



Illinois State Board of Education

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Darren Reisberg
Chairman

Dr. Carmen I. Ayala
State Superintendent of Education

April 11, 2019

TO: Eligible Applicants

FROM: Dr. Carmen I. Ayala 
State Superintendent of Education

SUBJECT: NOTICE OF FUNDING OPPORTUNITY (NOFO) / REQUEST FOR PROPOSALS (RFP):
Fiscal Year 2020 Early Childhood Block Grant-Prevention Initiative for Birth to Age 3 Years

CSFA Number: 586-18-0520

CSFA Title: Fiscal Year 2020 Early Childhood Block Grant-Prevention Initiative for Birth to Age 3 Years

Eligibility and Application Information

Eligible Applicants: Currently funded and new Early Childhood Block Grant applicants from 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. Programs who score less than 60 points will not be funded.

Contingent upon sufficient appropriation of funds programs who were awarded a Fiscal Year 2019 (FY19) grant may apply to upward amend their budget to cover the ability to meet items in the compliance checklist or otherwise support quality through another process. As a result completion of this RFP for that purpose is not required. Programs will be notified of opportunity should funding becomes available.

Entities who were awarded an FY19 grant may apply for additional slots under this RFP.

Applicants funded in the FY19 cycle are funded for 5 years subject to appropriation. Applicants who do not wish to apply for additional slots do not need to apply under this RFP.

Entities who are barred from receiving State or Federal funds as a result of being on the Stop Payment list are ineligible to apply for funds under this RFP.

If the Prevention Initiative program is operated in or by a facility subject to licensure requirements of the Illinois Department of Children and Family Services (DCFS), then that facility must hold the appropriate licensure in accordance with rules promulgated by DCFS (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>.

Joint applications for funds may be submitted. 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. A school district or other eligible applicant can participate in only one proposal for a Prevention Initiative program.

A separate appropriation has been awarded to the City of Chicago School District #299 for the initiatives funded under the Early Childhood Block Grant (ECBG) Prevention Initiative program. Applicants proposing to provide services for children and families within the Chicago city limits must apply for funds through the Chicago school district. More information can be found at: <http://www.cps.edu/schools/earlychildhood/pages/earlychildhood.aspx>. Programs seeking funding through ISBE 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 2020 grant. This includes completion of the Grantee Registration and Pre-qualification process through the Illinois GATA Web Portal at <https://www2.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 a an FY 2020 Fiscal and Administrative Risk Assessment in the form of an Internal Controls Questionnaire (ICQ) available through the GATA Web Portal and an FY 2020 Programmatic Risk Assessment through the ISBE Web Application Security (IWAS) system. Grant awards will not be executed until the FY 2020 ICQ and Programmatic Risk Assessments 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/SAM/;
- (ii) Provide a valid DUNS number in its application <https://fedgov.dnb.com/webform>; 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 <ftp://www.ilga.gov/JCAR/AdminCode/044/04407000sections.html>

Merit-Based Review and Selection Process for Competitive Grants: The Illinois State Board of Education (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/Merit_Based_Review_Policy.pdf. Applicants are advised to refer to the policy document.

Grant Award/Cost Sharing or Matching: Total amount of funding available for Prevention Initiative grant is contingent on appropriation by the Illinois General Assembly. ISBE anticipates making individual grant awards depending on information included in the proposal. Applicants should request funds to facilitate services to the most at-risk families.

As per the Illinois Administrative Code **Section 235.70 (c) Terms of the Grant:** 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)

Individual grant awards will vary depending on the needs addressed in the approved proposal and the total appropriation for the program.

Priority consideration shall be given to awardable proposals from entities that propose to offer services to children who reside in Tier 1 or Tier II district boundaries and that can document a local gap in service provision in their area i.e. an insufficient number of other programs and services to fully serve all children and families who potentially could be at risk. This would include communities with the highest need and least saturation. [FY 2019 EBF Distribution Quick Facts](#)

Proposals shall be separated into the following three funding categories:

- 1) Proposals serving children who are at-risk from entities that propose to offer services to children who reside in Tier 1 or Tier II district boundaries and can document a local gap in service provision in their area.
- 2) Proposals serving primarily children whose families meet income guidelines; and
- 3) All other proposals

Additional funding information can be found under Funding Information on page 10.

Proposals that score under 60 points will not be funded.

Proposals scoring over 60 points will be awarded in the following order:

All Tier 1 or 2 districts that demonstrate a need for an increase in capacity would be funded based on a rank order of their district adequacy level.

After all Tier 1 and 2 proposals have been funded, proposals from Tiers 3 and 4 would be considered based on the evidence of need and their score.

Grant Period: The grant period will begin no sooner than July 1, 2019 and will extend from the execution date of the grant until June 30, 2020. Funding in the (3) subsequent years will be contingent upon a sufficient appropriation for the program and satisfactory progress in the preceding grant period.

Submission Dates and Times/Other Submission Requirements: Proposals can be submitted electronically through the ISBE Attachment Manger, mailed, or hand delivered no later than June 10, 2019 at 4:00 PM. Late proposals will not be accepted. Directions for each submission method are found below. Only proposals submitted using official RFP forms and attachments will be considered. Additional documents, unless requested, will not be evaluated.

Electronic Submission: Completed proposals submitted electronically should be scanned into one PDF with all supporting documents and required signatures. The attachments should be printed, official authorized signatures placed, and scanned as one file before upload. The ISBE Attachment Manager is found at <https://sec1.isbe.net/attachmgr/default.aspx>. Choose FY20 Early Childhood RFP from the drop down menu in Receiver Information. Submit the application using the button at the bottom of the page.

Mailed Proposals: Mail the original and one 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 June 10, 2019 at 4:00 PM. It is advised to use certified mail with guaranteed delivery date and a return receipt requested.

