

Qualitative Criteria: Population to Be Served (30 Points)

Population to be Served

Please also see: RFP sections Qualitative Criteria and Proposal Narrative Requirements

CRITERIA	Does Not Meet Standard	Meets Standard	Exemplary
<p style="text-align: center;"><i>Statement of Need</i></p> <p>Proposal Narrative Requirements Section: Statement of Need</p> <p>Clearly indicates that the area to be served has a high number of children and families determined to be the most in need of the services as indicated by high levels of poverty, children experiencing homelessness, youth in care, children with developmental delays, parent or caregivers without a high school diploma or equivalent, teen parents, families experiencing immigrant or refugee status, English learners, active duty military families or other need-related indicators, such as the school district's rate of dropouts, retention, truancy, teenage pregnancies and homeless students, high rates of infant mortality, birth trauma, low birth weight or prematurity, and high rates of child abuse and neglect. The need must be based on current statistical, demographic, or descriptive information regarding the community in which the families and children reside.</p>	<p>The <i>Statement of Need</i> proposal provides little, if any, data analysis to show need for prevention initiative services in the area including but not limited to:</p> <ul style="list-style-type: none"> • Children and families do not appear at-risk or there are low numbers of previously unserved at-risk children and families; and • Community demographics do not indicate significant at-risk characteristics. 	<p>The <i>Statement of Need</i> proposal describes evidence of need for the prevention initiative program with data analysis.</p> <p>Characteristics of families and children related to:</p> <ul style="list-style-type: none"> • Rates of poverty, • Rates of homelessness; • Rates of youth in care. • Rates of children with developmental delays and disabilities; <p>Additionally:</p> <ul style="list-style-type: none"> • Rates of parents without high school completion/No high school equivalent (no GED); • Rates of teenage pregnancies; • Rates of students experiencing homeless; • Rates of limited English proficiency; • Rates of infant mortality, birth trauma, low birth weight or prematurity • District rates of dropouts, retention, truancy; • Rates of drug/alcohol abuse; • Rates of parent survivors of domestic abuse and/or child abuse and neglect; 	<p>The <i>Statement of Need</i> proposal provides detailed <u>analysis of what meets the standard (3rd column) and strong evidence demonstrating the need in the community of the competitive preference priorities including:</u></p> <p>Highest Priority:</p> <ul style="list-style-type: none"> • High rates of children from families in deep poverty (50% FPL); • High rates of children experiencing homelessness; • High rates of youth in care/children in the child welfare system; • High rates of children with developmental delays and disabilities; <p>Additional Priority Populations:</p> <ul style="list-style-type: none"> • High rates of children from families in poverty (100% FPL); • High rates of parent without high school completion/No high school equivalent (no GED); • Teen parent at birth of first child; • Family experiencing immigrant or refugee status;

