Autism Screener	Scoring Method	Cultural Considerations	Purchase and Obtainment Information	Key References
						General Developmental Screening Tests					
Ages and Stages Questionnaires – 3	Parent-completed questionnaire. Series of 21 questions screening communication, gross motor, fine motor, problem-solving, and personal adaptive skills. Results in pass, monitor, or fail score for domains	2–60 mo	30	10–15 min	Electronic format that can be adapted for an EH	Standardized on 2008 children from diverse ethnic and socioeconomic backgrounds, including Spanish-speaking Sensitivity: 0.70–0.90 (moderate to high) Specificity: 0.76–0.91 (moderate to high) Across ages: Sensitivity: 86% Specificity: 85% By domain: Sensitivity: 83% Specificity: 91%	General screen: Sensitivity: 0.86 Specificity: 0.85 Using the monitor cutoff in communication domain: identified 95% of children positive on ASD-specific screen	Risk categorization. Provides a cutoff score in 5 domains of development that indicates possible need for further evaluation and a monitoring zone that identifies children who should be monitored and rescreened	Available in multiple languages; see test information for details	Paul H. Brookes Publishing Co, Inc: 800-638-3775 or www.brookespublishing.com	Squires J, Potter L, Bricker D. *The ASQ User's Guide: Third Edition*. Baltimore, MD: Paul H. Brookes Publishing Co; 2009
PEDS	Parent interview form. Designed to screen for developmental and behavioral problems needing further evaluation. Single response form used for all ages. May be useful as a surveillance tool	0–8 y	10	2–5 min	Electronic format that can be adapted for an EHR	2013 restandarization ($n = 47\,531$ families from diverse ethnic and socioeconomic backgrounds) Sensitivity: 96% Specificity: 83%	At 12 mo, PEDS is 83% sensitive to an ASD diagnosis at 36 mo but 60% specific. Utility as a component of ongoing surveillance	Risk categorization. Provides algorithm to guide need for referral, additional screening, or continued surveillance	Available in multiple languages; see test information for details.	Ellsworth and Vandermeer Press, LLC: 888-729-1697 or www.pedstest.com	Glascoe FP. *Collaborating with Parents: Using Parents' Evaluation of Developmental Status (PEDS) to Detect and Address Developmental and Behavioral Problems*. Second ed. Nolansville, TN: PEDSTest.com, LLC; 2013
PEDS: Developmental Milestones Screening Version	Parent interview form. Designed to screen for developmental and social-emotional problems	0–8 y	6–8 items at each age level	4–6 min	Electronic format that can be adapted for an EHR	Standardized with 1600 children from diverse ethnic and socioeconomic backgrounds. Sensitivity: 0.70–0.94 Specificity: 0.77–0.93 across ages	—	Risk categorization. Tied to performance above and below the 16th percentile for each item and domain. Provides algorithm to guide need for referral, additional screening, or continued surveillance	Available in multiple languages; see test information for details	Ellsworth and Vandermeer Press, LLC: 888-729-1697 or www.pedstest.com	Brothers KB, Glascoe FP, Robertshaw NS. PEDS: developmental milestones—an accurate brief tool for surveillance and screening. *Clin Pediatr (Phila)*. 2008;47(3):271-279
SWYC: milestones	12 age-specific forms, keyed to pediatric periodicity schedule. Includes cognitive, language, and motor skills	1–65 mo	10	~5 min	Available through Patient Tools, Epic, and CHADIS Available for free download as PDFs from www.theswyc.org	Sensitivity: Average across ages: 75.8% Specificity: Average across ages: 78.3%	Not evaluated; see SWYC: POSI	Risk categorization. Provides a cutoff score that varies by age that indicates possible need for further evaluation	Available in multiple languages; see test information for details	Available for free download from www.theswyc.org	Sheldrick RC, Perrin EC. Evidence-based milestones for surveillance of cognitive, language, and motor development. *Acad Pediatr.* 2013;13(6):577–586 Publications and User's Manual available at www.theswyc.org

Behavioral Screening Tests

18

- Ages and Stages Questionnaire, Third Edition
- https://agesandstages.com/
- Available languages: Arabic, Chinese, English, French, Spanish, and Vietnamese
- Take 10-15 min to complete
- Costs $
- Scores indicate a monitoring zone vs. a definite referral zone
- Activity sheets available
- Sensitivity: 83%; Specificity: 91%

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

☑ Try each activity with your baby before marking a response.

☑ Make completing this questionnaire a game that is fun for you and your child.

☑ Make sure your child is rested and fed.

☑ Please return this questionnaire by _____.

