

PEDIATRICS EXAM 2 – EARLY CHILDHOOD PREVENTATIVE CARE PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which of the following is NOT a 3-year fine motor milestone?**
 - A. Draws a single circle
 - B. Draws a person with head and 1 other body part
 - C. Cuts with child scissors
 - D. Writes the alphabet
- 2. At what age are hearing and vision screenings listed as relevant in this material?**
 - A. 3 years
 - B. 5 years
 - C. 6 years
 - D. 7 years
- 3. How often is fluoride varnish recommended for preschoolers at risk for dental caries?**
 - A. Every 6 months
 - B. Every 3–6 months
 - C. Annually
 - D. Every 2 weeks
- 4. What is the role of the pediatrician in school-readiness and early literacy?**
 - A. Support language development; encourage reading; address hearing/vision issues that affect learning.
 - B. Only vaccines.
 - C. Not involved at all.
 - D. Only growth metrics.
- 5. What is the recommended maximum water temperature to prevent scald burns for children?**
 - A. 120°F (49°C) or lower.
 - B. 140°F (60°C).
 - C. 100°F (38°C).
 - D. 110°F (43°C).

- 6. Which statement best defines disfluency in speech?**
- A. Stuttering; any break or interruption in the flow/fluency of speech
 - B. Lisp articulation of sibilants
 - C. Dysarthria due to motor weakness
 - D. Excessive vocal tension without stuttering
- 7. What is the recommended firearms safety approach in households with young children?**
- A. Store firearms unloaded, locked, and separate from ammunition; discuss safety; avoid access.
 - B. Keep firearms unlocked for quick access.
 - C. Store firearms loaded in a locked cabinet with ammo.
 - D. Allow children to handle firearms.
- 8. How should environmental tobacco smoke exposure be addressed in preschool care?**
- A. Promote a smoke-free home and car; encourage cessation; minimize exposure for the child
 - B. Allow smoking but keep room ventilated
 - C. Only discuss with caregivers who smoke
 - D. Do nothing
- 9. Which vaccine timing statement is accurate for Hib and PCV13 boosters?**
- A. Hib and PCV13 boosters are typically given around 12–15 months
 - B. Hib is given only after 24 months
 - C. PCV13 is never given after 12 months
 - D. Hib and PCV13 boosters are given at birth
- 10. Which screening is performed earlier than formal acuity testing in well-child care?**
- A. Red reflex screening.
 - B. Color vision testing.
 - C. Formal acuity testing.
 - D. Dilation testing.

Answers

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1. D
2. C
3. B
4. A
5. A
6. A
7. A
8. A
9. B
10. A

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Explanations

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1. Which of the following is NOT a 3-year fine motor milestone?

- A. Draws a single circle
- B. Draws a person with head and 1 other body part
- C. Cuts with child scissors
- D. Writes the alphabet**

At three years, fine motor skills are advancing to allow drawing simple shapes, making a basic figure, and using safety scissors with supervision. Drawing a circle is a typical milestone because children begin to form and control circular strokes with their pencil. Drawing a person with a head and one other body part reflects the growing ability to represent a simple figure, a common early representation of a person. Cutting with child scissors fits this age range as kids gain hand strength and coordination to snip along lines or into shapes with supervision. Writing the alphabet, however, requires more refined fine motor control, letter formation, and cognitive readiness, which typically develop a bit later, around preschool to early kindergarten. So, writing the alphabet is not a standard 3-year fine motor milestone.

2. At what age are hearing and vision screenings listed as relevant in this material?

- A. 3 years
- B. 5 years
- C. 6 years**
- D. 7 years

Hearing and vision screenings are timed to match when a child's sensory abilities most impact learning and when testing can be reliably performed. In this material, six years is the point at which these screenings are highlighted as relevant because many children are entering or preparing for first grade and will rely on clear vision and good hearing for reading, attention, and classroom participation. Detecting issues at this age allows timely intervention, such as corrective lenses or further audiologic evaluation, before academic skills are heavily affected. Earlier ages can involve screening too, but the material specifically identifies six as the key age for these screenings.

3. How often is fluoride varnish recommended for preschoolers at risk for dental caries?

- A. Every 6 months
- B. Every 3–6 months**
- C. Annually
- D. Every 2 weeks

Regular fluoride varnish should be given at intervals that provide ongoing protection as a child grows and caries risk can change. For preschoolers who are at increased risk, applying varnish every 3 to 6 months offers repeated remineralization and decay prevention without overdoing it, aligning with how erupting teeth and risk factors evolve. The interval is short enough to guard against new vulnerabilities but long enough to be practical and safe. Longer gaps, like annually, can leave periods of higher risk unmanaged, while far more frequent applications (such as every 2 weeks) aren't necessary or practical.

4. What is the role of the pediatrician in school-readiness and early literacy?

- A. Support language development; encourage reading; address hearing/vision issues that affect learning.
- B. Only vaccines.
- C. Not involved at all.
- D. Only growth metrics.

The main idea is that pediatricians support school-readiness and early literacy by strengthening language development, promoting reading, and catching hearing or vision problems that could hinder learning. Strong language skills—vocabulary, grammar, and the ability to understand and tell stories—predict later reading success, so pediatricians guide parents in engaging talk, screen for speech and language delays, and refer for therapy when needed. Encouraging reading isn't just giving a book; it includes helping families choose age-appropriate books, modeling shared reading, and building regular reading routines to foster interest and confidence. Screening for hearing and vision is crucial because untreated issues can obscure or worsen language development and literacy readiness; pediatricians perform these screenings and arrange follow-up with audiology or eye care as needed. While vaccines and tracking growth are important parts of overall health, they don't directly address the literacy skills and daily learning supports that set a child up for school success. In short, the pediatrician blends surveillance, guidance, screening, and timely referrals to promote both readiness for school and early literacy.

