EHS/HS Evidence-Based Vision Screening

Introduction and Disclaimer

- 18 years in vision screening field
- Former Director/Lead Trainer – Vision Initiative for Children – West Virginia University Eye Institute – focus on Head Start, school nurses, pediatric primary care practices
- Member – Advisory Committee to the National Center for Children’s Vision and Eye Health at Prevent Blindness
- Consultant – Vision Screening Committee, American Association for Pediatric Ophthalmology and Strabismus
- Current Director – Vision and Eye Health Initiatives at Good-Lite and School Health Corporation
- Current Education and Outreach Coordinator for the National Center for Children's Vision and Eye Health at Prevent Blindness
- My focus is to encourage age-appropriate and evidence-based vision screening – based on national guidelines and best practices – as part of a 12-component Strong Vision Health System of Care.
• Dr. Nottingham Chaplin has (1) worked in the vision and eye health world since February 15, 2001; (2) provided 178 vision screening training workshops; and (3) lectured, trained, and consulted at more than 200 international, national, state, district, and local venues, including national webinars, and annual conferences for the:
  • National Association of School Nurses
  • National Head Start Association
  • School-Based Health Alliance
  • National Center on Early Childhood Health and Wellness

RELEVANT PUBLICATIONS and PAPERS:

Information You Will Take Home …
3 Learning Objectives

- List 18 vision development milestones that should occur in baby’s first year of life.
- Describe 1 evidence-based screening tool for ages 1 and 2 years
- Describe 2 evidence-based screening tool for ages 3 and 4 years
Current State of Children’s Vision in the U.S.

Up to 1 in 17 preschool-aged children in the United States has a vision problem that require treatment.

- If left untreated, these eye diseases and vision disorders can lead to permanent vision loss that cannot be corrected with prescription glasses, and/or
- Cause problems socially, academically, and developmentally.
- However . . . almost all (94%) of these vision problems can be found early with a vision screening . . . if children who do not pass vision screening:
  - See an eye doctor;
  - Receive treatment, if necessary; and
  - Follow the eye doctor’s suggestions to improve vision.

What Does an “evidence-based Approach” Mean?

The National Center on Early Childhood Health and Wellness defines evidence-based as: "an umbrella term that refers to the use of the best research evidence (found in health sciences literature) and clinical expertise (what health care providers know).

[Adapted from the National Institutes of Health https://prevention.nih.gov/resources-for-researchers/dissemination-and-implementation-resources/evidence-based-programs-practices]

For example:
- Simply stating a tool was used to screen 10,000 children does not make the tool evidence-based.
- A peer-reviewed publication stating the tool was used to screen 10,000 children, screening results were compared with eye examination results, and the tool found 90% of children with vision disorders is an example of an evidence-based tool.
Key Year 1 Vision Development Milestones

18 Vision Development Milestones From Birth to Baby’s First Birthday

About the Tool:
- This document is a vision screening tool for Early Head Start, Parent-Teacher, and other early care and education programs.
- It is a table containing vision milestones in order of typical development.
- The first column lists the age.
- The second column lists the milestones typically expected to occur for that age.
- The third column lists the questions to ask.
- The fourth column lists the steps when a referral is required. It also provides activities that parents and caregivers can do to help with milestones.
- Because each child develops differently and may meet the vision milestones at different ages, vision milestones may vary up to 6 weeks. Some questions provide alerts for rescreening before referring.
- Although milestones may vary up to 6 weeks, if a baby’s eyes appear to be constantly misaligned (possibly strabismus) at age 2 months or older, refer immediately for an eye examination.
- When using this tool with children who were born prematurely and have no health challenges, adjust chronological age to the corrected age and use this tool based on corrected age (see above box). Visual development milestones may be delayed if babies have health challenges (e.g., perinatal syndromes, neurologic and metabolic conditions, etc.). For these children, use vision screening results from the baby’s primary care provider or eye examination results from the baby’s eye care professionals to meet your vision screening mandate.

Instructions:
1. Visual skills typically develop in a particular order. To determine if the baby has met all vision milestones, begin with Page 2 regardless of baby’s age. Do not skip to the chronological or corrected age of the baby you are screening.
2. Check the appropriate boxes in the “Questions” column. Some will require rescreening if the vision milestone has not been met.
3. Complete the “Questions” column of the table before completing the Pass/Rescreen/Refer Documentation pages beginning on page 10. This tool is the Pass/Rescreen/Refer Documentation can be placed in the baby’s file for record-keeping purposes.
4. Use this tool throughout baby’s first year to review vision development milestones.

