# Illinois State Board of Education

100 North First Street • Springfield, Illinois 62777-0001
www.isbe.net

**James T. Meeks**
*Chairman*

**Tony Smith, Ph.D.**
*State Superintendent of Education*


November 29, 2017

**TO:** Eligible Applicants

**FROM:** Tony Smith, Ph.D.
State Superintendent of Education

**SUBJECT:** **NOTICE OF FUNDING OPPORTUNITY (NOFO) / REQUEST FOR PROPOSALS (RFP):**
Fiscal Year 2019 Early Childhood Block Grant-Prevention Initiative for Birth to Age 3 Years

**CSFA Number:** 586-18-0520
**CSFA Title:** **Fiscal Year 2019 Early Childhood Block Grant-Prevention Initiative for Birth to Age 3 Years**

## Eligibility and Application Information

**Eligible Applicants**: Regional Offices of Education, public school districts, university laboratory schools approved by the Illinois State Board of Education (ISBE), charter schools, area vocational centers, and public or private not-for-profit or for-profit entities with experience in providing educational, health, social and/or child development services to young children and their families are eligible to submit a proposal for the Prevention Initiative program for prenatal mothers and children birth to age 3 and their families.

If the Prevention Initiative program is operated in or by a facility subject to licensure requirements of the Illinois, that facility must hold the appropriate licensure in accordance with rules promulgated by the Department of Children and Family Services (DCFS). (See 89 Illinois Administrative Code, Chapter III: Department of Children and Family Services, Subchapter E: Requirements for Licensure at http://www.ilga.gov/commission/jcar/admincode/089/089parts.html.)

Applicants other than public school districts must provide evidence of existing competencies to provide early childhood education programs. This evidence must include the mission statement of the agency; goals or policies regarding early childhood programs; a description of the agency's organizational structure; and a list of any early childhood accreditations that have been achieved, which may include, as applicable, the most current designation of the applicant has received through the ExceleRate Illinois: Quality Recognition and Improvement System (http://www.excelerateillinoisproviders.com/).

Joint applications for funds may be submitted. However, in each case an administrative agent must be designated, and the joint proposal must have the signature of each district superintendent or official authorized to submit the proposal and agree to participate in the joint agreement. The joint agreement with signatures needs to be on file and be available upon request. A school district or other eligible applicant can participate in only one proposal for a specific initiative. The fiscal agent will submit information to ISBE electronically and keep a hard copy of all documents with original signatures on file.

A separate appropriation has been awarded to the City of Chicago SD 299 for the initiatives funded under the Early Childhood Block Grant Prevention Initiative program. Applicants proposing to provide services for children and families within the Chicago city limits must apply for funds through Chicago Public Schools.
District. More information can be found at http://www.cps.edu/schools/earlychildhood/pages/earlychildhood.aspx.

Programs seeking funding through the Illinois State Board of Education must serve children and families outside the City of Chicago.
**NOTE:** The State of Illinois Grant Accountability and Transparency Act (GATA) requires applicants to complete pre-qualification requirements before applying for an FY 2019 grant. This includes completion of the Grantee Registration and Pre-qualification process through the Illinois GATA Web Portal at http://www.illinois.gov/sites/GATA/Grantee/Pages/default.aspx. Grant applications must be submitted by the application deadline indicated in this NOFO/RFP.

Grant applicants are required to complete an FY 2019 Fiscal and Administrative Risk Assessment in the form of an Internal Controls Questionnaire (ICQ) through the GATA Web Portal and a FY 2019 Programmatic Risk Assessment through the ISBE Web Application Security (IWAS) system **when they become available**. Grant awards will not be executed until the FY 2019 ICQ and Programmatic Risk Assessment are completed.

**Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM):** Each applicant (unless the applicant is an individual or federal or state awarding agency that is exempt from those requirements under 2 CFR § 25.110(b) or (c) or has an exception approved by the federal or state awarding agency under 2 CFR § 25.110(d)) is required to:

(i) Be registered in SAM before submitting its application. If you are not registered in SAM, you may do so at www.sam.gov;
(ii) Provide a valid DUNS number (https://fedgov.dnb.com/webform) in its application; and
(iii) Continue to maintain an active SAM registration with current information at all times during which it has an active federal, federal pass-through, or state award or an application or plan under consideration by a federal or state awarding agency. ISBE may not consider an application for a federal pass-through or state award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements.

**Code of Federal Regulations / Title 2 - Grants and Agreements / Vol. 1 / 2014-01-01192:** Guidance is found at https://www.gpo.gov/fdsys/pkg/CFR-2013-title2-vol1/pdf/CFR-2013-title2-vol1.pdf.

**This grant is subject to the provisions of**:

- Grant Accountability and Transparency Act (GATA), 30 ILCS 708/1 et seq. http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3559&ChapterID=7
- Administrative Rules for GATA, 44 Ill. Admin. Code Part 7000
  https://www.illinois.gov/sites/GATA/Documents/Resource%20Library/Illinois%20Administrative%20Code.pdf
  ftp://www.ilga.gov/jcar/admincode/044/04407000sections.html

**Merit-Based Review and Selection Process for Competitive Grants:** ISBE is required to design and execute a merit-based review and selection process for applications. This process is incorporated by reference in all applicable funding opportunities. The full text of the ISBE merit-based review policy can be found at https://www.isbe.net/Documents/ISBE-merit-based-review.pdf. Applicants are advised to refer to the policy document.

**Grant Award/Cost Sharing or Matching**: Total amount of funding available for Prevention Initiative is contingent on appropriation by the Illinois General Assembly. ISBE anticipates making individual grant awards depending on information included in the proposal. Quality indicators to be considered include, but are not limited to, year around programs, mental health consultation, and comprehensive hearing and vision screenings. More guidance on quality indicators is provided throughout the RFP.

ISBE anticipates making individual grant awards ranging in amounts per family (home visiting program) or per child (center-based or family literacy program) depending on the types of services provided.

Individual grant awards will vary depending on the needs addressed in the approved proposal and the total appropriation for the program. Additional funding information can be found under Funding Information on page 20.

**Grant Period**: The grant period will begin no sooner than July 1, 2018, and will extend from the execution date of the grant until June 30, 2019. Funding in the four subsequent years will be contingent upon state grant-making rules, a sufficient appropriation for the program, and satisfactory progress in the preceding grant period.

**Submission Dates and Times/Other Submission Requirements**: Mail the original and an electronic copy of the proposal on a USB flash drive to ISBE Early Childhood Division, 100 North First Street, E-225, Springfield, IL 62777 to ensure the NOFO/RFP response is in the ISBE offices no later than 4 p.m. February 9, 2018.

Proposals also may be hand-delivered to the following locations:

| Springfield Office | Chicago Office |
|---|---|
| Reception Area | Reception Area |
| 1st Floor | Suite 14-300 |
| 100 North First Street | 100 West Randolph Street |

No late proposals, facsimile proposals, or electronic submissions will be accepted. Incomplete proposals will not be considered for funding.

**Grant Award Notice:** It is anticipated that successful applicants will receive a Notice of State Award (NOSA) from the State Superintendent via email or the U.S. Postal Service approximately 90 days after the application deadline. The NOSA is NOT an authorization to begin performance or expenditures. Applicants must sign and return a copy of the NOSA to confirm acceptance of the terms of the award. Once the signed NOSA is received by ISBE, a Uniform Grant Agreement will be prepared and sent to the applicant. Awardees will receive additional information from the programmatic contact approximately one week later via the U.S. Postal Service or email. This information will include important programmatic dates. Monies spent prior to programmatic approval are done so at the applicant's own risk.

**Technical Assistance Session**: A technical assistance session will be held via recorded webinar and posted to the Early Childhood website at https://www.isbe.net/Pages/RFPs.aspx approximately two weeks after release of the application.

**Changes to NOFO/RFP:** ISBE will post any changes made to the NOFO/RFP prior to January 22, 2018, at https://www.isbe.net/Pages/Request-for-Proposals.aspx and https://www.isbe.net/Pages/RFPs.aspx. Applicants are advised to check the sites before submitting a proposal.

**Agency Contact/Contact to Request Application Package**: For more information on this NOFO/RFP, contact the Division of Early Childhood at 217-524-4835 or earlychi@isbe.net.

## Program Description

The State Board of Education believes that the success of all Illinois children can be significantly enhanced when children participate in early childhood programs and services.

For the purposes of the Prevention Initiative, Preschool for All, and Preschool for All Expansion programs, early childhood is defined as the period in a child's life from birth through 8 years of age. Appropriate early childhood programs, practices, and services are defined as those that:

- Are grounded upon research-based knowledge about child development;
- Promote the child's emotional, physical, mental, and social well-being; and
- Support and nurture families.

ISBE is actively committed to develop, deliver, and support early childhood programs, practices, and services that will enable all children to be successful students and responsible citizens. ISBE believes the following commitments are essential in supporting the development of the whole child:

1. Emphasize the need for high-quality early experiences that reflect research and knowledge on program quality and outcomes across the developmental period of birth through 8 years.
2. Encourage Illinois public schools to create coherent early learning systems that minimize major transitions for children and provide stable, consistent educational experiences for young children ages 3 through 8 years.
3. Make prekindergarten programs available for all Illinois children identified as at risk of academic failure and actively seek their participation. Support the provision of full-day prekindergarten for at-risk students who need additional educational experiences.
4. Support the availability of full-day kindergarten programs for all Illinois children.
5. Collaborate with families and relevant social service providers to provide early identification of and response to educational risk factors among children from birth through 3 years of age.
6. Collaborate with families, community organizations, child care organizations, Head Start, and other state agencies to meet the physical; mental; social; and emotional needs of young children, including their physical care and protection. Also, share resources, services, and accountability.
7. Emphasize the quality of instructional staff and leadership for early childhood programs in Illinois.

**Program Background/History**:

The Prevention Initiative (PI) program, which was established in 1988, is authorized by Sections 1C-2 and 2-3.89 of the School Code. It is one of two programs currently funded under the Early Childhood Block Grant (ECBG). The ECBG is a birth to age 5 grant program that includes PI and the Preschool for All programs. The ECBG's purpose is to provide early, continuous, intensive, and comprehensive evidence-based child development and family support services to help families prepare their young children for school success. The vision adopted by the Early Learning Council in Illinois is for every child to enter kindergarten safe, healthy, eager to learn, and ready to succeed. Illinois has prioritized equitable access, effectiveness of services, and sustainability and stability of services and the system as a whole in the effort to achieve this vision. Illinois's goal is for 80 percent of all children to be fully ready for kindergarten by 2021.

The overall goals of the ECBG are to:

- Increase the percentage of children who begin kindergarten safe, healthy, eager to learn, and ready to succeed.
- Decrease disparities (racial, economic, geographic, etc.) in "readiness" at kindergarten entry and in achievement by third grade.

To accomplish these goals, the following five priorities have been set:

- Targeting high-need communities.
- Serving more children from priority populations.
- Increasing number of slots that meet the Preschool Expansion model (full-day, comprehensive services).
- Encouraging/supporting community collaborations.
- Building a birth to third-grade continuum of high-quality services.

**Program Description:**

The ECBG – Prevention Initiative provides intensive, research-based, and comprehensive child development and family support services for expectant parents and families with children from birth to age 3 to help them build a strong foundation for learning and to prepare children for later school success. The intent of this RFP is to:

1. Fund successful grantees to implement quality PI programming as defined by components one through nine under "Program Objectives" found on page 6.
2. Fund successful PI grantees to fulfill Section 2-3.89 of the School Code, which requires PI grantees to implement research-based, comprehensive, and intensive prevention services to expecting parents and families with children birth to age 3 who are at risk of academic failure.

The ISBE ECBG funds a continuum of services for children from birth through age 5 and their families. A portion of the block grant funds is set aside exclusively for programs serving families with infants and toddlers at risk of school failure. This program is called Prevention Initiative (PI). Beginning in Fiscal Year 2016 Section 1C-2 of the School Code was amended to state, "At least 25% of any additional Early Childhood Education Block Grant funding over and above the previous fiscal year's allocation shall be used to fund programs for children ages 0-3. Once the percentage of Early Childhood Education Block Grant funding allocated to programs for children ages 0-3 reaches 20% of the overall Early Childhood Education Block Grant allocation for a full fiscal year, thereafter in subsequent fiscal years the percentage of Early Childhood Education Block Grant funding allocated to programs for children ages 0-3 each fiscal year shall remain at least 20% of the overall Early Childhood Education Block Grant allocation. However, if, in a given fiscal year, the amount appropriated for the Early Childhood Education Block Grant is insufficient to increase the percentage of the grant to fund programs for children ages 0-3 without reducing the amount of the grant for existing providers of preschool education programs, then the percentage of the grant to fund programs for children ages 0-3 may be held steady instead of increased."

Section 2-3.89 of the School Code requires PI grantees to implement research-based, comprehensive, and intensive prevention services to expecting parents and families with children birth to age 3 who are at risk of academic failure. Examples of the research-based models include, but are not limited to:

- Home visiting services that adhere to the requirements of Baby Talk ™, Early Head Start, Healthy Families America ®, Parents as Teachers ™, or another evidence-based approved program model.
- Center-based or family literacy services that adhere to the requirements of ExceleRate Illinois Quality Recognition and Improvement System Gold or Silver Circle of Quality and are licensed by the Department of Children and Family Services.

PI programs share common components, such as home visits, links to community resources, screening and developmental monitoring, and individual family goal planning/setting processes.

PI programs must identify as home visiting, child care center-based, or family literacy (Appendix C).

PI aims to provide voluntary, continuous, intensive, research-based, and evidence-based comprehensive child development and family support services for expecting parents and families with children from birth to age 3. These programs will help build a strong foundation for learning and prepare children for later school success. For the purpose of Prevention Initiative, "at risk" is defined as those children who because of their home and community environment are subject to such language, cultural, economic and like disadvantages, determined as a result of screening procedures, to be at risk of academic failure. Academic failure may be indicated by their families' high levels of poverty, illiteracy, unemployment, limited-English proficiency, or other need-related indicators (e.g., school district's rate of dropouts, retention, truancy, teenage pregnancies, and students experiencing homelessness; high rates of infant mortality, birth trauma, low birth weight or prematurity; and high rates of child abuse or neglect).

**ECBG PI Program Requirements:**

This section includes requirements for each PI program component. The requirements that follow are found in the "Meets Standard" column of the scoring rubric. Those components that are considered above and beyond compliance are found in the "Exemplary" column of the scoring rubric.

**Program Objectives**:
**Component One: Screening to Determine Program Eligibility**[1]
**Goal 1:** Illinois' neediest children will be identified and served.

Screening must be conducted to identify Illinois' neediest children and families and how best to serve them. Screenings are to be conducted on a communitywide basis and be developed and implemented with cooperation among programs serving young children operating in the area to be served (e.g., public schools, licensed child care providers, special education cooperatives, Early Head Start, Early Intervention, Child and Family Connections, Child Find, etc.).

Eligibility requirements are based on local need and those factors identified by research that suggest a greater likelihood for children to be at risk of academic failure. Children who are at risk are defined as those who, because of their home and community environment, are subject to such language, cultural, economic, and like disadvantages to cause them to have been determined as a result of screening procedures to be at risk of academic failure. Eligibility for women who are pregnant or infants prior to turning 3 months of age is determined based on family and environmental risk factors. The developmental status, including social and emotional development, of children older than 3 months should be among eligibility factors that need to be considered. A weighted eligibility criteria form will need to be developed and implemented by each program to determine that the most at-risk children and their families are being served. Information from the parent interview form plus children's scores from a published, research-based screening instrument indicating risk of academic failure will be used to complete the weighted eligibility form.

Eligibility criteria must be established for PI programs to enroll pregnant women and children who are most at risk. Programs will need to develop criteria and indicators to use for determining which families to enroll first. These criteria should be weighted. This means that some criteria, as determined by the program and the community's risk factors, are given more weight or more points than other criteria. Thus, some risk factors may be given one point and other factors two, three, or more points each.