Patient Name:

Date of Birth:

Date of Service:

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. When your child wants something, does she tell you by *pointing* to it?	○	○	○	____
2. When you ask your child to, does he go into another room to find a familiar toy or object? *(You might ask, "Where is your ball?" or say, "Bring me your coat," or "Go get your blanket.")*	○	○	○	____
3. Does your child say eight or more words in addition to "Mama" and "Dada"?	○	○	○	____
4. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? *(Mark "yes" even if her words are difficult to understand.)*	○	○	○	____
5. Without your showing him, does your child *point* to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" *(He needs to identify only one picture correctly.)*	○	○	○	____
6. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? *(Don't count word combinations that express one idea, such as "bye-bye," "all gone," "all right," and "What's that?")* Please give an example of your child's word combinations:	○	○	○	____

COMMUNICATION TOTAL ____

20

ASQ-3™ 18 Month ASQ-3 Information Summary

17 months 0 days through 18 months 30 days

Child's name: _____ Date ASQ completed: _____

Child's ID #: _____ Date of birth: _____

Administering program/provider: _____

Was age adjusted for prematurity when selecting questionnaire? ◯ Yes ◯ No

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See *ASQ-3 User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	13.06		●	●	●	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Gross Motor	37.38		●	●	●	●	●	●	●	●	◯	◯	◯	◯	◯
Fine Motor	34.32		●	●	●	●	●	●	●	●	◯	◯	◯	◯	◯
Problem Solving	25.74		●	●	●	●	●	●	◯	◯	◯	◯	◯	◯	◯
Personal-Social	27.19		●	●	●	●	●	●	◯	◯	◯	◯	◯	◯	◯

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See *ASQ-3 User's Guide*, Chapter 6.

1. Hears well? Yes **NO**
   Comments:

2. Talks like other toddlers his age? Yes **NO**
   Comments:

3. Understand most of what your child says? Yes **NO**
   Comments:

4. Walks, runs, and climbs like other toddlers? Yes **NO**
   Comments:

5. Family history of hearing impairment? **YES** No
   Comments:

6. Concerns about vision? **YES** No
   Comments:

7. Any medical problems? **YES** No
   Comments:

8. Concerns about behavior? **YES** No
   Comments:

9. Other concerns? **YES** No
   Comments:

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the ☐ area, it is above the cutoff, and the child's development appears to be on schedule.
If the child's total score is in the ▨ area, it is close to the cutoff. Provide learning activities and monitor.
If the child's total score is in the ■ area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

_____ Provide activities and rescreen in _____ months.

_____ Share results with primary health care provider.

_____ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.

_____ Refer to primary health care provider or other community agency (specify reason): _____.

_____ Refer to early intervention/early childhood special education.

_____ No further action taken at this time

_____ Other (specify): _____

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

Activities for Toddlers 16–20 Months Old

Toddlers love to play in water. Put squeezable objects in the bathtub, such as sponges or squeeze bottles, along with dump-and-pour toys (cups, bowls).	Toddlers are excited about bubbles. Let your toddler try to blow bubbles or watch you blow bubbles through a straw. Bubbles are fun to pop and chase, too.	Pretend play becomes even more fun at this age. Encourage your toddler to have a doll or stuffed toy do what he does—walk, go to bed, dance, eat, and jump. Include the doll in daily activities or games.	Make instant pudding together. Let your toddler "help" by dumping pudding, pouring milk, and stirring. The results are good to eat or can be used for finger painting.	Use boxes or buckets for your toddler to throw bean bags or balls into. Practice overhand release of the ball or bean bag.
Play Hide and Seek. Your toddler can hide with another person or by herself for you to find. Then take your turn to hide and let your toddler find you.	Toddlers love movement. Take him to the park to ride on rocking toys, swings, and small slides. You may want to hold your toddler in your lap on the swing and on the slide at first.	Sing action songs together such as "Ring Around the Rosy," "Itsy-Bitsy Spider," and "This Is the Way We Wash Our Hands." Do actions together. Move with the rhythm. Wait for your toddler to anticipate the action.	Put favorite toys in a laundry basket slightly out of reach of your toddler or in a clear container with a tight lid. Wait for your toddler to request the objects, giving her a reason to communicate. Respond to her requests.	Your toddler may become interested in "art activities." Use large nontoxic crayons and a large pad of paper. Felt-tip markers are more exciting with their bright colors. Let your toddler scribble his own picture as you make one.
A favorite pull toy often is a small wagon or an old purse for collecting things. Your toddler can practice putting objects in and out of it. It can also be used to store favorite items.	Make a picture book by putting common, simple pictures cut from magazines into a photo album. Your toddler will enjoy photos of herself and family members. Pictures of pets are favorites, too.	Toddlers are interested in playing with balls. Use a beach ball to roll, throw, and kick.	Play the "What's that?" game by pointing to clothing, toys, body parts, objects, or pictures and asking your toddler to name them. If your toddler doesn't respond, name it for him and encourage imitation of the words.	Fill a plastic tub with cornmeal or oatmeal. Put in kitchen spoons, strainers, measuring cups, funnels, or plastic containers. Toddlers can fill, dump, pour, and learn about textures and use of objects as tools. Tasting won't be harmful.
Toddlers will begin putting objects together. Simple puzzles (separate pieces) with knobs are great. Putting keys into locks and letters into mailbox slots is fun, too.	Get two containers (coffee cups or cereal bowls) that look the same and a small toy. Hide the toy under one container while your toddler watches. Ask her, "Where did it go?" Eventually you can play the old shell game (moving the containers after you hide the toy).	Help your toddler sort objects into piles. He can help you sort laundry (put socks in one pile and shirts in another). Play "clean up" games. Have your toddler put toys on specified shelves or boxes.	Save milk cartons or gelatin or pudding boxes. Your toddler can stack them to make towers. You can also stuff grocery bags with newspapers and tape them shut to make big blocks.	Lay out your toddler's clothes on the bed before dressing. Ask her to give you a shirt, pants, shoes, and socks. This is an easy way to learn the names of common items.