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Vision Developmental Milestones Check-off Tool available at:
http://nationalcenter.preventblindness.org/publications-and-presentations

- Time for reaching milestones can vary up to 6 weeks . . . except milestone related to straight eyes.

- Slides show when baby should reach milestones.

- Process:
  - Milestone(s) and age or age range when milestone(s) should occur
  - Questions to ask or behaviors to monitor about the milestones
  - What to do if milestones are not met . . . or next steps
Many vision milestones are related to overall developmental milestones... want you to think about those milestones from a perspective of vision... or how baby’s vision could impact reaching a milestone.

<table>
<thead>
<tr>
<th>AGE</th>
<th>MILESTONE</th>
<th>QUESTIONS</th>
<th>NEXT STEPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth through 1st month</td>
<td>1. Baby begins to focus on lights, faces, and objects 8 to 15 (20.32 – 38.1 cm) in front of his/her face.</td>
<td>- Does baby focus on lights, faces, and objects 8 to 15 (20.32 – 38.1 cm) in front of his/her face? (Yes, (pass))</td>
<td>Refer to baby’s primary health care provider for further evaluation and to coordinate a referral for an eye examination.</td>
</tr>
<tr>
<td></td>
<td>2. Baby begins to follow slowly moving lights, faces, and objects at near.</td>
<td>- Not yet (rescreen within 6 weeks). Date for rescreen: If “No” after rescreening, move to Next Steps.</td>
<td>Refer to Birth to 3 Early Intervention program.</td>
</tr>
</tbody>
</table>

NEXT MILESTONE DURING AGE 2nd AND 3rd MONTHS

- Refer to baby’s primary health care provider for further evaluation and to coordinate a referral for an eye examination.
- Refer to Birth to 3 Early Intervention program.
- Activities parents and caregivers can do:
  - Hold your baby in front of you, look at your baby, and slowly move your head from side to side. Play together and have fun.
  - Hold a patterned high-contrast toy within 8 to 15 inches (20.32 – 38.1 cm) of your baby’s face. Slowly move the object up and down or side to side. Play together and have fun.
  - Place a small rattle or colorful, plastic ring in your baby’s hands and gently shake your baby’s hands in front of your baby’s face. Play together and have fun.
### AGE Milestone

**During 2nd and 3rd months**

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Questions</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Baby begins to notice his/her hands.</td>
<td>❏ Is baby aware of his/her hands during the 2nd month?</td>
<td>❏ Refer to baby’s pediatric primary health care provider for further evaluation and to coordinate a referral for an eye examination.</td>
</tr>
<tr>
<td></td>
<td>No (refer and move to Next Steps).</td>
<td></td>
</tr>
<tr>
<td>4. Baby makes eye contact with parent or caregiver.</td>
<td>❏ Does baby look directly at parent’s or caregiver’s eyes?</td>
<td>❏ Refer to Birth to Three Early Intervention program.</td>
</tr>
<tr>
<td></td>
<td>Yes (pass).</td>
<td></td>
</tr>
<tr>
<td>5. Baby follows moving lights, faces, people, and objects with both eyes</td>
<td>❏ Is baby following moving lights, faces, people, and objects with both eyes together?</td>
<td>❏ Activities parents and caregivers can do:</td>
</tr>
<tr>
<td></td>
<td>Yes (pass).</td>
<td>❏ Hold a familiar toy, bottle, or patterned and high-contrast object within 8 to 15 inches (20.32 – 38.1 cm) of your baby’s face. Slowly move the object up and down or side to side. Play together and have fun!</td>
</tr>
<tr>
<td>6. Baby has a social smile.</td>
<td>❏ Not Yet (rescreen within 6 weeks). Date for rescoring:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No (“No” after rescreening, move to Next Steps).</td>
<td></td>
</tr>
</tbody>
</table>

**IF BABY IS AGE 3 TO 4 MONTHS, ALSO DO THE FOLLOWING MILESTONE**

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Questions</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Baby smiling at his/her parent or caregiver by age 3 months?</td>
<td>❏ Is baby smiling at his/her parent or caregiver by age 3 months?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No (Refer and move to Next Steps).</td>
<td></td>
</tr>
</tbody>
</table>

