

# AUDIT REPORT



CITY OF NEW YORK  
OFFICE OF THE COMPTROLLER  
BUREAU OF MANAGEMENT AUDIT  
**WILLIAM C. THOMPSON, JR., COMPTROLLER**

## **Audit Report on the Adherence of the Department of Education and the Department of Health and Mental Hygiene to Student Vision and Hearing Screening Program Regulations**

*MD06-139A*

**June 19, 2008**



THE CITY OF NEW YORK  
OFFICE OF THE COMPTROLLER  
EXECUTIVE OFFICES  
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WILLIAM C. THOMPSON, JR.  
COMPTROLLER

**To the Citizens of the City of New York**

Ladies and Gentlemen:

In accordance with the Comptroller's responsibilities contained in Chapter 5, §93, of the New York City Charter, my office has conducted an audit to determine whether the Department of Education (DOE) and the Department of Health and Mental Hygiene (DOHMH) provide vision and hearing screenings to New York City public school students in accordance with regulations.

The Schools Chancellor's Regulation A-701 requires vision and hearing screenings to be conducted for students in certain grades. The Office of School Health is a joint program of DOE and DOHMH that provides health services to public school students. Together, DOE and DOHMH provide vision and hearing screenings to students. Audits such as this provide a means of ensuring that City agencies are providing required services to those they serve.

The results of our audit, which are presented in this report, have been discussed with DOE and DOHMH officials, and their comments have been considered in the preparation of this report. Their complete written response is attached to this report.

I trust that this report contains information that is of interest to you. If you have any questions concerning this report, please e-mail my audit bureau at [audit@comptroller.nyc.gov](mailto:audit@comptroller.nyc.gov) or telephone my office at 212-669-3747.

Very truly yours,



William C. Thompson, Jr.

WCT/ec

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*The City of New York  
Office of the Comptroller  
Bureau of Management Audit*

**Audit Report on the Adherence of the  
Department of Education and the  
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Student Vision and Hearing Screening Program Regulations**

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**AUDIT REPORT IN BRIEF**

This audit determined whether the New York City Department of Education (DOE) and the Department of Health and Mental Hygiene (DOHMH) provide hearing and vision screenings to New York City public school students in accordance with applicable regulations.

The Schools Chancellor's Regulation A-701 requires vision and hearing screenings to be conducted for students from pre-kindergarten through grade 3; in grades 5, 7, 10; and for new entrants. The Office of School Health (OSH) is a joint program of DOE and DOHMH comprised of DOE and DOHMH employees that provides health services to DOE students. Together, DOE and DOHMH provide vision and hearing screenings to DOE students. By agreement between the agencies, DOHMH is to screen public school students in kindergarten, first grade, and new entrants in elementary schools. DOE is to screen all students not screened by DOHMH. Regardless of which agency conducts screenings, DOE is ultimately responsible for the vision and hearing screening program and ensuring that all students are screened.

**Audit Findings and Conclusions**

The consolidated vision and hearing screening program of DOE and DOHMH did not provide vision and hearing screenings in accordance with the applicable regulations. For the period reviewed, the agencies conducted only 66 percent of the required vision screenings, with 42 percent of the required DOE screenings conducted and 94 percent of the required DOHMH screenings conducted. With regard to hearing screenings, the agencies conducted only 54 percent of the required hearing screenings, with 20 percent of the required DOE screenings conducted and 94 percent of the required DOHMH screenings conducted.

The above results are attributable to a lack of oversight and monitoring of the vision and hearing screening program by DOE, which had no central unit responsible for reviewing screening data during the audited period. As a result of DOE's failure to assign oversight and responsibility for monitoring of the program:

- Vision and hearing screenings are not being provided to New York City public school students in accordance with applicable regulations.
- There is very limited follow-up to parents of students who fail the vision and hearing screenings to ensure that the students who require the greatest amount of follow-up care receive it.
- DOE cannot ensure that students were screened in the appropriate grades, as defined in the Chancellor's Regulations, because DOE cannot generate from the Automate the School System (ATS) accurate reports on the number of screenings conducted.
- DOE did not ensure that screenings were conducted at schools that had a School-Based Health Center.

We were informed by DOE officials that a compliance unit had been created in 2007 to monitor the vision and hearing screening process beginning with the 2007-2008 school year.

### **Audit Recommendations**

Based on our findings, we make 13 recommendations, five of which are listed below. DOE and DOHMH should:

- Immediately take steps to ensure that vision and hearing screenings are conducted for the sampled students noted in this report who have not received screenings.
- Jointly issue a manual on vision and hearing screening that more clearly defines the division of responsibility between DOHMH and DOE and that reflects the agreement between the agencies on the detailed tasks of their respective staff.

DOE should:

- Establish an effective Vision and Hearing Screening oversight unit to monitor screenings and ensure that students are screened for vision and hearing in the appropriate grades, as called for in the Chancellor's Regulations.
- Require each school to assign individuals to conduct follow-up with parents of all students who fail vision or hearing screenings.
- Require an oversight unit to monitor and review screening information entered in ATS to ensure that all schools are making the required entries.

### **DOE and DOHMH Response**

In their response, DOE and DOHMH officials generally agreed with seven recommendations, partially agreed with one recommendation, and disagreed with the remaining five recommendations.

## **INTRODUCTION**

### **Background**

The New York City Department of Education (DOE) provides primary and secondary education to more than 1 million pre-kindergarten to grade 12 students in over 1,400 schools. The Department of Health and Mental Hygiene (DOHMH) protects and promotes the health and mental well-being of all New Yorkers. The Office of School Health (OSH) is a joint program of DOE and DOHMH comprised of DOE and DOHMH employees that provides health services to DOE students. Together, DOE and DOHMH provide vision and hearing screenings to DOE students.

National data indicates that approximately 25 percent of students need glasses by the time they reach high school. If treatable vision and hearing problems are undetected and not treated, a child's ability to learn may suffer, and a child's social development and safety may be compromised. Early identification, referral, and follow-up intervention are imperative for students who have failed vision and hearing screenings.

Under New York State Education Law §905 (4) New York City schools are required to provide screening examinations for new entrants for vision only. According to the most recent (1996) version of the Chancellor's Regulation A-701, "School Health Service Requirements," DOE is required to provide school health services to students that include both vision and hearing screening.

According to the Chancellor's Regulations, the principal of each school is responsible for the planning and implementation of an individual school health program. The Chancellor's Regulations require vision and hearing screenings to be conducted for students from pre-kindergarten through grade 3, grades 5, 7, 10, and for new entrants. Vision and hearing screenings must also be provided to special education students, students referred for testing by a teacher, students who have had abnormal tests in the past, and (for hearing only) students at high risk and those returning to school following serious illness.

Vision screening includes tests for far sightedness, near sightedness, fusion and color. If a student fails any one of these tests, the student fails the vision screening. There are two types of hearing screenings: sweep and threshold. The threshold screening is a more specific screening and is required only if a student fails the sweep screening. Should a child pass the sweep or threshold screening, the student is considered to have passed the hearing screening.

The agreement between DOE and DOHMH is that DOHMH will screen public school students in kindergarten, first grade and new entrants in elementary schools. DOE is responsible for screening all students not screened by DOHMH. Regardless of whether DOE or DOHMH conducts the screenings, DOE is ultimately responsible for the vision and hearing screening program and ensuring that all students are screened in compliance with Chancellor's Regulation A-701.

All screenings conducted by DOHMH are required to be entered into the DOHMH Automated School Health Record (ASHR) database. All screenings conducted by DOE are required to be entered into the DOE Automate the School (ATS) system. In addition, the Chancellor's Regulations require that the results of vision and hearing screenings be recorded on the student's Cumulative Health Record (CHR) form 104S. This is a hardcopy document filed at the student's school. DOHMH staff update the CHRs for DOHMH screenings, and DOE staff update them for DOE screenings.

DOHMH has teams that go out to schools to conduct screenings, while DOE screenings are conducted by individuals designated by the principal of each school, such as teachers, parents, school aides, and health coordinators, who are trained in conducting screenings. Regardless of whether DOE or DOHMH performs the screenings, if a student fails the initial screening, a letter is to be sent to the student's parents on the day the DOHMH team concludes its screenings. This initial letter informs the parents that their child has failed the screening and recommends that they take the child to visit their own doctor for an evaluation. If a student fails a vision screening, an E12S vision exam form is sent along with the letter; the form is to be filled out by the student's doctor and includes the results of the doctor's evaluation. If a student fails a hearing screening, a SH23 hearing exam form is sent along with the letter; the form is to be completed by the student's doctor and include the results of the doctor's evaluation. The Chancellor's Regulation states that if the E12S form is not returned within a six-week period from the date of the testing, a follow-up is required to remind the parents that they need to take the child to their physician for an evaluation. There is no corresponding provision regarding the SH23 form.

Since the beginning of 2005, DOHMH has had one supervisor and a five-person follow-up team that conducts follow-up primarily for students who are at risk for amblyopia<sup>1</sup> and then for students with severe vision and hearing problems, if time permits. DOE does not have a specific follow-up unit; the principal of each school may designate individuals to conduct a follow-up when forms are not returned.

### **Objective**

The objective of the audit was to determine whether DOE and DOHMH provide hearing and vision screenings to New York City public elementary school students in accordance with applicable regulations.

### **Scope and Methodology**

The scope of the audit was school years 2002-2003 through 2005-2006.

To gain an understanding of the vision and hearing screening program, we interviewed officials from both DOE and DOHMH, including the Director of the Office of School Health; the

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<sup>1</sup> Amblyopia is a common eye problem among young children in which one eye works better than the other and, over time, the weaker eye can lose sight.

School Health Service Coordinator; the OSH Director of Related and Contractual Services; and the OSH Director of Vision and Hearing. We also met with the DOE Deputy Chancellor for Finance and Administration, the Deputy Chancellor's Deputy Chief of Staff, and the Deputy Auditor General.

To gain an understanding of the vision and hearing screening requirements and procedures, we reviewed an Amendment to New York State Education Law, Article 19, "Medical and Health Service"; the Regulation of the Chancellor A-701, "School Health Services"; and "Vision Screening Techniques." In addition, we reviewed a report issued by the New York City Comptroller's Office of Policy Management in June 1999 entitled "Healthy Kids, Healthy Schools." We also conducted walkthroughs of the vision and hearing screening processes at Public School 19 and Public School 146 in Manhattan.

