Behavioral Observation and Screening



(BOSR)

Icons

Several icons are used throughout this course as a visual reference.



This icon represents a new topic in the text. This is a visual cue for you to answer any questions about the previous section before moving along to the next one.



This icon is used to identify an exercise that involves in-class practices and feedback.



This icon is used to identify a specially designed activity that requires active class participation.



This icon is used to identify a section that is accompanied by a video.

Icons



This icon is used to identify a key point in the material.



This icon is used to identify an online resource. You will need a computer with an internet connection to view these resources.



This icon is used to identify an exercise that involves a role-playing scenario.



This icon is used to identify an activity that requires you to reflect on the information taught in the course by asking you a question. The answers to these questions will require you to think about your role as a child care professional and may influence your actions.

Behavioral Observation and Screening

Module 1: An Introduction to Observation and Screening

Module Goal and Learning Goal Objectives

Participants will define the terms observation, screening, assessment, and evaluation, as used by child care professionals, and describe appropriate use of each.

Learning Objectives

After successfully completing this module, you will be able to:

- State the three main reasons child care professionals observe and screen children
- Define terms used in child care related to observation, screening, assessment, and evaluation
- Give examples of professional groups that perform each of those four activities

Introduction to Observation and Screening

Child care professionals observe and screen children so they can facilitate the growth and development of **every child** in their program, detect early signs of developmental delay or disability, and identify signs of child abuse or neglect.

- Observation is an ongoing process in which child care professionals recognize and document identifiable developmental milestones as they appear, using tools such as checklists, anecdotal records, and running records.
- <u>Screening</u> is an ongoing process in which child care professionals use specialized observation and documentation tools to identify, document, and monitor typical development or possible developmental delay.

The three main reasons child care programs observe and screen children are to:

- foster growth and development in <u>every</u> child,
- detect <u>early signs</u> of developmental delay or disability, and
- identify signs of child abuse and neglect.

These processes are also used to

- support quality <u>curriculum</u> development
- help <u>parents</u> support growth and development at home
- allow timely referral for <u>early intervention</u> services
- provide a common reference point and <u>basis</u>
 <u>for interaction</u> between parents, program staff, and other professionals

- 1. Observation and screening foster growth and development in every child by **determining** the child's developmental-age level and by using the information to develop
 - inside and outside learning spaces
 - personal care routines
 - communication and interaction practices
 - learning activities
 - program policies and procedures

2. Observation and screening can detect early signs of developmental delay or disability when child care staff members are trained to <u>identify</u> and <u>document</u> signs of typical or atypical growth and development.

3. Observation and screening can also help child care professionals identify the signs of child abuse and neglect. Every adult in Florida is required by law to report any suspected abuse or neglect and can do so anonymously. However, people who work with children are required by law to identify themselves when they report suspected child abuse or neglect.



The three main reasons child care programs observe and screen children are to foster growth and development in every child, detect early signs of developmental delay or disability, and identify signs of child abuse and neglect.

4. Observation and screening support quality curriculum development by focusing learning goals and objectives, lesson plans, and teaching strategies on the development and implementation of activities that **strengthen** the child's skills.

5. Observation and screening can help parents support their child's growth and development at home by increasing the volume and **quality** of information available to them.

6. Observation and screening allow timely referral for intervention. The <u>earlier</u> signs of developmental delay or disability are identified, the <u>better</u> the outcome for the child.

Observation and Screening Overview

 Observation and screening provide an opportunity for communication between parents, staff, and child development specialists because they include written evidence of a child's growth and development over time.



Observation and screening provide opportunities for communication between parents, staff, and child development specialists because they include written evidence of a child's growth and development over time.

Observation

- Observation is an ongoing process conducted by child care providers and others to <u>document</u> a child's growth and development.
- During an observation session, a trained adult monitors a child as he or she demonstrates identified skills or abilities within a **developmental domain**.
- Observation sessions should be performed by a familiar person in the child's <u>natural environment</u> at a time when he or she is at his or her best.
- Results are carefully documented following set guidelines and written procedures.

Observation

Benefits of Observation:

- Facilitate curriculum development
- Guide developmentally appropriate practice
- Assist in providing individualized care
- Help share information with parents and others
- Reveal signs of abuse and neglect



Observation helps a program function at its best over several operational and functional areas.

Screening

- Screening is an ongoing process conducted by child care providers and others to verify that a child is developing <u>typically</u> or to <u>identify</u> early signs of delay or disability.
- During a screening session, trained adults identify and measure specific <u>skills</u> and <u>abilities</u>, as indicated by a screening instrument.
- Screening takes place recurrently, using an instrument that is proven to be <u>valid</u>, <u>accurate</u>, and <u>reliable</u>.

Screening

 Family members are always involved in screening, sometimes as <u>active</u> participants.

 Like observation, screening should take place in the child's <u>natural environment</u> with familiar people, and be performed when he or she is at his or her best.

Screening

Benefits of Screening:

- Identify specific areas of concern
- Determine if further assessment or evaluation may be necessary
- Provide a basis for referral
- Empower parents with information to help them make decisions
- Present a basis for necessary and ongoing communication with parents and others



Screening determines if children are developing typically, identifies early signs of delay or disability, and provides a basis for referral.

Assessment

 Assessment is a process whereby an agency or organization gathers and reviews <u>multiple</u> sources of information about a child's suspected or confirmed developmental delay or disability, and <u>uses</u> that information to improve a child's outcomes.

 Child care professionals in Florida refer families to the Florida Diagnostic and Learning Resource System's <u>Child Find</u>.

Assessment

Benefits of Assessment:

- Empower parents to help their child grow and develop
- Improve a family's ability to navigate a complex system of services
- Result in a referral for evaluation so eligible children may receive benefits they are entitled to under the individuals with disabilities education act, or IDEA, which is a federal law



Assessment can lead to an evaluation, which may qualify the child for benefits under IDEA.

Assessment vs. Evaluation

According to Children's Medical Services (CMS), assessment refers to

"...ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify the following: (A) the child's unique strengths and needs and the services appropriate to meet those needs, and (B) the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability."

Assessment vs. Evaluation

CMS defines evaluation as

"...procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility for Early Steps, consistent with the definition of "infants and toddlers with disabilities" in § 303.16, including determining the status of the child in each of the developmental areas in 34 CFR § 303.322 (c)(3)(ii)."

To summarize, evaluation is a process that **determines** a child's eligibility for federal, state, and local programs and services.

organization gathers and reviews multiple sources of information about a child's suspected or confirmed developmental delay or

disability and uses that

information to improve a

whereby an agency or

Assessment is a process



child's outcomes.



Evaluation is a process that determines a child's eligibility for federal, state, and local programs and services.

Who Conducts Observation, Screening, and Assessment Processes?

Your role as a child care professional is

- observation,
- screening, and
- referral.

Who Conducts Observation, Screening, and Assessment Processes?

In observation and screening processes, your main responsibilities are to <u>document</u> the child's skills and abilities fairly, objectively, and accurately; and work with families to <u>refer</u> children for further assessment and evaluation.

Remember, if information causes you to **suspect** child abuse or neglect, you must report it.

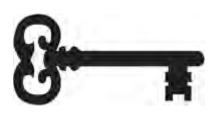
Reflect, Think, Act



Consider the observation, screening, and referral processes, as well as your role as a mandatory reporter of child abuse and neglect.

Which of these responsibilities seems most comfortable to you?

Which is least comfortable?



Child care professionals observe and screen children, and should work with families to make referrals.



Observation, screening, assessment, and evaluation are interrelated processes.



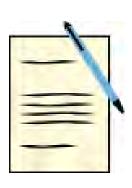
Child care programs should support families by observing and screening children through an ongoing, systematic process.

Reflect, Think, Act



What is the most likely outcome when children with special needs are not observed, screened, and referred to people who can help them and their families?

