

Frequently Asked Questions following March 2016 ECS Training

**Vision and Hearing**

**Why do we need to know if they have had an eye exam?** A new law was passed July, 2015 that each parent of a child who has ECS must be asked if their child has had a comprehensive vision exam, completed by an ophthalmologist or an optometrist. The legislature passed this law. The vision data will be reported on the ECS Annual Data Submission by age. On the Summary form you would record whether or not the child had a comprehensive eye exam, and the date, if known. For the annual data submission report, if a 3 year old had a comprehensive eye exam anytime in the past, you would record that child under ‘3.’

**Comprehensive eye exam question, it will be hard to get dates.** If you are unable to report data by age on the annual data submission, please report in the “total” for this year and set up a system to track by age for next year.

**Can districts use a SPOT screener?** MDH does not make brand/equipment specific recommendations on the use of electronic vision screeners. Please view the MDH Vision screening webpage for details about these screeners. (1)

**When screening 3 years olds we have difficulty using the cover test, can we use the convergence in place of the cover?** MDH now recommends using the uncover test: near and distance. A convergence test would not take the place of the uncover test.

**How can districts get their own vision and hearing kits and be cost effective?** The screening instruments required are necessary for all districts. If your program is not able to cover the cost based on state aid, see the statute regarding permanently transferring from the General fund to cover program costs. (9)

**Can OAE be used for ECS?** Yes, but it does not take the place of an audiometer.

**If you have a child you can’t condition to audiogram due to speaking a second language, or being a three year old, etc, can we do otoscopic exam, tympanometry and OAE instead?** Although you may do these, an audiometer is still the gold standard for passing hearing. OAE checks that the cochlea is working. It does not tell you if the connection between the cochlea and child’s brain is working. Only an audiometer does that.

**May we use 30/500 instead of 25/500 if we are not in a sound proof booth?** The MDH website has tools to assess the environmental background noise prior to screening. Please follow these guidelines. Make every effort to find a quiet space to screen which may mean asking custodial staff to temporarily shut of the heating/cooling fan in the area. (2)

**Can we stop screening for 25/500? Our doctors don’t screen that tone and don’t do any follow up when we refer.** MDH recommends 25/500 as part of the hearing screening standard.

**Staffing of Screening Areas**

**Who does an exit interview or parent summary?** See standards at website below, licensed education or licensed health staff may do exit interview/ or the parent/guardian summary. (3)

**Do the height, weight, vision and hearing need to be conducted by the nurse?** No, with MDH training and supervision by a nurse, these may be delegated to a paraprofessional or other professional. See ECS Standards.

**Should we use a speech pathologist or can any trained individual identify speech concerns?** The approved developmental instruments should all include components which identify speech concerns. There is nothing in the statute or standards requiring a speech pathologist to assist with screening. The ECSE department in your district may work with you to help determine when to refer children with these concerns. See ECS Standards.

**Can an ECFE teacher do an exit interview?** Yes any licensed teacher, including an ECFE teacher, may do the Summary Interview. See ECS Standards.

**Who can do what portion of the ECS?** The Standards form shows the Statutes and Rules related to who can do each area of screening.

**Is it best to group screening stations together or to allow more transitions between them?** It is up to the district to determine what works best in their given space, keeping the importance of a quiet screening area and the needs of young children in mind. Some districts find that using the same screener for all station works better for 3 year olds.

**Immunizations**

**How do I gain access to MIIC?** The Minnesota Immunization Information Connection is something your district LSN should have access to. You may ask her or if you are a new LSN, ask your supervisor to help with this process. If your district does not have an account, you can set one up by contacting: Help desk at MIIC: health.miichelp@state.mn.us

**Do you have resources for parents who choose not to immunize**. Please direct them to speak with their primary physician. MDH information is available. (4)

**Screening Instruments**

**How different is the ASQ: SE 2 from the first version?** The main differences include:

Expanded age range of 1 to 72 months of age; an added 2 month interval, 60 month questionnaire validated up to 72 months; new data and cut off scores based on sample size of more than 14,000 diverse children. Spanish translation has been refined. Scoring and interpretation is similar. Please review to the ASQ: SE-2 technical manual for more details; you may watch a free web cast about the changes. (5)

**Does a high score on an ASQ: SE automatically qualify a child for ECSE?** No, it is important to review the results with the parent to assure they have understood the questions. Also, you will use professional judgement based on your observations of the child and together with the parent determine if a referral is needed for any of the following: mental health evaluation, ECSE and a primary care physician. If a referral is made for social emotional development to ECSE, the ECSE department will determine if the child qualifies based on several pieces of information.