### **Sample Selection Criteria**

We were guided by two concerns when designing our methodology and sampling approach. Our first concern was to assess whether differences in a student's financial status played a part in whether the student received the required number of vision and hearing screenings. We therefore attempted to select schools for our sample whose student population was at either end of the financial spectrum. Our other concern was to select a sample that would reflect the greatest number of required screenings that should have been conducted by both DOE and DOHMH personnel. We therefore attempted to select students who had been in the school system from kindergarten through third grade and in the fourth grade during the 2006-2007 school year. This group would have been required to have had four vision and hearing screenings, some of which were conducted by both DOE and DOHMH.

### **School Selection Process**

We obtained a report generated from ATS consisting of 845 elementary schools.<sup>2</sup> We then obtained the Preliminary Fiscal Year 2006 Title I School Detail report, which included the poverty rate for all public schools to determine the poverty rate for these 845 elementary schools.<sup>3</sup> We eliminated 156 schools from the population of 845 because they were Charter Schools, Universal Pre-Kindergarten schools or programs, early childhood elementary schools, or because the poverty rates were not available for students being home schooled or for newly created schools. After eliminating these schools, our population decreased to 689 schools.

We sorted these 689 schools by borough and then sorted the information by poverty rate. We judgmentally selected from each borough one school from those with the highest poverty rates and one school from those with the lowest poverty rates for a total sample of 10 schools. The 10 schools selected were: Public School 6 Lillie Blake, Manhattan; Public School 102 Jacques Cartier, Manhattan; Public School 24, Spuyten Duyvil, Bronx; Public School 48 Joseph

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<sup>2</sup> This audit did not include District 75 schools because these schools perform a multitude of special assessments and screenings throughout the year. That being the case, we did not deem it necessary to include them in our population.

<sup>3</sup> The poverty rate is the number of free-lunch-eligible pupils divided by the student enrollment at the school.



Drake, Bronx; Public School 321 William Penn, Brooklyn; Public School 304 Casimir Pulaski, Brooklyn; Public School 98 The Douglaston School, Queens; Public School 92 Harry Stewart, Queens; Public School 5 Huguenot, Staten Island; and Public School 31 William Davis, Staten Island.

### **Student Selection Process**

We decided to sample students who were in the fourth grade during the 2006-2007 school year. This decision was made because according to the Chancellor's Regulations, students should be screened annually from kindergarten through third grade<sup>4</sup>; therefore, students in fourth grade should have been screened four times for both vision and hearing. We selected our fourth grade sample from the ATS listing of all 1,030 fourth grade students enrolled at our 10 sampled schools during the 2006-2007 school year. Next, we obtained from DOE the initial date of entry into the New York City public school system for each of these students, the grade level at entry, and whether there had been any breaks in school enrollment. This information was used to ensure that our population of students included only those who were continuously served by New York City public schools from school years 2002-2003 through 2005-2006 and who were already in either kindergarten or first grade by the 2002-2003 school year.

After narrowing down the population to 702 fourth grade students that matched the above criteria, we randomly selected 30 students from each of the 10 schools. One school, Public School 102M Jacques Cartier, had only 27 fourth grade students who matched our criteria, so 27 students were sampled instead of 30. Initially, the sample consisted of 297 students from the 10 schools. However, after requesting information for Public School 48, we were initially informed by a DOHMH official that this school is a School-Based Health Center<sup>5</sup> and that DOHMH was not required to conduct any screenings at this school. (We later learned this to be incorrect; DOHMH was required to conduct screenings but was unaware of this requirement.) We decided to judgmentally select another Bronx school with a similar poverty rate. We selected Public School 6, West Farms, which had 132 fourth grade students, 88 of whom matched our criteria. We randomly selected an additional 30 students from this school. Our final sample consisted of 327 students<sup>6</sup> from 11 schools: 297 students from 10 schools and 30 students from the school with the School-Based Health Center (Public School 48). (The results of our analysis of students from Public School 48 are reported separately in this report.) These 11 schools had a total of 1,162 fourth grade students enrolled during the 2006-2007 school year, of which 790 students matched our criteria.

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<sup>4</sup> We eliminated pre-kindergarten students because these children are required to receive a complete exam, including vision and hearing, by their own physician prior to entering the New York City public school system. In addition, our cut-off point was students in the fourth grade; as a result, we did not test students who required screenings in grades 5, 7, and 10.

<sup>5</sup> A School-Based Health Center is like a doctor's office inside a school. Operated by independent institutions (usually local hospitals or community-based organizations) and overseen by the New York State Department of Health, they are usually located in schools in areas with limited access to health care services and provide students with primary care and preventive health services, as well as first aid and emergency care.

<sup>6</sup> Of the 327 sampled students, 221 (68%) remained in the same schools during the audit period; 106 (32%) transferred in from other public schools during the period.

The original number of required screenings totaled 1,188 (297 sampled students times four screenings). However, after reviewing the grade level information received from DOE, we determined that six students in our sample were in the fourth grade during the 2005-2006 school year and would not have required a vision or hearing screening during that year. We therefore reduced the 1,188 required screenings to 1,182 for both vision and hearing. In addition, we were unable to determine which agency was responsible for six screenings because these students had midyear grade changes that shifted the responsibility for the screening. We therefore further reduced the 1,182 screenings by these six for a total of 1,176 screenings.

Of the 327 students in our sample, 65 were already out of kindergarten during the 2002-2003 school year. In addition, a number of students repeated grades during the scope period; in those instances we counted each year as a required screening. The breakdown per grade of the 1,295 required screenings for the audit period (school years 2002-2003 through 2005-2006) is as follows: 262 required kindergarten screenings; 345 required first grade screenings; 340 required second grade screenings; and 348 required third grade screenings.

To obtain an overview of the vision and hearing screening procedures at the 11 schools, we visited each school and interviewed the individuals involved in the screening process, such as the principals, assistant principals, school nurses, secretaries, health coordinators, and school aides. In addition, we obtained copies of the CHR's from each of the 11 schools for the students in our sample to determine whether screenings were recorded, as mandated by the Chancellor's Regulation.

To determine whether students were screened for vision and hearing in each school year from 2002-2003 through 2005-2006, we reviewed the CHR's, DOE's ATS reports, and DOHMH's ASHR printouts for the 327 sampled students. We also used this information to determine the first school year that each student was screened and the number of times each student was screened for both vision and hearing. In addition, we reviewed the ATS reports and ASHR printouts to determine whether screening information was entered into these systems and to determine the extent of follow-up by DOE and DOHMH respectively.

To determine whether DOE or DOHMH was responsible when screenings were not conducted, we obtained from DOE the grade level for all 327 students for each of the school years between 2002-2003 and 2005-2006. This information was used to determine which agency should have conducted the missed screenings. DOHMH was responsible for screening students in kindergarten and first grade, while DOE was responsible for screening students in grades 2 and 3.

The results of the above tests, while not projected to their respective populations, provided us a reasonable basis to determine whether DOE and DOHMH provided vision and hearing screenings to New York City public school students in accordance with applicable regulations.

Our audit was conducted in accordance with generally accepted government auditing standards (GAGAS) and included tests of the records and other auditing procedures considered

necessary. The audit was performed in accordance with the audit responsibilities of the Comptroller, as set forth in Chapter 5, §93, of the New York City Charter.

### **Discussion of Audit Results**

The matters covered in this report were discussed with DOE and DOHMH officials during and at the conclusion of this audit. A preliminary draft report was sent to DOE and DOHMH officials and discussed at an exit conference held on April 17, 2008. On May 8, 2008, we submitted a draft report to DOE and DOHMH officials with a request for comments. We received a written response from DOE and DOHMH officials on June 6, 2008. The letter submitted on behalf of DOE, with a letter from the Commissioner of DOHMH, along with a detailed response to specific findings and recommendations constitute the two agencies' formal response. In their response, DOE and DOHMH officials generally agreed with seven recommendations, partially agreed with one recommendation, and disagreed with the remaining five recommendations. In their letter, DOE officials stated:

The DOE thanks the Comptroller for drawing our attention to the need for enhanced central oversight of vision and hearing screening compliance in our schools and assures that the DOE, in collaboration with DOHMH, has implemented necessary corrective actions to address the deficiencies identified.

The full text of the DOE and DOHMH response is included as an addendum to this report.

## FINDINGS AND RECOMMENDATIONS

The consolidated vision and hearing screening program of DOE and DOHMH did not provide vision and hearing screenings in accordance with the applicable regulations. For the period reviewed, the agencies conducted only 66 percent of the required vision screenings, with 42 percent of the required DOE screenings conducted and 94 percent of the required DOHMH screenings conducted. With regard to hearing screenings, the agencies conducted only 54 percent of the required hearing screenings, with 20 percent of the required DOE screenings conducted and 94 percent of the required DOHMH screenings conducted.

As can be seen by the above percentages, DOHMH has conducted a higher percentage of screenings than DOE. That being the case, students entering the public school system in kindergarten and first grade are likely to be tested, since DOHMH is responsible for conducting screenings in those grades. However, as DOE takes on the responsibility for screening in later years, the likelihood that students will be screened decreases dramatically.

The above results are attributable to a lack of oversight and monitoring of the vision and hearing screening program by DOE, which had no central unit responsible for reviewing screening data during the audited period. The poverty rate of a school did not appear to play a major part in whether the students attending that school received the required number of vision and hearing screenings.

As a result of DOE's failure to assign oversight and responsibility for monitoring of the program:

- Vision and hearing screenings are not being provided to New York City public school students in accordance with applicable regulations. For vision, 260 (42%) of DOE's 626 required vision screenings were conducted, while 516 (94%) of DOHMH's 550 required vision screenings were conducted. For hearing, 124 (20%) of DOE's 626 required screenings were conducted, while 515 (94%) of DOHMH's 550 required screenings were conducted.
- There is very limited follow-up to parents of students who fail the vision and hearing screenings to ensure that the students who require the greatest amount of follow-up care receive it.
- DOE cannot ensure that students were screened in the appropriate grades, as defined in the Chancellor's Regulations, because DOE cannot generate from ATS accurate reports on the number of screenings conducted.
- DOE did not ensure that screenings were conducted at schools that had a School-Based Health Center.

