DEPARTMENT OF EDUCATION

Early Childhood Screening Program Standards

(Definitions and standards are to be consistent with the standards set by the Minnesota Departments of Health (MDH) and Education (MDE), Minnesota Statutes 121A.17, subdivision 3(b)).

Required Components	Standardized or Clinical Tool	Area or Focus of Observation	Provider	Qualifications
VISION	1. Subjective screening of risk factors 2. Observation/External inspection 3. LEA/HOTV 10 foot chart with rectangle boxes around each line 4. Cover check: near/distance 5. Plus Lens 6. Corneal light reflex 7. Date of most recent comprehensive eye exam, if child has had one **If untestable by HOTV/LEA and available:** 1. Instrument Based Vision Screening (or IBVS) may be used with children unable or unwilling to cooperate with routine visual acuity screening ages 3 to 5 **Additional tools if available:** 1. Stereo Acuity Test 2. Mass Vat flip charts for use with 3 year olds or children with special needs	1. Child and family history, medical conditions, or syndromes that have a high frequency of eye disorders. 2. Observation including eye alignment (including lids, cornea, iris, conjunctiva, and pupils). 3. Visual acuity: screen with glasses on. Refer to MDH Vision Screening Guidelines for Children Post Newborn Through 20 Years of Age. 4. Unilateral Cover Check near and distance: observing for eye muscle balance (If wears glasses, test not needed). 5. Plus Lens: if 5 years old and passes acuity. (If wears glasses, test not needed). 6. Corneal reflex (If wears glasses, test not needed). 7. Most recent comprehensive vision exam date by an ophthalmologist or optometrist, if ever done.	Persons trained (Minnesota Rule 3530.3300, Subpart 6) Unlicensed health personnel will undergo annual skill validation by an RN, PHN or LSN.	Live Training by Minnesota Department of Health (MDH) or equivalent program recommended at least every 5 years (Minnesota Rule 3530.3300, Subpart 10)

Required Components	Standardized or Clinical Tool	Area or Focus of Observation	Provider	Qualifications
HEARING	1. Subjective screening of risk factors 2. External inspection 3. Pure tone audiometry screening **Additional tools if referred by pure tone audiometry, and if available:** 1. Otoscopic Exam 2. Tympanometry – if child refers on pure tone audiometry screening **Additional tool if untestable by pure tone audiometry, and if available:** 1. Otoacoustic Emissions	1. Family history, medical conditions, or syndromes that have a high frequency of hearing disorders. 2. Ear abnormalities. 3. Audiometry. Refer to the MDH Hearing Screening Guidelines After the Newborn Period to Kindergarten Age.	Persons trained (Minnesota Rule 3530.3300, Subpart 6) Unlicensed health personnel will undergo annual skill validation by an RN, PHN or LSN.	Live training by MDH or equivalent program, recommended at least every 5 years. (Minnesota Rule 3530.3300, Subpart 10)
DEVELOPMENT	1. Parent Report 2. Direct observation using a standardized instrument approved by Minnesota Department of Education (Minnesota Rule 3530.3400, Subpart 3)	1. Child's functioning history in skills development, emotional status, behavior status 2. Development areas: • Cognition • Fine and gross motor skills • Speech and language • Social-emotional development (Minnesota Rule 3530.3400, Subpart 3; Minnesota Rule 3530.3000, Subpart 3; MDH, MDE Standards)	**Without supervision:** 1. Special education teacher 2. School psychologist 3. Kindergarten teacher 4. Pre-K Teacher 5. Registered Nurse 6. Public Health Nurse 7. School Nurse 8. Physician **With on-site supervision:** 1. Clinic assistant 2. Volunteer(++)	Equivalent program (Professionals listed in Rule have equivalent training in their preparation programs. Specific training provided on request). (Qualified professional may train volunteers and/or clinic assistants). (Minnesota Rule 3530.3300, Subpart 10) (Minnesota Statutes 121A.17, subdivision 6 and Minnesota Rule 3530.3300, Subpart 5)
PHYSICAL GROWTH	1. Balanced scale	1. Weight 2. Height	With on-site supervision: (++)	

