

EARLY HEAD START TIP SHEET

No. 1

Screening Premature Infants, August 2010

How do we go about screening premature infants when there is no developmental screening tool that allows for a negative age?

Response:

Screening a premature baby requires that the child's age is adjusted to the infant's estimated due date rather than the infant's actual birth date. If the child is too young for the developmental scale, one of two paths is followed:

1. Wait until the child is old enough and document why the screening is late; or
2. Administer a screening that is appropriate for, or as close as possible, to the child's physical age. If the child does not pass the screening, designate the child for a rescreening. Unless there is a clinical reason to do otherwise, wait 6 to 8 weeks to rescreen the child with the same tool.

Findings and referrals

Staff should be aware that there are "findings" SO BIG that even with age-adjustments, make a referral not only necessary but also urgent. Programs should work with the local medical community and, if necessary the local Part C Agency, to ensure that the appropriate measures are taken.

Obtaining screening information from other sources

If the child has had a developmental screening conducted by personnel experienced in the development of premature infants, the program should obtain copies of these documents.

Questions to Consider for Planning and Programming:

- How does the program document and track the screening process for premature infants?
- How does the program work with the local medical community to ensure that the procedures are thorough and appropriate? What is the role of the Health Services Advisory Committee?
- How does the program partner with its local Part C Agency to ensure that concerns from the screenings are addressed?

Performance Standards, Title 45, Code of Federal Regulations:

- 1304.20(b)(1) In collaboration with each child's parent, and within 45 calendar days of the 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, social, cognitive, perceptual, and emotional skills.

Resources:

Academy of Pediatrics. “**Developmental Surveillance and Screening of Infants and Young Children.**” *PEDIATRICS*, 108(1). (2001): 192–196.

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;108/1/192> (accessed August 14, 2010).

Academy of Pediatrics. “**Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening.**” *PEDIATRICS*, 118(1). (July 2006): 405–420.

<http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;118/1/405> (accessed August 14, 2010).

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.** DHHS/ACF/ACYF/HSB. 2000.

Mathematica Policy Research, Inc. **Resources for Measuring Services and Outcomes in Head Start Programs Serving Infants and Toddlers.** DHHS/ACF/OPRE.

http://www.acf.hhs.gov/programs/opre/ehs/perf_measures/reports/resources_measuring/res_meas_title.html (accessed August 14, 2010).

Policy Clarifications. *The Early Childhood Learning and Knowledge Center.* DHHS/ACF/OHS.

- **OHS-PC-B-018: When Does the 45 Day Requirement for Completing Screenings Begin?** July 13, 2007.
- **OHS-PC-K-017: Our Program Uses a Standardized Developmental Screening Instrument which is Developed to Begin for Children at 4 Months. We have not Been Able to Locate a Screening Tool for Use with Children Under 3 Months of Age. Are We Required to Screen Children who are Younger than 4 Months of Age?** October 10, 2007.

08/10 (03/03; 08/01)

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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.
- 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

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EARLY HEAD START TIP SHEET

No. 27

Screening Infant/Toddler Behavioral Skills, October 2007

What are “behavioral skills” in infants and toddlers? How do we screen them?

In collaboration with each child’s parent . . .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.

- *Head Start Program Performance Standards* 1304(b)(1)

Response:

Very young children use behavior to:

- communicate their needs and feelings,
- establish important connections with the people around them, and
- learn about the world and how the world responds to them.

