

# Developmental Surveillance and Screening

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

## C&TC Requirements

### General

**Developmental surveillance** is required at all C&TC visits, at all ages. This includes asking for parent or caregiver concerns about their child's development, making accurate observations of the child's development, identifying risk and protective factors, and accurately documenting the process and findings (Talmi, et al., 2014).

**Developmental screening** with a standardized instrument is strongly recommended for C&TC visits at intervals recommended by the American Academy of Pediatrics (AAP) (Pediatrics, 2014; Talmi, et al., 2014):

- At 9 months, 18 months, 24-30 months of age and preschool age; and
- Whenever the parent or provider has concerns about the child's development.

When surveillance or screening reveal developmental concerns, refer as soon as possible for additional evaluation and intervention services.

### Personnel

**Surveillance** must be performed by licensed health care provider (physician, nurse practitioner, or physician assistant) or by a registered or public health nurse who has completed the C&TC Comprehensive Training through the Minnesota Department of Health.

**Screening** personnel qualifications are instrument-specific; refer to the instrument's instruction manual for more information.

### Documentation

**Surveillance** must be documented in the C&TC visit record.

**Screening** documentation must include the name of the screening instrument, the result, and anticipatory guidance with the parent or caregiver based on screening results. For positive screening results, document referral and follow-up plans.

## Procedure

### Screening Instruments

Use standardized, [recommended instruments \(www.health.state.mn.us\)](http://www.health.state.mn.us). These screening tools have been reviewed by the Minnesota Interagency Developmental Screening Task Force and meet validation criteria for accuracy and reliability.

For current screening, billing, and coding information, refer to the [MHCP Manual, C&TC Section \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us).

### Referral

When developmental concerns are identified by surveillance or screening, ensure both educational and further medical evaluation without delay.

#### Educational evaluation

Educational evaluation by the local school district determines eligibility for infant and toddler early intervention services or preschool special education services.

Refer all children birth through five years who have developmental concerns – either directly to the child's local school district, or via statewide Help Me Grow (1-866-693-4769 or [www.HelpMeGrowMN.org](http://www.HelpMeGrowMN.org)).

#### Medical evaluation

Comprehensive medical evaluation determines the cause and extent of any delay and helps determine treatment options. Medical evaluation should include vision and hearing

assessment, and may include referral to medical specialists such as a developmental pediatrician or geneticist. A medical diagnosis may help with eligibility for supportive services or insurance coverage.

## Follow up

Establish a process for follow up with the family after referral to ensure access to appropriate and effective services. Communicate and coordinate with educational and other professionals, with the parent's permission.

## Importance of Screening

Currently in Minnesota, less than three percent of children under three years of age are receiving Early Intervention services, despite a national estimate of 13 to 16 percent of children in this age group eligible for services (Boyle, et al., 2011) (Minnesota Department of Education, 2016).

Early identification and intervention leads to improved health, language, cognitive, and social-emotional development. Families receive support to promote their child's development, and the system benefits from decreased special education needs (National Scientific Council on the Developing Child (NSCDC), 2012).

## Professional Recommendations

### American Academy of Pediatrics

Provide developmental surveillance at every well visit, and developmental screening with a standardized instrument at specific ages and whenever surveillance demonstrates risk.

Referral to both comprehensive medical evaluation and early intervention services is critical for children with concerning screening results (Pediatrics, 2014).

## Resources

### Minnesota Department of Education

- Help Me Grow ([www.helpmegrowmn.org](http://www.helpmegrowmn.org))

### Minnesota Department of Human Services

- [MHCP Provider Manual, C&TC Section \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us)

### Minnesota Department of Health

- [Developmental and Social-Emotional Screening of Young Children \(0-5 years of age\) in Minnesota \(www.health.state.mn.us\)](http://www.health.state.mn.us)

## Other resources

- [Developmental and Behavioral Pediatrics \(www.aap.org\)](http://www.aap.org)
- [Learn the Signs, Act Early \(www.cdc.gov\)](http://www.cdc.gov)

## References

- Boyle, C., et al (2011). Trends in the prevalence of developmental disabilities in U.S. children, 1997-2008. *Pediatrics*, 127(6), 1035-1042.
- Minnesota Department of Education. (2013). Minnesota Part C Annual Performance Report FFY 2012
- National Scientific Council on the Developing Child (NSCDC). (2012). Establishing a level foundation for life: Mental health begins in early childhood: Working paper 6. updated Edition.
- Pediatrics, B. F. (2014). *Recommendations for Preventative Pediatric Health Care*.
- Talmi, A., et al (2014). Improving developmental screening documentation and referral completion. *Pediatrics*, 134(4), e1181.

## For More Information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3760 email [health.childteencheckups@state.mn.us](mailto:health.childteencheckups@state.mn.us).

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