If you were the parent of a child with special needs, how important would it be to know about your child's condition as early as possible?



Is This Observation, Screening, Assessment, or Evaluation?

1. Evaluation

2. Observation

3. Assessment

4. Screening



The Child Care Professionals Role in Observation, Screening, Assessment, and Evaluation

1. Yes

2. No.

3. Yes

4. No

5. Yes

6. No

8. No

9. Yes

10.No

11.Yes

12.No

13.Yes

7. Yes

Module 1 Summary

You have achieved this module's learning objectives if you can:

- State the three main reasons child care professionals observe and screen children
- Define terms used in child care related to observation, screening, assessment, and evaluation
- Give examples of professional groups that perform each of those four activities

Behavioral Observation and Screening

Module 2: The Principles of Observation and Screening

Module Goal and Learning Objectives

Goal

Participants will review fundamental guidelines and best practices for people who observe and screen children in child care settings. You will also be able to describe characteristics used by effective practitioners in child care settings.

Learning Objectives

After successfully completing this module, you will be able to:

- Relate guidelines for observations and screenings that take place in child care settings
- Name characteristics seen in effective child care professionals who observe and screen children
- Describe best practices used by skilled practitioners to obtain valid and usable results

Guidelines for Observers and Screeners

Four guidelines for observers and screeners of children:

- Be informed
- Be objective and accurate
- Be honest and fair
- Be focused

The first guideline is to be **informed**.

- review appropriate <u>general</u> developmental information
- study the <u>child's</u> file
- read the instructions for the observation or screening tool
- skilled child care professionals never use this information to help them confirm a suspicion of delay, disability, abuse or neglect
- they read the instructions for the observation or screening

Best Practice #1: Review appropriate **general** information immediately prior to an observation or screening session. This includes:

- developmental <u>domains</u> and milestones
- information about the child's <u>abilities</u> and <u>unique</u> needs

Best Practice #2: Study the child's file. Look at:

- Results of previous observation and screening sessions
- Notes recorded by staff members
- All documentation provided by family members
- Samples of the child's work
- Use developmentally appropriate practice (<u>DAP</u>) when observing and screening a child

Best Practice #3: Know how to use the observation or screening tool **before** attempting to use it. Be sure to:

- Read the instructions before the session begins
- Attend observation and screening training opportunities
- Keep up with changes in policy and procedure
- <u>Never</u> interrupt a screening session to read an instruction or ask a question about the tool

Key Point



Effective child care professionals know the typical and atypical patterns of child growth and development. They are familiar with the child and understand the program's observation and screening policies and tools.

Reflect, Think, Act



Imagine yourself screening two children, one of whom recently enrolled in your program. You have asked them both to complete a developmentally appropriate puzzle for you. The child you know loves puzzles, and finishes his quickly and skillfully. The child who recently enrolled stares at his puzzle, frowning. He makes no attempt to piece the puzzle together and seems relieved when it is removed.

Think of three factors for each child that might have produced these behaviors, not including physical conditions.



Reading Instructions

Read all of the instructions before beginning this quiz.

- 1. Write your name at the top of the document.
- 2. Draw an X in all four corners.
- 3. Circle all of the Xs you drew.
- 4. Fold the paper so the Xs line up.
- 5. Write your name and address in the middle of the paper.
- 6. In the upper left corner, write the name and address of someone else.
- 7. Draw a square in the upper right corner, where a postage stamp would be located.
- 8. Follow only the first step.

 Behavioral Observation and Screening

Guideline 2: Be Objective and Accurate

The second guideline is to be **objective** and **accurate**. They:

- Ensure observation and screening results are objective
- Verify results do not reflect subjective feelings
- Set aside personal beliefs and consider only facts
- Document all relevant information
- Make sure documentation is correct and complete



Objective or Subjective?

- 1. Objective
- 2. Subjective
- 3. Objective
- 4. Objective
- 5. Subjective
- 6. Subjective

Guideline 2: Be Objective and Accurate

Best Practice #1: Ensure observation and screening results do not reflect **personal** feelings. Before an observation or screening session begins, take a moment to:

- Reflect on their own feelings
- Prepare to focus on the <u>facts</u> produced during the session
- Disregard any presumptions

The <u>Halo</u> Effect is a judgment error we make when we allow an overall impression of a person to influence the way we interpret his or her actions.

Guideline 2: Be Objective and Accurate

Best Practice #2: Set aside personal beliefs and consider only <u>facts</u>. Use developmentally appropriate practice (<u>DAP</u>) for each child, follow the <u>law</u>, and honor a professional code of <u>ethics</u>.

Best Practice #3: Document all <u>relevant</u> information.

Never trust a spell-checker!

Eye halve a spelling checkered It came with my pea sea It plainly marques for my revue Miss steaks eye kin knot sea. Eye strike a key an type a word And weight four it two say Weather eye am wrong oar write It shows me strait a way. As soon as a mist ache is maid It nose bee fore two long And eye can put the error rite Its rare lea ever wrong. Eye have run this poem threw it I am shore your pleased two no Its letter perfect awl the weigh My checkered tolled me sew.

Guideline 2: Be Objective and Accurate

Best Practice #4: Ensure documentation is **correct** and **complete**.

- Complete documentation as soon as
- Proofread for content errors
- Check for writing and mathematical errors
- Wait two or three days, then repeat the process

Key Point



Objective, accurate child care professionals create documentation coworkers and other professionals can use to help children grow and develop to their full potential.

Guideline 3: Be Honest and Fair

The third guideline is to be **honest** and **fair**. They:

- Document children's development over time
- Observe or screen when children are at their best
- Conduct sessions in the child's natural setting with familiar staff
- Never observe or screen with the intent of confirming a suspicion

Guideline 3: Be Honest and Fair

Best Practice #1: Document children's development over <u>time</u>.

- Individual children can take more or less time developing than peers
- They can move forward, regress, and then move forward again
- Children may skip a behavior or skill as they move forward
- Sometimes, children just have a bad day

Guideline 3: Be Honest and Fair

Best Practice #2: Observe and screen when children are at their **best**.

 To tell if a typical child is feeling well, look for the three "A"s of health: <u>appetite</u>, <u>appearance</u>, and <u>activity</u>.

H.A.L.T. stands for:

- Hungry
- Angry/Anxious
- Lonesome
- Tired

Guideline 3: Be Honest and Fair

Best Practice #3: Conduct sessions in the child's **natural** setting with familiar staff. Children are most likely to demonstrate their skills:

- With a <u>person</u> they know
- In a familiar place
- Using <u>materials</u> they have seen before

Guideline 3: Be Honest and Fair

Best Practice #4: **Never** observe or screen with the intent of confirming a suspicion of delay, disability, abuse, or neglect. Instead:

- Watch for developmental milestones
- Document them as instructed
- Take action <u>required</u> by their program's written policies and procedures

Key Point



Honest and fair child care professionals observe children, conduct screenings, and document all relevant observations in good faith.

Guideline 4: Be Focused

The fourth guideline presented in this course is to be **focused**. They:

- Allow enough time to properly conduct a session
- Observe or screen <u>one</u> child at a time
- Pay attention to small differences and details
- Work methodically and thoughtfully

Best Practice #1: Allow enough <u>time</u> to conduct a session properly.

Reflect, Think, Act



Think about a time when you were so hurried that you forgot something important, or did not see or hear something you should have. Make a list of key words that describe your feelings at that time.

Guideline 4: Be Focused

Best Practice #2: Observe or screen **one** child at a time. To sharpen their focus and concentration:

- Schedule individual sessions for each child
- Do not allow attention to be drawn away by other children
- Have staff members work to accommodate each child's session
- Manage the schedule to allow each session to be conducted properly

Guideline 4: Be Focused

Best Practice #3: Pay attention to **small** differences and details, because it is in those one can see:

- Emerging trends and patterns of growth and development
- The earliest signs of delay or disability
- Subtle signs of abuse or neglect

If signs of delay or disability are documented, staff members refer parents appropriately.

