Introduction

This report presents the findings regarding current practices for developmental screening across First 5 Sacramento's 9 school readiness partner districts. The purpose of this assessment is to inform the development of standardized protocols for developmental screenings and referrals for families to ensure that children with developmental needs are connected to services. The assessment was conducted by Applied Survey Research (ASR).

Study Sample and Methods

The sample included all nine school districts that participate in First 5 Sacramento's School Readiness Initiative, including:

- Elk Grove Unified School District (EGUSD)
- Folsom Cordova Unified School District (FCUSD)
- Galt Joint Union Elementary School District (GJUESD)
- Natomas Unified School District (NUSD)
- River Delta Unified School District (RDUSD)
- Robla Elementary School District (RESD)
- Sacramento City Unified School District (SCUSD)
- San Juan Unified School District (SJUSD)
- Twin Rivers Unified School District (TRUSD)

The methods to gather data included interviews with two categories of stakeholders. First, district School Readiness staff were interviewed and asked to describe their practices for screening and referrals.

Next, ASR interviewed parents who have a child aged 0-5 who was flagged with a developmental delay. These parents were randomly selected within the parameters of their child receiving a flagged Ages and Stages Questionnaire (ASQ) or Ages and Stages Questionnaire-Social Emotional (ASQ-SE) in at least one domain between September and December 2019. There were a variety of parents represented in the interviews (primary languages included English, Spanish, and Hmong), as well as a variety of child ages, although most fell into the age range of 3-5. Seven of the nine Sacramento school districts were represented in the parent interview sample. Of the parent interviews, there were a wide range of child developmental domains that were "flagged" for concern from the developmental screening, including fine motor, gross motor, communication, personal social, problem solving, and behavioral needs (ASQ-SE).

All names of staff, parents, and children have been suppressed in this report to protect the privacy of participants.

Developmental Screenings: District Processes

There are both commonalities and variance in developmental screening processes amongst the districts funded by First 5 Sacramento. These patterns are described below, from whom districts screen, to how districts manage screening results.

WHOM DO DISTRICTS SCREEN?

All nine participating districts administer developmental screenings to all children enrolled in First 5 Sacramento programs.

Districts were committed to screening all children enrolled in First 5 funded programs. Administering developmental screenings to all registered students reflects an ideal practice that promotes a preventive, as opposed to interventive, approach.

HOW IS THE SCREEN ADMINISTERED?

Screening administration varies by district. Five districts administer the developmental screenings during enrollment or orientation, two districts administer the developmental screenings at the beginning of the year or session, and two districts have alternate methods for administering the developmental screenings.

The five districts that administer the developmental screenings during enrollment or orientation invest in early communication with parents to maximize forms efficiency and promote early relationship-building between school and home. The upside of this approach is that it provides an efficient way to explain the form to parents at enrollment on a 1-1 basis, while allowing for additional opportunities at orientation to provide further support in a communal setting, where similar questions may be answered. The downside of this approach is that parents can become overwhelmed by the volume of forms received, and potentially forget about the developmental screening, unless it is further explained as the parent fills it out at orientation (see section below). TRUSD staff also described the additional benefit of preserving the parent-teacher relationship by investing in enrollment staff to aid the process, an option that is beneficial for districts with lean investments in staff infrastructure and development:

> *There are a lot of programs that give ASQ and ASQ-SE that have teachers give out and then [they are] hard to collect. Hard because teacher becomes [the] "forms police" and [it sometimes] hurts [the] relationship between parent, teacher, and child-- it disrupts relationship building. Building into enrollment removes teachers from that process to preserve the relationship.*

Moreover, out of the two districts that administer the developmental screenings at the beginning of the year or session, one experienced success with high return rates and one did not. The one experiencing a high return rate:

- Administers the screening at the beginning of the preschool year and playgroup sessions
- Has staff invest in building genuine relationships with parents to communicate understanding of the screening's importance and use it as an opportunity to strengthen parent-teacher relationships
- Offers backpack prizes as additional incentive to complete and return the screening.