We were informed by DOE officials that a compliance unit had been created in 2007 to monitor the vision and hearing screening process beginning with the 2007-2008 school year.

These findings are discussed in greater detail in the following sections of the report.

**Students Are Not Receiving All Required Vision and Hearing Screenings**

**Vision Screenings**

DOE and DOHMH conducted only 776 (66%) of 1,176 required vision screenings. DOHMH was responsible for conducting 550 of these 1,176 screenings, while DOE was responsible for conducting 626 screenings. Of the 550 screenings for which DOHMH was responsible, 516 were conducted. Of the 626 screenings for which DOE was responsible, 260 were conducted.<sup>7</sup>

The Chancellor’s Regulations require that each of the 297 students in our sample should have been screened for vision a total of four times, once each in school years 2002-2003, 2003-2004, 2004-2005, and 2005-2006. Table I, below, shows the number of students from each school in the sample who received all required vision screenings, as well as those who did not receive all of the required screenings.

**Table I**

Number of Missed Vision Screenings for Students in Sampled Schools

School	# of Sampled Students	# of Students Who Received All Required Screenings	# of Students Missing One Screening	# of Students Missing Two Screenings	# of Students Missing Three Screenings	# of Students Never Screened
PS 5 - SI	30	30	0	0	0	0
PS 6 - M	30	0	3	25	2	0
PS 6 - Bx	30	0	5	15	10	0
PS 24 - Bx	30	0	0	26	3	1
PS 31 - SI	30	1	6	20	3	0
PS 92 - Q	30	13	14	3	0	0
PS 98 - Q	30	26	3	1	0	0
PS 102 - M	27	0	7	10	10	0
PS 304 - Bk	30	0	2	13	15	0
PS 321 - Bk	30	29	1	0	0	0
<b>Total</b>	<b>297</b>	<b>99</b>	<b>41</b>	<b>113</b>	<b>43</b>	<b>1</b>

As can be seen in Table I, one of the 297 students in our sample was never screened for vision during any of these four school years. Only 99 (33%) of the 297 students in the sample received all of their required vision screenings.

Some schools had better vision screening percentages than others. Table II, below, shows the vision screenings conducted at each of the 10 schools in our sample, broken down by the agency required to conduct the screening.

<sup>7</sup> There were instances in which vision screenings required to be conducted by DOE were conducted by DOHMH and vice versa.

**Table II****Vision Screenings Conducted at Sampled Schools**

School	# of Screenings Required by DOHMH	# of Screenings Conducted	%	# of Screenings Required by DOE	# of Screenings Conducted	%
PS 5 - SI	60	60	100%	60	60	100%
PS 6 - M	59	56	95%	58	2	3%
PS 6 - Bx	56	47	84%	63	7	11%
PS 24 - Bx	60	54	90%	60	1	2%
PS 31 - SI	53	50	94%	66	14	21%
PS 92 - Q	58	56	97%	61	43	70%
PS 98 - Q	60	58	97%	60	57	95%
PS 102 - M	40	35	88%	65	13	20%
PS 304 - Bk	45	41	91%	72	3	4%
PS 321 - Bk	59	59	100%	61	60	98%
<b>Total</b>	<b>550</b>	<b>516</b>	<b>94%</b>	<b>626</b>	<b>260</b>	<b>42%</b>

As can be seen in Table II, both DOHMH and DOE conducted more than 90 percent of their required screenings at three schools—Public School 5 in Staten Island, Public School 98 in Queens, and Public School 321 in Brooklyn. (At Public School 5, both DOHMH and DOE conducted all of their required screenings.)

While over 80 percent of DOHMH's required screenings were conducted at all 10 schools, no more than 20 percent of DOE's required screenings were conducted at 5 of the 10 schools—at 3 schools, no more than 4 percent of the required DOE screenings were conducted.

### **Hearing Screenings**

DOE and DOHMH conducted just 639 (54%) of 1,176 required hearing screenings. DOHMH was responsible for conducting 550 of these 1,176 screenings, while DOE was responsible for conducting 626 screenings. Of the 550 screenings for which DOHMH was responsible, 515 were conducted. Of the 626 screenings for which DOE was responsible, 124 were conducted.<sup>8</sup>

The Chancellor's Regulations require that each of the 297 students in our sample should have been screened for hearing a total of four times, once each in school years 2002-2003, 2003-2004, 2004-2005, and 2005-2006. Table III, below, shows the number of students from each school in the sample that received all required hearing screenings, as well as those who did not receive all required screenings.

<sup>8</sup> There were instances in which hearing screenings required to be conducted by DOE were conducted by DOHMH and vice versa.

**Table III**Number of Missed Hearing Screenings for Students in Sampled Schools

School	# of Sampled Students	# of Students Who Received All Required Screenings	# of Students Missing One Screening	# of Students Missing Two Screenings	# of Students Missing Three Screenings	# of Students Never Screened
PS 5 - SI	30	0	10	20	0	0
PS 6 - M	30	0	3	25	2	0
PS 6 - Bx	30	0	1	16	13	0
PS 24 - Bx	30	0	0	26	4	0
PS 31 - SI	30	0	6	18	5	1
PS 92 - Q	30	3	4	21	2	0
PS 98 - Q	30	0	25	5	0	0
PS 102 - M	27	0	1	15	8	3
PS 304 - Bk	30	0	0	15	15	0
PS 321 - Bk	30	28	1	1	0	0
<b>Total</b>	<b>297</b>	<b>31</b>	<b>51</b>	<b>162</b>	<b>49</b>	<b>4</b>

As can be seen in Table III, 4 of the 297 students in our sample were never screened for hearing during any of these four school years. Just 31 (10%) of the 297 students in the sample received all of their required hearing screenings.

The hearing screening percentages for some schools were better than for others. Table IV, below, shows the hearing screenings conducted at each of the 10 schools in our sample, broken down by the agency responsible for the screening.

**Table IV****Hearing Screenings Conducted at Sampled Schools**

School	# of Screenings Required by DOHMH	# of Screenings Conducted	%	# of Screenings Required by DOE	# of Screenings Conducted	%
PS 5 - SI	60	60	100%	60	10	17%
PS 6 - M	59	56	95%	58	2	3%
PS 6 - Bx	56	47	84%	63	0	0%
PS 24 - Bx	60	55	92%	60	1	2%
PS 31 - SI	53	49	93%	66	10	15%
PS 92 - Q	58	56	97%	61	11	18%
PS 98 - Q	60	58	97%	60	27	45%
PS 102 - M	40	34	85%	65	4	6%
PS 304 - Bk	45	41	91%	72	1	1%
PS 321 - Bk	59	59	100%	61	58	95%
<b>Total</b>	<b>550</b>	<b>515</b>	<b>94%</b>	<b>626</b>	<b>124</b>	<b>20%</b>

As can be seen in Table IV, both DOHMH and DOE conducted at least 95 percent of their required screenings at only one school—Public School 321 in Brooklyn. The percentages of DOHMH’s required hearing screenings that were completed were similar to those found for the vision screenings—more than 80 percent at all 10 schools. The percentages for DOE’s required hearing screenings that were completed, however, decreased: no more than 17 percent were conducted at 7 of the 10 schools, and less than 50 percent at 9 schools. (DOE conducted no screenings at Public School 6 in the Bronx.)

At the beginning of the audit, we were informed by DOE officials that as of September 2005, DOE school staff were no longer required to conduct hearing screenings and that the DOHMH teams would continue to conduct the hearing screenings for students in kindergarten, first grade, and new entrants, as well as for students DOE asks DOHMH to screen. However, DOE did not provide a formal policy change or amendment to the Chancellor’s Regulation A-701 to that effect. DOE has informed us that since the beginning of this audit, that regulation is under revision. As of the time of the preparation of this report, we have received no evidence that the regulation has yet been revised.

Since there was no formal policy change or revision to Chancellor’s Regulation A-701, DOE is still accountable for the screening requirements established by the current regulation that requires hearing screenings for students in pre-kindergarten through third grade. Even if DOE had formally changed the hearing screening requirements and the Chancellor had approved the change, it would have affected the students in our sample for the 2005-2006 school year only, since this was the first school year the revision was supposedly effective. However, most of the students in our sample were not screened for hearing also in the 2004-2005 school year. In fact, only 50 (17%) of the 297 students in our sample were screened for hearing in school year 2004-2005.



Moreover, there is no document distributed to schools that clearly defines what is expected of both DOHMH and DOE staff regarding vision and hearing screenings. Other than the Chancellor's Regulation and a copy of a presentation entitled Vision Screening Techniques, DOE and DOHMH did not supply us with any formal, written policies and procedures concerning the vision and hearing screening program. Even though the Chancellor's Regulation refers to *The New York City School Health Service Manual*, when we requested a copy of this manual from DOE, no one whom we contacted at DOE was aware of the existence of the manual.

DOE officials stated that the decision to change the hearing screening requirement was based on a U.S. Preventive Services Task Force study published in 1996, which found that routine hearing screening of asymptomatic children after three years of age is not recommended. DOHMH officials stated that, based on this study, the DOHMH Commissioner recommended to the Chancellor that hearing screenings not be conducted after first grade. (We requested written communication between the Commissioner and Chancellor regarding this recommendation, but received none.) It should be noted that DOHMH will continue to conduct screenings for kindergarten and first grade, and for new entrants. According to the agreement between the DOHMH Commissioner and the Chancellor, DOE has discontinued conducting hearing screenings.

**DOE Response:** “Although we concede that the Report is fair to the extent that it identifies areas that required greater centralized oversight, there is a matter that has to be addressed here because it has not been dealt with to our satisfaction in the Report. Specifically, we point to the matter of modifications that were made to the hearing screening program at the beginning of School Year 2005/2006 (the last audited school year) whereby DOE staff were no longer to conduct hearing screenings; instead beginning that school year, students in kindergarten and first grade were to be hearing screened by DOHMH teams.

“Although DOE managers provided the audit team with information detailing the changes . . . the auditors dismissed the validity of the explanations and tested compliance to standards that were not in effect at the time, citing as their reason the lack of writings that met their standards . . . the modifications were based on a medical study by the United States Preventive Services Task Force that concluded that routine hearing screenings of asymptomatic children older than three was not recommended.