If signs of child abuse or neglect are observed, you must, by law, report them to the Abuse Hotline.

Reflect, Think, Act



Take a moment to draw, from memory, one side of a penny in your Participant's Guide.

Penny Observation

When you are finished, compare your drawing to a real coin. If you are like most people, you will find differences.



Guideline 4: Be Focused

Best Practice #4: Work methodically and thoughtfully. To work methodically, professionals are <u>organized</u>, systematic, and deliberate. To work thoughtfully, they think about what is happening carefully, using all of their knowledge, skills, and abilities to <u>identify</u> and <u>document</u> only useful information.

Key Point



Focused child care professionals dedicate themselves to the observation or screening session, and give each child their full attention.

Reflect, Think, Act

Why are so many collisions caused by distraction?



Make a list of three things that can distract you, and then try to reduce or eliminate them when you are observing or screening a child.

Module 2 Summary

You have achieved this module's learning objectives if you can:

- Relate guidelines for observations and screenings that take place in child care settings
- Name characteristics seen in effective observers and screeners of children
- Describe best practices used by skilled practitioners to obtain valid and usable results

Behavioral Observation and Screening

Module 3: Observation and Screening Basics

Module Goal and Learning Objectives

Goal

Participants will be able to select and use quality screening instruments, and guide families through the screening process.

Learning Objectives

After successfully completing this module, you will be able to:

- List characteristics shared by quality screening instruments
- Explain how to select a screening tool for specific children
- Describe guidelines and best practices for implementation
- Guide families through the screening process

Selecting and Using Screening Instruments

Module 1 stated:

- Observation, screening, assessment, and evaluation are interrelated
- Child care programs should support families by observing and screening children through an ongoing, systematic process
- Providers should help <u>guide</u> families through this process

Selecting and Using Screening Instruments

Module 2 showed how effective practitioners:

- Prepare to observe or screen a child
- How they create documentation coworkers and other professionals can use
- Conduct screenings and document observations in good faith
- Give each child their full attention during sessions

Selecting and Using Screening Instruments

Module 3 presents detailed information on:

- Selecting screening instruments
- Guidelines and best practices
- Actions you can take to help families

Reflect, Think, Act

At this point, what are some of the questions you might ask?



How important would it be to you to have a child care professional who could provide detailed information about the screening process, the guidelines and best practices for implementation that were used, and specific actions you can take to help your child right now?

1. Quality screening instruments are <u>easy to</u> <u>use</u>. When a screening tool is easy to use, staff and parents understand it and the results it produces. They should be able to read the materials in their primary language, follow the instructions without much guidance, use familiar materials, and create usable documentation efficiently.

- 2. Quality screening instruments are <u>accurate</u>. They study:
- The content of the screen, or what is included or excluded
- How children of different backgrounds respond to the instrument
- How the instrument functions in various program types
- Whether or not the results can be replicated over people and time
- If information collected by the instrument is consistent.

- 3. Quality screening instruments are <u>affordable</u>. When a program is thinking about buying a screening instrument, it should consider its price. Think about:
- The program's mission and goals
- •The needs of the children, families, and staff
- Current financial priorities and long-term plans
- The impact of the purchase on the program's sustainability

- 4. Quality screening instruments are readily **available**. A screening instrument should be easily obtained from its developer or manufacturer, agencies and organizations, and publishers of educational materials.
- 5. Screening instruments are **sensitive** in regards to ethnicity, culture, and linguistics.
- 6. Quality screening instruments are **reliable**.

- 7. Quality screening instruments have specific **components**. These usually include:
 - A record keeping system
 - Documents used to record basic information about children and their families
 - Scoring and interpretation guides
- 8. Quality screening instruments are **endorsed** by individuals, agencies, and organizations that are respected within the early education or early intervention communities.

9. Quality screening instruments using **technology** should be user-friendly, meet accessibility requirements, and fit the program's needs.

Child care professionals <u>ask</u> the right questions about a tool before using it with a child, including:

- What does the instrument screen?
- What is the target age range?
- What languages are available?
- Does the screener need to be specially trained?
- How many items are screened?
- How long does it take to administer?
- How is it implemented and scored?

Key Point



Child care professionals select screening tools based on specific quality considerations to ensure they will meet the needs of the children, their families, and the program.

Reflect, Think, Act



If you are the director or owner/operator of a program, ask yourself: Do my screening instruments meet these quality standards? If not, what can I do to resolve my concerns?

If you are not the director or owner/operator of a program, ask yourself: What will I do if I am asked to use an instrument that does not meet these quality standards?

Behavioral Observation and Screening

Key Elements

Guidelines for Developing Appropriate Screening, Assessment and Evaluation of Young Children and their Families

http://www.zerotothree.org/childdevelopment/mental-health-screeningassessment/thepowerofplay-1.pdf

Key Point



Child care professionals follow guidelines and best practices during observation and screening sessions so results will be usable.

For screening to achieve its maximum benefit, family involvement is necessary. They provide important documentation, such as **permission** to screen, enrollment information, results of previous screenings, and health records.

Families may share information about the child that could impact screening results, such as family dynamics; health issues (including **premature** birth); the child's routines and behaviors at home; issues impacting the child and other concerns; and possible strategies, if further action is necessary.

Ideally, the role of families in the screening process is to:

- Be fully aware of the screening program and understand its purpose
- Consider screening a positive service
- Give written consent for their children to participate
- Provide information that could facilitate the interpretation of results
- Participate in the observation and screening process appropriately
- Meet with staff members in person to discuss screening results
- \bullet Pursue intervention services when they may benefit the child $_{92}$

To guide families through its screening and observation process, a program should have:

- Written **policies** and procedures
- A plan for orienting families to the process
- A developmentally appropriate screening <u>schedule</u> for each child
- A system for documenting parental permission to screen
- A strategy for communicating results to the parents
- Knowledge about how, when, and to whom referrals should be made

Quality child care programs have written policies and procedures about their observation and screening process. They outline:

- An orientation process for parents
- Methods of obtaining parental permission
- Planning for and scheduling sessions
- Documenting results
- Confidentiality
- Sharing results with others appropriately
- Communicating results to parents
- Making <u>referrals</u>

Quality child care programs have a plan for orienting families to the observation and screening process. Families should know their role during implementation:

- Differences between observation and screening
- The <u>reasons</u> for observing and screening
- Types of screening tools used at the program
- Method used to communicate results
- Why, how, and to whom referrals are made

The American Academy of Pediatrics recommends that children be screened at 9, 18, and 24 or 30 months; and more often if the child is at risk of developmental disability or delay.

Screenings are conducted to **monitor** a child's progress in gaining skills, they may be completed more frequently to guide classroom planning.

Quality programs have a strategy for communicating results to the parents. This

- Strengthens the partnership between provider and parent
- Allows time for everyone to <u>ask</u> questions
- Present the results in a professional manner
- Answer questions

Key Point



Child care professionals think of families as partners in the observation and screening processes.

Reflect, Think, Act

Can you think of ways observation and screening facilitates working relationships with families?



How does a provider-family partnership benefit a child?

Now, list at least three ways a child benefits when his or her family works in partnership with a child care professional in your Participant's Guide.



While At Work

Duty	Scenarios
1. I am selecting screening	C. You assess the program's current use of technology.
tools.	I. You look for accuracy, reliability, and sensitivity.
	K. You perform research to find suitable endorsements.
2. I am asking the right	F. You find out what languages are available.
questions.	G. You know the tool's target age range.
	H. You learn how many items are screened.



