



COUNTY OF SAN BERNARDINO
PRESCHOOL SERVICES DEPARTMENT
POLICY

NO. 01 HS ISSUE 2
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 Updated

SUBJECT:
 VISION SCREENING PROCEDURE FOR INFANTS,
 TODDLERS, AND CHILDREN

APPROVED: 02-20-14

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PURPOSE

Performance Standards mandate that every Head Start child must receive a vision screening within 45 calendar days of their enrollment to the program. Community Based Organizations assist in performing vision screening for Head Start children but are sometimes not able to meet all the needs of our program. Therefore, Head Start Generalists will perform vision assessments as necessary to ensure that each child receives screening within the 45-day time frame. The vision screening process identifies children who may have vision problems and need to be referred to physicians and eye doctors for more formal assessments. By performing vision screenings within the 45-day time frame, and through timely follow up measures, children are assured of receiving proper diagnosis, therapy, treatment, and vision aids such as glasses. Early intervention is essential in helping the child develop to their maximum potential at home and at school.

POLICY

1. The Preschool Services Department (PSD) staff will ensure that each child's parent has signed the Screening Consent form prior to the screening and file the form in the child's file.
2. All Head Start children will receive an audiometric screening by a certified Program Generalist within 45 days of enrollment.
 - Generalist should attempt to get the screening within the first 30 days but no longer than 45 days.
 - Generalist will submit the vision screening date to the Health Education Specialist one week prior to the beginning of school.
3. Generalist, Teacher, and Teacher Aides will perform vision screenings using the Good Lite "lite box" and the HOTV card system
 - Generalists will be the screener.
 - Teacher Aide will sit with the child side by side in chair listening to the screening commands and patching the child's eyes.
 - Teacher will supervise other children in class making sure to keep the level of noise to a minimum.
4. When an outside agency screens the children, the entire classroom will be brought to the screening area
 - Teacher Aide will site with the child being screened.
 - Teacher will supervise the remaining children (If space is available).
5. Screenings should be a pleasant experience for the child
 - Conduct screenings in a quiet setting in a positive, friendly "game-like" manner.
 - Conduct screenings in small groups.
 - Each child will be screened individually.
 - Children may be encourage to participate, but shall never be coerced. Every child has

the right to refuse.

6. Screening results will be documented in COPA, on the "Vision Screening Documentation Form", and maintained in the child's file.
7. Follow up necessary to ensure diagnosis and treatment is the responsibility of the child's Generalist.

REFERENCE

Head Start Performance Standards **1304.20(B), 1304.20(A)(1)(iii) AND (IV); 1308.6 (b)**

PROCEDURE

- A screening is considered completed by a medical provider if they indicate:

1. Numerical results
2. Within normal range/limits
3. No problem suspected
4. Passed

Note: Conversations with the Counties CHDP Liaison Officer indicated that the County Health Department will consider a vision and/or hearing screening by a medical provider to be completed and will authorize payment for that screening to a CHDP medical provider if any of the above four notations are indicated.

- A screening performed by a trained PSD staff considered complete when:

1. The child completes and passes the screening with numerical results.
2. The child does not complete and pass the first screening and does complete and pass a re-screening with numerical results.
3. The child does not respond correctly or fails to identify letters correctly during the vision screening (STEP 1 to STEP 3) and has been rescreened.

Note: In the case of 3 above the child has completed and failed a **screening** and a referral is given to the parent for a medical provider to complete further **assessment** and appropriate **treatment**.

- Vision screenings are **not** considered to be completed if the person screening the child indicates or states any language such as:

1. Child non-cooperative
2. Child refused
3. Child unable to screen/test
4. Child lost focus

PROCEDURE FOR CHILDREN AGES 3-5

BEFORE SCREENING:

- Screening will be conducted at a distance of 10 feet, and this distance must be measured accurately.

- Use masking tape to mark the place where the child's chair must remain. You may find it helpful to make a masking tape "box" on the floor for the child's chair.
- If the child wears prescription glasses, screen the child with their glasses on.
- Give the child the response panel to hold on their lap. Introduce the "matching game" by asking them to show you the "baby" letter that looks like the "big" letter you point to.

DURING SCREENING:

- Occluding the child's eyes may be accomplished by using a paper cup, a piece of cardstock, construction paper, or the cardboard spectacles. Please remember to dispose of the material after it is used. Do not cross contaminate by using a cup, paper cutout, or pair of spectacles on more than one child.

Step 1

- Screen the child on one line with both eyes.
- Begin the screening for a 3 year old on the 20/32 line.
- Begin the screening for a 4 year old on the 20/25 line.
- Begin the screening for a 5 year old on the 20/20 line.
- The child must be able to identify 4 letters correctly.
- If the child fails to identify 4 letters correctly, move up one line.

Step 2

- After a child has correctly identified 4 letters on one line with both eyes, progress to screening each eye individually.
- Begin the screening for a 3 year old on the 20/32 line.
- Begin the screening for a 4 year old on the 20/25 line.
- Begin the screening for a 5 year old on the 20/20 line.
- The child must be able to identify 4 letters correctly.
- If the child fails to identify 4 letters correctly, move up one line.