Hand Delivered: Proposals may be hand-delivered to the following location:

Springfield Office
Reception Area
1st Floor
100 North First Street

Late proposals will not be accepted.

Grant Award Notice: It is anticipated that successful applicants will receive a Notice of Award from the state superintendent via e-mail approximately 90 days after the application deadline. The award letter is NOT an authorization to begin performance or expenditures. After the Merit Based Appeal timeframe has ended, awardees will receive additional information from the program area that includes the next steps for finalizing the grant. Monies spent prior to programmatic approval are done so at the applicants own risk.

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

Changes to NOFO/RFP: ISBE will post any changes made to the NOFO/RFP prior to June 3, 2019 at 4:00 PM at <https://www.isbe.net/Pages/Request-for-Proposals.aspx>. Applicants are advised to check the site before submitting a proposal.

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

Program Description

Program Purpose:

Early Childhood Care and Education Position Statement:

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 eight years of age. Appropriate early childhood programs, practices and services are defined as those which:

- 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.

The Illinois State Board of Education (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 eight 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 three through eight 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 three 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; share resources, services and accountability.

7. Emphasize the quality of instructional staff and leadership for early childhood programs in Illinois.

Program Description¹:

The ECBG – Prevention Initiative (PI) 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 goals one through nine under “Program Objectives” found on page 7 and the [Illinois Administrative Code 235](#).
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 who are at risk. This program is called Prevention Initiative. 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 TM, Early Head Start, Healthy Families America [®], Parents as Teachers TM, or another evidence-based approved program model (Appendix B - Prevention Initiative Program: Home Visiting, Center-Based);

¹ Priority consideration shall be given to awardable proposals from entities that propose to offer services to children who reside in Tier I or Tier II district boundaries and that can document a local gap in service provision in their area.

- Child Care Center-based services that adhere to the requirements of the Department of Children and Family Services and (Appendix B - Prevention Initiative Program: Home Visiting, Center).

PI programs must identify as either a home visiting or child care center-based program (Appendix B - Prevention Initiative Program: Home Visiting, Center-Based).

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. Additionally, at risk 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).

The program should be in a location where there is an insufficient number of other programs and services to fully serve all children and families who potentially could be at risk. Priority given to proposals from entities that propose to offer services to children who reside in Tier 1 or Tier II district boundaries and that can document a local gap in service provision in their area.

Specific requirements of implementing the Prevention Initiative Grant can be found within the [compliance checklist](#) and the [Illinois Administrative Code 235](#). Items on the compliance checklist are required of all programs administering the Prevention Initiative (PI) grant. More information on the Prevention Initiative program can be found at this link: <https://www.isbe.net/Pages/Birth-to-Age-3-Years.aspx>.

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 years 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 goals of the ECBG are to:

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

In awarding Prevention Initiative grants, the Illinois State Board of Education shall address two legislatively mandated priorities:

- First priority in awarding grants must be given to applicants that propose to serve primarily children who have been identified as being at-risk. At-risk children are those who, because of their home and community environment, are subject to such language, cultural, economic and like disadvantages that they have been determined, as a result of screening procedures, to be at risk of academic failure. A disproportionate share of all children considered to be at-risk come from low-income families, including low-income working families, homeless families, families where English is not the primary language spoken in the home, or families where one or both parents are teenagers or have not completed high school. However, neither a child's membership in a certain group nor a child's family situation should determine whether that child is at-risk.
- Second priority in awarding grants must be given to applicants proposing to serve primarily children whose family's income is less than four times the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services (HHS) under the authority of 42 U.S.C. 9902(2). For each child whose participation is based on the family income, the successful applicant must collect evidence of family income levels.

Applicants are encouraged to review related information found at the [Early Childhood Division website](#). These documents summarize activities and other considerations found in successful early childhood programs. The Illinois Early Childhood Asset Map (IECAM) website <http://iecam.illinois.edu/> can also be used to assist in finding data needed to complete their proposal. Specific data requests can also be made to IECAM through the website.

The U.S. Department of Health & Human Services poverty guidelines will help in determining income verification.

2019 HHS Poverty Guidelines

Persons in Family or Household*	Poverty Level	4 Times Poverty Level
1	\$12,490	\$49,960
2	\$16,910	\$67,640
3	\$21,330	\$85,320
4	\$25,750	\$103,000
5	\$30,170	\$120,680
6	\$34,590	\$138,360
7	\$39,010	\$156,040
8	\$43,430	\$173,720

SOURCE: *HHS Poverty Guidelines for 2019:* <https://aspe.hhs.gov/poverty-guidelines>

The 2019 poverty guidelines are in effect as of January 11, 2019

ISBE Board Goal(s):

Goal 1: Every child in each public school system in the state of Illinois deserves to attend a system wherein...

- All Kindergarteners are assessed for readiness.
- Ninety percent or more of third-grade students are reading at or above grade level.
- Ninety percent or more of fifth-grade students meet or exceed expectations in mathematics.
- Ninety percent or more of students are on track to graduate with their cohort at the end of ninth grade.
- Ninety percent or more students graduate from high school ready for college and career.

Goal 2: Every student will be supported by highly prepared and effective teachers and school leaders.

Goal 3: Every school will offer a safe and healthy learning environment for all students.

Program Objectives²:

Goal 1: Illinois' neediest children will be identified and served.

- 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.

Goal 2: Families will receive intensive, research-based, and comprehensive prevention services.

Programs will, at minimum, implement the following:

- Child Care Center-based programs will implement comprehensive services derived from research supporting successful prevention services for children and families experiencing multiple at-risk factors;
- PI programs will maintain a policy for prohibiting expulsion and suspension of children and families;
- Home Visiting programs will implement an evidence-based home visiting program model;
- All services must be aligned with the [Illinois Birth to 5 Program Standards](#);
- A research-based curricula (Appendix C - Curriculum):
 - 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 implement a research-based child-centered curriculum for classroom programming and a research-based parent/family-

² Priority consideration shall be given to awardable proposals from entities that propose to offer services to children who reside in Tier I or Tier II district boundaries and that can document a local gap in service provision in their area.