“Rather the study is cited, as is both agencies' representation that Commissioner Frieden and the Chancellor discussed the issue and agreed to the process changes. Nonetheless, in refusing to credit that representation, the Report fails to connect that the Commissioner and the Chancellor entered into a school health partnership, and, as such, routinely meet to discuss and frame health services policy. In this context, the absence of a writing codifying their discussion is of no significance, particularly since the understandings reached by the two agencies are evidenced by their subsequent actions.”

**Auditor Comment:** The objective of the audit was to determine whether DOE and DOHMH provided hearing and vision screenings to New York City public elementary

school students in accordance with applicable regulations. The criteria used to determine whether screenings were provided was Chancellor's Regulation A-701, which requires hearing screenings for students in pre-kindergarten through third grade. DOE officials informed us from the beginning of the audit that as of September 2005 DOE school staff were no longer required to conduct hearing screenings; however, almost three years later no formal policy change or revision to Chancellor's Regulation A-701 has been made. Even though DOE officials state that the DOHMH Commissioner and the Chancellor agreed to the changes in the hearing screening regulations, the changes have not been documented or reflected in any official policy communication.

After we received DOE and DOHMH's written response to the audit report, we double checked the Chancellor's Regulations on DOE's Web site. With regard to Chancellor's Regulation A-701, the Web site narrative states that the release of revisions to the regulations is pending and, "Until further notice please continue to refer to the hard copy of Chancellor's Regulation A-701, dated 4/2/1996." For this audit, we therefore tested compliance with the only official, written DOE standards that are in effect.

DOE refers to the Principal's Weekly as the method used to change the hearing requirements. However, use of the Principal's Weekly, which communicates information to schools, does not constitute an official change to the Chancellor's Regulation. Moreover, even though DOE claimed to have informed the schools of the changes to the hearing requirements, the changes were not effectively communicated. During the 2005-2006 school year, the year that the change was supposedly in effect, staff in Public School 98, Queens, conducted hearing screenings for 27 of the 30 students sampled, and staff in Public School 321, Brooklyn, conducted hearing screenings for 29 of the 30 students sampled.

Even if DOE had formally changed the hearing screening requirements and the Chancellor had approved the change, it would have affected the students in our sample for the 2005-2006 school year only, since that was the first school year the revision was supposedly effective. However, most of the students in our sample were not screened for hearing also in the 2004-2005 school year. In fact, only 50 (17%) of the 297 students in our sample were screened for hearing in school year 2004-2005. Therefore, even if we had accommodated the supposed change in screening requirements, it would not have significantly affected our findings.

If it was the Chancellor's intention to change the hearing screening policy, the Chancellor's Regulation should have been revised in a timely manner. Accordingly, we stand by our finding.

According to DOE's Web site, national data indicates that about 25 percent of students need glasses by the time they reach high school. Vision problems can sometimes be to blame for low grades and behavior and reading difficulties. According to the OSH Web site, untreated hearing loss can interfere with the development of language and speech. In addition, according to the "American Journal of Maternal Child Nursing," hearing loss directly affects a child's

ability to develop normal language skills, impairs his or her ability to communicate, and has been shown to correlate with poor academic performance.

According to the DOE Division of Youth Development Web site, early identification, referral, and follow-up intervention are imperative for students who have failed vision and hearing screenings. Poor vision and hearing can have a detrimental effect on school enrollment and attendance, and on cognition and educational achievement. If treatable vision and hearing problems go undetected and untreated, a child’s ability to learn may suffer, and a child’s social development and safety may be compromised.

As previously stated, DOHMH conducted a higher percentage of screenings than DOE. It is therefore more likely that students in kindergarten and first grade will be screened, since DOHMH is responsible for conducting screenings in these grades. It is less likely that students in second and third grades will be screened, since DOE is responsible for conducting these screenings. This conclusion is further supported by Tables V and VI which follow.

**Table V**

Number of Vision Screenings Conducted for Students in Sampled Grades

School	Kindergarten Screenings		1 <sup>st</sup> grade Screenings		2 <sup>nd</sup> Grade Screenings		3 <sup>rd</sup> Grade Screenings	
	# required	# conducted	# required	# conducted	# required	# conducted	# required	# conducted
PS 5 - SI	30	30	30	30	30	30	30	30
PS 6 - M	29	28	30	28	28	2	30	0
PS 6 - Bx	23	19	33	28	30	0	33	7
PS 24 - Bx	30	26	30	28	30	1	30	0
PS 31 - SI	20	20	33	30	31	8	35	6
PS 92 - Q	24	22	34	34	30	13	31	30
PS 98 - Q	30	28	30	30	30	28	30	29
PS 102 - M	13	10	27	25	34	4	31	9
PS 304 - Bk	15	14	30	27	36	2	36	1
PS 321 - Bk	29	29	30	30	30	29	31	31
<b>Totals</b>	<b>243</b>	<b>226</b>	<b>307</b>	<b>290</b>	<b>309</b>	<b>117</b>	<b>317</b>	<b>143</b>
<b>Percentages</b>		<b>93%</b>		<b>94%</b>		<b>38%</b>		<b>45%</b>

As can be seen by Table V, 93 percent of kindergarten students and 94 percent of 1<sup>st</sup> grade students were screened for vision, while only 38 percent of 2<sup>nd</sup> grade students and 45 percent of 3<sup>rd</sup> grade students were screened.

**Table VI****Number of Hearing Screenings Conducted for Students in Sampled Grades**

School	Kindergarten Screenings		1 <sup>st</sup> grade Screenings		2 <sup>nd</sup> Grade Screenings		3 <sup>rd</sup> Grade Screenings	
	# required	# conducted	# required	# conducted	# required	# conducted	# required	# conducted
PS 5 - SI	30	30	30	30	30	9	30	1
PS 6 - M	29	28	30	28	28	2	30	0
PS 6 - Bx	23	19	33	28	30	0	33	0
PS 24 - Bx	30	27	30	28	30	1	30	0
PS 31 - SI	20	20	33	29	31	5	35	5
PS 92 - Q	24	22	34	34	30	6	31	5
PS 98 - Q	30	28	30	30	30	0	30	27
PS 102 - M	13	10	27	24	34	1	31	3
PS 304 - Bk	15	14	30	27	36	1	36	0
PS 321 - Bk	29	29	30	30	30	29	31	29
<b>Totals</b>	<b>243</b>	<b>227</b>	<b>307</b>	<b>288</b>	<b>309</b>	<b>54</b>	<b>317</b>	<b>70</b>
<b>Percentages</b>		<b>93%</b>		<b>94%</b>		<b>17%</b>		<b>22%</b>

As can be seen by Table VI, 93 percent of kindergarten students and 94 percent of 1<sup>st</sup> grade students were screened for hearing, while only 17 percent of 2<sup>nd</sup> grade students and 22 percent of 3<sup>rd</sup> grade students were screened.

During the course of the audit, DOE officials acknowledged that more direction and oversight over the vision and hearing screening program was needed and informed us that the Deputy Chancellor's Office and the OSH will provide such oversight starting with the 2007-2008 school year. In addition, the Health Directors at each Integrated Service Center will provide support and technical assistance to the schools with regard to vision and hearing screening requirements.

**Recommendations**

DOE and DOHMH should:

1. Immediately take steps to ensure that vision and hearing screenings are conducted for the sampled students noted in this report who have not received screenings.

**DOE and DOHMH Response:** "The DOE has carefully reviewed its current vision screening data for the students in the sample who were identified as not having had the required number of vision screens in the audited school years. Based on that review, we report that a substantial number of those students who remained in the school system beyond the audit period have already been screened. The DOE's Office of School Health, with the assistance of the Integrated Service Center Health Directors, will arrange that those remaining are vision screened.

“Consistent with the view of national authorities that serious hearing problems are rarely detected in school age children without symptoms of hearing loss, the DOE ended its hearing screening program and DOHMH began conducting hearing screens for students in kindergarten and first grade beginning in School Year 2005/2006. . . . Given that the auditors determined that 93 percent of the sampled students were in fact screened in kindergarten and 94 percent screened again in first grade, and that there is no medical support for testing students beyond that grade, we do not agree with the recommendation with respect to hearing screening.”

**Auditor Comment:** As stated previously, we do not accept the unofficial change to DOE’s hearing screening policy because no official amendment or modification was made to the Chancellor’s Regulation A-701. Moreover, DOE’s claim that the hearing screening requirements were changed in the 2005-2006 school year did not relieve them of the responsibility to screen students for hearing in the previous (2004-2005) school year. In addition, based on DOE’s proposed changes to its hearing screening policy, students who were not screened by DOHMH in kindergarten and first grade will never be screened for hearing. Accordingly, we urge DOE and DOHMH to reconsider the response to this recommendation with regard to hearing screenings.

2. Ensure that all students requiring vision screening are screened in compliance with the Chancellor’s Regulations.
3. Ensure that all students requiring hearing screening are screened in compliance with the Chancellor’s Regulations.

**DOE and DOHMH Response:** With regard to recommendations 2 and 3, DOE and DOHMH officials stated, “The DOE will continue to provide centralized oversight of its vision screening program, provide meaningful technical assistance to the schools, and monitor schools’ compliance with the DOE’s vision screening requirements, as it has done this school year.

“The audit results indicate that DOHMH fulfills its screening responsibilities, and the DOHMH will continue to do so.”

4. Jointly issue a manual on vision and hearing screening that more clearly defines the division of responsibility between DOHMH and DOE and that reflects the agreement between the agencies on the detailed tasks of their respective staff.

**DOE and DOHMH Response:** “The DOE and DOHMH agree to issue a ‘manual’ that reflects the agreement between the agencies and will inform the field about the division of responsibility.”

### **Lack of Oversight and Monitoring of Vision and Hearing Screening Program**

No unit or office within DOE was assigned the responsibility of monitoring or overseeing compliance with vision and hearing screening requirements. As a result, DOE did not take the necessary corrective action when: the required vision and hearing screenings were not always conducted, those that were conducted were not always recorded in ATS, and follow-up was not consistently conducted. During the exit conference, OSH officials told us that the OSH and a compliance unit at DOE will now ensure that all regulatory requirements, including vision and hearing screenings, are met.