**Is it worth the extra expense for the ASQ:S E-2?** The ~$275 estimated cost of the ASQ:SE 2 is necessary since by July 1, 2017, it will be an approved tool, while the old version (ASQ:SE) will no longer be approved as of July 1, 2017.

**How do you purchase the ASQ: SE 2?** You would go through your district to purchase it from Brooks Publishing, which you may find online.

**Is the ASQ:SE online, may parents complete prior to appointments?** The electronic screening initiative is working with 11 districts to pilot online screening. Results of this initiative should be coming soon.

**Is it recommended to use both the ASQ 3 and the ASQ:SE for parent report or only one of them?** Districts may choose any one of the observational, parent report and social emotional screening tools listed on the Instruments at a Glance and Summary form.

**Why isn’t Dial 4 parent report social emotional parent questionnaire approved?** The Developmental Taskforce will review this tool and share feedback on it soon.

**How can we accurately screen up to age seven if our instrument only goes up to 5 year 11 months?** Districts may use another screening instrument in order to cover ages 3-6.

**With the ESIR the ‘refer’ area leaves parents wanting their child to be rescreened, how do you submit a second screening if the child already has a MARSS number?** First of all it is important to assess if a second screening is needed or a referral. If a rescreen is needed and the parent is open to doing another full ECS then a new set of forms would be created for the second screening. The MARSS coordinator would know how to create a new PS record with the same MARSS number. If the parent only wants to rescreen the development portion, then that would be done and it would not involve submitting or information to MARSS. Documentation of the rescreen would be kept in the child’s file. Please refer to MARSS Reference Guide Procedure 26 if questions. (6)

**Should the articulation screener be done with all children?** It is important to work with your early childhood special education department tobest determine which instruments to use. The Developmental Screening Taskforce does not have a recommendation for an articulation instrument. However, the observational instruments listed on “All Instruments at a Glance,” on the Intergovernmental Developmental taskforce site do include language components. (7)

**If the PSC is rated for ages 4 and up, may we use it for 3 year olds?** Screening instruments should only be used for the ages they have been normed for. Please choose another screening instrument to cover the ages as needed.

**Is a second developmental screener (tool) mandatory when doing a rescreen? How many weeks do you wait before rescreening again and can we use the same tool?** There is no requirement to use a second developmental tool. Screeners should use professional judgement to determine with the parent when an appropriate time would be to rescreen the developmental components. Consider if the child has ever had any early learning experiences such as pre-kindergarten, etc. Consider the score: was it close to “no concerns” or close to “referral”? Is the parent willing to come back? Consider the time of year—does your program offer screening in the summer? It is a good idea to discuss this with your ECSE team. Some districts do developmental rescreening 2-6 months following the initial screening, depending on all these factors.

**Screening 3 year olds**

**What is the goal?** As reported by MARSS in the 2014-2015 school year 35% of 3 year olds across the state were screened. The goal is for most children to be screened between 3 and 4 years of age. Last year districts reported that of the children they screened, about 40% were 3 and 40% were 4. Each district should look at their screening data to determine what steps they may take to increase screening in their districts.

**How have districts been able to screen 75% of them?** Districts have been able to increase the number of 3 year olds screened through system changes in outreach and screening procedures such as those listed in Quality Indicators Framework on MDE website. For example, some districts have increased access for families by offering evenings and weekend screening, screening at child care centers, WIC, homeless centers, libraries, Faith based sites and partnering with clinics and Head Start, (for children on their wait list). For more ideas visit wikidots- Early Childhood Screening- open presentation “ECS Updates MNAFEE 4.7.16”. (7)

**How many districts do not allow children to start KG if they haven’t done ECS?** Although a district could choose to not allow children to start KG without evidence of ECS or conscientious objection by statute, no district has done so to our knowledge. Ideally, another way is found to serve this child. For example, screen children at school within 30 days of starting kindergarten, if they have not previously been screened. Also, offer ECS each summer.