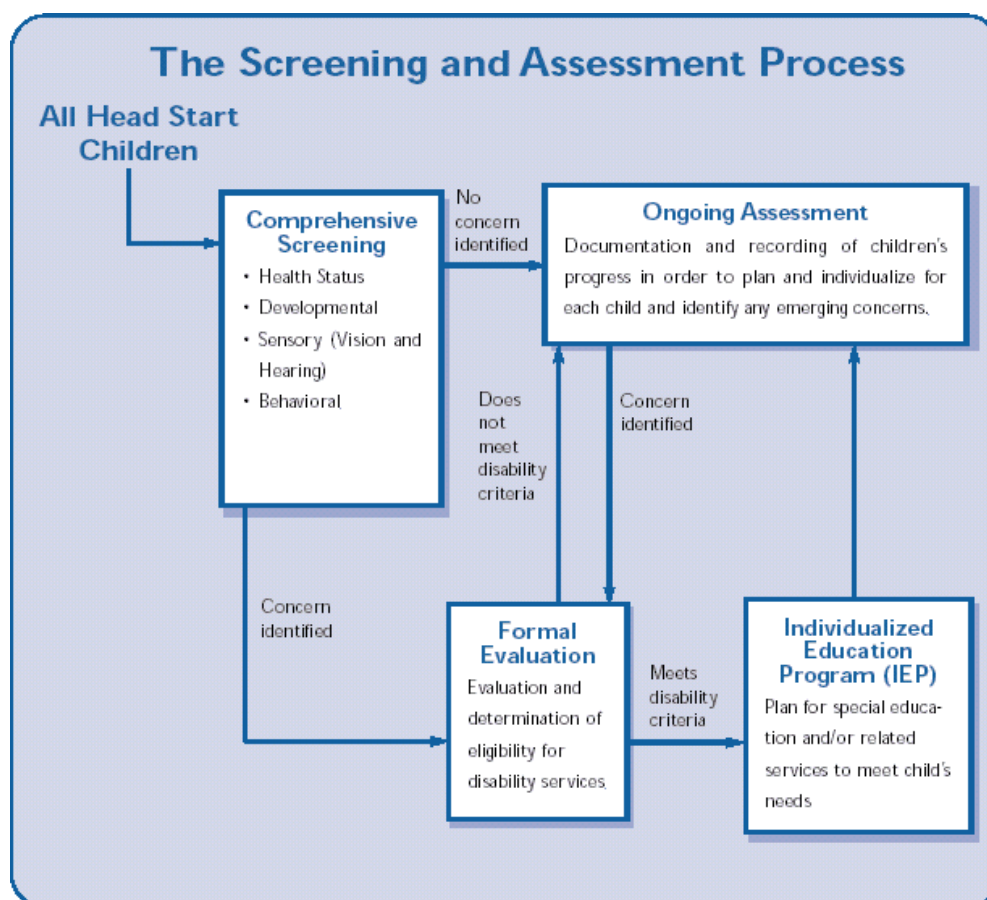
Developmentally, infants and toddlers will often use aggression, defiance and other behaviors sometimes linked with behavioral concerns in older children as they discover socially appropriate behaviors (or “behavioral skills”). It is critical to know when these behaviors are developmentally appropriate for children, and when they are unusual. While infants and toddlers rarely have full-blown symptoms of behavioral concerns, early screening provides an opportunity to identify subtler signs of developing problems. For example, a staff person might be concerned about an infant who cannot tolerate being comforted when she cries, or who cannot meet an adult’s gaze. Early identification allows staff to support families in getting help at a time when children are developing attachments and a sense of themselves in the world. **While this kind of screening is called by many names, for infants and toddlers, it is equivalent to screening their social and emotional development.**

Screening is the first step in a process of learning about a child. The flow chart below describes the screening and assessment process described in the *Head Start Program Performance Standards*.

Screening behavioral skills, then, is for the purpose of identifying children with suspected behavioral concerns, and promptly referring them for a professional evaluation. It is a part of a program’s larger approach to screening. In keeping with the *Head Start Program Performance Standards* and guidance from the Office of Head Start, screening must:

- involve many sources of input,
- include opportunities for families to share their observations and insight
- incorporate staff observations of the child’s activity and responses to others
- make it possible for staff to make consistent decisions about who is referred for further testing,
- be “linguistically . . . appropriate,” and “to the greatest extent possible . . . must be sensitive to the child’s cultural background.” (1304.20(b)(1)), and
- be built with “direct guidance from a mental health or child development professional on how to use the findings to address identified needs” (1304.20(b)(2)).

While the *Standards* do not require the use of any specific tools, standardized screenings are helpful in ensuring the consistency of referral described above. Many standardized instruments also include opportunities to collect both staff and family observations.



Reprinted from O'Brien, 2001, 23.

Questions to Consider for Planning and Programming:

- What is the program's comprehensive screening process or approach to screening? What is the program's current approach to behavioral screening? How is behavioral screening a piece of the screening process?
- How does the program involve a mental health or child development professional in designing a screening process and understanding screening information?
- How does the program's approach incorporate direct observation of a child's behaviors?
- How does the approach include family observations and insights?
- How is information on a child's interaction with family members, peers, primary caregivers and strangers observed and captured? How do these observations factor into the screening?
- Overall, what criteria does the program use to determine who should be referred for a behavioral evaluation? How does the program ensure that the criteria used are consistent across different children and different staff who are making the referrals?

Recommended practice in behavioral screenings with young children

The *Standards* require that screenings be completed quickly after a child's entry into the program. Within the allotted time, staff should work to earn the trust of the children and families they serve. As children become more comfortable with staff and new settings or routines, they will feel freer to exhibit their skills through play and daily interactions, and possible concerns will become more evident. For meaningful results on screenings, observe children in the presence of family members and/or familiar caregivers.

For most programs, the *Standards* require that screenings occur within the first 45 days of a child's entry into the program. For programs with durations of 90 days or shorter (including many Migrant and Seasonal Head Start programs), those screenings must occur within the first 30 days of the child's entry.

