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<b>Ref #:</b> 1302.33(a)(1);1302.33(b)(3); 1302.45		<b>Policy Council Approval Date:</b> 10/23/18

**COMPONENT: CHILD HEALTH AND DEVELOPMENTAL SERVICES**

**SUBJECT: SCREENING FOR DEVELOPMENTAL, SENSORY, AND BEHAVIORAL CONCERNS**

**PERFORMANCE OBJECTIVE:** In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, staff 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. The agency will collaborate with mental health or child development professional on how to use the findings to address identified needs. Staff will utilize multiple sources of information on 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 typical behavior.

**POLICY AND PROCEDURE:**

The screening process is used to help identify children who may need to be referred for formal assessments in order to receive the benefit of interventions, as necessary. Screening information will be used as one of the sources of information, to determine a child's profile. At enrollment the Family Advocate will explain and familiarize parents/guardians of screenings administered through the program. The Family Advocate will ensure that parents/guardians understand the screenings and will request written authorization for their child to be administered the screenings, referred to as program permission.

**Developmental Screening**

Head Start utilizes the Brigance Preschool Screen-II as a developmental screener.

**EXCEPTION:** Children who enter the program with an Individualized Education Plan (IEP) that states Developmental Delay will not be administered a developmental Screening.

1. Teaching staff or designee will administer the Brigance Preschool Screen II on all children within the first 45 calendar days from the first day of attendance.
2. Teaching staff or designee must complete all information on the screening form including full name of student, teacher's name, birth date of student, testing date, scoring, etc.
3. Results of the Brigance Preschool Screen-II will be shared with the parent/guardian during the first parent/teacher conference or sooner as deemed necessary. Teaching staff or designee will document the date of completion and score of screenings in ChildPlus.

On the Brigance Preschool Screen-II, a score below 50 is considered failing. If a referral is deemed necessary, see referral procedure.

## **Speech/Language Screening**

Head Start utilizes the Fluharty-2 Preschool Speech and Language Screening Test as a speech and language screener.

EXCEPTION: Children who enter the program with an Individualized Education Plan (IEP) that states Speech/Language Delay will not be administered a speech/language screening.

1. Teaching staff or designee will administer the Fluharty-2 on all children within the first 45 calendar days from the first day of attendance.
2. Teaching staff or designee must complete all information on the screening form including full name of student, teacher's name, birth date of student, testing date, scoring, etc.
3. Results of the Fluharty-2 will be shared with the parent/guardian during the first parent/teacher conference or sooner as deemed necessary.
4. Teaching staff or designee will document the date of completion and score of screenings in ChildPlus.
  - On the Fluharty-2, a score of 77 or below is considered failing. If a referral is deemed necessary, see referral procedure.

## **Social-Emotional Screening**

Head Start utilizes the TABS- Temperament and Atypical Behavior Scale as a social-emotional screener.

1. Teaching staff or designee will administer the TABS Screener on all children within the first 45 calendar days from the first day of attendance.
2. Teaching staff or designee must complete all information on the screening form including full name of student, date of birth, etc.
3. Results of the TABS Screener will be shared with the parent/guardian during the first parent/teacher conference or sooner as deemed necessary.
4. Teaching staff or designee will document the date of completion and score of screenings in ChildPlus.
  - A score of 1 or more on the TABS-Screener is considered failing. If failing consider if an assessment should be completed.

1. If the TABS-Screener indicates further assessment is needed, the teacher will review and discuss the results and concerns noted on the screener with the parent/guardian and make a determination if further assessment is necessary.
2. If after discussing with the parent/guardian and further assessment is not necessary the teacher will indicate on the screener the date discussed with parent and it was agreed that further assessment was not necessary at this time.
3. If further assessment is deemed necessary, the teacher will complete the TABS-Assessment and the parent will complete the TABS-Assessment as well.
4. If the TABS Assessment indicates areas of concern, the teacher will complete a Social/Emotional Referral only after discussing with parents and they agree. See Referral Procedure.

### **Health & Behavioral Observation**

1. Teaching staff will complete the *Child Health and Behavioral Observation Form* on all children within the first 45 calendars from the first day of attendance and again in February.
2. Teaching staff or designee will document the date this is completed in ChildPlus.
3. After completing the *Child Health and Behavioral Observation Form* on all children, teaching staff will forward to the Health Service Manager for review. The Health Service Manager will review and initial and forward them back to the teaching staff/Family Advocate for filing.

### **Growth, Hearing and Vision**

1. Teaching staff or designee will complete a growth, hearing and vision screening on all children within the first 45 calendar days from the first day of attendance and document the date and results in ChildPlus.
2. Results of the growth, hearing and vision will be shared with the parent/guardian during the parent/teacher conference.

If a concern is noted and a referral is deemed necessary the Family Advocate will work collaboratively with the parent/guardian to access a source of care for the noted concern.

Teachers and Family Advocate's will work collaboratively with teaching staff to ensure all screenings are completed within the first 45 calendar days of the first day of attendance. Communication between teaching staff and with the parents/guardians will be regular and on-going to ensure awareness of any new and/or reoccurring concerns.

If a child fails a screening, teaching staff will collaborate with the parent/guardian and other relevant staff who are familiar with the child's atypical behavior and contracted professional consultants as necessary, to review and consider all areas of the child's profile by utilizing a systematic and effective approach of many different factors to determine the child's development and to make a determination if a referral for further formal testing is appropriate.

When determining if a child should be referred for further testing due to developmental or behavioral concerns, a system of multiple sources of information should be considered, which include:

- Screening Instruments;
- The child's cultural, linguistic, and developmental background;
- Staff and parent observations of actions and behaviors;
- Health history, developmental history and current status;
- Family functioning, including relationships between child and parent/guardians and caregivers;
- Summaries of children's progress as an individual and as a member of the group, as applicable;
- Parent/Guardian feedback.

Head Start will seek direct guidance and support from contracted professional consultants, professional community partners, and Health Advisory Committee professionals on how to use findings from screenings and assessments to address identified needs. Professionals will respect family cultural backgrounds and lifestyles.