Behavioral Observation and Screening in Child Care

Module 1: Introduction and Overview
Icons

This icon represents a new topic in the text. This is a visual cue for you to answer any questions about the previous section before moving along to the next one.

This icon is used to identify an exercise that involves in-class practice and feedback.

This icon is used to identify a specially designed activity that requires active class participation.

This icon is used to identify a section that is accompanied by a video.
Icons

This icon is used to identify a section where the participants should add items to their “Do’s and Don’ts” list.

This icon is used to identify an exercise that involves a role-playing scenario.

This icon is used to identify the use of a transparency related to the material in this section.

This icon is used to identify a key point in the material.
Observation is when a child care worker recognizes and notes an identifiable performance or behavior and uses instruments such as checklists, anecdotal records and running records. The instruments are used to measure progress against a standard and to share results with assessment experts.

Screening means an instrument intended to identify and monitor normal development or possible developmental delay. Screening programs are not diagnostic, and are not based on whether a child has passed a certain curriculum.
• can stand on his tiptoes, but cannot yet turn somersaults.

• can sing much of the “ABC” song, but doesn’t yet recognize letters.

• is easily frustrated, and hasn’t yet begun to work on showing emotion in more socially acceptable ways.

• can scribble back and forth with a crayon, but cannot yet use scissors.

• is beginning to share, but is not yet very cooperative.
• Is this behavior normal?

You must first know the child’s age before answering the 2 questions above.
Key Point

The caregiver must use a child’s age in order to interpret the child’s behaviors.
When we observe a child is struggling with a developmental task, do we ever get concerned about her progress?

Yes

When do we become concerned?

When the child has not yet acquired the skills that are typical for children her age; when they seem to give up
• How do we identify the child who is tagging behind his age-mates?

  By actively paying attention through a program of regularly scheduled screening and appropriate follow-up when necessary.

• How can we identify children with developmental delays earlier in life rather than later?

  By observing them and conducting developmental screening with infants, toddlers, and preschoolers.
This course is required by Florida Statute 402.305 which describes “Licensing standards, child care programs.”
402.305 Licensing Standards; Child Care Facilities

(1) LICENSING STANDARDS.--The department shall establish licensing standards that each licensed child care facility must meet regardless of the origin or source of the fees used to operate the facility or the type of children served by the facility.

(a) The standards shall be designed to address the following areas:
1. The health, sanitation, safety, and adequate physical surroundings for all children in child care.
2. The health and nutrition of all children in child care.
3. The child development needs of all children in child care.
402.305 Licensing Standards; Child Care Facilities

(2) PERSONNEL.--Minimum standards for child care personnel shall include minimum requirements as to:
(d) Minimum training requirements for child care personnel.

1. Such minimum standards for training shall ensure that all child care personnel and operators of family day care homes serving at-risk children in a subsidized child care program pursuant to s. 402.3015 take an approved 40-clock-hour introductory course in child care, which course covers at least the following topic areas:
402.313 Family Day Care Homes

(1) Family day care homes shall be licensed under this act if they are presently being licensed under an existing county licensing ordinance, if they are participating in the subsidized child care program, or if the board of county commissioners passes a resolution that family day care homes be licensed. If no county authority exists for the licensing of a family day care home, the department shall have the authority to license family day care homes under contract for the purchase-of-service system in the subsidized child care program.

(a) If not subject to license, family day care homes shall register annually with the department, providing the following information:

6. Proof of successful completion of the 30-hour training course, as evidenced by passage of a competency examination, which shall include:
   e. Observation of developmental behaviors, including using a checklist or other similar observation tools and techniques to determine a child’s developmental level.
Key Point

The Florida Legislature has mandated that child care providers complete a course that covers the topic of observation of developmental behaviors, including using a checklist or other similar observation tools and techniques, to determine the child’s developmental age level.
Why do we need this course?  

• Part of the reason we are in this class is because the Florida Legislation said we must complete it.
Why do we need this course?  

- Can you think of other reasons we need this course?

Modern economics and societal realities have created the need for an educated and aware caregiver; it is entirely possible to have parents who are unfamiliar with their child’s evolving skills and abilities, it is often the child care workers who observe the child most during wakeful hours.
6:15 a.m. Lucy wakes up, eats, gets dressed, brushes her teeth and hair.

7:00 a.m. Lucy’s mom puts her in the car and they leave for child care - they talk and listen to the morning traffic report all the way to school.