Programs will serve those children and families most in need in the community as determined by those having the most points on the weighted eligibility criteria measure. Programs will utilize the individualized weighted criteria system for (a) enrolling families identified as having most points on the weighted eligibility criteria measure, and (b) ensuring families receiving the greatest number of points on the weighted eligibility criteria measure are prioritized on a waiting list, if applicable. A family that is enrolled in the program is allowed the opportunity to continue services for the duration of the program (prenatal to age 3). The family may voluntarily leave the program. The eligibility criteria form and screening for eligibility are only completed one time. Programs will develop guidance for staff in a policy and procedures manual.

Comprehensive screening procedures must include the following required elements:

A. Research-based criteria to determine at what point performance on the screening instrument indicates that children are at risk of academic failure as well as to assess other environmental, economic, and demographic information that indicates a likelihood that the children would be at risk.
B. The weighted eligibility criteria developed by the state to prioritize children who are at most risk of academic failure. (See table below.) Additional risk factors selected should reflect the community to be served and be weighted to ensure that the children most at risk of academic failure are enrolled.

**Illinois has developed competitive preference priorities regarding the priority populations that may be most at risk for later school failure based on research.**

| | |
|---|---|
| Highest Priority Populations | Children experiencing homelessness |
| | Children identified as "youth in care" (involved in the child welfare system) |
| | A child with developmental delays and/or disabilities or if the child has been identified by Early Intervention (EI) as |

[1] For alignment of the requirements and recommendations in this section, please see the following Birth to 5 Program Standards: I.B.1., III.A.2., III.A.3., V.C.4., V.E.3.

| | |
|---|---|
| | having a developmental delay, but was determined ineligible for receiving EI services |
| | Children from families identified as having incomes below 50% of the Federal Poverty Level (FPL) |
| Additional Priority Populations | Children from families identified as having incomes below 100% of FPL |
| | Primary caregiver did not complete high school/No GED or High School Equivalency |
| | Teen parent at birth of first child |
| | Child was born outside of the United States or has one or more parent or caregiver born outside of the United States (identified as immigrant or refugee) |
| | Parent or caregiver primarily speaks a language other than English at home |
| | Active-duty military family |
| | Screening indicates delays in development but a referral to Early Intervention is not indicated at this time |
| Communities may identify additional risk factors to apply to their weighted eligibility criteria. | |

C. A provision to determine which children/families have multiple risk factors or one highest-priority factor according to the weighted eligibility form. The highest competitive preference priority factors are homelessness, child welfare involvement, disability (Individualized Family Service Plan/Early Intervention), and family income at or below 50 percent of the FPL.

D. A provision to collect and review proof of family income to determine eligibility (below 200 percent FPL) and priority points (50 percent or 100 percent of FPL).

**2017 HHS Poverty Guidelines**

| Persons in Family or Household* | Poverty Level | 4 Times Poverty Level |
|---|---|---|
| 1 | $12,060 | $48,240 |
| 2 | $16,240 | $64,960 |
| 3 | $20,420 | $81,680 |
| 4 | $24,600 | $98,400 |
| 5 | $28,780 | $115,120 |
| 6 | $32,960 | $131,840 |
| 7 | $37,140 | $148,560 |
| 8 | $41,320 | $165,280 |
| For each additional person, add | $4,150 | $16,720 |

**SOURCE:** *HHS Poverty Guidelines for 2017* are at https://aspe.hhs.gov/poverty-guidelines.
The 2017 poverty guidelines are in effect as of January 26, 2017.
See also the Federal Register notice of the 2017 poverty guidelines, published January 31, 2017, at https://www.federalregister.gov/documents/2017/01/31/2017-02076/annual-update-of-the-hhs-poverty-guidelines.

E. Screening instruments/activities that are:

i. Related to and able to measure the child's development in at least the following ways (as appropriate for the age of the child): vocabulary, visual–motor integration, language and speech development, English proficiency, fine and gross motor skills, social skills, and emotional and cognitive development (Appendix A); and
ii. Formally validated with evidence that the screening instrument reliably identifies children who are at risk for developmental delays;
iii. Evidence-based and developmentally appropriate for children 3 months of age or older (more than one instrument may be needed); and
iv. Useful in identifying children experiencing a developmental delay(s), who then can be referred to the appropriate Department of Human Services Child and Family Connections office or the appropriate agency in the local community.

F. Written parental permission for the screening.
G. Parent interview (to be conducted in the parents' home language, if necessary), including at least the following:
   i. A summary of the child's health history and status, including social development and whether the child has an existing identified disability; and
   ii. Information about the parents, such as age, educational achievement, income, and employment history.
H. Vision and hearing screening:
   i. Vision screen (questions embedded within the child developmental screening instrument regarding vision will be sufficient to meet this requirement for children 3 months or older); and
   ii. Hearing screen (questions embedded within the child developmental screening instrument regarding hearing will be sufficient to meet this requirement for children 3 months or older).
I. Where practicable, provision for the inclusion of program staff in the screening process.
J. A provision for sharing the results of the screening with program staff and with the parents of the children screened.

PI programs should be working with other programs in their community serving prenatal women and families with children birth to age 3 to identify and enroll eligible participants for the PI program. Individual communities may be at different places on a continuum of implementing coordination strategies Appendix B).

**A high-quality Prevention Initiative program should also include the following:**

- Weighted criteria that are based on risk factors present in the community and other factors identified by research as causing children and families to be at risk (e.g., families experiencing poverty; families experiencing homelessness; families and/or children receiving services through the Department of Children and Family Services, including foster families and intact families; teen parent; children experiencing developmental delays and/or have a disability or chronic health condition; parent with disability or chronic health condition; parent with mental illness; linguistically isolated children and/or families; parent with low educational attainment; recent migrant or refugee family; caregiver substance abuse; incarcerated parent(s); children with very low birth weight or children who experienced extreme prematurity or a prolonged stay in the Neonatal Intensive Care Unit; prenatal developmental delay or diagnosis detected; children with high lead levels; death in immediate family; domestic violence; military family).
- Agreed upon at-risk factors to determine eligibility.
- Outreach and recruitment strategies targeted to reach those families with the greatest number of risk factors (in particular, at-risk families who may not otherwise come to the screening).
- Policies and procedures to provide guidance to staff specifically in regard to sharing the results of the screening with applicable program staff and with the parents of the children screened.
- Screenings for families determined to be English Language Learners shall take place in the child's home language and, if appropriate, play-based assessment or other techniques may be used.
- Clear, written process for referral/assessment of children with suspected special needs and comprehensive support to families during the assessment process.

Additional information can be found on the ISBE EC website and the Plan Partner Act website.

**Component Two: Evidence-Based Program Model and Research-Based Curricula**[2]
**Goal 2:** Families will receive intensive, research-based, and comprehensive prevention services.

Programs will be designed so that parents will gain knowledge and skills in parenting through the implementation of an evidence-based program model and a research-based curriculum, which will guide the delivery of services. The program model needs to be the foundation for all other programming so the PI program serves pregnant women (when applicable) and/or children birth to age 3 and their families (as applicable). Supplemental services must be integrated within the context of an ISBE PI-funded program and complement and align with the evidence-based program model, research-based curriculum, as well as the Illinois Early Learning Guidelines (IELG) and Birth to 5 Program Standards. Supplemental services, such as Doula and Touch Points, must not be offered in isolation.

Programs will offer intensive and regular home visits and provide activities requiring substantial participation of and interaction between the parent and child. Activities must be designed to educate parents as they learn and practice new ways of supporting their child's development. The program will recognize that parents are their child's primary and most influential teacher. Educational activities for parents may be site-based or home-based. Coordinated services will help parents become better prepared to provide for the developmental needs of their children. The educational activities and services must adhere to the requirements of the selected program model and be of sufficient intensity and duration to make sustainable changes in a family. Programs will, at minimum, implement the following:

- Comprehensive services derived from research supporting successful prevention services for children and families experiencing multiple at-risk factors;
- Services that are aligned with the Illinois Birth to 5 Program Standards;
- An evidence-based program model; and
- A research-based curricula (Appendix D):
    - Home visiting programs implement a research-based parent/family-centered curriculum for parent education that aligns with the Illinois Early Learning Guidelines for Children Birth to Age 3 Years.
    - Child care center-based programs and family literacy programs implement a research-based child-centered curriculum for classroom programming and a research-based parent/family-centered curriculum for parent education. Both must align with the Illinois Early Learning Guidelines for Children Birth to Age 3 Years.

All PI programs will adhere to the following program requirements:

- Each PI Birth to Age 3 program must meet at least one of the criteria listed below under Prevention Initiative Program (Appendix C).
- Guidance provided to staff regarding implementation of the program model and curricula in a policy and procedures manual.
- No fees for program participation. This includes fees for parents and children. In addition, parents who participate in the parental education component may be eligible for reimbursement of any reasonable transportation and child care costs associated with their participation.
- Year-round programming is preferable. Year-round programming is defined as a PI-funded program model that is implemented with fidelity all 12 months of the year. Partial-year programming is defined as a PI-funded program model that is implemented with fidelity in fewer than 12 months of the year. If partial-year services will be offered, the following documentation is required to be included with the grant submission:
    - Why partial services will be offered?
    - What services will be offered when programs are not providing services as defined by the program model (limited services)?
    - The duration of the limited services?
    - What months of the year will limited services be offered?

[2] For alignment of the requirements and recommendations in this section, please see the following Birth to 5 Program Standards : I.B., I.B.2., I.B.3, I.B.4, I.C., I.C.1, I.C.2, I.D., I.D.1., I.D.2, I.E., I.E.1., I.E.2., II.A.1., II.A.2., II.A.3., II.A.4., II.B.1., II.B.2., II.B.3., II.B.4., II.C., II.C.1., II.C.2., II.C.3., II.D., II.D.1., II.D.2., II.E., II.E.1., II.E.2., II.F.1., II.F.4., II.F.5., II.F.6., V.A.

- Adherence to the recommendations provided by the chosen program model and/or the best practice guidelines. The information below is a general overview of best practice guidelines regarding home visiting caseloads for programs serving children and families experiencing multiple risk factors.
    - 1.0 full-time equivalent (FTE) home visitor serving families weekly has a caseload of approximately 10 to 15 families (average 13).
    - 1.0 FTE home visitor serving families biweekly has a caseload of approximately 18 to 25 families (average 20).
- Using technology to support parent education, when applicable. PI staff should not take technology into the home, with the exception of enhancing parent education or encouraging the use of applications that support parent-child interaction, such as Zero to Three: Let's Play or Zero to Three: Babies on the Homefront.
- PI programs must offer appropriate parent education and/or services that address the following eight designated areas of education:
    - Child growth and development, including prenatal development;
    - Childbirth and child care;
    - Child safety and injury prevention (including, but not limited to, lead concerns, safe sleep, car seats, furniture hazards, water safety, etc.);
    - Family structure, function, and management;
    - Prenatal and postnatal care for mothers and infants;
    - Prevention of child abuse;
    - The physical, mental, emotional, social, economic, and psychological aspects of interpersonal and family relationships; and
    - Parenting skill development.
- Parent/child interactions and/or parent groups and/or workshops should occur at least monthly in order to foster parent/child relationships and, at a minimum, provide education on the eight designated areas of education.
- Focus on emergent literacy observable in the activities, materials, and environment planned for the child. (Birth to 5 Program Standard II.B.5)
- A schedule of program activities, including, but not limited to, parent/child interactions and/or parent education activities will be provided at least quarterly.
- The program will have a toy/book lending library.
- The program will have a parent resource lending library that includes resources that provide information about the eight designated areas of education.
- The program will have a newsletter.
- The program will be aligned with a birth-through-third grade continuum of services. This is a set of educational experiences and supports for children, families, and the professionals and organizations that serve them. The ISU Birth through Third Grade Continuity Project suggests eight areas for potential alignment:
    - Community partnerships;
    - Comprehensive services;
    - Family engagement and parent leadership;
    - Data-driven improvement;
    - Supported transitions;
    - Aligned assessments;
    - Aligned curriculum and instruction; and
    - Joint professional development.

**A high-quality Prevention Initiative program should also include the following additional practices:**

- Programming for children and their families from the prenatal period to age 3.
- Transition of enrolled children and their families to services for children ages 3 to 5 at age 2 years, 6 months. Enrollment of a child into a PI program should occur prior age 2 years, 6 months. Children age 2 years, 6 months or older should be referred to other community resources or the appropriate 3 to 5 program.
- A curriculum implemented with fidelity and supports all domains of the Illinois Early Learning Guidelines for Children Birth to Age 3.
- Identifying and using supplemental curricula based upon the unique needs of the program that necessitate content above and beyond the primary curriculum. Supplemental curriculum should be based upon research on

best practice and should align with the comprehensive curriculum. All supplemental curricula needs to be aligned with the Illinois Early Learning Guidelines for Children Birth to Age 3.

- Recognition that both mothers and fathers play an essential role in their children's development and will encourage both mother/female and father/male involvement in the lives of children.
- Promoting literacy activities with both children and adults. Adults are encouraged to pursue a high school diploma, GED, or English Learning classes, when applicable.
- Comprehensive services provided to support the development of the whole child, including in the areas of medical, dental, and mental health.
- Programming that:
    - Fosters social connections between families with young children.
    - Connects families to supports, including community resources, in times of need.
    - Provides activities that teach parents how to meet the developmental needs of their children, including their social and emotional needs.

More information can be found on the ISBE EC website.

**Component Three: Developmental Monitoring[3]**

**Goal 3:** Children's developmental progress will be regularly monitored to inform education and to ensure identification of any developmental delays or disabilities.

Infants and toddlers grow and change at remarkable rates. It is important that staff and parents understand what each child is able to do and what skills are appropriate for each child as she or he develops. Authentic assessment through multiple developmentally appropriate methods is important to inform education and to ensure that all children who have a potential developmental delay or disability are identified and referred for diagnostic assessment and appropriate services. Data collection to inform observation-based, formative assessments must be done as PI staff and parents collaborate to assess a child's development. The program will implement processes to utilize observation-based, formative assessments to guide education and the Individual Family Goal Plan.

Programs will collect information regarding a child's health history at screening (if applicable) and annually thereafter update the general health information, including well-child visits and immunizations. Programs will also use a published, research-based tool(s) (at least every six months) to perform developmental screening for all children 3 months of age or older (Appendix E). The developmental screening will (as appropriate for the age of the child) include:

- Vocabulary;
- Visual-motor integration;
- Language and speech development;
- English proficiency;
- Fine and gross motor skills;
- Social skills;
- Emotional development; and
- Cognitive development.

It is strongly recommended that program staff partner with parents to ensure children are vaccinated and receive well-child visits as recommended by a physician. Children under the age of 3 have varying levels of communication skills; therefore, screening often for hearing and vision challenges is essential to making sure every child has access to medical resources. The program must screen children for hearing and vision impairment utilizing questions associated with the child's developmental screening instrument when children are 3 months or older, then thereafter at least every six months.

Programs will adhere to the requirements of the chosen program model regarding health, hearing, and vision screenings. If there is a discrepancy between the program model and the PI RFP, the program will adhere to the more rigorous recommendations.

[3] For alignment of the requirements and recommendations in this section, please see the following Birth to 5 Program Standards: II.F., II.F.2., II.F.3., III.A., III.A.1., III.A.3. III.B.1, III.B.2, III.B.3, III.B.4

Children identified in need of further assessment will be referred to the local Department of Human Services Child and Family Connections or the appropriate community agency. The program will provide follow-up services to ensure the child receives all additional assessments and services.