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### AGE Milestone

**During 3rd and 4th months**

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Questions</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Baby watches his/her hand movements.</td>
<td>❏ Does baby watch his/her hands?</td>
<td>❏ Refer to baby’s pediatric primary health care provider for further evaluation and to coordinate a referral for an eye examination.</td>
</tr>
<tr>
<td></td>
<td>Yes (pass).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Yet (rescreen within 6 weeks). Date for rescoring:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“No” after rescreening, move to Next Steps.</td>
<td></td>
</tr>
<tr>
<td>8. Baby reaches for objects or parent’s or caregiver’s face.</td>
<td>❏ Does baby reach for objects or parent’s or caregiver’s face?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes (pass).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Yet (rescreen within 6 weeks). Date for rescoring:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“No” after rescreening, move to Next Steps.</td>
<td></td>
</tr>
<tr>
<td>9. Baby grasps and holds objects in his/her hands.</td>
<td>❏ Does baby grasp and hold an object in his/her hands?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes (pass).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Yet (rescreen within 6 weeks). Date for rescoring:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“No” after rescreening, move to Next Steps.</td>
<td></td>
</tr>
<tr>
<td>10. Baby brings objects to his/her mouth.</td>
<td>❏ Does baby bring objects to his/her mouth by age 4 months?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes (pass).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Yet (rescreen within 6 weeks). Date for rescoring:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“No” after rescreening, move to Next Steps.</td>
<td></td>
</tr>
<tr>
<td>11. Baby moves eyes from person or object to object.</td>
<td>❏ Does baby shift his/her eyes from person or object to object during age 4 months?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes (pass).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No (Refer and move to Next Steps).</td>
<td></td>
</tr>
</tbody>
</table>

**NEXT MILESTONE AT AGE 5 MONTHS**

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Questions</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Baby grasps and holds objects in his/her hands.</td>
<td>❏ Does baby grasp and hold an object in his/her hands?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes (pass).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Yet (rescreen within 6 weeks). Date for rescoring:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“No” after rescreening, move to Next Steps.</td>
<td></td>
</tr>
<tr>
<td>11. Baby moves eyes from person or object to object.</td>
<td>❏ Does baby shift his/her eyes from person or object to object during age 4 months?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes (pass).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No (Refer and move to Next Steps).</td>
<td></td>
</tr>
</tbody>
</table>
## Pass/Rescreen/Refer Documentation

<table>
<thead>
<tr>
<th>Birth through 12th Month</th>
<th>Screen Date</th>
<th>Rescreen Date</th>
<th>Pass</th>
<th>Rescreen</th>
<th>Pass</th>
<th>Refer health care provider</th>
<th>Refer EI</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does baby focus on lights, faces, and objects 8 to 16 inches (20.32 – 30.1 cm) in front of his/her face?</td>
<td>Screen Date</td>
<td>Rescreen Date</td>
<td>Pass</td>
<td>Rescreen</td>
<td>Pass</td>
<td>Refer health care provider</td>
<td>Refer EI</td>
</tr>
<tr>
<td>2. Is baby beginning to follow slowly moving lights, faces, and objects with his/her head and eyes?</td>
<td>Screen Date</td>
<td>Rescreen Date</td>
<td>Pass</td>
<td>Rescreen</td>
<td>Pass</td>
<td>Refer health care provider</td>
<td>Refer EI</td>
</tr>
<tr>
<td>During 2nd and 3rd Months</td>
<td>Screen Date</td>
<td>Rescreen Date</td>
<td>Pass</td>
<td>Rescreen</td>
<td>Pass</td>
<td>Refer health care provider</td>
<td>Refer EI</td>
</tr>
<tr>
<td>3. Is baby aware of his/her hands during the 2nd month?</td>
<td>Screen Date</td>
<td>Rescreen Date</td>
<td>Pass</td>
<td>Refer health care provider</td>
<td>Refer EI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does baby look directly at parent's or caregiver's eyes?</td>
<td>Screen Date</td>
<td>Rescreen Date</td>
<td>Pass</td>
<td>Rescreen</td>
<td>Pass</td>
<td>Refer health care provider</td>
<td>Refer EI</td>
</tr>
<tr>
<td>5. Is baby following moving lights, faces, people, and objects with both eyes together?</td>
<td>Screen Date</td>
<td>Rescreen Date</td>
<td>Pass</td>
<td>Rescreen</td>
<td>Pass</td>
<td>Refer health care provider</td>
<td>Refer EI</td>
</tr>
<tr>
<td>6. Is baby smiling at his/her parent or caregiver by age 3 months?</td>
<td>Screen Date</td>
<td>Rescreen Date</td>
<td>Pass</td>
<td>Refer health care provider</td>
<td>Refer EI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home-Based Visitor/Nurse Signature:</td>
<td>Date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Expert Contributors:**