7:30 a.m. Lucy’s mom carries her inside, signs her in, gives her hugs and kisses.

7:05 a.m. Lucy’s mom leaves for work.

Lucy spends the day in her child care program.

6:00 p.m. Lucy’s mom picks her up from child care.

6:30 p.m. They arrive home - Lucy watches cartoons while her mom makes dinner and then they eat. Lucy watches television while her mom cleans up the dinner dishes.

7:30 p.m. Lucy and her mom either read books, watch television, or talk during bath time.

8:15 p.m. Lucy brushes her teeth and puts on her pajamas.

8:30 p.m. Lucy gives her mom hugs, kisses, and goes to sleep.
Key Point

Parents could be unaware of the signs of developmental delay. It is the child care provider who can help identify a child who might benefit from professional intervention.
Key Benefits of Developmental Screening p.6

- Early detection of problems allows for timely referral for intervention.

- The caregiver’s attention can be focused on activities that strengthen the child’s skills.

- Increased volume and quality of information available to the parents regarding “in-the-home” activities that support normal development.

- Provides a common reference point and basis for interaction for parents, child care workers, and child development specialists.
Key Point

Proper screening leads to sound assessment so that early detection of potential developmental delays will determine the correct referral and intervention.
• Why do we use the analogy of a window when we discuss brain development?

When a window is open, air and other things have free access to the space within, but when the window is closed, nothing can get through the window.
• We learn throughout our lives, but it seems that there are early periods during which our brains most easily acquire the basic foundations for later **skill** development.

• If we miss an early window of opportunity, some later development is more difficult or even sometimes **permanently** compromised.

• When we discover that a child is struggling with a developmental task, we can involve that child in activities and exercises that place **extra** emphasis on the skills he needs to acquire.
Development in the Human Brain  p.9

Do a child’s family members know what they are looking for?

No, example: Do you think Dad knows how many words his child should be able to say at age 3 or Mom knows when to expect her child to stand on 1 leg for 5 seconds.
Development in the Human Brain p.10

• Who is in the best position to detect early problems and provide parents with accurate, timely information about their child’s development?

The caregiver who sees the child often and understands basic child development
Key Point

Caregivers must have a solid understanding of child development in relation to age divisions and be aware that all interactions with a child have an effect on the child’s development and learning. It is important to be conscious of what the child is learning while in your care.
Principles of Child Development  p.11

Development in young children occurs **rapidly** and typically progresses in **spurts**.

Early childhood educators must recognize not only the existence of general stages and **sequences** of development, but also the enormous **variation** that there is between children. It is quite normal for there to be variation in the patterns and timing of growth and development.
Key Point

All children develop at their own rates because each child is unique. Heredity and environment work together to make each child special and different from all others. Together, these factors account for the individual variations you see in children.
Principles of Child Development  p.11

• Skills are acquired in **logical sequence**.

• A sequence or pattern of developmental consists of predictable **steps** along a developmental pathway that is common for the majority of children.
Key Point

Developmental progress is rarely smooth and even. Irregularities, such as periods of stammering, characterize development. Periodic regression is normal and should be expected.
It is not unusual for a child who has been toilet trained to begin to have accidents when starting preschool. This is due to change in routine, separation anxiety, etc.
Key Point

Early experiences and opportunities to practice new skills are important.
Notes:

- Learning to walk requires an environment that encourages practice not only of walking as it emerges but also of the behaviors and skills that proceed walking, such as rolling over, sitting, and crawling.
Key Point

Cultural influences are important. The social setting and culture the child lives in influences the ways the child grows and develops.
Principles of Child Development  p.12

• Notes:

• What each child learns depends on the cultural rules of the people that raise him.
  - Example: when to smile, when to shake hands
Developmental Domains

- Physical Health
- Motor Development
- Cognitive Development & General Knowledge
- Language & Communication
- Approaches to Learning
- Social & Emotional
• What is meant by “Physical Health” and “Motor Development”?

• **Physical Health** refers to the changes in body shape and proportion. It includes change in weight, height, and etc.

• **Motor Development** refers to a child’s ability to move about and control body parts such as grasping, rolling over, hopping, etc.
Developmental Domains p.13

- What do we mean by “Cognitive Development” and “General Knowledge”?