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 under Prevention Initiative Program (Appendix B - Prevention Initiative Program: Home Visiting, Center-Based).
 - Supplemental services must be integrated into the evidence-based home visiting program model or center-based services, as well as complement and align with the research-based curriculum, [Illinois Early Learning Guidelines \(IELG\)](#) and [Birth to 5 Program Standards](#). These supplemental services must be provided within the context of the PI funded program, which has submitted this RFP response. Supplemental services, such as Doula (Appendix E – Doula), Fussy Baby Network®, Abriendo Puertas/Opening Doors™ and Touch Points™ must not be offered in isolation of the center based or home visiting model.

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

Goal 4: Families will receive services that address their identified goals, strengths, and needs.

Goal 5: Families will receive comprehensive, integrated, and continuous support services through a seamless and unduplicated system. (Appendix A - Continuum of Implementing Coordination Strategies, Appendix F - Mental Health Consultant)

Goal 6: Families will be engaged in the program and community systems for infants and toddlers will be strengthened. (Appendix D - Community Systems Development)

Goal 7: The evaluation will provide critical data and information that are used for continuous program improvement.

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

- Classroom staff must meet at minimum the Illinois Department of Children and Family Services qualifications for Early Childhood Teachers and Assistants and hold or be working towards obtaining an IL Gateways Infant Toddler Credential level 2 or beyond.
- 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](#).
- Home visiting programs will maintain appropriately qualified personnel who meet the requirements of the home visiting evidence-based program model. A home visiting 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. A home visiting program must maintain at least three FTE

home visitors. Home visitors must be at least .50 FTE. PI programs need to implement one program model for parent education/home visiting (e.g., Baby TALK, Early Head Start, Healthy Families America, Parents as Teachers).

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

Policy Requirements:

All Prevention Initiative programs shall meet the requirements of the [Early Childhood Block Grant Administrative Rules, Part 235](#).

Performance Measures:

100% of families enrolled have been determined to be at risk of academic failure according to program eligibility weighted criteria form and 100% program enrollment for families as defined in the Early Childhood Prevention Initiative 0-3 electronic grant. The program is conducting ongoing and regular screenings to meet eligibility requirements.

Targets:

Grantees will be expected to meet the following targets during each quarter of the grant:

- The program maintains 100% capacity for enrollment of children and families as defined in the Early Childhood Prevention Initiative 0-3 electronic grant.
- The program conducts ongoing and regular screenings to meet eligibility requirements.
- Number of pregnant women to be served as indicated in the electronic grant
- Number of children to be served as indicated in electronic grant
- Number of families to be served as indicated in the electronic grant
- Number of pregnant women enrolled in the program
- Number of children currently enrolled in the program
- Number of families currently enrolled in the program
- Number of children on waiting list
- Number of children screened
- Continuous quality improvement plan (CQIP) activities/goals that program staff engage in, complete or implement

Performance Standards³:

The program maintains at least 60% enrollment for families as defined in the Early Childhood Prevention Initiative 0-3 electronic grant and 100% of children have been determined to be at risk. The applicant conducts ongoing, regular screenings to meet enrollment requirements.

Deliverables and Milestones:

Complete and submit PFAE Grant Periodic Performance Report at least quarterly by uploading in the Grant Periodic Reporting System and report on the program enrollment of children. The report can be found at <https://www.isbe.net/Pages/Early-Childhood.aspx>.

³ Priority consideration shall be given to awardable proposals from entities that propose to offer services to children who reside in Tier I or Tier II district boundaries and that can document a local gap in service provision in their area.

Funding Information

Introduction⁴:

Funding Formula

Individual grant awards are based on sufficient appropriation by the Illinois General Assembly. ISBE anticipates making individual grant awards with priority given to proposals from entities that propose to offer services to children who reside in Tier 1 or Tier II district boundaries and that can document a local gap in service provision in their area. Awarded funding will reflect the cost of operating a program for a minimum of 165 student attendance days per year. Applicants should request funds to facilitate services to the most at-risk families.

Cost Sharing or Matching:

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

Indirect Cost Rate:

The federal Uniform Guidance at 2 CFR 200 requires that grantees be provided the opportunity to seek indirect cost reimbursements based on negotiated indirect cost reimbursement rates. Rates are determined and applied as follows.

LEAs

- LEA indirect cost rates are developed in accordance with a delegation of authority agreement between ISBE and USDE. The plan includes both a restricted and unrestricted rate for each individual LEA. Both the restricted and unrestricted LEA rates are published annually on the ISBE website. The FY19 rates are available at: <https://www.isbe.net/Pages/Indirect-Cost-Rate-Plan.aspx>. In the past, only the restricted rate was allowed when budgeting indirect cost reimbursements.

LEAs have the ability to seek indirect cost reimbursement at the published unrestricted rate for any program other than those identified as restricted by USDE.

- Newly organized LEAs, Regional Offices of Education Intermediate Service Centers, area vocational centers, charter schools, university laboratory schools and governmental entities formed by a joint agreement among LEAs utilize either the statewide average of LEA unrestricted or restricted indirect rates as appropriate, depending on program.
- LEAs which jointly administer federal program(s) utilize either the approved unrestricted or restricted indirect cost rates for the administrative district of the joint program as appropriate, depending on program.