- Parent Evaluation of Developmental Status: https://www.pedstest.com/index.html
- Available in multiple languages
- Takes 4-6 min to complete
- PEDS Response Form, elicits concerns
- PEDS DM (Developmental Milestones)- more traditional screener
- Costs $
- Sensitivity 70% - 94%, Specificity 77%- 93%

PEDS RESPONSE FORM

Provider ____

Child's Name _____ Parent's Name _____

Child's Birthday _____ Child's Age _____ Today's Date _____

Please list any concerns about your child's learning, development, and behavior.

Do you have any concerns about how your child talks and makes speech sounds?
Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child understands what you say?
Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?
Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?
Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child behaves?
Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child gets along with others?
Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself?
Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning preschool or school skills?
Circle one: No Yes A little COMMENTS:

Please list any other concerns.

Can your child scribble with a crayon or marker without going off the page much?
- No
- A little
- Yes

If you ask your child to point to parts of his or her body, how many of these can he or she show you? "head", "legs", "arms", "fingers", "teeth", "thumbs", "toes"
- No
- 1 - 2
- 3 or more

When your child talks, how many words does he or she usually use at a time?
- None
- 1
- 2 or more

Can your child walk backward two steps?
- No
- Yes, shuffles or stops
- Yes

Can your child take off loose clothes such as pull-down pants or a coat?
- No
- Sometimes
- Most of the time

Does your child pretend to do grown-up things like washing dishes, taking care of a baby, sweeping, scrubbing, or cooking?
- No
- Sometimes
- Yes

- Survey of Well-Being of Young Children
- https://www.tuftschildrenshospital.org/the-survey-of-wellbeing-of-young-children/overview
- Available in Spanish, Khmer, Burmese, Nepali, Portuguese, Haitian-Creole, Arabic, Somali and Vietnamese
- Takes 5 min
- Free!
- Sensitivity: 75.8%; Specificity: 78.3%

SWYC:™

9 months

9 months, 0 days to 11 months, 31 days
V1.08, 9/1/19

Survey of Well-being of Young Children — SWYC

Child's Name:

Birth Date:

Today's Date:

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Holds up arms to be picked up	⓪	①	②
Gets into a sitting position by him or herself	⓪	①	②
Picks up food and eats it	⓪	①	②
Pulls up to standing	⓪	①	②
Plays games like "peek-a-boo" or "pat-a-cake"	⓪	①	②
Calls you "mama" or "dada" or similar name	⓪	①	②
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	⓪	①	②
Copies sounds that you make	⓪	①	②
Walks across a room without help	⓪	①	②
Follows directions - like "Come here" or "Give me the ball"	⓪	①	②

- Modified Checklist for Autism in Toddlers
- MCHAT-R = revised, most recent version
- https://mchatscreen.com/
- Free
- Can be used in children 16-30 months of age
- Available in multiple languages
- Sensitivity 91%, Specificity 95%

M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child <u>usually</u> behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** <u>or</u> **no** for every question. Thank you very much.

1.	If you point at something across the room, does your child look at it? (**FOR EXAMPLE**, if you point at a toy or an animal, does your child look at the toy or animal?)	Yes	No
2.	Have you ever wondered if your child might be deaf?	Yes	No
3.	Does your child play pretend or make-believe? (**FOR EXAMPLE**, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	Yes	No
4.	Does your child like climbing on things? (**FOR EXAMPLE**, furniture, playground equipment, or stairs)	Yes	No
5.	Does your child make <u>unusual</u> finger movements near his or her eyes? (**FOR EXAMPLE**, does your child wiggle his or her fingers close to his or her eyes?)	Yes	No
6.	Does your child point with one finger to ask for something or to get help? (**FOR EXAMPLE**, pointing to a snack or toy that is out of reach)	Yes	No
7.	Does your child point with one finger to show you something interesting? (**FOR EXAMPLE**, pointing to an airplane in the sky or a big truck in the road)	Yes	No
8.	Is your child interested in other children? (**FOR EXAMPLE**, does your child watch other children, smile at them, or go to them?)	Yes	No
9.	Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (**FOR EXAMPLE**, showing you a flower, a stuffed animal, or a toy truck)	Yes	No
10.	Does your child respond when you call his or her name? (**FOR EXAMPLE**, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Yes	No
11.	When you smile at your child, does he or she smile back at you?	Yes	No
12.	Does your child get upset by everyday noises? (**FOR EXAMPLE**, does your child scream or cry to noise such as a vacuum cleaner or loud music?)	Yes	No
13.	Does your child walk?	Yes	No
14.	Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Yes	No
15.	Does your child try to copy what you do? (**FOR EXAMPLE**, wave bye-bye, clap, or make a funny noise when you do)	Yes	No
16.	If you turn your head to look at something, does your child look around to see what you are looking at?	Yes	No
17.	Does your child try to get you to watch him or her? (**FOR EXAMPLE**, does your child look at you for praise, or say "look" or "watch me"?)	Yes	No
18.	Does your child understand when you tell him or her to do something? (**FOR EXAMPLE**, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?)	Yes	No
19.	If something new happens, does your child look at your face to see how you feel about it? (**FOR EXAMPLE**, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	No
20.	Does your child like movement activities? (**FOR EXAMPLE**, being swung or bounced on your knee)	Yes	No