- Refers to a child’s intellectual or mental abilities. It involves finding processing and organizing information and using it appropriately. Discovering, interpreting, sorting, classifying, and remembering information.
What do we mean by “Language and Communication”?

Refers to a child’s ability to express himself verbally and to receive and understand the verbal communication of others. It involves vocabulary, grammar, reading, writing, and ability to understand things around them.
What do we mean by “Social and Emotional”? 

Focuses on how children feel about themselves and their relationships with others. Refers to individual behaviors, responses to play and work activities, attachment to parents and relationships with siblings and friends.
Developmental Domains p.13

- What do we mean by “Approaches to Learning”?
- Refers to how skills and knowledge are acquired through the three qualities of eagerness and curiosity, persistence and creativity, and problem solving.
Age Divisions

For the purpose of this course, we will talk about children using the same divisions as the Florida School Readiness Performance Standards.

Birth to 8 months
8 to 18 months
18 to 24 months
24 to 36 months

3 year-olds (36 to 48 months)
4 year-olds (48 to 60 months)
5 year-olds (60 to 72 months)
School-Agers (+5 years)
Age-level Expectancies p.14

- Age-level expectancies represent a range (rather than an exact point in time) when specific skills will be achieved.
- Age expectancies for specific skills should always be interpreted as approximate midpoints in a range of months.
- It is sequence and not age that is the important factor in evaluating a child’s progress.
Activity: Using the Age-Level Developmental Expectancy Chart

- Laughs and show pleasure at interaction.
  - 8 to 18 months
- Digs through sand to find hidden toys.
  - 24 to 36 months
- Inspects own hands and feet.
  - Birth to 8 months
- Repeats words over and over.
  - 18 to 24 months
- Begins to smile as social interaction.
  - Birth to 8 months
- Reaches out when wanting to be picked up.
  - 8 to 18 months
Behavioral Observation and Screening in Child Care

Module 3: Observation and Screening Basics
Observation and Screening Do’s and Don’ts List

Throughout this module you will make a list of “do’s” and “don’ts” for observation and screening.
For example:

**Do**

- Do make notes during observation sessions
- Do document things like age of child, number of toys, number of playmates, amount of space, etc.

**Do Not**

- Do not guide the child’s responses.
- Do not misinterpret the child’s ability
- Do not use emotionally charged relative terms (crowded, haphazard, messy, enthusiastically)
- Do not use terms that cannot be seen or measured (sloppy, chaotic)
- You cannot observe intelligence, feelings, reasons, or self-esteem.
Penny Observation
• What was the main point of the penny exercise?

• Seeing something all the time does not necessarily mean that we are observing details.

• From water table observation, why do you want to avoid using words like crowded, wild, messy, in your observation?

• The definitions for messy, wild, crowded are different for different people, these terms are subjective. Use words that do not infer but instead describe so everyone reading the observation has a clear image.
Key Point

Participants should always make notes during the observation process. Making notes before or after the observation process can compromise results.
Key Point

Participants must be objective in their observations. Subjective information is open to interpretation and is not useful for describing behavior.
1. Know what to expect.

   Awareness of normal developmental tasks can help reassure you that a child’s behavior is “normal” and can alert you when it is likely to change.

2. Observe a child over a period of time.

   Be careful not to judge development based on one day’s observation. Remember all of us have bad days occasionally.
3. Keep in mind that difficulties in a single area are not necessarily cause for alarm. Rather, it may be an indicator that a child is experiencing some stress in his or her life that needs to be examined further.

4. Record only what the child is doing. When observing very young children you can create a running account of the child’s movements, sounds, and facial expressions and gestures on the record.
Tools for Recording Observations of Children

• Checklists
• Anecdotal Records
• Running Records
Tools for Recording Observations of Children p.25

- Record only **facts**.
- Record every **detail** – don’t leave out anything.
- Take brief notes throughout the day, but fill in the details as soon as possible.
- Use **action** words that describe but do not judge.
- Record the **facts** in the order they occur.
Key Point

Observation of children in natural settings lets the observer report what the child is able to do in an environment that supports the child to perform her best.
Observation Skills p.26

- The observer must be totally **objective**.
- Do not try to observe more than **one child** at a time.
- Do not influence the child’s **responses** by your presence.
- Make sure there is **adequate space** for the observation.
- Make sure that **distractions** are kept to a minimum.
- Use an area that is **familiar** to the child.
- Make sure you build a relationship with the **child** and the **parents**.
Observation Skills p.27

