

# Developmental Screening in Mississippi Child Care Centers



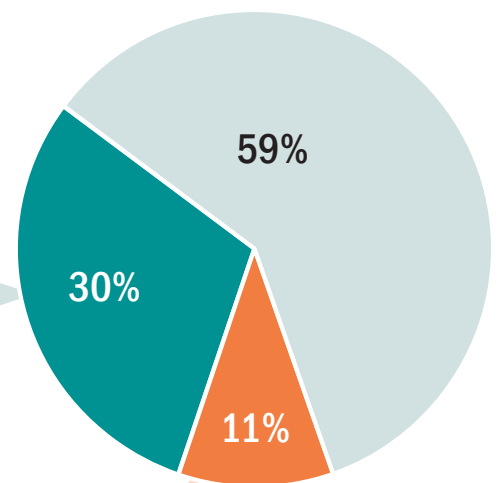
Critical elements of school readiness for young children include achieving physical, social, and emotional developmental milestones<sup>[1]</sup> and failure to achieve certain milestones could indicate a developmental delay. Screening for developmental delay can take place in a number of venues. Given that a large proportion of young children in Mississippi are in some form of licensed out of home care, child care centers provide an optimal setting for conducting developmental screening. However, there are currently no universally accepted standards or regulations for how childcare centers should screen children for developmental delays. According to the most recent guidelines, the American Academy of Pediatrics (AAP) recommends at least 3 comprehensive developmental screenings in the first 5 years of a child's life (at 9, 18, and 30 months, or whenever a parent expresses a concern). Autism screening is recommended at ages 18 and 24 months.<sup>[2]</sup> Federal guidelines regarding developmental screenings in childcare centers are relatively sparse, leaving the burden of program development on the states. Consequently, few states have created initiatives to improve screening rates through

this channel. Most state initiatives are run by the Department of Health (which is the regulatory agency for child care) and focus on pediatricians and primary care providers, rather than educators. However, there are advantages to administering developmental screens in childcare settings; the Department of Education or overseeing body can determine best practices and ensure standardization, provide incentives for centers that demonstrate improved screening rates, and incorporate screening results into education plans. To better understand the status of developmental screenings in Mississippi child care centers, a survey of child care center administrators was conducted between January and March 2018 by the Family and Children Research Unit via the Wolfgang Frese Survey Research Laboratory at MSU's Social Science Research Center. The total sampling frame included 1,533 licensed child care centers as drawn from the American Academy of Pediatrics database of child care facilities and the Mississippi Department of Health's Child Care Licensure Database. Data collection was conducted using a census approach in lieu of sampling. The survey response rate was 52% (n=791).

## Child Care Centers by Screening Status

Among surveyed childcare centers, 30% reported using at least one validated developmental screening instrument to screen children. A validated screening instrument is a standardized guide for developmental screening that is clinically tested and evidence-based. An additional 11% reported using another, non-validated type of developmental screening in their centers. The majority of centers, 59%, reported not offering any form of developmental screening.

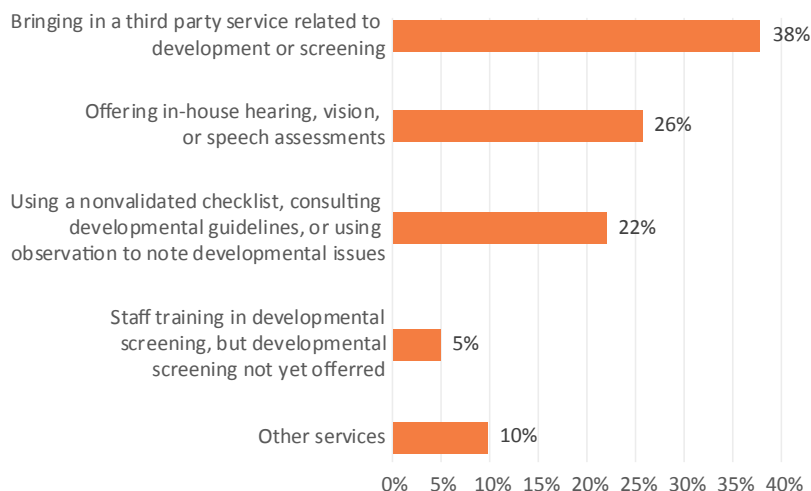
- No Screening
- Validated Screening
- Other Screening



Of the 30% of centers using validated screenings, 81 centers (35%) are Head Start Centers. This is 10% of all surveyed centers. Head Start centers are required by Head Start policy to offer screenings. The remaining 153 surveyed centers that offer validated screenings (20% of all centers) do so voluntarily.

