

# Preschool Vision Screening Procedure

## Purpose

This document tells site staff how to complete all the vision screenings for preschoolers.

## Procedure

All team members performing vision screenings must attend training. Vision screenings are done on all children within 45 days of enrollment. Vision screening includes screening for acuity using a Snellen screening tool with the HOTV screen, eye muscle balance screening using the cover/uncover test, the cardinal points of gaze, the corneal light reflex test and hyperopia. Children failing the initial distance screening will be rescreened 4-6 weeks later. A child failing the rescreen will be referred to their individual health care provider to determine the referral procedures to an ophthalmologist or optometrist for a thorough visual exam.

### Distance Screening

- Select a screening date
- Notify parents
- Identify space with a minimum of 11 feet
- Prepare children by practicing before screening
- Provide children with copies of HOTV or picture card
- Hold up large pictures of individual letters or pictures
- Ask children to point to correct letter or picture on their card
- Place lighted screen at eye level for seated child
- Place against a blank windowless wall
- Measure 10 feet from chart and mark with tape
- Locate chair for child over tape mark
- Attach screening card to small table or desk in front of chair
- With child seated: Review matching skills: point to letter on screen, child matches on card
- Test both eyes together first
- Cover and test right eye, then left
- Children with glasses wear them for screening
- Begin with largest line. Do one letter per line until 20/30 row.
- At 20/30 row go across line. If all correct, go down to 20/20 row.
- If less than half correct on 20/30 row, move up lines until half are identified correctly.
- More than half of 20/30 line must be identified correctly for “pass”
- A three year old must be able to identify more than half of the 20/40 line to pass
- A four year old must be able to identify more than half of the 20/30 line to pass
- Any line higher is “re-screen”
- Note any squinting, head tilting, blinking, tearing or rubbing of eyes, turning in or out of eye

### Distance Re-Screening / Referral

- Re-screen any children who do not pass within 4-6 weeks
- Review procedure with child
- Follow same screening procedure
- Notify parents of results
- Record results on Screening Results Form as a re-screen

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- Send original to family and copy to file
- Make referral for any child unable to pass re-screen to their individual health care provider to determine the referral procedures to an ophthalmologist or optometrist for a thorough visual exam.
- Referral Criteria
  - 3 year old = unable to pass 20/40 line
  - 4-5 year olds = unable to pass 20/30 line
  - Any child with two line difference between eyes

### Recording (Head Start)

- Record results on the *Preschool Health Screening Results Form*
- Send original to parent and file copy in Family File
- Record results on the vision/hearing data entry worksheet and fax to the ESD
- Save data entry worksheet. As new children are screened add their names and results to the worksheet and fax to the ESD.

### Recording (ECEAP)

- Record results on the *Preschool Health Screening Results Form*
- Send original to parent and file copy in Family File
- Record results in ELMS

### Strabismus Screening

Several screening tests are used to check the muscle function of the eyes. If muscles are not functioning properly, strabismus (crossed eyes or one eye turning out) may result. These screening tests are the cover/uncover test, the cardinal points of gaze, and the corneal light reflex test. If the eyes are not aligned, amblyopia (lazy eye) or double vision may occur. This condition needs to be corrected before age 6 or permanent loss of vision in one eye may occur. If a child fails any of the 3 screening tests, the vision screening as a whole is considered failed and a referral will be made.

### Cover/Uncover Test

- Hold a small toy such as a finger puppet 1-2 feet in front of the child at the child's eye level just in front of your face. Ask the child to look at the toy. Do not use a penlight, as children do not have to focus on light in order to see it.
- Tell the child you are going to use your hand to cover and uncover the child's eye a few times.
- Try not to touch the child's face when covering and uncovering his eye.
- Cover the child's left eye with your thumb or small card, resting your hand (if tolerated) on the child's head. (You may use an occluder, or a piece of paper to cover the eye but often the child's attention is directed to the occluder rather than the toy or object of regard).
- As you cover the left eye, the right eye is the one to watch. Does it move in order to focus on the toy?
- Next uncover the left eye. Now watch the left eye for any movement. Does the left eye move to refocus on the object when uncovered?
- Move your thumb to cover the right eye. Does the left eye move? Remove the cover. Does the right eye move to refocus on the toy?
- Next ask the child to focus on a distant object at least 6-10 feet away. Perform the cover/uncover test again on the left eye, then right eye.

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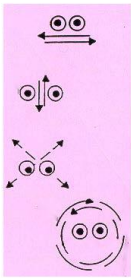
### Referral

If movement is detected in either eye (shifting into or out of focus) means the child has failed and should be referred back to their individual health care provider to determine their referral procedures to an ophthalmologist or optometrist for a thorough visual exam.

### Cardinal Points of Gaze

This method of assessing muscle function is achieved by movement of the eyes through the six cardinal positions of gaze.

- Ask the child to follow a small object which is moved to each position. The child holds his/her head still and only follows the object with his/her eyes.
- Move the object from side to side.



- Move the object up and down.
- Move the object diagonally.
- Move the object in a circular manner.
- If child has difficulty holding his/her head still and just moving his/her eyes, you may gently hold his/her chin with one hand while moving the light around with the other hand.

### Referral

If the eyes do not move together or one or both of them cannot move into all the gaze positions, the child will be referred to their individual health care provider to determine their referral procedures to an ophthalmologist or optometrist for a thorough visual exam.

### Corneal Light Reflex Test

- Hold Penlight or small flashlight at eye level 2-3 feet from child, aimed at the bridge of the child's nose.
- Illuminate both eyes simultaneously.
- Observe the reflection of light from the cornea. The bright dot of light reflected from the shiny surface of the corneas should be located at the same spot in each eye slightly nasal to the center of each pupil.

### Referral

An asymmetrical reflex will indicate a deviating eye and probably a muscle imbalance. A child suspected of having an eye muscle imbalance is referred to their individual health care provider to determine the referral procedures to an ophthalmologist or optometrist for a thorough visual exam.

### Recording All Strabismus Screening Results (Head Start)

- Record results on the *Preschool Health Screening Results*
- Send original to parent and file copy in Family File
- Record results on the vision/hearing data entry worksheet and fax to the ESD
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### Hyperopia (Near Vision) Screening

When screening for hyperopia using the glasses with the Plus Lenses (2.00 diopter), the plus lenses are designed to use with the HOTV/Snellen or the picture test to detect moderate to severe hyperopia (farsightedness). This test is more of an indicator of the child's ability to accommodate for near vision than a near vision test. **If the child can read the chart with the glasses on, they have failed the screening.**

- Use the HOTV/Snellen, or symbol chart at a 10-foot distance
- Place a pair of glasses with plus 2.00 diopter of correction on child
- Ask the child to identify the 20/20 line through the plus lenses

### Referral

If the child can read the 20/20 line through the plus lenses, it indicates excessive hyperopia. The child will be referred to their individual health care provider to determine their referral procedures to an ophthalmologist or optometrist for a thorough visual exam.

### Related Documents

*Preschool Health Screening Results*  
*Vision Screening Referral Letter*

### Resources

Vision Screening Tips (see Health, Nutrition & Safety Hub)