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<p>Statewide Statistics</p> <ul style="list-style-type: none"> • Low income rate 2016: 49.9%; • High school dropout rate 2016: 2%; • Chronic truancy rate 2016: 9.8%; • Mobility rate 2016: 12.2%; • Limited English Proficient rate 2016: 10.5%; • Annual average unemployment 2015: 5.9%; 2016: N.A. yet • Children birth to age five in poverty (FPL:100%) 2014: 22.94%; • Free and reduced lunch 2016: 49.9%; • Child abuse rate 2015: 9.7 per 1,000; • Teen birth rate (mothers under the age of 20) 2014: 6.1%; • Infant mortality rate 2014: 6.6 per 1,000; and • Low birth weight babies (<2,500 grams) 2014: 8.2%. <p>High rates of children from families in deep poverty (50% FPL): 10.47% (source: IECAM 2014 estimates; universe: children age 5 and under)</p>		<ul style="list-style-type: none"> • Rates of illiteracy/educational level of parents; • Rates of unemployment; • Rates of special needs eligible siblings and/or primary caregivers. • Proposal describes and provides any local at risk characteristics within the community that would impact children ages three to five and their families. Provides local statistics. • Proposal describes how a process was completed to determine the need in relation to other services being provided in the community. Proposal describes how these services will meet needs not currently being met by other programs. • Proposal adequately addresses how priority populations will be served within the community. 	<ul style="list-style-type: none"> • Parent or caregiver primarily speaks a language other than English at home; • Active duty military family; • Child screening indicates delays in development but there is no referral to Early Intervention at this time. • Proposal describes and provides any local at risk characteristics with high rates in the community that would impact children birth to age three and their families. Provides local statistics. • Proposal provides a detailed description as to how competitive preference priority populations will be served within the community. <p>A high quality written proposal, that meets one or more of the components under the exemplary column, must be submitted to receive an exemplary score.</p>
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<p>High rates of children experiencing homelessness: 1.84% (source: NCHE; homeless students enrolled in PK through gr 12 -SY 2014-2015; universe: children age 3 through 18 (2014))</p> <p>High rates of youth in care/children in the child welfare system: 29.7 (rate per 1,000), 2015. Source: IDPH-DCFS, universe: children age 17 and under</p> <p>High rates of children with developmental delays and disabilities: 3.16% (EI FY2013); Source: IECAM; universe: children age 3 and under</p> <p>High rates of children from families in poverty (100% FPL): 22.94% (source: IECAM 2014 estimates; universe: children age 5 and under)</p> <p>High rates of parent without high school completion/No high school equivalent (no GED): 12.71% (source: IECAM 2014 estimates)</p> <p>Teen parent at birth of first child: 6.1% (2014, IDPH; universe: all births; teen births: births to teen age through 18)</p>			
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<p>Family experiencing immigrant or refugee status: 2,658 (2015 number of refugee population from all origins in IL, source: office of refugee resettlement)</p> <p>Parent or caregiver primarily speaks a language other than English at home: 4.88% (source: IECAM 2014 estimates; universe: all households)</p> <p>Child screening indicates delays in development but there is no referral to Early Intervention at this time: 37.81% (source: Child Find; period: May-July 2016; sample: 5 CFCs (#1, 13, 15, 19, 25); universe: total screened)</p>			
CRITERIA	Does Not Meet Standard	Meets Standard	Exemplary
<p style="text-align: center;"><i>Population to be Served</i></p> <p>Proposal Narrative Requirements Section: Population to be Served</p> <p>The proposal clearly indicates that the area to be served has a high number of children and families determined to be the most in need of the services provided by the Early Childhood Block Grant program, as indicated by those children who because of their home and community environment are subject to such language, cultural, economic and like disadvantages to cause</p>	<p>The <i>Population to be Served</i> proposal does not describe a plan to enroll eligible population to be served by the early childhood initiatives or plan is inadequate.</p> <ul style="list-style-type: none"> • Few families with children from birth to 3; • No procedure for outreach, identification and recruitment of families most at-risk. • The proposal does not address: <ul style="list-style-type: none"> ○ How the eligible population will be recruited; 	<p>The <i>Population to be Served</i> proposal describes a plan to enroll the eligible population to be served by Prevention Initiative.</p> <p>Please provide the following information in the proposal:</p> <ul style="list-style-type: none"> • Maximum number of families with children from birth to 3 experiencing multiple at risk factors are enrolled to the program; • Procedures for outreach, identification and recruitment of families most at-risk; • Also, include: 	<p>The <i>Population to be Served</i> proposal explains, in detail, <u>all items to meet the Standard (3rd column)</u> and the following:</p> <ul style="list-style-type: none"> • Multiple strategies to enroll the eligible population to be served by the early childhood initiative; • Strong evidence the program as the capacity to implement the plans, • Strong community collaboration plan to be able fill eligible program enrollment slots;