Non-LEAs

- For programs eligible for an unrestricted indirect cost rate, not for profit entities, community/faith based organizations and other non-LEA, non-university sub grantees utilize rates negotiated through the GOMB centralized process where they will have the option to:
 - o Select the 10% diminimus rate

⁴ Priority consideration shall be given to awardable proposals from entities that propose to offer services to children who reside in Tier I or Tier II district boundaries and that can document a local gap in service provision in their area.

- o Submit documentation supporting a rate determined through negotiation with their federal cognizant agency
- o Negotiate a rate.

Non-LEA, non-university grantees may initiate the unrestricted indirect cost rate negotiation process through the GATA grantee portal at: <https://grants.illinois.gov/portal/>.

- For federal programs requiring the use of a restricted indirect cost rate, not for profit entities, community/faith based organizations and other non-LEA sub grantees shall utilize the 8% default rate described at 34 CFR 76.564.
- Colleges and Universities will be limited to a maximum indirect cost rate of 8% or other indirect cost rate calculated by their cognizant federal agency, whichever is less, for grants administered by ISBE.

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

Funding Restrictions:

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

Complete and submit at a minimum, quarterly in the [Grant Periodic Reporting System](#) and report on the program enrollment of families. [Quarterly reports](#) need to be uploaded into the Grant Periodic Reporting System. Reports can be found at <https://www.isbe.net/Pages/Early-Childhood.aspx>

Expenditure Reports: Cumulative expenditure reports quarterly and a final completion report are required.

REPORT	CUMULATIVE THROUGH	DUE IN ISBE OFFICE
1	September 30, 2019	October 20, 2019
2	December 31, 2019	January 20, 2020
3	March 31, 2020	April 20, 2020
Final	June 30, 2020	July 20, 2020

Program Reports:

All grantees must submit the following data to the Illinois State Board of Education (ISBE), via the ISBE Web Application Security (IWAS) system, for the Prevention Initiative project for which the grantee is funded:

- Student Information System (SIS):
- Birth to 3, Caregiver Demographic Data, and Prenatal
- 0-3 Prevention Initiative - Parent Questionnaire
- 0-3 Prevention Initiative - Outcomes Questionnaire
- Reporting per Public Act 100-105

Enrollment Reports:

All grantees must enroll and exit each Birth to Three child in the ISBE Student Information System (SIS) by November of each grant year as indicated in the “SIS Key Dates” document available at <https://www.isbe.net/Pages/Student-Information-System.aspx>. This reporting activity is continuous throughout the year.

Content and Form of Application Submission

Instructions: Each application must be submitted in the format outlined below to be considered complete. A complete application will include all required components (the numbered items below) and signatures when mentioned. Please use the checkboxes in front of the numbers as a checklist when assembling your completed application. It is advised to attach a copy of the completed checklist with the application.

Completed proposals submitted electronically should be scanned into PDF with all supporting documents and required signatures. The ISBE Attachment Manager is found at <https://sec1.isbe.net/attachmgr/default.aspx>. Choose FY20 Early Childhood RFP from the drop down menu in Receiver Information. Submit the application using the button at the bottom of the page. The attachments should be printed, official authorized signatures placed, and scanned as one file before upload. As an alternative, the original and one USB flash drive may be mailed or hand delivered to ISBE. See page 4 for details on submission. Only proposals submitted using official RFP forms and attachments will be considered. Additional documents, unless requested, will not be evaluated. Late proposals will not be accepted.

- 1. Uniform Application for State Grant (Attachment 1):** Include the entity name, address, telephone and 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 2)**
- 3. Joint Agreement (Attachment 3)**
- 4. Program Narrative (Attachment 4):** Use only the forms provided. See Program Narrative Requirement section (page 14) for questions that require a response.
- 5. Site Information (Attachment 5)**
- 6. Objectives and Activities (Attachment 6):** Use only the forms provided. See Program Narrative Requirement section (page 14-15) for questions that require a response.
- 7. Proposal Evaluation Design (Attachment 7):** Use only the forms provided. See Program Narrative Requirement section (page 15) for questions that require a response.
- 8. Budget Summary and Payment Schedule (Attachment 8):** The budget **MUST** be submitted on this form. No other budget form will be accepted. District budgets **MUST** be signed by the district superintendent. Other applicants should have the official authorized sign the form. 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 and include the implications of Public Act 101-0001 as it relates to statewide minimum wage increases starting January 1, 2020. Supplies, equipment, contracted services and professional development should be requested in the month for which the expenditure is anticipated. See [budget resource document](#) for further information.
- 9. Budget Breakdown (Attachment 9):** The budget breakdown **MUST** include descriptions of the anticipated expenditures, correlated to the line items set forth on the Budget Summary. The budget breakdown should also include subcontract information, if applicable. See [budget resource document](#) for further information.
- 10. Certifications and Assurances (Attachments 10 - 11):** Each applicant, *including each entity that is participating in a joint application*, is required to submit the forms below. These must be signed by the official legally authorized to submit the proposal and to bind the applicant to its contents.
 - A. Program Specific Terms of the Grant (Attachment 10)**
 - B. Grant Application Certifications and Assurances (Attachment 11)**
- 11. Demonstration of Need (Attachment 12):** Select the option you are using to demonstrate the need for the ECBG proposed program per program narrative and objectives and activities sections of RFP.
- 12. Slot Gap Analysis (Attachment 13):** Complete this form if using to document service gap.

Program Narrative Requirements

Specific requirements of implementing the Prevention Initiative Grant can be found within the [compliance checklist](#) and the [Illinois Administrative Code 235](#). Items on the compliance checklist are required of all programs administering the Prevention Initiative (PI) grant. More information on the Prevention Initiative program can be found at this link: <https://www.isbe.net/Pages/Birth-to-Age-3-Years.aspx>.