• Scenario 1: You are preparing to screen your favorite student. She is always happy. Her parents always pick her up on time. Her lunches are always nutritious. She always gets along with the other children. She even sleeps at nap time. Is there anything you need to be careful of during screening?
  - The observer must be totally objective
  - Do not guide the child’s responses
  - Do not misrepresent the child’s true abilities
Observation Skills p.27

- Scenario 2: You check the screening schedule and realize that you are two children behind. It is a slow day and you are fully staffed. You take those two children, plus the child scheduled for today, into the office where you will not be disturbed. You conduct all three screenings in 20 minutes. Do you believe your results truly represent the children’s abilities?

  - Probably not
  - Do not try to observe more than 1 child at a time
  - Do avoid “answer rehearsal” a situation where 1 child watches another to get the right answers
  - Do make sure the children are familiar with the area
• Scenario 3: A screening item asks the child to cut a piece of paper in half using safety scissors. You realize that you only have left-handed scissors, which are inappropriate for the task. Instead of endangering the child, you mark on the checklist that the child is “not yet able” to perform the task. What kind of problems are there with this decision.

- Do make sure the child has a variety of activities to available demonstrate the skills you hope to observe.
- Do prepare for the screening with all necessary materials.
- Do not misrepresent the child’s true abilities (do not mark “not yet able” without letting her attempt it.)
Observation Skills p.28

- Scenario 4: There is a new child in your child care program. He started 2 days ago. He is shy and stands near the wall a lot, especially when adults are around. Right before lunch, you begin a screening and find that he did not perform well at all. What mistakes were made in this screening?
  
  - Make sure the child is familiar with the area
  - Do not influence the child’s responses by your responses
  - Do make sure the child is fed, rested, and ready to play
  - Do build a relationship with the child in order to obtain natural and accurate results.
Observation Definitions p.29

- Participant observation:
  Allows you to interact with children directly and ask them certain things

- Overt observation:
  You do not hide the fact you are observing a child’s actions

- Non-participant observation:
  The observer is concealed behind a screen or a 2-way mirror and does not interact with the child

- Covert observation:
  When the children are not told they are being observed.
The six major developmental domains are: Physical Health, Motor Development, Cognitive Development & General Knowledge, Language & Communication, Approaches to Learning, and Social & Emotional.
Developmental Domains Used in Screening p.30

- Physical Health:
  focuses on the development of all body systems and general wellness
- Motor Development:
  Includes movement, balance, coordination, sensory awareness, and sensory acuity
- Cognitive Development and General Knowledge:
  Includes reasoning, solving problems, and using symbols
- Language and Communication Development:
  Includes ability to speak and read
Developmental Domains Used in Screening p.30

- Social and Emotional Development:
  Includes self-esteem, independence, and relationship

- Approaches to Learning: (page 31)
  How skills and knowledge are acquired through 3 qualities of eagerness and curiosity; persistence, and creativity and problem solving
### Activity: Matching Domains with Observed Behaviors p.31

<table>
<thead>
<tr>
<th>Observed Behavior</th>
<th>Developmental Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child was not able to balance on one foot</td>
<td>Motor</td>
</tr>
<tr>
<td>Child played alone during outdoor activities for 4 days in row</td>
<td>Social and Emotional</td>
</tr>
<tr>
<td>Child was able to kick a ball forward</td>
<td>Motor</td>
</tr>
<tr>
<td>Child was able to tell you what snack he was eating</td>
<td>Language</td>
</tr>
<tr>
<td>Child was able to identify colors</td>
<td>Cognitive</td>
</tr>
<tr>
<td>Child refused to share toys</td>
<td>Social and Emotional</td>
</tr>
<tr>
<td>Child not able to identify shapes</td>
<td>Cognitive</td>
</tr>
<tr>
<td>Child able to recognize written name</td>
<td>Language</td>
</tr>
<tr>
<td>Child has a healthy appetite</td>
<td>Physical</td>
</tr>
<tr>
<td>Child was able to stay on task while learning a new skill</td>
<td>Approaches to Learning</td>
</tr>
</tbody>
</table>
Screening means an instrument intended to identify and monitor normal development or possible developmental delay. Screening programs are not diagnostic, and are not based on whether a child has passed a certain curriculum.
Developmental Screening

