



Adding a Developmental Screening

As part of the provider agreement, you must conduct at least one initial developmental screening for each child within 45 calendar days of the child's program start date using a screening tool that has been tested for reliability and validity. The note entry is designed to support in demonstrating compliance of this requirement. Providers must adhere to the guidelines of the selected screening tool for rescreening throughout the year, if a concern has been identified. Children with IEPs are exempt from this requirement if there is a copy of a current IEP in the child's file, a note in ChildWare should still be entered. Children that are returning should also have a note entered in ChildWare with the original date of the initial screening.

The tool helps to highlight a child's strengths and concerns as well as highlight results that fall in a "monitoring zone," to make it easier to keep track of children at risk. When entering the note you must use the date, the screening was conducted as well as any supporting notes that may apply.

Guidelines:

Returning child: Note entered with the initial screening date and info (*must be within 45 calendar days of the previous program yr.*)


Child with an IEP: Date the IEP was in receipt (still needs to be within 45 calendar days.)

New Child: Note entered with the initial screening date and info (*must be within 45 calendar days of this program yr.*)

**** Providers must refer any child with an identified concern to Elwyn for assessment within 15 calendar days after receipt of parent permission to refer. When documenting a referral in the note please check off concerned identified and referred to LEA with the date of the referral.**

Getting Started:

1. Open your Chrome Browser – type childware.phmc.org in the address bar.
2. On the next screen type in your ChildWare 2.0 username and password.
3. Click on the word ChildWare in the upper left corner to access your navigation menu.
4. Scroll down to Children.
5. Click on the name of the child you want to add a Kindergarten Transition note.

Need PHLpreK assistance (policy/procedure) - email PHLreK@phmc.org or contact your Contract Specialist. Need ChildWare technical assistance - email helpdesk@phmc.org or click on the BUG icon 

Example: Princess Ariel

Princess Ariel (5yo) ID# 12762

Last Updated Date/Time: 08/17/2020 08:40:04

Last Updated By: gfarallysemerad

General Relationship Address Application/Enrollment Document Health Risk Factors Change Log Admin

First Name Princess Middle Name Last Name Ariel Suffix Select Su

Nickname Date Of Birth 03/15/2017 Custody Agreement Gender Female

Race Native Hawaiian or other Pa Ethnicity Non-Hispanic Is Foster Child No

Grade Level Select Gradet Pupil ID 0 1st Language Amharic 2nd Select La

Release Form Poverty Level 1.24 Agency 72-ABC Dayc 3rd Select La

Edit Delete Transfers

Health Tab:

To add a Developmental Screening or Assessment on a child's record – First, click on the Health Tab and then click on the Health/ Development Events Tab

Princess Ariel (4yo) ID# 12762

Family

General Relationship Address Application/Enrollment Document Health Risk Factors

Care Provider Insurance Allergy/Food Restrictions Health/Development Concerns Medications Health/Development Events Note/Events

Count: 3


Health Event Name	Event Date	Completed By	Concern Identified	Referred To System	Referral Date	Assessment	Screening	Notes	Updated By	Action
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Click on the **Health Tab** to Access:

- **Care Provider**
- **Insurance**
- **Allergy/Food restriction**
- **Health Development Concerns**
- **Medication**
- **Health/Development Events**
- **Notes/Events (Kindergarten Transition)**

To Enter a Health Event

1. Health Tab
2. Health/Development Events
3. Search box for Health Event
4. ADD Health Event button

Need PHLpreK assistance (policy/procedure) - email PHLreK@phmc.org or contact your Contract Specialist. Need ChildWare technical assistance - email helpdesk@phmc.org or click on the BUG icon 

Clicking on the ? will show you the General Health Assessment Guidelines for CCIS, PHLpreK, PKC, and HS and Funding Source Assessment Guidelines.

General Health Assessment Guidelines for CCIS, PHLpreK, PKC, HS			
PA Code Category	Definition	Initial Screening Deadline	Updated Screening
Infant	0-12 months	Initial form dated no more than 3 months prior to 1st day of attendance	Every 6 months
Young Toddler	13-24 months	Initial form dated no more than 6 months prior to 1st day	Every 6 months
Older Toddler	25-36 months	Initial form dated no more than 1 year prior to 1st day	Every 12 months
Pre-K (Pre-School)	37 months to the date child enter kindergarten	Initial form dated no more than 1 year prior to 1st day	Every 12 months
School-Age	Kindergarten age to & including 12 (up to 13th birthday)	In accordance with PA School Code (28 Pa. Code 23.2)	Assessment date is within one year of Sept 1 of current school year

Funding Source Assessment Guidelines		
Funding Source	Assessment	Guideline
HS	Vision	Within 45 calendar days of the child's 1st day of attendance the provider must conduct a vision/hearing screening or obtain information demonstrating it was performed.
HS, PKC	Vision & Hearing Screening	Children must receive a vision/hearing screening every 12 months – either as part of their annual physical (see notes under Health Assessment) or as a stand-alone screening.