Program Narrative

1. Describe the area to be served indicated by high levels of poverty.
2. Indicate the high number of children and families determined to be the most in need of the services provided by the Prevention Initiative program.
 - a. a letter from the local program indicating they are at capacity and have a waiting list; OR
 - b. Completion of Attachments 12 and 13 to indicate gap in slots compared to eligible population. OR
 - c. IECAM Data; OR
 - d. Information from the program's community needs assessment showing a gap in services and the need for additional slots in the community.
3. Describe how the area to be served, has an insufficient number of other programs and services to fully serve all children and families who potentially could be at risk.
4. Describe how the criteria and indicators for identifying children and families who are eligible for the program are clearly established through weighted eligibility and include those children and their families experiencing high levels of poverty where there is currently a local gap in service provision.
5. Describe how the criteria and indicators will target those children and families most in need of services who reside Tier 1 or Tier II district boundaries and can document a local gap in service provision in their area.
6. Describe the effective recruitment strategies to be implemented that are likely to ensure that the maximum number of eligible children and families enrolled in the program, which is located in Tier 1 or Tier II district boundaries and can document a local gap in service provision in their area.

Objectives and Activities

7. Describe how the proposed program and activities align to the budget and will sufficiently meet the identified needs of the population to be served, specifically offering services to children who reside in Tier 1 or Tier II district boundaries and can document a local gap in service provision in their area:
 - a. a letter from the local program indicating they are at capacity and have a waiting list; OR
 - b. Completion of Attachments 12 and 13 to indicate gap in slots compared to eligible population. OR
 - c. IECAM Data; OR
 - d. Information from the program's community needs assessment showing a gap in services and the need for additional slots in the community.
8. Describe the intensity of services in the proposed program and how they align to the budget and are cost-effective in relation to the numbers to be served.

9. Describe the how the child and family activities are designed to enhance child development and family effectiveness and, ultimately, school readiness.
10. Describe how the program will establish effective linkages among families, education, health and social service agencies, and childcare providers.
11. Describe how the proposed program is built upon effective research about early childhood education and is aligned to the [Illinois Early Learning Guidelines for Children from Birth to Age 3 Years](#) and the [Illinois Birth to Five Program Standards](#).
12. Describe how the proposed program implements a research-based family needs assessment tool, which will be conducted and used to implement a written individual family service plan for each family served in the program.
13. Describe how the proposed program implements a referral system that ensures that 3-year-old children are placed into other early childhood education programs that meet their specific developmental needs and the services to be provided to ensure a successful transition into those other programs.
14. Describe the proposed staffing structure and explain how you will assure 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.
15. Describe how the staff development plan will adequately address the needs of the program staff.
16. Describe how the program will offer a varied and full range of staff development experiences and will provide sufficient opportunities for learning to allow staff to incorporate the training into program delivery activities.
17. Applies only to non-school district applicants AND joint agreement applicants.
 - a. **Non-school District Applicants:** Include the applicant's mission statement, organization structure and goals or policies regarding early childhood programs. Provide the licensing information the applicant has to operate as a day care facility and provide any early childhood accreditations or other relevant experience that demonstrates success in implementing and administering programs similar to the ones funded under Early Childhood Block Grant. Describe successful track record with similar grants or contracts.
 - b. **Joint Agreement Applicants:** Provide the goals and objectives of the collaboration and a brief description of each partner's experience in providing services similar to those to be provided under the Early Childhood Block Grant program.

Proposal Evaluation and Design

18. Describe the program evaluation strategies and how they will 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.
19. Describe how the program will utilize data collected to inform the continuous quality improvement plan.

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 stakeholders, facts, and evidence that demonstrate the proposal supports the grant program purpose; Priority consideration shall be given to awardable proposals from entities that propose to offer services to children who reside in Tier 1 or Tier II district boundaries and that can document a local gap in service provision in their area
- Capacity is defined as the ability of an entity to execute the grant project according to the project requirements;
- Quality is defined as the totality of features and characteristics of a service, project, or product that indicate its ability to satisfy the requirements of the grant program;
- Applicant is located within a Tier 1 or Tier II district boundary and can document a local gap in service provision in their area.

Proposals that score under 60 points will not be funded.

Criteria:

These overall criteria are built into the criteria below. The attachment number in the parenthesis following the criteria lists the portion of the proposal that will be used to determine if the criteria has been met. The points for each criterion section as well as the individual criteria will also be included in parenthesis.

Following the notification of grant awards, an applicant may request copies of their evaluator comments and scores by contacting the Early Childhood Division at earlychi@isbe.net.

Selection criteria and point values are as follows:

Not Provided	Very Limited	Somewhat Limited	Moderate	Strong	Very Strong
0	1	2	3	4	5
Proposal section requirements are absent	Proposal section does not provide details to meet the project outcomes	Proposal section provides few details to meet the project outcomes	Proposal section provides some detail but is unlikely to meet project outcomes	Proposal section provides detail and evidence to meet project outcomes	Proposal section exceeds expectations and provides a solid plan to meet project outcomes