• The screening process can not confirm a disability.
• Screening helps to identify children that could benefit from early childhood intervention programs.
• Most screening instruments are divided into the categories of physical, cognitive, language, and social/emotional.
• The social/emotional developmental domain is more difficult to test.
Considerations When Choosing a Screening Instrument

- The screening instrument should support a comfortable and positive experience for the child.
- The screening instrument should have a report on the reliability and validity of the data.
- The screening instrument should provide score data from a tested population that is used to compare against the results of the children in your care.
- When choosing the screening instrument time is an important consideration. Twenty minutes is the standard amount of time for a preschool child.
- Consider the cost of the instrument. The instrument should be effective and affordable.
- Choose an instrument that is designed to test children one at a time, not in groups.
- The person that performs the screening should have an understanding of the screening process and some experience in child growth and development.
- Consider your referral process. The results of the screening should be useful to the specialist who performs the assessment.
Behavioral Observation and Screening in Child Care

Module 4: Screening Instruments
The main purpose of any good screening tool is to identify children who are in need of further evaluation to determine whether they are candidates for early intervention services. However, useful screening tools need to do more than just describe behaviors. A useful first-level screening program should be practical for assessing large numbers of children, and do so:

- **Easily**
- **Accurately**
- **Affordably**
Key Point

The Florida Legislature has mandated screening for developmental delays but has not mandated the use of any specific instrument. Child care providers are encouraged to use whichever screening tool works best for them.
Ways to Think About Screening Programs

Developmental Screening Instruments focus on observation and provide initial information that can facilitate learning.

Achievement Screenings measure knowledge or skills a child has learned.

Social-emotional/behavior screenings brief screenings that target social-emotional issues.

Readiness screenings brief achievement type screening geared to screen whether a child is ready to benefit from a specific program.

Instructional assessments assessments based on children's work in the classroom.
• Katie is 5. Her first language is Spanish and we want to screen in the middle domains.  
  **ASQ, Battelle, Brigance, ESI-R**

• Charles is 2 months old and we wish to screen his gross motor skills  
  **Battelle, Brigance**

• Deborah is 7 and we want to screen her social and emotional skills.  
  **Battelle**

• Tina is 5 and we want to screen for language skills. Her first language is Vietnamese.  
  **Brigance**
Sound screening tools are:

- **reliable**
- **valid**
- **free of bias**
Common Elements of Screening

Instruments p.42

- **A record keeping system** for tracking the individual children as they progress through the program;

- **Information sheets** where you record the child’s name, parents’ names, the child’s age at the time of the screening, name of the screener and their relationship to the child (parent, child care provider, nurse, doctor);

- A series of **questions** you answer reflecting the child’s abilities;

- **Scoring sheets** on which you record the child’s actions and responses;

- **Interpretation scale** for locating the child’s data in relation to the norms of other children their age;

- **Decision guide** to help with the screening results (continue screening at next interval, referral).
Key Point

There are many screening tools available. A child care program’s style, staffing, approach to learning, resources and level of parental involvement are all important factors in choosing an instrument.
Key Point

Materials used for observation and screening activities must match the age of the child being screened.
## Activity: The Right Stuff p.43

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Book with pictures</td>
<td>20</td>
</tr>
<tr>
<td>Puzzle-six piece interlocking</td>
<td>48</td>
</tr>
<tr>
<td>Chair</td>
<td>20</td>
</tr>
<tr>
<td>Cup</td>
<td>20</td>
</tr>
<tr>
<td>Ladder with rungs</td>
<td>48</td>
</tr>
<tr>
<td>Ball - small</td>
<td>48</td>
</tr>
<tr>
<td>Doll or stuffed animal</td>
<td>20</td>
</tr>
<tr>
<td>Clothing with button/zipper</td>
<td>48</td>
</tr>
<tr>
<td>Fork</td>
<td>20</td>
</tr>
<tr>
<td>Coloring Book</td>
<td>48</td>
</tr>
<tr>
<td>Ball - large</td>
<td>20</td>
</tr>
<tr>
<td>Paper</td>
<td>20</td>
</tr>
<tr>
<td>Pencil, marker, or crayon</td>
<td>20</td>
</tr>
<tr>
<td>Clothing - coat, jacket, shirt</td>
<td>48</td>
</tr>
<tr>
<td>Blocks - 1”-2”</td>
<td>20</td>
</tr>
<tr>
<td>Spoon</td>
<td>48</td>
</tr>
<tr>
<td>Wind-up toy/jar with lid</td>
<td>20</td>
</tr>
<tr>
<td>Steps</td>
<td>20</td>
</tr>
<tr>
<td>Scissors - child safe</td>
<td>48</td>
</tr>
<tr>
<td>Paper</td>
<td>20</td>
</tr>
<tr>
<td>Toothbrush and toothpaste</td>
<td>48</td>
</tr>
</tbody>
</table>
1. What types of activities support skill development at age 48 months?
   - Invite a child to play a counting game. Make simple game – use dice-count hops on game board
   - Play a picture guessing game