While At Work

Duty	Scenarios
3. I am following guidelines and best practices.	B. You are trained to conduct screening and observation sessions.D. You conduct screening sessions in natural settings.J. You only use instruments for their specified purposes.
4. I am involving families.	A. You answer questions as you share results.E. You encourage parents to contact you with follow-up questions.L. You schedule confidential meetings to discuss results.

Module 3 Summary

You have achieved this module's learning objectives if you can:

- List characteristics shared by quality screening instruments
- Explain how to select a screening tool for specific children
- Describe guidelines and best practices for implementation
- Guide families through the screening process

Behavioral Observation and Screening

Module 4: Methods of Observation and Screening

Module Goal and Learning Objectives

Goal

Participants will be familiar with observation methods commonly seen in child care programs.

Learning Objectives

After successfully completing this module, you will be able to:

- List observation methods commonly seen in child care settings
- Describe how and when to use different observation methods

Observation Methods

A *checklist* is a <u>list</u> of skills and abilities to be observed. When an observer sees the child demonstrate a skill or ability from the list, he or she places a mark next to the item. The date the observation was made is often recorded, but usually nothing else is. Use a checklist when the goal is to note the presence or absence of <u>demonstrated</u> skills and abilities

Name of Child:				
Child's Birthdate:	_			
Observation Date:	y			
Observer's Name:	_			
Target Domain:	Cogni	tive De	velopment and	General Knowledge — 9 months
do not observe the l	behavior		end of the sessi	2000
	behavior	by the	end of the sessi	
Milestone Watches the path of	Ot	by the	end of the sessi	on, check "no."
do not observe the l	Ot	by the	end of the sessi	on, check "no."
Milestone Watches the path of something as it falls Looks for things s/he	Ot	by the	end of the sessi	on, check "no."

Milestone Information was provided by the Centers for Disease Control and Prevention, Access Date 2/11/2014 http://www.cdc.gov/ncbddd/actearly/milestones/index.html

Interpretation/Conclusion:

mouth

other

Moves things smoothly from one hand to the

Picks up things (like cereal o's) between thumb and index finger

Observation Method: Checklist

Name of Child: Emma

Child's Birthdate: 07/01/20xx (child is 9 months old)

Observation Date: 04/12/20xx

Observer's Name: Susan

Target Domain: Cognitive Development and General Knowledge — 9 months

Instructions: Check "yes" when you see the child display each of the behaviors listed below. If you do not observe the behavior by the end of the session, check "no."

22227933	Observed?			1000	
Milestone	Yes	No	N/A	Notes	
Watches the path of something as it falls	х				
Looks for things s/he sees you hide		х		Emma had no interest in finding the toy under the blanket. She was more interested in watching me.	
Plays peek-a-boo	x				
Puts things in her/his mouth	x				
Moves things smoothly from one hand to the other	x				
Picks up things (like cereal o's) between thumb and index finger		Х		Beginning to grasp objects with entire hand rather than fingers.	

Milestone Information was provided by the Centers for Disease Control and Prevention, Access Date 2/11/2014 http://www.cdc.gov/ncbddd/actearly/milestones/index.html

Interpretation/Conclusion:

Emma is on target for many cognitive skills. Provide more activities hiding objects to build her skills in looking for them. She needs more experiences picking things up using her fingers.

Observation Methods

An **anecdotal record** is a narrative account of an **event** written shortly **after** it occurred. It tells what a child did, when he did it, how he did it, and what happened afterward. It does not contain references to emotions, feelings, or other details that cannot be measured. Use an anecdotal record to write about the development of a skill or ability.

oboot varion in	ethod: Anecdotal Record
lame of Child:	
child's Birthdate:	
Observation Date:	
Observer's Name:	
arget Domain:	
nstructions: After ob	oserving a child(ren) or teacher, summarize what occurred. Be objective.

Observation Method: Anecdotal Record

Name of Child: Jeremiah

Child's Birthdate: 07/01/20xx (child is 24 months old)

Observation Date: 02/12/20xx

Observer's Name: Blake

Target Domain: Approaches to Learning

Instructions: After observing a child(ren) or teacher, summarize what occurred. Be objective.

A few minutes after his mom left, Jeremiah explored the shape sorter for the first time. Jeremiah picked up a shape sorter another child had recently abandoned. He shook it, and the pieces inside made noises. He began shaking it harder and faster, stopping occasionally to look inside the holes. He made one piece fall out, which made him laugh. After a few more seconds of shaking the shape sorter, he abandoned it to play with a truck.

Interpretation/Conclusion:

Jeremiah showed eagerness and curiosity as he explored the shape sorter for the first time. No concerns at this time.

A *running record* is an account of what a child is <u>doing</u> as it is happening. Running records are also used to document how children are responding to their environment. For example, children's actions are recorded as they move between chosen activities. Use a running record to track a child's choice of activities or behaviors over a short period of time.

lame of Child:	
Child's Birthdate:	
Observation Date:	
Observer's Name:	
arget Domain:	
Time	Behavior

Observation Method: Running Record

Name of Child: Troy

Child's Birthdate: 07/01/20xx (child is 15 months old)

Observation Date: 10/16/20xx

Observer's Name: Heather

Target Domain: Physical Development

Instructions: Document what the child is doing as it occurs. Note the time.

Time	Behavior
3:03	Troy pulled himself to his feet in front of the mirror by holding onto the pull up bar
3:05	Troy let go of the bar with one hand.
3:06	Troy took the other hand off the bar.
3:07	Still standing. Wobbling.
3:09	Troy sat down abruptly and began to cry. He held his hands out to Mary, who went to him.

Interpretation/Conclusion:

Troy is able to stand while holding on, and is experimenting letting go. He is able to balance himself for a few seconds. He is preparing to start walking. Make sure he has time during the day to play with the pull up bar, and encourage walking while holding on. During this session, Troy demonstrated typical development in the target domain.

A frequency count records how often a behavior happens. It can be used in almost any aspect of the program that involves human behavior, whether it occurs in a child, a staff member, an entire classroom, a group of staff members, or any of these combined. Use this method to identify behaviors that should be encouraged and those that may need to be addressed or accommodated.

Observation	Observation Method: Frequency Count (2 Examples)							
Observation Date	e:							
Observer's Name	e:							
Target Behavior:								
	Instructions: Make a checkmark or similar symbol every time you see the child display the identified behavior. Then, review the number of times the activity occurred to interrupt the information.							
Child's Name(s)	Frequency	Notes						
Interpretation/C	onclusion:							

Observation Method: Frequency Count (Example 1)

Observation Date: 05/13/20xx

Observer's Name: Sonya

Target Behavior: Sharing Materials/Equipment

Instructions: Make a checkmark or similar symbol every time you see the child display the identified behavior. Then, review the number of times the activity occurred to interrupt the information.

Child's Name(s)	Frequency	Notes
Shawn	4	
Connie	111111	
Heather	1111	
Rob	4444	

Interpretation/Conclusion:

Shawn has difficulty sharing with his peers. Use role-playing and direct instruction to guide sharing experiences. Provide more supported opportunities for Shawn to share materials.

Child's Name:	
Observation Date:	
Observer's Name:	
Target Behavior:	
	very time you see the child display the identified by occurred to interrupt the information.

Interpretation/Conclusion:

Circle Time

Outside Time

Center Time

Transition from one activity to another

Nap Time

Observation Method: Frequency Count (Example 2)

Name of Child: Shawn

Observation Date: 07/01/20xx

Observer's Name: Sonya

Target Behavior: Temper Tantrums

Instructions: Make a checkmark or similar symbol every time you see the child display the identified behavior. Then, review the number of times the activity occurred to interrupt the information.

Daily Schedule	Frequency	Notes Occurred when selecting a book to read.				
Circle Time	V-					
Outside Time	11111	Occurred when other children wanted to play on the same equipment.				
Center Time	× -	Occurred when another child wanted to use the paints at the same time.				
Nap Time						
Transition from one activity to another	111111	Occurred every time Shawn moved from one activity to another.				

