BLUEPRINT FOR A COMPREHENSIVE AND ALIGNED SYSTEM FOR SCREENING AND ASSESSMENT OF YOUNG CHILDREN

To The Wisconsin Governor's Early Childhood Advisory Council

From The Wisconsin Early Childhood Collaborating Partners, Healthy Children Committee

February 2012

THIS BLUEPRINT INCLUDES THE FOLLOWING

BLUEPRINT FOR A COMPREHENSIVE AND ALIGNED SYSTEM FOR SCREENING AND ASSESSMENT OF YOUNG CHILDREN

Wisconsin Early Childhood Collaborating Partners, Healthy Children Committee

BACKGROUND

The *Wisconsin Early Childhood Collaborating Partners Healthy Children Committee* began to explore screening practices for young children with a special focus on children from birth to three. In 2010, *the Wisconsin Early Childhood Advisory Committee (ECAC)* asked the *Healthy Children Committee* to expand their effort and look at screening and assessment systems from the perspective of aligning the existing practices and assuring a consistent approach and access. The ECAC is interested in creating systems so that Wisconsin will have better and more consistent information about young children at key developmental milestones for use in planning early childhood policies, programs and services.

Currently, screening and assessment practices are defined and carried out by some of the early childhood programs and services that "touch the lives of young children and their families" including health care, education, Head Start, mental health, child care, home visiting and Individuals with Disabilities Education Act (IDEA) disability programs. However, these programs do not reach all children and the terminology and practices differ across the various early childhood sectors. Through a significant amount of dialog and research, the members of the Healthy Children Committee discovered that the diverse programs have more basic principles in common than originally believed. Expected barriers were minimized as terms and practices were more broadly defined. Building an aligned and comprehensive screening and assessment system is complex and requires a commitment to policies and practices that promote the vision for such a system.

This report is a working draft of the committee's accomplishments for 2011 and a blueprint for future work.

Desired Outcome: Wisconsin will have better and more consistent information about young children at key developmental milestones for use in planning early childhood policies, programs and services.

2010 Goal: Create a Comprehensive Screening and Assessment System: Create a comprehensive screening and assessment system to identify children's individual development needs and to facilitate referrals to appropriate services.

2011 Activities

A Screening and Assessment workgroup:

- Is drafting guidance document including definitions, schedules, principles, tools, and community models.

- Is exploring alignment of community screening and assessment processes.

- Contributed to a cross-department team working on Wisconsin's Race to the Top-Early Learning Challenge grant focused on:

    o How to better understand the status of children's learning and development upon kindergarten assessment.

2012 Goals

- Adopt a timeline with recommended ages for screening and assessment of a young child's development and related health matters.

- Work with state departments and other public and private partners to develop cross-sector approaches to promote the implementation of this schedule for all children.

- Continue to align screening and assessment efforts with a state data system.

- Develop and implement a comprehensive assessment process for children that have entered kindergarten.

A COMPREHENSIVE AND ALIGNED SYSTEM OF SCREENING AND ASSESSMENT

Prevention, early intervention and treatment are important for improving optimal child outcomes, and increasing the chances that all children experience healthy families and healthy development.

A child's development begins before birth, and continues throughout childhood. Significant amounts of intellectual, emotional and physical growth occurs during the first five years of the child's life. Children begin learning long before they enter school and development proceeds at a rapid rate during the first few years of life. Psychologists refer to these early years as a "sensitive" period for development, in recognition of the fact that some skills are most easily acquired during these critical years. Neuroscience research has documented how complex cognitive and socioemotional capacities are built on earlier foundational skills, and strongly shaped by interactions with caregivers and environments.

When development does not proceed along a typical trajectory, identifying the concern through developmental screening and intervening early increases the likelihood that development can get back on track and that children and families experience favorable outcomes. For example, detecting hearing loss early and providing services improves a child's communication and language skills, as well as their social skills. Across many domains of development, prevention and early intervention are more effective in both the short and long-run than later remediation efforts.

Why are Screening and Assessment processes important?