2. What are some of the activities that support development at 20 minutes?
   - Use plastic farm animals to tell Old McDonald story. Use sound effects.
   - Turn objects upside-down (see if toddlers notice)
   - See if they can find objects and solve problems
Adjusted Age

When using a screening instrument, we need to make adjustments for children under the age of 2 who were born premature. We call this calculation a child’s *adjusted age*.

To calculate:

\[
\text{Adjusted Age} = \text{Chronological Age} - \# \text{ of weeks Premature}
\]
Adjusted Age p.44

Tracey was born 13 months ago. She was 28 days premature and required special care at the hospital. Now she is a happy, thriving baby and is in your care at the child care facility. Today is the day of scheduled screening.

13 months

- 28 days

= 12 months
How will you know if a child was born prematurely?

You will get that information from the parents—Registration Sheet
Adjusted Age  p.44

Jordan was born 7 months ago. He was born 6 weeks premature. You want to schedule a screening for him since he is joining your infant care. How will you figure out his adjusted age?

7 months

- 6 weeks

= 5 ½ months
Adjusted Age  p.44

Bill was born 28 months ago. He was 4 weeks premature. What would be his adjusted age?

Since Bill is now past the age of 2 (24 months) he has benefited from the catch up growth. He does not need an adjusted age. He should be screened at 28 months.
Key Point

Many items in specific tools are representative of children's skills at specific ages. Observers use common sense, avoid literal instructions, and occasionally make substitutions when tools mention a specific tool or toy.
Flexibility and Literal Interpretation

Activity: Being Flexible  p.46

1. While preparing for a screening, the teacher discovers she does not have the materials listed on the materials list. Does she have to postpone the screening until later?

No, substitution is allowed by most screening instruments.
2. The instrument for screening a 22-month old calls for beads and string. If the screener does not have beads and string, what could she use in their place?

Look for the following types of answers: uncooked penne pasta, Styrofoam packing circles
3. On an instrument screening a 36-month old child the screening instrument introduces the use of a 6 piece interlocking puzzle. Right before a screening, our teacher discovers her puzzle is missing half the pieces. What can she use instead?

Remove a picture from a magazine and cut into 6 pieces.
Behavioral Observation and Screening in Child Care

Module 5: Screening Procedures
Module 5 Involving Parents
Practice and Feedback  p.49

Should child care personnel try to involve parents in collaborative screening effort?

Yes
How can you involve parents in the screening progress?

- Send newsletters home describing developmental delay, the availability of screening and intervention programs
- Orientation classes for parents discussing screening process
- Invite parents to complete screening instruments themselves
Module 5 Involving Parents
Practice and Feedback   p.49

What do you think is the minimum parent participation this process requires?

• Correct enrollment information
• Contact information – times, methods
• Information about pre-maturity
• Screening consent forms signed by parents
• Parental involvement at the referral stage
What do you think would be ideal parental involvement?

- Parents are fully aware of screening and understand their purpose
- They understand the concept “window of opportunity”
- They consider screening as a positive service
- They participate in observation ad screening processes whether directly or indirectly
- Assertive on behalf of their children in pursuit of intervention services when indicated.
Key Point

It is important to involve parents as full partners in the behavioral observation and screening process.
Four Basic Tasks  p.50

- **Organizing**: Planning the process you will use, identifying how you will engage parents and at what points in the process, obtaining the materials if any are needed, developing forms.

- **Scheduling**: Identifying the time and location for the activity, scheduling staff or substitutes if the activity requires 1:1 attention to an individual child.

- **Executing**: Obtaining permission from parents, conducting the activity, recording the activity, scoring the activity if appropriate, working with parents.