DOE is ultimately responsible for the vision and hearing screening program and ensuring that all students are screened in compliance with Chancellor's Regulation A-701. The Chancellor's Regulation states, "Planning and implementation for individual school health programs is the responsibility of the school principal." However, DOE did not create a central monitoring unit that would be held accountable for monitoring principals and schools to ensure that students were screened according to the regulation.

The Deputy Chief of Staff to the Deputy Chancellor of Finance and Administration informed us that the primary goal of the vision and hearing screening program is to be compliant with the State regulations in order to ensure that all students receive the required screenings. She also informed us that this program is very important to DOE management. However, when we asked DOE officials why the vision and hearing screening program was not reaching its goal, they responded that no unit or office within DOE was ever assigned the responsibility to monitor or oversee compliance with vision and hearing screening requirements. As a result, the school principals were ultimately the only ones responsible for ensuring that vision and hearing screenings were conducted.

Officials interviewed at four of the schools in our sample stated that they were never contacted by DOE for information regarding the vision and hearing screening program, including any reports on the number of students screened. We also found that officials interviewed at the schools were confused about their responsibility for vision and hearing screenings and follow-up. Officials at 7 of the 11 schools were unaware of the grades that should be screened for vision and hearing. In addition, they were confused about which agency was responsible for conducting the screenings. The majority of the schools conducted few, if any, vision and hearing screenings in the 2004-2005 and 2005-2006 school years. These are the two school years when the students should have been in grades 2 and 3 and for which DOE was responsible for the screenings. In fact, officials at the seven schools cited above stated that the only screenings conducted at their schools were conducted by DOHMH for kindergarten and first grade and that no other screenings were conducted. During the exit conference, DOE officials informed us that currently, through the publication *Principals Weekly*, DOE is making school officials aware of the screening requirements.

Since a central DOE monitoring unit did not exist, DOE management had no capacity to verify that screening information was entered in ATS and that all students were screened. As stated previously, during the course of the audit, DOE officials acknowledged that more

direction and oversight over this area was needed and informed us that the Deputy Chancellor's Office and the OSH will provide oversight of the vision and hearing screening program starting with the 2007-2008 school year.

**DOE Response:** "Generally, the DOE has little quarrel with those audit findings pertaining to the DOE's performance in the area of screenings for which it was wholly responsible and accepts the conclusion that this agency's efforts during the audit period had been wanting, a situation largely attributable to a lack of central data monitoring and oversight. Indeed, as reflected in the Report, we acknowledged those shortcomings upon being made aware of findings that surfaced during the audit.

"Likely of greater concern to the public . . . is whether the DOE has taken action to address those problems. We can satisfy that legitimate concern with assurance that, having assigned responsibility for monitoring schools' adherence to vision screening requirements to OSH, in addition to its role in providing technical assistance to the schools, we have begun to see significant improvement in schools' vision screening performance. Moreover, OSH is continuing in the current school year, with the assistance of ISC Health Directors in each borough, to follow up with those schools where gaps in data still exist."

#### **DOE Does Not Ensure That Screenings Are Conducted at Schools with School-Based Health Centers**

DOE did not ensure that vision and hearing screenings were conducted at Public School 48 in the Bronx, a School-Based Health Center. Only 15 (13%) of the 119 required vision screenings were conducted and only 13 (11%) of the 119 required hearing screenings were conducted. Twenty-one (70%) of the 30 students selected in our sample from Public School 48 were never screened for vision and 21 were never screened for hearing during any of the four school years (2002-2003, 2003-2004, 2004-2005, and 2005-2006) reviewed.

DOHMH stated that screenings were not conducted at School-Based Health Centers because the assumption was that School-Based Health Centers were performing the screenings. It appears there was a lack of communication between DOHMH and DOE with regard to who was responsible for the screenings. DOE, contradicting the information given to us by DOHMH, informed us that School-Based Health Centers should not be treated differently from regular schools with regard to vision and hearing screenings and that School-Based Health Centers are expected to offer comprehensive, age-appropriate primary health services, including vision and hearing screenings. Parents must sign up for students to receive services. However, parental consent is not required for the conduct of mandated services, which include vision and hearing screening. Regardless of who was responsible for the screenings, DOE is ultimately responsible for the vision and hearing screening program and ensuring that all students are screened; this did not happen for the students at Public School 48.

OSH officials asserted that the policy was changed in the 2003-2004 school year so as to include schools in all districts and all School-Based Health Centers.<sup>9</sup> However, this assertion is not supported by the number of vision and hearing screenings conducted at Public School 48 for the 2003-2004 school year, where only 6 (20%) of the 30 students were screened.

At the exit conference, DOHMH officials stated that screenings are now being conducted at schools with School-Based Health Centers and supplied us with documentation of vision and hearing screenings, which they stated was generated from ASHR, to show that kindergarten and first grade students at Public School 48 were screened for vision and hearing in the 2004-2005 and 2005-2006 school years.

### **Recommendations**

DOE should:

5. Establish an effective Vision and Hearing Screening oversight unit to monitor screenings and ensure that students are screened for vision and hearing in the appropriate grades, as called for in the Chancellor's Regulations.

**DOE Response:** "As of this current school year, the Office of School Health was tasked with monitoring schools' adherence to vision screening requirements and providing technical assistance to them. DOE management intends to maintain that assignment of responsibility. Further, as noted elsewhere in this response, the DOE will continue to work closely with the DOHMH as regards its participation in the vision and hearing screening process."

6. Allocate dedicated resources for each school to be used expressly for the vision and hearing screening program to ensure that students are screened and that follow-up is conducted in accordance with the Chancellor's Regulations.

**DOE Response:** "DOE students currently are screened in prekindergarten, kindergarten, and first grade by DOHMH teams. In cases where serious vision impairment is suspected, follow-up is conducted by a dedicated unit attached to DOHMH. Given the scope of screening and follow-up for which the DOHMH is responsible and that most serious vision issues generally can be detected in the age group served by DOHMH, the DOE's own screening program is sufficient as it is currently constituted.

"As for the recommendation pertaining to hearing screening, for the sound reasons discussed elsewhere in the joint response, hearing screenings and follow-up are within the purview of the DOHMH."

**Auditor Comment:** The Chancellor's Regulations require that students be screened for vision in second and third grades. Based on the agreement between DOE and DOHMH, these are the grades for which DOE is responsible for screening. In light of the fact that DOE conducted only 42 percent of its required vision screenings, it is evident that DOE's

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<sup>9</sup> There were 124 School-Based Health Centers in 2004.



screening program is insufficient as it is currently constituted. In addition, the Chancellor's Regulation requires vision follow-up to be performed; however, the audit found that 69 percent of failed vision screenings that required follow-up did not receive it. Clearly, DOE needs to allocate dedicated resources for each school to ensure compliance with the Chancellor's Regulations. Accordingly, we urge reconsideration of the response to this recommendation.

DOE and DOHMH should:

7. Ensure that vision and hearing screenings are conducted at all schools with School-Based Health Centers.

***DOE and DOHMH Response:*** "This recommendation troubles us. It appears calculated to drive the inference that the DOE and DOHMH are currently not conducting screenings at schools with School-Based Health Centers. The fact is, however, that when it became apparent in School Year 2004/2005 that the School-Based Health Centers mistakenly had not been included in the screening program, the two agencies immediately moved to correct that situation and fully integrated the affected schools into the following years' programs. The Report actually cites that the audit team was presented with data evidencing that screening was conducted in the School-Based Health Center school in 2004/2005 and 2005/2006. Nonetheless, two years later, we are being asked to agree to a recommendation that the audit team knew we had fully implemented."

***Auditor Comment:*** DOE claims that when it became apparent that schools with School-Based Health Centers had not been included in the screening process, it immediately took steps to correct this situation. However, this was not the case, as evidenced by the fact that only one student from our sample was screened for vision at Public School 48, which includes a School-Based Health Center, in 2005-2006 school year, and none were screened for hearing.

Moreover, at the exit conference, we were presented with data evidencing that screenings were conducted by DOHMH at Public School 48 for the 2004-2005 and 2005-2006 school years; however, the screenings were not conducted for students who were a part of our sample. In addition, as of March 2008, there were approximately 120 School-Based Health Centers serving more than 200 schools in the five boroughs. Since both DOE and DOHMH know that just one school in our sample was a school with a School-Based Health Center, we do not know why this recommendation troubles them. We have no assurance that screenings have been conducted at the remaining schools with School-Based Health Centers, since we were provided with no evidence. Therefore, we stand by our recommendation that DOE and DOHMH ensure that they conduct vision and hearing screenings at *all* schools with School-Based Health Centers.

## Inadequate Follow-up

DOHMH and DOE do not adequately follow up with students who fail vision and hearing screenings. However, the Chancellor's Regulation A-701 requires vision follow-up to be performed by DOHMH staff for students whose E12S form<sup>10</sup> is not returned within a six week period. It also requires that if DOHMH staff are not in the buildings, the school needs to do the follow-up in cooperation with the DOHMH District Supervising Nurse. The Regulation, which DOE indicates is currently being modified, does not address the extent of vision follow-up, nor does it specifically address follow-up with regard to hearing screenings. Nonetheless, follow-up is a critical factor in the vision and hearing screening process.

DOE and DOHMH officials consider that sending home the E12S and SH23 forms and the initial letters is appropriate primary notification. However, if the forms are not returned within the six-week period, further contact (follow-up) with the parents should be made to ensure that the parents received the initial notification and that students receive evaluations from their own physicians. Table VII, below, shows the number of students who failed vision screenings at each of the schools in our sample, the number who returned E12S forms, and the number of students who did not receive follow-up.

**Table VII**

Number of Students Who Failed Vision Screenings

School	# of Failed Vision Screenings	# of E12S Forms Returned within 72 Days of Screening	# of Cases Requiring Follow-up	# of Cases Receiving Follow-up	# of Cases Requiring but Not Receiving Follow-up	% of Cases Requiring but Not Receiving Follow-up
PS 5 - SI	8	3	5	1	4	80%
PS 6 - M	7	1	6	2	4	67%
PS 6 - Bx	16	2	14	7	7	50%
PS 24 - Bx	12	6	6	6	0	0%
PS 31 - SI	11	4	7	3	4	57%
PS 92 - Q	20	4	16	2	14	88%
PS 98 - Q	18	10	8	1	7	88%
PS 102 - M	15	3	12	5	7	58%
PS 304 - Bk	14	1	13	3	10	77%
PS 321 - Bk	15	3	12	1	11	92%
<b>TOTALS</b>	<b>136</b>	<b>37</b>	<b>99</b>	<b>31</b>	<b>68</b>	<b>69%</b>

Note: The E12S forms are required to be returned within six weeks from the day the E12S form is issued. However, we allowed for a 30-day grace period beyond the 6-week due date (for a total of 72 days).

