

ASQ 3 RESEARCH PROJECT

By Sylvia Hess, MSW

For Child Care Resource and
Referral of Multnomah County

Funded by Multnomah County
LAUNCH

Introduction

Child Care Resource and Referral of Multnomah County (CCRR-MC) has been training child care providers in the use of the Ages and Stages Questionnaire (ASQ-3) for approximately one and one-half years. The **ASQ Research Project at CCRR-MC** was funded to take a look at outcomes of the training efforts as well as provider perspective regarding the tool. More specifically, after providers attended the trainings were they able to implement the ASQ-3 as a developmental screening tool in their child care setting.

Additionally, questions such as how many screenings did they do and how often, barriers to using the screening tool, positive outcomes to the implementation and technology use in their programs was surveyed.

Approximately 160 child care providers have been trained by CCRR-MC staff since February of 2013. The class, *“Using the ASQ-3 and ASQ-SE in your Child Care Program”* was offered on site at the CCRR-MC as well as via private trainings held at child care centers or other venues, upon request. Each training offered an overview of the ASQ-3, outlined the need for and benefits of screening and how to use the screening tool. Participants had an opportunity to practice using a screen as well as scoring.

A series of interview questions were developed by this researcher with input from CCRR-MC Director and staff as well as LAUNCH Coordinator. Questions were divided into two sections: one for providers who had started using the tool and one for those who had not yet implemented the screening tool.

Providers who reported that they had been using the ASQ-3 in their programs prior to or following the training were asked questions regarding the number of screenings completed and the screening process in their sites. Only providers who are currently using the screening were asked about Parent Involvement, though all providers were asked whether they knew where to go if a concern was identified or if they had a concern about a child in their care.

All providers were asked to respond to questions about how they liked the ASQ-3, the training, and their understanding of the benefits vs. possible negative impact on their work. Also queried was whether they had the right support to implement use of the ASQ-3 in their setting and if they felt they needed additional training.

All providers answered questions about Technology as well as the final more general questions. The two directors interviewed were asked specific “director questions.” Four parents were interviewed regarding how they experienced use of the ASQ-3 in the child care setting. Their comments follow at the end of the director comments.

As directed by the study, this researcher interviewed 20 providers from a variety of programs across the Multnomah County who had attended at least one of the trainings. Interviewees were chosen randomly

from class lists. Interviews were conducted by phone with providers of all types of child care: Registered Family Care (RF), Certified Family Care (CF) and Center Care (CC). Staff interviewed included: owner/provider and/or staff, center staff and center directors. In all, there were 8 RF care respondents, 8 CF care respondents (one of these was staff in a CF home)2 CC directors and 2 CC staff. Three of the providers were Spanish speaking only (all RF).

Results of the Interviews

The following discussion will review the responses by providers who are using the ASQ-3 in their child care setting. To facilitate this report, a summary of responses follow each question. The number of screenings completed in comparison to capacity is displayed in Graph 1. Frequency of use is outlined via discussion to follow.

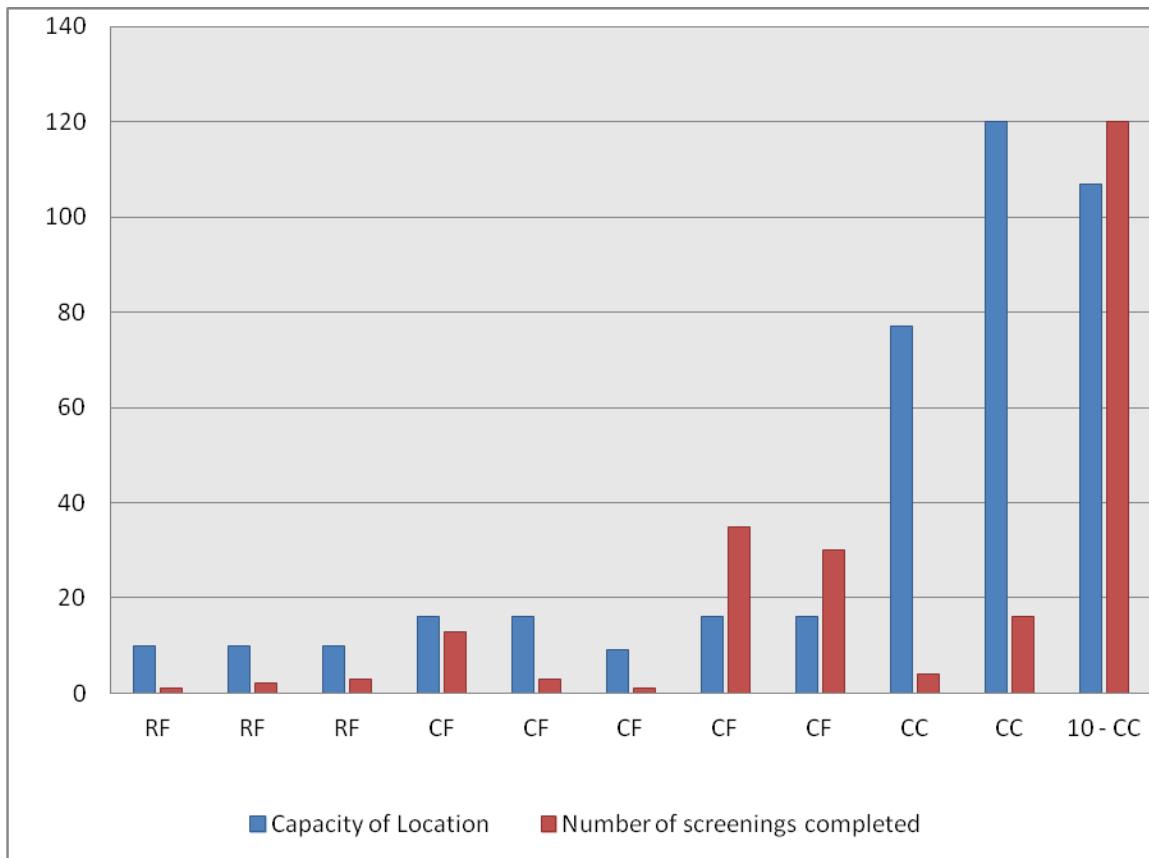
Twelve of the interviewees (60%) responded that they have been able to use the ASQ-3 for children in their child care program.