Interpretation/Conclusion:

Shawn has difficulty transitioning from one activity to another, as well as interacting with peers. Use a warning system prior to transitions. Provide more opportunities for sharing and use role-playing to practice.

Conversations are word-for-word accounts of what children said while being interviewed by a provider. Many times, this is done phonetically. Non-verbal communication, or body language, is also recorded. Transcribe a child's conversations with both peers and adults to document their ability to translate their thoughts into words, and to document development in the Language and Communication, Social and Emotional Development, and Approaches to Learning domains.

tly what was said during the observ	vation.
Miles Mar Para	Notes
What Was Said	Notes
	tly what was said during the obser What Was Said

Observation Method: Conversation

Name of Child: Samuel

Child's Birthdate: April 6, 20xx (child is 2 years old)

Observation Date: April 14, 20xx

Observer's Name: Nicholas

Target Domain: Language and Communication/Social and Emotional Development

Instructions: Document exactly what was said during the observation.

Who Spoke	What Was Said	Notes		
Assistant teacher	Let's read a book.			
Samuel	No.	Said in a loud voice.		
Assistant teacher	C'mon. Let's read this one about Spot. You like Spot, don't you?			
Samuel	No, moon night.	He walked to the bookshelf and picked up Goodnight Moon.		
Assistant teacher	Oh! You want to read Goodnight Moon! Okay, we can do that.	1		
Samuel	We can do that.	Smiling.		
Assistant teacher	Yes, we can do that. Okay, this is Goodnight Moon, by Margaret Wise Brown and Clement Hurd.			
Samuel	Night, moon!	Clapping.		
Assistant teacher	Yes. Okay, here we go			
Samuel	Moon! Moon!	Clapping his hands and smiling.		
Assistant teacher	Yes, this is the moon book. I'll read, and you let me know when you see the moon, okay?			
Samuel	Kay.	Pointed to the moon.		

Interpretation/Conclusion:

Samuel was able to name the book he wanted to read. He could point to the moon when asked. He speaks in simple sentences with 2 to 4 words. He was able to select the book he wanted to read rather than the book picked out by the teacher. All of these behaviors are on target for a child his age.

A *time sample* records what <u>activities</u> a child chooses to do during a given time period, which is usually half an hour. When a child abandons one activity and begins another, the time is noted. Use time samples to document children's attention spans, social interactions, or to see how equipment and materials meet their needs.

Observation Method: Time Sample									
Name of Child:									
Child's Birthdate:									
Observation Date:									
Observer's Name:									
Observation Time:									
Target Behavior:									
Instructions: Doc	ument wh	at activity	the child	(ren) is do	oing durin	ig each in	terval.		
Activities		Time (at 10-minute intervals)							
Available									
Interpretation/Co	nclusion	:							

Observation Method: Time Sample (Example 1)

Name of Child: Wyatt

Child's Birthdate: 09/18/20XX (child is 4 years old)

Observation Date: 02/23/20XX

Observer's Name: Tasha

Observation Time: Free Choice Center Time (9:30 - 11:00 am)

Target Behavior: Increasing interest in a variety of learning centers to support various

developmental skills

Instructions: Document what activity the child(ren) is doing during each interval.

Activities Available	Time (at 10-minute intervals)								
	9:30	9:40	9:50	10:00	10:10	10:20	10:30	10:40	10:50
Dramatic Play Center									
Discovery/Science Center with Sensory Table		X	х	Х		X	X	X	х
Block/ Construction Center					X*				
Writing Center									
Art Center							-		
Manipulative Center	Х*								
Book/Library Center							_ 11		

X* means teacher encouraged child to engage in an activity

Interpretation/Conclusion:

Wyatt continues to show interest in the hamsters, often interrupting play to check on them. He asks to clean the cage every day, and is the first one to notice if the water or food bottles are empty. He spent most of the time talking to the hamsters and watching them. He also played with the animal figures in the Discovery Center. We need to add animal themed props/materials to other learning centers to encourage Wyatt to go to learning centers and stay engaged with those activities, such as Counting Dogs in the Manipulative Center, veterinary props in Dramatic Play, and animal figures in the Block Center. We should also ensure there are developmentally appropriate books on hamsters and other small animals on the bookshelves at all times, and rotate them often, using the public library.

Observation Method: Time Sample (Example 2)

Classroom: 3-Year-Olds

Observation Date: 02/23/20XX

Observer's Name: Ms. Smith

Observation Time: Free Choice Center Time (9:30 - 10:30 am)

Target Behavior: Social Interactions

Instructions: Document what activity the child(ren) is doing during each interval.

Activities	Time (at 10-minute intervals)								
Available	9:30	9:40	9:50	10:00	10:10	10:20			
Dramatic Play Center	Sally Jennifer Heather	Jennifer Heather	Jennifer Heather	Sally Jennifer Heather					
Discovery/Science Center with Sensory Table		Sally	Sally	Tina	Sally Jennifer	Sally Jennifer			
Block/ Construction Center	Billy Susan Tina Sam	Billy	Billy	Billy	Billy	Billy			
Writing Center				Sophia	Sophia Heather*	Sophia Heather*			
Art Center	Cindy John	Cindy John	Cindy John	John					
Manipulative Center		Susan	Susan	Cindy Susan	Cindy Susan Tina	Cindy Susan Tina			
Book/Library Center	Sophia	Sophia	Sophia		John	John			

X* means teacher encouraged child to engage in an activity

Interpretation/Conclusion:

Most of the children are able to engage in activities with classmates throughout center time. John was able to be with Cindy in the Art Center, however, he did not engage with her. He concentrated on his artwork. When Cindy asked John to share his paints, he ignored her. She got frustrated and went to play with other children. Sophia stayed by herself for the entire center time. I encouraged Heather to go to the writing center with Sophia. Sophia just watched her for a few minutes but then Heather was able to get Sophia to talk to her. Sophia and John both need more opportunities to engage with other children. We need to plan activities that pair them with easygoing children one-on-one.

Standardized tests are used to document a child's ability to compare and contrast, solve a problem, classify objects, put things in sequential order, arrive at conclusions, and perform other skills. Standardized tests have specific procedures for administering, scoring, and interpreting the results. Typically, standardized tests are norm-referenced. Use standardized tests to document the development of a child compared to other children of the same age.

Observation Method: Standardized Tests

The following are examples of standardized tests used in early childhood environments. Information about standardized tests can be found by searching the Internet and visiting websites of companies who produce the tests.

The Ages and Stages Questionnaire (ASQ)

Company: Brookes Publishing Company

Ages: 4 months to 60 months

The Ages and Stages Questionnaire system is a low-cost, reliable way to screen infants and young children for developmental delays during the first 5 years of life.

Battelle Developmental Inventory, Second Edition (BDI-2)

Company: Riverside Publishing Company
Ages: Birth to 7 years, 11 months

The Battelle Developmental Inventory is a developmental assessment for young

children.

Early Screening Inventory-Revised (ESI-R)

Company: Pearson Early Learning

Ages: 3 to 6 years

The Early Screening Inventory-Revised is a brief developmental screening instrument

individually administered to children from 3 to 6 years.

A rating scale is used to measure a behavior, skill, or ability based on a series of quality points or a continuum. If you have ever been asked to rate a service or product "on a scale of one to ten," then you have used a rating scale to communicate your thoughts. Every number you could have chosen represented a quality point. Use rating scales to quantify a child's performance of a skill or a set of skills, or to see where a behavior or skill is on a developmental continuum. Rating scales can also be used to rate environments on their developmental appropriateness.