It is critical to ensure that families feel comfortable with the process. Use the following strategies to explain, interest and involve families in behavioral screenings:

- Talk with families about what you are doing. Behavioral screenings can, understandably, be threatening. If families seem unwilling to participate, continue to provide information over time.
- Explain the purpose of screening, and assure them that this is part of a process of learning about their child. When used appropriately, simple charts of developmental milestones can demonstrate for parents that screenings help staff understand a child's skills so that they can plan meaningful activities for him or her
- Answer any questions they may have.
- As you screen, check your observations with family observations.
- Help them recognize the many things they do to support their children's social and emotional development.
- If there are concerns, partner with families in making referrals.

Related considerations:

- How does the program's process ensure that children are not challenged in the screening by separation from familiar caregivers? How do the screening processes take into account the impact of unfamiliar people and surroundings on a child's behavior and performance on screening tasks?
- How does the program inform families about behavioral screening? How are parent and staff observations documented and included in the screening process? How does the program partner with families in making referrals? How are parents' concerns documented and addressed?

The role of staff in the screening process

All staff involved with screening should have a clear understanding of the entire screening process. In selecting screening tools, consider the training and certification required for staff who use and interpret them. This is a critical element in ensuring that tools work as they are designed. Even if staff do not need special education or certification to use the tools, they should

understand how to use each tool and the purpose for each activity or question. This training not only informs staff participation, it gives them the information they need to explain the tool and process to families. To the extent possible, staff who are screening children should be able to speak and understand a child's home language, and be able to interpret a child's behaviors in the context of the child's culture and community.

Related considerations:

- Which pieces of the behavioral screening process are the responsibility of particular staff?
- What training do staff receive?
- Are staff appropriately trained or certified to use and interpret the screening tools?
- Are children screened by staff familiar with their home language and culture?

Community characteristics

Screening procedures must be “linguistically . . . appropriate,” and “to the greatest extent possible . . . must be sensitive to the child’s cultural background.”

- *Head Start Program Performance Standards* 1304.20(b)(1).

In designing the program's approach to behavioral screening, carefully consider the cultural and linguistic makeup of the community and any special social and emotional concerns that are prevalent in the area:

- Use a screening translated into a child's home language whenever possible.
- Consider whether the tool reflects the cultural norms in your community. Some communities value individuality and independence in their children, for example, while others value a sense of teamwork and connection. A screening that measures whether a young child uses a spoon independently may be inappropriate to use in a community where a child is spoon-fed by caregivers until older ages.
- Look at the populations that the authors used to standardize a tool. Do they reflect the cultural makeup of your community?
- If you cannot find social and emotional screenings that are standardized with the population you serve, it is especially important to consider how you will use parent input and observation and the expertise of your staff and mental health professional to implement and interpret results in culturally sensitive ways.

In developing a screening process appropriate to your community, involve community partners, including early interventionists and mental health providers who will receive referrals when there are concerns. Their input in determining how and when referrals are made not only enhances communication between agencies, it can also cut down on repeat procedures for children and families as they progress through evaluations. In addition, community partners who are familiar with the population you serve will be able to help you consider the cultural appropriateness of tools and your screening approach.

Related considerations:

- Are there particular mental health concerns that are prevalent in the community? If so, what are they?
- Is the behavioral screening linguistically appropriate for the families in the program?

- How has the program ensured that, to the greatest extent possible, the behavioral screening is sensitive to the child’s cultural background?
- Which community partners can take referrals for social and behavioral concerns? What screening processes do they recommend? How will the program plan to communicate screening findings (with parental consent) and make referrals?
- Do your Policy Council and/or Health Advisory Board have recommendations for identifying community partners and developing a behavioral screening process?

Selecting tools

The *Head Start Program Performance Standards* do not require programs to use a standardized, reliable, and valid screening instrument in behavioral screening. However, tools are often a key piece of ensuring that a screening approach appropriately and consistently identifies children who can benefit from further evaluation. If the program does decide to use a published tool(s), carefully consider which tool(s) you select. In general, a tool must be designed and standardized for use with infants and toddlers. Ensure that the tool is for the explicit purpose of screening and not for more in-depth assessment or evaluation. Consider the reliability and validity of the tool, and whether it was tested on the specific population that you serve. Once you select a tool, follow the instructions precisely, and continue to evaluate its effectiveness over time.

Related considerations:

- Is this, in fact, a screening tool (rather than a tool for assessment)?
- How was the tool standardized, and with what populations? Is there clear information about reliability and validity for this tool in identifying children for further evaluation for social, emotional, and behavior concerns?
- What ages is the tool designed for?
- Is the tool clear, understandable, and easy to use within the structure of the program?