<sup>10</sup> The E12S form is the vision exam form that is sent along with the initial letter to the student's parents if the student fails the vision screening. The E12S form is to be filled out by the student's doctor and includes the results of the doctor's evaluation.

As can be seen in Table VII, DOHMH and DOE did not document that follow-up was conducted for 68 (69%) of 99 failed vision screenings that required follow-up. It should be noted that these failures include just 66 percent of the required screenings, since 34 percent of the required screenings in our sample were not conducted. If DOE and DOHMH had conducted all of the required vision screenings, the number of failed instances that required follow-up most likely would have been much greater. In the 31 instances in which follow-up was conducted, 9 were conducted half a year or more after the allotted 72 day period (six weeks plus the 30 day grace period). In one case, follow-up was conducted 433 calendar days after the allotted 72 day period.

Follow-up with the parents is critical because it ensures that parents are aware that a problem exists and alerts them to the importance of taking the child to a doctor for an evaluation. Furthermore, follow-up takes on added importance because of the risk that a student may not be screened the following year, if at all. In the 2002-2003 school year, 57 students in our sample failed the vision screening. Of these, only 44 (77%) were screened the following year; of the remaining 13 students, 2 were not screened until two years later and 11 (19%) were not screened again during the audit period (through school year 2005-2006). A further analysis of these screenings shows that the likelihood that a student who fails the vision screening will be screened in the following year is dependent on the party that is responsible for conducting the screening. Of the 57 students cited, 47 were in the first grade (DOHMH's responsibility for screening) in the 2003-2004 school year and 10 were in the second grade (DOE's responsibility for screening). While 42 of 47 students in the first grade in school year 2003-2004 were screened, only 3 of the 10 students in the second grade that year were screened.

The likelihood that a student will not be screened in the year following a failed vision screening when DOE is responsible for conducting the screening is shown when reviewing results for the 2003-2004 school year. Of the 43 students in our sample who failed the vision screening that year, only 12 (28%) were screened the following year; 10 students were not screened until two years later, and 21 (49%) were not screened again during the audit period. Of the 43 students cited above, all 43 were in the second grade or higher in the 2004-2005 school year.

Although the Chancellor's Regulation does not specifically address follow-up with regard to hearing screenings, DOE's Web site states that follow-up intervention for students who have failed vision and hearing screenings is imperative. In addition, the OSH Web site states that OSH reaches out to the parents of students when a vision or hearing deficit is detected, recommends a full evaluation be conducted by the child's doctor, and follows up in instances where a full evaluation has not occurred. Accordingly, it appears that both DOE and OSH believe that follow-up is an important part of the screening process.

Table VIII, following, shows the number of students who failed hearing screenings at each of the schools in our sample, the number who returned SH23 forms, and the number of cases for which follow-up was conducted.

**Table VIII****Number of Students Who Failed Hearing Screenings**

School	# of Failed Hearing Screenings	# of SH23 Forms Returned within 72 Days of Screening	# of Remaining Cases	# of Cases Receiving Follow-up	# of Cases Not Receiving Follow-up	% of Cases Not Receiving Follow-up
PS 5 – SI	4	4	0	0	0	0%
PS 6 – M	1	0	1	0	1	100%
PS 6 – Bx	0	0	0	0	0	0%
PS 24 – Bx	1	0	1	1	0	0%
PS 31 – SI	3	1	2	0	2	100%
PS 92 – Q	12	2	10	0	10	100%
PS 98 – Q	4	3	1	0	1	100%
PS 102 – M	5	0	5	2	3	60%
PS 304 – Bk	6	1	5	0	5	100%
PS 321 – Bk	3	0	3	0	3	100%
<b>TOTALS</b>	<b>39</b>	<b>11</b>	<b>28</b>	<b>3</b>	<b>25</b>	<b>89%</b>

As can be seen in Table VIII, DOHMH and DOE did not conduct follow-up for 25 (89%) of 28 failed hearing screenings that required follow-up. Again, it should be noted that these failures include only 54 percent of the required screenings, since 46 percent of the required screenings in our sample were not conducted. If DOE and DOHMH had conducted all of the required hearing screenings, the number of failed instances that required follow-up most likely would have been much greater. In the three instances in which follow-up was conducted, all three were conducted four months or more after the allotted 72 day period (six weeks plus the 30 day grace period). In one case, follow-up was not conducted for over a year and a half (593 days) after the allotted 72 day period.

As was found for vision screening, the likelihood that a student who fails the hearing screening will be screened in the following year is dependent on the party that is responsible for conducting the screening—DOHMH (for kindergarten and first grade) or DOE (for second and third grades). Of the 18 students in our sample who failed the hearing screening in the 2002-2003 school year, 15 (83%) were screened the following year; the remaining 3 were not screened again during the audit period. Fifteen of the 18 students were in the first grade in school year 2003-2004, 14 of whom were screened. The remaining 3 were in the second grade; 1 was screened that year. For the 2003-2004 school year, 16 students in our sample failed the screening. Of these, only 3 (19%) were screened the following year; of the remaining 13, two were not screened until two years later, and 11 were not screened again during the audit period. Of the 16 students cited above, all 16 were in the second grade or higher in the 2004-2005 school year.

DOHMH officials informed us that they have only one supervisor and a five-member team that conducts follow-up citywide for students who are at risk for amblyopia, a common eye problem among young children in which one eye works better than the other and, over time, the weaker eye can lose sight. Failure to detect and treat amblyopia by the age of seven may result in permanent loss of vision in the weaker eye. DOHMH conducts follow-up only for the students screened by DOHMH.

DOHMH officials stated that funding is not available to ensure that follow-up action is taken for every student who fails a screening. A DOHMH official said that if the agency had a larger follow-up unit, it would follow up on all students. DOHMH officials stated that there are no plans to add additional resources to the vision and hearing screening program. DOHMH officials claim that they conduct follow-up for 100 percent of amblyopia cases and that if time permits, they then conduct follow-up for students with severe vision conditions and with serious hearing problems. However, we identified 19 failed vision screenings conducted by DOHMH that were considered amblyopia cases.<sup>11</sup> Of these 19 cases, 7 E12S forms were returned. Follow-up action was required for 15 cases, and we identified only 4 instances in which follow-up was conducted. It should be noted that DOHMH did not have a follow-up unit until January 2005.

DOE does not have a follow-up unit to ensure that follow-up action was conducted. As a result, the principals of some schools designated individuals to conduct follow-up when forms were not returned, while some schools had no level of follow-up whatsoever. Moreover, officials at 7 of the 11 schools in our sample stated that for other than the screenings conducted by DOHMH, no other screenings were conducted at these schools. As previously stated, had DOE and DOHMH conducted all of the required screenings, the number of vision and hearing failures that required follow-up may have been greater. Without screenings, the schools cannot identify students with possible vision and hearing problems and will not be able to conduct follow-up.

Both DOE and DOHMH officials stated that there is no legal requirement for them to perform follow-up. However, the Chancellor's Regulation states that follow-up should be conducted for students who fail vision screenings and do not return an E12S form. In addition, as stated on the DOHMH Web site, the objective of the vision and hearing screening program is to identify vision and hearing problems in young children and take steps to ensure that they are addressed. Furthermore, the DOE Web site states, "follow-up intervention for students who have failed these screenings is imperative." Identifying students with vision and hearing problems is the first step in helping students with problems. A more effective system of follow-up needs to be established to help ensure that corrective action is taken for students with vision or hearing problems.

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<sup>11</sup> We focused only on amblyopia cases identified by DOHMH and not on those identified by DOE, since DOHMH officials stated that follow-up is mandated for these cases.

## Recommendations

DOE should:

8. Immediately follow up with all students who are at risk (i.e., fail the vision or hearing screening).
9. Require each school to assign individuals to conduct follow-up with parents of all students who fail vision or hearing screenings.

**DOE Response:** With regard to recommendations 8 and 9, DOE stated, “DOE’s screening program includes notifying the parents of students who fail a vision screening conducted by the school. The DOE is currently exploring the most efficient means of conducting follow-up in the case of students at greatest risk.

**Auditor Comment:** DOE refers to notifying parents but does not specifically address follow-up. Simply notifying the parents is not adequate follow-up, particularly since DOE has no assurance that the parents receive letters sent home with the students. When forms are not returned, DOE should follow up with the parents to ensure that they received the initial notification and that students receive evaluations from their own physicians.

In addition, it appears from DOE’s response that it is considering conducting follow-up only for students at greatest risk. However, the Chancellor’s Regulation requires follow-up for all students who fail vision screenings and whose E12S form is not returned. Further, DOE’s Web site states, “follow-up intervention for students who have failed these screenings is imperative.” DOE needs a more effective system of follow-up to help ensure that corrective action is taken for students who fail screenings and to ensure that it complies with the Chancellor’s Regulation. We recommend that DOE and DOHMH conduct follow-up with parents of *all* students who fail vision or hearing screenings.

DOHMH should:

10. Acquire additional resources to expand its follow-up unit so that follow-up can be conducted for all students who fail vision or hearing screenings.

**DOHMH Response:** “DOHMH follows up on students whose abnormality can lead to permanent vision loss or compromise the student’s education. In fulfilling its obligations with respect to communicating and conducting follow-up on vision and hearing screening results, DOHMH routinely reviews its policies and practices so as to effectively acquire and deploy resources and, as stated in Dr. Frieden’s letter, will continue these practices.”

**Auditor Comment:** As stated previously, the Chancellor’s Regulation requires that follow-up be conducted for all students who fail vision screenings and do not return an E12S form. A lack of resources should not prevent DOHMH from following up all students who fail screenings. Failure to ensure that students with poor vision and hearing

screenings are evaluated by a physician can have a detrimental effect on cognition and educational achievement in later years. We therefore believe it is important for DOHMH to obtain additional resources to expand its follow-up unit so that appropriate follow-up is conducted for all students who fail vision and hearing screenings.