128

Observation Date:									
Observer's Name:									
Target Domain:	Social and Emotional Development — Social Interactions								
Instructions: Observ each child's developm				er children	, and mark	the box th	at best re	flects	
Name of Child(ren)	Smiles at people	Copies some facial expressions	Responds to other people's emotions	Clingy when with familiar adults	Plays games like 'pat-a-cake' or 'peek-a-boo'	Plays mainly beside other children	Shows empathy for friends	Cooperates with other children by taking turns	
Milestone Information was p http://www.cdc.gov/ncbddc	the state of the s			ntrol and Pre	vention, Access	Date 2/11/2	014		

129

Observation Method: Rating Scale

Observation Date: October 16, 20xx

Observer's Name: Diane

Target Domain: Social and Emotional Development — Social Interactions

Instructions: Observe children interacting with other children, and mark the box that best reflects each child's development in the target domain.

Name of Child(ren)	Smiles at people	Copies some facial expressions	Responds to other people's emotions	Clingy when with familiar adults	Plays games like "pat-a-cake" or "peek-a-boo"	Plays mainly beside other children	Shows empathy for friends	Cooperates with other children by taking turns
Sally						X		
Joshua					0.7		X	
Allan					0: -:)	X	
Nicole							X	
Debby			1		1	-	+	X
Cindy								X
John							X	

Milestone Information was provided by the Centers for Disease Control and Prevention, Access Date 2/11/2014 http://www.cdc.gov/ncbddd/actearly/milestones/index.html

Interpretation/Conclusion:

All of the children in this classroom are three years old. Most of the children are on target for their age level in social interaction development. Sally needs more experiences and encouragement to play with other children, rather than beside them.

A work sample is a product created by a child that becomes documentation of the development of a skill. The work sample can be twodimensional, such as a drawing or writing sample; or three-dimensional, such as a sculpture. It could be a photograph or a video of a child building a block tower, or a recording of one singing a song or telling a story. Use a work sample to allow others to observe children or their work.

Observation Method: Work Sample							
Name of Child:							
Child's Birthdate:							
Observation Date:							
Observer's Name:							
Target Domain:							
Instructions: Capture a work sample from a child (keep the sample, take a photo of the sample, scan or copy the sample, take video of the work, etc.).							
Interpretation/Conclusion:							

Observation Method: Work Sample

Name of Child: Tom

Child's Birthdate: 03/17/20xx (child is 30 months old)

Observation Date: 09/10/20xx

Observer's Name: Pat

Target Domain: Language and Communication — Emergent Writing

Instructions: Capture a work sample from a child (keep the sample, take a photo of the sample, scan or copy the sample, take video of the work, etc.).



Interpretation/Conclusion:

When I asked Tom to tell me about his picture, Tom said he wrote his name. Tom is showing control in holding his marker and making "O" shapes, like the one found in his name.

Documentation refers to everything in a child's file, but that word can have a special meaning when it is used in reference to child observation. In that case, documentation refers to records that help identify a child who may be at risk of maltreatment, delay, or disability; or to relay a **suspicion** of child abuse or neglect.

There are multiple ways to report suspicions of child abuse and/or neglect. Child care professionals can:

- Report online through the Abuse Hotline <u>website</u>
- Call the Florida Abuse Hotline (1-800-96ABUSE or 1-800-962-2873)
- Call Florida Relay 7-1-1 or TTY (Teletypewriter/Telephone Device for the Deaf) (1-800-453-5145)
- Fax your report to 1-800-914-0004

Observation Method: Documentation					
Name of Child:					
Child's Birthdate:					
Observation Date:					
Observation Time:					
Observer's Name:					
Instructions: Document e	exactly what was observed with as much detail as possible.				
Interpretation/Conclusio	n:				

Observation Method: Documentation

Name of Child: Chris

Child's Birthdate: August 5, 20xx (child is 3 years old)

Observation Date: December 13, 20xx

Observation Time: 8:15 AM

Observer's Name: Ms. Jones and Ms. Nicole

Instructions: Document exactly what was observed with as much detail as possible.

Chris came to school today very quiet. While he was reaching for a puzzle, his shirtsleeve moved and I noticed fingerprint marks on his upper arm above his right elbow. When I asked him to lift his sleeves, he pulled down his shirtsleeve quickly and went back to doing his puzzle. I took him to see the director, who lifted his sleeves and we both saw three fingerprint marks on his right arm above his elbow.

Interpretation/Conclusion:

My director and I called the Abuse Hotline to report what we observed because this is not a typical bruise we would expect to see.

Key Point



Child care professionals choose their methods of observation based upon the types of information they need to collect.

Key Point



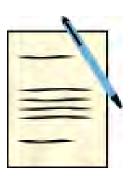
Child care professionals conduct their observations in an informed, objective, accurate, honest, fair, and focused manner.

Which Method?



Method	What method would you use to
2	A. note the presence or absence of demonstrated skills and abilities?
1	B. write about the development of a skill or ability after it has occurred?
7	C. write about what is happening while you are observing?
5	D. identify behaviors to be addressed or accommodated?
3	E. document children's abilities to translate their thoughts into words?
9	F. document children's attention spans?
8	G. compare a child's development to other children of the same age?
6	H. quantify a child's performance of a skill or a set of skills?
10	I. observe a child's skill by using a product they have created?
4	J. identify a child who may be at risk of delay or disability?
4	K. relay a suspicion of child abuse or neglect?

PG - 55



Observe a Child

https://player.vimeo.com/video/164148750



Observe a Child Anecdotal Record Sample Response

During the observation, the child manipulated the clay by rolling it into a ball and then rolled it around the table. The child then made the clay into a long tube shape and rolled it around the table. Finally, the child pressed the ball of clay using one hand, followed by both hands.



Observe a Child Checklist Sample Response

Task	Yes or No	Date Observed	Comments
Demonstrates a dominant hand consistently	Yes	02/05	Right hand dominant
Rolls clay	Yes	02/05	
Pounds clay	No	02/05	Child pressed the clay with force but did not pound
Squeezes clay	No	02/05	Did not observe the child squeezing the clay
Pulls clay	No	02/05	Did not observe the child pulling the clay
Manipulates clay into shape	Yes	02/05	Child made the clay into a long tube or snake shape



Observe a Child **Anecdotal Record** Sample Response

2:56:00 PM

The child rolls the ball of clay in his hands making a ball and then back and forth around the table.

2:56:13 PM

The child picks up the ball of clay.

2:56:17 PM

The child rolls the clay into a long tube, like a snake; then rolls the long tube back and forth, using both hands.

2:56:36 PM Using his right hand, the child presses the ball of clay into a flat circle. Then he uses both hands to press.

Key Point



Child care professionals use the Internet to find information about observation methods and tools used to perform observations.



Search the Internet

Child care is a dynamic profession, and resources improve with each passing year. As a child care professional, you must be able to find up-to-date information and resources on your own. One of the best ways to do this is on the Internet, using a search engine. Search for the following screening tools:

- Checklist
- Anecdotal Record
- Running Record
- Standardized Test
- Rating Scale

Module 4 Summary

You have achieved this module's learning objectives if you can:

- List observation methods commonly seen in child care settings
- Describe how and when to use different observation methods

Behavioral Observation and Screening

Module 5: Children at Risk

Module Goal and Learning Objectives

Goal

Participants will be able to explain how observation and screening plays a key role in the early detection of developmental delays, developmental disabilities, and at-risk populations of children in child care programs.

Learning Objectives

After successfully completing this module, you will be able to:

- State the role of observation and screening as it relates to developmental delays, developmental disabilities, and at-risk populations
- Describe ways to support children with delays or disabilities, or who are at risk, by observing and screening them
- Identify laws related to children with disabilities or who are at risk

Observation, Screening, and At-Risk Children

Observation and screening can be the first step in helping children who may be at risk.

Child care professionals do:

- Not diagnose
- Identify and document indicators
- Report them as required by law
- Observe and screen <u>regularly</u>



Child care professionals can provide other professionals with information that can help a child at risk.