Screening and assessment processes should be considered the cornerstone of informed decision making in early childhood. All parents and practitioners make many decisions about how to care for children. These decisions are best made when they are informed by knowledge about the specific child as well as accumulated evidence from practice and science. Determining whether a child is on a typical developmental trajectory or whether intervention may be necessary can be difficult. How do parents know if their child has motor, communication, cognitive, social-emotional delays? Screening and assessment processes provide a way to gather high quality, valid, and reliable information about how a child is developing and provides a foundation for informed action to support healthy development and family functioning.

Specific aspects of screening and assessment differ across types of settings, and goals, but it can by summarized by broad definitions and purposes.

Screening is an intentional *process* that provides information about how a child is developing and the family is functioning. A concerning screening result suggests that more in depth information be gathered to determine whether an intervention is warranted to address it. Best practices include using multiple sources of information and a reliable, valid, and standardized tool or procedure. Screening is distinguished from informal monitoring or observation which is often done by caregivers.

Assessment often follows a screening, although it may occur in instances in which screening does not. It is a *process* in which more detailed or specific information is collected to answer the question "what should come next." Assessment can serve multiple purposes depending on the context. It can determine service eligibility. It can serve as a way to plan interventions and instruction, and provide ongoing support in these processes once an intervention or program is underway. It can serve as a way to monitor ongoing progress during and following interventions, treatments or instruction.

Screening and assessment processes are universal when they are provided to all children and families. These processes are targeted when they are only provided to children who are deemed to be at risk based on a priori criteria. For example, Wisconsin has a universal new born screening program, which uses a few drops of blood from all new born babies to test for 45 possible disorders. In contrast, many medical providers target screening for elevated levels of lead in their blood to children who live in communities with old housing stock or who might otherwise be exposed to known sources of lead in their environment.

It is important to improve the capacity of those who work with families and care for infants and young children and to provide timely, comprehensive, and high quality screening and assessment processes across a range of settings.

Currently in Wisconsin, developmental screening is neither universal nor thoughtfully targeted. It is often left up to chance whether a child and family receives the screening and assessments that are recommended. Whether, how and when screening and assessment processes occur differs across individual children and families, as a result of the specific settings they experience and the practitioners with whom they interact. Because of the importance of intervening early, it is imperative that a better and more comprehensive early screening and assessment system is developed that serves all the children in the state. Such a system will cross multiple agencies and sectors, and thus should be built to promote collaboration, information sharing, and communication with partners and families to ensure positive outcomes and avoid redundancy. Building such a system will provide an important step toward ensuring both that children and families receive the support and help they need for healthy development and that public resources are used efficiently.

Some early childhood screening and assessment efforts and infrastructure are already in place. As noted above Wisconsin already has a system in place to conduct newborn screening for 45 disorders. In addition, "Child Find" is a continuous process of public awareness activities, screening and assessment processes designed to locate, identify, and refer as early as possible all young children with disabilities. School districts and county Birth to 3 programs are federally mandated by the Individual with Disabilities Educational Act (IDEA) to identify and evaluate young children with disabilities within their attendance area. To assist in this "child find" process, "informed referral networks" have been created consisting of physicians, Birth to 3 programs, Head Start programs, child care programs, parents, public health, schools, social services, and others in the community that touch the life of a child.

Planning for a more comprehensive and effective cross-sector system would include working with multiple agencies to ensure that all children and families experience best practices, specifically the best timing, for universal screening and assessment. These universal processes involve multiple settings, for example, health care providers, child care providers, and home visiting programs.

GUIDING PRINCIPLES FOR SCREENING AND ASSESSMENT

A set of common principles is essential to the implementation of cross-sector screening and assessment practices, regardless of where a young child spends his time or which programs and services she accesses. The following principles offer guidance in finding commonalities in screening and assessment processes across systems.