Performance Standards, Title 45, Code of Federal Regulations:

- 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.
- 1304.20(b)(2) Grantee and delegate agencies must obtain direct guidance from a mental health or child development professional on how to use the findings to address identified needs.
- 1304.(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.

Resources:

Early Head Start National Resource Center (EHS NRC). **Technical Assistance Paper, 4: Developmental Screening, Assessment, and Evaluation: Key Elements for Individualizing Curricula in Early Head Start Programs.** DHHS/ACF/ACYF/HSB. 2000.

EHS NRC. **Technical Assistance Paper, 10: Strategies for Understanding and Managing Challenging Behavior in Young Children: What is Developmentally Appropriate – and What is a Concern?** DHHS/ACF/ACYF/HSB. 2006.

Meisels, Samuel and Sally Atkins-Burnett. **Developmental Screening in Early Childhood: A Guide, 5th Ed.** Washington, DC: National Association for the Education of Young Children. 2005.

O'Brien, Jim. "How Screening and Assessment Practices Support Quality Disabilities Services in Head Start." *Head Start Bulletin*, 70: Screening and Assessment in Head Start. DHHS/ACF/ACYF/HSB. (2001): 21–24.

Printz, Phillip, Amy Borg and Mary Ann Demaree. **A Look at Social, Emotional, and Behavioral Tools for Head Start and Early Head Start.** Boston, MA: Education Development Center. 2003. <http://ccf.edc.org/PDF/screentools.pdf> (accessed August 14, 2010).

Sosna, Todd and Ann Mastergeorge. **Compendium of Screening Tools for Early Childhood Social-Emotional Development.** Sacramento: California Institute for Mental Health. 2005. <http://www.cimh.org/downloads/The%20Infant,%20Preschool,%20Family,%20Mental%20Health%20Initiative%20Compendium%20of%20Screening%20Tools%20for%20Early%20Childhood%20Social-Emotional%20Deve.pdf> (accessed August 14, 2010).

10/07

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EARLY HEAD START TIP SHEET

No. 30

Screenings for Infant & Toddlers, July 2008

Do infant and toddler screenings need to be standardized?

Response:

The purpose of screening is to identify infants and toddlers who should be referred for evaluation for possible developmental, health, or sensory concerns. The Performance Standards do not require that a specific screening instrument or strategy be used. Rather, they require grantees to perform or obtain linguistically, culturally, and age-appropriate screening procedures.

Guidance (see box below) encourages the development of an overall systematic screening *approach* that is valid, reliable, and conforms to sound early childhood practice. Portions of the procedures may or may not involve a formal screening instrument. However, a standardized instrument, as one piece of the screening process, is a valuable device to organize and record observations and information related to the screening procedures.

Guidance from *Head Start Program Performance Standard* 1304.20(b)(1):

*Standards do not require any particular strategy, instrument, or technique be used. Appropriate procedures, however, should conform to **sound early childhood practice** and be **valid**, measuring what they are suppose to measure, and **reliable**, yielding consistent results over time and across users.*

Best practice

Standard 1304.20(b)(1) directs readers to 1308.6(b)(3) which defines developmental screening and further states that “**when appropriate standardized developmental screening instruments exist, they must be used.**” Although the 1308 Standards are the requirements for providing special services for 3- through 5-year old children with disabilities enrolled in Head Start programs, it is beneficial to use this definition of screening when screening infants and toddlers.

Questions to Consider for Planning and Programming:

- How does the program determine appropriate and relevant screening procedures? What is the role of the Health Services Advisory Committee?
- How does the program identify appropriate standardized screening tools? How do they ensure that the tools are linguistically, culturally, and age-appropriate?
- How are staff trained to use the screening tools?
- How are staff trained/supported in the referral process? How do staff know when it is appropriate to refer a child for further evaluation?

Performance Standards, Title 45, Code of Federal Regulations:

- 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 (see 1308.6(b)(3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.

- 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 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:

Early Head Start National Resource Center (EHS NRC). **Early Head Start Tip Sheets.** *The Early Childhood Learning and Knowledge Center.* DHHS/ACF/ACYF/HSB.

- **27: What Are 'Behavioral Skills' in Infants and Toddlers? How Do We Screen Them?** October 2007.
- **6: What is the Difference Between Screening and Assessment?** March 2003.

EHS NRC. **Technical Assistance Paper, 4: Developmental Screening, Assessment, and Evaluation: Key elements for individualizing curricula in Early Head Start Programs.** DHHS/ACF/ACYF/HSB. 2000.

Policy Clarifications: B – Health, Nutrition and Mental Health. *The Early Childhood Learning and Knowledge Center.* DHHS/ACF/OHS.

07/08

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