Required Components	Standardized or Clinical Tool	Area or Focus of Observation	Provider	Qualifications
	2. Vertical measurement, using a right angle object resting on child's head 3. Graph on standardized National Center for Health Statistic (NCHS) growth grid **Optional:** 1. Body Mass Index (BMI) 2. Percentiles	3. Relationship to population norms and to own history	Clinic Assistant Volunteer	
IMMUNIZATION REVIEW	1. Immunization Record 2. Parent interview	Immunization status: Refer if immunizations not up to date.	Health professional or other clinic personnel with health professional on-site	
IDENTIFICATION OF RISK FACTORS THAT INFLUENCE LEARNING	Local school district determination	Risk factors are related to: • Health/health resources • Family stressors or circumstances • Early childhood experience	Education Professional Health professional	
SUMMARY INTERVIEW	Discussion/interview with parent about the child	1. Relationship between health and developmental findings 2. Parent perceptions of identified concerns 3. Provide a record for the parent of the month/year and results of screening 4. Referral and community resources	Education Professional Health professional	
Health Care Coverage	Assess if child has access to primary health care provider	Offer list of local health care providers. Offer health insurance information.	Education Professional Health Professional	

+ In 1992, the Legislature instituted the components of assessment of family circumstances that might affect development and identification of other risk factors. The Family Factors Guide, using the Family Information Sheets, was designed to review both the family circumstances and other risk factors to meet this component. In 1993, the Legislature determined that the family circumstances component was to be optional, but kept the language related to identification of other risk factors. School districts may choose to continue to use the Family Factors and/or the Health History to fulfill the Identification of Risk Factors required component.

++A volunteer may perform any of the screening components without supervision if the volunteer meets the qualifications. A qualified professional may delegate services to volunteers or clinic assistants provided that "all delegated services comply with the rules and adequate supervision is provided. The professional is responsible for services delegated and provided by other persons." (Minnesota statutes 121A.17, subdivision 6 and Minnesota Rule 3530.3000, subdivision 3).

Developmental screening must be conducted by either an individual who is licensed as, or has training that is similar to a special education teacher, school psychologist, kindergarten teacher, pre-kindergarten teacher, school nurse, public health nurse, registered nurse or physician (Minnesota statutes 121A.17, Subdivision 6). Given this criteria, the school district determines whether supervised paraprofessionals, nonprofessionals and nonprofessional volunteers may conduct components that use the standardized instrument. Summary interviews must be conducted by professionals.

A new law effective July 1, 2015 (Minnesota Statutes 121A.17, subdivision 3) requires Early Childhood Screening programs to record the date of the child's most recent comprehensive vision exam, if the child has received one, and to submit the data to MDE beginning July 15, 2016. The legislation defines "comprehensive vision examination" as an examination performed by an optometrist or ophthalmologist. The law does not make a comprehensive vision exam a required component of Early Childhood Screening.

Optional Components	Standardized or Clinical Tool	Area or Focus of Observation	Provider	Qualifications
HEALTH HISTORY	Individual interview with parent(s)	1. Past health status • Perinatal health 2. Present health status 3. Immunization status Health practices/Environmental Exposure 4. Family health information	Professional health screener: Licensed medical physician Registered Nurse Other health professional with training (MN Rule 3530.3300, Subpart 4)	Training by MDH recommended

Optional Components	Standardized or Clinical Tool	Area or Focus of Observation	Provider	Qualifications
NUTRITION	Assessment of food intake	1. Nutrition status and practices 2. Compare growth measurements to general development and behavior	Professional health screener	Training by MDH recommended or equivalent program
FAMILY FACTORS (REVIEW OF SPECIAL FAMILY CIRCUMSTANCES)	Individual interview with parent(s)	1. Child care and education 2. Health care 3. Family resources and needs	Educational professional Health professional	Knowledge of family systems Interview /counseling skills
DENTAL	1. Dental inspection - part of physical inspection for obvious oral or dental abnormalities 2. Dental education including information about fluorides, snacks, sealants and regular dental visits 3. Verbally refer the child for preventive dental checkups	1. Obvious oral or dental abnormalities 2. Information about fluorides, snacks, sealants, regular dental visits	Licensed dental hygienist Registered or certified dental assistant Registered Nurse Licensed dentist Licensed physician School Nurse Pediatric Nurse Practitioner (MN Rule 3530.3300, Subpart 9)	Training by MDH recommended or equivalent program