



Child and Teen Checkups (C&TC) FACT Sheet

For Primary Care Providers

Developmental Screening

C&TC Requirements:	Qualified Personnel	Documentation
<p>Development and Behavior The provider must use a combination of information obtained during the health history (including eliciting parental concerns), developmental screening, and clinical observation to determine the child's developmental status and need for further assessment. For children less than 6 years of age, screening includes:</p> <ul style="list-style-type: none"> ▶ social / emotional development ▶ fine /gross motor development ▶ cognitive development ▶ speech and language development <p>For children older than 6 years of age, screening may include:</p> <ul style="list-style-type: none"> ▶ motor skills development ▶ cognitive development ▶ attention skills ▶ language ▶ vocational skills ▶ social /relationship skills 	<p>Physician Nurse Practitioner Physician Assistant Nurse Certified Medical Assistant Screener with appropriate instrument-specific training</p>	<p>Document normal/abnormal findings in the child's medical record. If using a standardized screening instrument, minimum documentation requirements call for the name of the screening instrument and the score to be retained in the child's medical record.</p>

Developmental Screening and Surveillance:

The process of developmental surveillance includes eliciting and attending to parental concerns, obtaining a relevant developmental history, making accurate and informative observations of children, and sharing opinions and concerns with other relevant professionals. Recommended developmental screening instruments are brief, standardized instruments used to identify children requiring further in-depth assessment.

Screening Instruments:

- Use a standardized instrument for children under 6 years. "Research suggests that pediatrician appraisal of a child's developmental status is often inaccurate without the use of a standardized developmental screening tool [instrument] [1]."
- Research "has shown that parental report of current skills is predictive of developmental delay. This has led to the development of parental report instruments that have been tested in economically and culturally diverse populations and provides accurate information about development [2]."

Minnesota Interagency Developmental Screening Task Force:

The Minnesota Interagency Developmental Screening Task Force (Task Force) was convened in fall 2003 to assure the quality and effectiveness of and to provide a standard of practice for the developmental screening component of children 0-6 years of age. Partners include the Minnesota Departments of Education, Health, Human Services and the University of Minnesota, Irving B. Harris Center for Infant and Toddler Development.

To help with the selection of developmental screening instruments, the Task Force has put together a list of recommended/approved developmental and social-emotional instruments for Minnesota providers. These can be found at:

<http://www.health.state.mn.us/divs/fh/mch/devscrn/glance.html>.

For a list of the most commonly used developmental and social-emotional screening instruments by health care providers, see Instruments At A Glance for Clinics and Providers: <http://www.health.state.mn.us/divs/fh/mch/devscrn/clinicinfo.html>.

Facts about Developmental Screening:

- It is important that children enter school with the necessary developmental skills to progress and flourish. Early Childhood Screening or evidence of a comparable screening by a non-school provider is required for entrance in Minnesota's public schools or within 30 days of enrollment into kindergarten for children 3 to 5 years of age. During state fiscal year 2009, 18% of the children screened were found to have a speech/language, cognitive, and/or fine/gross motor concern [3].
- About 12-16% of children have developmental and behavioral problems. Only ~5% receive early intervention prior to school entrance. Research shows that pediatricians' appraisal of children's development status is often inaccurate without the use of a standardized developmental screening instrument [1].
- Intervention prior to kindergarten has significant academic, social, and economic benefits, including savings to society of \$30,000 to \$100,000 per child [4].

Key Points:

- The reauthorization of the Individuals with Disabilities Education Act (IDEA) in 2004 mandates early identification of, and intervention for, developmental disabilities through the development of community based systems. Children and families are best served when developmental screening efforts are coordinated with the tracking and intervention services available in the community such as Help Me Grow: Infant and Toddler Intervention services (birth to age 3), Help Me Grow: Early Childhood Special Education (ECSE) (age 3-5), Early Childhood Family Education (ECFE), Public Health, Follow Along, Head Start, etc.
- Minnesota Statute 2010 121A.17 Subdivision 3b states: "All screening components shall be consistent with the standards of the state commissioner of health for early developmental screening programs."