**If they haven’t done ECS by KG, do we make them miss school to go to ECS or do we go in and screen?** Districts may best serve this child by going to the school and screening them within 30 days of starting school. Work with administration to obtain funds to increase screens.

**How do we explain to a parent why they need to do ECS after starting KG, if they just finished doing an assessment that KG teachers do at the beginning of the year?** ECS is a quick check of the child’s complete health and development. ECS differs from a KG assessment in that it includes vision, hearing screening, parent report of development and may also include a health history to determine if there are any health issues which may interfere with learning. Research has shown that vision problems in early childhood may impact literacy. Parents may be asked if their child has already completed a comparable ECS at Head Start, public health (Child and Teen Check Up) or through their primary healthcare provider. Parents may also be given the opportunity to conscientiously object to ECS by submitting a signed dated form to this effect.

**Who pays for an interpreter?** Each district may answer this differently, so it is best to consult with your supervisor. If your ECS program does not have the funds for interpreters, MN statute 121A.19 states: ”if this amount of state aid is insufficient, the district may permanently transfer from the general fund an amount that, when added to the aid, is sufficient.”

**Are parents required to bring a birth certificate to screenings?** No, although some districts do request a birth certificate or other identifying information in order to create an accurate record. Parents do not always remember the exact spelling of a child’s name or their birth date.

**Do we need to inform or screen children who are homeschooled or going to private school?** Yes, by statute each district must inform all families with children under the age of 7, or a charter who has a program, must inform all who are enrolling in their program about the opportunity for a child to have free early childhood screening. Some districts provide postcards or mailings to every home with a 3 year old, using census data to remind families about ECS. It can simultaneously be a way to advertise about ECFE. Others include ECS information in the community education course catalogues that go out a few times a year. Some districts also share ECS information with their parent advisory or parent teacher organizations.

**Program Administration and Funding**

**Is there a chance for an increase of reimbursement for ECS to cover costs**? There is not a bill before the legislature at this time. This is not a funding year for the legislature.

**Registration form: Why are there two sets of race/ethnicity questions on this form?** The Registration form includes two different race/ethnicity definitions. Both are currently required since one is a Federal law and the other is a Minnesota State Statute requirement. MDE is aware that many families do not wish to complete the Minnesota State requirement as it does not allow for mixed race/ethnicity. Legislative action is needed to change this definition.

**What happens to our ECS end of the year report after we submit it?**  MDE reviews the data in aggregate to plan future trainings and enhance quality improvement with districts. The legislature, who mandated this program, also reviews the data. At a district level you may use the data to advocate for increased funds so more children may be screened at 3. Your district may see the report online at the MDE data reports and analytics site. (8)

**How do we get paid for rescreening a child when we do the whole thing again? (Is it by the ECS Registration form and marking an end code?** The annual report, Statement of Assurances from the district Superintendent and the MARSS PS record, are all required by MDE, in order for districts to receive state aid. After a second full screen, the district MARSS coordinator would create a new PS (preschool screening) record, not a new MARSS record, for a second full screen. In other words, a child may have more than one PS record with the same MARSS number. Marking the end code would be specific to each full screening. Partial ECS does not receive state aid.

**Where do you record health history information verbally provided by the parent?** Districts may record health information on the health history. Districts may also use the Summary as a template and create a larger space for health, as long as the required components remain.

**The ECS summary should be kept in cumulative folder. There is health information on that. Please speak to that.** The health folder is a part of the cumulative file. Most districts keep these files separate until the child graduates and then the health file becomes part of the cumulative file.