As Elk Grove staff explain, *"It helps build a stronger relationship with parents and helps them track their child's development, which keeps a constant opportunity to check in."* The early learning department's investment in relationship building with parents and students through staffing and staff development and continuous quality improvement seems to make their high return rate possible.

The two districts that have alternate methods for administering developmental screenings employed hybrid approaches to administering screenings. One administers the screening to preschool students at enrollment, to playgroup students during class time, and offers a Home Visit to assist those who need additional help in completing the screening. The other administers the screening to preschool students during Home Visits with their teacher, and to playgroup students either in-class or at home.

Overall, a more standardized approach to screening seems to lead to higher return rates at the first request.

The best way to ensure higher completion rates of screenings is to ensure parents understand the purpose of the screening and to help them complete the form.
Regardless of whether developmental screenings are administered during enrollment/orientation or at the beginning of the year or session, districts who conveyed the greatest return rates explained the most effective way to administer the screening is to explain it to the parents and have them fill it out in-person, with staff available for additional support. A member of Robla's School Readiness team explained their improved process:

> *We give all families an ASQ and ASQ-SE (paper version) at enrollment, including play groups. At orientation, [we] walk them through these documents. Last year, [we] just gave them the packet and told them to fill it out. This year, [we] talked to parents about the paperwork and had them start to fill it out while they were still there. It was effective, and parents were able to turn packets in relatively quickly (without us having to repeatedly ask them to turn them in). There were lots of questions, so [we were] able to answer them in real time and in front of everyone.*

In terms of equity and inclusion, some districts further described that as part of their efforts to accommodate families with a language barrier, or for those who do not understand the process, staff are available to provide translation or assistance, and will sit down together with the family as they complete the screening.

"Doing the screenings <u>*with*</u> *the parents works really well… We sit down with the parents at a playgroup session and have them fill it out right there. It helps with completion and helps to answer questions. If there is a language barrier, translation is provided. Personal interaction with parents is very important"* (Natomas).

Most parents reported understanding the screening process and feeling comfortable with the process. Many parents expressed that the directions listed on the screener were sufficient for them to understand the process. However, one parent explained that she would have felt much more comfortable if there were a staff member who could walk her through the screening process. 60% of parents interviewed did not have the screening process explained to them by district staff. As mentioned above, the school districts that built opportunities to explain the screening to parents, beyond just including the screening in an enrollment or orientation packet, had better self-reported return rates.

HOW DO DISTRICT STAFF MANAGE A STUDENT'S SCREENING RESULTS?

Three out of nine districts employ on-site Multi-Disciplinary Teams (MDTs) to refer, triage, or follow-up with students with developmental needs and to coordinate referrals.

Several districts revealed the ideal practice to have a Multi-Disciplinary Team (MDT) in place, where district staff work together on-site to refer, triage, and follow-up with families with particular needs or referrals. While one out of nine sites employed this practice without formally recognizing it as MDT, two additional sites specifically coordinated an MDT to provide case management and 1-1 attention to families, providing proactive referrals when needed. For each flagged child, district MDT members kept a log of needs requested, or identified as needed, to then triage and coordinate follow-up among their MDT team members.

The following chart reflects the comprehensive team member roles described by all three sites that employed MDT-style teams. Note that staff resources and infrastructure to case manage as a team varied by site, and as such, team members varied across districts.