- **The purpose of screening and assessment is to provide information about a child's development and inform decision-making:** As children grow, they are always learning. A universal approach to screening and assessing *all* children benefits children, families and practitioners. Parents and caregivers gain a comprehensive understanding of a young child's development, informed by data from tools, surveillance and observations. Ongoing communication between families and practitioners provides opportunities to share information, provide assurance to parents about their child's development, and address concerns about a child's challenges and needs. Screening and assessment results inform follow up, including referrals for additional supports and services.

- **Parents and primary caregivers are partners in screening and assessment practices:** A young child's growth and development is shaped within the context of relationships with parents and other primary care givers. It is essential for practitioners to partner with caregivers to support their participation throughout all aspects of screening and assessment including: engaging families in discussions about typical child development, creating opportunities to provide observations about their child's development, contributing to decision-making, and guiding a child's learning and development.

- **Information for screening and assessment processes is gathered from multiple sources, including standardized, valid and reliable tools, observations of a child's development and communication with families and practitioners:** To gain a comprehensive understanding of a child's health and development, it is important to gather information from multiple informants, tools and settings. This includes information about the child's development as well as individual learning style in a variety of settings (i.e., home, school, community) in which the child lives and learns.

- **The timing of screening and assessment processes matter:** Screening and assessment information is gathered at critical points in time that are aligned with our understanding of developmental processes. Screening and assessment systems that are responsive to sensitive time periods contribute to the understanding of a child and family's needs.

- **Practitioners use screening and assessment tools and processes that are culturally responsive to individual child and family circumstances:** Screening and assessment tools and processes include developmental expectations that are culturally, linguistically, and developmentally appropriate as informed by cultural wisdom and research. Results and observations are understood and interpreted within the individualized cultural and linguistic context for each child and family.

- **Screening and assessment are components of a comprehensive system of services, resources and supports for children and families:** Each interaction with a child and family

has the potential to influence the child's development and the family's education, health and well-being. Screening and assessment are holistic and dynamic processes that are integral to planning and monitoring the effectiveness of interventions, treatments and policies.

- **Screening and assessment activities occur naturally within the child and family's typical routines and experiences.** This includes the full array of activities in home, school and community settings (e.g., physician office, child care center). In addition, tools, activities and materials are relevant to the cultural experiences of the child and family.

- **Collaborative screening and assessment initiatives within communities contribute to consistency in practices and promote greater accountability on behalf of all young children**. Within communities, cross-sector screening and assessment initiatives promote optimal family and community engagement and reduce duplication of services and resources. When collaboration occurs there are increased opportunities to reach more children and positively influence child and family outcomes.

- **Screening and assessment activities are implemented by trained and supported practitioners:** Screening and assessment requires that all practitioners have access to professional development opportunities to acquire the necessary knowledge and skills to adequately carry out screening and assessment practices.

- **Screening and assessment information provides a pathway to ensure access to equitable, high quality resources to meet the needs of all young children and families:** Effective screening and assessment processes help to ensure that all young children and their families get what they need to develop and learn. Communication among parents/caregivers and practitioners is essential to ensure that action is taken to access appropriate services, resources and supports for each child.

References:
Wisconsin Assessment Principles, Wisconsin's Children Moving Forward OSEP Child Outcomes, 2007
http://www.collaboratingpartners.com/docs/3.2Principles.pdf

Developmental Screening, Assessment, and Evaluation: Key Elements for Individualizing Curricula in Early Head Start Programs (Early Head Start National Resource Center, Technical Assistance Paper No. 4) http://www.zerotothree.org/child-development/mental-health-screening-assessment/thepowerofplay-1.pdf

Wisconsin Model Early Learning Standards: Birth to First Grade, Third Edition (2011), Wisconsin Department of Children and Families & Wisconsin Department of Public Instruction, http://www.collaboratingpartners.com/wmels-about.php

Prepared by: *The Healthy Children Committee, Wisconsin Early Childhood Collaborating Partners, January 24, 2012*

Critical Time Periods for Universal Early Childhood Screening and Assessment

A Model for a Cross-sector Screening and Assessment System for Wisconsin's Young Children (Birth to 3rd grade) and Their Families

