Early Head Start Developmental Screening

Policy
All enrolled EHS children will be screened, or a current developmental screening will be obtained, within 45 calendar days of the first educational home visit using a research-based, valid and reliable developmental standardized tool. The “Ages & Stages Questionnaires” will be used to screen children’s developmental, behavioral, motor, language, social, cognitive, and emotional skills with parent collaboration.

Procedure:
1. Parents will give consent of screenings by signing the Parent Contract at time of enrollment.
2. The initial ASQ will be completed, or obtained, for all enrolled children with the child and parent by the Lead Educator within 45 days of the child’s first educational home visit.
3. The ASQ screenings will be entered electronically.
4. The Lead Educator will offer the parent a paper or electronic copy of the screening.
5. The Lead Educator will continue to screen the child following the recommended ASQ schedule, unless the child has a current IFSP or IEP on file.
6. The Lead Educator will complete a Consent of Release of Information with the parents for the child’s primary physician and Public Health Nurse, if applicable, to exchange ASQ results.
7. The Lead Educator will mail the results and cover letter to the child’s primary physician and Public Health Nurse, if applicable, to lessen duplication of services.
8. In the event that the repeating child’s next ASQ screening is not yet due per schedule, the current ASQ score will be reviewed.
9. In the event a child is between the ages of one day to 30 days at time of enrollment, the ASQ will be completed once the child turns one month of age and within 45 calendar days of entry.
10. In the event a child is enrolled and the adjusted age for prematurity is under one month of age by the 45 day cut off, the initial screening will be completed with the child’s actual age. The Lead Educator will document on the screening that the child is premature. The child will be screened again once the adjusted age is at least 30 days.
11. In the event a child speaks a language other than English, a bilingual staff, contractor, consultant or an interpreter with a qualified staff will conduct the screening. If a bilingual staff, contractor, consultant or interpreter is not available, the screening will be completed in English and additional information will be gathered in the child’s home language including structured observations for evaluating the child’s development and progress.
12. Results and recommendations will be shared promptly with parents.
13. A Team Comprehensive Child Review will be completed on each enrollee once all screenings and intake are completed. The team will review child and family data and recommend any intervention choices, education opportunities, or resources if appropriate to best serve the family.

Screening Results:
1. The Lead Educator will review the results of the ASQ screening with the parent immediately and make recommendations based on the screening results, taking into consideration the setting and time, developmental, health, family and cultural factors.
   a) If a child’s score is in the ___ scoring range, the child’s development is considered to be on schedule. Screening results will be determined as Pass.
b) If a child’s score is in the ___ scoring range or if the parent marks an item a concern, the Lead Educator will provide Ages & Stages Learning Activities to the parent for the areas scored in that section. Staff will monitor the child’s development using the ongoing assessment tool and ongoing screenings. Screening results will be determined as **Monitor**.

c) If a child’s score is in the ___ scoring range, an appropriate course of action will be determined, considering all factors.

   i. If it is determined to monitor the child’s development, screening results will be listed determined as **Monitor** and item 1.b) will be followed.

   ii. If it is determined that the results are an accurate depiction of development, screening results will be determined as **Refer**. The Lead Educator will discuss with the parent the indication of referral and appropriate intervention choices. The Lead Educator will document the parent’s decision of referral and intervention choices on the Home Visit form.

   • If the parent agrees to services, the Lead Educator will complete the Child Referral form in its entirety and submit. The Lead Educator will complete the Consent to Release Confidential Information for ECSE/HMG (Early Childhood Special Education/ Help Me Grow) with the parent and submit it to the office. The Disabilities and Mental Health Manager will initiate the referral process.

   • If the parent does not agree to services, the Lead Educator will complete the following areas of the Child Referral form: Child’s Name, Parent’s Name(s), Parent(s) Contact Information, and mark “Parent Refusal” at the bottom of the first page. The Lead Educator will submit the Child Referral form. The Disabilities and Mental Health Manager will initiate the referral process to Help Me Grow. The parent has the right to refuse ECSE/HMG services.

d) If a child’s score is in the ___ or ___ scoring range and has a current IFSP or IEP on file, the screening results will be listed determined as **Know Concern (KC)**.