

# HELPING STATES, TERRITORIES, AND TRIBES IMPLEMENT DEVELOPMENTAL SCREENINGS IN EARLY CARE AND EDUCATION SETTINGS

## INTRODUCTION

Nearly one out of every four children between the ages of birth to five in the United States are at moderate or severe risk for developmental, behavioral, or social delay (Administration for Children and Families, 2017). “Early identification of children with developmental delay is critical for diagnosing problems and providing early therapeutic interventions” (Hagan, et al, 2017). While many developmental delays are genetic, other developmental delays occur after birth. Children who are born premature, live in poverty, or have poor nutrition and care are at higher risk of developmental delay (Child Trends, 2013).

Comprehensive developmental screening in early care and education settings helps identify children who may be at risk for developmental delay. When programs implement a developmental screening system well, they can connect parents to services and resources to help their child develop the skills to be successful and can reduce the future costs of special education and other health-related services (Johnson & Rosenthal, 2009).

States are currently working to implement Child Care Development Fund (CCDF) regulations that address developmental screening. This brief defines developmental screening and evaluation; highlights innovative and best practices; and describes how a variety of child care settings across states, territories, and tribes implement developmental screening. It also includes resources and a planning guide for state administrators, Head Start professionals, child care resource and referral (CCR&R) agencies, and early care and education professionals in other settings to help them implement a comprehensive developmental screening system.

## UNDERSTANDING DEVELOPMENTAL SCREENING AND EVALUATION

### WHAT IS DEVELOPMENTAL SCREENING?

Early care and education professionals, in conjunction with families, use developmental screening to understand whether a child’s development is on track. Screening helps determine if the child may be at risk for developmental delays, including cognitive, physical, social, and emotional delays. The screening process is generally short and easy and provides valuable information about a child’s development. A comprehensive developmental screening process can help identify children who should receive a more formal evaluation to determine if they need additional support or services (Squires, Twombly, Bricker, & Potter, 2009). Developmental screening involves completing a research-based questionnaire, checklist, or instrument that asks about the child’s development, including language, fine and gross motor, cognitive development, self-help skills, and social-emotional development (Mackrides & Ryherd, 2011). It is important for early care and education professionals to include families in the screening process, as they know their child best and can provide valuable information about the child’s development during times of the day when they are not in an early care and education setting. Children should be evaluated in their home language, even if proficient in English. Education staff can enhance the evaluation process by contributing what they know about the child’s behavior and development.

Families, early education professionals, and health care providers can jointly complete developmental screening questionnaires and checklists. Questions track if a child meets certain developmental milestones, such as waving, feeding, crawling, talking, and walking. While health care providers conduct developmental monitoring or surveillance during all well-child checks, they also do formal screening at specific ages. While each state has an Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) schedule to determine a screening schedule, it can differ between states. Some states as well as the Head Start Program Performance Standards (HSPPS), follow the Bright Futures/American Academy of Pediatrics (AAP) [periodicity schedule](#). The American Academy of Pediatrics recommends developmental screening for all children at 9, 18, and 24 or 30 months of age, and any time there is a concern about the child’s development (American Academy of Pediatrics, 2009).

## WHAT HAPPENS AFTER SCREENING?

Early care and education professionals review the results of screenings with families to determine next steps, including ways to work together to support a child's ongoing development, regardless of the results. When the results indicate a child is not meeting developmental expectations as set by the tool, professionals may make referrals—with the parents' consent—to early intervention services (either for birth to three services or for three years to kindergarten entry services). For results that are near the tool's cut-off, adults may decide to monitor development and re-screen at another time. For results that meet or surpass developmental expectations, adults may use their ongoing assessment tool to track the child's progress, as part of a comprehensive curricular program. Once a referral is made, the early intervention services may decide to conduct a developmental evaluation.

## WHAT IS DEVELOPMENTAL EVALUATION?

Developmental evaluation is a more in-depth process and usually focuses on one or more domains of development. It may be given other names, such as a psychoeducational evaluation. Trained professionals—psychologists, pediatricians, or other therapists—conduct the evaluation. Trained professionals typically use formal evaluation tools, observations, and checklists from parents and others who interact with the child before determining eligibility for services. This is different from ongoing assessment, which is most often conducted by teaching staff using a tool aligned to the program's curriculum. Ongoing assessment helps teaching staff track a child's progress toward their learning goals.