Purpose	Birth	2 Months	6 Months	9 Months	12 Months (1 Year)	18 Months	24 or 30 Months (2 or 2.5 years)	36 Months (3 Years)	48 Months (4 Years) 4K	60 Months (5 Years) 5K	98 Months (8 years) 3rd grade
Universal screening recommended during infancy and early childhood for the purpose of determining if further assessment is needed.											
Newborn blood screening of Inherited Conditions	•										
Maternal Depression*	•	•	•								
Hearing	•							•	•	•	
Vision								•	•	•	
Blood Lead Levels					•		•				
Autism						•	•				
Comprehensive General Development**				•		•	•				
Screening, assessment, and/or surveillance recommended prior, during, or after an intervention, instruction or treatment for the purpose of planning, supporting, and monitoring progress of intervention or to verify developmental outcomes.											
Comprehensive General Development**		•	•	•	•	•	•	•	•	•	•
Intervention or Instruction Specific Content		•	•	•	•	•	•	•	•	•	•
Early Literacy and Math									•	•	•

*Screening for maternal depression should occur once between child ages 2 and 6 months.

**Refers to *Wisconsin Model Early Learning Standards Domains* including: physical health, socio-emotional, language, communication, approaches to learning, and cognition/general knowledge.

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CRITICAL TIME PERIODS FOR EARLY CHILDHOOD SCREENING AND ASSESSMENT: VISUAL NARRATIVE

This table identifies the critical time periods and content for screening and assessment processes across a range of programs. These recommendations reflect current scientific knowledge and are endorsed by professional organizations and experts. They serve as the basis for a blueprint to build a comprehensive and aligned cross-sector screening and assessment system.

The timing of the recommended universal screening processes is determined by the importance of critical developmental periods and the importance of identifying potential developmental concerns and risk factors early in a child's development, including inherited, genetic conditions, health conditions, developmental delays, and family psychosocial functioning. For example, it is especially important to identify mothers' with mental health problems, particularly maternal depression, early in the child's life because of its disruptive effect on mother-infant relationships and pervasive negative effects on children's development. Likewise, comprehensive general development screening provides critical information about the child's functioning across all developmental domains (physical health, socio-emotional, language/communication, approaches to learning, and cognition/general knowledge).

Screening and assessment processes should also be implemented as part of children's participation in a range of existing early childhood intervention and education programs. These processes occur within specific programs for specific purposes and thus the timing of these processes is not easily charted against specific developmental periods. We identify the importance of screening and assessment for both comprehensive general development (physical health, socio-emotional, language/communication, approaches to learning, and cognition/general knowledge) and intervention specific content for children participating in early childhood interventions and programs. Intervention specific content will vary considerably, for example the assessment of motor skills or language skills for those in IDEA programs, assessments of maternal mental health for those in treatment, or the surveillance of blood lead levels for those being treated for elevated blood lead levels. Screening and assessment processes often occur as part of a program's eligibility determination process and throughout program participation. For example, Head Start programs and IDEA have federal requirements for screening and assessment processes for participating children. We also specifically identify the need for assessing children's early literacy and math skills. These assessments will serve both to identify children in need of additional learning supports and will also be used to guide instruction in the context of early childhood programs; this is currently implemented in public school programs in Wisconsin.

A.   *Selection of General Developmental Screening Tools*: Guidance for Community Programs

This document includes guidance for community programs in selecting sensitive, valid and reliable tools for conducting general developmental screening.

B.   *Wisconsin Response to Intervention Roadmap: A Model for Academic and Behavioral Success for All Children and Students Using Culturally Responsive Practices*

This roadmap gives an example of how early childhood screening and assessment processes align with K-12 educational priorities for a tiered balanced system of screening and assessment and inform decision-making about appropriate educational instruction.

C.   *Decision-Making Guide for Early Identification of Developmental Concerns for Early Care and Education Providers*

This document was developed by the Healthy Children Committee as an example of how developmental screening and referral practices may be built into child care practices.