- Count number of failed items
  - most are supposed to be "NO" except items 2, 5, and 12 (wondering if child is deaf, child makes unusual movements with fingers, child gets upset by everyday noises)
- Score of 0-2 = low risk for autism
- Score of 3-7 = medium risk for autism
- Score of 8 or more = high risk for autism

3. Specify community-based resources and referral pathways to use when a developmental delay is identified.

- Early identification of developmental delay and early intervention can help optimize outcomes and school readiness
- Per the National Survey of Children's Health, 2018-2019, only 36.4% of children's parents completed a developmental screen
- CA ranks 26th in the nation with 33.9%

- Hispanic and black children less likely to have developmental screening than white children
- There are lower rates of enrollment in early intervention among minority and low-income families

JAMA Pediatr. 2018;172(9):857-866. doi:10.1001/jamapediatrics.2018.1524

McManus B, McCormick MC, Acevedo-Garcia D, Ganz M, Hauser-Cram P. The effect of state early intervention eligibility policy on participation among a cohort of young CSHCN. Pediatrics. 2009 Dec;124 Suppl 4:S368-74.

- Early Intervention = Federal Term
- Mandated by Part C of the Individuals with Disabilities Education Act
- Services are designed to meet the developmental needs of an infant or toddler…in any one or more of the following areas, including
    - Physical development; Cognitive development;
    - Communication development; Social or emotional development; or Adaptive development
- **To the maximum extent appropriate, are provided in natural environments**

California: Early Intervention = Early Start

- Infants and toddlers (age 0 to 36 months) who are at risk of having developmental disabilities or who have a developmental delay
  - 33% delay in one or more developmental areas (cognitive, physical, communication, social or emotional, or adaptive development)
  - Infants and toddlers with established risk conditions
  - Infants and toddlers who are at high risk for developmental delay due to a combination of biomedical risk factors
- **Eligibility and IFSP (Individual Family Service Plan) to be determined within 45 days of referral**

- High risk for a developmental disability exists when a multidisciplinary team determines that an infant or toddler has **a combination of two** or more of the following factors
  - Prematurity of less than 32 weeks gestation and/or low birth weight of less than 1500 grams.
  - Assisted ventilation for 48 hours or longer during the first 28 days of life.
  - Small for gestational age: below the third percentile on the National Center for Health Statistics growth charts.
  - Asphyxia neonatorum associated with a five minute Apgar score of 0 to 5.
  - Severe and persistent metabolic abnormality, including but not limited to hypoglycemia, acidemia, and hyperbilirubinemia in excess of the usual exchange transfusion level.
  - Neonatal seizures or nonfebrile seizures during the first three years of life.

- Central nervous system lesion or abnormality.
- Central nervous system infection.
- Biomedical insult including, but not limited to, injury, accident or illness which may seriously or permanently affect developmental outcome.
- Multiple congenital anomalies or genetic disorders which may affect developmental outcome.
- Prenatal exposure to known teratogens.
- Prenatal substance exposure, positive infant neonatal toxicology screen or symptomatic neonatal toxicity or withdrawal.
- Clinically significant failure to thrive
- Persistent hypotonia or hypertonia, beyond that otherwise associated with a known diagnostic condition.

- 52109. Basis for the Provision of and Payment for Services Through Regional Centers.

- (a) Regional centers shall provide, arrange, or purchase early intervention services, as required by the infant's or toddler's IFSP, and be payor of last resort for infants and toddlers determined eligible for early intervention services as:

- (b) Regional centers shall be the payor of last resort after all other public sources for payment have been reviewed to determine if a referral shall be made by the service coordinator and/or the parent. Referrals may include but not be limited to California Children Services, Medi-Cal, or other public agencies that may have responsibility for payment. **This review shall not delay the provision of early intervention services specified on the IFSP. Early Intervention services specified on the IFSP shall begin as soon as possible.**

- (c) The use of the family's private insurance to pay for evaluation, assessment, and required early intervention services specified on the infant or toddler's IFSP, shall be voluntary.

REGIONAL CENTER CONNECTION: MYTHS AND REALITIES

- **Myth:** determination of regional center is based on zip code

- **Reality:** determination of regional center is based on health district

- An individual's health district can be looked up using the following link:

  https://appcenter.gis.lacounty.gov/districtlocator/

- If the link above results in 2 or 3 Regional Center locations instead of a single Regional Center for a given zip code, a different method is used to identify the correct Regional Center for this patient.