Since you have used the ASQ-3 in your program I have a few questions to ask you about how it worked for you:

Approximately, how many screenings were you able to do since you attended the ASQ training?

Graph 1

Capacity of Child Care Provider contrasted with Actual Number of Screenings Completed



The graph above contrasts the capacity of the program with actual screenings completed. The blue bar shows the capacity based on licensing and the red bar shows the actual screenings completed.

Two of the CF providers as well as one CC provider did more screenings than their capacity. This reflects two yearly screens for one CF home as well as licensing as CF for a preschool provider (since she may have children in care for more than 4 hours and/or children under the age of two). The CC program attributed the higher numbers to turnover in children in their center.

Summary and explanation of numbers of children screened by child care providers:

The numbers of children screened varies. The results partially reflect the type of care provided i.e. RF care provider is licensed for up to 10 children while CC cares for many more dependent on the number

of sites etc. It is also indicative of some providers who stated that they screened only children for whom they had concerns. Finally, providers who adopted the ASQ-3 as a part of their regular procedures screened larger numbers of children since they worked to screen all the children in their care.

For each child for whom you completed the ASQ-3, how frequently were you able to complete it?

Summary of frequency of use of ASQ-3 in 20 child care settings:

Six providers did one “round” of screenings for some of the children in their care since they attended the training; two of these five stated that they plan to embed annual screenings in their regular fall enrollment practices. Two providers (CC & CF) stated that they are doing ASQ-3 on an annual basis.

Three providers (two CC and one CF) reported doing ASQ-3 every three to four months. Two of these providers used the ASQ-3 only for children for whom they had concerns and not for all the children in their care. In this way, a provider would repeat the screen, as directed, only for children who were in the monitoring area of the score sheet. For example, one CC provider noted that she screened 4 children in her classroom and repeated the screening for only one child for whom there were concerns. A CF provider stated that she has started doing screens every six months on all her children and for new children as they enter her program.

A CF provider discussed how she did not require parents to complete the ASQ-3 this year but distributed it to the parents of all 40 children who attend their preschool program. She received 25 to 30 back. In this case, the ASQ-3 was sent out prior to parent/teacher conferences near Thanksgiving and results were discussed at the conferences. She plans to do the ASQ-3 yearly but would repeat, if indicated. She also mentioned that the program is considering requiring it.

A CF childcare home, who completed one screening using the ASQ-3, has been doing a “checklist” 2X per year for all of her children. She uses the checklist, **Skill Concept Developmental Checklist for 2, 3, 4 year olds**, currently, and hopes to be able to do both the ASQ-3 and the checklist to compare them in the future.

A total of three providers (RF, CF, CC) who have started using the ASQ-3 have completed it once and are making plans to embed it in their enrollment/welcome packets in the fall. Again, most providers noted that they would repeat the screenings if the child fell into the “monitoring” area indicating that they would provide appropriate activities to address an area of concern and repeat in 3 to 4 months.

Notably, two providers (both CF) stated that their programs had asked the parents to do the ASQ-3 and then the teachers repeated the screens “behind each parent” and, thus, were able to compare the results. They found this practice very helpful in supporting the children in their care.

Frequency of use of the ASQ-3 is varied. Some providers plan to provide the screening once a year for all children and rescreen as directed while at least two providers would like to use it twice a year. Others have not yet made it a part of their program but completed it for some of their children for the first time. Finally others see it as a tool to use only for children they suspect of having a delay and will use it

as frequently as they are directed by the results of the screening.

Provider Feedback after using the ASQ-3

The following questions were asked to help clarify provider use of the ASQ-3 while exploring information they may have learned from using it and identifying barriers they may have uncovered. A summary of their responses follow.