D.   Screening/Early Identification Website: Wisconsin Early Childhood Collaborating Partners

E.   Healthy Children *Committee Members*

RECOMMENDATIONS FOR SELECTION OF GENERAL DEVELOPMENTAL SCREENING TOOLS: GUIDANCE FOR COMMUNITY PROGRAMS

Recommendations of Selection of General Developmental Screening Tools:

- *Ages and Stages Questionnaire (ASQ) ©* – Brookes Publishing

- *Parents' Evaluation of Developmental Status (PEDS) ©* – Ellsworth & Vandermeer Press LLC*

- *Pediatric Symptom Checklist ©* – Bright Futures/American Academy of Pediatrics*

* Tool meets criteria but currently not used widely across sectors in Wisconsin.

Selection Criteria:

The following criteria are recommended when local community programs in Wisconsin select a tool appropriate for cross-sector use for general developmental screening of young children:

1. Have good psychometric properties with sensitivity and specificity of at least 70 to 80%.

2. Is normed across a wide variety of cultural groups and different populations.

3. Is a parent-completed instrument. It promotes parents' understanding of child development and communication with professionals caring for their child.

4. Is easily and reliably used in the field by both professionals and parents – and considers affordability and availability of cross sector training.

5. Allows for consistent and efficient use of best practice guidelines across organizations, supports referral, and reduces screening duplication. Ideally the tool selected is used by multiple community partners and thereby facilitates communication and timely referral of children with concerning screens to appropriate supports and services.
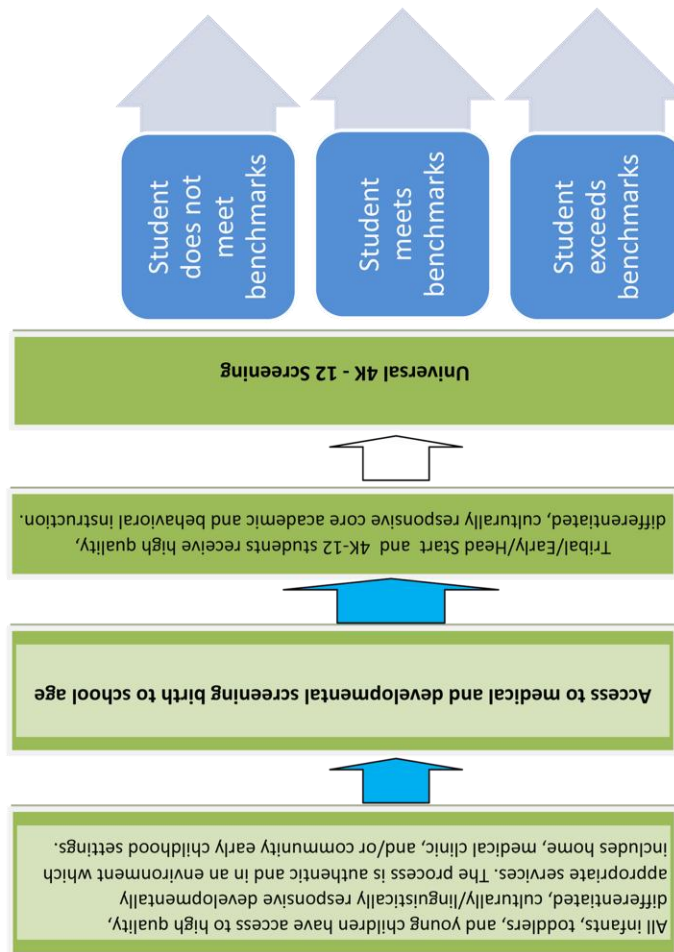
Recommendation Context and Caveats:

1. Twenty-three developmental screening tools recommended by national organizations were reviewed according to the criteria delineated above. More information about tools reviewed can be found at the following links:
    http://www.nectac.org/~pdfs/pubs/screening.pdf and
    http://aappolicy.aappublications.org/cgi/reprint/pediatrics;118/1/405.pdf .