Section 1: Population to Be Served (30 Points)	Possible Points
The area to be served indicates high levels of poverty. (See Program Narrative section, #1)	5
The program has a high number of children and families determined to be the most in need of the services provided by the Prevention Initiative program and can demonstrate a need in their area by providing a letter from other providers or includes Attachments 12 and 13 or IECAM data or information from programs community needs assessment indicating there is a gap in services and the need for additional slots in the community. (See Program Narrative section, #2)	5
The area to be served, as indicated by high levels of poverty has an insufficient number of other programs and services to fully serve all children and families who potentially could be at risk. (See Program Narrative section, #3)	5
The criteria and indicators for identifying children and families who are eligible for the program must be clearly established through weighted eligibility and include those children and their families experiencing high levels of poverty where there is currently a local gap in service provision. (See Program Narrative section, #4)	5
The criteria and indicators must target those children and families most in need of services who reside in a Tier I or Tier II district and demonstrate a need. (See Program Narrative section, #5)	5
Effective recruitment strategies are proposed that are likely to ensure that the maximum number of eligible children and families enrolled in the program located in a district where there exists a need. (See Program Narrative section, #6)	5
Section 2: Quality of Proposed Program (40 Points) Specific requirements of implementing the Prevention Initiative Grant can be found within the compliance checklist and the Illinois Administrative Code 235. Items 1-26 (as applicable) on the compliance checklist are required of all programs administering the Prevention Initiative grant.	Possible Points
Describe the intensity of services and how the proposed program activities align to budget and will sufficiently meet the identified needs of the population to be served. Specifically populations with high levels of poverty which demonstrate need documented by a letter from the local program or completion of Attachments 12 and 13 or IECAM Data or information from the programs needs assessment indicated there is a need for additional services in the community. (See Objectives and Activities section, #7, 8)	5
Child and parent activities designed are to enhance child development and parent effectiveness and, ultimately, school readiness. (See Objectives and Activities section, #9)	5
The program has a plan for coordination of services with other educational programs serving young children and their families including but not limited to the Local Early Head Start program (e.g., community based childcare programs that receive Childcare Assistance Program from DHS). (See Objectives and Activities section #10)	5
The proposed program is built upon effective research about early childhood education and aligned to the applicable to the section.	5

(See Objectives and Activities section #11)	
The proposed program implements a research-based family needs assessment tool, which will be conducted and used to implement a written individual family service plan for each family served in the program. (See Objectives and Activities section, # 12)	5
The proposed program implements a referral system that ensures that 3-year-old children are placed into other early childhood education programs that meet their specific developmental needs and the services to be provided to ensure a successful transition into those other programs. (See Objectives and Activities section, #13)	5
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. (See Evaluation Design section, #18)	5
The program will utilize data collected to inform the continuous quality improvement plan. (Evaluation Design section, #19)	5
Section 3: Experience and Qualifications (20 Points)	Possible 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. (See Objectives and Activities section, #14)	5
The staff development plan adequately addresses the needs of the program staff. (See Objectives and Activities section, #15)	5
The proposed program offers a varied and full range of staff development experiences and provides sufficient opportunities for learning to allow staff to incorporate the training into program delivery activities. (See Objectives and Activities section, #16)	5
<p>Applicants other than a school district AND joint agreement applicants must include:</p> <ul style="list-style-type: none"> • The applicant’s mission statement, organization structure and goals or policies regarding early childhood programs. • Provide the licensing information the applicant has to operate as a day care facility and provide any early childhood accreditations or other relevant experience that demonstrates success in implementing and administering programs similar to the ones funded under Early Childhood Block Grant. • Describe successful track record with similar grants or contracts. <p>Joint Agreement Applicants:</p> <ul style="list-style-type: none"> • Provide the goals and objectives of the collaboration and a brief description of each partner's experience in providing services similar to those provided under the Early Childhood Block Grant program. <p>School district applicants not applying as a joint agreement are exempt from this question and will automatically be awarded full possible points. (See Objectives and Activities section, #17)</p>	5

Section 4: Priority Consideration (10 Points)	Possible Points
Applicant is proposing to serve children located within at least one Tier 1 or Tier 2 district/district boundaries as determined by Evidence-Based Funding (EBF). FY 2019 EBF Distribution Quick Facts	5
Entities who can document a local gap in service provision in their area. (Letters from other providers or IECAM data, or completion of Attachment ___ or information from the programs community needs assessment documenting there is a need for additional slots in the community)	5

Appendix A - 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 B - Prevention Initiative Program: Home Visiting, Center-Based

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 F)

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 a minimum of 2 hours 30 minutes, but less than 5 hours. Five days a week. The program must have set hours for PI program childcare center-based services.
- Programs will be required to provide documentation that the site is working toward the ExceleRate Illinois Quality Recognition and Improvement System Silver (Compliance) or Gold (Exemplary) Circle of Quality, as applicable.
- 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.
- Meet [Early Head Start requirements, when applicable](#).
- The child care center-based program will implement a minimum of 2 home visits per program year (beginning and end of year) with families in order to support parent education and implement the family centered assessment and Individual Family Goal Plan. Additional home visits may be offered to families on an as needed basis.
- The child care center-based program will offer at least quarterly parent education activities (1 per quarter, if possible). (i.e., Parent-child activities or parent trainings)
- Implement a research-based, child-centered curriculum.
- Implement a research-based parent/family-centered curriculum.

Center-Based Staff

- Classroom staff must meet at minimum the Illinois Department of Children and Family Services qualifications for Early Childhood Teachers and Assistants and hold or be working towards obtaining an IL Gateways Infant Toddler Credential level 2 or beyond.
- 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>.)

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.

Appendix C - 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 26th 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. The PI program must maintain 3 FTE home visitors for every 1 FTE doula. Consider family retention in your home visiting program when thinking about the addition of doulas.
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 D - Continuum of Implementing Coordination Strategies

Continuum of Implementing Coordination Strategies

Illinois State Board of Education and The Illinois Governor's Office of Early Childhood Development

The Illinois State Board of Education Prevention Initiative and the Governor's Office of Early Childhood Development embraces the State's early childhood vision of every child entering kindergarten safe, healthy, ready to succeed, and eager to learn. The Illinois home visiting system recognizes the home as the most influential learning environment in which to strengthen the parent-child relationship and help reach the child's full potential. The overall goals of Illinois home visiting are to promote positive parenting and healthy child growth and development, and to prepare young children for school success. Home visiting is an integral part of a continuum of services for families that is well-coordinated and integrated, and begins prenatally.

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 troubleshoot 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 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.