## IMPORTANCE OF DEVELOPMENTAL SCREENING

In 2006, guidelines from the American Academy of Pediatrics recommended adults use a standardized screening tool as a routine component of well-child visits (Bethell et al., 2006). According to researchers, an estimated 12-16% of children have at least one developmental delay, but as many as 50% of these children will not be identified before they enter kindergarten (Mackrides & Ryherd, 2011). When children are not regularly monitored and screened for developmental delays, they miss opportunities for early identification and intervention services. The earlier the intervention services begin, the better the chance the child improves before kindergarten entry. Early detection is key in connecting children to services that can truly make a difference in their school readiness.

Despite these recommendations, a large percentage of young children ages 9-35 months have not had a developmental screening. Access to screening services may be the issue. In the most recent survey of the National Survey of Children's Health, only 30% of parents had completed a standardized developmental screening tool on their child ages 9-35 months (Child and Adolescent Health Measurement Initiative, 2018). King and colleagues reviewed medical records and discovered that 61 percent of children with concerning developmental screens were referred for services (2010). Increasing access to developmental screening will ensure that children receive the early intervention services they need.

Developmental screening also helps early care and education programs establish meaningful relationships with families. When the screening process is a collaborative effort between parents and early education professionals, it helps parents learn about their child's development, sets parents' expectations for the next stages, and encourages parent-provider communication and collaboration. Partnering with families helps programs identify concerns early and connect children to services, when needed.

## DEVELOPMENTAL SCREENING IN CHILD CARE DEVELOPMENT FUND (CCDF) REGULATIONS AND HEAD START PROGRAM PERFORMANCE STANDARDS

In recognition of the importance of developmental screening, the federal government has incorporated it into CCDF regulations and Head Start Program Performance Standards.

**CCDF Regulations.** According to CCDF regulations, states and territories are required to provide developmental screening information to parents. Information should describe how staff will share research and best practices concerning children's development, including their social and emotional development. States and territories are also required to describe how they plan to conduct the following activities:

- Collect and disseminate information about resources and services related to developmental screenings. Make sure to share this information with parents who receive CCDF, the general public, and child care providers.
- Refer families and child care providers to existing resources about conducting developmental screenings. When appropriate, refer families to services and programs such as the EPSDT program under Medicaid and Part C of the Individuals with Disabilities Education Act.
- Disseminate information on developmental screenings to parents receiving a subsidy as part of the intake process. Include what information the screening will provide, the way it is provided, and any partners in this work.
- Show families or child care providers how to use resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays (<https://www.federalregister.gov/documents/2016/09/30/2016-22986/child-care-and-development-fund-ccdf-program>).
- Provide information about the state or territory's consumer education website.

**Head Start Program Performance Standards (HSPPS).** Screening is a key component in getting to know children and identifying concerns early in the enrollment process. Head Start has made developmental screening a requirement for all its programs. The HSPPS also include guidelines that tell grantees how to incorporate developmental screening into their programs.

- In collaboration with each child's parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding a child's development—including behavioral, motor, language, social, cognitive, and emotional skills. Programs need this evaluation within 45 calendar days of the child's first day at the program or, for the home-based\* program option, the first home visit.
- A program must use one or more research-based developmental standardized screening tools to complete the screening. Tools must be developmentally, linguistically, and culturally appropriate.
- A program must use additional information from family members, teachers, and relevant staff familiar with the child's typical behavior.
- A program that operates for 90 days or less must complete or obtain a current developmental screening within 30 calendar days of the child's first day at the program.
- Additional requirements can be reviewed at ([Head Start Program Performance Standards](#)).

\* The home-based program option in Head Start/Early Head Start delivers the full range of services through visits with the child's parents, primarily in the child's home and through group socialization opportunities.

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/home-based-program-option-excerpts-chart.pdf>

## SELECTING A SCREENING TOOL

Early care and education programs should strongly consider using research-based developmental screening tools. This means that the developers used information from the research literature to create the tool. There are different resources that can help programs choose appropriate research-based developmental screening tools (see resource list at the end of this brief) (Bagnato, Neisworth, & Pretti-Frontczak, 2010; Moodie et al., 2014).

A research-based screening tool will have evidence of its reliability and validity. If a tool is reliable, it produces similar results under consistent conditions, regardless of the person administering the tool. If a tool is valid, it measures what it is intended to measure. The more reliable and valid the screening tool, the more trustworthy the results (Bagnato, Neisworth, & Pretti-Frontczak, 2010).