Eleven percent of centers reported offering screening services related to development, but not conducting in-house validated developmental screenings. Services offered by these 82 centers are illustrated in the graph to the left.

## Other Screening Services

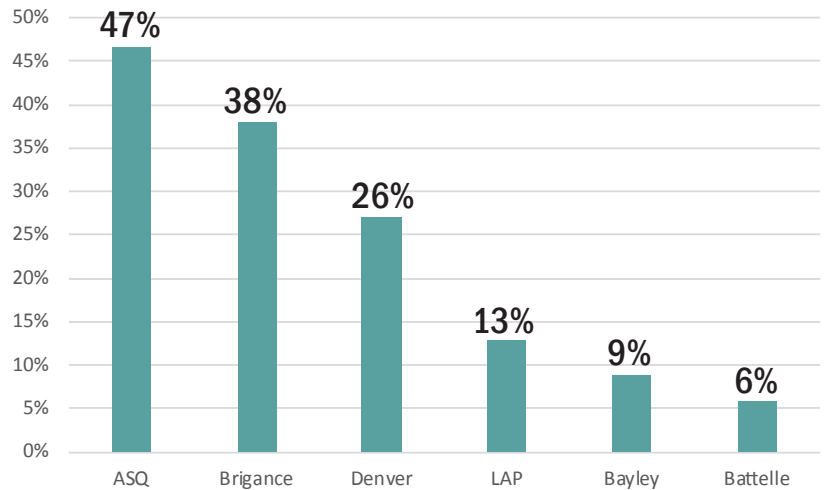


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## Types of Screeners Used

Among the 30% of childcare centers using at least one validated developmental screening instrument, the largest share used the Ages and Stages Questionnaire (ASQ) (47%). The next largest share used the Brigance Screener (38%). The Denver Developmental Screening Test was used by 26% of centers. The Learning Accomplishment Profile (or a variation thereof) (LAP) was used by 13% of centers. The Bayley Scales of Infant and Toddler Development were used by 9% of centers. Finally, the Battelle Developmental Inventory was used by 6% of centers. Note that some centers reported using multiple screening instruments and, thus, these percentages do not total to 100.

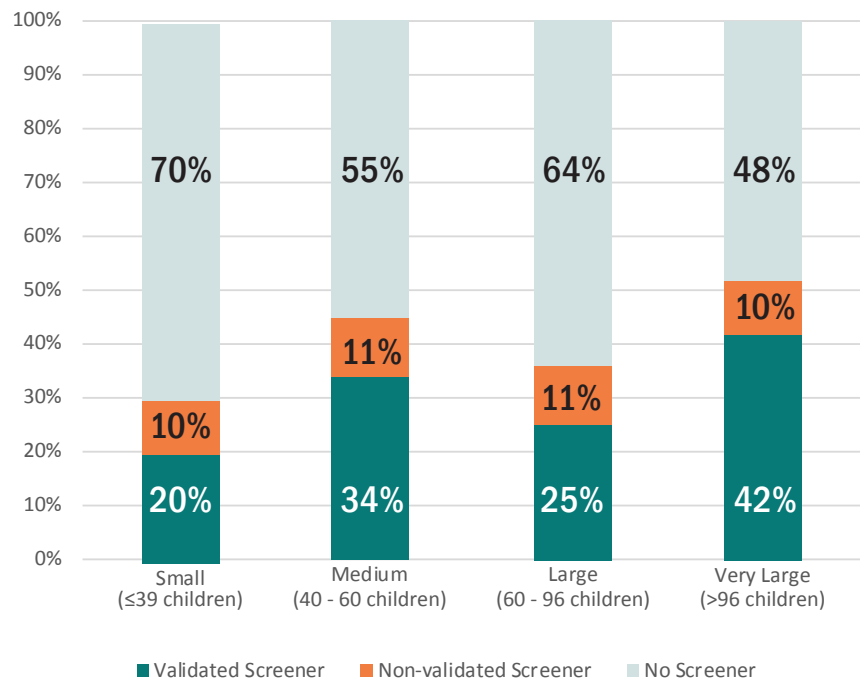
Frequency of Validated Screeners Used, by Type



## Center Size and Screenings

A statistically significant relationship exists between a center's enrollment size and its use of validated screening instruments. With the exception of 'large' centers, the more children a center enrolled, the more likely it was to report using a validated screener. Among small centers (lowest quartile of enrollment size; 39 children or fewer), 20% reported using validated screening instruments, 10% used non-validated screenings, and 70% reported no screening. Among medium centers (second quartile of enrollment size; 40 - 60 children), 34% reported using validated screening instruments, 11% used non-validated screening, and 55% offered no screening. Among large centers (third quartile of enrollment size; 61 - 96 children), 25% reported using validated screening instruments, 11% used non-validated screenings, and 64% offered no screening. Finally, among very large centers (fourth quartile of enrollment size; 97 children or more), 42% reported using validated screening instruments, 10% used non-validated screening, and 48% offered no screening.