Fig. 1:   Summary of Multi-Disciplinary Team Members and Their Role

Team Member	Role
Director of School Readiness	Oversees district department
School Readiness Coordinator	Oversees programming within department
Parent Liaison, School Site Coordinator/Facilitator, or Program Specialist	Provides instruction or program coordination, observations
Program Educator	Translates, conducts 1-1 screenings, observations, and referrals
Bilingual Family Advocate (at one site is also the SW intern)	Provides translations and resources
School Social Worker	Provides observations, resources, and referrals
Speech Pathologist	Provides 1-1 speech screenings, observations, and referrals
School Psychologist	Provides 1-1 behavioral screenings, and/or behavioral support or referrals
School Nurse/Occupational Therapist	Provides health support through resources and referrals/observations and referrals
Special Education Department Staff	Provides referrals and coordination
General Education Department Staff	Provides referrals and coordination

Source: School Readiness Coordinator Interviews, 2020

Sites that do not employ MDT-style teams choose to connect with their district colleagues as needed when cases emerged but did not regularly check in to address student screening concerns. While one district keeps an internal tracker within their department to log referrals, notes, and follow-up, the tracker is not shared across departments to aid coordination.

Elk Grove Unified School District employs a unique process for managing flagged students. First, they send flagged students to their Social Worker and Psychologist team to observe the student (available through shared funding). These team members are a part of EGUSD's MDT, who work together and collaborate across departments to ensure student and family needs are met in a timely manner. Once the student is observed, the MDT then determines whether they should refer the student internally (i.e., within the district) or externally (i.e., HMG, Alta Regional, pediatrician). This additional layer of observation ensures accuracy of scoring, collaboration across departments, and timely follow-up with students and families.

100% of parents who received a referral were assisted by district staff in connecting with the service.

Whether the provided referral was internal within the district or an external referral to outside agencies, parents who received a referral unanimously reported that they received assistance in connecting with that

service, whether it was by making phone calls or personal introductions. This assistance from school staff likely increased participation in the referred service.

Parents want to know the results of their child's screening

Many parents reported the desire to know their child's screening results, even if there were no concerns or "flags". 75% of parents interviewed reported that they did not have their child's screening results explained to them. One parent noted that because she put time and effort into completing the screening, it would have been nice to have someone let her know that they received her responses and explain the results to her. Adding this step onto district protocol would likely alleviate parent confusion and increase comfort level with the screening process.

25% of parents reported receiving a referral based upon the developmental screening.

Most parents were not aware that their child had at least one flagged domain on the developmental screening and therefore reported that their child did not receive referrals to any services. It is possible that the parent's responses to the screener were reviewed but not confirmed by the child's teacher and therefore, no referral was issued. Some school readiness coordinators explained that not all students who have a flagged concern receive referrals; they may be assessed on a case-by-case basis. Although assessing individually can be beneficial, it is still recommended to review the results of the developmental screening with the parent and move forward with additional assessments as a team. This will increase parental understanding of their child, could improve relationships between parents and teachers, and can utilize the perspective of both parent and teacher together in determining next steps for the child.

District processes vary most in data entry procedures, providing internal referrals (across all scores), and providing external referrals (for students in the monitoring zone).

The following chart summarizes the nine districts' developmental screening processes, specific to each tier of scoring (Flagged, Monitoring, or No Concern). *Persimmony* refers to the database that First 5 Sacramento uses.