**DOE Cannot Ensure That Screenings Are Conducted Due to a Lack of Information in ATS**

DOE cannot ensure that students were screened in the appropriate grades, as defined in the Chancellor's Regulations. This lack of assurance stems from the fact that DOE cannot rely on ATS-generated reports to determine the number of screenings conducted.

ATS is designed to capture, among other things, the date that the screenings took place, the results of the screenings, as well as any follow-up action that took place. If used properly, ATS reports can be a useful tool in determining which students were not screened or which ones require additional care. Currently, DOE school staff are responsible for entering the results of both vision and hearing screenings on the appropriate ATS screens. We were informed by OSH officials that all screenings conducted by DOHMH should be recorded in ASHR as well as in ATS. However, school staff do not always enter the results of DOE or DOHMH screenings in ATS; as a result, DOE is unable to use ATS to identify students who were not screened.

One school official we interviewed stated that a lack of resources prevented school staff from entering screening results in ATS. The secretaries at another school were confused about what information should be entered in ATS. In addition, since no office within DOE was reviewing the information in ATS or following up with schools that did not enter the information, it appears that the schools did not believe that their entry of information in ATS was a DOE priority.

To further complicate matters, ATS and ASHR are not linked. DOE employees have access only to ATS, and DOHMH employees have access only to ASHR. Therefore, if the results of DOHMH screenings are not entered in ATS, DOE officials are not able to generate accurate reports from ATS on the vision and hearing screening program as a whole.

Table IX, below, shows the total number of vision and hearing screenings conducted for the sampled students at each school during school years 2002-2003 through 2005-2006 as well as the number of screenings that were recorded in ATS for DOE and DOHMH screenings.

**Table IX**

Number of Vision and Hearing Screenings of Sampled Students Recorded in ATS

School	Total # Of Vision Screenings Conducted in School Years 02-03 through 05-06	# Of Vision Screenings Recorded In ATS	%	Total # Of Hearing Screenings Conducted in School Years 02-03 through 05-06	# Of Hearing Screenings Recorded In ATS	%
PS 5 - SI	120	91	76%	70	40	57%
PS 6 - M	58	3	5%	58	2	3%
PS 6 - Bx	54	0	0%	47	0	0%
PS 24 - Bx	55	1	2%	56	1	2%
PS 31 - SI	64	33	52%	59	34	58%
PS 92 - Q	99	59	60%	67	34	51%
PS 98 - Q	115	85	74%	85	58	68%
PS 102 - M	48	3	6%	38	2	5%
PS 304 - Bk	44	0	0%	42	1	2%
PS 321 - Bk	119	94	79%	117	102	87%
<b>Totals</b>	<b>776</b>	<b>369</b>	<b>48%</b>	<b>639</b>	<b>274</b>	<b>43%</b>

As shown in Table IX, more than half of the completed screenings were not recorded in ATS: only 369 (48%) of the 776 vision screenings were recorded, and only 274 (43%) of the 639 hearing screenings were recorded. In addition, a further review revealed that just 6 of the 10 schools in our sample entered any results of DOHMH screenings in ATS.

Though we were informed that all screenings conducted by DOHMH should be recorded in ASHR as well as ATS, it is an inefficient use of time and resources for DOE and DOHMH staff to enter the results of screenings in both systems. In addition, entering the results twice can result in data entry errors. DOE should investigate the feasibility of periodic downloads of information from ASHR into ATS. This would eliminate the need for entering the same information into two different systems. DOHMH officials stated that there has been talk of linking the two systems for years and that eventually the two systems will be linked. However, no timetable has been set.

Since all screening results are not entered in ATS, DOE cannot generate accurate reports from ATS showing the number of screenings that have been conducted and cannot determine from ATS data which students have not been screened.

During the exit conference, OSH and DOE officials agreed that it was important to link the two databases and informed us that a request for a link has been made.



## **Recommendations**

DOE should:

11. Investigate the feasibility of obtaining periodic downloads of information from ASHR into ATS, until the link between the databases is in place.

***DOE Response:*** “On the DOE’s technology projects queue is the creation of link between the DOHMH vision and hearing database and ATS. The recommendation for an interim solution will be investigated.”

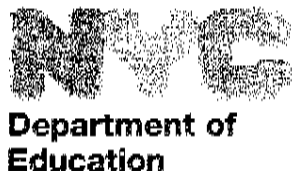
12. Ensure that until the new link between the databases is in place, the results of all current and future DOE vision and hearing screenings are recorded in ATS.

13. Require an oversight unit to monitor and review screening information entered in ATS to ensure that all schools are making the required entries.

***DOE Response:*** With regard to recommendations 12 and 13, DOE stated, “As stated elsewhere in this response, responsibility for overseeing the DOE’s vision program, which includes entry of screening data in ATS, has been assigned to the Office of School Health.”

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**Department of  
Education**

Kathleen Grimm  
Deputy Chancellor  
Finance and Administration

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June 6, 2008

Honorable John Graham  
Deputy Comptroller  
The City of New York  
Office of the Comptroller  
One Centre Street  
New York, NY 10007-2341

Re: Audit Report on the Adherence of the Department of  
Education and the Department of Health and Mental Hygiene to  
Student Vision and Hearing Screening Program Regulations  
(MD06-139A)

Dear Mr. Graham:

This letter submitted on behalf of the New York City Department of Education ("DOE"), with the letter of Dr. Thomas R. Frieden, Commissioner of the New York City Department of Health and Mental Hygiene ("DOHMH") and the attached detailed response to specific findings and recommendations ("Response"), constitute the two agencies' formal response to the City of New York Office of the Comptroller's ("Comptroller") draft audit report titled *Audit Report on the Adherence of the Department of Education and the Department of Health and Mental Hygiene to Student Vision and Hearing Screening Program Regulations*. ("Report").

The audit, which covered School Years 2002/2003 through 2005/2006, comprised a review of the agencies' vision and hearing screening data and screening practices extant during that period. That the two agencies were involved in the screening programs was a result of an initiative undertaken in January 2003 to create a school health partnership between the DOE and DOHMH that would efficiently provide health services and preventive services to DOE students. The partnership, known now as the Office of School Health ("OSH") is overseen by Dr. Roger Platt, who has reporting lines to the DOE and the DOHMH. On the DOE side, Dr. Platt's staff includes central managers and administrators. Supplementing OSH's oversight are Integrated Service Center Health Directors.

Generally, the DOE has little quarrel with those audit findings pertaining to the DOE's performance in the area of screenings for which it was wholly responsible and accepts the conclusion that this agency's efforts during the audit period had been wanting, a situation largely attributable to a lack of central data monitoring and oversight. Indeed, as is reflected in the Report, we acknowledged those shortcomings upon being made aware of findings

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that surfaced during the audit.

Likely of greater concern to the public, however, than our recognition of the problems inherent in the DOE's past screening practices is whether the DOE has taken action to address those problems. We can satisfy that legitimate concern with the assurance that, having assigned responsibility for monitoring schools' adherence to vision screening requirements to OSH, in addition to its role in providing technical assistance to the schools, we have begun to see significant improvement in schools' vision screening performance. Moreover, OSH is continuing in the current school year, with the assistance of ISC Health Directors in each borough, to follow up with those schools where gaps in data still exist.

In addition to addressing the key issues raised by the audit, in the two years between the end of the audit period and the publication of the Report, the DOE and DOHMH proactively embarked on a jointly sponsored program targeted at identifying at an early age students who may be at risk of serious vision impairment if untreated. Under that initiative, specially trained and equipped DOHMH teams screen students enrolled in public and private schools through the DOE's Universal Prekindergarten program; appropriate follow-up is conducted by a dedicated DOHMH unit. We project that by the end of this school year, the prekindergarten screening program will have reached approximately 40,000 students.

Although we concede that the Report is fair to the extent that it identifies areas that required greater centralized oversight, there is a matter that has to be addressed here because it has not been dealt with to our satisfaction in the Report. Specifically, we point to the matter of modifications that were made to the hearing screening program at the beginning of School Year 2005/2006 (the last audited school year) whereby DOE staff were no longer to conduct hearing screenings; instead, beginning that school year, students in kindergarten and first grade were to be hearing screened by the DOHMH teams.

Although DOE managers provided the audit team with information detailing the changes, the process by which they were arrived at, and the manner in which they were communicated to the field, the auditors dismissed the validity of the explanations and tested compliance to standards that were not in effect at the time, citing as their reason therefor the lack of writings that met their standards. This is not to suggest that the Report fails to acknowledge, albeit offhandedly, that the modifications were based on a medical study by the United States Preventive Services Task Force that concluded that routine hearing screenings of asymptomatic children older than three was not recommended.

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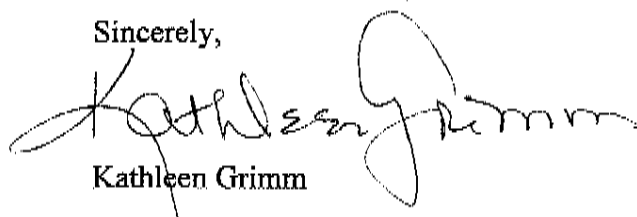
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Rather, the study is cited, as is both agencies' representation that Commissioner Frieden and the Chancellor discussed the issue and agreed to the process changes. Nonetheless, in refusing to credit that representation, the Report fails to connect that the Commissioner and the Chancellor entered into a school health partnership, and, as such, routinely meet to discuss and frame health services policy. In this context, the absence of a writing codifying their discussion is of no significance, particularly since the understandings reached by the two agencies are evidenced by their subsequent actions, which included a post-meeting notification of hearing screening modifications that was published in the DOE's Principal's Weekly - one of the formal means by which central management communicates important information to the schools.

The DOE's commitment is to a screening program that impacts students at greatest risk. The results of our efforts this school year demonstrate that management is on track to provide that program.

The DOE thanks the Comptroller for drawing our attention to the need for enhanced central oversight of vision and hearing screening compliance in our schools and assures that the DOE, in collaboration with DOHMH, has implemented necessary corrective actions to address the deficiencies identified.