Supporting positive and constructive parent and child interactions is a cornerstone of PI programming. The predominant changeable factor affecting children's lives is parenting. Supporting warm, responsive, encouraging, and commutative developmental parenting strategies will impact children's learning and development. Assessment of parenting can result in more nurturing parenting and ultimately improve the outcomes for a child. Programs will implement a research-based tool to assess the parent and child interactions at least twice within the fiscal year (Appendix E). The program will implement processes to utilize the information gathered to guide parent education and the Individual Family Goal Plan. The program will develop policies and procedures to support staff and guide implementation.

Programs will provide guidance in a policy and procedures manual to support staff as they implement developmental monitoring regarding each child's health, including, but not limited to, general health, immunizations, hearing and vision, as well as physical development, cognitive development, communication, visual-motor integration, and social and emotional development. The program will also provide guidance regarding the implementation of a tool to assess parent and child interactions.

**A high-quality Prevention Initiative program should also include the following additional practices:**

- Regular monitoring of children's development using multiple sources and communicates with parents about the child's development.
- Referrals to the Illinois Early Intervention System (IEIS), when appropriate.[4]
- Implementation of best practices regarding vision screenings through the collection of results from a completed vision screen from each child's physician or medical home.[5]
- Implementation of best practices regarding hearing screenings through ensuring that the screening is an objective measure of hearing sensitivity and completed when each child is 6 months old, then annually thereafter.
- Programs should regularly engage in conversations with each family regarding their child's health, including hearing and vision, and provide referrals, as applicable.

More information can be found on the ISBE EC website.

**Component Four: Individual Family Goal Plan[6]**
**Goal 4:** Families will receive services that address their identified goals, strengths, and needs.

A PI program should help families identify how they want to improve their lives and the steps that will help them reach their goals. Families must be full partners in developing and implementing an Individual Family Goal Plan (IFGP) that identifies the family's goals, responsibilities, timelines, and services to be provided to the child and to the family. The IFGP will be completed within the first 60 days and be reviewed periodically and updated at least every six months. The IFGP guides the delivery of services to ensure families obtain and receive appropriate services to meet their needs.

The central concept of an IFGP is that supporting a child's family lends itself to supporting the child; thus, home visitors should take a family-centered approach when developing an IFGP. The PI IFGP is a written plan that identifies and describes the goals of the family and the services the family will receive and how and when the services will be assessed.

The IFGP will be developed in partnership with the family and will be grounded in the information revealed during the Family Centered Assessment (FCA). All programs must utilize a published, research-based FCA with every family served. Home visitors are encouraged to partner with each family to develop goals for the parent, the child, and parent–child interaction.

---

[4] In an instance where a child is referred to the IEIS, the program will follow up to ensure the child receives all needed diagnostic assessments and services.
[5] Vision screens from a medical provider should be collected when a child is 6 months old, then annually thereafter.
[6] For alignment of the requirements and recommendations in this section, please see the following Birth to 5 Program Standards: V.D., V.D.1., V.D.2., V.D.3.

An FCA is a process of systematically listening to parents with young children while utilizing surveys to capture the family's strengths and needs. It is an outcome and intervention-planning instrument that is helpful in assessing the strengths and needs of families. The FCA process is designed to gain a greater understanding of how a family's strengths, needs, and resources affect a child's safety, permanency, and well-being. The assessment should be strengths-based, culturally sensitive, individualized, and developed in partnership with the family (or as recommended by the FCA tool developers). The strengths identified will provide the foundation upon which the family can make changes. Examples of FCAs currently being implemented in Illinois are the Life Skills Progression ™ and Baby TALK Assessment.

Programs will provide guidance in a policy and procedure manual to support PI staff as they partner with each family to develop and implement an Individual Family Goal Plan and create goals for the parent(s), the child, and parent-child interactions.

**A high-quality Prevention Initiative program should also include the following additional practices:**

- Encourages parents and families to make decisions regarding their parenting and their children's development.
- Engages families in developing Individualized Family Goal Plans.
- The use of IFGP by program staff to guide the services provided to the family.
- Implementation of an FCA for each family served.
- Identification and use of a comprehensive FCA[7] containing items that assist staff with understanding families' strengths, resources, and needs.
- An IFGP developed in collaboration with other agency(s)/district(s) the family is receiving services from to coordinate services.

More information can be found on the ISBE EC website.

**Component Five: Case Management Services[8]**

**Goal 5:** Families will receive comprehensive, integrated, and continuous support services through a seamless and unduplicated system.

Many of the families participating in PI programs have multiple needs, some of which cannot be met directly by the program. These may include, for example, adult education, housing, nutrition, health care, and other needs. Programs must form relationships with other service providers in the community to develop a system for referring families into and out of programs and services. The referral system will address referral procedures as well as follow-up procedures to ensure that families receive the needed services.

The program will develop a referral system that ensures 3-year-old children are placed into other early childhood education programs that meet their identified developmental needs and receive the services that ensure a successful transition into those other programs. The program will provide comprehensive transition services to families when a change in provider has been identified or beginning when children are 2 years, 6 months old. Transition activities should begin six months prior to any scheduled transition. The program will develop written transition plans, as a part of or separate from the Individual Family Goal Plan, in partnership with the family. The program will help identify other early childhood programs and offer support as the family navigates the early childhood system. (Other early childhood providers may include Preschool for All, prekindergarten, Head Start, Early Head Start, Early Intervention, Special Education, Child and Family Connections, Title I, bilingual education programs, etc.)

Programs are should develop programming that provides for coordination of services and delivers PI services in ways that reflect local needs and resources. Each PI program must demonstrate that the proposed program is not a duplication of services. (For example, home visiting programs may choose to coordinate among themselves to serve different priority

[7] A comprehensive FCA should include information regarding parenting, family relationships, education and employment, health and access to insurance and medical care, food security, and housing stability as well as the educational and social-economic needs of the family.

[8] For alignment of the requirements and recommendations in this section, please see the following Birth to 5 Program Standards: III.B.5., V.A.7., V.C., V.C.1, V.C.2., V.C.3., V.D., V.D.1., V.E., V.E.1, V.E.2., V.E.4.

populations such as teen parents or prenatal mothers, or different neighborhoods/ZIP codes, etc.) Learn more information about community collaboration on the Partner Plan Act website.

Families participating in PI programs may also have developed goals or service plans with other service providers. The PI program must coordinate the IFGP or Individual Family Service Plan (IFSP) with plans that other community service providers have developed with or for the family (when applicable). Programs will formalize collaborations and/or partnerships through memorandums of understandings (MOUs) or letters of intent. Collaborative partnerships must include a direct link between and among the initiatives. The program will develop relationships and formalize agreements with other appropriate community service providers to, at minimum, define a referral and follow-up system, establish a plan for reducing duplication of services, and coordinate IFGP or IFSP (as applicable).

The program should take an active role in local community systems development (Appendix F) efforts by participating in local collaborations and initiatives, including, but not limited to, participating in locally driven data collection efforts and participating in the local efforts to minimize barriers to services for families with children from birth to eight. Programs should share available relevant program-level aggregated data that contributes to community needs assessment, problem identification, and setting a common agenda.

Programs will provide guidance in a policy and procedures manual to support staff as they build relationships with community partners, develop formalized agreements, navigate a referral and follow-up system, connect families to community resources, and coordinate IFGP or IFSP.

**A high-quality Prevention Initiative program also includes the following additional practices:**

- Ensures that the family's IFGP or IFSP is coordinated with plans that other community service providers have developed with or for the family.
- Creates and sustains partnerships to support the development of infants and toddlers by focusing on the child and family through a network of child and family service providers.
- Plays an active role in community and system planning.
- Executes MOUs with health, mental health, and dental partners specifying the process for referral.
- Connects families to a medical and dental home to ensure regular access to care and follow-up.
- Program staff works with families to provide referrals, resources, and services that address the needs of families and conducts follow-up to ensure effectiveness of services.

More information can be found on the ISBE EC website and the Plan Partner Act website.

**Component Six: Family and Community Partnerships**[9]

**Goal 6:** Families will be engaged in the program, and community systems for infants and toddlers will be strengthened.

Parents and other family members must be given the opportunity to have input into planning program activities. The program must have a system for regular communication with parents about the program and about their child's progress. The clear intentions of the program should focus on families being invited to actively engage in the program and building community systems to support and strengthen families with infants and toddlers.

Each PI program must develop and implement a written family engagement plan that is reviewed and updated annually to include, at minimum, but need not be limited to:

- Written orientation to the educational program;
- Opportunities for engagement in home-based and/or site-based activities;
- Intensity of the activities and services offered, including home visits, groups, and case management;
- Provision for communication to and from parents about the program;
- Comprehensive written Planned Language Approach (a coordinated, systems, program-wide approach to supporting the school readiness of all children served);
- Refer and follow up with families obtaining additional services or leaving the program;

[9] For alignment of the requirements and recommendations in this section, please see the following Birth to 5 Program Standards: I.A., I.A.2., I.A.3., I.A.4., I.A.5., I.A.6., V.A., V.A.1., V.A.2., V.A.3., V.A.4., V.A.5., V.A.6., V.A.7., V.B., V.B.1., V.B.2., V.B.3., V.B.4.

- Provision for promoting , practicing, and supporting parenting skills;
- Activities that emphasize and strengthen the role of the parent(s) as the child's primary educator;
- Provision for seeking parents support and engagement in the program; and
- Ensuring parents are full partners in the decisions that affect children and families.

Each PI program must develop and implement a written community collaboration plan that is reviewed and updated annually. The community collaboration plan will provide guidance to staff about the coordination and collaboration efforts the program is engaged in with other providers in the same service area. The plan must describe the agreements made with Head Start, Early Head Start, and other providers in the service area. The plan(s) will specifically identify how programs will:

- Coordinate with other service providers within the same service area concerned with the education, welfare, health, and safety needs of children (prenatally and birth through third grade/8 years old);
- Coordinate with other early childhood providers to create a system for making referrals, providing follow-up, and explaining how case management services will be used;
- Eliminate duplication of services; and
- Coordinate Individual Family Goal or Service Plans.

Programs will provide guidance in a policies and procedures manual to support staff as they implement the family engagement plan and community collaboration plan. The policies and procedures should align with the agreements and formalized plans with other service providers in the area.

**A high-quality Prevention Initiative program should also include the following additional practices:**

- The program aligns to the components of the ISBE Family Engagement Framework and the Head Start Parent, Family and Community Engagement Framework.

More information can be found on the ISBE EC website.

**Component Seven: Data Collection and Evaluation[10]**
**Goal 7:** The evaluation will provide critical data and information that are used for continuous program improvement.

Program evaluation is an essential process in ensuring a regular improvement of program quality. Programs will need to develop systems for observing, recording, and measuring the quality and significance of the program's progress and success toward the implementation of the program model and the Illinois Birth to 5 Program Standards. Likewise, the program needs to develop systems for measuring and analyzing the progress that children and families are making toward their goals. There are three parts to a successful PI system of Continuous Quality Improvement (CQI): 1) a written framework, 2) a written Continuous Quality Improvement Plan (CQIP), and 3) a written evaluation. The purpose of an annual program CQIP and evaluation is to improve program quality and enhance service delivery to children and families.

The program must develop a written framework and implement a system for PI CQI and evaluation. The framework should include data and information to be collected and the measures, methods, and processes to be used to evaluate specific PI program goals, all nine PI RFP components, the chosen program model, and the Birth to 5 Program Standards. The data elements, measures, methods, and processes must be specific and consistent with CQI.

Programs will conduct a self-assessment. This is a method of measuring agency accomplishments, strengths, and weaknesses. Self-assessment allows for the continuous improvement of program plans and service delivery methods, allowing for the enhancement of program quality and timely responses to issues that arise in the community, in the program, and among enrolled families. The process also allows for involving parents and community stakeholders and for making staff more aware of how the program is viewed by those receiving its services and supports.

Results of the framework data and other reports from a self-assessment are analyzed by the program leadership and staff, and a CQIP is generated. The CQIP determines program direction for the year and will, at a minimum, address the following:

[10] For alignment of the requirements and recommendations in this section, please see the following Birth to 5 Program Standards: III.C., III.C.1., III.C.2., III.C.3., IV.D.2.

- Identifies specific issues that are deficient or areas that the program would like to strengthen;
- Actions and benchmarks to remedy the deficiencies and the resources and professional development that will be targeted toward improvement efforts; and
- The person responsible and the timelines in which the deficiencies are expected to be corrected.

Self-assessment activities should be ongoing. The impact of proposed changes is reviewed to ensure that the results of the changes are beneficial to the program and to the children and families served. A written annual evaluation summarizing the results of the framework data, self-assessment, and CQIP must be available, at a minimum, for the program staff, program participants, and ISBE.

The framework, CQIP, and evaluation system developed must be guided by written policies and procedures.

**A high-quality Prevention Initiative program should also include the following additional practices:**

- Completion of an appropriate annual program self-assessment for the program model selected to determine whether the program is being implemented as intended, and whether the anticipated outcomes for children and families are being achieved.
- A formal process by which the results of the annual program self-assessment (and any other program evaluation data) are used to inform continuous program improvement.
- A formal process for sharing the results with the program staff, program participants, and the community (as applicable).
- Identification of measurable outcomes for family participation used in the evaluation.

More information can be found on the ISBE EC website.

**Component Eight: Qualified Staff and Organizational Capacity[11]**

**Goal 8:** Staff will have the knowledge and skills needed to create partnerships to support the development of infants and children.

Appropriately qualified personnel who meet the requirements of the evidence-based program model that is to be implemented by the PI program must be employed and may include, but are not limited to, program coordinators/supervisors, home visitors, doulas, early childhood teachers, and infant mental health consultants (Appendix H).

The program must have the organizational capacity to implement all nine PI RFP components and the chosen program model with fidelity, as well as adhere to the Illinois Birth to 5 Program Standards. PI funding is supplemental funding and only supplemental costs may be charged. These funds are intended to supplement (i.e., in addition to) and not supplant (i.e., replace) local funds. Programs are expected to maintain multiple funding sources/streams to be eligible to be awarded supplemental funding. If the program receives funds with this FY 2019 RFP, the entire program will adhere to the FY 2019 RFP requirements.

PI child care center-based program staff salaries need to be proportionate to the number of PI students in the classroom or at the center depending upon the position. Teaching staff salaries should be comparable to local K-12 teaching staff salaries. School district salary scales are publicly available documents and should be consulted to determine the appropriate starting salary for teachers, based on level of education in the region in which the program shall be delivered. The program needs to maintain a staffing structure to be able to interact with children and families long enough to make sustainable changes in the family. Staff qualifications for center-based programs should, at a minimum, meet DCFS licensures for infant and toddlers and the ExceleRate Silver Circle of Quality. All center-based infant and toddler staff will need to meet ExceleRate Illinois Gold Circle of Quality requirements by FY 2024 and teachers need to have and maintain an Early Childhood Professional Educator License or a Gateways to Opportunity Early Childhood Education or Infant-Toddler Credential, Level 5. Programs will need to provide proof and documentation that the teachers are indeed working

[11] For alignment of the requirements and recommendations in this section, please see the following Birth to 5 Program Standards: I.G., I.G.1, I.G.2., I.H., I.H.1., I.H.2., I.H.3., I.H.4., I.H.5., I.I., I.I.1., I.I.2., I.I.3., I.I.4., I.I.5., I.I.6., I.I.7., IV.A., IV.A.1., IV.A.2, IV.B., IV.B.1., IV.B.2., IV.C., IV.C.1., IV.C.2., IV.C.3., IV.C.4., IV.C.5., IV.D., IV.D.1., IV.F., IV.G., IV.G.1., IV.G.2.

to fulfill the requirements. All center-based staff need to adhere to the requirements of the Department of Children and Family Services. (See 89 Illinois Administrative Code, Chapter III: Department of Children and Family Services, Subchapter E: Requirements for Licensure at http://www.ilga.gov/commission/jcar/admincode/089/089parts.html.)

