



**PROJECT  
TINITUHON**  
"The Beginning"  
Guam's Early Childhood Comprehensive System



## ISLAND-WIDE DEVELOPMENTAL AND BEHAVIORAL SCREENING SYSTEM (IDBSS)



**ENDORSED BY THE GUAM EARLY LEARNING COUNCIL  
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## INTRODUCTION

The islandwide Developmental and Behavioral Screening System (iDBSS) enables child care providers, early childhood programs and medical clinics to screen all children birth through five years to ensure development is on track.

In August 2013, Project Tinituhon III received funding from the Health Resources and Services Administration to develop and implement an integrated screening, referral, and service delivery system for children birth to age three that is culturally and linguistically competent and respectful of the diverse ethnic cultural backgrounds that make up the island community. Sixteen (16) of the island's 44 licensed child care facilities participated in the pilot iDBSS.

Based on research, developmental and social emotional screenings provide information to families **and** providers about a child's growth and development in the areas of communication, gross and fine motor, problem solving, personal-social and social emotional development. Screenings enable providers to track typical development on a periodic basis and provide information to families to ensure continued development or to conduct further assessments. Screenings do not give a diagnosis, but identify areas of a child's development that may not follow the milestones for a particular age.

The American Academy of Pediatrics (AAP) released a policy statement that developmental screening and surveillance should be incorporated into the ongoing health care of the child as part of the provision of a medical home and recommends developmental screening of all children at ages **9-, 18-, and 24- or 30-months** (AAP, 2001, 2006). Studies have also shown that social emotional screening should be incorporated into well-child visits as an initial indicator of well-being (Briggs et al., 2012).

It is important for parents and providers to monitor the development of young children in efforts to identify early your children that may be suspected of having a developmental delay and Disability.

There are many children with a developmental disability are not identified until after entering school. Early intervention (before school age) can have a significant impact on a child's ability to learn new skills as well as reduce the need for costly interventions over time.

## FRAMEWORK FOR DEVELOPMENTAL SCREENING PROCESS

The Center for Disease Control and Prevention estimates that about **1 in 6** children ages 3 through 17 years have one or more developmental disabilities and **1 in 68** children has been identified with an autism spectrum disorder (CDC, 2015). Children with developmental problems are at increased risk for poor outcomes in many areas important to health, well-being, and success in life. In addition, developmental disabilities increase a child's risk for poor school performance, frequent absences from school and repeating a grade, as well as having

more health problems. Most children with developmental delays are not identified early enough for them to benefit from early intervention services.

### **EARLY INTERVENTION SERVICES**

Early intervention is a system of coordinated services that promotes the child's age-appropriate growth and development and supports families during the critical early years of a child's life. Some children need extra help from their parents, siblings, and other service providers to help them grow to be healthy and happy children. The early intervention program provides services and support to young children birth to three years who have or are at risk for developmental delays and disabilities. Early intervention services are provided in the child's home or community settings, such as child care centers, playground, beach, etc.

Early intervention services are family-centered services and supports that assist families in meeting the overall developmental needs of their children. Services are identified during an evaluation and assessment and agreed upon at the Individualized Family Service Plan (IFSP) meeting. A service coordinator is assigned to help the family navigate through a system of services from various providers across different agencies and programs. The service coordinator also assists the family through the transition process to other services and supports, if needed, after the child turns three years old.

Early intervention involves identifying children and families that may be at risk of running into difficulties and providing timely and effective support. Early intervention is about enhancing the capabilities of every parent to provide a supportive and enriching environment for their children to grow up in.

### **DEVELOPMENTAL MONITORING**

Developmental monitoring means observing and noting specific ways a child plays, learns, speaks, acts, and moves every day in an ongoing way. The most important reason for monitoring each child's development is to find out if the child's development is on track with most children their age. A child's growth and development are monitored through a partnership between the parent and an early care and education provider or a health care professional. At each well-child visit, the doctor looks for developmental delays or issues and talks with parents about any concerns they may have. In the child care setting, the provider observes and monitors a child's development and abilities. This is called *developmental monitoring* (or *surveillance*). Any concerns observed during developmental monitoring should be followed-up with *developmental screening*.