- **Sandra Block, OD, Med, MPh, FAAO, FCOVD**
  - Member of National Expert Panel to the National Center for Children's Vision and Eye Health (NCCVEH) at Prevent Blindness
  - Professor, Medical Director, School Based Clinics, Director of School-Based Research at Illinois College of Optometry

- **Deborah Chua, PhD**
  - Professor Emerita in Early Childhood Special Education, Department of Special Education, California State University Northridge
  - Co-author with Gail Calvello and Clare Taylor Friedman of the Parents and Infants with Visual Impairments (PAVI) Manual, created as a 3-year project of the Blind Babies Foundation with support from the U.S. Department of Education

- **Megan E. Collins, MD**, Pediatric Ophthalmologist
  - Assistant Professor of Ophthalmology, Wilmer Eye Institute, Johns Hopkins Medicine
  - A Principle Investigator of BREDS, Vision for Baltimore, and Vision for Chicago

- **Susan Cotter, OD, MS, FAAO**
  - Member of National Expert Panel to the National Center for Children's Vision and Eye Health (NCCVEH) at Prevent Blindness
  - Member of Advisory Committee to the NCCVEH
  - Professor at the Southern California College of Optometry at Marshall B. Ketchum University

- **Anne S. Nielsen, PhD**
  - Outreach Coordinator, Kansas State School for the Blind Manhattan Kansas Office
Vision Screening Years 1 and 2

Resources Consulted:


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### Cast of Characters

**NCCVEH:**
- National Center for Children’s Vision and Eye Health at Prevent Blindness
  - Optometry
  - Ophthalmology
  - Family Advocates
  - Nurses
  - Public Health Professionals
  - Educators

**AAP:**
- American Academy of Pediatrics
- American Association for Pediatric Ophthalmology and Strabismus
- American Academy of Ophthalmology
- American Association of Certified Orthoptists

### Years 1 and 2 - Vision Screening Tools

**Instrument-based screening**
- Instruments assess the eye STRUCTURE, not how the brain interprets CLEARNESS of vision
- Instruments analyze digital images of the eyes to provide information about amblyopia risk factors:
  - Estimates of significant refractive error (hyperopia [farsightedness], myopia [nearsightedness], astigmatism [blurred vision at both near and far])
  - Estimates of anisometropia (significant difference of refractive error between the two eyes)
  - Estimates of eye misalignment
Instrument-Based Screening

AAP
- Use beginning at age 12 months
- Ages 1 and 2 years


Instruments Vetted by NCCVEH

Welch Allyn® Spot™ Vision Screener

Welch Allyn® SureSight™ Vision Screener

Retinomax (Right Mfg. Co Ltd.- Tokyo, Japan)

Plusoptix S12C Vision Screener
2 Approaches to Vision Screening

1. **Optotype-based screening**
   - Tests of visual acuity using optotypes to measure visual acuity as interpreted by the brain
   - *Quantifiable measurement of the sharpness or clearness of vision when identifying specific optotype sizes at a standardized distance*

2. **Instrument-based screening**
   - Instruments do not measure visual acuity
   - Instruments use an automated image acquisition and analysis system of the eyes to provide information about amblyopia risk factors:
     - Estimates of significant refractive error (hyperopia, myopia, astigmatism)
     - Estimates of anisometropia
     - Estimates of eye misalignment (some, not all)

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“Not so great” charts . . .
NOT Recommended by NCCVEH and/or AAP

More Charts NOT Recommended by NCCVEH


https://nationalcenter.preventblindness.org/programs-and-resources
Why **NOT** Recommended?

- The use of validated and standardized optotypes and acuity charts is important for an accurate assessment of vision.
- Children may not know their letters.
- Requires discrimination of direction, which is not sufficiently developed in preschool-aged children.
- Charts not standardized.
- Not well validated in screening environment.