Have you been able to screen every child you wanted to? Yes: 6 No: 6

Give me an example of what prevented you from screening an individual child.

Half of the providers who are using the ASQ-3 have been able to screen all the children they wanted to while half have not been successful in screening the children they hoped to screen. Those who were not able to screen some of their children cited barriers including: lack of sufficient materials, time constraints, child turnover and lack of parent response in returning the forms.

One provider wondered if the parents were just not interested or too busy. Another expanded on her concern about time noting that Multnomah Early Childhood Program (MECP) staff are in the building and she would often “run things by them” instead of using the screening tool as that was easier. A staff teacher noted that she was waiting for her director to buy the materials.

Do you feel you were able to get good information from the screening; information you could use to support the child in your program? Yes: 11 No: 1

All but one provider answered the question of whether they got “good information from the screening” in the affirmative. The providers cited gain in variety of areas from using the tool including: knowledge of basic child development and expectations, discrepancies between what staff and parents saw in children and potential activities to incorporate for a child during his/her day. Additionally, several providers noted that they became thoughtful about the meaning of a child behavior, were able to compare with parent reporting and gained insight into the child’s needs. One provider noted, “I learned to watch for things.” Two providers stated that they were able to refer children to the Early Intervention program as a support for the child. The provider who felt she did not get helpful information noted that both the children she screened were on track so “not really.”

Two providers commented in this section that parents had not been truthful in their responses. In one case, it related to a medical condition and what the child could and could not do.

What steps were you able to take to use the information from the screening? Can you give me an example of how you might use a recommendation from the ASQ-3?

Providers discussed a variety of ways in which they used information/recommendations from the screening tool. They often shared the results with parents, especially in conferences; sometimes the ASQ-3 was used as a “jumping off place” to begin a discussion with parents around child behavior and/or temperament or to double check with the parents about an individual child need. One CC provider noted that she had gained insight into how she needed to change the environment for a particular child. A CC director noted that she is working to get her teachers to use the information in planning for individual children; for example, in the area of fine motor development. Providers again cited referrals to Early Intervention as a way in which they used the recommendations from the ASQ-3.

What surprised you about using the screening?

Several interviewees commented on how the ASQ-3 surprised them. Notably, "I had never done these before. I have been doing childcare for 28 years and was a kindergarten teacher. I am interested in doing them." Two providers reported that the screen alerted them to areas of development they had not considered as well as calmed their concerns about behaviors they were questioning; it gave them perspective. One provider noted, "I was surprised at how quickly it picked up a delay."

What did you dislike about the screening?

Providers for the most part did not identify anything they did not like about the screening though one provider noted a drawback. She commented that she felt that the screening tool was not broad or wide enough in areas. She stated "Providers need strong early childhood information to understand what it is telling them. It is not as broad as it could be - not wide enough in areas. I feel that it doesn't cover enough and can scare parents."

Parental Involvement

The following questions were designed to assess how parents are responding to the use of the ASQ-3 in their child's child care setting from the provider perspective. Results of the interviews are based on conversations with Providers who have implemented the ASQ-3 in their programs.

Have you introduced the ASQ-3 to parents?

All **12** of the providers who are using the ASQ-3 have introduced it to parents. Those who purchased the ASQ-3 package for use at their site were able to hand parents a copy to complete; others asked parents to complete it online.

Have parents been open to doing the ASQ-3 with you? Yes: 10 No: 2

Those who felt parents were open to the ASQ-3 shared that they made the screening tool a part

of what the program expects of children attending their program. "I told the parents we will be doing it every 6 months so they are more open to it." One more interesting comment was the sense from one provider that parents of two year olds were more interested than parents of three year olds. She stated, "It can be a teaching tool for age appropriate stuff." These providers also noted that not every parent was responsive to returning the completed screening and since it was optional, they did not press parents for it.

One provider who responded in the negative to this question recalled talking to a parent whom she felt was in denial about her child's potential delays: "they weren't interested in completing the ASQ-3 and were non-responsive to my request."

Has the parent shared with you that they have completed the ASQ-3 with their child's pediatrician or another place? Yes: 8 No:4

Parents did report to their provider that they have been given the ASQ-3 (or something similar) to complete at their pediatrician's office, especially Kaiser. One CF provider noted that about 2% of her parents told her they completed it for their pediatrician; they were able to provide a copy for the child care provider. Parents also reported they had completed it at MECP. One family brought it from another state. Almost all providers reported that they redid the ASQ-3 for their own records or asked the parent to do it online.

If you were able to use the ASQ-3 in your program:

Did the parent complete on their own? 9

With your assistance? 1

*Parent was not involved: 3**

**One parent had already completed it so child care provider repeated on her own.*

Since the ASQ-3 is a parent completed screening tool, providers were asked how it was completed in their child care program. Most providers did ask parents to complete it though some found it useful to do for their own information. In fact, one CF provider completed the ASQ-3 "behind every parent" and used it in parent/teacher conferences to discuss child abilities at home and at school. One RF program asked parents to complete the ASQ-3 online at: www.asqoregon.com by advertising in the program newsletter and via flyers. A center program staff stated that she helped the parent with materials she needed to complete the screening. A CF provider used it to double check her sense that the child might be delayed; in this case, the child passed the screening and the provider did not refer.