By monitoring the development, children who might need services and support will be identified and parents can get needed services as early as possible. Monitoring healthy development means paying attention not only to symptoms related to a child's condition, but also to a child's physical, mental, social, and emotional well-being.

Parents and providers are encouraged to use the following ***Learn the Signs. Act Early.***

Materials:

- *Track Your Child's Developmental Milestones* This brochure provides a visual of the early developmental journey for how children play, learn, speak, act, and move.
- *Concerned about Development? How to Help Your Child* This is an excellent brief of what parents can ask their child's doctor about concerns in development.
- *Milestones Moments* This booklet is a guide that helps parents track their child's development by watching how he or she plays, learns, speaks, acts, and moves. This booklet provides milestones to watch for and how parents can help their child learn and grow.

## **DEVELOPMENTAL SCREENING**

Developmental screening is a more formal process that uses a valid screening tool at specific ages to determine if a child's development is on track or if he or she needs to be referred for further evaluation. Developmental screening helps to determine if a child is learning basic skills accordingly or if there are delays. Developmental screening can be done by early care and education providers or health care professionals and in communities or school settings.

Project Tinituhon has chosen to use the Ages and Stages Questionnaires Third Edition (ASQ-3) as its developmental screening tool. The ASQ-3 pinpoints developmental progress in children ages one month through 5 ½ years. Its success lies in its parent approach and ease-of-use. Evidence shows that the earlier development is assessed—the greater the chance a child has to reach his or her potential (<http://agesandstages.com>).

Both developmental monitoring and developmental screening should be done for all children. Early care and education providers and health professionals should conduct frequent monitoring and screening for children under their care and should encourage families to monitor their child's development.

## **CHILD CARE CENTERS**

During the pilot phase, developmental and behavioral screenings in the child care centers occurred on a voluntary basis. Up to two providers per center were trained to administer and score the screens. An informational letter was sent to parents that explained the purpose the screening. If a parent refused screening for their child, a refusal form was given to the parent to sign.

Parents who consented to participate in screening were given the age-appropriate questionnaire to fill out and return to the center. The trained center staff scored the questionnaire and entered the results on the information summary sheet. As part of the pilot program, all children attending child care centers should have received at least one age appropriate developmental and/or behavioral screening annually. Parents who refused screening for their child are informed by the center that developmental monitoring would still occur and any concerns observed would be shared with the parents.

Child care centers receiving Child Care and Development Fund (CCDF) subsidies are required to screen enrolled children annually and submit results to the CCDF office.

### **PRIVATE MEDICAL CLINICS**

A well-child visit allows doctors and nurses to have regular contact with children to keep track of—or *monitor*— health and development through periodic developmental screening. When a parent checks in for an appointment, he/she is given an age-appropriate questionnaire to fill out. When the parent has completed the questionnaire, he/she returns it to the receptionist or other staff member. The questionnaire is scored and results are transferred to the information summary sheet. The completed information sheet is given to the nurse or other medical professional and the results are discussed with the family during the appointment.

### **OUTREACH AND COMMUNITY HEALTH CENTERS**

In situations where screenings are done in the Community Health Center waiting rooms or outreach events, trained staff approach parents and ask if they would like to know how their child is developing. Staff explain that the main purpose of the questionnaires is to find out what their child can do and determine if there are supports needed for continued development. Staff give the age-appropriate questionnaire to the parent to fill out. When the parent completes the questionnaire, the staff calculates the scores. The staff transfers the results to the information summary sheet. Staff shares the results with the parents and appropriate activity sheets are provided to the parents to incorporate into their home routines.

## FLOW OF SERVICES

The following section delineates the flow of services from completion of questionnaires.