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<p>them to have been determined as a result of screening procedures to be at risk of academic failure.</p> <p>Criteria and indicators for identifying children and families who are eligible for the program are clearly established and likely to target those children and families most in need of services.</p> <p>Effective recruitment strategies are proposed that are likely to ensure that the maximum number of eligible children and families are enrolled in the program.</p>	<ul style="list-style-type: none"> ○ The geographic area to be served; or ○ The estimated number of children/families to be enrolled. <ul style="list-style-type: none"> • Proposal does not describe how these services will not duplicate services being provided by other programs; • Proposal does not describe criteria and indicators or the description does not seem likely to ensure that it will: <ul style="list-style-type: none"> ○ Identify children and families who are eligible for the program; and ○ Target those children and families most in need of services. 	<ul style="list-style-type: none"> ○ How the program will identify children and families who are eligible for the program (criteria and indicators); ○ How will the program target those children and families most in need of services; ○ How the eligible population will be recruited; ○ The geographic area to be served; and ○ The estimated number of children/families to be enrolled. <ul style="list-style-type: none"> • The children and their families to be served have multiple at risk factors (including those from the following priority populations): <ul style="list-style-type: none"> ○ Children experiencing homelessness; ○ Youth in care/children in the child welfare system; ○ Children with developmental delays and disabilities; ○ Children from families in poverty (100% FPL); ○ Parent without high school 	<ul style="list-style-type: none"> • A high percentage of families served are the highest priority populations: <ul style="list-style-type: none"> ○ High rates of children from families in deep poverty (50% FPL); ○ High rates of children experiencing homelessness; ○ High rates of youth in care/children in the child welfare system; ○ High rates of children with developmental delays and disabilities; <p>All other families have multiple at risk factors, including, but not limited to:</p> <ul style="list-style-type: none"> ○ High rates of children from families in poverty (100% FPL); ○ High rates of parent without high school completion/No high school equivalent (no GED); ○ Teen parent at birth of first child; ○ Family experiencing immigrant or refugee status; ○ Parent or caregiver primarily speaks a language other than English at home; ○ Active duty military family; ○ Child screening indicates delays in
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		<p>completion/No high school equivalent (no GED);</p> <ul style="list-style-type: none"> ○ Teen parent at birth of first child; ○ Family experiencing immigrant or refugee status; ○ Parent or caregiver primarily speaks a language other than English at home; ○ Active duty military family; ○ Child screening indicates delays in development but there is no referral to Early Intervention at this time. <p>Describe the process that was used to determine the need for the program in the community in relation to other similar services that may be operating in the same geographic area; this description must list, to the extent known, the other services offered and an estimate of the number of children being served.</p> <p>Proposal describes how these services will meet needs not currently being met by other programs.</p>	<p>development but there is no referral to Early Intervention at this time.</p> <p>A high quality written proposal, that meets one or more of the components under the exemplary column, must be submitted to receive an exemplary score.</p>
<p><i>Population to be Served</i> Total Points Possible: 30</p>	<p>Possible Score: 0-18</p>	<p>Possible Score: 19-26</p>	<p>Possible Score: 27-30</p>

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Include comments that validate the score you have awarded this proposal.

Special Notes:

Strengths:

Concerns:

Total Points Possible: 30

Readers Score:

Qualitative Criteria: Quality of Proposed Program (40 Points)

1. Screening Process to Identify Eligible Participants Who Are at Risk
2. Evidence-Based Program Model and Research-Based Curricula
3. Developmental Monitoring
4. Individual Family Goal Plan
5. Case Management Services
6. Family and Community Partnerships
7. Data Collection and Evaluation

Please also see: RFP sections Qualitative Criteria and Proposal Narrative Requirements

Component Number 1: Screening Process to Identify Eligible Participants Who are at Risk

CRITERIA	DOES NOT Meet Standard	MEETS STANDARD	EXEMPLARY
<p><i>Screening for Eligibility</i></p> <p>Proposal Narrative Requirements Section: Screening Process to Identify Eligible Participants Who Are at Risk</p> <p>Illinois' neediest children will be identified and served.</p> <p>The proposed program and activities regarding screening for eligibility will sufficiently meet the identified needs of the population to be served. The screening procedures will be designed to identify those children and families most in need of Prevention Initiative services that will enhance child development, parent effectiveness and, ultimately, school readiness.</p>	<p>The <i>Screening for Eligibility</i> proposal does not describe procedures to be used in a parent interview.</p> <p>For children 3 months of age and older, proposal does not describe the criteria to determine at what point performance on an approved screening instrument indicates children are at risk of academic failure. Required areas (as appropriate for age) not addressed:</p> <ul style="list-style-type: none"> • Vocabulary • Visual-motor integration • Language and speech development • English proficiency • Fine and gross motor skills • Social skills • Emotional development • Cognitive development <p>Proposal shows screening is planned once during the program year</p>	<p>The <i>Screening for Eligibility</i> proposal describes the procedures to be used to screen children and their families to determine their need for services and ensure that the program will serve those children and families most in need.</p> <p>The proposal describes the policies and procedures to be used during and after screening for eligibility. These procedures include:</p> <ul style="list-style-type: none"> • A parent interview that is conducted in the parents' home/native language, if necessary, and: <ul style="list-style-type: none"> ○ A summary of the child's health history and status, including whether the child has an existing disability, and social development; and 	<p>The <i>Screening for Eligibility</i> proposal explains, in detail, <u>all the items to meet the standard (3rd column)</u> and the following:</p> <p>The parent interview, which also includes:</p> <ul style="list-style-type: none"> • Parent's age; • Marital status; • Living arrangements; • Child identified as youth in care; • US citizen status; • Military family; • Child's prenatal history; • Number of Children in the Household; • Number of people in the household; • Availability of experiences with other children similar in age • Involvement in other early childhood programs