### SPECIAL CONSIDERATIONS FOR CHILDREN WHO ARE DUAL LANGUAGE LEARNERS

Effective screening systems should include policies and procedures for screening children who are dual language learners. When possible, screen children in their home language and English so staff can understand children's knowledge and skills across both languages. Preferably, have a bilingual staff member or contractor conduct the screening, if available. Some research-based screening tools are offered in English and Spanish. When these are available, staff should investigate whether the Spanish version of the tool was subject to the same research protocols as the English version.

If a program serves children and families who speak a language other than English or Spanish, programs may need to hire an interpreter who speaks both languages. It will be necessary to provide some training to any interpreter or translator. Training should cover developmentally appropriate interactions with young children, elements of privacy and ethical conduct, and the screening tool itself.

Additionally, programs need to gather information, such as structured observations and health and medical information from the child's family in order to have a fuller understanding of the child at the time of the screening.

Learn more about how to screen children who are dual language learners at

<https://eclkc.ohs.acf.hhs.gov/child-screening-assessment/article/special-considerations-developmental-screening-children-ages>.

## DEVELOPMENTAL SCREENING IN QRIS AND OTHER STATE, TERRITORY, AND TRIBAL SYSTEMS

As of 2018, eighteen states have specifically incorporated developmental screening into QRIS. Some states require programs use certain developmental screening tools, such as the Ages and Stages Questionnaire (ASQ), Brigance, Bayley Scales of Infant and Toddler Development, and the Developmental Indicators for the Assessment of Learning (DIAL). Some states do not specify screening tools but indicate they must be reliable and valid. Screening is additionally addressed in the state's special education regulations and early intervention policy or their preschool guidelines. A program may be governed by several sets of regulations that mention screening and evaluation. The following section describes how several states and territories have embedded developmental screening in their state early care and education systems.

### CHOOSING A RESEARCH-BASED SCREENING TOOL

Here are some ways you can tell if a tool is research-based:

- The screening process includes family input. Family input helps staff understand the full range of a child's behaviors and skills.
- It clearly describes how the tool was developed. For example, the developers may give information about its reliability and validity with different populations of young children. This information is often in a technical manual.
- The tool clearly describes the sample the tool was tested on. Look to see if it describes the ages of the children assessed, their socioeconomic, racial, ethnic, language, and cultural backgrounds. This information can help you determine if the tool is culturally and linguistically flexible enough to fit the children you want to screen.
- The screening tool has clearly defined cut-off scores. These cut-off scores are based on the child's age and developmental skills. Staff can easily tell whether the child's skills are above, near, or below a cut-off score.

## DELAWARE

Both health care providers and early care and education staff work together to give children developmental screenings. In January 2015, Delaware's QRIS and Delaware Stars for Early Success required all programs verifying or re-verifying at the 4- and 5-Stars level annually use a developmental screening tool for each infant, toddler, and preschooler enrolled in the program. While programs can choose their tool, the state provides the Ages and Stages Questionnaire at no cost. Training, technical assistance, and tools to meet this requirement are available statewide. Health care providers also administer online developmental screenings with the Parent Evaluation of Development Status (PEDS).

<https://elc.grads360.org/services/PDCService.svc/GetPDCDocumentFile?fileId=27169>

## ILLINOIS

Among the higher expectations embedded in ExcelRate Illinois [Illinois Quality Rating and Improvement System] are screening, evaluation, and service referral protocols for all children from birth through kindergarten entry. All providers at the Silver and Gold Circles of Quality must develop and implement policies and procedures to ensure children receive developmental screening annually.

<https://elc.grads360.org/services/PDCService.svc/GetPDCDocumentFile?fileId=27169>

## OHIO

Step Up To Quality, Ohio's QRIS, gradually introduces the idea of developmental screening at all levels. At Star Level 1, programs select a screening tool. At Star Level 2, programs must obtain the tool and train staff to administer and score it. At Star Level 3 and above, programs must use a valid and reliable comprehensive developmental screening tool and provide screening within 60 days of a child's enrollment. If the tool identifies needs, programs must make appropriate referrals within 90 days.

<http://earlychildhoodohio.org/sutq/Program-Standards.stm>

## U.S. VIRGIN ISLANDS

Several cross-sector partners in the U.S. Virgin Islands collaborate to administer developmental screenings to infants and toddlers. Collaboration helps children access comprehensive services and increases the quality of child care. Partners have conducted territory-wide trainings on the Centers for Disease Control and Prevention's *Watch Me! Celebrating Milestones and Sharing Concerns* training. They have also trained partners on two developmental screening tools—the ASQ and the Learning Accomplishments Profile Third Edition (LAP-3). In addition, partners hold resource fairs to share information about comprehensive services available to families. Partners include the Department of Human Services Office of Child Care and Regulatory Services (OCCRS), Quality Unit, Licensing Unit, the Department of Health Infant and Toddlers Program, Part C coordinators, University Center for Excellence in Developmental Disabilities, and the Virgin Islands Learn the Signs.

