

# EARLY HEAD START TIP SHEET REVISED No. 6

Screening for Infants & Toddlers, October 2013

## What Is Screening?

### Response:

Screening is a brief procedure “to identify concerns regarding a child’s developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills. To the greatest extent possible, these screening procedures must be sensitive to the child’s cultural background.” (Head Start Program Performance Standard [HSPPS] 1304.20(b)(1))

### *Purpose*

“Developmental screening is a brief check to identify children who need further evaluation to determine whether they may have disabilities” (HSPPS 1308.6(b)(3)). Screening alone is not sufficient to diagnose a developmental, behavioral, or health concern. It is one piece of information that may indicate the need for further evaluation by a qualified professional. If the screening raises concerns, then the child should be referred to the local Part C agency that will perform further evaluation. If the child is eligible, the Part C agency will lead the development of an Individualized Family Service Plan (IFSP) and coordinate services.

### *Appropriate Screening Tools*

Screening procedures and tools should be:

- Linguistically appropriate. When possible, the screening tool should be in the child’s and family’s primary language
- Age and developmentally appropriate. Choose the appropriate screening tool for the age of the child.
- Culturally appropriate. Some developmental skills may look different depending on the culture and background of the child. When possible, use a screening tool or procedure that takes into account the child’s cultural context. When a culturally and linguistically appropriate screening tool is not available, information from families is even more critical to ensure validity.
- Valid, reliable, and standardized when available to ensure that the tool gives information about the how a child is developing relative to a larger group of their same-age peers.
- Identified as screening tools. Screening tools might inform ongoing assessment, but a tool created for assessment would not be appropriate for screening.

### *Timing*

The screening process ideally begins during enrollment and sometimes even prior to actual participation in the program as the staff builds relationships with families. Screening offers an opportunity to work with the family to learn more about the child and support the parent–child relationship. Programs “must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child’s developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills,” as stated in HSPPS 1304.20(b)(1), within 45 calendar days of entry into the program (or within 30 days for

programs operating 90 days or less), but they can begin as soon as the child and family are determined eligible.

### *Results*

When the screening is performed or obtained, there are three possible actions that may follow based on the results:

1. There are no concerns. Child participates in ongoing, individualized care.
2. There may be concerns. Child participates in ongoing, individualized care while families and program staff closely monitor development over the next few weeks and months to determine if further evaluation is needed.
3. There are concerns. Child participates in ongoing, individualized care, and program staff should support families in contacting their local early intervention service provider.

### **Questions to Consider for Planning and Programming:**

- How do staff ensure that parents and families understand the purpose of screening and their role in the screening process?
- How do staff gather parent information to incorporate into the screening?
- How does the program choose a screening tool that is valid and reliable as well as developmentally, linguistically, and culturally appropriate for the population served?
- What training, both in orientation and ongoing, do staff receive in using the both the tools and the program procedures for screening and referral?
- How does the program ensure that every child is screened within 45 days of enrollment?
- How does the program support families in sharing screening results with their child's physician?

### **Performance Standards, Title 45, Code of Federal Regulations and Head Start Act, P.L. 110–134:**

- 1304.20(a)(1)(iii)-(iv) In collaboration with parents and as quickly as possible, but no less than 90 calendar days from the child's entry into the program, grantee and delegate agencies must:
  - (iii) Obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known or suspected health or developmental problem; and
  - (iv) Develop and implement a follow-up plan for any conditions identified in CFR 1304.20(a)(1)(ii) & (iii) so that any needed treatment has begun.
- 1304.20(a)(2) Grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those in 45 CFR 1304.20(b)(1) within 30 calendar days from the child's entry into the program.
- 1304.20(b)(1) In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills. To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.

- 1304.20(b)(3) Grantee and delegate agencies must utilize multiple sources of information of all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's behavior.
- 1304.20(f)(1) Grantee and delegate agencies must use the information from the screening for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child's parents to help staff and parents determine how the program can best respond to each child's individual characteristics, strengths, and needs.
- 1304.20(f)(2)(ii) Enrolled families with infants and toddlers suspected of having a disability are promptly referred to the local early intervention agency designated by the State Part C plan to coordinate any needed evaluations, determine eligibility for Part C services, and coordinate the development of an IFSP for children determined to be eligible under the guidelines of that State's program. Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program.
- 1304.24(a)(1)(i) Grantee and delegate agency must work collaboratively with parents by soliciting parental information, observations, and concerns about their child's mental health.
- 1304.3(a)(17) Referral means directing an EHS or Head Start child or family member(s) to an appropriate source or resource for help, treatment or information.
- 1308.6(b)(1-3) Screening, the first step in the assessment process, consists of standardized health screening and developmental screening which includes speech, hearing and vision. It is a brief process, which can be repeated, and is never used to determine that a child has a disability. It only indicates that a child may need further evaluation to determine whether the child has a disability. Rescreening must be provided as needed.
- 642(f)(6) To be so designated, each Head Start agency shall use research-based developmental screening tools that have been demonstrated to be standardized, reliable, and accurate for the child being assessed, to the maximum extent practicable, for the purpose of meeting the relevant standards described section 641(A)(a)(1).