Reflect, Think, Act



Think about your role in supporting these professionals as they carry out their duties.

Can you name some actions you can take to help them assist a child whose well-being may be at risk?

Observation, Screening and **At-Risk Children**

Child care professionals speak and write in ways that help them communicate with other professionals and with parents. This is especially important when the documentation they create may be used by another professional to arrive at a diagnosis for disability or begin an investigation for possible abuse or neglect. They:

- Use **people-first** language
- Use terms related to their profession and at-risk children expertly
- Construct concisely-written sentences with care **Behavioral Observation and Screening**



Child care professionals use terms related to their profession and to at-risk children expertly, and when creating documentation, they construct concisely-written sentences.



Professional Terms

- People-First Language
- At Risk
- 3. **Evaluation**
- Assessment
- 5. Developmentally Appropriate Practice
- Early Intervention
- Observation
- 8. Screening
- The Individuals with Disabilities 19. In Good Faith **Education Act**
- 10. Atypical

- 11. Developmental Milestones
- 12. Mandatory Reporters
- 13. Individualized Care
- 14. Confidentiality
- 15. Natural Environment
- 16. Documented Evidence
- 17. Observation and Screening Tools
- 18. Developmental Domains

Reflect, Think, Act



When you are working with people who are providing you with information or a service, how do you judge their professionalism?

What types of behaviors make you skeptical?

Which ones earn your trust?

Who is At Risk?

According to the CDC, children who are at the highest risk for developmental disabilities tend to be:

- Male
- Living in <u>poverty</u>

Genetics and **physical environments** play a role in putting children at risk for developmental delays or disabilities.

Who is At Risk?

Children who are at risk for abuse or neglect tend to:

- Have parents who live in poverty, did not finish high school, abuse alcohol or other drugs, and/or do not have <u>supportive</u> relationships
- Be born prematurely, have a chronic illness or disability, and/or possess a characteristic identified by a parent as <u>undesirable</u>
- Live in communities that have high rates of poverty and violence and/or a <u>cultural acceptance</u> of abuse and neglect



Knowing who is at risk helps when observing and screening children, because it allows you to watch for and identify the earliest signs of developmental delay, disability, abuse, or neglect.

Early Signs of Developmental Delay

A developmental delay occurs when a child does not display the skills and abilities typically seen in peers in the same age range. Delays can occur in any developmental domain, but the most common ones occur in the Language and Communication and Social and Emotional Development domains.

Early Signs of Developmental Delay

 However, if several different types of screening methods conducted over time indicate the child is not making progress, talk to the parents about <u>assessment</u> and evaluation following the guidelines presented in Module 3.

 Recall that child care professionals in Florida refer families to the Florida Diagnostic and Learning Resource System's <u>Child Find</u>.



A developmental delay occurs when a child does not display the skills and abilities typically seen in peers in the same age range.



Child care professionals in Florida refer families to the Florida Diagnostic and Learning Resource System's Child Find when they feel intervention may benefit the child.

Early Signs of Developmental Disability

A developmental disability is a **chronic** condition that is diagnosed in childhood and **substantially** limits major life activities in adulthood, and impacts a child's abilities to perform activities in one or more developmental domain.

Autism Spectrum Disorders (ASD) is a **group** of neurodevelopmental disorders characterized by social impairments, communication difficulties, and restricted and repetitive patterns of behavior.

Early Signs of Developmental Disability

Down syndrome is a **genetic** disorder characterized by distinct physical traits and intellectual impairments.

Cognitive or intellectual disabilities may be diagnosed in children based on the way they **process** and use information and perform **self-help** skills.



It is important for child care professionals to be familiar with common developmental disabilities that may affect children in their care.



Describe the Condition

- 1. Cognitive Disabilities
- 2. Phenylketonuria (PKU)
- 3. Bipolar Disorder
- 4. Attention Deficit Hyperactivity Disorder
- 5. Cerebral Palsy
- 6. Down Syndrome
- 7. Autism Spectrum Disorders
- 8. Fragile X Syndrome
- 9. Fetal Alcohol Syndrome

Early Signs of Abuse and Neglect

Abuse falls into three categories: **physical**, **sexual**, and **emotional**.

- The signs of child abuse fall into two categories:
 - Physical signs are observable in the appearance of a child.
 - Behavioral signs are observable in the way a child acts.

Early Signs of Abuse and Neglect

<u>Physical</u> signs of child abuse include bruises, welts, burns, lacerations, abrasions, fractures, wounds and other injuries. Be alert for ones that tend to occur in the same place or repeatedly, and for which there is no plausible explanation.

Behavioral signs include not wanting to go home, wariness of adults, strong startle response, depression, poor memory and concentration, and behaviors that are not age-appropriate. For example, the child may be aggressive or passive, seek attention indiscriminately, be overly affectionate, or withdraw from others.



Child abuse can be physical, sexual, or emotional; and children may display physical and behavioral indicators of such maltreatment.

Early Signs of Abuse and Neglect

- Child neglect is defined by Florida law as failure to provide things necessary to sustain life, such as adequate food, clothing, shelter, health care, hygiene, and supervision.
 - Physical signs of neglect include untreated medical conditions (major and minor), inadequate clothing, consistent hunger, and poor hygiene.
 - Behavioral signs include fatigue, disinterest, stealing food, inability to trust, self-destructive behaviors, poor self-control, consistent absences or tardiness, or trying to take on adult responsibilities for other children.

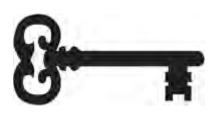
Early Signs of Abuse and Neglect

REMEMBER

As a child care provider, it is your duty and your legal responsibility, according to Chapter 39 of the Florida Statutes, to report any **suspected** case of child abuse or neglect.



Child neglect is the failure to provide things necessary to sustain life, and children may display physical and behavioral indicators of such maltreatment.



Child care professionals know and must report the physical and behavioral signs of child abuse and neglect.

Abuse or Neglect?