Fig. 2:   District Developmental Screening Processes, Per Tier of Scoring

	Enter into Persimmony? (Y/N)	*Reassess at a later time? (Y/N)*	*Provide Materials/ Information? (Y/N)*	*Provide Internal Referral? (Y/N)*	*Provide External Referral? (Y/N)*
If Flagged	**Y: 9** (all districts) **N: 0** **Description**: SJUSD logs non-F5 enrolled district students in their Child Plus data system.	**Y: 8** **N: 1** **Description**: Most teachers reassess as part of DRDP assessment; RESD has specialist assess flagged child, so further parent assessment is not needed.	**Y: 9** (all districts) **N: 0** **Description**: EGUSD utilizes ASQ activities guide in English and Spanish; SJUSD teachers individualize for the child during the first 60 program days.	**Y: 7** **Sometimes: 2** **Description**: Internal (district) referrals are for students 3-5 years old. SCUSD: Teachers have discretion to not provide referral but instead reassess the child at a later time, if disagree with results. SJUSD: Only if parent wants the referral, sometimes wants to wait and rescreen.	**Y: 9** (all districts) **N: 0** **Description**: External referrals (HMG, Alta Regional, pediatrician) are for students 0-3 years old, because districts don't provide special education services prior to 36 months of age. Therefore, Infant/Toddler/playgroup get externally referred, preschoolers do not.
If in Monitoring Zone	**Y: 6** **N: 3** **Description**: GJUESD, NUSD keep internal log for follow-up; SJUSD Content Specialist enters into Child Plus data system.	**Y: 7** **N: 1** **Sometimes: 1** **Description**: RESD does not reassess students in monitoring zone; SCUSD sometimes reassesses based upon teacher discretion and individual circumstances.	**Y: 9** (all districts) **N: 0** **Description**: Districts provide families with resources, activities, and consider reassessment or referrals.	**Y: 3** **N: 0** **Sometimes: 6** **Description**: Districts sometimes wait to refer internally to update teachers, speech therapist, etc. who might then observe, which may lead to a district referral for 4-5 year old students.	**Y: 3** **N: 5** **Sometimes: 2** **Description**: Those that don't provide external referrals reassess, which may lead to a referral for 0-3 year old students, if rescreened scores become flagged. RDUSD will sometimes refer to HMG if there is no improvement after providing families with resources and rescreening.
If No Concern	**Y: 5** **N: 3** **Some: 1** **Description**: TRUSD does not enter results but enters assessment as a service; SJUSD logs F5 students in Persimmony but logs non-F5 enrolled district students in their Child Plus data system.	**Y: 4** **N: 3** **Sometimes: 2** **Description**: SJUSD and TRUSD teachers reassess as part of DRDP assessment; RDUSD screen students twice a year, regardless of outcome; NUSD and GJUESD reassess only if teacher observes a concern, and GJUESD additionally asks teachers at conference times if reassessment needed.	**Y: 4** **N: 3** **Sometimes: 2** **Description**: SCUSD and NUSD provide resources upon teacher or parent request.	**Y: 0** **N: 8** **Sometimes: 1** **Description**: Most districts find there is no need to provide internal referrals for students with no concerns. SCUSD will provide internal referrals upon teacher or parent request.	**Y: 0** **N: 8** **Sometimes: 1** **Description**: Most districts find there is no need to provide internal referrals for students with no concerns. On rare occasion, SCUSD will provide external referrals upon teacher or parent request.

Source: School Readiness Coordinator Interviews, 2020.

The developmental screening processes portrayed above reflect variances and commonalities among the nine participating districts. The sections below describe variances and commonalities among when district staff record referrals, and overall areas of concern throughout the developmental screening process.

WHEN DO DISTRICT STAFF RECORD REFERRALS?

Five districts record developmental referrals at the time of referral, and five districts record developmental referrals at both the time of referral and when the referral is followed up.[1]

In this case, "recording" a referral implies methods of logging referrals, either through Persimmony, or through both Persimmony and internal district trackers. The five districts that record developmental referrals at the time of referral record only at the time of referral and do not employ systems to track referral follow-up. Alternately, the five districts that record developmental referrals at both the time of referral and when the referral is followed up do so to be able to track all elements of a student's case file, from time of referral through follow-up. EGUSD staff explain their tracking process: *"Teachers have a checklist of what date a referral was sent, how many days they have to check in with a parent to complete the packet, scheduling the IEP meeting, etc., to offer a way to follow up so that the child is getting the referrals they need."* One district points out that Help Me Grow employs their own follow-up system, so because Playgroup students are under age three and are referred through that system, the district records the referrals for Playgroup students only at the time of referral; whereas district staff communicate internally to coordinate preschool referrals and follow-up within the district by employing a tracker to log all details. One district explained that internal district trackers are needed in part because Persimmony does not have an option to log if a referral is recommended but not accepted, or if a referral is postponed to rescreen at a later time.

DEVELOPMENTAL SCREENING PROCESS: AREAS OF CONCERN

In addition to the variances noted above, there were additional variances of concern amongst districts' developmental screening processes. These areas of concern are highlighted below.