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<p>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 to cause them to have been determined as a result of screening procedures to be at risk of academic failure.</p>	<p>and/or other entities involved are not named.</p> <p style="padding-left: 40px;">Proposal does not indicate that written parental permission will be obtained.</p> <p style="padding-left: 40px;">Proposal does not indicate that Prevention Initiative program provider(s) will be included in screening process.</p>	<ul style="list-style-type: none"> ○ Information about the parent’s income and other information, such as age, educational achievement, employment history, and home language. ● For children 3 months of age and older, the proposal describes the criteria to determine the point at which performance on a published, research-based developmental screening instrument indicates children are at risk of academic failure and includes the required domain areas (as appropriate for age): vocabulary, visual-motor integration, language and speech development, English proficiency, fine and gross motor skills, social skills, emotional and cognitive development. ● For children 3 months or older a vision and hearing screening using the child’s developmental screening instrument. ● Weighted eligibility form and the procedures for implementation are described. ● The weighted eligibility form includes the following risk factors: Highest priority: <ul style="list-style-type: none"> ● High rates of children from families in deep poverty (50% FPL); 	<ul style="list-style-type: none"> ● Number of School-aged Siblings experiencing academic difficulty ● Food security ● Domestic violence or child abuse or neglect exposure; ● And other information that would help identify the needs of the family; ● Provisions to screen in the child’s native language are available; ● Identification of the use of a translator to conduct the parent interview in the parent’s home language (if applicable). <p>The proposal describes, screenings, as a collaborative effort, among Child Find, Early Intervention, Early Head Start, public schools, licensed child care providers, and special education, etc. The proposal explains, in detail:</p> <ul style="list-style-type: none"> ● Lists community partners; ● Risk factors used for eligibility are agreed upon by all partners; ● Screenings are planned and carried out in collaboration and coordination with others in the collaborative; ● Describe MOU. <p>Child vision and hearing screenings will be completed with more precise and effective screening procedures:</p> <ul style="list-style-type: none"> ● Procedures for collecting each child’s Vision screening results from each child’s physician or
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		<ul style="list-style-type: none"> • High rates of children experiencing homelessness; • High rates of youth in care/children in the child welfare system; • High rates of children with developmental delays and disabilities; <p>Additional Priority Populations:</p> <ul style="list-style-type: none"> • High rates of children from families in poverty (100% FPL); • High rates of parent without high school completion/No high school equivalent (no GED); • Teen parent at birth of first child; • Family experiencing immigrant or refugee status; • Parent or caregiver primarily speaks a language other than English at home; • Active duty military family; • Child screening indicates delays in development but there is no referral to Early Intervention at this time. <p>The proposal clearly describes the criteria for eligibility. The weighted eligibility criteria used to prioritize children who are at most risk of academic failure. These are competitive preference priorities. Additional risk factors selected should reflect the community to be served and are weighted to ensure that the children most at risk of academic failure are enrolled.</p>	<p>medical home when a child is six (6) months and annually thereafter;</p> <ul style="list-style-type: none"> • Procedures for completing hearing screens (Hearing screens using an objective measure of hearing sensitivity are to be completed when each child is six (6) months, then annually thereafter.); <p>A high quality written proposal, that meets one or more of the components under the exemplary column, must be submitted to receive an exemplary score.</p>
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		<p>The proposal describes the information the program will collect or review, including but not limited to: proof of family income to determine eligibility (below 200% FPL) and priority points (50% or 100% of FPL).</p> <p>Proposal provides a proposed schedule of screenings in the area to be served and indicates other entities that are involved.</p> <p>Proposal indicates that written parental permission for the screening will be obtained.</p> <p>Proposal describes procedures to include Prevention Initiative program staff in screening process and make results available to them.</p> <p>Describe the written policies and procedures that guide staff through the screening process.</p>	
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Include comments that validate the score you have awarded this proposal.