<https://www.cdc.gov/ncbddd/watchmetraining/index.html>

## CALIFORNIA

The California Statewide Screening Collaborative (CSSC) is an interagency collaboration from 19 state agencies and organizational partners. Efforts include the Developmental and Behavioral Screening Guide for Early Care and Education Providers. The tool is specific to California and focuses on systems work to ensure that providers understand developmental screening and use best practices when conducting screenings and referrals. California also has the California Statewide Screening Collaborative, which is a developmental screening network and community of practice that offers ongoing training on the ASQ screening tools.

<https://www.zerotothree.org/resources/747-california-statewide-screening-collaborative>



## MISSISSIPPI

Children enrolled in Mississippi's Early Learning Collaborative Pre-Kindergarten programs and the state-funded pre-k program receive screening with the ASQ-3 and the ASQ: Social-Emotional (ASQ-SE). Initially, a pilot study about pre-k developmental screenings was funded by the Center for Mississippi Health Policy. Through this research, state leaders found that nearly one-quarter of Mississippi four-year-olds fell in the "referral" range, and another one-quarter were in the "monitor" range. Mississippi will use this data to conduct developmental screening in the state with a variety of partners.

<http://www.mshealthpolicy.com/wp-content/uploads/2015/06/MSU-Final-Report-3-20-15.pdf>

## OREGON

The Oregon Early Learning Council adopted the ASQ-3 as the preferred developmental screening tool for early care and education providers. Since 2014, the state has provided professional development training to help staff learn how to administer the ASQ-3. Oregon developed a train-the-trainer curriculum and offers it in five languages. The training focuses on culturally responsive screening. Parents can access and complete the ASQ through a free online portal. The portal was launched in 2009 with funding from the Oregon Department of Education. Recently, Oregon has explored using an online portal to share screening information with primary health care providers (PCPs). Researchers and health providers determined that it is feasible to share developmental screening results using these systems and are exploring additional resources and capacity to support piloting a linked system.

<https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/HEALTHSCREENING/ABCD/pages/index.aspx>

## RHODE ISLAND

Rhode Island provides a free screening tool, created by Ellen Perrin from Tufts University, called the Survey of Well-Being of Young Children (SWYC). The SWYC is available to families, pediatricians, and nurses, as well as professionals involved in early childhood education and care. The instrument screens cognitive, language, motor, and social and emotional development, as well as family risk factors. As part of the project, the Rhode Island Department of Health worked with Healthcentric Advisors, a healthcare quality improvement organization, to improve healthcare providers' screening rates. The Department of Education also created the Dual Language Learner Screener initiative to train local interpreters in child outreach screenings. Through this initiative, Rhode Island now has 16 qualified bilingual screeners who can train in 16 different languages. In 2016, the early childhood developmental screening data became part of the statewide longitudinal data system. This has helped identify all individual children eligible for screening at the school district level. It also helps school districts communicate with primary care providers and the Department of Education.

[www.theswyc.org](http://www.theswyc.org)

## SHOSHONE-BANNOCK TRIBES

The Shoshone-Bannock Early Childhood Program oversees child care, Head Start, and early intervention (EI) programs. The EI programs provide public awareness of special needs service, monthly parent trainings, child-parent playgroup sessions, developmental screenings, special education service assistance, and other supportive services for newborn children to preschoolers. Staff implement the Parents as Teachers program model to enhance Child Find services (legally, schools must find children who have disabilities and provide services) and support the care and education learning environment.

<http://www2.sbttribes.com/early-childhood/>

## NAVAJO NATION

The Baby FACE (Family and Child Education) program delivers developmental screening. Baby FACE is an evidence-based, Parents as Teachers model. Families receive services from a trained parent educator who conducts home visits, health and developmental screenings, group meetings and events, and referrals, as needed. They provide developmental screening using the Ages and Stages Questionnaires in partnership with Northern Arizona University, the St. Michael's Association for Special Education (the only school on the Navajo Reservation), and the University of New Mexico Center for Development and Disability. The screenings include an in-depth level of cultural responsiveness and collaboration. The collaboration between New Mexico's Family Infant Toddler Program and Navajo Nation spans across three states—Arizona, New Mexico, and Utah.