Do you feel that the ASQ-3 helped you set up a dialogue with the parent about his/her child and their needs?

The question above is key to the implementation process. Providers have been encouraged as a part of the CCRR-MC training to see the ASQ-3 as a pathway to begin a positive dialogue with parents. Several responded that, indeed, they have used the ASQ-3 as a neutral place to start as well as facilitating conversations about development.

"I was able to say to the parent 'this is a general consensus about what kids should be

doing at this age' and also to share with them about development. The parent was open to it,"

"Yes, it is with the (child's) portfolio and that helped and made it a lot easier to communicate with parents about development. I reviewed the ASQ-3 with them. It is parent friendly."

Some providers did not find it useful in supporting a dialogue with parents. One provider commented that, in fact, it did not help that much since she has a pretty good relationship already and talks with parents every day while another noted that there is not much time to talk with parents.

As you know, a screening can tell us about trouble spots and indicate a child needs help. If concerns are identified from the screening, have you been able to talk with the parent about the results? Have you felt that the information has "put them off" or offended them? Have you been able to communicate to the parent in the way you wanted to?

Yes (I have talked to parents): 5 No (have not had to make a referral): 7

Providers shared that talking to parents about a potential delay in their child is difficult. One provider stated, "I was reluctant to talk to the parent about how the child was delayed a little bit in some things but I did it anyway." Teachers and other staff often turn to the director for help with communication around delays in development when they are identified. For example, "I talked to the director about it and approached it delicately. Only one parent took it offensively. A director also noted that she takes on this role so that the parent doesn't think that the teacher "just doesn't like my child." She also commented, "talking to parents about a potential delay in their child is like handing out a late bill to the family."

The ASQ-3 has been useful as a positive introduction for providers as they talk to parents about delay; "I tell parents this is a national standard. It's not just the provider doing it – it is widely used and standardized. I tell them they can take it to their pediatrician". As might be expected, each parent is different; "One parent is not willing to be referred. She says it is too soon to "earmark". But if I was overly worried I would pursue it."

For those who have not yet needed to make a referral, the conversation is worrisome but having the ASQ-3 is a support. "I am nervous to have to talk to a parent about delays. It seems scary. I haven't had to do it yet. I do like that the ASQ-3 focus is on building up and strengths."

Providers who are not doing the ASQ-3 have not yet introduced it to parents. However, one provider who is not yet using it noted that a parent brought the developmental screening to her for her review. An RF provider who is not using the ASQ-3 commented that she talks to parents everyday so feels no need for conferences. She feels that most parents are very aware of their kids needs.

All Provider Responses following training

The following series of questions were asked to help understand both provider “buy in” as well as efficacy of the training they received.

After receiving the training and learning about the ASQ-3, tell me what you liked about it?

Most providers were enthusiastic about the training they had received regarding the ASQ-3. They responded that they felt the tool was good, not hard to understand and that the training had been clear and helpful. Two providers noted that having this kind of tool to use helps them to be more professional in their work as childcare providers. The sense that it is both a tool for them to learn about a particular child’s development as well as helping them see the child “through the parent’s eyes” was expressed.

What did you dislike about the ASQ-3?

In contrast to the positive responses above, providers also noted the drawbacks to implementing the ASQ-3. Some providers felt that one class was not enough to understand how to implement it while another felt that it put her in an uncomfortable position; “the teacher is not the expert”. Two RF providers cited cost and lack of access (i.e. it is not available online to download) as issues. One RF provider noted that she likes the screening tool she is currently using (PEDS)and felt the ASQ-3 was not as good.

What do you think are the benefits to you of using a developmental screening like the ASQ-3?

Providers spoke of the benefits of using the ASQ-3 in their programs and expressed their understanding of its place in supporting children in their care. For example, three providers noted that it was especially helpful as children enter their program to help them assess ‘where they are - like an intake screening’. One provider noted, “It’s a guide.” The activities provided were highlighted as a benefit, as well. Using the ASQ-3 puts an emphasis on child development for the providers who use it and this was noted as a benefit. It also plays a role as a place to start a “touchy” conversation with a parent.

Finally, the ASQ-3 is seen as building professionalism for providers and their staff. An RF provider noted that it is a good business promotion, “Parents know you are watching their child’s development.”

Tell me how you think it might negatively impact the work you do, if you do?

Most providers did not think using the ASQ-3 would impact their work negatively. However, one director noted that the ASQ-3 was an additional piece of paperwork for teachers. Teachers

wondered if it would create a barrier with an upset parent and make for a difficult conversation with a parent. In fact, one provider noted that she wondered if it was her place to screen the children in her care and that it may be seen as being too much government involvement. She noted, "I want to be sensitive to families who may oppose that."