Screening Status by Center Size

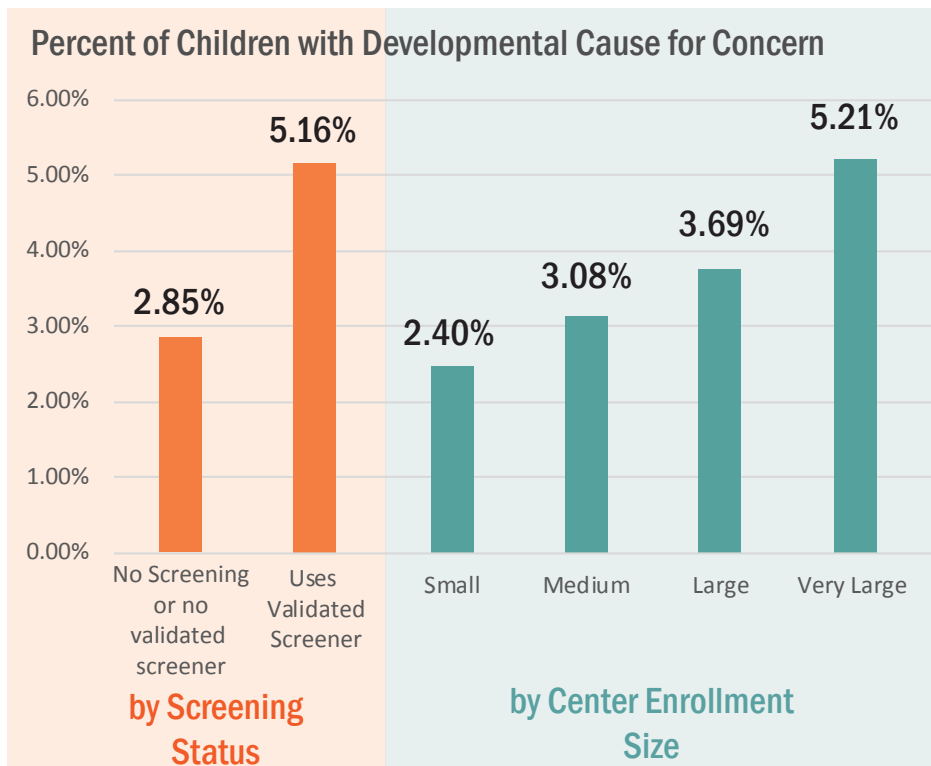


Additional details about this report, including study methodology, are available at: [www.msdataproject.com](http://www.msdataproject.com)

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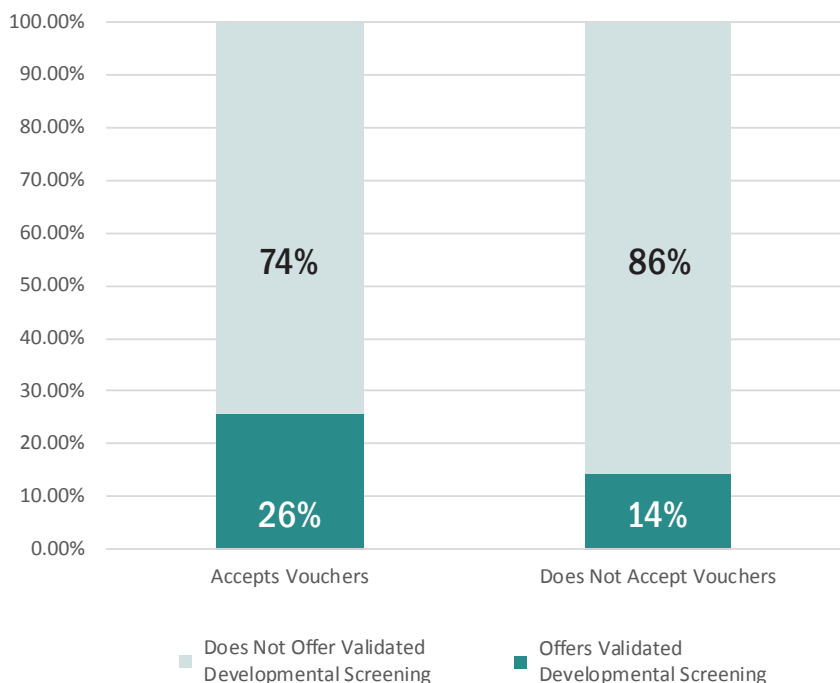
## Developmental Cause for Concern