2. The intent of the recommendation is to propose a process that can be uniformly applied, now and in the future, to select developmental screening tools that identify potential delay of general development of children under age six years for use across the early childhood system. None of the tools on this list identify children who exceed developmental benchmarks or determine school readiness, as this was beyond the scope and intent of our charge and work.

3. Training is an important component for communities who plan to use a valid, developmental screening tool across sectors. Training to implement screening should employ strategies that cover correct tool administration, scoring, and how to talk to parents of diverse backgrounds.

4. Once a reliable developmental screening tool is selected for use, how it is used and strategies to administer it will impact cultural and linguistic competent practices.

5. It is important to screen hard-to- reach populations of children including those residing in homeless shelters or in protective custody.

6. Parent completion of these tools can occur with or without assistance.

Screening and Assessment Blueprint, February 2012

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Wisconsin Response to Intervention Roadmap: A Model for Academic and Behavioral Success for All Children and Students Using Culturally Responsive Practices:
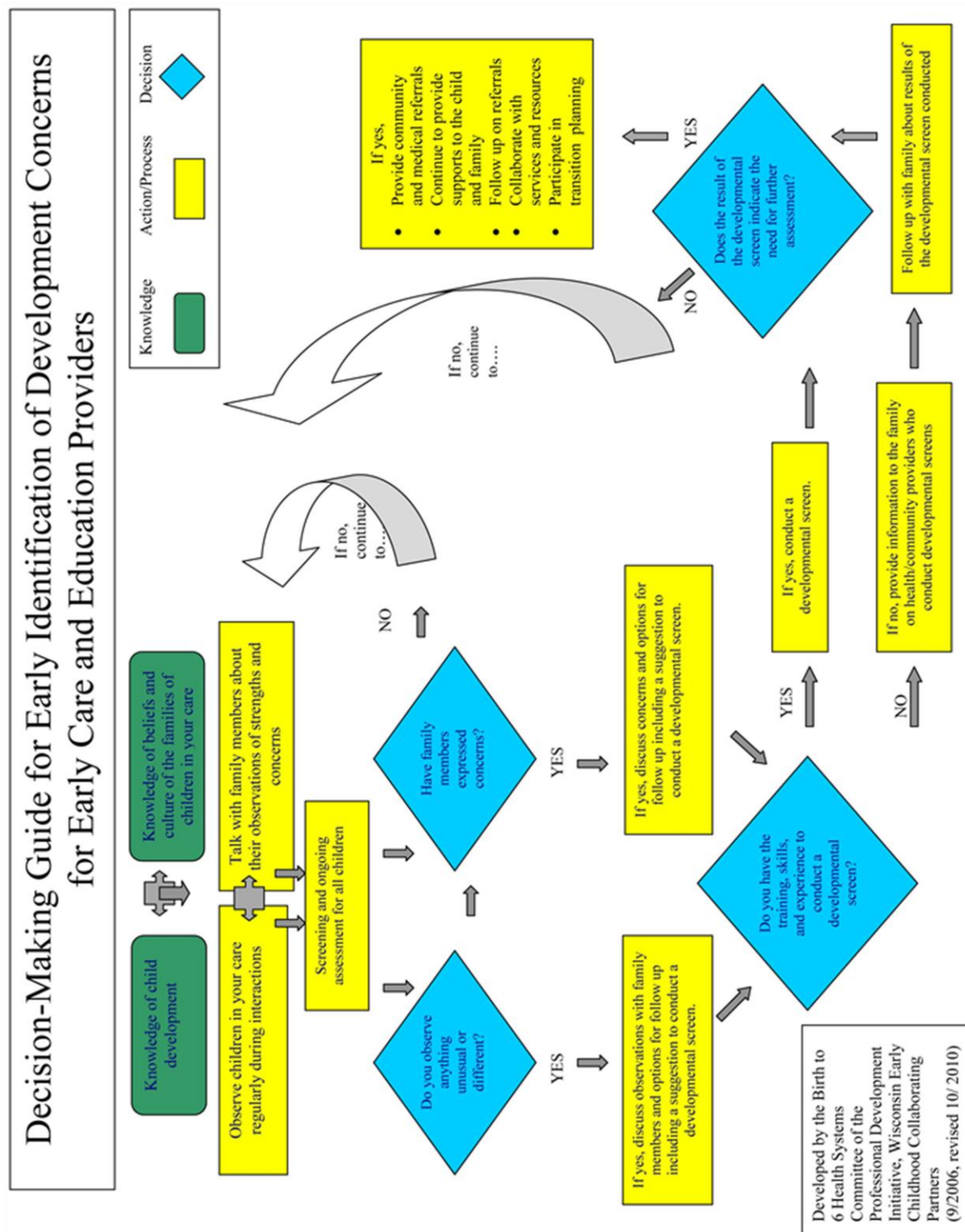
Instruction	Collaboration/ Results Monitoring	Balanced Assessment System
High quality, differentiated core instruction PLUS interventions based on student need	Collaboration and results monitoring increases with the intensity of interventions	Universal screening, formative, benchmark, and summative assessments PLUS Progress monitoring increases with the intensity of interventions
High quality, differentiated core instruction	Collaboration at systems level Results monitoring for continued progress	Universal screening, formative, benchmark, and summative assessments
High quality, differentiated, core instruction PLUS additional challenges based on student need	Collaboration and results monitoring increases with the intensity of challenge	Universal screening, formative, benchmark, and summative assessments PLUS Progress monitoring increases with the intensity of challenge