Do you feel you have the right support to implement the ASQ-3 in your child care setting?

Yes: 10 **No: 2**

The majority of providers felt they did have the right support to implement the screening tool. Again, a few barriers were identified: access to materials (perhaps a packet could be provided), time, funding, support from the director and more classes.

Do you feel you need additional training to support you in using the ASQ-3? Yes: 11 No: 9
(For those not yet implementing the ASQ-3: Yes: 5 No: 3)

Three providers noted that they have good support but added that a yearly class would be a great idea. "A yearly class would be good - a refresher course and/or a class on tips on development (red flags etc.) - like a yearly CPR class."

For providers who responded that they did need additional training a variety of factors emerged. Some felt that they needed more specifics on developmental delays while others needed help with the details around the actual screening tool such as selecting the appropriate screening or scoring. They cited wanting more ideas and training to support children's development but also commented that CCRR-MC was a resource they knew they could access.

One provider stated that she was able to access the ASQ online and print materials. She stated that she was curious which ASQ she should be doing: the ASQ, the ASQ-3 or the online www.askoregon.com.*

*It is the assumption of this researcher that the provider may have accessed an older version of the ASQ via a Google search, prior to the development of the ASQ-3.

If there was a concern identified by the screening, were you able to make the appropriate referrals to the parent? Yes: 15 No: 2 No response: 3

All the providers who answered yes knew about Early Intervention, Multnomah Early Childhood Program (MECP), or to call CCRR-MC or 211 to find out where to turn. One provider would like clarification regarding whether they call David Douglas School District or MECP.

One provider who responded no, asked for additional information. CCRR-MC will follow-up with this specific provider. The other provider felt that she could find out and that the information is in the ASQ-3 training packet provided by CCRR-MC.

Technology Questions:

The purpose of the questions related to technology is to offer a snapshot of provider use of computer systems in their day to day work as well as how a potential ASQ-3 online resource would be received in Multnomah County. The responses include information from all 20 providers interviewed.

Would you find it helpful to have access to the ASQ-3 screening tool online and/or create a barrier for you to do the screenings? Yes, it would be helpful: 13 No, that would be a barrier: 6