Sincerely,



Kathleen Grimm

C: Dr. Thomas R. Frieden  
Dr. Roger Platt  
Elizabeth Bogen  
Charles Troob  
Thomas Hardiman  
Brian Fleischer  
Ava Mopper  
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Marlene Malamy  
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THE CITY OF NEW YORK  
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May 30, 2008

John Graham  
Deputy Comptroller  
Audits, Accountancy & Contracts  
Office of the Comptroller  
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New York, NY 10007-2341

Re: Audit Report on the Adherence  
of the Department of Education  
and the Department of Health  
and Mental Hygiene to Student  
Vision and Hearing Program  
Regulations, MD06-139A

Dear Mr. Graham:

Thank you for your draft audit report concerning vision and hearing screening activities. We want to take this opportunity to respond to the report's comments specifically directed to the Department of Health and Mental Hygiene (DOHMH).

Contrary to the impression given in the report, the data presented confirm that DOHMH screening was compliant with the terms of our agreement with DOE during the period covered by the audit. Any language to the contrary is inappropriate and misleading.

As we informed the auditors, the screening teams were and are required to cover all students in the targeted grades who are present in school during the days that the teams are on site. No evidence was presented that our screening teams failed to meet this standard. Screening rates of over 90% in the targeted grades, as reported in the audit, are consistent with normal absenteeism and with student entry to the school after the time when screening took place.

We do agree that school based clinics were not a satisfactory alternative to DOHMH screening teams, and that because we did not send teams there, these schools were underserved during the period covered by the audit. The need for DOHMH to restore service to schools with clinics was identified in 2004-05 and, as demonstrated to the auditors, was fully addressed by 2005-06. To recommend that we "ensure" that these schools be served is to ignore that they have been served for three years.

The audit's discussion of follow up is also problematic. It suggests that DOHMH follow up activity is very limited. While this may have been true four years ago, it is no longer the case.

DOHMH maintains that follow up resources should be focused on children with the most severe vision problems. As the auditors note, we established a follow-up unit for this purpose in January 2005. Because the children selected by the auditors were screened by DOHMH in 2003-03 and 2003-04, they had no data to evaluate the performance of this team. The program aimed at the most at risk is a large and successful effort. In school year 2006-07, we followed up on over 8,800 children, and we expect comparable or higher numbers in the current year.

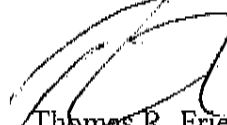
The audit recommends that DOHMH request additional resources to expand its follow up unit so that all failures are followed up. We believe that our current system of focused intensive effort is a wiser use of resources. Any resource adjustment should await our review of the current screening and follow up policy.

We agree with the recommendation that DOHMH and DOE should jointly establish clear policies and procedures to delineate the responsibilities and tasks of staff in the screening process. DOHMH is already in compliance with the recommendations related to ensuring that all children receive mandated screening, including those in schools with school-based clinics. We will assist DOE as appropriate in assuring that unscreened children identified in the audit are screened.

As the two agencies have merged their health programs to a substantial extent, we have collaborated on a single set of detailed comments on the report.

We appreciate the courtesy and professionalism of your staff in the performance of this audit. If you have any questions or need further information, please contact Thomas Hardiman, Director, Internal and External Audits, at (212) 219-5285.

Sincerely,



Thomas R. Frieden, M.D., M.P.H.  
Commissioner

cc: Kathleen Grimm

## NEW YORK CITY DEPARTMENT OF EDUCATION and DEPARTMENT OF HEALTH AND MENTAL HYGIENE RESPONSE TO FINDINGS AND RECOMMENDATIONS

This response to findings and recommendations, with the attached cover letters of New York City Department of Health and Mental Hygiene (“DOHMH”) Commissioner Dr. Thomas R. Frieden and New York City Department of Education (“DOE”) Deputy Chancellor for Finance and Administration Kathleen Grimm, addresses the City of New York Office of the Comptroller’s (“Comptroller”) draft audit report titled *Audit Report on the Adherence of the Department of Education and the Department of Health and Mental Hygiene to Student Vision and Hearing Screening Program Regulations*. (“Report”).

### **DOE and DOHMH should:**

**RECOMMENDATION 1:** *Immediately take steps to ensure that vision and hearing screenings are conducted for the sampled students noted in this report who have not received screenings.* (Report, page 16).

**RESPONSE:** The DOE has carefully reviewed its current vision screening data for the students in the sample who were identified as not having had the required number of vision screens in the audited school years. Based on that review, we report that a substantial number of those students who remained in the school system beyond the audit period have already been screened. The DOE’s Office of School Health, with the assistance of the Integrated Service Center Health Directors, will arrange that those remaining are vision screened.

Consistent with the view of national authorities that serious hearing problems are rarely detected in school age children without symptoms of hearing loss, the DOE ended its hearing screening program and DOHMH began conducting hearing screens for students in kindergarten and first grade beginning in School Year 2005/2006, the last year covered by the audit. Almost two full school years have passed since the end of the audit period. Given that the auditors determined that 93 percent of the sampled students were in fact screened in kindergarten and 94 percent screened again in first grade, and that there is no medical support for testing students beyond that grade, we do not agree with the recommendation with respect to hearing screening.

**RECOMMENDATION 2:** *Ensure that all students requiring vision screening are screened in compliance with the Chancellor’s Regulations.* (Report, page 16).

**RECOMMENDATION 3:** *Ensure that all students requiring hearing screening are screened in compliance with the Chancellor’s Regulations.* (Report, page 16).

**RESPONSE:** The DOE will continue to provide centralized oversight of its vision screening program, provide meaningful technical assistance to the schools, and monitor schools’ compliance with the DOE’s vision screening requirements, as it has done this school year.

The audit results indicate that DOHMH fulfills its screening responsibilities, and the DOHMH will continue to do so.

**RECOMMENDATION 4:** *Jointly issue a manual on vision and hearing screening that more clearly defines the division of responsibility between DOHMH and DOE and that reflects the agreement between the agencies on the detailed tasks of their respective staff.* (Report, page 16).

**RESPONSE:** The DOE and DOHMH agree to issue a “manual” that reflects the agreement between the agencies and will inform the field about the division of responsibility.

**DOE should:**

**RECOMMENDATION 5:** *Establish an effective Vision and Hearing Screening oversight unit to monitor screenings and ensure that students are screened for vision and hearing in the appropriate grades, as called for in the Chancellor’s Regulations.* (Report, page 18).

**RESPONSE:** As of this current school year, the Office of School Health was tasked with monitoring schools’ adherence to vision screening requirements and providing technical assistance to them. DOE management intends to maintain that assignment of responsibility. Further, as noted elsewhere in this response, the DOE will continue to work closely with the DOHMH as regards its participation in the vision and hearing screening process.

**RECOMMENDATION 6:** *Allocate dedicated resources for each school to be used expressly for the vision and hearing screening program to ensure that students are screened and that follow-up is conducted in accordance with the Chancellor’s Regulations.* (Report, page 18).

**RESPONSE:** DOE students currently are screened in prekindergarten, kindergarten and first grade by DOHMH teams. In cases where serious vision impairment is suspected, follow-up is conducted by a dedicated unit attached to DOHMH. Given the scope of screening and follow-up for which the DOHMH is responsible and that most serious vision issues generally can be detected in the age group served by DOHMH, the DOE’s own screening program is sufficient as it is currently constituted.

As for the recommendation pertaining to hearing screening, for the sound reasons discussed elsewhere in the joint response, hearing screenings and follow-up are within the purview of the DOHMH.



**DOE and DOHMH should:**

**RECOMMENDATION 7:** *Ensure that vision and hearing screenings are conducted at all schools with School-Based Health Centers.* (Report, page 18).

**RESPONSE:** This recommendation troubles us. It appears calculated to drive the inference that the DOE and DOHMH are currently not conducting screenings at schools with School-Based Health Centers. The fact is, however, that when it became apparent in School Year 2004/2005 that the School-Based Health Centers mistakenly had not been included in the screening program, the two agencies immediately moved to correct that situation and fully integrated the affected schools into the following years' programs. The Report actually cites that the audit team was presented with data evidencing that screening was conducted in the School-Based Health Center school in 2004/2005 and 2005/2006. Nonetheless, two years later, we are being asked to agree to a recommendation that the audit team knew we had fully implemented.

**DOE should:**

**RECOMMENDATION 8:** *Immediately follow up with all students who are at risk (i.e., fail the vision or hearing screening).* (Report, page 23).

**RECOMMENDATION 9:** *Require each school to assign individuals to conduct follow-up with parents of all students who fail vision or hearing screenings.* (Report, page 23).

**RESPONSE:** DOE's screening program includes notifying the parents of students who fail a vision screening conducted by the school. The DOE is currently exploring the most efficient means of conducting follow-up in the case of students at greatest risk.

The DOHMH, not the DOE, conducts and follows up on hearing screens.

**DOHMH should:**

**RECOMMENDATION 10:** *Acquire additional resources to expand its follow-up unit so that follow-up can be conducted for all students who fail vision or hearing screenings.* (Report, page 23).

**RESPONSE:** DOHMH follows up on the students whose abnormality can lead to permanent vision loss or compromise the student's education. In fulfilling its obligations with respect to communicating and conducting follow-up on vision and hearing screening results, DOHMH routinely reviews its policies and practices so as to effectively acquire and deploy resources and, as stated in Dr. Frieden's letter, will continue these practices.

**DOE should:**

**RECOMMENDATION 11:** *Investigate the feasibility of obtaining periodic downloads of information from ASHR into ATS, until the link between the databases is in place. (Report, page 25).*

**RESPONSE:** On the DOE's technology projects queue is the creation of link between the DOHMH vision and hearing database and ATS. The recommendation for an interim solution will be investigated.

**RECOMMENDATION 12:** *Ensure that until the new link between the databases is in place, the results of all current and future DOE vision and hearing screenings are recorded in ATS. (Report, page 23).*

**RECOMMENDATION 13:** *Require an oversight unit to monitor and review screening information entered in ATS to ensure that all schools are making the required entries. (Report, page 23).*

**RESPONSE:** As stated elsewhere in this response, responsibility for overseeing the DOE's vision program, which includes entry of screening data in ATS, has been assigned to the Office of School Health.