Working Draft January 24, 2012

Student does not meet benchmarks

Student meets benchmarks

Student exceeds benchmarks

Overview Early Childhood Alignment

Universal 4K - 12 Screening

Tribal/Early/Head Start and 4K-12 students receive high quality, differentiated, culturally responsive core academic and behavioral instruction.

Access to medical and developmental screening birth to school age

All infants, toddlers, and young children have access to high quality, differentiated, culturally/linguistically responsive developmentally appropriate services. The process is authentic and in an environment which includes home, medical clinic, and/or community early childhood settings.

Ongoing Child Find Informed Referral Network for identification of individuals needing referral for IDEA Part B or Part C.

DECISION-MAKING GUIDE FOR EARLY IDENTIFICATION OF DEVELOPMENTAL CONCERNS FOR EARLY CARE AND EDUCATION PROVIDERS

Screening and Assessment Blueprint, February 2012

Decision-Making Guide for Early Identification of Development Concerns for Early Care and Education Providers

Legend:
- Knowledge
- Action/Process
- Decision

Knowledge of child development

Knowledge of beliefs and culture of the families of children in your care

Observe children in your care regularly during interactions

Talk with family members about their observations of strengths and concerns

Screening and ongoing assessment for all children

Do you observe anything unusual or different?
- YES → If yes, discuss observations with family members and options for follow up including a suggestion to conduct a developmental screen.
- NO

Have family members expressed concerns?
- YES → If yes, discuss concerns and options for follow up including a suggestion to conduct a developmental screen.
- NO

If no, continue to….

Do you have the training, skills, and experience to conduct a developmental screen?
- YES → If yes, conduct a developmental screen.
- NO → If no, provide information to the family on health/community providers who conduct developmental screens

Follow up with family about results of the developmental screen conducted

Does the result of the developmental screen indicate the need for further assessment?
- YES → If yes,
  - Provide community and medical referrals
  - Continue to provide supports to the child and family
  - Follow up on referrals
  - Collaborate with services and resources
  - Participate in transition planning
- NO → If no, continue to….

Developed by the Birth to 6 Health Systems Committee of the Professional Development Initiative, Wisconsin Early Childhood Collaborating Partners (9/2006, revised 10/2010)

SCREENING/EARLY IDENTIFICATION WEBSITE: WISCONSIN EARLY CHILDHOOD COLLABORATING PARTNERS

http://www.collaboratingpartners.com/screening-early-identification-about.php

APPENDIX E

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