Developmental Screening Program Requirements:

The developmental screening requirements vary by program. To obtain more information on requirements for Child and Teen Checkups (C&TC), Early Childhood Screening, Follow Along and Head Start, please visit:

<http://www.health.state.mn.us/divs/fh/mch/devscrn/scrnprogram.html>

Denver II:

The Denver II (1989) is no longer a recommended developmental screening instrument for use in Minnesota public programs, such as Child and Teen Checkups, Follow Along, and Head Start. Additionally, the Denver II is not approved for the Early Childhood Screening Program in Minnesota.

<http://www.health.state.mn.us/divs/fh/mch/devscrn/faq.html#denver>

Implementation:

The use of standardized screening instruments to perform developmental and social-emotional screening in young children may pose challenges to some practices because of limited knowledge of reliable screening instruments and limited time during office visits to screen patients. Parent report screening instruments eliminate these barriers by providing a quick and standardized way to screen children. For guidance and information on the implementation of developmental screening into clinical practice, please visit

<http://www.health.state.mn.us/divs/fh/mch/devscrn/clinicinfo.html>.

Professional Recommendations:

American Academy of Pediatrics: “[D]evelopmental surveillance [should] be incorporated at every well-child preventive care visit. Any concerns raised during surveillance should be promptly addressed with standardized developmental screening tests [instruments]. In addition, screening tests [instruments] should be administered regularly at the 9-, 18-, and 30-month visits [2].”

Resources:

 (Accessed February 2011)

- American Academy of Pediatrics. (2008). *Recommendations for Preventive Pediatric Health Care*. [Online]: <http://pediatrics.aappublications.org/cgi/data/120/6/1376/DC1/1>.
- Minnesota Department of Human Services. C&TC Documentation Forms for Providers and Clinics [Online] http://www.dhs.state.mn.us/id_028848
- Minnesota Department of Human Services. Child and Teen Checkups Screening Components Standards and Guidelines [Online]: <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4813A-ENG>
- Hagan JF, Shaw JS, Duncan PM, eds. 2008. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition. Elk Grove Village, IL: American Academy of Pediatrics.
- Minnesota Department of Health, Maternal and Child Health Section. For questions, training, or information on specific screening tools, contact the C&TC Training Coordinator at (651) 201-3760. Website: <http://www.health.state.mn.us/divs/fh/mch/ctc/index.html>
- Minnesota Interagency Developmental Screening Task Force <http://www.health.state.mn.us/divs/fh/mch/devscrn/>

- Commonwealth Fund, The. A Practical Guide for Improving Child Developmental Services. May 8, 2006. [Online]: http://www.cmwf.org/tools/tools_show.htm?doc_id=372065.
- Minnesota Parents Know. Minnesota Department of Education. 2011. [Online]: <http://www.parentsknow.state.mn.us/>
- American Academy of Pediatrics, Minnesota Chapter <http://mnaap.org/>
- Assuring Better Child Health and Development (ABCD) Program <http://www.nashp.org/abcd-welcome>
- Bright Futures, Developmental, Mental Health, and Social-Emotional Tools <http://www.brightfutures.org/>
- Centers for Disease Control and Prevention, *Learn the Signs, Act Early* <http://www.cdc.gov/ncbddd/autism/actearly/>
- Developmental Behavioral Pediatrics Online <http://www.dbpeds.org>
- Minnesota Chapter National Association of Pediatric Nurse Practitioners (MN NAPNAP) <http://www.mnapnap.org/>
- The Commonwealth Fund http://www.commonwealthfund.org/topics/topics_list.htm?attrib_id=15315

References: (Accessed February 2011)

1. Hix-Small, H, Marks, K., Squires, J., & Nickel, R. (2007). Impact of Implementing Developmental Screening at 12 and 24 months in a Pediatric Practice. *Pediatrics*, 120; 381-389. [Online]: <http://pediatrics.aappublications.org/cgi/reprint/120/2/381>
2. American Academy of Pediatrics Council on Children With Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee, Medical Home Initiatives for Children With Special Needs Project Advisory Committee. (2006). Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. *Pediatrics*, 118, 405-420. [Online]: <http://www.pediatrics.org/cgi/content/full/118/1/405>.
3. Minnesota Department of Education, Early Childhood Screening FY 2009.
4. Jack P. Shonkoff and Deborah A. Phillips, Editors; Committee on Integrating the Science of Early Childhood Development, Board on Children, Youth, and Families. From Neurons to Neighborhoods: The Science of Early Childhood Development. The National Academies Press. 2000. [Online], available: <http://www.nap.edu/books/0309069882/html>