- **Following Through**: Talking with parents, beginning to identify the next steps.
Key Point

The four basic tasks involved in developing and maintaining a successful behavioral observation and screening process are: organizing, scheduling, executing and follow through.
Identifying Strategies that Work

- Collaborating with Parents
- Planning and Scheduling Screening Activities
- Initial follow-through
• Write down one easy way to build the permission issue into our routine operations.
  - Put a permission statement into the enrollment from that parents sign.
• What can we do about the children who are already enrolled at our program?
  - Send home a letter for parents to sign and return
Key Point

Obtaining parental permission to screen is the first step of any observation and screening activity. Obtaining this information should be built into the enrollment process.
### Module 5 p. 53

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• It encourages high parental involvement</td>
<td>• Some parents may not complete screening objectively</td>
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<td>• It takes pressure off of program resources to conduct all of the screening work.</td>
<td>• Children might act different if parents are present.</td>
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We can invite parents to work with us as a team to conduct the screening. Parents can come to our Center for the screening or maybe we can even go to their homes for the first time a child is screened.

• What would you see as the main advantages and disadvantages of this approach?
  - Advantage: It builds rapport w/parents, helps us educate parents about child development
  - Disadvantage: More difficult to schedule.
Another option would be to conduct the observation and screening process entirely at school and then share the results with the parents.

- What would you see as the main advantages and disadvantages of this approach?
  - **Advantage:** Allows us the most control over scheduling and completion of each screen.
  - **Disadvantage:** It is completely dependent on our resources. Parents are disengaged from the process and may resist further assessment.
We have figured out how we are going to secure parental permission to screen the children and we have decided upon our preferred approach to parental involvement. We still need a system for planning and scheduling our screening activities.

• What kind of information do you collect on your child enrollment form?
  - Legal name, preferred name, birth date, gender
  - Current address, date of enrollment, current physical exam, current immunizations, name, home and work addresses of parents
  - Emergency information
  - Special instructions regarding eating habits, allergies, and etc.
Strategy #2 p.55

• How many of you are here from programs that ask if a child was born prematurely? Do you think this would be an appropriate question to add to your enrollment form?

- Yes, prematurity is an important consideration when determining the level of skills you expect from a child at a specific age.
Strategy #2 p.56

• What information does this form track?
  - We can project forward all the dates when the child should receive future screening.
  - We can keep up on the dates that the instrument was sent out, when it is due back, and if it was returned.
  - It reminds us to provide results and feedback to parents.
  - It documents any referral actions.

• If you were looking at the record for a child in your care, do you think you could track the child’s progress in an on-going screening program?
  Yes
When the results of our screening indicate the possibility of a developmentally delay, what do you think we should say in our cover letter? Should we even use a letter?

- Consider a personal visit or phone call
- Make an appt. to discuss the results
- Indicate results can indicate further evaluation
- Clarify that this instrument is NOT an IQ test.
- Assure parents intervention allows catch up usually
- Emphasize your desire to assist
- Encourage parents to contact the child care provider
- Ask parents written permission to lease information to provider, child physician, and referral agency.
Key Point

It is important to communicate the results of the screening activity with the parents and to help parents identify the appropriate next step.
Behavioral Observation and Screening in Child Care

Module 6: Referral Process and Resources
What is the next step?

Talk to parents. Refer to the appropriate service provider for further assessments.

Where will you direct the parents for assessment?

Some areas require the child to be referred to a pediatrician. In Florida each community has different providers. Local knowledge is required.

Who, in your local area, can answer questions about Early Intervention Providers?

Florida Directory of Early Childhood Services
1-800-654-4440

Agency for Workforce Intervention
1-866-357-3239
Next Steps

Remember, child care professionals screen children. We do NOT diagnose children. Child care professionals share their observations and screening with families for further evaluation by other professionals. Trained professionals will complete formal assessments and make a diagnosis, NOT child care professionals.
Key Point

Permission to screen a child does not give you permission to make a referral or to share the results of the screening with another professional outside your organization without the parent’s permission.
Points to Remember When Talking to Parents p.62

- **Schedule** a specific time to discuss results and concerns with parents. Don’t ambush them with potentially distressing news while they are dropping off or picking up their children. Talk to them in a setting where you can have a private and confidential conversation. If your concerns about a child are particularly serious, try to talk with both parents together, if possible.