Special Notes:

Strengths:

Concerns:

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Component Number 2: Research-Based Program Model and Research-Based Curricula

CRITERIA	DOES NOT Meet Standard	MEETS STANDARD	EXEMPLARY
<p><i>Research-Based Program Model & Curriculum for Parent Education</i></p> <p>Proposal Narrative Requirements Section: Research-Based Program Model & Curriculum for Parent Education</p> <p>Families will receive intensive, research-based, and comprehensive prevention services.</p> <p>The proposed program and activities will sufficiently meet the identified needs of the population to be served and include child and parent activities designed to enhance child development, parent effectiveness and, ultimately, school readiness. The proposed program is built upon effective research about prevention services and aligned to the Illinois Birth to Five Program Standards and Illinois Early Learning Guidelines, as applicable.</p> <p>Possible Prevention Initiative Program types:</p> <ul style="list-style-type: none"> • Home Visiting • Center-Based • Family Literacy <p>Examples of existing PI research-based Program Models for parent education currently being implemented in Illinois include:</p> <ul style="list-style-type: none"> • Baby TALK 	<p>The <i>Research-Based Program Model & Curriculum for Parent Education</i> proposal does not include evidence that the program is built upon effective research about Prevention Initiative services or that it is aligned with the Illinois Birth to Three Program Standards or the Illinois Early Learning Guidelines.</p> <p>Home Visiting, Center-Based and Family Literacy programs do not meet any of the following component requirements.</p> <p>Proposal fails to include parent activities, child activities, or parent-child interactive activities to teach parents new ways of supporting and enhancing their children's development.</p> <p>Scheduling for programmatic activities is not intensive or flexible to meet family needs.</p> <p>Proposal does not describe the location of programming.</p> <p>Proposal does not adequately describe the services to be offered (home visits and groups).</p> <p>Parent fees are charged with no explanation and/or no reimbursement plan for transportation and child care is described.</p>	<p>The <i>Research-Based Program Model & Curriculum for Parent Education</i> proposal provides a description of the services and programming planned to be implemented with fidelity to the evidence-based program model and compliance to ISBE requirements.</p> <p>Home Visiting, Center-Based and Family Literacy programs include:</p> <p>The proposal describes the program and activities that will be implemented to sufficiently meet the identified needs of the population to be served and the child and parent activities designed to enhance child development, parent effectiveness and, ultimately, school readiness. The proposal addresses how the program is built upon effective research about prevention services and is aligned to the Illinois Birth to Five Program Standards and Illinois Early Learning Guidelines, as applicable.</p> <p>The proposal identifies:</p> <ul style="list-style-type: none"> • Prevention Initiative framework(s); <ul style="list-style-type: none"> ○ Home Visiting ○ Center-Based ○ Family Literacy • Research-Based program model for parent education; 	<p>The <i>Research-Based Program Model & Curriculum for Parent Education</i> proposal explains, in detail, <u><i>all the items to meet the standard (3rd column) and the following:</i></u></p> <p>Home Visiting, Center-Based and Family Literacy programs include:</p> <p>The proposal provides a detailed description of year-round scheduling of programmatic activities that are of sufficient intensity and duration to make sustainable changes in a family including:</p> <ul style="list-style-type: none"> • Year-Round programming defined as PI funded programming 12 months of the year as defined by the program model when implemented with fidelity; • The school district/agency implements one program model for parents education (BT, EHS, HFA, PAT) or can explain how two program models would be more economically and programmatically efficient; • The program offers continuous programming for children and their families from the prenatal period to age three; • Families served have the most at risk factors as defined by the competitive preference