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Importance of Appropriate Tools

- “Visual acuity scores can be significantly affected by the chart design.” (p. 1248)

- Excluding optotype size, “each visual acuity level on a test chart should present an essentially equivalent task”. (p. 740)
National and international distance visual acuity eye chart design recommendations

- **1980 - National Academy of Sciences-National Research Council (NAS-NRC)**

- **1984 - International Council of Ophthalmology (ICO)**

- **2003 - World Health Organization Prevention of Blindness & Deafness (WHO)**

- **2010 – American National Standards Institute, Inc.**

Similar recommendations across guidelines

- Optotypes approximately equal in legibility
- Horizontal between-optotype spacing = 1 optotype width
- Vertical between-line spacing = height of next line down
- Geometric progression of optotype sizes of 0.1 log units (logMAR, ETDRS)
- 5 optotypes per line
- Optotypes black on white background with luminance between 80 cd/m² and 160 cd/m²

Design guidelines = “ETDRS” or “logMAR” chart

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Tips:
- Line outside optotypes
- 20/32 vs. 20/30
- 10 feet vs. 20 feet

Do the following eye charts fit national/international eye chart design guidelines?

Yes or No?

✓ NO
Preferred Optotypes for Ages 3 to 6 Years

- NCCVEH
- AAP
- Recommend LEA SYMBOLS® and HOTV letters as optotypes


Preferred Optotype Format

NCCVEH national guidelines call for using single, LEA SYMBOLS® or HOTV letter optotypes surrounded with crowding bars for children ages 3, 4, and 5 years at 5 feet

How do you use the response panel and 4 individual cards?

• Card with 4 optotypes – use as matching game
• Individual cards may be placed on floor in front of child – ask child to step on card matching optotype to identify

Options: Critical Line Screening at 10 feet

Sight Line Kit


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Also acceptable . . .

Screening Distance

• 10 feet from chart to child’s eyes

• New, standardized distance charts will be at 10 feet for children and adults

• 10/xx on left side of chart with 20/xx on right side – report 20/xx

https://www.schoolhealth.com/eyespy-20-20-vision-screener
Using HOTV letters – NOT Landolt C
Unacceptable Occluders Ages 3, 4, and 5 years

- Hand
- Tissue
- Paper or plastic cup
- Cover paddle

Why unacceptable?

Children can easily peek

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Occluders – Younger Children <10 Years
To Point or Not to Point . . . ?

- Pointing to each optotype to help children know where they are on the chart is permissible.
  - True or False?
  - **False**
  
  1.8 “Line-by-line isolation or pointing may be used, **but not letter by letter**

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No Pointing at Optotypes

- Holding pointer at optotype makes optotype easier to identify.
  - Instead . . . **briefly point under or over top of optotype and quickly remove pointer.**

- If line has a box around optotypes, stay outside the box with pointer.

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“Untestable” is not a failed vision screening.

Keep track of “untestable” children.

Untestable children in VIP study were 2x as likely to have vision problems than those who passed vision screening.

If possible, rescreen untestable children same day.

If you have reason to believe that the child may perform better on another day, consider rescreening the child no later than 6 months.


NCCVEH

• Age 3 years:
  • Majority of optotypes on 20/50 line

• Ages 4 and 5 years:
  • Majority of optotypes on 20/40 line

• Ages 6 years and older:
  • Majority of optotypes on 20/32 line

AAP

• Age 3 years:
  • Majority of optotypes on 20/50 line

• Ages 4 years:
  • Majority of optotypes on 20/40 line

• Ages 5 years and older:
  • Majority of optotypes on 20/32 (or 20/30) line

  Or 2-line difference even in passing lines (i.e., 20/20 and 20/32)


Referral Criteria
Choices for Near Vision Screening

Can do critical line only with both eyes open or one eye at a time.

Stereoacuity Screening if NOT using Spot

PASS 2 Smile Test
If Doing Color Vision Deficiency Screening . . .

2 Approaches to Vision Screening

1. **Optotype-based screening**
   - Tests of visual acuity using optotypes to measure visual acuity as interpreted by the brain
   - Quantifiable measurement of the sharpness or clearness of vision when identifying specific optotype sizes at a standardized distance

2. **Instrument-based screening**
   - Instruments do not measure visual acuity
   - *Instruments use an automated image acquisition and analysis system of the eyes to provide information about amblyopia risk factors:*
     - Estimates of significant refractive error (hyperopia, myopia, astigmatism)
     - Estimates of anisometropia
     - Estimates of eye misalignment
**Instrument-Based Screening**

- Use beginning at 12 months (AAP)

- Use instruments OR tests of visual acuity for children ages 3, 4, and 5 years (NCCVEH and AAP)

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Instruments Vetted by NCCVEH

- Welch Allyn® Spot™ Vision Screener
- Welch Allyn® SureSight™ Vision Screener
- Plusoptix S12C Vision Screener
- Retinomax (Right Mfg. Co Ltd.- Tokyo, Japan)

- Instruments typically will not capture readings on 100% of children (e.g., 97%).
- If doing instrument-based screening, still want optotype-based screening tool . . . just in case for other 3%.
- Example . . .
Vision Screening is . . .