- When talking to the parents **explain** that the screening identified some concerns about the child’s development and further assessment is in order. Give the parents a copy of the same documents you are reviewing and empower them as partners in the process of helping the child.
Points to Remember When Talking to Parents  p.62

• Explain you are using a “first-look” screening tool. It is designed to identify children who may need further help. It is not designed to provide a clinical diagnosis. Explain the tool and the skill areas it addressed.

• Show the parents where the child did well on the questionnaire. Praise the child’s strengths and the parents for their efforts to stimulate the child.

• Explain the scores to the parents and ask for confirmation of your observations. Do the parents see the same thing at home? If there is a difference, the score may be changed to reflect the parent’s score or you may write on the form “parent reports the child does/does not do this at home.”
Points to Remember When Talking to Parents  p.62

• Use **understandable** terminology, and be prepared to explain some of the technical jargon (e.g. “gross motor skills”). Pay attention to the parent’s body language for cues that they are following your explanations.

• Some parents will be worried about the anticipated cost of assessment and possible interventions. **Inform** them for preschool children, further assessment is available at no cost to the family (Part C entitlement).
Points to Remember When Talking to Parents  p.62

- Some parents may resist further assessment out of concern their child will become negatively labeled. **Explain** that within your facility the results will be kept in confidence, and that the fear of labeling cannot outweigh the opportunity to help the child at this early stage.

- **Talk** to the parents about any other concerns they may have.

- **Answer** all the questions you can, but do not make promises to the parents that are beyond your control.

- **Request** permission to contact a service provider or local agency. **Explain** the difference in the programs or agencies available. **Explain** your purpose in contacting the agency.

- Ask them to **sign** a release of information form. Even if the parents are going to make the initial contact, send a copy of the results directly to the agency.
Key Point

Communicating with parents is important. You must be clear about the need for assessment and its benefits to the child.
Given the screening was correct and Maddie needs to be evaluated by a professional, what would you say next to the parents? How would you say it?

- Request permission to contact a service provider or local agency
- Ask parents to sign a release of information form
- Provide telephone number and ask parents to phone the Department of Education
Scene 1: Jessica

Today you screened 6 month old Jessica. She was above the cutoff points in all the developmental areas, except for gross motor skills. When Jessica’s mother arrives to pick her up, you ask to see her in the office to discuss the results.

• Suggested parent response: “She is only 6 months old.”

• Possible answers:
  - This is only a screening, not a test
  - Babies as early as 4 months can demonstrate skills and abilities
  - The screening only indicates the need for professional evaluations.
  - Let’s look at the screening together.
  - Perhaps we can schedule a time to talk about this in detail
Scene 2: Parker

Parker is 4 years old and has been at your Center for 2 years. During those years, Parker has always scored above the cutoff points on the screening. Parker’s screening results indicate he is below the cutoff point in the “personal-social” area. His father picks him up after work each day and is always in a hurry. Today you almost have to chase him into the parking lot to schedule a meeting.

• Suggested parent response:
• “I’ve never seen this behavior at home.”
• “What do you mean my child has poor social skills”
Scene 3: Sarah

Sarah is 16 months old. She has been in your care for 2 months. Today was the first screening she has had since enrolling at your center. She is particularly close to her teacher and appears to be happy and thriving. She has fun with her cohorts and seems happy in the toddler room. This makes the results much harder to understand. Her score area on “gross motor” and “personal-social” shows she is not performing in these areas at the same level as her age mates, she has not excelled in any other areas. Sarah’s mother picks her up every day at 5:00.

Does anything about this screening seem unusual?

- **Yes, Sarah did not score as well as expected.**

Would you retest her before talking to the mother?

- **Some teachers might. Perhaps have another teacher do the screening.**

Assume Sarah has received the same score on the questionnaire twice. Role-play the conversation with her mother?

- **Suggested parent response: “She’s always been a little behind. Does it matter that she was 4 weeks premature?”**
Is it good practice to insist on always making the referral call for the parents?

No, one of the best practices is to encourage the parents to make the first call. If you call you must have obtained a written release.

What information do you or the parents need when contacting an agency?

- Name and age of child
- Date of screening
- Who administered the screening
- What services are you interested in using
- When is the child available for professional assessment?
Key Point

It is a best practice to encourage parents to make the first call to the service-providing agency.
Key Point

Follow-up assessment services are available to all Florida children, when indicated by observation and screening through the Early Intervention Program operated by the Florida Department of Health and the Florida Diagnostic and Learning Resources System. The specific providers differ from region to region so you must identify referral sources in your local area.