A home visiting-only program will maintain a staffing structure that will provide sufficient support to direct service providers, which includes at least one supervisor. PI programs must maintain sufficient enough FTE hours to maintain a reasonable caseload, defined by this RFP and/or the chosen program model, and be able to interact with children and families long enough to make sustainable changes in the family. A home visiting program must maintain at least three FTE home visitors. Home visitors must be at least .50 FTE. PI programs need to choose one program model for parent education/home visiting (e.g., Baby TALK, Early Head Start, Healthy Families America, Parents as Teachers). The following are examples of typical PI home visiting program staffing structures:

- Option One
    - There is one FTE PI supervisor for every six FTE home visitors, and at least three full-time PI home visitors paid through PI funds. This could be three full-time positions, six half-time positions, or other FTE that adheres to the ISBE requirement). The fiscal agent maintains and implements the PI program.
- Option Two
    - This option occurs when a PI program is attached to an existing home visiting program, paid through other funds like Maternal, Infant, and Early Childhood Home Visiting or Illinois Department of Human Services, that has at least two FTE home visitors and a supervisor. PI funds need to be allocated to fund a minimum of one FTE PI home visitor. This means the PI program would be required to fund at least one full-time position or two half-time positions and could hire additional staff as funding allows. The PI staff hired need to implement the same program model the existing program is using and be embedded into the larger existing home visiting program.
- Option Three
    - A fiscal agent will maintain joint agreements and/or partnership agreements with other entities to maintain a staffing structure large enough to implement the nine PI RFP components and the program model with fidelity, i.e., employ one supervisor and three FTE home visitors paid out of PI grant funds (home visitors need to be at least .50 FTE) using the same program model.
        - Examples:
            - The fiscal agent is a school district and maintains joint agreements with other school districts to serve families in those other districts. The fiscal agent maintains and implements the PI program.
            - The fiscal agent is a school district and maintains joint agreements with other school districts. The fiscal agent maintains a PI supervisor and enough PI FTE home visitors to serve their school district. The fiscal agent flows funding to the other school districts in which joint agreements are in place. Those districts hire their own PI home visitors to implement the program but they are supervised by the supervisor with the fiscal agent. This arrangement takes a lot of coordination and collaboration.

The supervisor should maintain a manageable supervisor-to-staff ratio in order to be able to participate in local community collaborations to support the local data collection efforts and birth-to-third grade continuum efforts; maintain a comprehensive understanding of community resources; and establish and maintain joint agreements, partnership agreements, or MOU agreements. Research indicates that a reasonable supervisor to staff ratio is one supervisor to every five to seven staff members.

Implementing a fiscally responsible grant means that the cost per family aligns with the quality components offered. To determine the cost per family, divide the total amount being requested by the number of families intended to be served in the program. The cost per family should be at the lower end of the cost continuum if the program is offering home visiting services twice per month to families served and has no other identified quality components. The cost per family may be on the higher end of the cost continuum if the program implements quality components that have been identified by research to increase quality, including, but not limited to, mental health consultation, intensive home visits (weekly home visits), doula, etc.

The program must follow mandated reporting laws for child abuse and neglect and have written policies addressing staff responsibilities and procedures regarding implementation.

All PI staff should be registered in the Illinois Department of Human Services' "Gateways to Opportunity" registry, unless in the Educator Licensure Information System.

Employees and volunteers who are persons subject to background checks, as defined by Section 385.20 of Title 89 of the Illinois Administrative Code [89 IAC 385.20], need to authorize DCFS to perform a Child Abuse and Neglect Tracking System (CANTS) background check. Required individuals shall execute an authorization for a background check, as defined by Section 385.20 of Title 89 of the Illinois Administrative Code and shall submit the Authorization to DCFS for completion of the CANTS background check.

All programs must pursue the chosen program model recognized process for model fidelity and indicating quality. Center-based programs will obtain the necessary licensure through the Department of Children and Family Services, adhering to all requirements set forth in the Illinois Administrative Code Title 89: Social Services Chapter III: Department of Children and Family Services Subchapter e: Requirements for Licensure Part 407 Licensing Standards for Day Care Centers, and participate in ExceleRate™ Illinois.

**A high-quality Prevention Initiative program should also include the following additional practices:**

- The capacity to serve infants and toddlers and provide PI programming for children and their families from the prenatal period through age 3.
- Staffing should consist of at least one FTE PI supervisor for every six FTE PI staff (recommended).
- An administrator and all program staff knowledgeable about high-quality early childhood programs and effective in explaining, organizing, and implementing them.
- Written personnel policies and job descriptions on file.
- The entity that is applying has experience providing services to infants, toddlers, and their families and working with families of similar cultural background as the families to be served.
- The entity that is applying has experience administering grants successfully and has appropriate financial systems to ensure that expenditures are properly documented.
- The staff are maintaining or pursuing Gateways to Opportunity Credentials.

More information can be found on the ISBE EC website.

**Component Nine: Professional Development**

**Goal 9:** Staff will continue to gain skills and knowledge based on current research and best practices to improve outcomes for families.[12]

The PI supervisor's role is to train, teach, coordinate, monitor, and evaluate, as well as ensure staff has a thorough understanding of the community and institutional resources the program is able to offer families that participate in the program. Staff development activities must be implemented and will be used to inform the program's staff development and continuous quality improvement efforts. Staff development needs must be assessed according to the program's chosen model, and appropriate ongoing professional development activities must be provided in order to enable staff to achieve the purpose and goals of the PI program. All staff will develop a written, individualized professional development

[12] For alignment of the requirements and recommendations in this section, please see the following Birth to 5 Program Standards: I.F., I.F.1, I.F.2, IV.D.3., IV.D.4., IV.E., IV.E.1., IV.E.2.

plan in collaboration with their PI supervisor. A professional development plan is a written course of action to improve and strengthen a staff member's ability to function effectively in their professional role and meet their responsibility to children and families.

The program will provide PI staff administrative and reflective supervision.

- **Administrative supervision** is understood as supervision to oversee performance to assure that the agency's legal and ethical responsibilities are met. Supervision responsibilities include examining the completion of charts and other records for accuracy, ensuring reporting obligations are met, confirming minimum performance standards are met, and leading the PI staff.
- **Reflective supervision** is understood as the regular collaborative reflection between a service provider and PI supervisor that builds on the PI staff's use of her/his thoughts, feelings, and values within a home visit or any other type of service encounter. The significant focus is on attention to the parallel process or on how relationships affect relationships, including those between the practitioner and PI supervisor, the PI staff and the caregiver, and the caregiver and the young child. Dialogue between PI supervisor and PI staff incorporates observation and feedback to improve practice, plan effectively, and foster professional development. Reflective supervision promotes and supports the development of a relationship-based organization and is characterized by reflection, collaboration, and regularity. Reflective supervision will be implemented based on the recommendations of the chosen program model with fidelity. (Reference from Brohk, K. [2010]. *Reflective Supervision in Infant Mental Health Practice*. Michigan Association of Infant Mental Health. Retrieved from http://www.mi-aimh.org: Van Berckelaer (n.d*). Using reflective supervision to support trauma-informed systems for children: A white paper developed for the Multiplying Connections Initiative.)*

**A high-quality Prevention Initiative program should also include the following additional practices:**

- Regular assessment of staff professional development needs.
- In-service training programs to meet individual staff needs.
- Other ongoing professional development activities are provided, as appropriate.
- Available resources for staff to share and opportunities to consult others in the same role and/or with early childhood experts and regularly.
- Training annually on program's selected screening tools, curriculum, and assessment tool.
- A program professional development plan that addresses issues of language and cultural diversity within the program.

More information can be found on the ISBE EC website.

**Policy Requirements**:
All Prevention Initiative programs shall meet the requirements for the Early Childhood Block Grant Administrative Rules, Part 235 and align to the Illinois Birth to Age 5 Program Standards and all nine components of this PI RFP.

**Required Deliverables and Milestones**:

1. Screen and identify those children birth to age 3 who are most at risk of academic failure.
2. Serve those children birth to age 3 who are most at risk of academic failure.
3. Provide children from birth to age 3 and their families with high-quality home visiting and/or center-based services.

**Required Performance Measures**:

1. Individual student enrollment and exit data entered into the Student Information System (SIS).
2. Caregiver demographic data entered in SIS.
3. 0-3 Prevention Initiative Parent Questionnaire and Outcomes Questionnaire submitted annually by July 1.
4. Program compliance requirements as listed in the ISBE Early Childhood Block Grant Prevention Initiative Compliance Checklist found at https://www.isbe.net/Documents/block-grant-pi-checklist.pdf.

5. Quality measurement implemented with home visiting, center-based, and family literacy programs (Prevention Initiative Quality Rating Instrument).[13]
6. Quality measurement implemented with home visiting, center-based, and family literacy programs (Home Visit Rating Scales - Adapted and Extended to Excellence (HOVRS-A+).
7. Quality measurement implemented with home visiting, center-based, and family literacy programs (Group Observation Protocol).
8. Quality measurement implemented with center-based and family literacy programs (Infant/Toddler Childhood Environmental Rating Scale-Revised Edition).
9. The 0-3 Prevention Initiative Parent Questionnaire and Outcomes Questionnaire will be completed annually in a timely fashion.
10. The program will meet all compliance requirements as listed in the ISBE Early Childhood Block Grant Prevention Initiative Compliance Checklist.
11. A Continuous Quality Improvement Plan will be developed and implemented.

**Performance Standard**:

1. The program will serve at least 90 percent of the number projected to be served.

## Funding Information

The estimated allocation for Prevention Initiative is $73 million for the FY 2019 PI program. The individual grant awards will be based on sufficient appropriation by the Illinois General Assembly. ISBE anticipates making individual grant awards depending on the home visiting program chosen and the intensity of services to be provided as stated in the approved proposal and the total appropriation for the program. ISBE anticipates programs will submit budgets that support the ability to implement the chosen home visiting program model with fidelity and provide quality PI programming; therefore, it is anticipated individual home visiting programs will request funding ranging from $4,100 to $7,800 per family enrolled. Program costs for center-based and family literacy programs will depend upon the Prevention Initiative services the program is requesting funding to support. ISBE anticipates individual programs will request funding ranging from $18,000 to $22,000 per family enrolled. The applicant may apply for one or more program model: home visiting, center-based, and/or family literacy. Enrollment should be determined by those having the most points on a weighted eligibility criteria measure as identified through a program screening process.

**Cost Sharing or Matching**:

Cost sharing or matching is not required for purposes of this grant.

**Indirect Cost Rate**:

In accordance with a Delegation Agreement between the United States Department of Education and the Illinois State Board of Education (ISBE), and pursuant to its authority under the Grant Accountability and Transparency Act (GATA) and administrative rules, the Governor's Office of Management and Budget has granted ISBE an exception to the federal Uniform Guidance and GATA regarding the determination of indirect cost rates which may be utilized by all grantees that receive a state award or federal pass-through award for grant programs administered by ISBE. The agreement may be found at https://www.isbe.net/Pages/Indirect-Cost-Rate-Plan.aspx.

Sections 2-3.71 and 2-3.89 of the Illinois School Code require that Early Childhood Block Grant funds received by public school districts be used to supplement, not supplant funds received from other sources. The supplement, not supplant provision of the program requires the use of a restricted indirect cost reimbursement rate by Local Education Agencies (LEAs). LEAs may utilize either the restricted indirect cost rate the LEA negotiates annually with ISBE (school districts) or the state-wide average restricted indirect cost rate calculated by ISBE (Regional Offices of Education, Intermediate Service Centers, special education cooperatives, area vocational centers, charter schools, and university laboratory schools approved by ISBE).

Not-for-profit agencies, community/faith-based organizations, and for-profit entities may utilize the state-wide average unrestricted indirect cost rate calculated by ISBE for all state and federal grant programs administered by ISBE. Colleges

[13] For additional information and resources, please access https://www.isbe.net/Pages/Birth-to-Age-3-Years.aspx and select the Accountability: Monitoring and Continuous Quality Improvement.

and Universities will be restricted to a maximum indirect cost rate of 8% or other indirect cost rate calculated by their cognizant federal agency, whichever is less, for state and federal grants administered by ISBE.

Costs associated with Fiscal Support Services (2520), Internal Support Services (2570), Staff Support Services (2640), and Data Processing Services (2660) and Direction of Business Support Services (2510) charged to the Educational Fund are properly budgeted as indirect costs.

**Funding Restrictions**:
The budget shall specify that no more than 5 percent of the total grant award shall be used for administrative and general expenses (General Administration 2300) not directly attributed to program activities, except that a higher limit not to exceed 10 percent may be negotiated with an applicant that has provided evidence that the excess administrative expenses are beyond its control and that it has exhausted all available and reasonable remedies to comply with the limitation.

Public school district grantees shall use funds provided under the Early Childhood Block Grant to supplement, not supplant, funds received from any other source. (Sections 2-3.71 and 2-3.89 of the School Code)

Grant funds may not be used to provide religious instruction, conduct worship services or engage in any form of proselytization.

No funds may be used to help support or sustain any institution controlled by any church or sectarian denomination (see Article X, Section 3 of the Illinois Constitution).

**Reporting Requirements**
Financial Reports: Grant recipients with an approved state and/or federal grant program are required to submit quarterly expenditure reports. The quarterly reports are due 20 days following the end of the reporting quarter (e.g., September 30 expenditure report is due at ISBE on or before October 20). Failure to submit the report by the due date will result in scheduled payments being withheld until the required report is received. Expenditure reports must be filed electronically to the Division of Funding and Disbursement Services four times a year.

Program Data Reports: All grantees must submit the following data to ISBE via the IWAS system. (See Specific Terms of the Grant for details.)

- Student Information System (SIS) Birth to 3;
- SIS Caregiver Demographic Data;
- SIS Prenatal;
- 0-3 Prevention Initiative - Parent Questionnaire;
- 0-3 Prevention Initiative - Outcomes Questionnaire.
- Any similar program related information that the State Superintendent may request upon 30 days written notice.

Enrollment Reports: All grantees must enroll and exit each Preschool for All student in SIS. This reporting activity is continuous through the year.

School district grantees with programs serving homeless children must comply with all applicable provisions of the federal McKinney-Vento Homeless Assistance Act (42 USC 11431 et seq.). Non-school district grantees should, to the extent possible, ensure that homeless children enrolled in their programs receive the support necessary for successful and continued participation, including, without limitation, arranging for appropriate transportation when necessary

## Content and Form of Application Submission

Each proposal must be submitted in the format outlined below. Please use the following as a checklist in assembling your completed proposal.

☐ **1.** **Uniform Application for State Grant (Attachment 1)**: Include the entity name, address, fax number, email, name, and telephone number of the contact person; Federal Employer Identification Number;, DUNS number; SAM CAGE Code; and all other listed information. The Application page must be signed by the official authorized to submit proposals.

☐ **2.** **Cover Page (Attachment 1A)**: The cover page must be signed by the school district superintendent or official authorized to submit the proposal.

☐ **3.** **Joint Application (Attachment 1B)**: Joint proposals must have the signatures of the superintendent of each participating school district or agency official authorized to submit the proposal, in the case of other eligible applicants. Joint applications must designate either the superintendent of one of the participating school districts or official from one of the participating entities to serve as the administrative agent. Eligible applicants may participate in only one proposal for a specific initiative.

☐ **4.** **Evidence of Existing Competencies (Attachment 1C)**: This must be completed by applicants other than public school districts and by applicants submitting joint applications. Applicants other than public school districts must provide evidence of existing competencies to provide early childhood education programs. Include the agency's mission statement, goals, and policies regarding early childhood programs; a description of the agency's organizational structure; and a list of any early childhood accreditations that have been achieved, which may include the most current designation the applicant received through the ExceleRate Illinois: Quality Recognition and Improvement System (http://www.excelerateillinoisproviders.com/). Joint applications must include the goals and objectives of the collaboration and a brief description of each partner's experience in providing similar services.