Respondents were asked to report “the percentage of children in your care whose development causes you concern - the percentage of children who you are worried may have some sort of serious health issue and/or developmental delay?” Respondents reported that, on average, they were concerned about the health and development of approximately one out of every twenty-five of their children. Enrollment size of a child care center was positively correlated with the percent of children whose health or development caused respondents concern. Similarly, child care centers that offered validated developmental screening to their children reported higher rates of health and development concerns than did centers that did not offer validated screenings. These relationships are illustrated in the chart to the left.

## Developmental Screenings and Child Care Payment Program Vouchers

The Child Care and Development Fund (CCDF) provides child care subsidies in the form of vouchers to low-income working families and parents pursuing education and training, and provides funds to help improve child care quality. Of surveyed child care centers in Mississippi, 59% reported accepting child care vouchers through the CCDF program. States receiving funding from the CCDF are required to provide parents with information about available screening services, but are not required to ensure that children are screened. Under the federal rule, appropriate information includes materials on why developmental screenings are important, how parents or providers can obtain them for their children, and which services are covered by Medicaid’s Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.<sup>[3]</sup>



A statistically significant relationship exists between whether a center accepts vouchers under the CCDF program and whether a center offers validated developmental screenings. Controlling for Head Start centers, which are required to offer screenings and which do not participate in the Child Care Payment Program, centers that accept vouchers more often offer developmental screenings than centers that do not accept vouchers. A statistically significant relationship also exists between the percent of children in a center that use child care payment program vouchers to cover some or all of their tuition and that center’s odds of offering developmental screening. Controlling for Head Start centers, the odds of a center offering validated developmental screening increase by two percent for each additional percentage point of the center’s children who use payment program vouchers.

# Recommendations for Increasing Developmental Screening in Mississippi Child Care Centers

## For Child Care Providers

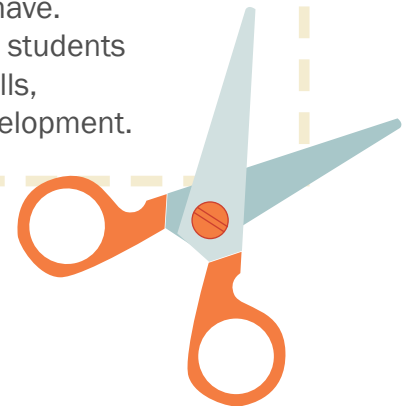
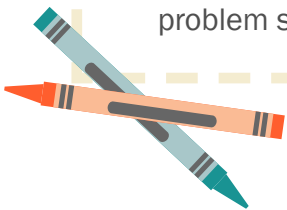
- Find out how your center can use validated screening instruments to better understand your children’s growth and development, detect delays, provide individualized classroom learning and support, and connect children with early intervention services when needed.
- Use a validated screening instrument to conduct developmental screenings. Validated instruments provide the strongest measures for screening children and help identify developmental delays as early as possible.
- Connect children to early intervention services and appropriate developmental healthcare resources when indicated by the results of developmental screenings. Make resources about promoting healthy development and tracking children’s developmental milestones available to all families.

## For Policymakers

- Fund programs that facilitate a statewide system of developmental screening and interventions, including those that make validated instruments available to child care centers, and those that incentivize centers to conduct validated developmental screenings.
- Provide funding for sufficient training for child care center staff on how to conduct developmental screenings, how to interpret screening results, how to provide individualized classroom learning and support based on the results, and how to communicate with parents about developmental screenings. Offer continuing education credit for developmental screening trainings.

## For Parents

- Use developmental milestone checklists to track your child’s growth and progress and ask your child care and health care provider any questions you may have.
- Ask your child care provider if they conduct developmental screenings for students to check overall development in communication, gross and fine motor skills, problem solving, personal and social skills, and social and emotional development.



## References

- 1: Child Trends. (2015). *Early school readiness: Indicators of child and youth well-being*. Retrieved from Child Trends website: <https://www.childtrends.org/indicators/early-school-readiness>
- 2: American Academy of Pediatrics. (2017). Recommendations for preventative pediatric health care [Table; PDF]. Retrieved from the AAP website: [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)
- 3: Child Care and Development Fund Program, Retrieved from Office of Child Care: An Office of the Administration for Children & Families: <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2018-02>