**The following standards from 1308 are for programs serving children 3- 5 years old, but are important for all Head Start programs serving children birth to five.**

- 1308.6(b)(1) Grantees must provide for developmental, hearing and vision screenings of all Early Head Start and Head Start children within 45 days of the child's entry into the program. This does not preclude starting screening in the spring, before program services begin in the fall.
- 1308.6(b)(2) Grantees must make concerted efforts to reach and include the most in need and hardest to reach in the screening effort, providing assistance but urging parents to complete screening before the start of the program year.
- 1308.6(b)(3) Developmental screening is a brief check to identify children who need further evaluation to determine whether they may have disabilities. It provides information in three major developmental areas: visual/motor, language and cognition, and gross motor/body awareness for use along with observation data, parent reports and home visit information. When appropriate standardized developmental screening instruments exist, they must be used. The disabilities coordinator must coordinate with the health coordinator and staff who have the responsibility for implementing health screening and with the education staff who have the responsibility for implementing developmental screening.

## Resources:

- Academy of Pediatrics. "Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening." *Pediatrics* 118, no. 1 (2006): 405–420. Accessed September 24, 2013, <http://pediatrics.aappublications.org/content/118/1/405.full>.
- Centers for Disease Control and Prevention. *Learn the Signs. Act Early*. Author, June 17, 2013. Accessed September 25, 2013, from <http://www.cdc.gov/ncbddd/actearly/index.html>.
- Centers for Disease Control and Prevention. *Fact Sheet on Developmental Screening*. Atlanta, GA: Author, n.d. Accessed September 25, 2013, from <http://www.cdc.gov/ncbddd/childdevelopment/screening.html>.
- Centers for Disease Control and Prevention. *Hoja Informativa Sobre el Análisis del Desarrollo* [Fact sheet on developmental screening]. Atlanta, GA: Author, n.d. Accessed September 25, 2013, from <http://www.cdc.gov/ncbddd/childdevelopment/screening.html>.
- Early Childhood Hearing Outreach (ECHO) Initiative. "Early Childhood Hearing Screening & Follow-Up." Logan, UT: Author, 2013. Accessed September 25, 2013, from <http://www.infanthearing.org/earlychildhood/>.
- Early Childhood Technical Assistance Center. "Early Identification: Screening, Evaluation and Assessment." Chapel Hill, NC: Author, 2013. Accessed September 25, 2013, from <http://ectacenter.org/topics/earlyid/screeneval.asp>.
- Early Head Start National Resource Center. *Technical Assistance Paper 4: Developmental Screening, Assessment, and Evaluation: Key Elements for Individualizing Curricula in Early Head Start programs*. Washington, DC: Department of Health and Human Services, Administration for Children and Families, Administration of Children, Youth and Families, Head Start Bureau, 2000.
- Mathematica Policy Research, Inc. *Resources for Measuring Services and Outcomes in Head Start Programs Serving Infants and Toddlers*. Washington, DC: Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, 2011. Accessed June 18, 2013, from [http://www.acf.hhs.gov/sites/default/files/opre/resources\\_for\\_measuring\\_services\\_and\\_outcomes.pdf](http://www.acf.hhs.gov/sites/default/files/opre/resources_for_measuring_services_and_outcomes.pdf).
- National Infant & Toddler Child Care Initiative. *Infant/Toddler Development, Screening, and Assessment*. Washington, DC: ZERO TO THREE and Department of Health and Human Services, Office of Child Care, 2010. Accessed September 24, 2013, from <http://www.zerotothree.org/public-policy/state-community-policy/nitcci/multidisciplinary-consultant-module-2.pdf>.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration of Children, Youth and Families, Head Start Bureau. *Head Start Bulletin, No. 70: Screening and Assessment in Head Start*. Washington, DC: Author, 2001.

10/13

*This Tip Sheet is not a regulatory document. Its intent is to provide a basis for dialogue, clarification, and problem solving among Office of Head Start, Regional Offices, TA consultants, and grantees. If you need further clarification on Head Start Policies and regulations, please contact your Regional Program Specialist.*