Sign ofType of IndicatorAbuseNeglectPhysicalBehavioralXAge-Inappropriate BehaviorsXXBruises and WeltsXXBurnsXXConsistent Absences or TardinessXXConsistent HungerXXFatigueXXFracturesXXInadequate ClothingXXLacerations and AbrasionsXXPoor HygieneXXPoor Memory and ConcentrationXXSelf-Destructive BehaviorsXXStealing FoodXXStrong Startle ResponseXXUntreated Medical ConditionsX					
X Age-Inappropriate Behaviors X X Bruises and Welts X X Burns X X Consistent Absences or Tardiness X X Consistent Hunger X X Fatigue X X Fractures X X Inadequate Clothing X Lacerations and Abrasions X X Poor Hygiene X X Self-Destructive Behaviors X X Stealing Food X X Strong Startle Response	Sig	n of		Type of	Indicator
X Bruises and Welts X Burns X X Consistent Absences or Tardiness X X Consistent Hunger X X Fatigue X X Fractures X X Inadequate Clothing X X Lacerations and Abrasions X X Poor Hygiene X X Poor Memory and Concentration X X Self-Destructive Behaviors X X Stealing Food X X Strong Startle Response	Abuse	Neglect		Physical	Behavioral
X Bruises and Welts X Burns X X Consistent Absences or Tardiness X X Consistent Hunger X X Fatigue X X Fractures X X Inadequate Clothing X X Lacerations and Abrasions X X Poor Hygiene X X Poor Memory and Concentration X X Self-Destructive Behaviors X X Stealing Food X X Strong Startle Response					
X Burns X X Consistent Absences or Tardiness X X Consistent Hunger X X Fatigue X X Fractures X X Inadequate Clothing X X Lacerations and Abrasions X X Poor Hygiene X X Poor Memory and Concentration X X Self-Destructive Behaviors X X Stealing Food X X Strong Startle Response	X		Age-Inappropriate Behaviors		X
X Consistent Absences or Tardiness X X Consistent Hunger X X Fatigue X X Fractures X X Inadequate Clothing X X Lacerations and Abrasions X X Poor Hygiene X X Poor Memory and Concentration X X Self-Destructive Behaviors X X Stealing Food X X Strong Startle Response	X		Bruises and Welts	X	
X Consistent Hunger X X Fatigue X X Fractures X X Inadequate Clothing X X Lacerations and Abrasions X X Poor Hygiene X X Poor Memory and Concentration X X Self-Destructive Behaviors X X Stealing Food X X Strong Startle Response	X		Burns	X	
X Fatigue X X Fractures X X Inadequate Clothing X X Lacerations and Abrasions X X Poor Hygiene X X Poor Memory and Concentration X X Self-Destructive Behaviors X X Stealing Food X X Strong Startle Response X		X	Consistent Absences or Tardiness		X
X Fractures X X Inadequate Clothing X X Lacerations and Abrasions X X Poor Hygiene X X Poor Memory and Concentration X X Self-Destructive Behaviors X X Stealing Food X X Strong Startle Response X		X	Consistent Hunger	X	
X Inadequate Clothing X Lacerations and Abrasions X X Poor Hygiene X Poor Memory and Concentration X X Self-Destructive Behaviors X X Stealing Food X X Strong Startle Response X		X	Fatigue		X
X Lacerations and Abrasions X X Poor Hygiene X X Poor Memory and Concentration X X Self-Destructive Behaviors X X Stealing Food X X Strong Startle Response X	X		Fractures	X	
X Poor Hygiene X X Poor Memory and Concentration X X Self-Destructive Behaviors X X Stealing Food X X Strong Startle Response X		X	Inadequate Clothing	X	
X Poor Memory and Concentration X X Self-Destructive Behaviors X X Stealing Food X X Strong Startle Response X	X		Lacerations and Abrasions	X	
X Self-Destructive Behaviors X X Stealing Food X X Strong Startle Response X		X	Poor Hygiene	X	
X Stealing Food X X Strong Startle Response X	X		Poor Memory and Concentration		X
X Strong Startle Response X		X	Self-Destructive Behaviors		X
		X	Stealing Food		X
X Untreated Medical Conditions X	X		Strong Startle Response		X
		X	Untreated Medical Conditions	X	
X Wariness of Adults X	X		Wariness of Adults		X

174

Reflect, Think, Act

Take a few moments to think of a child you know.



Now, imagine identifying the early signs of delay, disability, neglect, or abuse in that child.

Be aware of how you are feeling and try to come to terms with these emotions before the day you must take action in a child care setting.

Helping Children with Disabilities

To use observation and screening to help children with developmental delays or disabilities, child care professionals:

- Observe and <u>screen</u> regularly
- Watch for signs and changes
- <u>Document</u> professionally, over time, using a variety of methods
- Are familiar with child find
- Refer when appropriate
- Provide appropriate support during sessions

Helping Children with Disabilities

Child care providers have specific responsibilities under the Americans with Disabilities Act (ADA), a federal law that prohibits discrimination against people who are disabled. Specifically, they must:

- Make <u>reasonable</u> modifications in policies, procedures, and practices
- Remedy barriers to mobility and communication
- Provide auxiliary aids and services necessary to communicate with children with disabilities

Helping Children with Disabilities

Offer to:

 Share results of your observation and screening sessions (with parental permission)

 Provide expertise related to the child's activities at the program

Be on the child's <u>intervention</u> team



Child care professionals improve outcomes for children receiving benefits under the ADA and IDEA by sharing their screening results (with parental permission), preferably in person.

Helping Victims of Abuse or Neglect

To help children who are victims of abuse or neglect by observing and screening them:

- Observe regularly for signs of abuse or neglect
- Watch for changes in behavior
- **Document** professionally and immediately
- Be familiar with the Florida abuse hotline
- Provide appropriate support during sessions

Be aware that some developmental delays and disabilities can **mimic** the signs of abuse and neglect.



Observation and screening are the best ways to identify the earliest signs of abuse and neglect.

Reflect, Think, Act



Take a moment to reflect on your feelings about working with children who have a disability or are being abused and/or neglected.

Module 5 Summary

You have achieved this module's learning objectives if you can:

- State the role of observation and screening as it relates to developmental delays, developmental disabilities, and at-risk populations
- Describe ways to support children with delays or disabilities, or who are at risk by observing and screening them
- Identify laws related to children with disabilities or who are at risk

Behavioral Observation and Screening

Module 6: Referral Process and Resources

Module Goal and Learning Goal Objectives

Participants will describe best practices and techniques for communicating screening results, making referrals, and helping families that have received a referral for assessment.

Learning Objectives

After successfully completing this module, you will be able to:

- Describe best practices used by skilled practitioners when they communicate results supporting further assessment or evaluation
- List agencies and organizations that participate in the screening, assessment, and evaluation processes
- Describe the function of each of these organizations and agencies
- Help parents appropriately and responsibly after learning their child may be at risk of developmental delay or disability

Sharing Results with Parents

- 1. Prepare for the meeting.
- 2. Begin the meeting with a brief overview of the program's observation and screening processes.
- 3. Present a blank sample of the specific tool or tools that were used.
- 4. Present the child's results in writing.
- 5. Be an active listener while parents share their concerns and questions.
- 6. Keep the meeting positive.
- 7. Talk about the program's role.
- 8. Make an appropriate referral and provide information.

When the results of screening and observation sessions suggest a referral for assessment or evaluation might benefit a child, the program's role is to supply appropriate information, resources, and support to the child's family while continuing to provide individualized care.



Reflect, Think, Act



Let's think about ways you can control your own emotions and maintain professionalism if parents demonstrate an emotional reaction after hearing the results of a screening.

In your Participant's Guide, list three ways you can help yourself stay calm when someone else is displaying a strong emotion.



If parents display a strong emotion when results are shared, the best way to support them is to stay calm, focus on the facts, and be compassionate.

Sharing Results with Parents

Once you have shared the results of a screening with parents, take the following steps:

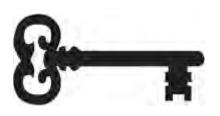
- Provide <u>individualized</u>, developmentally appropriate care
- Supply parents with information
- Participate in the child's intervention team
- Be the parent's knowledgeable partner



As families move through the assessment or evaluation processes, adjust the child's learning experiences as new information emerges, and be willing to share your expertise (as long as you have written parental consent).

Resources

- Remember to <u>search</u> the Internet for information you need. When you find information, ask yourself three questions before using it as a resource:
 - Is this information provided by an expert?
 - Can this information be verified by another source?
 - Is this the most current information available on this subject?



Child care professionals rely on local, state, and federal agencies and professional organizations to help them assist parents appropriately and responsibly.



After reviewing screening results, a child care professional may encourage the family to refer a child, report suspicions of abuse or neglect, or do neither of these.

Make a Referral?

Refer	Report	Neither	Scenario
X			You are screening a 10-month-old child. You have conducted four screenings over the past three weeks. You find that the child does not engage in play.
		X	You are screening a 14-month-old child for the first time, and despite your coaxing, he crawls to you instead of walking.
	X		You are screening a child who has multiple injuries in several stages of healing and who appears depressed and anxious.
	X		You are screening a four-year-old who tells you her mother hit her on the back. You look at the child's back and see a bruise.
X			You are screening a six-month-old child who does not acknowledge your presence in any way.

Module 6 Summary

You have achieved this module's learning objectives if you can:

- Describe best practices used by skilled practitioners when they communicate results supporting further assessment or evaluation
- List agencies and organizations that participate in the screening, assessment, and evaluation processes
- Describe the function of each of these organizations and agencies
- Help parents appropriately and responsibly after learning their child may be at risk of developmental delay or disability