- Memorandums of Understanding/Shared Agreements: Program's should have a detailed written coordinated intake plan that has been co-created and agreed upon by all community partners (signatures and dates) that describes the responsibilities of each agency participating and of the lead entity (if applicable). The main components of the MOU/Shared Agreement include:
 - Clear policy and procedure for referral and follow-up
 - Defined service areas and priority populations of each entity.
 - Coordinated and joint outreach to families clearly outlined in the agreement.
 - A shared form and shared procedures for intake or eligibility screening that are used by all participating programs.
 - A plan for reducing duplication of services.
 - Authorized entities names, program names (if applicable), names/signatures of Authorized Officials of the participating entities and the dates the agreement was signed.

Illinois Home Visiting Expectations for Coordinated Intake (CI)

The State's Vision for Home Visiting Coordinated Intake (CI)

- Coordinated Intake should serve as a hub that links families with home visiting services. If there are two entities within a community with designated CI positions, a single point of entry/contact needs to be determined.
- The Coordinated Intake process is dedicated to helping families, from the moment they contact the central location, to the time they are referred, and/or after screening.
- Coordinated intake must provide fair and equitable services inclusive and supportive of all agencies and school districts participating. The designated coordinated intake service provider must not favor any one agency or school district, not even the agency they are employed under.
- Transparency of referrals is vital to assure fair and equitable services and to establish trust between and among partners.
- Coordination can come from different entities, however often one entity is identified as a coordinating entity (lead) that will collect all intake forms, track, and assign referrals and follow-up. If one entity is not designated as the lead, then a clear plan needs to be agreed upon that describes the responsibilities of each coordinating agency.
- ***CI should be inclusive, not separatist: the long-term goal is for Coordinated Intake to act as the single point of entry for 100% of home visiting programs statewide regardless of model and/or funding stream.***

Coordinated Intake and the Home Visiting (HV) Referral Process

- CI serves as the repository for all home visiting intakes, and tracks what happens to each referral.
- Referrals to home visiting can be generated from CI workers, from home visiting providers, and from other community resources.
- Agency self-referrals are allowed: a home visiting program may generate a referral to its own program, if the program coordinated directly with coordinated intake and follows the agreed upon policies and procedure (i.e. HV program completes the Coordinated Intake Assessment Tool (CIAT) and sends the CIAT to CI for processing).

- ***Regardless of the originating source, ALL REFERRALS must go through Coordinated Intake.***
- All referrals received by CI workers will be sent to the appropriate home visiting program within 48 business hours.

Role of CI Workers

- The role of CI workers is to assist families by determining the services and supports that are best suited for the family's particular needs, based on self-referrals and referrals from other professionals such as primary care providers, hospitals, child care providers, and other social service agencies.
- CI will convene regular meetings of the collaborative to discuss challenges, barriers, and successes of Coordinated Intake including providing regular transparency reports to the collaborative.
- A level of trust must be inherent for the CI to develop and promote their roles within the community and home visiting system. While input into their roles should be discussed by the collaborative, day-to-day functions of both positions are overseen by their chain of command, not by the collaborative.
- The coordinated intake service provider must be able to provide fair and equitable services inclusive and supportive of all agencies and school districts participating. The CI coordinating agency or school district must not put the CI in uncomfortable or unethical situations.

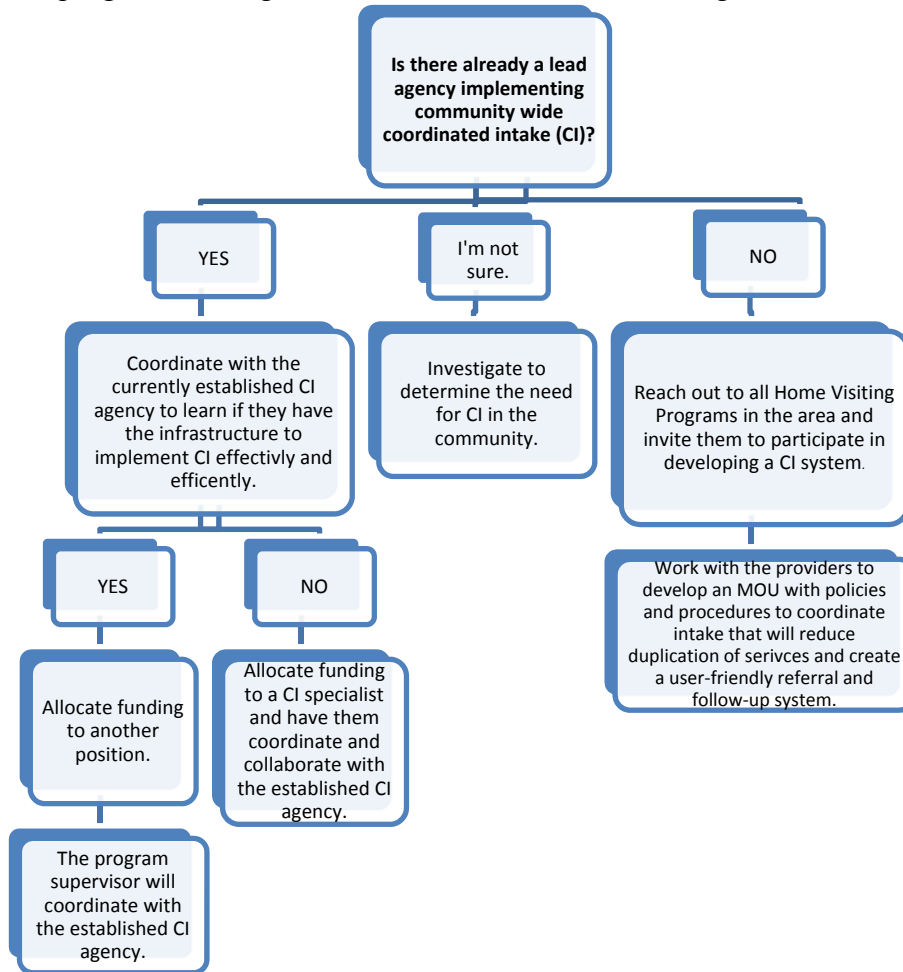
Coordinated Outreach Materials

- Any document advertising home visiting should include all the community's home visiting agencies.
- Publications promoting home visiting will direct families and referral sources to contact Coordinated Intake to serve as a single point of entry for family support services in the community.