NEVER overwrite a previous Health Event **ALWAYS ADD NEW**

Add Health Event:

Enter Health Event Details

Health Event Select Health Event Type ▼	Event Date
<input type="checkbox"/> Concern Identified	<input type="checkbox"/> Consent Given for Services
<input type="checkbox"/> Referred to LEA/Early Intervention System	Completed By
Developmental Assessment Select Developmental Assessment ▼	Developmental Screening Select Developmental Screening ▼
Notes	

Upload Document
Add
Cancel

Need PHLpreK assistance (policy/procedure) - email PHLreK@phmc.org or contact your Contract Specialist. Need ChildWare technical assistance - email helpdesk@phmc.org or click on the BUG icon

Choose Developmental Screening Event Type:

Enter Health Event Details

Health Event
 Select Health Event Type
 Select Health Event Type
 Dental Assessment
 Dental Screening
 Developmental Outcome Assessment
 Developmental Screening
 Hearing Assessment
 Hearing Screening
 Mental Health Assessment
 Mental Health Screening
 Physical Health Assessment
 Vision Assessment
 Vision Screening

Event Date
 Completed By
 Referral Date
 Developmental Screening
 Select Developmental Screening

Upload Document Add Cancel

Select Developmental Screening Tool

Select Developmental Screening

Accuscreen
 AGS Screening Profile
 ASQ- 3 (Ages & Stages Questionnaire)
 ASQ-SE (Ages & Stages Questionnaire Social-Emotional)
 Battelle Developmental Inventory
 Battelle Developmental Inventory, 2nd Edition (BDI-2)
 Brigance Early Childhood Screen III
 Brigance Early Preschool Screen - II
 Brigance Infant and Toddler Screen
 Brigance Preschool Screen
 Brigance Preschool Screen - II
 Chicago Early Screening
 CIP (Comprehensive Identification Process)
 Denver Developmental Screening - II

Health Event
 Developmental Screening
 Concern Identified
 Referred to LEA/Early Intervention System
 Developmental Assessment
 Select Developmental Assessment
 Select Developmental Screening

Notes

Upload Document Add Cancel

You will need to add ASQ-3 and ASQ-SE separately. Which means every child would have 2 entries for their Developmental Screening

Concern Identified/Referred to IEP:

- These fields are checked off, if necessary: Concern Identified, Referred to LEA/Early Intervention System. Refer to PHLpreK Application for “Consent Given for Services” to complete that field.

Enter Health Event Details

Health Event
 Select Health Event Type
 Event Date


Concern Identified Consent Given for Services
 Completed By

Referred to LEA/Early Intervention System
 Referral Date

Developmental Assessment
 Select Developmental Assessment
 Developmental Screening
 Select Developmental Screening

Notes

Upload Document Add Cancel

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Note Section: Example

Enter Health Event Details

Health Event
Developmental Outcomes Assessment

Event Date
10/01/2020

Concern Identified

Consent Given for Services

Completed By
Gail Farally-Semerad

Referred to LEA/Early Intervention System

Referral Date
10/10/2020

Developmental Assessment
Teaching Strategies GOLD Online

Developmental Screening
Select Developmental Screening

Notes
Fall Developmental Outcome Assessment completed

Upload Document Add Cancel

Review the items in the Health/Development Events Tab

A completed record will show all Health/Developmental Assessment events entered.

Princess Ariel (3yo) ID# 12762

[Family](#)

General
Relationship
Address
Application/Enrollment
Document
Health
Status

Core Provider
Insurance
Allergy/Food Restrictions
Health/Development Concerns
Medications
Health/Development Events
Note/Events

Add Health Event
?

Health Event Name	Event Date	Completed By	Concern Identified	Referred To System	Referral Date	Assessment	Screening	Notes	Updated By	Action
Vision Screening	03/07/2019	Johanna Morales	Yes	No	04/04/2019			Parent was referr...	mjorales	Edit
Physical Health A...	10/17/2018	Johanna Morales	No	No				Document in child...	mjorales	Edit
Hearing Assessment	11/22/2018	Johanna Morales	No	No				No current hearin...	mjorales	Edit
Developmental Scr...	09/27/2018	Johanna Morales	Yes	Yes	12/11/2018	ASQ- 3 (Ages & St...	Child score low L...		mjorales	Edit

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