☐ **5.** **Early Childhood Accreditation (Attachment 1D**): Indicate any early childhood accreditations that have been achieved as well as the ExceleRate Illinois Circle of Quality.

☐ **6.** **Proposal Abstract (Attachment 2)**: Briefly describe (200 words or less) the program, including the anticipated outcomes. Include the name of the instrument(s) and proposed process for conducting the screening and assessments and a brief summary of the proposed curriculum, activities, and comprehensive services to be provided.

☐ **7.** **Proposal Narrative (Attachments 2A through 11)**: Follow and complete the Proposal Narrative requirements using the appropriate attachment for each component to be addressed. The directions for filling out the Proposal Narrative begin on page 23.

☐**8.** **Objectives and Activities**: Describe in the Proposal Narrative the objectives and activities to be implemented to support Prevention Initiative programs, located in attachments 2A-11.

☐ **9.** **Evaluation Design**: The evaluation design to be implemented will be described in the Evaluation Section of the Proposal Narrative, Attachment 9.

☐ **10.** **Budget Summary and Payment Schedule (Attachment 12)**: The Budget Summary and Payment Schedule must be submitted on the form provided. It should be signed by the district superintendent or official authorized to submit the proposal. The Payment Schedule should be based on the projected date of expenditures. Salaries and fringe benefits should be requested in equal intervals on the schedule. Supplies, equipment, contracted services, and professional development should be requested in the month for which the expenditure is anticipated.

☐ **11.** **Budget Breakdown (Attachment 13):** The Budget Breakdown must include descriptions of the anticipated expenditures aligned to the line items set forth on the Budget Summary. It must include subcontract information, if applicable (Appendix I).

**Attachment 15**, the Budget Amendment Form, should NOT be included in the application. It should be kept at the district and will only be used after the final awards are determined during budget negotiations.

☐ **12.** **Indirect Cost Itemization (Attachment 14)**: If indirect costs are requested for reimbursement, complete the attachment. If not reimbursement is being requested, leave blank and return with application.

☐ **13.** **Certifications and Assurances (Attachments 16 and 17): Each applicant, including each entity that is participating in a joint application,** is required to submit the certification forms attached ("Program-Specific Terms of the Grant," Attachment 16, and "Grant Application Certifications and Assurances," Attachment 17). These must be signed by the official legally authorized to submit the proposal and to bind the applicant to its contents.

**Program Narrative Requirements**

Use the appropriate attachment to respond to each of the following. Duplicate each form as needed. Assemble your Proposal Narrative in the order in which each requirement is presented below.

The Proposal Narrative must document the need for the Prevention Initiative program in the community. The need must be based on current statistical, demographic, and/or descriptive information regarding the community in which the families and children reside. The proposal should also include what other entities are providing services that also serve at-risk birth to 3 children and their families. Applicants must refer to the document titled *Prevention Initiative Community Demographics and Ranking Document* found on the Early Childhood Division RFP webpage under FY19 RFP Resources to show a need in the community/school district where services will be provided. Applicants may also refer to the Illinois Early Childhood Asset Map website at http://iecam.illinois.edu/ to assist in finding data needed to complete their proposal.

**Statement of Need (Attachment 2A)**

The proposal must document the need for the early childhood initiative in the community. The need must be based on current statistical, demographic (including the prevalence of homelessness), and descriptive information regarding the community in which the families and children reside. The following points must be included in the narrative.

A. Provide a description that must include, but need not be limited to:
   i. Educational level of parents;
   ii. Employment conditions;
   iii. Number of children age birth to 3 years in service area;
   iv. Rates of infant mortality, birth trauma, low birth weight, or prematurity;
   v. District's rate of dropouts, retention, truancy, teenage pregnancies, and students experiencing homelessness;
   vi. The number of families where a language other than English is spoken;
   vii. Rates of poverty, child abuse, and neglect; and
   viii. Information regarding drug/alcohol abuse.

**Population to Be Served (Attachment 2B)**

A. Describe the efforts that will be made for outreach and recruitment of the eligible population to be serviced by the PI program. The proposal must clearly indicate that the area to be served has a high number of children/families determined to be the most in need of the services provided by the PI program. Children who are at risk are defined as those who through the results of a screening process and because of their home and community environment, are subject to such language, cultural, economic, and like disadvantages to be at risk of academic failure. Eligibility for women who are pregnant or infants prior to turning 3 months of age is determined based on family and environmental risk factors. Risk factors may include high levels of poverty, illiteracy, unemployment, English Learners, or other need-related indicators, such as the school district's rate of dropouts, retention, truancy, teenage pregnancies, students experiencing homelessness, high rates of infant mortality, birth trauma, low birth weight or prematurity, and high rates of child abuse and neglect. The competitive preference priorities, which include children living in poverty in areas with little to no service, and locally defined risk factors need to be clearly identified and a comprehensive identification and screening process needs to be described.
B. Describe the criteria and indicators used for identifying children and families experiencing multiple risk factors and that are eligible for the program and how the program will target those children and families most in need of services. The description shall include:
   i. Geographic area to be served;
   ii. How the eligible population will be recruited; and
   iii. Estimated number of children and/or families to be enrolled.
C. Explain how the community partners work together to reduce the duplication of services. Describe the process that is used to determine the need for the program in the community in relation to other similar services that may be operating in the same geographic area; this description must list, to the extent known, the other services offered and an estimate of the number of children being served. Include the number of other programs providing services to the birth to age 3 population and a description of the services being provided.

**Screening (Attachment 3)**

A. Provide a list of the tools/instruments that will be used to screen children and their families to determine their need for services.
B. List the criteria that will be used to assess environmental, economic, and demographic information that indicates a likelihood that the children/families would be at risk. Screening criteria should be used for children age 3 months of age or older to determine what performance level on an approved screening instrument indicates that children would be at risk of academic failure. Indicate the method(s) to be used to select criteria for participation and describe how the selection criteria is weighted as well as how the system to determine eligibility will be implemented, including the competitive preference priorities. Explain how the program will utilize the weighted criteria system for:
    i. Enrolling families identified as having most points on the weighted eligibility criteria measure; and
    ii. Ensuring families having the most points on the weighted eligibility criteria measure are prioritized on a waiting list (if applicable).
C. Describe the procedures for obtaining written parental permission for the screening of the child.
D. Describe the how the results of the screening shall be made available to the program staff and parents of the children screened.
E. Describe the referral and follow-up process when referring families at screening to other services.

**Evidence-based Model and Research-based Curricula (Attachment 4)**

A. Describe the Prevention Initiative program(s) that will be implemented (home visiting only, center-based, and/or family literacy). Make sure to describe each PI program that will be implemented comprehensively (Appendix C).
B. Describe how the program will maintain fidelity to the evidence-based program model (e.g., Baby TALK, Early Head Start, Healthy Families America, Parents as Teachers, or another). Identify and provide a description of the research-based parent/family centered curriculum, research-based child-centered curriculum, and/or all supplemental curricula. The narrative should include each of the following:
    i. Show the alignment with the Illinois Birth to 5 Program Standards between the comprehensive services to be provided and the curriculum implemented.
    ii. Describe how the comprehensive services to be provided and the curriculum implemented are aligned with the Illinois Early Learning Guidelines found at https://www.isbe.net/Documents/el-guidelines-0-3.pdf.
    iii. If applicable, provide detailed information about what is being funded by Prevention Initiative and what is being funded by another funding source (include the funding source name and funded amount in dollars).
    iv. Identify if programming will be year-round or partial year. (Note: Year-round programming is preferable.)
        i. If partial-year services must be offered explain:
            1. Why partial services must be offered?
            2. What services will be offered when programs are not providing services as defined by the program model (limited services)?
            3. The duration of the limited services?
            4. What months of the year limited services will be offered?
    v. Describe the anticipated schedule of services, including, as appropriate, the frequency (intensity of services) and estimated length of home visits, home visiting case load size, center-based adult/child ratio, the frequency and length of parent group meetings and the schedule of services for children, parent/child interactions, and parent groups and/or workshops.
    vi. Describe the program activities, including parent activities, child activities, parent-child interactive activities and family activities; indicate whether they are home-based or center-based; and describe how these activities will help guide and/or teach parents new ways of supporting their child's development.
    vii. Describe the steps that will be taken to encourage families to attend regularly and remain in the program a sufficient time to make sustainable changes.
    viii. Describe how the applicant will ensure that no fees will be charged to parents or guardians and their children who are enrolled and participate in the Prevention Initiative program.
    ix. Provide a detailed description of procedures for reimbursement of transportation and child-care costs, if these are to be included in the program.
    x. Describe the program activities that will be included to address each of the following eight areas of education:
        i. Child growth and development, including prenatal development;
        ii. Childbirth and child care;
        iii. Child safety and injury prevention (including lead concerns);

iv. Family structure, function, and management;
v. Prenatal and postnatal care for mothers and infants;
vi. Prevention of child abuse;
vii. The physical, mental, emotional, social, economic, and psychological aspects of interpersonal and family relationships; and
viii. Parenting skill development.

xi. Provide a brief description of how technology will be used in the program.
xii. Describe the contents and function of the toy/book library and the parent resource library. Describe how the program will promote the use of the items and build upon initial holdings.
xiii. Describe the components of the planned program newsletter, and identify the frequency and means of distribution.
xiv. If the program is center-based or family literacy, provide the following:
i. Daily schedules;
ii. The number of hours per day and days per week the program will operate;
iii. Classroom locations; and
iv. The plan for snacks or meals in the 2½- to five-hour program that aligns with the DCFS standards set forth at 89 Ill. Adm. Code 407.330 (Nutrition and Meal Service).

**Development Monitoring (Attachment 5)**

A. Provide the developmental monitoring plan and include each of the following points:
i. Provide procedure(s) of how developmental and/or educational progress will be assessed and documented.
ii. Describe the procedures to assess progress that are formally validated with evidence that the procedures reliably and accurately assess a child's progress relative to his or her individual needs and the standards set forth in the Illinois Early Learning Guidelines. The procedures must address each of the domains of development, as appropriate for the age of the child: vocabulary, visual-motor integration, language and speech development, English proficiency, fine and gross motor skills, social skills, and emotional and cognitive development.
iii. Describe the methods and sources of information used to regularly monitor children's development.
iv. Describe how the program will communicate with parents about their child's development.
v. Describe how regular and ongoing assessment will inform educational experiences and family interactions.
vi. Describe the process for how ongoing assessment will be used to ensure that children who have a potential developmental delay or disability will be referred for diagnostic assessment and/or follow-up.
vii. Describe how assessment information will be collected and how it will be used to guide education and/or the IFGP.
viii. If further testing is necessary, describe the process for obtaining a diagnostic assessment.
ix. List the tool to be used to assess parent and child interactions and how it will be implemented.
x. Describe how the results of the tool that assesses parent and child interactions will be used to guide education and/or the IFGP.

**Individual Family Goal Plan (Attachment 6)**

A. Provide a description of the Individual Family Goal Plan and include the following points:
i. Describe the Family Centered Assessment to be implemented with each family, including the issues addressed on the tool.
ii. Describe how parents and families will be involved in identifying the goals and outcomes of their Individual Family Goal Plan, and how those goals will be used to guide services provided for the family.
iii. Describe how the needs of families enrolled in the program will be assessed and how this information will be used to develop an Individual Family Goal Plan.
iv. Provide and describe the policies and procedures the program has to ensure that families working with other entities in the community will experience seamless and coordinated services, including the Individual Family Goal or Service Plans.

**Case Management Services (Attachment 7)**

A. Provide a description of the case management services and include each of the following points:
   i. Describe the process for how the program will coordinate the Individual Family Goal Plan with plans that other community service providers have developed with or for the family.
   ii. Describe how the program will provide families with access to comprehensive services, including those not provided directly by the program.
   iii. Describe the system for referring families to other service providers and following up on these referrals.
   iv. Describe the referral process to be implemented to place 3-year-old children in other early childhood education programs after leaving the Prevention Initiative program.
   v. Describe the MOUs and what is being agreed upon, including partnership agreements and/or letters of intent the program will maintain.
   vi. Describe the collaborations with other organizations the program participates in and include the purpose, mission, and activities.
   vii. Describe how the program will coordinate with other providers in the same service area to reduce the duplication of services.
   viii. Describe how the program will participate in collaborative and locally driven data collection efforts, including how data will be shared with collaborating entities, and how available relevant program-level aggregated data shall be used to identify community needs, problem identification, and setting a common agenda.
   ix. Describe how the program will participate with collaborating entities to minimize barriers to services for families with children from birth to 5, such as providing recommendations to the state, coordinating professional development opportunities, and developing coordinated intake procedures or a coordinated referral system.

**Family and Community Partnerships (Attachment 8)**

A. Provide and describe the family engagement plan, including the following:
   i. Written and verbal orientation to the educational program;
   ii. Opportunities for engagement in home-based and/or site-based activities;
   iii. How often, and the number of activities and services offered, including home visits, groups, and case management;
   iv. Provision for communication to and from parents about the program;
   v. Follow up with families obtaining additional services or leaving the program;
   vi. Provision for promoting and supporting parenting skills;
   vii. Activities that emphasize and strengthen the role of the parent(s) as the child's primary educator;
   viii. Provision for seeking parents' support and engagement in the program;
   ix. Ensuring parents are full partners in the decisions that affect children and families; and
   x. Comprehensive written Planned Language Approach (a coordinated, systems, program-wide approach to supporting the school readiness of all children served).
B. Provide a description of the community collaboration plan and include the following:
   i. Provide and describe the polices and structures of the program that will support staff as they work to ensure children birth to age 3 and their families have access to comprehensive services that address education, welfare, health, and safety.
   ii. Describe how the community collaboration plan will provide guidance to staff on how to:
      1. Coordinate with Head Start, Early Head Start, and other service providers within the same service area that are concerned with the education, welfare, health and safety needs of children (prenatally and birth through third grade/8 years old);
      2. Coordinate with other early childhood providers to create a system for making referrals, providing follow-up, and explaining how case management services will be used;
      3. Reduce duplication of services; and
      4. Coordinate Individual Family Goal Plans.
C. Describe in general the staff development activities that will be used to ensure staff have the knowledge and understanding to implement program improvement plans.
D. Describe the evaluation activities that will assess if the plans are being implemented as intended and are reaching the expected outcomes.

E. Provide the policies and procedures that support the family and community engagement plan and the community collaboration plan.

**Evaluation (Attachment 9)**

A. Provide an alignment and description of the projected data and information to be collected and the measures, methods, and processes to be used to specifically evaluate all nine Prevention Initiative components.
B. Describe how the information and data collected through the evaluation system will be used for program planning and continuous quality improvement.
C. Provide a description of the plans for evaluation that includes the following points:
    i. Describe the process to be used to determine whether progress is being made toward successful implementation of the program model and the Illinois Birth to 5 Program Standards.
    ii. Describe the process to be used to determine the progress that children and families are making toward their goals.
D. Describe the components the program plans to include in the written evaluation summarizing the results of the self-assessment and continuous quality improvement.
E. Describe the process or procedures for sharing the written evaluation summary with program staff, program participants, and the community.

**Staff Qualifications and Organizational Capacity (Attachment 10)**

A. Describe the school district's or agency's organizational capacity to implement PI programming and services and include, at minimum, the following:
    i. Describe the qualifications, roles, responsibilities of full-time and part-time professional and nonprofessional staff to be paid with PI funds, including, but not limited to, program coordinators, supervisors, home visitors, early childhood teachers, and mental health consultants, and indicate their qualifications. For each full-time and part-time professional and nonprofessional staff to be paid by the program, list the following:
        1. Position title,
        2. Name of person who will fill the position (if known),
        3. Qualifications and experience of person who will fill the position,
        4. Roles and responsibility of the position, and
        5. Full-time equivalency for the position.
        6. Funding source from which the employee will be paid. (Indicate all funding sources, including other funding sources besides the PI grant that will be utilized to implement a comprehensive PI program, e.g., Child Care Assistance Program, etc.)
B. Provide the procedure that will be implemented to ensure that all PI staff members who do not hold a Professional Educator License issued by the State Board of Education are registered in the Illinois Department of Human Services' "Gateways to Opportunity" registry.
C. Provide the procedures for ensuring all staff have (or obtain) and maintain the appropriate licensure, credential, or certification.
D. Provide examples and descriptions of how the program will use policies and procedures to guide staff and ensure quality programming.
E. Provide a description of the contents of the program policy and procedures manual.
F. Describe the program's status regarding the program model's indicated designation for model fidelity and quality (e.g., Quality Confirmation, Quality Endorsement).