5. What is the recommended maximum water temperature to prevent scald burns for children?

- A. 120°F (49°C) or lower.
- B. 140°F (60°C).
- C. 100°F (38°C).
- D. 110°F (43°C).

Preventing scald burns in young children hinges on controlling how hot bath water is. Kids have thinner, more sensitive skin and can't pull away quickly, so even brief exposure to hot water can cause serious burns. Keeping the water heater set to 120°F (49°C) or lower creates a safety margin; it makes burns far less likely if a child touches the water or if bath water splashes onto them. In contrast, hotter water—around 140°F (60°C)—can cause burns in just seconds, which is especially risky for little kids. To help, test bath water with the inside of your wrist or elbow before a child gets in, consider anti-scald devices on faucets, and supervise closely during baths.

6. Which statement best defines disfluency in speech?

- A. Stuttering; any break or interruption in the flow/fluency of speech
- B. Lisp articulation of sibilants
- C. Dysarthria due to motor weakness
- D. Excessive vocal tension without stuttering

Disfluency in speech means disruptions in the smooth flow of talking. Stuttering is the prototypical example of this, described as any break or interruption in speech fluency. These interruptions include things like repetitions, sound prolongations, and blocks that disrupt the rhythm of speech. Other options aren't about breaks in fluency. Lisp is a misarticulation of sibilants and affects articulation accuracy, not the flow of speech. Dysarthria from motor weakness changes articulation and voice quality due to muscle weakness, but it isn't defined by interruptions in fluency. Excessive vocal tension without stuttering influences voice production, not the continuity of speech itself. So, disfluency is best defined as a break or interruption in speech flow, with stuttering being the classic example of that disruption.

7. What is the recommended firearms safety approach in households with young children?

- A. Store firearms unloaded, locked, and separate from ammunition; discuss safety; avoid access.**
- B. Keep firearms unlocked for quick access.
- C. Store firearms loaded in a locked cabinet with ammo.
- D. Allow children to handle firearms.

The main idea is to prevent children from accessing firearms while living in a household with kids. The recommended approach is to store firearms unloaded, locked, and separate from ammunition, and to include a clear safety discussion with all household members. This combination reduces the opportunity for a child to find or use a gun, lowers the risk of accidental discharge, and reinforces responsible ownership. Even if a lock is present, keeping a loaded weapon or keeping ammunition in the same location can still pose a serious danger. A safety conversation complements the storage plan by helping children understand not to touch guns and what to do if they encounter one.

8. How should environmental tobacco smoke exposure be addressed in preschool care?

- A. Promote a smoke-free home and car; encourage cessation; minimize exposure for the child**
- B. Allow smoking but keep room ventilated
- C. Only discuss with caregivers who smoke
- D. Do nothing

The main idea is protecting preschool children from secondhand smoke by creating smoke-free environments and supporting families to quit. Environmental tobacco smoke harms young lungs, increasing infections, wheezing, asthma symptoms, and ear infections. In practice, this means promoting a smoke-free home and car and actively helping caregivers quit, so the child's everyday settings are free of tobacco smoke. Ventilating a room does not eliminate exposure because smoke particles cling to surfaces and continue to pose risk, so the goal is true avoidance, not partial mitigation. It's important to discuss these risks with all caregivers, not just those who smoke, to ensure consistent protection across the child's environments. Doing nothing or limiting the conversation to smokers would leave the child exposed to ongoing harm.

9. Which vaccine timing statement is accurate for Hib and PCV13 boosters?

- A. Hib and PCV13 boosters are typically given around 12–15 months
- B. Hib is given only after 24 months**
- C. PCV13 is never given after 12 months
- D. Hib and PCV13 boosters are given at birth

Boosters for Hib and PCV13 are timed to boost protection as early immunity wanes and children enter a period of higher exposure, which is around the 12- to 15-month visit. After the initial infant series, the 12–15 month booster helps maintain protection through toddlerhood. It isn't given at birth, and it isn't restricted to only after 24 months. PCV13 is typically given as part of the primary series in infancy and receives a booster around 12–15 months as well, with additional booster considerations later in childhood depending on the schedule.

10. Which screening is performed earlier than formal acuity testing in well-child care?

A. Red reflex screening.

B. Color vision testing.

C. Formal acuity testing.

D. Dilation testing.

Focusing on what can be checked without requiring a child's cooperation, red reflex screening is done first. It's a quick, objective look at each pupil using a light, aiming to see a bright, red reflection from the retina in both eyes. This simple test can be performed as early as infancy and is essential for spotting serious but treatable conditions like congenital cataracts, media opacities, or retinoblastoma long before a child can participate in vision testing. Formal acuity testing, by contrast, relies on the child's ability to understand and respond to symbols or letters, which typically isn't reliable until around age 3–4 or later, and often 5 years old for robust screening. Color vision testing and dilation are either age-dependent or specialized procedures not routinely used as early well-child screenings. Therefore, the red reflex screen is the screening performed earlier in well-child care.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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