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<ul style="list-style-type: none"> • Healthy Families America • Parents as Teachers (PAT) <p>Research-Based Curricula aligned with the Birth to Five Program Standards and the Illinois Early Learning Guidelines (IELG alignments can be found on the Illinois Early Learning Project webpage.)</p> <p>Examples of Supplemental Services include, but are not limited to:</p> <ul style="list-style-type: none"> • Doula Services • Fussy Baby Network ® • Touchpoints™ • Abriendo Puertas/Opening Doors <p>For more information, also download:</p> <ul style="list-style-type: none"> • Illinois Birth to Five Program Standards • Illinois Early Learning Guidelines • Prevention Initiative Compliance Checklist (PICC). • Prevention Initiative Implementation Manual 	<p>Proposal does not indicate that a research-based curriculum aligned with the Illinois Birth to Three Program Standards and Illinois Early Learning Guidelines will be used for both parent-centered education and if applicable child-centered education.</p> <p>Proposal fails to describe how the eight designated areas of education will be addressed:</p> <ul style="list-style-type: none"> • Child growth and development, including prenatal development; • Childbirth and childcare • Child safety and injury prevention; • Family structure, function, and management; • Prenatal and postnatal care for mother and infants • Prevention of child abuse • Interpersonal and family relationships including physical, mental, emotional, social, economic, psychological; and • Parenting skills development. <p>Center-Based and Family Literacy Programs do not include: Proposal <u>does not</u> indicate that the Center-Based or Family Literacy program meets all the criteria listed below:</p> <ul style="list-style-type: none"> • ExceleRate Illinois Quality Recognition and Improvement System (QRIS) Silver or Gold Circle of Quality. 	<ul style="list-style-type: none"> • Research-based curriculum chosen for parent education and if applicable the chosen child centered curriculum (All curricula chosen must be aligned with the Illinois Early Learning Guidelines and the Birth to Five Program Standards.); and • Supplemental Services or Curricula (if applicable) describes how the supplemental services align with the identified program model for parent education and the IELGs and are integrated into the ISBE funded home visiting or center-based program. • The program has thoroughly planned for and is ready to implement the supplemental service. <p>The proposal addresses the following:</p> <ul style="list-style-type: none"> • Description of how the program plans to ensure adherence to the selected program model for parent education; • Description of how the program is aligned with the Illinois Birth to Five Program Standards; • If a program model, other than Baby TALK, Healthy Families America, or Parents as Teachers is selected then the proposal provides specific 	<p>priorities and most families served are provided intensive services, as defined by weekly home visits;</p> <ul style="list-style-type: none"> • Schedules include evenings, weekends and summer programming; • Most or all home visits are provided in the family's home; • Description of how the program fosters social connections between families with young children; • Transition from the PI program to a 3 to 5 program will begin when the child is 2 years, 6 months; • Description of how the program provides PI services to both mothers and fathers equally, as applicable; • Description of how the program will ensure there is a comprehensive and holistic approach to development and the program promotes and supports support all domains of the IELGs; • Description of how the program specially supports literacy with both children and adults (as applicable); and • The program is aligned with the birth-through-third grade continuum of services. <p>Proposal provides a detailed description of program's experience in providing parent activities, parent-child activities, and child activities (if</p>
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	<ul style="list-style-type: none"> • All center-based programs must maintain at least ExceleRate Gold Circle of Quality for adult/child ratios. • All of the licensing standards of the Illinois Department of Children and Family Services for center-based child care. • Implements an evidence-based program model for parent/family education (as described above, home visiting). • Implements a research-based child-centered curriculum. • Implements a research-based parent/family-centered curriculum. • The program must provide either 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. <ul style="list-style-type: none"> ○ Food and beverages provided in program located in a school district attendance center shall meet the U.S. Department of Agriculture's competitive food standards set forth at 7 CRF 210.11 (2013). ○ Food and beverages provided in programs located in a licensed child care center or 	<p>references to the research that supports the types of services and strategies to be implemented; and</p> <ul style="list-style-type: none"> • Relevant policies and procedures related to the program model and curricula. <p>Proposal describes how the parent activities and parent-child interactive activities will enhance the parent's ability to support their child's development and how the child activities will support child growth and development.</p> <p>Proposal describes scheduling of programmatic activities that are of sufficient intensity and duration to make sustainable changes in a family including:</p> <ul style="list-style-type: none"> • Year-round programming is preferred • Partial-Year programming defined as PI funded programming provided less than 12 months of the year as defined by the program model when implemented with fidelity (Why? What services will be offered during limited months of service? Duration of limited months of services? What months will limited services be offered?); • Number, frequency, and duration of home visits; • Number, frequency, and duration of groups (minimum monthly, may be parent-child 	<p>applicable) and the activities the program plans to implement which include:</p> <ul style="list-style-type: none"> • Integrated and individualized parent-child activities that focus on supporting parents as they learn new ways of supporting and enhancing their children's development; • Needs of children of varying abilities and diverse backgrounds are addressed including services delivered in the family's native language; • Various strategies are planned to meet the needs of a diverse population of children and families. <p>Supplemental Programming:</p> <ul style="list-style-type: none"> • The program has the education and experience, as well as, the capacity, community collaborations, and program size to implement the supplemental service. <p>Proposal describes, in detail, how the eight designated areas of education are comprehensive and integrated into <u>all aspects of programming</u>.</p> <ul style="list-style-type: none"> • Child growth and development, including prenatal development; • Childbirth and childcare; • Child safety and injury prevention; • Family structure, function, and management;