**Professional Development (Attachment 11)**

A. Provide a general description of the staff development assessment procedures and ongoing professional development activities to be conducted throughout the year.
B. Provide and describe of the written professional development plan.
C. Describe the staff pre-service and in-service training program that will be conducted to meet the individual staff needs and to meet the requirements, if applicable, of the chosen program model, as well as alignment to all nine components of this PI RFP and the Early Childhood Block Grant Administrative Rules, Part 235.
D. Describe other professional development activities that will be provided, if applicable.

E. Describe the procedures for implementing and documenting administrative supervision and reflective supervision.

## Application Review

**Review and Selection Process**:

The selection of the grantees will be based upon the overall quality of the application. The scoring is based upon the following criteria:

- **Need** is defined as the identification of evidence that demonstrate the proposal supports the grant program purpose;
- **Capacity** is defined as the ability of an entity to execute the grant project according to the project requirements and information shared within the entities application; and
- **Quality** is defined as the totality of features and characteristics of a service, project, or product that indicate an entities ability to satisfy the requirements of the grant program.

**Criteria**:

The overall qualitative criteria are listed in four subsections: Population to be Served, Quality of Proposed Program, Experience and Qualifications, and Budget. The points for each subsection are included in parentheses.

Following the notification of grant awards, an applicant may request copies of reviewer comments by contacting earlychi@isbe.net.

**Selection criteria and point values are as follows:**

Proposals will be evaluated in comparison with other Prevention Initiative FY 2019 proposals received by ISBE, based upon the criteria below. Final determination for selection will be made by the State Superintendent of Education and will be based upon recommendations resulting from the evaluation/review process. Before making funding decisions, the State Board of Education staff may conduct site visits for selected applicants in order to validate information provided in the proposal.

It is the intent of the State Board of Education that should these funds become available, successful applicants will be notified by April 2018.

Each proposal will be reviewed using the qualitative criteria listed below.

According to 235.55, proposals shall first be screened to identify those proposals that meet the criteria for each funding priority. (See Section 235 .30(b).) Proposals shall be separated into the following three categories:

1. Priority one: Proposals for programs serving primarily at-risk children;
2. Priority two: Proposals serving primarily children whose families meet income guidelines; and
3. All other proposals.

Programs meeting the priority will then be reviewed by an evaluation committee using the qualitative criteria below to determine which proposals provide evidence of a qualified program. Qualified programs will be those scoring at least 60 out of 100 total points.

Some proposals within a category may be substantially similar. Priority in those cases will be given to proposals serving children from a community with limited services for children birth to age 3 or with few resources promoting preschool education.

Proposals submitted for funding to establish a new program or expand an existing program shall be evaluated in accordance with the following criteria.

Qualitative Criteria (Total possible points are 100)

1. Population to be Served (30 points)
    - The proposal clearly indicates that the area to be served has a high number of children and families determined to be the most in need of the services provided by the ECBG program, as indicated by high

levels of poverty, illiteracy, unemployment, limited English proficiency, or other need-related indicators, such as the school district's rate of dropouts, retention, truancy, teenage pregnancies and homeless students, high rates of infant mortality, birth trauma, low birth weight or prematurity, and high rates of child abuse and neglect. There also are an insufficient number of other programs and services to fully serve all children and families who potentially could be at risk.

- Criteria and indicators for identifying children and families for the program are clearly established and likely to target those children and families most in need of services.
- Effective recruitment strategies are proposed that are likely to ensure that the maximum number of children and families are enrolled in the program.

2. Quality of Proposed Program (40 points)
    - The proposed program and activities will sufficiently meet the identified needs of the population to be served and include child and family activities designed to enhance child development and family effectiveness and, ultimately, school readiness.
    - The program proposal provides for effective linkages among families, education, health and social service agencies, and child care providers and includes a plan for coordination of services with other educational programs serving young children and their families.
    - The proposed program is built upon effective research about early childhood education and aligned to the Illinois Early Learning and Development Standards.
    - The evaluation strategies include measurable outcomes for children and families that are designed to effectively gauge the success of the program and yield sufficient data that can be used to improve the program.
3. Experience and Qualifications (20 points)
    - Proposed staff hold the appropriate educator and/or professional licenses for their positions and have the qualifications and experience necessary to successfully implement a high-quality early childhood program.
    - The staff development plan adequately addresses the needs of the project staff, offers a varied and full range of staff development experiences, and provides sufficient opportunities for learning so as to allow staff to incorporate the training into program delivery activities.
    - In addition, an eligible applicant other than a school district has presented evidence that it:
        - Holds the appropriate licensure to operate as a child care facility (as applicable);
        - Holds early childhood accreditations or has other relevant experience that demonstrates success in implementing and administering programs similar to the ones funded under the ECBG program; and
        - Has a successful track record with similar grants or contracts.
4. Budget (10 points)

    The program is cost-effective as evidenced by the cost of proposed services in relation to the numbers to be served and the services to be provided.

- Selection of proposals for funding may be based in part on geographic distribution and/or the need to provide resources to school districts and communities with varying demographic characteristics.
- Priority consideration may be given to proposals with specific areas of emphasis, as identified by the State Superintendent of Education in a particular RFP.
- Progress toward correcting any deficiencies a previously funded applicant was notified of in an unfavorable monitoring report issued under Section 235.67 shall be considered in the review process.
- The State Superintendent of Education shall determine the amount of individual grant awards. The final award amounts shall be based upon:
    - The total amount of funds available for the Early Childhood Block Grant; and
    - The resources requested in the top-ranked proposals, as identified pursuant to subsections (a) through (d)

**Appendix A**
**Screening**

A *screening* is a general type of assessment that addresses common questions parents and professionals have about the development of young children. Screening assessments are designed to efficiently identify those children who need more thorough and detailed assessment and/or determine a child's eligibility for a given program. The procedures and tests used in screening are developed to be quickly and easily administered without highly specialized training. (Reference from *A Guide to Assessment in Early Childhood: Infancy to Age Eight*. Washington State Office of Superintendent of Public Instruction, 2008.)

A screening is an easily administered tool or checklist that identifies children needing further assessment/evaluation or identifies participants for a given program. Screening instruments must be formally validated with evidence that the instrument activities reliably and accurately detect children who are at risk for developmental delays and do not incorrectly identify children disproportionately as being at risk of academic failure.

Examples of broad-based screening instruments for children birth to age 3:

- Ages & Stages Questionnaire ®
- Battelle Developmental Inventory ™
- Brigance ® Early Childhood Screens III

**Appendix B**

**Continuum of Implementing Coordination Strategies**

Ways of coordinating across programs and sectors include, but are not limited to:

- **Shared or mutual referrals:** Participating programs use a shared set of protocols and/or a shared form to refer families to each other's services.
- **Coordinated Intake**: A collaborative process that provides families with a shared screening process and *coordinated points of entry* for programs serving young children and their families within a defined community. The main components include:
    - Coordinated and joint outreach;
    - A shared form and shared procedures for intake or eligibility screening that are used by all participating programs;
    - Coordination of that can come from different entities. Often one entity is identified as a coordinating entity that will collect all intake forms, track, and (when applicable) assign referrals and follow-up; and
    - Regular meetings of the participating programs to review progress and to trouble-shoot and improve the referral system.
- **Referral pipeline**: Connects children and families with the highest needs to high-quality early childhood programs, social service providers, medical and dental services, job training programs, and other community resources to meet family needs. These connections are made possible by strong collaboration among community partners, leveraging a shared vision and the places and spaces where families already connect. An effective pipeline may include talking points, tracking systems, and small experiments to engage strong communication and referral linkages between non-Early Childhood programs and Early Childhood programs. Pipelines should be "bi-directional," meaning that non-Early Childhood partners should refer to Early Childhood partners, and Early Childhood partners should refer to non-Early Childhood partners.
- **Continuous early childhood services:** Smooth transitions between early childhood programs (e.g., from 0-3 to 3-5 to kindergarten, etc.) and aligned, high-quality programming in all of those settings, resulting in children's readiness for school and for life. Children with the highest needs are identified and enrolled in appropriate services as early as possible and continue in high-quality early education through third grade via enrollment pipelines into continuous early childhood services.

**Appendix C**

**Prevention Initiative Program: Home Visiting, Center-Based, and Family Literacy**

An Early Childhood Block Grant for PI Birth to Age 3 program must meet at least one of the criteria listed below. A program may choose more than one criterion listed. Regardless of selected criterion, the program must meet **all** of the requirements of each criterion chosen. A program will identify the specific criterion used to serve all children and families.

A program model is defined as a frame of reference that identifies the objectives and goals of a program, as well as their relationship to program activities intended to achieve specific outcomes. It reflects standard practices that guide the provision of services and determines the parameters delineating the service settings, duration, type of intervention, and ratios of child and/or family served to service provider, etc.

**Home Visiting Prevention Initiative Program**

- Criterion One
  The program model is evidence-based as defined by the Department of Health and Human Services' Administration for Children and Families (DHHS) HomVEE and is listed on the DHHS website as meeting all the evidence-based home visiting program model criteria.
- Criterion Two
  The proposed program is a replication of a program model that has been validated by evidence and found to be effective in providing prevention services for families experiencing multiple risk factors. Specifically:
  - The program model must have been found to be effective in at least one well-designed randomized, controlled trial, or in at least two well-designed quasi-experimental (matched comparison group) studies.
  - The program is implemented as closely as possible to the original program design, including similar caseloads, frequency and intensity of services, staff qualifications and training, and curriculum content.
  - Home visiting program models that have not been designated as "evidence-based" by the U.S. Department of Health and Human Services' Administration for Children & Families will provide evidence of how they are taking steps to meet those rigorous evidentiary standards, including, but not limited to the following:
    - In existence for at least three years;
    - Associated with national organization or institution of higher education;
    - Minimum requirements for frequency of visits;
    - Minimum education requirements for home visiting staff;
    - Supervision requirements for home visitors;
    - Pre-service training for home visitors;
    - Fidelity standards for local implementing agencies;
    - System for monitoring fidelity; and
    - Specified content and activities for home visit.

Examples of Prevention Initiative home visiting program models currently being implemented in Illinois include:
Baby TALK ™
Early Head Start
Healthy Families America ®
Parents as Teachers ™

Examples of supplemental support and/or services to enhance Birth to Age 3 comprehensive services include, but are not limited to:
Doula Services (Appendix G)
Fussy Baby Network ®
Touchpoints ™
Abriendo Puertas/Opening Doors

**Child Care Center-Based Prevention Initiative Program**

- Criterion Three

The proposed program must comply with all standards regarding group size, staff-to-child and/or staff-to-family ratios, and staff qualifications and must implement formal, written curricula that are comprehensive and based on research about how infants and toddlers learn and develop. The proposed program will comply with the following:

- Provide center-based infant/toddler care to improve the growth and development of children before they transition to Preschool for All or Head Start by providing early, continuous, intensive, and comprehensive child development and family support services.
- Children will be enrolled in a program that is between 2½ to five hours long five days a week.
- Maintain the ExceleRate Illinois Quality Recognition and Improvement System Silver (Compliance) or Gold (Exemplary) Circle of Quality.
- All center-based programs must maintain at least ExceleRate Gold Circle of Quality for adult/child ratios.
- The program must be embedded in a child care center that is licensed and meets all of the licensing standards of the Illinois Department of Children and Family Services for center-based child care.
- Maintain the ability to access funds that are reimbursable by the Illinois Department of Human Services Child Care Assistance Program.
- Meet Early Head Start requirements, when applicable.
- Implement an evidence-based program model for parent/family education (as described in Home Visiting, Criterion Two, on page 32).
- Implement a research-based, child-centered curriculum.
- Implement a research-based parent/family-centered curriculum.

Center-Based Staff

- Staff qualifications for center-based programs should, at a minimum, meet DCFS licensures for infant and toddlers and the ExceleRate Illinois Silver Circle of Quality. All center-based infant and toddler staff must meet the requirements for ExceleRate Illinois Gold Circle of Quality by FY 2024. This includes infant and toddler teachers, who must have an Early Childhood Professional Educator License or a Gateways to Opportunity Early Childhood Education or Infant-Toddler Credential, Level 5. Currently, programs will be required to provide proof and documentation that teachers are working to fulfill these requirements.
- All personnel must meet Department of Children and Family Services licensing requirements. (See 89 Illinois Administrative Code, Chapter III: Department of Children and Family Services, Subchapter E: Requirements for Licensure at http://www.ilga.gov/commission/jcar/admincode/089/089parts.html.)

Parent Education Staff

- Staff must meet the requirements of the chosen home visiting program model.

Nutrition

- The program must provide a snack, in the case of a half-day program, or a meal, in the case of a full-day program, for participating children. The program will provide food service as applicable.
    - Food and beverages provided in programs located in a licensed child care center or other community setting shall meet DCFS standards set forth at 89 Ill. Adm. Code 407.330 (Nutrition and Meal Service).

A center-based child care center will adhere to the requirements above and when there is a discrepancy between the standards and the licensing requirements, the program will comply with the strictest policy or procedure.

A program may be able to provide all of the services, including licensed center-based child care and home visiting services, or the program may need to enter into a joint agreement (school districts), collaboration, or a partnership with another entity or entities to fulfill the requirements of the PI grant.

**Family Literacy Prevention Initiative Program**

- Criterion Four

  PI programs implementing a family literacy model must include the four components indicated below. The Illinois Family Literacy Consortium of State-level Agencies and Offices defines Illinois family literacy programming as the integrated, intensive services for at-risk families that must include, but are not limited to:
    - Adult education (literacy instruction for parents);
    - Child education (emergent literacy activities for children);

- Parenting education (parent group time); and
- Literacy-based, interactive, parent-child activity services in order to improve the literacy skills for families (parent/child interaction group time).

The proposed program must comply with all standards regarding group size, staff-to-child and/or staff-to-family ratios, and staff qualifications and must implement formal, written curricula that is comprehensive and is based on research about how infants and toddlers learn and develop. The proposed program will comply with the following:

- Provide center-based infant/toddler care to improve the growth and development of children before they transition to Preschool for All or Head Start by providing early, continuous, intensive, and comprehensive child development and family support services.
- Children will be enrolled in a program that is between 2½ to five hours long five days a week. The program structure should be similar to a Preschool for All program in a child care center, including set PI program hours.
- Maintain the ExceleRate Illinois Quality Recognition and Improvement System Silver (Compliance) or Gold (Exemplary) Circle of Quality.
- All center-based programs must maintain at least ExceleRate Gold Circle of Quality for adult/child ratios.
- The program must be embedded in a child care center that is licensed and meets all of the licensing standards of the Illinois Department of Children and Family Services for center-based child care.
- Maintain the ability to access funds that are reimbursable by the Illinois Department of Human Services Child Care Assistance Program.
- Meet Early Head Start requirements, when applicable.
- Implement an evidence-based program model for parent/family education (as described in Home Visiting, Criterion Two, on page 32).
- Implement a research-based child-centered curriculum.
- Implement a research-based parent/family-centered curriculum.