Expectation of All Participating Agencies or School Districts

- To be successful, the Coordinated Intake process must have full support from all levels of management within all participating agencies and school districts.
- Agencies and school districts are expected to support families that are already enrolled in another home visiting program by not making attempts to enroll them in their own home visiting programs.
- Agencies and school districts should take an active role in local community systems development and early childhood collaborative 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 five. Programs should share available relevant program-level aggregated data that contributes to community needs assessment, problem identification, and setting a common agenda.
- ***All agencies and school districts must act in the spirit of full and transparent collaboration, with no bullying, holding back of referrals, or unfairly distributing cases across agencies. If funders hear of any unfair practices taking place, funders may intervene.***

Figure 1: Should program funding be allocated toward Home Visiting Coordinated Intake?



Appendix E - 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 2018 Early Childhood Block Grant: Infant/Early Childhood Mental Health](#) webinar.

Appendix F - Community Systems Development

State vision⁵: 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:⁶

- 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 systems⁷;
- 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;

⁵ From ELC website as of March 2, 2015.

⁶ Recommendations on Community Systems Development Rationale, Guiding Principles, Characteristics, and Core Functions, as adopted by the ELC in October 2013.

⁷ 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.

- 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.

Aspects of EC System Building	Column A: Role of Local Collaboration	Column B: Role of Service Provider
Pipeline of services	<ul style="list-style-type: none"> • Coordinate activities to reduce duplication of effort or intake • Recruit and engage with other local child- and family-serving programs (beyond EC programs, e.g., housing, child welfare) • Develop and implement systems development efforts (such as coordinated intake or pipeline development (0-3 >3-5 >K)) • Disseminate state-level templates for consent forms that enable local programs to make “warm referrals” • Adopt referral systems that the improve families’ access to services (such as the G3PS system currently being piloted in selected AOK Networks) • Identify any areas of targeted need 	<ul style="list-style-type: none"> • Participate in information-sharing and cross-training across sectors and programs • Assess families’ needs and know how to effectively refer them to a range of local comprehensive services • Participate in systems development efforts (such as coordinated intake or pipeline development (0-3 >3-5 >K)) • Put in place consent forms and procedures that support a “warm referral system” to make referrals and transitions more successful for families • Engage families in understanding the continuum of services and how to access • Ensure that high-risk families are served and that programs are reasonably full
Systems building	<ul style="list-style-type: none"> • Bring together local/ organizational leaders from key systems to address barriers and support effective local systems 	<ul style="list-style-type: none"> • Identify barriers faced by families and providers in trying to obtain comprehensive services for the family • Participate in cross-sector collaboration meetings and

	<ul style="list-style-type: none"> • Develop a vision of what local EC system should look like • Develop and implement cross-sector strategies to achieve system outcomes • Diffuse knowledge throughout local cross-sector organizations 	<p>workgroups and provide feedback from program experience</p> <ul style="list-style-type: none"> • Participate in the development of system building strategies
Data sharing and analysis	<ul style="list-style-type: none"> • Gather and compile locally desired data from local providers and share with stakeholders • Use local data to guide local planning and measure collaborative progress 	<ul style="list-style-type: none"> • Share available aggregated program data and trends with the local collaboration, such as the following service utilization data: <ul style="list-style-type: none"> ○ Number of slots available vs. utilized ○ Number of developmental/SE screenings ○ Number of children referred to Early Intervention services ○ Number of Individualized Education Program recipients at kindergarten who did not receive Early Intervention services ○ Number of new “youth in care”
Policy advocacy (feedback loop)	<ul style="list-style-type: none"> • ↑Communicate local cross-sector experience, concerns, barriers, questions, successes to region/state • ↓Provide accurate and timely information to local providers and others 	<ul style="list-style-type: none"> • ↑Collect and communicate program and system experience, concerns, opportunities, barriers, questions, successes to local collaborations • ↓Provide accurate and timely information to program staff and families
Public and parent engagement	<ul style="list-style-type: none"> • Participate in developing shared messaging • Engage parents, transmit message to parents • Create and use structures that engage parents as leaders (e.g., parent councils) 	<ul style="list-style-type: none"> • Participate in developing shared messaging • Engage parents, transmit message to parents • Engage parents in leadership roles in the program/agency

	<ul style="list-style-type: none"> • Coordinate parent leadership development activities 	
Quality improvement	<ul style="list-style-type: none"> • Bring programs together to discuss their experiences with reflective practice and continuous quality improvement • Communicate promising practices to region/state 	<ul style="list-style-type: none"> • Implement program with model fidelity and continuous quality improvement • Participate in state efforts such as ExceleRate • Participate in sharing lessons learned and best practices
Resource development	<ul style="list-style-type: none"> • Leverage the private sector, including community foundations, corporate giving, and United Ways • Coordinate rapid response to funding opportunities or funding cuts 	<ul style="list-style-type: none"> • Participate in collaborative discussions to engage the private sector • Blend and braid available funding to implement services that match families' needs
Workforce development	<ul style="list-style-type: none"> • Form and support local professional development cohorts within sectors (e.g., ExceleRate cohort). • Coordinate local trainings to maximize outreach and minimize duplication of effort 	<ul style="list-style-type: none"> • Promote professional development opportunities among program staff, supervisors, and administrators and leadership