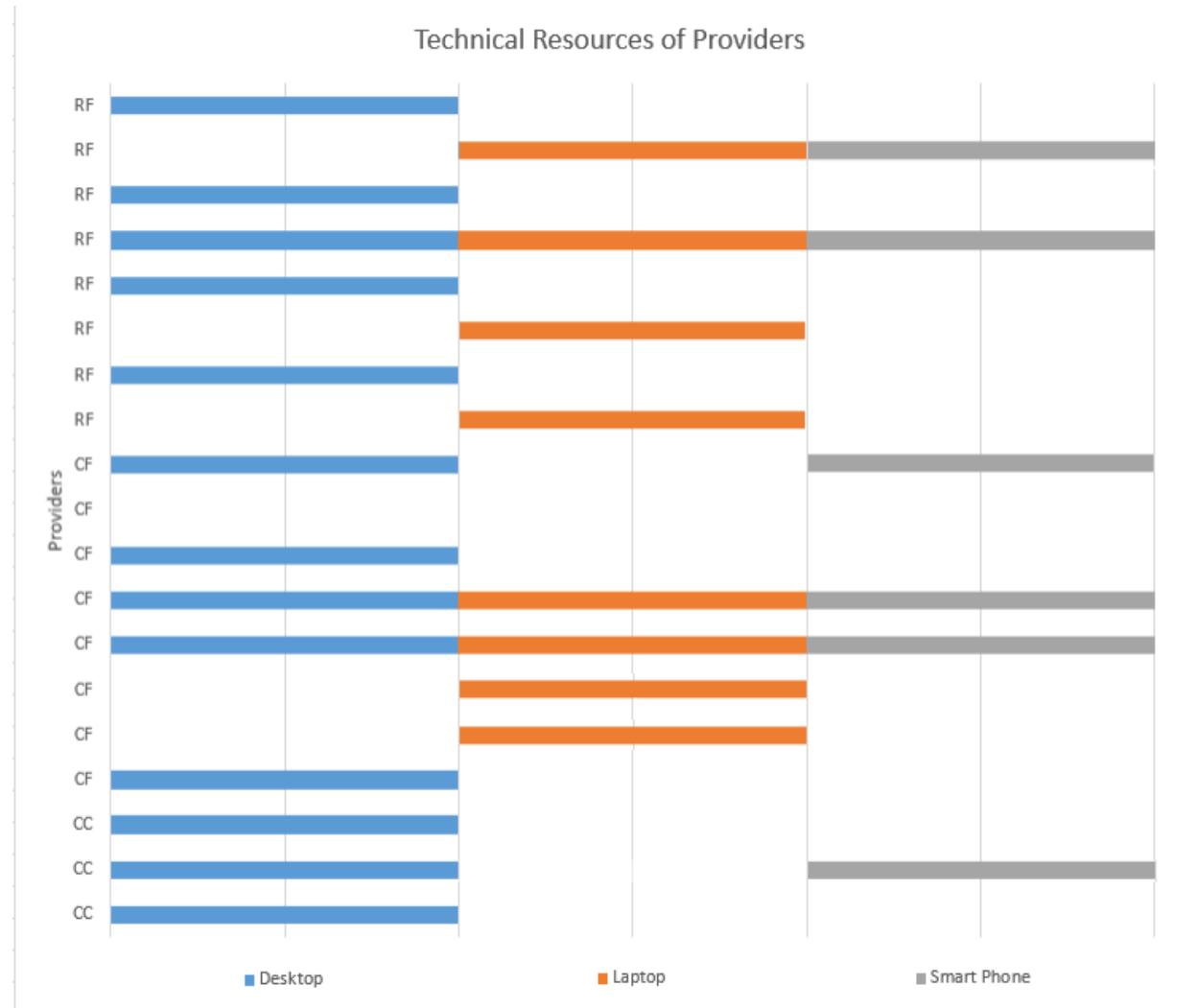
Maybe: 1

One provider noted that in her program, parents were uncomfortable putting things on online and that this prompted her to buy the materials. Several providers stated a preference for paper to hand out to parents.

Do you have access to: desktop computer, laptop, or smart phone, other access to technology?

Graph 2, below, shows the type of technology available for use by each provider. Only one provider does not have some kind of technology for use in her program.

Graph 2



The graph shows that majority of providers have access to technology in their childcare business or center.

Do you use technology in your work i.e. for record keeping, developmental information, and other needs that come up at work? Please specify.

Providers use technology in their work for a variety of functions including: forms, taxes, accounting and other reporting requirements (United States Department of Agriculture), calendars, general information and communication with parents.

The majority of providers keep only paper records on children enrolled in their programs. Only one provider reported keeping child information on her computer while another provider uses

her laptop to do evaluations and take notes on children.

A CC director noted, "Our center uses a paper file for developmental information. Parents want to keep information on their children in the child care center. They have asked, 'why are you taking information from me?' I do use Procare which is a contact system."

Have you ever used the current online ASQ-3 located at <http://www.asqoregon.com/> ?

Yes: 8 No: 12

Of the 12 providers using ASQ-3, half of them have either used or referred parents to the site even if they had purchased it. However, four (3 RF & one CF) of the 12 providers did use the free website solely as a way to access the ASQ-3. One provider reported that parents did not have good luck getting copies back and this complicated the process while one reported that she was planning to use it.

Do you think that using an online ASQ-3 screening would be a good fit for you and/or your program?

Why or why not? Yes: 14 No: 3 Maybe: 2 No answer: 1

82% of the providers who answered the question thought that an online ASQ-3 would be a good fit for them. Providers noted that it would be easier to have it online in order to have it "at my fingertips" though one noted, not everyone would like that and that "it would be nice to print it out". Three providers said "No" that paper is a better way to go while two others were uncertain and responded "maybe." One provider noted that parents lose papers so an email with link would solve the problem while another thought that having something to hand a parent is best. One provider noted that access at work was a problem for her since the computer was in the director's office.

Final questions

The final questions asked of the providers relate to how we could make the screening process better for the provider, query regarding additional assistance needed as well as any final thoughts. Providers were also asked whether they were participating in Oregon's Quality Rating and Improvement System (QRIS).

Overall, what could we do to make the screening process better for you and/or do you need additional assistance in using the ASQ-3 information/recommendations in your program?

Providers had several "tips" to improve the screening process including: a reference booklet about the ASQ-3, follow-up training on talking to parents about potential concerns, additional training in scoring and choosing the right questionnaire. Providing a packet of materials to send out to Centers so they do not have to make copies was one suggestion as well as flyers or "poster" for parents. ASQ-3 materials in Spanish were also suggested.

Another idea to enhance online use for providers was offered; "if a parent went online, it would be helpful to have a place to put the provider name so that a copy went to the provider automatically. It was hard to "bug" the parents to get a copy back to me."

The graph below shows numbers and percentage of providers who are currently working on the QRIS levels contrasted with those who are not:

Graph 3

Providers by licensure working on QRIS

Provider	YES	%	NO	%
RF - 8	5	62.5%	3	37.5%
CF - 8	5	62.5%	3	37.5%
CC - 3	3	100%	0	0
19*	13	68%	6	32%

*Two of the interviewees work for the same CC; 19 programs of 20 interviewees are represented.

As seen above **68%** of providers surveyed are participating in the QRIS system while **32%** are not yet participating. **62.5%** of the 8 RF providers and **62.5%** of 8 CF providers are working towards QRIS while **37.5%** of total RF and CF providers are not. Two providers (CFs) who are not participating in QRIS are planning to begin the process as soon as they have been in business for two years (one of these providers is using the ASQ-3). Of those not using the ASQ-3, 3 are working on their QRIS.