Center-Based Staff

- Staff qualifications for center-based programs should, at a minimum, meet DCFS licensures for infant and toddlers and the ExceleRate Illinois Silver Circle of Quality. All center-based infant and toddler staff will must need to meet the requirements for ExceleRate Illinois Gold Circle of Quality by FY 2024. This includes infant and toddler teachers, who must have and maintain an Early Childhood Professional Educator License or a Gateways to Opportunity Early Childhood Education or Infant-Toddler Credential, Level 5. Currently, programs will be required to provide proof and documentation that the teachers are indeed working to fulfill these requirements.
- All personnel must meet Department of Children and Family Services licensing requirements. (See 89 Illinois Administrative Code, Chapter III: Department of Children and Family Services, Subchapter E: Requirements for Licensure at the link below: http://www.ilga.gov/commission/jcar/admincode/089/089parts.html.)

Parent Education Staff

- Staff must meet the requirements of the chosen home visiting program model.

Nutrition

- The program must provide a snack, in the case of a half-day program, or a meal, in the case of a full-day program, for participating children. The program will provide food service as applicable.
    - Food and beverages provided in programs located in a licensed child care center or other community setting shall meet DCFS standards set forth at 89 Ill. Adm. Code 407.330 (Nutrition and Meal Service).

A family literacy PI program will adhere to the requirements above. When there is a discrepancy between the standards and licensing requirements, the program will comply with the most strict policy or procedure.

A program may be able to provide all of the services, including licensed center-based child care and home visiting services, or the program may need to enter into a joint agreement (school districts), collaboration, or a partnership with another entity or entities to fulfill the requirements of the PI grant.

The program must access funds to provide adult education (e.g., Illinois Secretary of State Penny Severns Family Literacy Program).

**Appendix D**
**Curriculum**
The following criteria must be considered by PI programs in evaluating curriculum for implementation. Curriculum models should:

- Align with the Illinois Early Learning Guidelines for Children Birth to Age 3;
- Align with the ISBE Birth to 5 Program Standards;
- Include significant content to be taught with intentionality and integration;
- Include child initiation and engagement;
- Use clear research-based content based on a systematic and comprehensive review of research of how children learn;
- Support parent engagement by using curricula that helps build meaningful communication with families;
- Consider the child's linguistic and cultural background;
- Be appropriate for all early childhood staff to implement regardless of their qualifications;
- Be appropriate for children with a wide range of abilities; and
- Provide research/evidence of the curriculum effectiveness.

Programs should adopt a comprehensive curriculum that covers all domains, which should minimize the need for additional supplemental curricula. However, some programs do opt for a supplemental, developmentally appropriate, research-based curriculum, perhaps to support literacy, math, or social and emotional development. If that is the case, supplemental curriculum must align philosophically with the core curriculum (activities/lessons, etc.) and align with the Illinois Early Learning Guidelines for Children Birth to Age 3 and the ISBE Birth to Five Program Standards.

Examples of research-based child-centered curricula aligned with the Illinois Early Learning Guidelines currently being implemented in Illinois include:

The Creative Curriculum ® for Infants, Toddlers & Twos
HighScope ® Infants &Toddlers Curriculum

Examples of research-based parent/family-centered curricula aligned with the Illinois Early Learning Guidelines currently being implemented in Illinois include:

Baby TALK ™ Curriculum
Parents as Teachers ™ Curriculum
Partners for a Healthy Baby Curriculum (Florida State)

ISBE does not endorse any curriculum, tool, or program model. The examples provided by ISBE do not necessarily reflect the views or policies of ISBE nor does the mention of trade names, commercial products, or organizations imply endorsement by ISBE.

**Appendix E**
**Developmental Monitoring**

Developmental and/or educational progress must be assessed and documented to ensure that the program meets the needs of the child and provides a system whereby that child's parents are routinely advised of their child's progress. The research-based tool and procedures to assess progress must align with the Illinois Early Learning Guidelines for Children Birth to Age 3. More than one tool may be needed to ensure a comprehensive evidence-based screening has occurred.

Examples of broad-based general assessments for children birth to age 3 are:

- Ages and Stages Questionnaire
- Brigance Screening (Birth to Three edition)
- Battelle Developmental Inventory

Examples of a broad-based assessments for children birth to age 3 for social and emotional screening are:

- Ages and Stages: Social Emotional Questionnaire
- Devereaux Early Childhood Assessment Program

Assessment Definitions:

- **Diagnostic assessment** is a thorough and comprehensive assessment of early development and/or learning for the purpose of identifying specific learning difficulties and delays, disabilities, and specific skill deficiencies, as well as evaluating eligibility for additional support services, Early Intervention, and special education. A diagnostic assessment is usually a formal procedure conducted by trained professionals using specific tests. (Reference from *A Guide to Assessment in Early Childhood: Infancy to Age Eight*. Washington State Office of Superintendent of Public Instruction, 2008.)
- **Instructional assessment** is the process of observing, recording, and otherwise documenting the work children do and how they do it as a basis for a variety of educational decisions that affect the child, including planning for groups and individual children and communicating with parents. This level of assessment yields information about what children know and are able to do at a given point in time, guides next steps in learning, and provides feedback on progress toward goals. Assessment-to-support instruction is a continuous process that is directly linked to curriculum. (Reference from *A Guide to Assessment in Early Childhood: Infancy to Age Eight*. Washington State Office of Superintendent of Public Instruction, 2008.)
- **Authentic assessment** is an ongoing assessment process that occurs in the individual's natural environment. Authentic assessment refers to the systematic collection of information about the naturally occurring behaviors of young children and families in their daily routines. Information is collected through direct observation and recording, interviews, rating scales, and observed samples of the natural or facilitated play and daily living skills of children. (Reference from Bagnato, S. (2007). Authentic Assessment for early childhood intervention: Best practices. New York: The Guilford Press.)

Examples of tools that assess parenting (parent and child interactions) are:

- Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO™)
- Home Observation for Measurement of the Environment (HOME) Inventory
- KIPS: Keys to Interactive Parenting Scale

ISBE does not endorse any curriculum, tool, or program model. The examples provided by ISBE do not necessarily reflect the views or policies of ISBE nor does the mention of trade names, commercial products, or organizations imply endorsement by ISBE.

**Appendix F**

**Community Systems Development**

**State vision[14]:** The early childhood framework is based on the vision of every child entering kindergarten safe, healthy, ready to succeed, and eager to learn. The Early Learning Council celebrates diversity and partnering with community stakeholders who value a bright future for all young children in Illinois. We are committed to universal access for all children birth to age 8, to high-quality programs and services, and to prioritizing children with high needs and families that are hard to reach. The realization of Illinois' vision will result in all young children's needs being met to include early childhood education, physical and mental health, and family support.

Illinois is committed to:

- Serving the hardest to reach children and families first and providing them access to the highest-quality services;
- Ensuring that resources are sufficiently allocated to provide high-quality services to families with pregnant women and children from birth to 5;
- All children entering school healthy and ready to learn;
- Ensuring a holistic approach to family and children's needs;
- Ensuring that family engagement and partnership are integrated and embedded in all early childhood programs and services;
- Striving for an early childhood system that is transparent, easily navigated, and accessed by the families it is intended to serve;
- Ensuring that all children have well-educated and well-compensated teachers; and
- Ensuring that the learning and care continuum from birth to third grade is aligned, allows for smooth and effective transitions, and reflects best practices.

State-funded providers are expected to actively participate in collaborative system-building efforts that:[15]

- Have diverse membership representing multiple systems serving young children and families. These cross system partnerships should include physical and mental health, early care and education, family support, and other service systems[16];
- Organize to bring individuals, community stakeholders, families, professionals, agencies, and organizations together to address and solve existing and emerging challenges that cannot be resolved solely by one group or system;
- Maintain a broadly held shared vision and mission for the community;
- Manage an action plan of data-driven strategies and activities to effect change, including measuring and tracking progress;
- Ensure partnership with families as leaders in building and maintaining the comprehensive birth to age 5 system in the community; and
- Consider the collaboration's strategies and work in the framework of assessing improved outcomes for children and families.

The Table below describes **guidance** for the roles of local community collaborations and direct service providers in relation to key aspects of system building. Local collaborations and direct service providers should support each other and should be well-integrated in order to achieve the state's vision of every child entering kindergarten safe, healthy, ready to succeed, and eager to learn.

[14] From ELC website as of March 2, 2015.

[15] Recommendations on Community Systems Development Rationale, Guiding Principles, Characteristics, and Core Functions, as adopted by the ELC in October 2013.

[16] Examples include local public health departments, Child and Family Connections, Early Intervention, Easter Seals, special education services, hospitals and clinics, home visiting programs, Head Start/Early Head Start, mental health providers, domestic violence agencies/shelters, University of Illinois Cooperative Extension, Crisis Nursery, American Heart Association, Red Cross, public libraries, school districts, Child Care Resource and Referral, educational centers, YMCA/YWCA, Boys and Girls Clubs, homeless shelters, public housing, police and fire departments, GED providers, community colleges, universities, English Language Learner programs, professional development providers, Illinois State Police Car Seat Checks, community businesses, substance abuse treatment programs, local DHS office, WIC, IHEAT, child care providers, food banks, and faith-based entities.

| Aspects of EC System Building | Column A: Role of Local Collaboration | Column B: Role of Service Provider |
|---|---|---|
| **Pipeline of services** | • Coordinate activities to reduce duplication of effort or intake<br>• Recruit and engage with other local child- and family-serving programs (beyond EC programs, e.g., housing, child welfare)<br>• Develop and implement systems development efforts (such as coordinated intake or pipeline development (0-3 >3-5 >K)<br>• Disseminate state-level templates for consent forms that enable local programs to make "warm referrals"<br>• Adopt referral systems that the improve families' access to services (such as the G3PS system currently being piloted in selected AOK Networks)<br>• Identify any areas of targeted need | • Participate in information-sharing and cross-training across sectors and programs<br>• Assess families' needs and know how to effectively refer them to a range of local comprehensive services<br>• Participate in systems development efforts (such as coordinated intake or pipeline development (0-3 >3-5 >K)<br>• Put in place consent forms and procedures that support a "warm referral system" to make referrals and transitions more successful for families<br>• Engage families in understanding the continuum of services and how to access<br>• Ensure that high-risk families are served and that programs are reasonably full |
| **Systems building** | • Bring together local/ organizational leaders from key systems to address barriers and support effective local systems<br>• Develop a vision of what local EC system should look like<br>• Develop and implement cross-sector strategies to achieve system outcomes<br>• Diffuse knowledge throughout local cross-sector organizations | • Identify barriers faced by families and providers in trying to obtain comprehensive services for the family<br>• Participate in cross-sector collaboration meetings and workgroups and provide feedback from program experience<br>• Participate in the development of system building strategies |
| **Data sharing and analysis** | • Gather and compile locally desired data from local providers and share with stakeholders<br>• Use local data to guide local planning and measure collaborative progress | • Share available aggregated program data and trends with the local collaboration, such as the following service utilization data:<br>  ○ Number of slots available vs. utilized<br>  ○ Number of developmental/SE screenings<br>  ○ Number of children referred to Early Intervention services<br>  ○ Number of Individualized Education Program recipients at kindergarten who did not receive Early Intervention services<br>  ○ Number of new "youth in care" |
| **Policy advocacy (feedback loop)** | • ↑Communicate local cross-sector experience, concerns, barriers, questions, successes to region/state<br>• ↓Provide accurate and timely information to local providers and others | • ↑Collect and communicate program and system experience, concerns, opportunities, barriers, questions, successes to local collaborations<br>• ↓Provide accurate and timely information to program staff and families |

| | | |
|---|---|---|
| **Public and parent engagement** | • Participate in developing shared messaging<br>• Engage parents, transmit message to parents<br>• Create and use structures that engage parents as leaders (e.g., parent councils)<br>• Coordinate parent leadership development activities | • Participate in developing shared messaging<br>• Engage parents, transmit message to parents<br>• Engage parents in leadership roles in the program/agency |
| **Quality improvement** | • Bring programs together to discuss their experiences with reflective practice and continuous quality improvement<br>• Communicate promising practices to region/state | • Implement program with model fidelity and continuous quality improvement<br>• Participate in state efforts such as ExceleRate<br>• Participate in sharing lessons learned and best practices |
| **Resource development** | • Leverage the private sector, including community foundations, corporate giving, and United Ways<br>• Coordinate rapid response to funding opportunities or funding cuts | • Participate in collaborative discussions to engage the private sector<br>• Blend and braid available funding to implement services that match families' needs |
| **Workforce development** | • Form and support local professional development cohorts within sectors (e.g., ExceleRate cohort).<br>• Coordinate local trainings to maximize outreach and minimize duplication of effort | • Promote professional development opportunities among program staff, supervisors, and administrators and leadership |

**Appendix G**
**Doula**

Doula Program Goals:

- Promote active engagement of new program families in long-term home visiting services through initial prenatal and intrapartum program experiences;
- Promote a parental sense of confidence, competence, and comfort in the mother's physical, emotional, and social transition into parenthood;
- Promote positive health practices for developing baby and new parent;
- Promote a growing sense of emotional availability, attunement, and engagement with the developing and new infant;
- Prepare for labor and delivery and provide intrapartum doula support in an effort to bring about positive birth outcomes for infant and parent;
- Support newborn care and feeding;
- Provide seamless transitions from doula to home visiting-only services;
- Provide a 1.0 FTE caseload of 23 over the course of a year;
- Limit doula intervention to a five-month period. A 1.0 FTE doula typically has a caseload of nine to 12 women at any one time. Some of these are pregnant; some are postpartum. Doulas attend approximately two births every month; and
- Organize and facilitate prenatal groups.

There is a readiness factor that should to be considered if your program is considering integrating a doula component into your home visiting program. Supplemental services must be integrated within the context of an ISBE Prevention Initiative-funded program and complement and align with the evidence-based program model, research-based curriculum, as well as the Illinois Early Learning Guidelines (IELG) and Birth to 5 Program Standards. Supplemental services must not be offered in isolation of the program model. The program must be able to take on all the roles and responsibilities of doula services. Doula services are not required in an ISBE-funded PI program; however, review the information below if your program is considering doula services:

1. Doula services are integrated and provided concurrently within an ISBE PI-funded evidence-based home visiting program and program model. The home visiting program must be large enough to be able serve most pregnant women who desire a doula. Doula services ideally commence at the beginning of the third trimester of pregnancy. The program therefore should have memorandums of understanding or other mechanisms in place with prenatal clinics, WIC programs, etc. to ensure that pregnant women in the program's target population will be referred by the 26$^{th}$ week of pregnancy.
2. The program must seek doula training and technical assistance through the Ounce of Prevention Fund (OOPF). The OOPF has limited openings in the doula training and technical assistance program. The interested PI program must actively seek an OOPF Doula Services application and go through the preparedness vetting process and be accepted and enrolled into the training and technical assistance program before PI funding may be allocated toward doula services. New doulas must receive pre-service and in-service training from the Ounce of Prevention Training Institute and are encouraged to pursue credentialing through Doulas of North America.
3. The ability of doulas to be present during the labor and delivery process is key to the success of this service. Programs must have agreements with local birthing hospitals that ensure that the hospital will allow doulas to attend the births of their participants.
4. Programs need to take into account in their hiring and scheduling practices the fact that births often happen outside of normal working hours. This expectation should be made clear to candidates for doula positions, and programs should keep this requirement in mind in deciding how they will grade/compensate doula positions.

5. Doulas must have flexible schedules because it is crucial that they be present during labor and delivery. Programs wishing to implement doula services need to ensure that there is some backup capacity so that participants can still receive doula support when their primary doula is on vacation, ill, unable to attend a birth, or for when there are vacancies in the program. This will generally mean having at least two doulas as part of a program's staffing pattern, but backup can also be achieved by having a supervisor trained as a doula or by having a part-time position in addition to a full-time doula.