<https://www.bie.edu/Programs/FACE/index.htm>

<http://www.nnosers.org/growing-in-beauty.aspx>

[http://ectacenter.org/~ppts/GrowinginBeauty\\_files/v3\\_document.htm](http://ectacenter.org/~ppts/GrowinginBeauty_files/v3_document.htm)

## SAMPLE ACTION PLAN

State/territory/tribe leaders and their staff can use this template to develop a plan to implement developmental screening into its QRIS, early care and education systems, or other systems that serve the birth to five population.

There are three sections in the action plan. The first section, Assessing Readiness for Implementation, asks questions about the state's readiness and partnerships that can support a comprehensive statewide developmental screening and referral system. The second section, Collaboration and Coordination with Partners, addresses the partnerships and technical assistance that build an areawide developmental screening and referral system. The final section, Developing and Implementing a Plan, addresses key components for states to think through during the implementation phase. This section also includes some blank spaces where states can fill in their own action items.

This sample action plan guides states as they implement a comprehensive developmental screening and referral system.

## SECTION 1: ASSESSING READINESS FOR IMPLEMENTATION

QUESTION OR INDICATOR	RESPONSE
Identify partners for your state/territory/tribe's effort. Partners may include leadership from health and wellness, Head Start Collaboration Office, early intervention, mental health, Department of Education, licensing, etc.	<ul style="list-style-type: none"> <li>■ Potential partners identified.</li> <li>■ Some partners are involved.</li> <li>■ All identified partners are involved.</li> </ul>
Partners clearly understand the importance of developmental screening and can explain how it helps children who are eligible receive early intervention services.	<ul style="list-style-type: none"> <li>■ This is a frequent area of discussion for state/territory/tribe partners.</li> <li>■ Some partners understand the need for developmental screening.</li> <li>■ We have work to do with early childhood education partners about the importance of developmental screening.</li> </ul>
The state/territory/tribe has data indicating the number or percent of children who have received developmental screening. Partners are ready to implement screening protocols using multiple measures to accurately screen and refer children who are DLLs.	<ul style="list-style-type: none"> <li>■ Yes, we have completed data and can break it down by age, race, geography, and other important variables.</li> <li>■ Partners are ready to implement screening protocols using multiple measures to accurately screen and refer children who are DLLs.</li> <li>■ We have some data, but further analysis is needed.</li> <li>■ We have not systematically collected these data.</li> </ul>
The state/territory/tribe has set goals that increase the developmental screening rate for young children.	<ul style="list-style-type: none"> <li>■ We have set goals and objectives that increase the developmental screening rate.</li> <li>■ We have considered setting goals and objectives, but only some partners do this.</li> <li>■ We need to set goals that increase the developmental screening rate.</li> </ul>

QUESTION OR INDICATOR	RESPONSE
The state/territory/tribe has a system in place that supports increasing developmental screening and referrals.	<ul style="list-style-type: none"> <li>Leadership team partners are ready to collaborate on an infrastructure that supports increasing screening and referral.</li> <li>We have some partners but need more for a comprehensive infrastructure.</li> <li>We will need to build an infrastructure.</li> </ul>
State/territory/tribe agencies can share data on developmental screening rates. Aggregated demographics collected on children screened should include children's home languages.	<ul style="list-style-type: none"> <li>State/territory/tribe agencies regularly share data on developmental screening with each other.</li> <li>We need to work with additional partners to make this happen.</li> <li>Systems need to be in place for state/territory/tribe agencies to share developmental screening data.</li> </ul>

## SECTION 2: COLLABORATION AND COORDINATION WITH PARTNERS

QUESTION OR INDICATOR	RESPONSE
Which state/territory/tribe and local partners currently conduct developmental screening? For which age groups?	
Which partners can increase their efforts to conduct culturally and linguistically responsive outreach for developmental screenings or referrals?	
How can families participate in a statewide/territory-wide/tribe-wide system?	<ul style="list-style-type: none"> <li>Resources identified for families.</li> <li>Resources are available in multiple languages.</li> <li>Collaborative efforts among team members include families.</li> </ul>
What technical assistance would be helpful as the state/territory/tribe builds a comprehensive developmental screening process?	