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	<p>other community setting shall meet DCFS' standards set forth at 89 Ill. Adm. Code 407.330 (Nutrition and Meal Service).</p> <p>And when applicable,</p> <ul style="list-style-type: none"> • Early Head Start • Accesses Illinois Department of Human Services Child Care Assistance Program (CCAP) funding for child care services. <p>Family Literacy Program does not describe how the program will access funds to provide alternative adult education.</p>	<p>interactions or parent workshops);</p> <ul style="list-style-type: none"> • A schedule of program activities is provided at least quarterly; • A description of the steps to be taken to encourage families to participate regularly and remain in the Prevention Initiative program; • A description of the toy/book lending library; • A description of the parent lending library; • A description of the newsletter components; and • Technology is only used for parent education. <p>Proposal describes the policies and procedures that guide PI programming, including but not limited to:</p> <ul style="list-style-type: none"> • Home visits and groups; • An emergent literacy focus is observable in the activities, materials, and environment planned for the child. (Birth to Five Program Standard II.B.5) • Ensuring there are no parent fees; and • Reimbursement for transportation or child care to enable participation in parent activities (if applicable). <p>Proposal describes how these eight designated areas of education are addressed:</p>	<ul style="list-style-type: none"> • Prenatal and postnatal care for mother and infants; • Prevention of child abuse; and • Interpersonal and family relationships including physical, mental, emotional, social, economic, psychological, parenting skills development. • Parenting skill development <p>A high quality written proposal, that meets one or more of the components under the exemplary column, must be submitted to receive an exemplary score.</p> <p>Center-Based and Family Literacy Programs include:</p> <p>The proposal provides a detailed description of how the program uses PI funding to provide 2 ½ - 5 hours of center-based services and increases the quality of child care center-based services to children, including but not limited to:</p> <p>Center-Based Staff Qualification:</p> <ul style="list-style-type: none"> • Director Credentials: Principal Endorsement or Gateways to Opportunity Illinois Director Credential Level II or higher. • Teacher Credentials: Early Childhood Professional Educator License (PEL) Teaching Endorsement (Validity/Age Range: Self-contained general education from birth to grade 3) or a
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		<ul style="list-style-type: none"> • Child growth and development, including prenatal development; • Childbirth and childcare; • Child safety and injury prevention; • Family structure, function, and management; • Prenatal and postnatal care for mother and infants; • Prevention of child abuse; and • Interpersonal and family relationships including physical, mental, emotional, social, economic, psychological, parenting skills development. • Parenting skill development <p>Center-Based and Family Literacy Programs include: Proposal adequately indicates center-based or Family Literacy and describes how the program meets all the criteria listed below:</p> <ul style="list-style-type: none"> • ExceleRate Illinois Quality Recognition and Improvement System (QRIS) Silver or Gold Circle of Quality. • All center-based programs must maintain at least ExceleRate Gold Circle of Quality for adult/child ratios. • All of the licensing standards of the Illinois Department of Children and Family Services for center-based child care. 	<p>Gateways to Opportunity Infant Toddler Credential Level 5 or an Early Childhood Education Credential Level 5.</p> <ul style="list-style-type: none"> • Other classroom staff are required to hold a Gateways to Opportunity Early Childhood Education Credential Level 4. • All personnel must meet Department of Children and Family Services licensing 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 • Parent Education Staff <ul style="list-style-type: none"> ○ Staff have a bachelor's degree or higher in education, social service or a related field and meet the requirements of the chosen home visiting program model. ○ Staff hold a Family Specialist Credential for Gateways to Opportunity. <p>A high quality written proposal, that meets one or more of the components under the exemplary column, must be</p>
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		<ul style="list-style-type: none"> • Implements an evidence-based program model for parent/family education (as described above, home visiting). • Implements a research-based child-centered curriculum. • Implements a research-based parent/family-centered curriculum. • The program must provide either 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. <ul style="list-style-type: none"> ○ 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). <p>And when applicable,</p> <ul style="list-style-type: none"> • Early Head Start <p>Also, the program:</p> <ul style="list-style-type: none"> • Has the ability to access the Illinois Department of Human Services Child Care Assistance Program (CCAP) funding for child care services, as applicable; 	<p>submitted to receive an exemplary score.</p>
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		<ul style="list-style-type: none"> • Provides daily schedules; • Provides the number of hours per day and days per week the program will operate (2 ½ - 5 Hours, 5 days a week); • Provides classroom locations. <p>Center-Based Staff Qualification:</p> <ul style="list-style-type: none"> • Staff qualifications for center-based programs should, at a minimum, meet DCFS licensures for infant and toddlers and the ExceleRate Illinois Silver Circle of Quality. • Director Credentials: Gateways Illinois Director Credential Level I or higher (Beginning July 2018) OR Illinois Principal Endorsement (Beginning July 2018) • Teaching Staff: At least 30% of teaching staff have a minimum of a Gateways ECE Credential Level 3* AND 30% of teaching staff in infant-toddler classrooms have a Gateways Infant Toddler Credential Level 2 (Beginning July 2018) • All personnel must meet Department of Children and Family Services licensing 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 	
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		<p>Licensing Standards for Day Care Centers</p> <ul style="list-style-type: none"> • Parent Education Staff • Staff must meet the requirements of the chosen home visiting program model. <p>Family Literacy Programs include: Proposal adequately indicates Family Literacy and describes how the program meets the criteria listed below:</p> <ul style="list-style-type: none"> • Accesses funds to provide alternative adult education. 	
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Include comments that validate the score you have awarded this proposal.