Issues of data sharing and the use of multiple data entry systems can contribute to an underreporting of student screening scores.

School Readiness staff at one district were quick to identify their challenges with timely data entry due to data sharing issues. While their system for screening students is efficient and timely (e.g., all of their district's state preschool children, once enrolled, receive a 45 day-window to make an appointment to have their child screened [hearing, vision, speech, ASQ], and then are immediately scored on-site by a School Community Worker, who puts the results into the child's portfolio), their system hits a snag once the results are entered into the student's portfolio. At this point, the student's scores are entered into the district's Child Plus data entry system, which records scores for school-age students. School Readiness staff further explained the challenge:

"We had a gap. Our Content Specialist enters the scores into the district's Child Plus data system. I get a report from Child Plus who has been flagged, then teachers monitor that, so it's hard for me to get that info back to First 5, because I don't know if it's recorded yet in Child Plus, [due to teacher discretion in scoring]. It's best to connect directly with teachers to learn what's happening, especially with those in the monitoring zone. We need a better system."

The double-entry of scores in both the district's Child Plus system and First 5's Persimmony system, combined with the waiting period for teacher discretion to determine ultimate scoring, leaves holes in their district's

---

[1] One district uses one process for its Preschool students and another for its Playgroup students, thus it is counted in both groups leading to a total of ten here.

process for timely and accurate data entry, which can lead to underreporting of scores, and ultimately leave students and families disconnected to timely follow-up and referrals. This raises another concern that there may also be an underreporting into Persimmony of five year old students, as the district requires school-age children who are screened to be entered into their Child Plus data system; if this entry occurs based upon age, then five year old students in First 5 funded programs who attend preschool may accidentally be entered into the district's system. These data sharing and data entry issues demonstrate room for districtwide process improvement.

Flagged students do not always receive referrals.

Students with flagged scores represent students with potential developmental delays and may be in need of assistance through internal or external referrals. While all nine districts ensure that students aged 0-36 months old receive automatic external referrals, flagged students who are 3-5 years old do not necessarily receive automatic internal referrals. Some districts only provide internal referrals if the student's teacher concurs with the parent's scores. Additionally, some districts only provide internal referrals if the parent agrees to the referral, as sometimes parents may decide to wait and rescreen their child at a later time.

Moreover, the rate of flagged students varies tremendously from district to district, with one district not having any flagged students during the selected study time period (September-December 2019) and, at the opposite end of the spectrum, another district reporting 53 flagged students. The fact that some districts had so few flagged students raises concerns about the accuracy of their screening process; it is almost certain that there would have been at least one flagged student during the four-month study time period. The lack of flagged students may signify a disconnect either in administration of the screening or in entry of the results into the system.

The most important objective in conducting these screenings is to catch potential developmental delays and intervene as early as possible. Because of the inconsistency in protocol among the districts, there is a higher chance of children falling through the cracks and not getting services that would benefit them and, ultimately, save districts money because of early identification and, as needed, treatment.
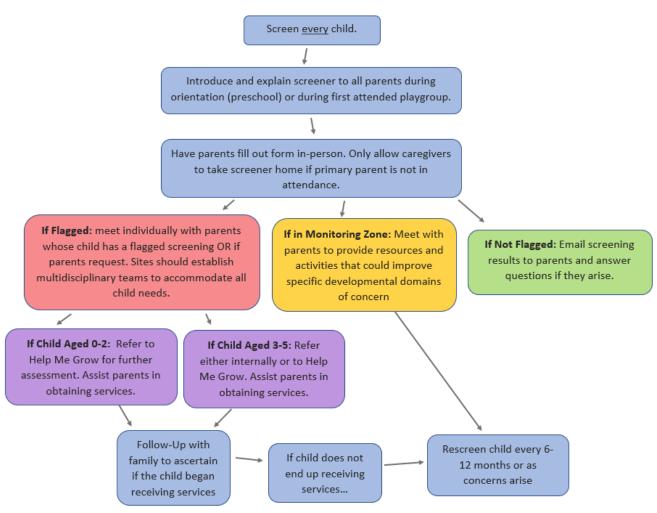
Recommendations

Based on the data gathered regarding successes and challenges with developmental screening across the 9 partner school districts, the following may be considered as promising practices for each district:

Create a Developmental Screening Protocol

The following is a recommended, standardized Developmental Screening Protocol to ensure consistent and accurate developmental screening processes across all nine districts.