- Each Regional Center serves a group of health districts, as listed below:

South Central Los Angeles Regional Center

- Compton
- San Antonio
- South
- Southeast
- Southwest

Westside Regional Center

- Inglewood
- Santa Monica-West

Harbor Regional Center

- Bellflower
- Harbor
- Long Beach
- Torrance

San Gabriel/Pomona Regional Center

- El Monte
- Foothill
- Pomona

Frank D. Lanterman Regional Center

- Central
- Glendale
- Hollywood-Wilshire
- Pasadena
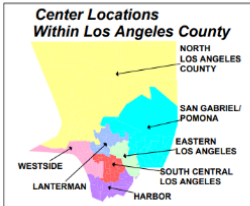
Eastern Los Angeles Regional Center

- Alhambra
- East Los Angeles
- Northeast
- Whittier

North Los Angeles County Regional Center

- West Valley
- East Valley
- San Fernando
- Antelope Valley

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- **Myth:** a phone call should be enough
- **Reality:** phone calls not as successful as emails, and most Regional Centers now have electronic applications on their website
  - Any documentation from provider and/or school can help

- www.sclarc.org
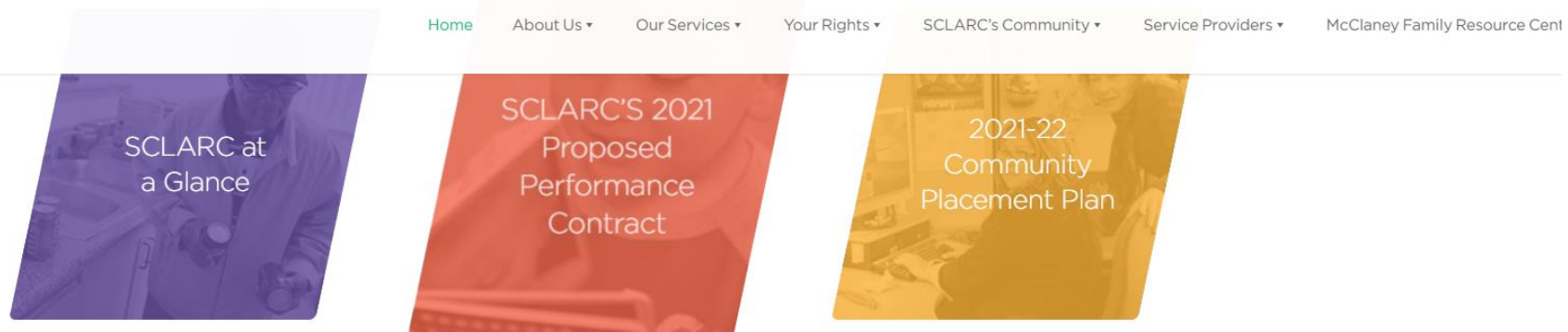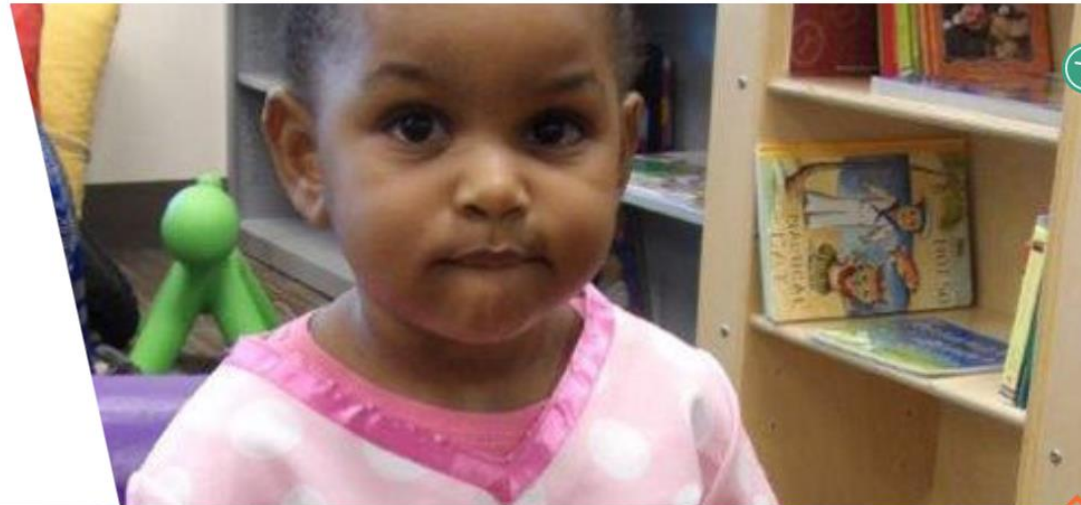
4. Identify available resources for developmental delay through the CDC and AAP.

Evidence-Informed Milestones for Developmental Surveillance Tools

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- Developmental surveillance = longitudinal process, involves eliciting concerns, taking a developmental history based on milestones, observing and examining child, clinical judgement; should occur at all health supervision visits

- Developmental screening = use of validated screening tools at specific ages or when surveillance reveals a concerns

- Diagnostic evaluation = conducted by developmental specialists to further evaluate/diagnose those at risk

- In 2004 CDC Learn the Signs Act Early developed milestone lists, based on *Caring for you Baby and Young Child*, by AAP, but lists were not cited
- After 15 years, authors felt it was time to update to
  - Apply criteria to milestone and surveillance tools
  - ensure the lists reflected when most children would meet the milestone (not just 50%)
  - better align with health-supervision visits (i.e. include a 15 month and 30 month list)