## SECTION 3: DEVELOPING AND IMPLEMENTING A PLAN

ACTION ITEM	RESOURCES NEEDED	NEXT STEPS	PERSON/AGENCY RESPONSIBLE	TIMELINE
There is a plan—that includes different partners and agencies—to increase the number of children who receive developmental screenings.				
The plan includes particular attention to reaching families of children who speak languages other than English.				
There is a plan that allows additional agencies to provide developmental screening and referrals across systems.				
There is a plan to train professionals, including translators and interpreters, to conduct developmental screenings or refer families to agencies that conduct developmental screening.				
There is a plan to follow up with families whose children may need early intervention services, including plans to provide translated materials and interpreters for meetings as needed.				
There is a plan to follow up with families whose children may not need early intervention services but may need extra support and information.				
There is a plan to collect and analyze the data from the developmental screenings				
There is a plan to share results with partners.				
There is a plan to follow up and track all referrals to completion.				

## RESOURCES

**Developmental Screening Activities in Early Learning Challenge Grant States.** Learn how the states that received funding from the ELCG incorporated developmental screening into their state systems.

<https://elc.grads360.org/services/PDCService.svc/GetPDCDocumentFile?fileId=27169>

**Birth to Five: Watch Me Thrive! A Compendium of Screening Measures for Young Children.** Read about several developmental screening tools and their reliability, validity, and use with English language learners and special populations.

<https://www2.ed.gov/about/inits/list/watch-me-thrive/guides.html#compendium>

**Early Childhood Developmental Screening: A Compendium of Measures for Children Ages Birth to Five.**

This resource from the California Institute for Mental Health and the California Department of Mental Health describes screening and assessment tools that evaluate children's social and emotional health. It offers criteria for selecting screening or assessment tools. It also describes ways to evaluate and select screening and assessment tools.

[https://www.acf.hhs.gov/sites/default/files/opre/compendium\\_2013\\_508\\_compliant\\_final\\_2\\_5\\_2014.pdf](https://www.acf.hhs.gov/sites/default/files/opre/compendium_2013_508_compliant_final_2_5_2014.pdf)

**Help Me Grow (HMG).** Provides information to help states and communities use existing resources to ensure communities identify vulnerable children, link families to community-based services, and empower families to support their children's healthy development. Help Me Grow's mission is to enable and support the HMG systems across the country so states can implement effective, universal early surveillance and screening. The program also helps link those at risk for developmental and behavioral challenges to appropriate programs and services.

<https://helpmegrownational.org/>

**Project LAUNCH.** Linking Actions for Unmet Needs in Children's Health (LAUNCH) is an initiative in 24 states, 3 territories, and 9 tribes. It promotes the wellness of young children ages birth to eight by addressing their physical, social, emotional, cognitive, and behavioral development. Project LAUNCH's mission is to ensure that all children enter school ready to learn and succeed. The project improves coordination across child-serving systems, builds infrastructure, and increases access to high-quality prevention and wellness promotion services for children and their families.

<https://healthysafechildren.org/grantee/project-launch>

**Screening Dual Language Learners in Early Head Start and Head Start: A Guide for Program Leaders.** This document provides Early Head Start/Head Start (EHS/HS) program leaders with tools to plan, implement, and evaluate their screening processes for children who are dual language learners (DLLs), birth to age five. It focuses on ways that leaders can make informed decisions when selecting screening instruments and implementing high-quality developmental screening practices. Though created for Head Start/Early Head Start, the guide is useful for the greater early childhood community.

[https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/screening-dual-language-learners-guide-program-leaders-eng\\_0.pdf](https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/screening-dual-language-learners-guide-program-leaders-eng_0.pdf)

**The Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network (ECCS CoIIN).** This multiyear initiative improves early childhood service systems in 12 states. It is an initiative to increase school readiness and reduce disparities. Many grantees have improved rates of developmental screening. The ECCS CoIIN Collaboratory (CoLab) is a virtual place where participants and stakeholders can share ideas and best practices, ask questions, and find useful tips to advance their change efforts. Anyone can access resources from the CoLab.

<https://www.nichq.org/early-childhood>

**Learn the Signs. Act Early.** This program from the Centers for Disease Control and Prevention (CDC) offers free, family-friendly materials and tools that encourage families to monitor development, have developmental screenings, and act early on developmental concerns. The program also supports 55 Act Early ambassadors that increase developmental monitoring and screening in their states and territories.

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly)

The AAP Screening and Technical Assistance and Resource Center (STAR Center). The STAR Center provides evidence-informed technical assistance and resources to help staff implement effective screening, referral, and follow-up. It focuses on developmental milestones, maternal depression, and social determinants of health.

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/default.aspx>

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