Step 3

- Document results: Remember as you document results for the "right eye" and the "left eye" always refer to the child's right and left- not your right and left.

PASS

- 20/50 or better for a 3 year old
- 20/40 or better for a 4 year old
- 20/40 or better for a 5 year old

RESCREEN/ REFER

- 20/60 or worse for a 3 year old
- 20/50 or worse for a 4 year old
- 20/50 or worse for a 5 year old
- 2- line difference or more between right and left eye, even if both eyes are in passing range
- Crossed or misaligned eyes are observed
- Inflamed or swollen eyelids (w/discharge)

- Excessively drooping eyelid(s)
- Inflamed or watery eyes
- Unequal pupil size between right and left eye
- Any appearance/ behaviors/ complaints that suggests an eye problem
 - **Appearance:**
 - Crossed or Misaligned eyes
 - Red-rimmed, encrusted or swollen eyelids
 - Inflamed or watery eyes
 - Recurring sties (Infection on eyelids)
 - Presence of white pupil in color photos
 - **Behavior:**
 - Rubs eyes excessively
 - Shuts or covers one eye
 - Tilts head or thrusts head forward
 - Hold objects close to eyes
 - Blinks more than usual or is irritable when doing close-up work
 - Cannot identify distant objects clearly
 - Squints eyelids together or frowns during acuity test
 - Peeks, Distracts screener or refuses to have one eye covered during vision screening
 - **Complaints:**
 - Eye itch, burn, or feel scratchy
 - Cannot see well
 - Dizziness, headaches, or nausea following close-up work

FOLLOW UP

- If the child does not pass the vision screening:
 - Notify the parent using the PSD “Health Screening Follow up Letter.”
 - Provide a photocopy of the Vision Screening Documentation Form to the parent.
 - Let the parent know that you will re-screen the child in **2-4 weeks**.
 - Put a copy of the “Health Screening Follow-Up Letter” in the child’s file.
 - Document follow-up in COPA.
- If the parent does not respond to the “Health Screening Follow-Up Letter” within **two weeks**, Generalist will:
 - Contact the parent by phone or in person.
 - Verbally explain the screening results and the need for follow up care.
 - Generalist will offer assistance as needed (referral to a doctor, assistance with transportation, etc.).
 - Document the conversation in COPA.
- If the parent does not respond within **2 weeks** to the **second** contact,
 - Generalist will contact the parent in person at the school or during a home visit
 - Explain the need for follow-up and offer assistance as necessary.
 - Generalist will contact their Program Supervisor or the Health Specialist if assistance is needed.
 - Document the conversation in COPA.
- If the parent refuses to obtain follow up care after the **third intervention**,

- Case circumstances should be reviewed with the Program Supervisor and discussed at the Service Delivery Team meeting.
 - If the child's health is not in jeopardy and the parent is exercising their right to refuse care. The case may be closed at the discretion of the Program Supervisor.
 - If the child's health is in jeopardy a referral to Child Protective Services should be considered.

PROCEDURE FOR INFANTS AND TODDLERS

1. Put the child's name and date on top of vision form.
2. Parent will be given the vision screening questionnaire to be completed and returned to Home Base Educator.
3. Home Base Educator will review in a timely manner the results of the vision screening of questionnaire.
4. If the parent marked "yes" to questions 1-11 and/or "yes" to any three questions number 12-25 the child should be referred to their physician.
5. Share the results with the parent.
6. If a referral is required talk to the parents to see if they have a medical home.
7. Each site should have a list of providers in the area available to parents in their language. A medical home needs to be determined the first 90 days of enrollment.
8. Document the results that were shared with the parent on the Service Activity Documentation Sheet and in the case notes on COPA.
9. If the child does not have vision insurance, contact the Health Education Specialist.
10. Enrollment can take place throughout the year the assessments will be on going keeping in mind the 45-day time frame.

COPA DOCUMENTATION

All results will be documented in COPA using the following guidelines:

- No Problem Suspected
 - Use when child passes screening
 - Put numerical value on results
- Rescreen
 - Use when child does not respond
 - Put in date that child needs to be rescreened under "Next Exam Due"
- Problem Suspected
 - Use if child does not pass the second screening
 - Refer to primary physician and notify Health Education Specialist

FOLLOW UP:

- If the child is absent the screening still needs to be completed within the 45-day time frame.
- Continue to follow –up with parent **every fourteen days** until intervention is provided and treatment is completed and documented.

MONITOR:

- Vision screening completed within 45 calendar days from enrollment (first day child entered program).
- Check the well child physical screening form in the child's file for normal or abnormal results.
- All results must be given to parents and documented in COPA.
- Requirements for the **home base program** are the same as entry requirements for site based programs. This would include having a physical before the home base

teacher can conduct a home visit.

RESOURCES AND SUGGESTIONS

- Make sure the family is insured or enrolled in Medi-Cal or Health Families: phone number to apply is 1-888-747-1222.
- Families without insurance, Medi-Cal or Healthy Families: Generalist should contact Health Education Specialist for assistance through V.S.P. Sight for Students.
- Children may qualify for assistance through California Children's Services (see C.C.S. referral package for telephone numbers).
- Children's Fund may be accessed for children needing assistance, if the above measures do not meet the child's needs.