

**Wake County SmartStart  
Activity Description  
Speech/Language and Hearing Screening Program (Revised)**

**I. Activity Title: Speech/Language and Hearing Screening Program**

**II. Activity Codes: a) PSC - 5411                      b) PBIS ID – H10**

**III. Brief Activity Abstract:**

This activity uses a “child find” approach, screening only those children whose parent(s) have a concern with their speech/language development. Child care staff will be trained to assist parents in identifying concerns. Screening takes place in two steps. The first step is a hearing screening using both an otoacoustic emissions device and a tympanometer or an audiometer and a tympanometer. The second step is a screening designed to elicit speech/language concerns through use of a broad-based developmental tool, such as the *Ages and Stages*. English and Spanish speaking children in centers and homes providing subsidized care, as well as children not in child care, will be targeted. Screenings will take place in the child care setting or other location convenient to the family. Activity staff will have experience in conducting screenings and will have appropriate clinical supervision. The child’s parents will be included in all aspects of the screening and connection for further evaluation/services, when indicated. The child’s primary health care provider will be informed of screening results through written communication.

**IV. PBIS Minimum or High Performing Standard(s) Addressed by This Activity:**

- 3% of the total birth to age two population will have been identified and will have received early intervention services AND 3% of the total three to five year old population will have been identified and will have received early intervention services.

**V. Full Description of This Activity:**

Need: Developmental delays present challenges to kindergarten readiness and to children’s overall success in school. The American Speech Language Hearing Association states that 8-12% of preschool children have a speech/language impairment. Speech/language impairments may be a direct result of hearing loss. Approximately two out of every 100 babies are born with a hearing impairment and an additional six out of 100 school-age children develop some form of hearing loss by the time they enter school (Kids Health, 2000). Although newborns have been screened in Wake County hospitals for several years, children without newborn screening moving into the county and children who develop hearing impairments after birth due to ear infections, bone structure growth, and fluid or wax buildup, etc. may have problems not detected without additional screening. Early identification and treatment is critical to help ensure that children enter school ready to succeed. This activity will address the need to identify and treat children with developmental concerns as early as possible.

Population to be served: English and non-English speaking children ages birth to five who have speech/language concerns, with priority given to children not in child care and to children on subsidy in centers and homes. Child care providers/teachers will receive training to promote knowledge of child development, developmental milestones, early identification tips, benefits of early intervention and community resources. Parents will receive information about the benefits of early intervention and community resources. A minimum of 50% of children served will meet the definition of greatest need as set forth by the WCSS Board of Directors.

Services: ***All services will be culturally competent and diverse*** (see definition for clarification).

- Activity staff will contact child care centers and homes that serve high numbers of subsidized children to invite their participation in the activity. Priority for participation will be given to centers serving the greatest percentage subsidized children.
- Activity staff will contact places that have access to children not in child care such as faith based sites, public housing developments, community centers, etc. to schedule screenings.
- Child Care staff in selected centers will be trained in recognizing potential developmental delays especially speech/language delays, conferencing with parents about developmental concerns, benefits of early intervention and accessing community resources. These staff can play an important role in communicating concerns about a child's development and opening the door for screening.
- Parents will be informed of the service and will be asked to complete a short survey to uncover concerns about their child's development, especially speech/language development. They will also be required to sign consent for screening and a release of screening results to their primary health care provider. Parents will also be asked to identify if their child has had any developmental screening in the last 6 months. Those who have had a screen during that time will be advised to discuss the need for additional screening with their primary health care provider.
- Activity staff will review parent information and will contact families to discuss their concerns, explain the service and set up screening times. Parents will actively participate in completing the broad-based developmental tool, which will be used to screen for speech/language concerns.
- Step one hearing screening will be performed using a regularly maintained calibration audiometer or Otoacoustic Emissions device (OAE). A tympanometer (TM) may be used in combination with the audiometer or OAE. The audiometer and OAE screen for hearing loss or impairment and the TM screens for abnormal conditions such as fluid behind the eardrum or earwax buildup. If concerns are identified by either of these screens, the child will be referred to his/her primary health care provider for appropriate follow up. A direct referral to an audiologist may be indicated for a suspected hearing loss.

- Following the hearing screen, step two screening will be done to elicit speech/language and articulation concerns using a broad based developmental tool, such as the *Ages and Stages*. It is important to use a broad-based tool with young children because their speech/language development is best screened in view of their overall development, especially cognitive development. The entire tool, not just the Speech/Language section will be administered for this reason. The screening tool will be completed by the parent and activity staff with input from the child care provider.
- Screening results will be reviewed by a licensed speech-language pathologist to confirm when full evaluation is needed. Activity staff will discuss screening results with parents and will make them aware of their choices in seeking further evaluation, when indicated. Typically, community resources for further evaluation will be the Developmental Evaluation Center (DEC) and Wake County Public Schools for children older than 2 years, 10 months.
- If the screening raises developmental concerns in addition to, or instead of speech/language development, activity staff will make the family aware of those results and will offer options for further evaluation.
- Activity staff will assist families in understanding the evaluation/consent/follow-up process and ensure a smooth transition between the screening and full evaluation. This ongoing communication and follow up will foster informed choice resulting in greater parental control in the care of their child.
- Parents will be involved as key decision makers (including consents for screenings, completion of parent survey, and decision about referral) at each step of the service delivery process.
- There may be additional opportunities through other activities, such as the Quality Enhancement Collaborative, for training center staff to enhance their skills to provide developmental activities and environments that will enhance each child's unique skills and abilities.
- The child's primary health care provider will be informed of results of hearing and developmental screenings.

Direct Service Staff: Screenings will be provided by staff appropriately credentialed and supervised. Experience in using developmental screening tools, performing hearing screenings (or the willingness to be trained) and conferencing with parents is recommended. Staff will be culturally competent in serving the target population.

Location: Trainings will be provided in child care centers and homes with priority given to centers serving subsidized children. Screenings will occur in child care centers and homes; community sites such as faith based sites, public housing developments and community centers; and/or other locations convenient to the family.

Intensity: Initial screening will be followed up with as many contacts as necessary to connect the family/child to needed resources.

Collaboration: This activity will work in collaboration with other screening programs in the community and the child's primary health care provider.

**VI. Background Information:**

How much Smart Start money was allocated to this project in the previous fiscal year?

FY 01-02: \$0

FY 02-03: \$104,560 (Note – 10 month funding.)

FY 03-04: \$0 (The activity was significantly revised for FY 04-05.)

FY 04-05: \$107,360

**VII. Project Outputs:**

- 225 – 375-children will receive hearing screening
- 225 – 375 children receive a speech/language developmental screening
- 60 – 100 child care providers trained
- 22 – 38 centers participate
- 90 – 150 visits to centers
- 360 – 500 contacts with families
- 2 – 4 trainings for providers

**VIII. Projected Outcomes:**

- By June 30, 2006, 75% of all children screened will need a full developmental assessment/evaluation and will be referred.
- By June 30, 2006, 15% of all children screened will receive a full developmental assessment/evaluation as a result of referral provided by the activity.
- By June 30, 2006, 95% of providers will report increased knowledge about child development as a result of program activity.

*If an applicant agency does not have access to an Otoacoustic Emissions device (OAE) and tympanometer (TM), Wake County SmartStart will make this equipment available to the successful bidder. Wake County Smart Start does not own an audiometer, but this device may be used if successful bidder has access to one and prefers its use.*