6. Doula caseload sizes are smaller than those for other home visitors because allowances must be made for the time it takes to be with moms during the labor and delivery process. Doulas typically carry a caseload of nine or 10 families at any one time. The doula intervention is time-limited (generally lasting for about five months) so a caseload of nine or 10 families at any one point in time would result in a doula serving approximately 22-24 families over the course of a year.
7. Doula services are not intended to be stand-alone services within PI. PI doula services are meant to be an integrated part of a long-term, evidence-based home visiting model. Coordination of services should include articulating how the doula and long-term home visitor will work together to introduce services to expectant families. They must also coordinate home visits in the perinatal period to avoid duplication of services while ensuring that the long-term home visitor begins a relationship with the family early enough to ensure a smooth transition from doula/home visitor services to just home visiting services.
8. The ratio of long-term home visitors to doulas needs to be such that there are not doula participants who cannot transition to long-term services because there are not enough home visitors to serve them. This is because, as described previously, a doula will serve more families over the course of a year than will a long-term home visitor. The goal is to have doula participants transition into the long-term home visiting program. Generally, a ratio of at least three (or more) home visitors for every doula will suffice to ensure that there will be enough home visitors to serve participants who are finishing doula services.
9. Prenatal groups offer an efficient way for parents-to-be to learn about prenatal care and the birthing process while connecting with a peer group and continuing to build a relationship with their doula. Generally, about 10 percent of a doula's time is spent facilitating such groups.
10. A clinical consultant is part of the doula model so that doulas have the support they might need to serve participants who have medically complicated pregnancies. These consultants are generally registered nurses, midwives, or other professionals who have some training in the medical aspects of pregnancy and childbirth. They are generally contracted for about 10 hours per month.

View the Doula Program Overview and Application webinar.

**Appendix H**

**Mental Health Consultant**

Programs that decide to include a mental health consultant (MHC) in their budget should consider the following. MHC in PI programs will be hired to support the program staff. For example, they can be hired or contracted to:

- Provide reflective consultation to program supervisors;
- Support reflective supervision in team meetings;
- Join supervisors and direct service providers, like home visitors or teachers, to support reflective supervision;
- Provide professional development to program staff;
- Partner with a home visit to observe a child or family; and
- Partner with PI staff to co-facilitate a group.

Remember, the cost of an MHC should be proportionate to the needs of the staff and size of the program. The cost of contracting an MHC may range from $75 to $300 per hour. The program needs to think strategically about when and how to engage the MHC to support the program staff.

Using Mental Health Consultants during a Home Visit:

The program staff need to partner with the MHC to decide the role of the consultant in participating in home visits and identify the benefit to the family. Things to consider before a consultant participates in a home visit:

- How are families identified?
    - The home visitor, consultant, and supervisor need to meet before the consultant begins to participate in home visits to clarify the role of the consultant in the visit and the goal for the consultant's participation. What will be the benefit to the family?
    - How will the consultant support and partner with the home visitor during the visit?
- How is the consultant's participation in the visit explained to a family?
    - The home visitor needs to engage the family in a discussion about the consultant and talk with the family about the purpose for the consultant's participation in the home visit before the consultant participates in a visit. Then consent should be received from the family for the consultant to visit.
- What happens after the consultant participates in the home visit? What follow-up is done with the family?

Using Consultants for Co-Facilitation of Groups:

Consultants can be used as a co-facilitator with staff for groups offered to families. This is an opportunity for staff to utilize the early childhood mental health knowledge of the consultant in providing groups for parents. This is also a way to create sustainability of the project by capturing the consultant's knowledge in developing materials that can be used to lead groups in years to come. Things to consider before a consultant participates in a home visit:

- Are there group topics that could be enhanced with consultant co-facilitation of the group?
- What materials for group facilitation or parent handouts could staff develop with your consultant to support early childhood mental health in your programs?

View the FY 18 Early Childhood Block Grant: Infant/Early Childhood Mental Health webinar.

**Appendix I**
**Fiscal Information**
**DEFINITIONS OF BUDGET FUNCTIONS***

Number FUNCTION

**2210** **Improvement of Instruction Services** - Activities that are designed primarily for assisting instructional staff in planning, developing, and evaluating the instructional process. Included are instructional and curriculum development services and instructional staff training services.

**2300** **General Administration** - Activities concerned with establishing and administering policy in connection with operating the LEA.

**2540** **Operation and Maintenance of Plant Services** - Activities concerned with keeping the physical plant (i.e., grounds, buildings, and equipment) in an effective and safe working condition. This includes activities of maintaining safety in buildings, on the grounds, and in the vicinity of schools or funded agency.

**3000** **Community Services** - Services provided by the LEA for the community as a whole or some segment of the community, such as community recreation programs, civic organization activities, public libraries, programs of custody and child care, welfare services, non-public school student services, and home/school services.

**4000** **Payments to Other Districts and Governmental Units** - Payments to LEAs, generally for tuition, transportation and all other services rendered to pupils residing in the paying LEA. Where a non-operating district pays an operating district for the education of pupils, the non-operating district records such payments here. Flow-through funds - where payment is received by an LEA and a portion is transferred to one or more other LEAs - use object 600. (Expenditures in this function are not counted in state expenditure totals.)
-Payments for Regular Programs
-Payments for Special Education Programs
-Payments to University/College Programs
-Payments for Career & Technical Ed Programs
-Payments for Community College Programs
-Other Payments to Governmental Units

**5000** **Debt Services: Servicing of the LEA's debts.**

**DEFINITIONS OF BUDGET OBJECTS***

Number Object

**100** **Salaries**: Amounts paid to permanent, temporary or substitute employees on the payroll of the LEA. This includes gross salary for personal services rendered while on the payroll of the LEA.

**200** **Employee Benefits**: Amounts paid by the LEA on behalf of employees; these amounts are not included in the gross salary, but are over and above.

**300** **Purchased Services**: Amounts paid for personal services rendered by personnel who are not on the payroll of the LEA and other services that the LEA may purchase. A product may or may not result from the transaction, but the primary reason for the purchase is the service provided in order to obtain the desired results.

**400** **Supplies and Materials**: Amounts paid for material items of an expendable nature that are consumed, worn out, or deteriorated in use or items that lose their identity through fabrication or incorporation into different or more complex units or substances.

**500** **Capital Outlay**: Expenditures for the acquisition of fixed assets or additions to fixed assets.

**600** **Other Objects**: Flow-through funds that one district receives as a part of a specific grant and then transfers to one or more other districts.

**700** **Non-capitalized Equipment**: Items that would be classified as capital assets except that they cost less than the capitalization threshold but more than the $500 minimum value established for purposes of calculating per capita cost pursuant to Section 18-3 of the School Code [105 ILCS 5/18-3].

* Definitions are from the Illinois Program Accounting Manual.
(For further information, see https://www.isbe.net/Documents/fiscal_procedure_handbk.pdf.)

*Supplant* – State or federal funds that are received and expended to replace funds the grantee would have expended in the absence of state or federal funds.
*Supplement* – State or federal funds that are received and expended in addition to funds the grantee would have expended in the absence of state or federal funds.

The Restricted Indirect Cost Allocation Plan is to be used with programs that restrict expenditures to those that "supplement but do not supplant" state or local effort. The Unrestricted Indirect Cost Allocation Plan applies to grant programs that allow state or federal funds to supplement and/or supplant local funds.
The principle of cost allocation for restricted programs applies to Title I, the Individuals with Disabilities Education Act, and any other program that requires assurance that grant funds will be used to supplement but not supplant local funds. The principle of cost allocation for unrestricted programs applies to programs such as the Child Nutrition Program.

Use of the restricted and unrestricted rate is made by applying the appropriate rate to the direct costs for the state or federal program. The use of the restricted rate does not increase the amount of the grant, but reallocates funds among expenditure classifications.

**Calculation of the Rate**
The Division of School Business Services annually computes a new indirect cost rate for each school district and joint agreement. The rate is computed from the *Financial Data to Assist Indirect Cost Determination*, a supplementary schedule in the *Illinois Local Education Agency Annual Financial Report* (Form ISBE 50-35). Each year these computed indirect cost rates are made available electronically to the respective LEAs. A statewide average indirect cost rate is also determined at this time.

**Indirect Cost Rates for Grantees**
Depending on the type of grantee approved for grant funds, the following should be used as a guide if the grantee decides to apply the appropriate indirect cost rate as determined by ISBE:

- School districts must use their restricted indirect cost rates.
- Newly organized entities and governmental entities formed by a joint agreement must utilize the statewide average restricted indirect rate.
- School districts that jointly administer a state or federal program must utilize the approved restricted indirect cost rate for the administrative district of the joint program.
- Regional Offices of Education, Intermediate Service Centers, not-for-profit agencies, community/faith-based organizations and other sub-grantees must use the statewide average if they wish to include indirect costs on state or federal grants.
- Per 34 CFR 76.564(c)(2), colleges and universities will be limited to a maximum indirect cost rate of 8 percent or other indirect cost rate calculated by their cognizant federal agency, whichever is less, for all state and federal grants administered by the Illinois State Board of Education.

**PREVENTION INITIATIVE (PI) BIRTH TO 3 BUDGET WORKSHEET**

Proration: Any prorated costs need to be supported by Cost Allocation Plans (CAP). See the ISBE Fiscal Manual. https://www.isbe.net/Documents/fiscal_procedure_handbk.pdf

| | EXPENDITURE ACCOUNTING | SALARIES (Obj. 100's) | EMPLOYEE BENEFITS (Obj. 200's) | PURCHASED SERVICES (Obj. 300's) | SUPPLIES & MATERIALS (Obj. 400's) | CAPITAL OUTLAY (Obj. 500's) | OTHER OBJECTS (Obj. 600's) | NON CAP EQUIP (Obj. 700s) |
|---|---|---|---|---|---|---|---|---|
| FUNCTION 2210 | **Improvement of Instruction Services** | **Itemize costs.** Mental Health Consultant (MHC) (List name, staff title, FTE, salary) Example: Ariel Miller, MHC, .25 FTE, $25000, CAP available upon request | **Itemize costs.** Benefits. Health insurance, Medicare, IMRF, FICA Example: A. Miller - Health Insurance $500, Retirement IMRF $800.<br><br>See 2300/200 (**employee** share) | **Itemize Costs.**<br>- Staff PD - Workshops/Conferences Registration Fees, Hotel, Meals, Travel/Mileage (IN STATE ONLY/STATE RATE)<br>- Speakers/Consultants for staff PD<br>- Mental Health Consultant (contracted)<br>- Catered food/professional development<br>- Membership dues<br>- Workers Compensation<br>- Unemployment Compensation<br>- Parents as Teachers Model Certified Parent Educator Renewal Fee $150 | **Itemize Costs.**<br>- Supplies needed for staff professional development workshops, in-services, etc.<br><br>- Food for professional development (groceries prepared and served by PI program) | **Itemize Costs.** Equipment & furniture >$500/unit for staff professional development. (Must be on inventory records.) | | **Provide Board Approval Date.** Non-capitalized equipment - items that would be classified as capital assets except they cost less than the capitalization threshold, but more than the $500 minimum value established for purposes of calculating per capita cost, threshold amount. Provide documentation of adoption-approval by the School Board. |
| FUNCTION 2300 | **General Administration (5% Rule ~ May request up to 10% with ISBE approval.)** | **Itemize Costs.**<br>**-** Administrators allowable if EC PREK Center ONLY.<br>Approvable: Secretary/Clerical/Support, PI Coordinator (supervisor of supervisors) Salaries at prorated amounts must have a Cost Allocation Plan (CAP).<br>**Review rules about Supplanting.** (List name, staff title, FTE, salary) Example: Drew Jones, Clerical Support, .5 FTE, $10,000, CAP available upon request | **Itemize Costs.** Benefits of Administrators.<br>Benefits - health insurance, Medicare, IMRF, FICA Example: D. Jones - Health Insurance $100, Retirement IMRF $300.<br><br>Applicable for all of Function 200 - The **employee** share should never be approved. You should never see: State and Federal Taxes. | **Itemize Costs.**<br>- Prorated Audit Fee (for PI only),<br>- Contracted equipment repair & maintenance (for PI only), must be prorated, must list equipment<br>- Unemployment Compensation<br>- Workers Compensation<br>- Phone Service, Liability Insurance<br>- Baby TALK Implementation Fee ($2000)<br>- Parents as Teachers Affiliate Fee ($1650)<br>- Healthy Families America Affiliate Fee<br>- Healthy Families America Peer Review Fee (depends on size of program) | **Itemize Costs.**<br>Office supplies for administration of program. (paper, pens, copier ink, etc.) | **Itemize Costs.** Equipment & furniture >$500/unit for administration of the program. (Must be on inventory records.) | | |
| FUNCTION 2540 | **Operation & Maintenance of Plant Services** | **Itemize Costs.**<br>Prorated Janitor salary, activities concerned with keeping the PI area operative. (List name, staff title, FTE, salary) Example: Jade Smith, Janitor, .25 FTE, $5000, CAP available upon request | **Itemize Costs.**<br>Janitor benefits. Benefits - health insurance, Medicare, IMRF, FICA<br>Example: J. Smith - Health Insurance $100, Retirement IMRF $300.<br><br>See 2300/200 (**employee** share) | **Itemize Costs.**<br>- Contractual custodial services, equipment maintenance and repair (prorated)<br>- Unemployment Compensation<br>- Worker's Compensation<br>- (Prorated) phone & water/sewer services,<br>- Liability insurance<br>- Rent (if approvable). The district/program cannot already own the space. | **Itemize Items/Costs.**<br>**-** Cleaning supplies (prorated)<br>- Electricity service- utilities (prorated)<br>- Mulch, pea gravel, wood chips, fencing, bollard (if approvable) | **Itemize Costs.** Equipment & furniture >$500/unit for operation and maintenance. (Must be on inventory records.) | | |
| FUNCTION 3000 | **Community Services** | **Itemize Costs.**<br>Supervisor of direct service providers - home visitors, teachers, and other PI staff that are direct service providers. (List name, staff title, FTE, salary) Example: Madison Welch, Home Visitor, 1FTE, $35000 | **Itemize Costs.**<br>Benefits of Supervisor of direct service staff & direct service staff.<br>Benefits - health insurance, Medicare, IMRF, FICA<br>Example: M. Welch – FICA 300, Health Insurance $1500, Retirement IMRF $3000.<br><br>See 2300/200 (**employee** share) | **Itemize Costs.**<br>- Speakers/Consultants for parent education, screenings, etc.<br>- Travel/Mileage (home visits, community collaborations, etc.) * Mileage-reimbursable at state rate<br>- Cell service for direct service staff (DSS) and supervisors of DSS<br>- Contractual Transportation (e.g., bus, cab company)<br>- Catered food/parent meetings<br>- Postage Machine – postage for communication with families<br>- Baby Tech, Penelope, Visit Tracker, etc.<br>- Unemployment Compensation<br>- Workers Compensation | **Itemize Costs.**<br>**-** Lending library materials<br>- Food/parent meetings (groceries prepared and served by PI program)<br>- Ink cartridges and supplies related to parent communication & education<br>- Curricula supplies/materials for parents and children<br>- Equipment <$500/unit. (furniture and equipment must be on inventory records)<br>- Purchase of postage stamps for communication with families | **Describe & Itemize Each Capital Outlay Item.** Equipment & furniture >$500/unit for the program Parent Education component. Example: 1 computer for home visitor (data entry and parent education only) $600 (Must be on inventory records.) | | |
| FUNCTION 4000 | **Payments to Other Governmental Units *(Funds just passing through)*** | | | Purchased Services ONLY - not flow through. Purchased services must benefit the students/clients of the fiscal agent, not the subcontractor. INCLUDE governmental agency being paid. | | | Flow through funds to another governmental entity/district to provide program/program services. INCLUDE governmental agency being paid. | |
| F 5000 | **Debt Services** | | | | | | ROE/LEA (Interest paid on loans) | |