### **ASQ-3: STANDARD OPERATING PROCEDURES FOR SCORING**

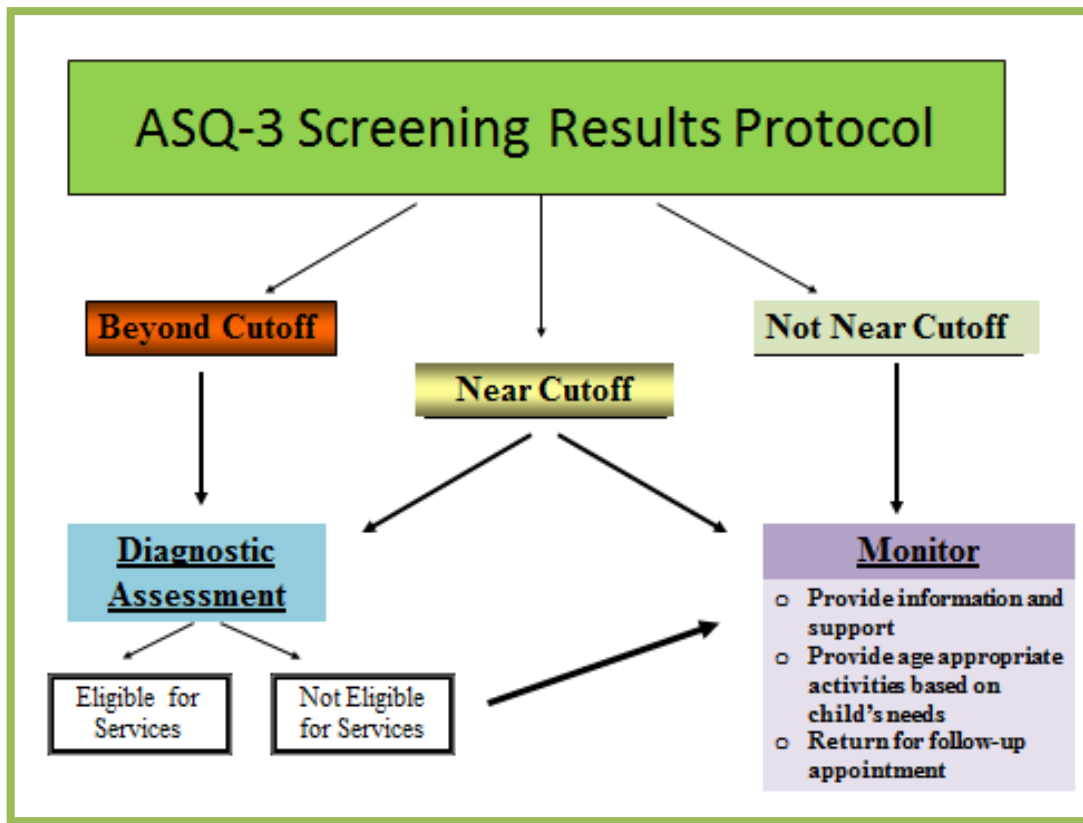
If a child's scores on an age-appropriate developmental and/or behavioral screen are beyond the cutoff scores (scores vary by age) or 2 standard deviations (SD) from the mean, a referral will be made for diagnostic assessment to the Department of Education Guam Early Intervention System (GEIS) or the Early Childhood Special Education (ECSE) Program. The program receiving the referral will contact the parents for consent to conduct an assessment. Depending on the agency to which a child is referred, the appropriate diagnostic assessment will be completed. A diagnostic assessment is an in-depth assessment of one or more developmental areas to determine the nature and extent of a physical or developmental delay and determine if the child is eligible for early intervention or mental health services. The use of diagnostic assessment procedures helps to guide targeted interventions as well as to determine eligibility for special services. If the child is eligible for services as determined by diagnostic assessment, the agency will offer services to the family. If the data collected through diagnostic assessment determines that the child is not eligible for services, the child will be monitored. Parents will be given information to strengthen development in the appropriate areas as well as be referred to other services as determined by the child's needs.