LANGUAGE/COMMUNICATION MILESTONES

TABLE 4 Continued

Language/ Communication Milestones	Age	CDC or New	Source Normative Data[a]	Developmental Screening and Evaluation Tools[b]
Waves "bye-bye"	12 mo	CDC	Accardo and Capute (30), Crais et al (48), Den Ouden et al (54), Ertem et al (35), Fenson et al (47), Kwon et al (49)	—
Calls a parent "mama" or "dada" or another special name	12 mo	CDC	Accardo and Capute (30), Crais et al (48), Sheldrick and Perrin (38)	—
Understands "no" (pauses briefly or stops when you say it)	12 mo	CDC	Accardo and Capute (30), Ertem et al (35), Gladstone et al (46), Lancaster et al (45), Lejarraga et al (41), Thalagala (39)	Bayley III (27)
Tries to say 1 or 2 words besides mama or dada, like "ba" for ball or "da" for dog	15 mo	New	Gladstone et al (46), Lancaster et al (45), Tamis-Lemonda et al (55)	ASQ-3, PEDS DM
Looks at a familiar object when you name it	15 mo	CDC	Ertem et al (35), Lancaster et al (45), Sheldrick and Perrin (38)	ASQ-3
Follows directions given with both a gesture and words. For example, he gives you a toy when you hold out your hand and say, "Give me the toy."	15 mo	New	Accardo and Capute (30), Ertem et al (35), Gladstone et al (46)	ASQ-3
Points to ask for something or to get help	15 mo	CDC	Ertem et al (43), Kwon et al (49), Lancaster et al (45)	ASQ-3
Tries to say ≥3 words besides mama or dada	18 mo	CDC	Accardo and Capute (30), Ertem et al (35), Gladstone et al (46), Lancaster et al	ASQ-3

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TABLE 4 Continued

Language/ Communication Milestones	Age	CDC or New	Source		
			Normative Data[a]	Developmental Screening and Evaluation Tools[b]	Published Clinical Opinion[c]
			(45), Sheldrick and Perrin (38)		
Follows 1-step directions without any gestures, like giving you the toy when you say, "Give it to me."	18 mo	CDC	Accardo and Capute (30), Ertem et al (35), Gladstone et al (46), Lancaster et al (45), Sheldrick and Perrin (38)	—	ASHA (11), Dosman et al (8), Gerber et al (20), Scharf et al (18)
Points to things in a book when you ask, for example, "Where is the bear?"	24 mo	CDC	Accardo and Capute (30), Lejarraga et al (41)	ASQ-3	ASHA (11), Bellman et al (42), Blackwell and Baker (53), Bright Futures (36), Gerber et al (20), Johnson and Blasco (15), Scharf et al (18)
Says at least 2 words together, like "More milk."	24 mo	CDC	Accardo and Capute (30), Den Ouden (54), Ertem et al (43), Gladstone et al (46), Sheldrick and Perrin (38)	ASQ-3	AAP (12), ASHA (11), Bellman et al (42), Bright Futures (36), Dosman et al (8), Gerber et al (20), Scharf et al (18)
Points to at least 2 body parts when you ask him to show you	24 mo	CDC	Accardo and Capute (30), Muluk et al (56), Sheldrick and Perrin (38)	ASQ-3, PEDS-DM	ASHA (11), Bellman et al (42), Blackwell and Baker (53), Bright Futures (36), Johnson and Blasco (15)
Uses more gestures than just waving and pointing, like blowing a kiss or nodding yes	24 mo	New	Fenson et al (47), Kwon et al (49)	—	Dosman et al (8), First Words (14)
Says ~50 words	30 mo	New	Accardo and Capute (30), Lancaster et al (45), Tamis-Lemonda et al (55)	ASQ-3	AAP (12), Bright Futures (36), Gerber et al (20), Johnson and Blasco (15), Scharf et al (18)
Says ≥2 words, with 1 action word, like "Doggie run."	30 mo	New	Accardo and Capute (30), Ertem et al (35), Lancaster et al (45), Tamis-Lemonda et al (55)	ASQ-3, Bayley III	Blackwell and Baker (53), Dosman et al (8), Gerber et al (20), Johnson and Blasco (15), Scharf et al (18)
Names things in a book when you point and ask, "What is this?"	30 mo	New	Lancaster et al (45), Sheldrick and Perrin (38)	ASQ-3, Bayley III	Gerber et al (20), Scharf et al (18)

MOTOR MILESTONES

TABLE 6 Motor Milestones With Supporting Normative Data, Evaluation Tools, and Published Clinical Opinion References