Fig. 3: **Recommended First 5 Sacramento Developmental Screenings Protocol:**

Screen *every* child.

Introduce and explain screener to all parents during orientation (preschool) or during first attended playgroup.

Have parents fill out form in-person. Only allow caregivers to take screener home if primary parent is not in attendance.

If Flagged: meet individually with parents whose child has a flagged screening OR if parents request. Sites should establish multidisciplinary teams to accommodate all child needs.

If in Monitoring Zone: Meet with parents to provide resources and activities that could improve specific developmental domains of concern

If Not Flagged: Email screening results to parents and answer questions if they arise.

If Child Aged 0-2: Refer to Help Me Grow for further assessment. Assist parents in obtaining services.

If Child Aged 3-5: Refer either internally or to Help Me Grow. Assist parents in obtaining services.

Follow-Up with family to ascertain if the child began receiving services

If child does not end up receiving services...

Rescreen child every 6-12 months or as concerns arise

Source: School Readiness Coordinator Interviews, 2020; Parent Interviews 2020

The following summarizes ideal practices that are recommended to be incorporated into the Protocol :

- **Establish and utilize Multi-Disciplinary Teams (MDTs)**: An on-site MDT creates a system of coordination to help triage, refer, and follow-up with students with developmental needs across district departments, and respond to families in a timely way. While resources and infrastructure vary by district, MDTs can be developed with available district staff to help maximize efficiency and accuracy of developmental screening procedures by employing a 2-step screening and rescreening process (see EGUSD's model above).

- **Standardize opportunities to explain the developmental screening process, forms, and results**: It is important to explain the reason for conducting developmental screenings to parents before they complete the questionnaire. Providing opportunities for parents to complete screenings in-person will allow for questions to be answered and will likely improve response rates. Additionally, it is important to meet with parents whose children received "flagged" or "monitoring zone" results.

  o In meetings about flagged results, discussion about potential referrals to services should occur. Even if it is determined that referrals are not necessary, it is important to meet with the child's parents and provide explanation of the screening process and results.

  o In meetings about monitoring zone results, resources should be provided that parents can use to particularly target the developmental domain of interest.

  o If the child did not have any domains of concern, emailing the results to the parent is necessary. This will validate the time that the parent took in completing the screening and will offer opportunities for further discussion about their child's developmental milestones.

  Implementing these processes beyond simply including the forms in enrollment or orientation packets will improve upon the accuracy and return rate of forms, parental understanding of the developmental screening process and results, and greater likelihood of parent follow-up on referrals.

- **Rescreening**: Rescreening in 6-12 months should take place for any child that scored in the "monitoring zone" and any child who was "flagged" but did not receive services, either because they did not qualify or because of parental preference. A child who did not have any concerns in the initial developmental screening does not need to be re-assessed within the school year, unless there is reason to suspect an issue (teacher or parental request); however, best practice and ASQ guidelines suggest screening all children at least annually, so continuing to screen all children at the beginning of the school year is recommended.

- **Record the time of the referral, as well and when the referral is followed up**. Developing this practice will ensure that districts develop systems to track that all students receive timely referrals and have followed up on those referrals to receive timely assistance. Update Persimmony setting in order to allow for this.

Overall, this report and protocol are to be used to inform and clarify policies and procedures for how districts and external referral agencies conduct developmental screenings for children ages 0-5 through funding efforts provided by First 5 Sacramento. The nine school districts and Help Me Grow are encouraged to continue dialogue to foster an environment conducive to continuous improvement.