If a child's scores on an age-appropriate developmental and/or behavioral screening are near the cutoff scores or less than 1 SD from the mean, he/she will be monitored by the early care and education provider or medical professional and specific activity sheets provided to the parents with age appropriate information that the parents may do with their child to promote their child's development. (*Please see "Criteria for Monitoring"*)

If a child's scores on an age-appropriate developmental and/or behavioral screening are not near the cutoff scores (cutoff scores vary by age), the child will be monitored and screened annually.

Figure 2 below shows what steps staff should take after calculating scores.

Figure 2: ASQ Screening Results Protocol



**CRITERIA FOR MONITORING:**

Children whose scores are less than 1SD will receive age appropriate activities and be monitored by the early care and education provider or medical professional. A follow-up screening will be scheduled four to six months after the initial screening.

Additional screenings and/or services are given to a child with consent from the parent. If a parent refuses additional screenings and/or services, the agency/program will note the refusal following their agency/program protocol for such occurrences.

**ASQ SE: STANDARD OPERATING PROCEDURES FOR SCORING**

If a child's score on the social emotional screen is beyond the cutoff score (scores vary by age) provide parents with the ASQ: SE activities, monitor, and follow-up on any parent overall concerns.

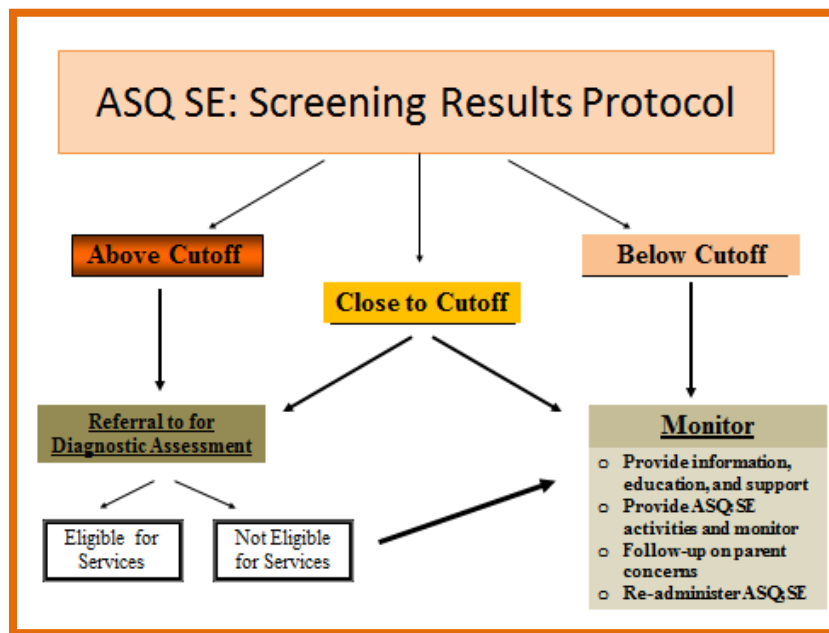


If a child's score on the social emotional screening are close to the cutoff score, follow up on concerns, and provide information, education, and support to the parents. A follow-up screening should be scheduled four to six months after the initial screening.

If a child's score on the social emotional screen are above the cutoff score (cutoff scores vary by age), the child will be referred to other appropriate agencies for further diagnostic evaluation.

Additional screenings and/or services are given to a child with consent from the parent. If a parent refuses additional screenings and/or services, the agency/program will note the refusal following their agency/program protocol for such occurrences.

Figure 3: ASQ: SE Scoring Protocol



**CRITERIA FOR MONITORING:**

Children whose score are above or close to the cutoff will be monitored by the early care and education provider or medical professional. A follow-up screening will be scheduled four to six months after the initial screening.

**PROFESSIONAL DEVELOPMENT**

**WATCH ME! CELEBRATING MILESTONES AND SHARING CONCERNS:** 1 hour online course or a 3 hour interactive training session.