Motor Milestones	Age	CDC or New	Normative Data[a]	Developmental Screening and Evaluation Tools[b]	Published Clinical Opinion[c]
Holds head up when on tummy	2 mo	CDC	Accardo and Capute (30), Carruth and Skinner (61), Den Ouden et al (54)	—	Bright Futures (36), Dosman et al (8), Gerber et al (20), Scharf et al (18)
Moves both arms and both legs	2 mo	New	—	ASQ-3 (22)	Bright Futures (36)
Opens hands briefly	2 mo	New	Accardo and Capute (30), Ertem et al (35), Lejarraga et al (41)	ASQ-3	Bright Futures (36)
Holds head steady without support when you are holding her	4 mo	CDC	Ertem et al (35), Lejarraga et al (41), Sheldrick and Perrin (38)	PEDS-DM (25)	Bright Futures (36), Gerber et al (20), Scharf et al (18)
Holds a toy when you put it in his hand	4 mo	CDC	Dosman et al (8)[d]	—	Bellman et al (42), Gerber et al (20), Scharf et al (18)
Uses her arm to swing at toys	4 mo	CDC	Bhave et al (40), Dosman et al (8), Ertem et al (43), Kumar et al (44)	—	Gerber et al (20), Scharf et al (18)
Brings hands to mouth	4 mo	CDC	Den Ouden et al (54), Ertem et al (35), Lejarraga et al (41), Sheldrick and Perrin (38)	—	Bright Futures (36), Dosman et al (8)
Pushes up onto elbows/forearms when on tummy	4 mo	CDC	Accardo and Capute (30), Lejarraga et al (41), Thalagala (39)	—	Gerber et al (20), Scharf et al (18)
Rolls from tummy to back	6 mo	CDC	Accardo and Capute (30), Den Ouden et al (54), Dosman et al (8), Ertem et al (35)	ASQ-3	Gerber et al (20), Scharf et al (18)
Pushes up with straight arms when on tummy	6 mo	CDC	Accardo and Capute (30), Carruth and Skinner (61), Thalagala (39)	—	Gerber et al (20), Scharf et al (18)
Leans on hands to support himself when sitting	6 mo	CDC	Accardo and Capute (30), Carruth and Skinner (61),	ASQ-3	Gerber et al (20), Scharf et al (18)

TABLE 6 Continued

Motor Milestones	Age	CDC or New	Source Normative Data[a]	Developmental Screening and Evaluation Tools[b]	Published Clinical Opinion[c]
			(43), Gladstone et al (46), Lancaster et al (45), Lejarraga et al (41), World Health Organization (68)		
Walks, holding onto furniture	12 mo	CDC	Accardo and Capute (30), Ertem et al (43), Lejarraga et al (41), World Health Organization (68)	—	Bellman et al (42), Gerber et al (20), Scharf et al (18)
Drinks from a cup without a lid, as you hold it	12 mo	New	Gladstone et al (46), Lancaster et al (45)	ASQ-3, PEDS-DM	Bright Futures (36), Gerber et al (20), Johnson and Blasco (15), Scharf et al (18)
Picks things up between thumb and pointer finger, like small bits of food	12 mo	CDC	Ertem et al (43), Gladstone et al (46), Kumar et al (44), Lancaster et al (45), Lejarraga et al (41)	—	Bright Futures (36), Dosman et al (8), Gerber et al (20), Scharf et al (18)
Takes a few steps on his own	15 mo	CDC	Ertem et al (43), Gladstone et al (46), Noller and Ingrisano (69)	—	Bright Futures (36)
Uses fingers to feed herself some food	15 mo	New	Carruth and Skinner (61), Dosman et al (8), Kumar et al (44), Lejarraga et al (41)	—	Bright Futures (36), Gerber et al (20), Scharf et al (18)
Walks without holding onto anyone or anything	18 mo	CDC	Accardo and Capute (30), Bhave et al (40), Gladstone et al (46), Kitsao-Wekulo et al (65), Lancaster et al (45), Lejarraga et al (41), Sheldrick and Perrin (38)	ASQ-3, PEDS-DM	Bellman et al (42), Bright Futures (36), Dosman et al (8)
Scribbles	18 mo	CDC	Accardo and Capute (30), Ertem et al (43), Kitsao-Wekulo et al (65), Lancaster	ASQ-3	Bright Futures (36), Dosman et al (8), Gerber et al (20), Johnson and

- https://www.cdc.gov/ncbddd/actearly/index.html

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Your baby at 6 months

Baby's Name _____ **Baby's Age** _____ **Today's Date** _____

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 6 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

What most babies do by this age:

Social/Emotional Milestones

- ☐ Knows familiar people
- ☐ Likes to look at himself in a mirror
- ☐ Laughs

Language/Communication Milestones

- ☐ Takes turns making sounds with you
- ☐ Blows "raspberries" (sticks tongue out and blows)
- ☐ Makes squealing noises

Cognitive Milestones (learning, thinking, problem–solving)

- ☐ Puts things in her mouth to explore them
- ☐ Reaches to grab a toy he wants
- ☐ Closes lips to show she doesn't want more food

Movement/Physical Development Milestones

- ☐ Rolls from tummy to back
- ☐ Pushes up with straight arms when on tummy
- ☐ Leans on hands to support himself when sitting

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Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

You know your baby best. Don't wait. If your baby is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your baby's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your baby more; and

2. Call your state or territory's early intervention program to find out if your baby can get services to help. Learn more and find the number at **cdc.gov/FindEI**.

For more on how to help your baby, visit **cdc.gov/Concerned**.

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

Download CDC's free *Milestone Tracker* app

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American Academy
of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

Help your baby learn and grow

As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.

- Use "back and forth" play with your baby. When your baby smiles, you smile; when he makes sounds, you copy them. This helps him learn to be social.

- "Read" to your baby every day by looking at colorful pictures in magazines or books and talk about them. Respond to her when she babbles and "reads" too. For example, if she makes sounds, say "Yes, that's the doggy!"

- Point out new things to your baby and name them. For example, when on a walk, point out cars, trees, and animals.

- Sing to your baby and play music. This will help his brain develop.

- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.

- When your baby looks at something, point to it and talk about it.