Barriers to using the ASQ-3

Eight providers (40% of those surveyed) indicated that they are not using the ASQ-3 in their programs at this time. They were asked to identify the barriers they saw to implementing the ASQ-3 in their programs. They were queried regarding the following possible obstacles: Funding, Scheduling, Parent refusal, Private Space to Meet, Opportunity, No time, Technology Availability, Administrator /Director Decision, Lack of training/experience, and Other.

Two RF providers noted that funding was the primary barrier for implementation of the ASQ-3. They noted that due to the small numbers of children they cared for, they could not justify the cost of the materials. One of these providers noted that she is 'not that far into' the QRIS

process while another is currently using another screening tool, the Parent Evaluation of developmental status (PEDS) to screen children in her care. Another RF provider cited lack of technology as well as training and experience. Two CF providers noted that there was just not enough time in their day to focus on the implementation. Another CF provider is in her first year of providing child care and hopes to look into it next year. Two RF providers gave no response to this question.

To buy or not to buy

Though the researcher did not specifically query regarding purchase of the ASQ-3 materials, several providers discussed the dilemma of whether to buy the ASQ-3 materials for use in their programs. Due to restrictions of copyright, providers must purchase their own materials to use the screening tools legally. The cost outlay is \$275.00 for an individual provider to purchase the ASQ-3 starter kit for use at their site. ASQ- SE only can be purchased for \$225.00. Spanish additions are an additional cost. A full package can run closer to \$1000.00. For example, one CF provider noted that she had put out \$600.00 to get started using the set and though she is a strong supporter of using the ASQ-3, she noted that it was a huge expense she would not be able to recoup.

An RF provider who asked a parent to do the ASQ-3 online at the www.asqoregon.com site noted:" I do mostly school age kids and didn't want to buy the big test due to cost. For me, it doesn't make sense business-wise. I need to be able to download it for easy access."

As noted above, a total of four of the providers (3 RF & 1 CF) who have used the ASQ-3 in their programs did ask parents to go online to www.asqoregon.com to complete the "free" version and then provide copies for the childcare program.

A staff of a CF care home commented that continued use of the ASQ-3 in her classroom was based on whether her director had purchased it.

On the other hand, two CC programs and one CF program did purchase the materials. Another CC program noted that they had the ASQ-3 as a previous contractor of Head Start services and did not worry about purchasing the materials.

For those who are not using the ASQ-3 in their programs, two of the RF providers cited cost as a "real" barrier to implementing the use of the screening tool. One of these providers commented, "I can't justify spending that much money for my program since I have only 6 children in my care. I wonder if it is a "one time" fee and then there would be more cost to "upgrade" in the future."

Two others in this group noted that they were not yet far enough along in the QIRS process to purchase and use the ASQ-3.

Clearly, cost of the materials has presented a barrier to use of the screening tool for some providers. A few have purchased the materials outright while most are in the process of considering purchase. A few providers have possibly accessed older versions of the ASQ while others took advantage of the free online version in Oregon.

Director responses

Two directors responded to the ASQ-3 Project interviews. Both of the directors have implemented the ASQ-3 in their centers.

The directors were asked questions regarding how the implementation was going, barriers, staff and parent response, benefits and whether there is a policy in place.

One director who implemented and also purchased the ASQ-3 had the following comments:

“Use of the ASQ-3 is going well. One barrier I see is being able to get the paper copy back from the parent. Overall, my staff do like the screening tool. I see the benefits as really adding a sense of professionalism to our center. I have found that the purchase of the ASQ-SE has really been helpful in terms of children with behavior problems. I do have a policy in place. A description of the ASQ-3 is in our handbook and we include it in the welcome packet along with a letter of introduction. This year, I would like to spend more time with teachers to discuss the results of screening with them as well as develop a tracking system to make sure the questionnaires come back.”

The other director has used the ASQ-3 for children who show signs of delay, only. She works closely with the Multnomah Early Childhood program that often facilitates access of the ASQ-3 for the program. She notes that she sometimes does the screening for her own use in the classroom. If a child in another classroom is identified with delays, she is the one who talks with the parent.

Parent responses

Four parents were interviewed regarding how they experienced use of the ASQ-3 in the child care setting. They were asked a series of questions around their experience of completing the tool for their child care provider. Two of the parents used the same child care program. Their responses follow:

Have you completed the ASQ-3 more than once for your child? If so, where?

Three of the parents had been asked to complete the ASQ-3 in another setting: two specified Kaiser (completed at 3,6,9 & 18 months etc.) and one specified the doctor's office as well as

MECP and Albertina Kerr Child Development program. All of the parents completed the screening on paper.

Would your preference be to complete the screening online or paper or another way?

Three of the parents thought online access to the ASQ-3 would be better for them while one noted there would be no way to put a comment on the online format. For the online preference, parents cited "saving paper" as well as being able to save it to be able to update it (and not lose it as one might a paper copy).

How long did it take you to complete - 10 - 20 - 30 > 30 / minutes?