**Clarification of what screening forms should and should not go in the child’s cum file.** ECS records are kept in a confidential health file. This is considered part of the cumulative file. When the child graduates, the health files become part of the cumulative file. The forms which would need to be kept include: Summary, Child Health and Developmental History, Release of Information and Parent Consent. Some districts do keep the instruments and health information until after kindergarten or first grade, as it is helpful for the special education team if a referral is made by a teacher or parent in KG (or if a parent declines ECSE at the time of ECS, but changes their mind later).

**What screening document should be sent to another district or Charter school when ECS request for records is requested?** If the parent signed a release of information for the complete screen to be sent to another district, then a copy of the Summary form may be sent with the copy of the release of information to the requesting district. Districts may determine if the other pieces of information should be sent as well: instrument/health history, etc.

**Is there a penalty for not screening a child within 30 days of kindergarten or School Readiness?**  Kindergarten requires ECS before or within 30 calendar days of enrollment. School Readiness requires screening within 90 calendar days of enrollment. There is no penalty for the Kindergarten or School Readiness program if a child is not screened in the timeframe set by statute. There is no state aid if a kindergartner is screened 30 days after enrollment. There is also no state aid if a child was previously screened and then is screened after kindergarten begins.

**If a child is from out of state and you screen within 30 days of the child’s start date, is that considered within 30 days on the state report?** Yes, 30 calendar days from the date the child enrolled in the new district is considered the same on the state report. However there is no state aid if a child resides outside of Minnesota (a small area of South Dakota is an exception). (9)

**What is MDE’s definition of “previously known potential problems” on the annual report?** Previously known problemsare those which the parent reports on the Health History or during the Summary interview. They may include: previous involvement early childhood special education for speech, cognitive, fine/gross motor, social emotional, health diagnoses that may impact learning such as prematurity, autism, and vision or hearing concerns identified by the child’s health care provider.

**Would you please clarify Status End Codes?** The Status End Codes are used for PS (screening) records to indicate:

60- No referral made

61-Referral to Special Education

62-Referral to health care provider

63-Referral to Special Education and health care provider

64 Referral to early childhood programs (e.g. School Readiness, Head Start, ECFE, family literacy and voluntary pre-kindergarten)

65 Referral, parent declined

For example, if at the Summary interview a partial rescreen or a second full screening is requested by the parent, then 60-No referral made, would be the correct Status End Code. Please view the MARSS Procedure 26 for more details on Status End Codes. (6)

**Miscellaneous**

**Do we still need to screen a child who moves into kindergarten from out of state**? If the child moved to MN from another state, the receiving district may ask the parent for a copy of a comparable developmental screen from their previous state. The district would have 30 days from enrollment to complete the screening if the child has not had a comparable screen.

**Do we need to screen a child who is going to be Homeschooled or private school?** Yes, districts must offer screening to parents of all children under the age of 7. (9)

**Can the end of the year report be simplified?** The information collected in the end of the year report is necessary to report outcome to the legislature. The information is also collected in order to monitor if the screenings have the specificity and sensitivity to identify the children who need further evaluation and not identify those children who do not need further evaluation.

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**How is this information disseminated to districts that aren’t here today?** MDE and MDH are creating online ECS training modules which will be posted in the summer of 2016. There will be another ECS Updates presentation at MNAFEE April 12. There will be 4 webinars offered in April 2016 for district, public health and Head Start staff. Copies of the power points will be posted on the wiki website. (7)

1. <http://www.health.state.mn.us/divs/cfh/topic/visionscreening/screening.cfm>
2. <http://www.health.state.mn.us/divs/cfh/topic/hearingscreening>
3. http://education.state.mn.us/MDE/dse/early/scr/
4. <http://www.health.state.mn.us/divs/idepc/immunize/laws/exemption.html>
5. <http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-se-2/>
6. http://education.state.mn.us/MDE/dse/schfin/MARSS/inst/index.htm
7. [http:/ <http://ecadmin.wikidot.com/regional-networks>/](http://www.health.state.mn.us/divs/cfh/topic/devscreening/grids/observation.cfm)
8. http://w20.education.state.mn.us/MDEAnalytics/Data.jsp
9. <https://www.revisor.leg.state.mn.us/statutes> & https://www.revisor.leg.state.mn.us/rules/