DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

Quick Guide: Supports for Low Developmental Screening Rates in School Districts

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Current District Strategies

- **Offering screening in locations families already visit**, such as schools, child cares, clinics, libraries, homeless shelters, community centers, public housing, community colleges or colleges with programs for student parents, community health or back to school events.

- Offering **screening in evenings and Saturdays** in parts of city on bus line or in parts of city with lowest screening rates. Saturdays for one district are very popular once a month (full time staff then take a day back during the week). Several districts share that evening screenings are very well attended.

- Offering **screening during school day** or other location: Guidance document available on the Early Childhood Screening: Information for Districts and Programs page.

- Offering **virtual screening** for a parent request due to health (physical or may include mental health) or immunocompromised health. Parents do not need to report what their health concern is (Statutes 142D.091). Parents in this situation may also submit a copy of completed Child and Teen Checkup well child with developmental screening completed and it would meet ECS requirement if had both general development Ages and Stages 3 (ASQ:3) and Social Emotional (ASQ:SE-2), and other components.

- **Home visits** for screening if a quiet area is available. Some screening programs connect with district programs about bringing learning activities or other supplies as requested when they do the home visit for screening.

- **Offering transportation** could include bus, district van or taxi service associated with other programs like Early Childhood Family Education (ECFE). Sometimes parents request a ride. Some districts offer rides based on their home address, which may be very far from the screening location. One district added question to their appointment system asking, “Do you need transportation?” Depending on the family situation, a district Homeless/Highly mobile program may cover transportation also. Districts use vetted companies like Uber or a taxi, and they suggest families bring their own car seat or they sometimes provide them. Screening pays for it to equitably reach all families. If families cancel several appointments, a district will offer transportation to see if that is the barrier.

- **Assuring safety** may include creating a secure entrance to the screening location which allows families in one at a time through a locked door. Only families with scheduled appointments may be admitted into the building. When adequate funding at least one district hired a security guard for the building, but due to lack of funding this ended after about a year.

- **Use data for improvement.** Districts report the following steps to use data to improve low screening rates in specific communities. Reviewing demographic data of children screened or not screened through their student information systems or the Early Childhood Longitudinal Data System (ECLDS). Districts may view trend data of ages children are screened or not screened by race, ethnicity, multi-language learners, free and reduced priced meals, and other factors. Children screened at age 3 across many variables are most likely to have the best attendance in kindergarten as seen in the ECLDS kindergarten reports. Screening leads to early identification and referrals for resources.

- **Schedule screening later.** Families may prefer to be placed on a call back list to be contacted in a few months to schedule screening. In these situations, be sure to ask families if they have immediate developmental concerns, and if they do, refer them to Early Childhood Special Education, medical, and early childhood mental health supports, as well as other resources such as access to food, learning supplies or other needs they may request. HelpMeConnect is an online resource portal to find local support as well. Additionally, families may be referred to clinics or Follow Along programs for screening.

Coordinate screening with another provider

Head Start

Head Start and district screening may coordinate to share staff and locations. Example: Spring Lake Park and local Head Start work together to ensure all are offered screenings, through monthly community-wide events.

Head Start or districts may share copies of screenings they have done on their own with a parent-signed release to the other program to meet their requirement. This happens in both directions in specific parts of the state. Memorandum of understanding between district and Head Start is required by both programs.

Clinics

A few clinics complete the observational screening tool so their screenings meet the district ECS requirement and MARSS PS may be assigned if the parent submits this to the district.

A referral to a medical provider is an option for families who do not want to come to a district for in-person screening or do not want to come into a clinic in person for health reasons due to safety concerns. Telehealth is an option for families on Medical Assistance, including completing some parts of a Child and Teen Checkups (C&TC) visit by phone or video.

- **Telehealth** = getting care by phone or video instead of going to a clinic
- **C&TC** = routine well-child checkups for children and youth on Medical Assistance

Please consider sharing this telehealth options flyer with families and partners. Additional information about Medical Assistance Fee-for-Service.

County Public Health Services

Districts may partner with county public health to provide the screening program through a contract.

Follow Along Program

84 counties will have online screening through Brookes ASQ system for birth to kindergarten populations by 2027 with the Follow Along Program. Some counties have this in place now. Although it doesn't meet the district ECS requirement it is a resource to share with families who may be interested in ongoing parent report tool screenings. This is also a way for families to access screening if they do not wish to come in person for Early Childhood Screening. It is not currently in Blue Earth, Mower, or Stearns counties now but will be statewide by 2027. Partners can refer families in these counties to a bordering county. Follow Along Program - MN Dept. of Health.

Offering Screening Tools in Home Languages

ASQ:SE-2 (Ages and Stages Questionnaire Social Emotional 2) is available in paper format by ordering through DCYF for districts who have purchased the English tool and would like the Hmong or Somali versions. There is a choice of a version with or without an embedded trauma question in the open-ended area. The English version with a trauma question is also available if the district has purchased the English tool. A district would need to purchase the Spanish ASQ:SE-2 to order the Spanish version with the trauma question. Interested districts will be required to fill in a short questionnaire and they will annually need to share reflections on screening practices impacted through the addition of the trauma question.

Need updated screening outreach materials?

- Statewide screening marketing toolkit in 4 languages: MN Developmental Screening Task Force Resource page
- DCYF Early Childhood Screening brochures and frequently asked questions in 6 languages: Early Childhood Screening | Minnesota Department of Children, Youth, and Families

Contact Margaret.Chresand@state.mn.us for questions.