This training provides tools and best practices for monitoring the development of children. There are 4-modules that will be presented to address the following questions:

- Why monitoring children’s development is important
- Why you have a unique and important role in developmental monitoring
- How to easily monitor each child’s developmental milestones
- How to talk with parents about their child’s development

**AGES & STAGES QUESTIONNAIRE (ASQ) 3 AND ASQ SOCIAL EMOTIONAL TRAINING: 3 HOURS**

This 3-hour training provides early care and education providers the basic overview on how to use both screening tools. Providers will be able to see how the screening tools create the snapshot needed to catch delays and celebrate milestones of young children. The training will show provider how the screening tools rely on parents as experts and help them teach parents about child development and their own child’s skills.

**GUAM EARLY INTERVENTION AND SPECIAL EDUCATION CHILD FIND PROCEDURES: 2 HOUR**

This 2-hour training helps health care providers understand the universal referral and intake system (URIS) for early childhood programs. Providers will learn what to do if a referral needs to be generated and know what programs are available for young children who need further diagnostic services.

**INDIVIDUAL COACHING AND MENTORING: 1 HOUR**

This training is a one-on-one training to provide coaching and mentoring service providers on developmental screening and monitoring.

**PROJECT KARIÑU: GUAM’S EARLY CHILDHOOD SYSTEM OF CARE: 1 HOUR**

This 1-hour training helps service providers understand the social emotional and behavioral supports and services for young children birth to 5.

## DATA COLLECTION AND REPORTING

Early childhood programs agreed to the following shared measures:

- Number of people trained on screening tools;
- Number of programs implementing iDBSS;
- Number of children screened;
- Number of children referred for further assessment;
- Number of children below cut-off, above cut-off, and monitored; and
- Policy changes in early childhood programs or other organizations, new investments, and government policy changes.

Early childhood programs agreed to collect data quarterly following the calendar year. Quarterly data will be provided to the Early Learning Council on an ongoing basis.

## CULTURAL AND LINGUISTIC COMPETENCE (CLC) – TRANSLATION

With regard to CLC, the ASQ Translation Workgroup was formed to begin the process of translating the screening questionnaires into Chuukese. Prior to the meeting, project staff sought permission and approval for translation of the questionnaires from Brookes Publishing Co., the publisher for the ASQ. The publisher provided the workgroup guidelines to cover two areas: cultural considerations and linguistic considerations.

For the cultural considerations, the workgroup agreed to create a small subgroup and examine whether the purpose of ASQ-3 aligns with the cultural values and beliefs of the community. Additionally, the subgroup will discuss the following points:

1. Consider the experience of the community with previous assessment and evaluation projects and how these experiences might affect how ASQ-3 is introduced and adapted.
2. Examine instructions for the using the screening tool and change the instructions as necessary to ensure appropriateness for cultural norms and values of the community.
3. Examine each screening questionnaire item and change the content as necessary to ensure cultural appropriateness for the community.
4. Revise scoring criteria to reflect culturally relevant experiences and norms.

For the translation stage, the workgroup will determine translators of the material. There will be an initial translator, and second or third translator to review the translation. Additionally, the guidelines for linguistic considerations include:

1. Focus on keeping the developmental skill level being assessed consistent with the original item rather than translating each item word-for-word.
2. Use simple words and phrases to ensure that parents and practitioners understand each item.

3. Consider using additional illustrations and examples to reflect item changes or to improve caregiver understanding.
4. Do not include activities that are unfamiliar or offensive to the community.
5. Examine variations in dialect to ensure the translation is appropriate for the specific community.
6. Complete a back translation to ensure accuracy.
7. For ASQ-3, consider substituting new communication items to appropriately accommodate differences in the grammar of the language.

In September 2015, the initial translation was completed. The following questionnaires: 2, 4, 6, 8, 9, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, and 36 months, and the Family Information and Summary pages have been translated.

The pending activities include:

- Convene the Cultural Considerations Workgroup by the end of the year.
- Second and third phases of the translation work will be conducted before the end of the year.