- Put your baby on her tummy or back and put toys just out of reach. Encourage her to roll over to reach the toys.

- Learn to read your baby's moods. If he's happy, keep doing what you are doing. If he's upset, take a break and comfort your baby.

- Talk with your baby's doctor about when to start solid foods and what foods are choking risks. Breast milk or formula is still the most important source of "food" for your baby.

- Learn when your baby is hungry or full. Pointing to foods, opening his mouth to a spoon, or getting excited when seeing food are signs that he is hungry. Others, like pushing food away, closing his mouth, or turning his head away from food tells you that he's had enough.

- Help your baby learn she can calm down. Talk softly, hold, rock, or sing to her, or let her suck on her fingers or a pacifier. You may offer a favorite toy or stuffed animal while you hold or rock her.

- Hold your baby up while she sits. Let her look around and give her toys to look at while she learns to balance herself.

To see more tips and activities download CDC's Milestone Tracker app.

Your child at 18 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 18 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 children do by this age:

Social/Emotional Milestones

- ☐ Moves away from you, but looks to make sure you are close by
- ☐ Points to show you something interesting
- ☐ Puts hands out for you to wash them
- ☐ Looks at a few pages in a book with you
- ☐ Helps you dress him by pushing arm through sleeve or lifting up foot

Language/Communication Milestones

- ☐ Tries to say three or more words besides "mama" or "dada"
- ☐ Follows one-step directions without any gestures, like giving you the toy when you say, "Give it to me."

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Copies you doing chores, like sweeping with a broom
- ☐ Plays with toys in a simple way, like pushing a toy car

Movement/Physical Development Milestones

- ☐ Walks without holding on to anyone or anything
- ☐ Scribbles
- ☐ Drinks from a cup without a lid and may spill sometimes
- ☐ Feeds herself with her fingers
- ☐ Tries to use a spoon
- ☐ Climbs on and off a couch or chair without help

✱ It's time for developmental screening!
At 18 months, your child is due for general developmental screening and an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.

Your child at 2 years*

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 age 2. 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 children do by this age:

Social/Emotional Milestones

- ☐ Notices when others are hurt or upset, like pausing or looking sad when someone is crying
- ☐ Looks at your face to see how to react in a new situation

Language/Communication Milestones

- ☐ Points to things in a book when you ask, like "Where is the bear?"
- ☐ Says at least two words together, like "More milk."
- ☐ Points to at least two body parts when you ask him to show you
- ☐ Uses more gestures than just waving and pointing, like blowing a kiss or nodding yes

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Holds something in one hand while using the other hand; for example, holding a container and taking the lid off

- ☐ Tries to use switches, knobs, or buttons on a toy
- ☐ Plays with more than one toy at the same time, like putting toy food on a toy plate

Movement/Physical Development Milestones

- ☐ Kicks a ball
- ☐ Runs
- ☐ Walks (not climbs) up a few stairs with or without help
- ☐ Eats with a spoon

✳ It's time for developmental screening!
At 2 years, your child is due for an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.

Your child at 30 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 30 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 children do by this age:

Social/Emotional Milestones

- ☐ Plays next to other children and sometimes plays with them
- ☐ Shows you what she can do by saying, "Look at me!"
- ☐ Follows simple routines when told, like helping to pick up toys when you say, "It's clean-up time."

Language/Communication Milestones

- ☐ Says about 50 words
- ☐ Says two or more words, with one action word, like "Doggie run"
- ☐ Names things in a book when you point and ask, "What is this?"
- ☐ Says words like "I," "me," or "we"

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Uses things to pretend, like feeding a block to a doll as if it were food

- ☐ Shows simple problem-solving skills, like standing on a small stool to reach something
- ☐ Follows two-step instructions like "Put the toy down and close the door."
- ☐ Shows he knows at least one color, like pointing to a red crayon when you ask, "Which one is red?"

Movement/Physical Development Milestones

- ☐ Uses hands to twist things, like turning doorknobs or unscrewing lids
- ☐ Takes some clothes off by himself, like loose pants or an open jacket
- ☐ Jumps off the ground with both feet
- ☐ Turns book pages, one at a time, when you read to her

✱ It's time for developmental screening!
At 30 months, your child is due for general developmental screening as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.

1. Q: How am I able to integrate developmental screening into my practice, where time is very limited?

A: Some screeners may take less than 5 minutes to complete. There are options to have the front desk staff hand out screeners for families to do during check-in/while waiting, or for this to be done electronically prior to the visit.

2. Q: What do I do with a positive screen?

A: California has an Early Intervention Program (aka Early Start) that can provide additional developmental assessment and services depending on need. Early Start is administered through Regional Centers, and more information can be found at https://www.dds.ca.gov/services/early-start/

3. Q: What are the benefits of implementing screening? Is it helpful?

A: Early and periodic developmental screening can be instrumental in identifying developmental delay, which may also help diagnose other concerns (such as vision, hearing, general health, or social issues). Early intervention can greatly improve a child's developmental trajectory and school-readiness.

4. Q: How can developmental screening help me understand my patient and family better?

A: Developmental screening can be a chance to find out more about how your patient is functioning overall, how the family views their child's progress in comparison to other children, and provide an essential opportunity for a family to express their concerns.

Thank you!

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