Two parents reported that the screening took 30 minutes to complete, while two stated it took about 10 - 15 minutes. One parent clarified that it took her longer once her child was older, as she had to ask her child to do some of the activities; another parent confirmed that the "sit down" rather than online took longer.

One parent whose program is repeating the ASQ-3 "behind" parents noted that she was uncertain of some of the answers, since her child was in care all day. She found it helpful to have the support of the child care provider in completing it.

After you completed it, were you able to meet with your child care provider to review the results?

Were you comfortable discussing your child's development with your child care provider?

All of the parents discussed or met with the child care provider about the screening results and all were comfortable discussing their child's development with their child care provider. "It was a good refresh on my child and good for keeping the communication open." "Absolutely!"

Was there anything hard or uncomfortable about completing the ASQ-3 for your child?

Two parents found nothing hard or uncomfortable about completing the screen. Another parent did find it hard to fill out; "figuring out where your child fits on the scale" (online would automatically score). She also noted, "It was difficult to remember what he is doing." Another parent stated, "Since he is in childcare I didn't know whether he could do certain things. It was helpful to do with someone."

What did you like about the screening?

"Nice to have a tool to assess development at the correct pace; he has a sibling with high functioning autism so I watch development closely."

"It was very informative to get the point of view from the daycare."

"Good awareness of where she's at and what is expected of a child her age."

Was there anything you did not like about the screening?

One parent noted that it was an overwhelming form; "It is a big form. It is hard remembering when he did things. I just try to make it through my day." Another noted, it is sometimes hard to know where they fit - trying to pinpoint skills."

What did you learn about your child's development from the results of the screening?

"I learned there was not much to worry about."

One parent noted that it helped me pinpoint when I noticed a change in him.

If there was a noted area of concern, did you take action to address the concern and did your child care provider address the concern?

"Yes, she was not babbling. I emailed the pediatrician and talked to my child care provider. After that she started babbling."

"Yes, I now have EI services for him."

My child care provider asked for the lists of activities.

Overall experience of doing the ASQ-3 screening for your child at the request of your childcare provider:

"It is positive. Since my childcare provider is doing the ASQ-3, I know she is more invested in the kids. I am glad she's got it. I like that she's doing it and reviewing it."

"I appreciate that there are resources and grateful there is a program. I am pleasantly positive."

"It was very enjoyable, easy and quick. I did it on my lunch break."

Ideas to improve the screening process:

The parents did offer some ideas to improve the screening process. One parent noted that it might be helpful to have an informational sheet that went with the ASQ-3 explaining what it is for and helping parents to understand that it is for "your child's success and for your success as a parent." Another noted, "Having somewhere to put notes in the online or elaborate a little more on the online. It is not always black and white with kids." Also, this parent wondered what the goal is with the activities like stacking blocks; "what goal does this activity address or how it all fits in with development." Finally, a parent stated, "I would like to see it done online and get the results online or email, too."

Summary and Recommendations

The implementation of the ASQ-3 in child care settings following training had solidly begun. 60% of those surveyed have used it in their centers and are planning to continue its use while 40% had not yet begun to use it. Providers who serve smaller numbers of children have completed fewer screens on the children in their care while one larger program has screened all of the children in their care.

Providers who are using the ASQ-3 like it and find its use beneficial for their program. They cite knowledge of development, ideas for activities to support children's development, increase in communication with parents, professionalism, and referral to Early Intervention services for children as some of the positive benefits.

Providers who are not yet using it found the training they received helpful and feel ready to implement the tool as they begin their journey on the QRIS qualification process.

The majority of providers would like additional training in use of the ASQ-3. Some of their comments reflect a need for more support around logistics such as choosing the right screening tool and scoring. Others cite their concerns around talking to parents about a delay in development. Additionally, use of the information from the screening tool is incorporated generally but opportunities may exist for it to be fine tuned for teachers/providers to use with individual children i.e. fine or gross motor activities, social or behavioral strategies.

Some providers cited funding as a barrier to implementing the ASQ-3. Additionally, smaller programs have screened only one or two children by asking parents to use the free online version. Another program may be using an older version of the ASQ. To address this concern and expand use of the tool, a plan for supporting providers to purchase the ASQ-3 may help. Scholarships for RF and CF providers may provide an incentive to purchase. Looking at what other States have done may provide additional ideas and strategies such as forming a coalition or pilot project (see **the Ounce** developmental screening report- <http://www.ounceofprevention.org/national-policy/Developmental-Screenings-State-of-the-States-v2a.docx> and Appendices).

The advent of the QRIS system has supported providers to begin and/or explore using the ASQ-3 in their programs. Several of those not yet using it hope to begin screening in conjunction with their work to help meet the requirements of the QRIS system.

One provider commented:

"We need to understand development as a priority. I think trainings should be more available. I am a strong advocate for the ASQ-3. It was a huge expense and I may not recoup it. But I understand that providers are so influential to children (some providers do not understand this). It really helps in planning for where you are headed and what you want to do with kids."