• Part of a process . . . not a single event.

• 1 of 12 components of a strong vision health system of care.

Evaluating Your Vision Health Program

https://www.nasn.org/nasn-resources/practice-topics/vision-health
NASN Vision and Eye Health Resource

(National Center for Children’s Vision and Eye Health and NASN partnership)

https://www.nasn.org/nasn-resources/practice-topics/vision-health

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Vision Developmental Milestones Check-off Tool available at:
http://nationalcenter.preventblindness.org/publications-and-presentations

- 18 Vision Development Milestones From Birth to Baby's First Birthday
- 18 Vision Development Milestones From Birth to Baby's First Birthday (SPANISH)

http://nationalcenter.preventblindness.org

Provider education tools
Parent/family resources
Technical assistance
Professional Development
Communication tools

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THINK OF VISION
Guide for Preschool Teachers

A young child does not know how they should see and cannot tell us about their vision. Even or two teachers in every preschool classroom will have a child disorder field, left uncorrected and untreated, could interfere with their development and an optimum of early learning skills. As a preschoool teacher, you can support the view of the children you teach.

If you regularly observe a preschooler exhibiting any of several signs, THINK OF VISION. And then prompt, school nurse, or health director of the child to receive a vision or comprehensive eye exam from an eye doctor.

APPEARANCES

 Eyes are red, watery, inflamed

 don’t eat

 Eye turn, wearing eye, dry, scratchy

 EYESIGHT

 Family, friends, rules exist, or follow frequently

 Body rigid, or teeth that haven’t been taken

 when being distressed

 Avoidance of eye contact

 Inaccurate, near visual projection

 family, or same side close to face

 Amount, playing outside or in playroom

 Difficult understanding letters, numbers, objects

 Drowsy, seems, or things

 ENRICHMENT IN PROGRAMS

 A comprehensive eye exam from an eye doctor should be part of the treatment process if a child

 is involved in a program

 in the local preschool

 Visit childrensvision.org for more information.

 Download at:
 https://eclkc.ohs.acf.hhs.gov/physical-health/article/vision-screening


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Children’s Vision Health

How to Create a Strong Vision Health System of Care
by P. Kay Nottingham Chaplin, Jean E. Ramsey, and Kina Baldonado

The authors thank the members of the Advisory Committee for the National Center for Children’s Vision and Eye Health at Prevent Blindness for their support in the development of this article.

Research suggests that up to 3 in 30 preschool-aged children may have a vision problem that can lead to permanent vision loss if not detected and treated early — preferably before age 5 years (Caldeira, 2006). Head Start, Early Head Start, and early childhood program vision screeners are in a pivotal position to help find these children, who can then be referred to an eye care provider for diagnosis and treatment.

To assist front-line screeners, the National Center for Children’s Vision and Eye Health at Prevent Blindness offers the Train webinar “How to Create a Strong Vision Health System of Care,” which provides in-depth training on the vision screening process and offers practical strategies for implementing a comprehensive vision health system in your program.


Year of Children’s Vision

• [http://nationalcenter.preventblindness.org/year-childrens-vision](http://nationalcenter.preventblindness.org/year-childrens-vision)

• Archived vision screening webinars in Resources
Resources to Support Families . . .

Financial Assistance Programs

Tips for Wearing Eye Glasses
https://www.preventblindness.org/your-childs-glasses

Parent Education

http://nationalcenter.preventblindness.org/resources-2

A Lifetime of Healthy Vision

Prevent Blindness North Carolina (PBNC), also known as the National Society to Prevent Blindness - North Carolina Affiliate, Inc., was organized in 1957 as a nonprofit health agency. As an independent affiliate of Prevent Blindness America (established in 1939), PBNC delivers direct service programs designed to preserve sight through screening, publications, safety education, information and referral through volunteer efforts. PBNC’s mission is to reach people before blindness strikes.

https://nc.preventblindness.org/  Phone: 919-755-5044

For information about PBNC’s Certification Training Program, email us at: training@pbnc.org

For general inquiries, email us at: info@pbnc.org
Thank you for your TIME and ATTENTION...

P. Kay Nottingham Chaplin, Ed.D.
kay@good-lite.com
Nottingham@preventblindness.org
304-906-2204