Special Notes:

Strengths:

Concerns:

Component Number 3: Developmental Monitoring

CRITERIA	DOES NOT Meet Standard	MEETS STANDARD	EXEMPLARY
<p><i>Developmental Monitoring</i></p> <p>Proposal Narrative Requirements Section: Developmental Monitoring</p> <p>Children’s developmental progress will be regularly monitored to inform</p>	<p>The <i>Developmental Monitoring</i> proposal does not describe the method or sources of information that will be used to regularly monitor children’s development to inform instruction.</p>	<p>The <i>Developmental Monitoring</i> Proposal provides a description of proposed developmental monitoring procedures to be used by the program.</p>	<p>The <i>Developmental Monitoring</i> proposal explains, in detail, <u>all the items to meet the standard (3rd column)</u> and the following:</p> <ul style="list-style-type: none"> • Child’s health history (which includes well child visits and

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<p>instruction and to ensure identification of any developmental delays or disabilities.</p> <p>The proposed program and activities will sufficiently meet the identified needs of the population to be served and include child and parent activities designed to enhance child development, parent effectiveness and, ultimately, school readiness.</p> <p>Examples of broad-based screening instruments for children birth to age three:</p> <ul style="list-style-type: none"> • Ages & Stages Questionnaire © http://agesandstages.com/ • Battelle Developmental Inventory™ http://www.riversidepublishing.com/products/bdi2/ • Brigance® Early Childhood Screens III http://www.curriculumassociates.com/products/brigance-early-childhood.aspx 	<p>Proposal does not describe how the child’s development will be communicated to parents.</p>	<p>The proposal adequately describes both the methods and the sources of information that will be used to regularly monitor children’s development to inform instruction and the Individual Family Goal Plan. The proposal describes how the program will communicate with parents about their child’s development.</p> <p>The proposal describes the policies and procedures to implemented for developmental monitoring. These procedures include:</p> <ul style="list-style-type: none"> • Developmental screening (as appropriate for the age of the child), include: <ul style="list-style-type: none"> ○ Vocabulary; ○ Visual-motor integration; ○ Language and speech development; ○ English proficiency; ○ Fine and gross motor skills; ○ Social skills; ○ Emotional development; and ○ Cognitive development. • The proposal describes how developmental and/or educational progress is assessed and documented to ensure that the program meets the needs of the child and provides a system whereby that child's parents are routinely advised of their child's progress. 	<p>immunizations) is completed at screening (if applicable) then annually thereafter;</p> <ul style="list-style-type: none"> • The program collects each child’s Vision screening results from each child’s physician or medical home when a child is six (6) months and annually thereafter. • The program has procedures for completing hearing screens using an objective measure of hearing sensitivity and are completed when each child is six (6) months, then annually thereafter; • The program has procedures to regularly engage in conversations with each family regarding their child’s health, including hearing and vision, and provide referrals as applicable. • Describe the forms of Authentic Assessment being implemented and how the information is shared with parents. <ul style="list-style-type: none"> <input type="checkbox"/> Checklists; <input type="checkbox"/> Observation notes; <input type="checkbox"/> Interviews; <input type="checkbox"/> Rating scales; <input type="checkbox"/> Case notes; <input type="checkbox"/> Portfolios <input type="checkbox"/> Photos with text descriptions; and
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		<ul style="list-style-type: none"> • The research-based tool and procedures to assess progress must align with the Illinois Early Learning Guidelines. • Research-based screening instrument(s) used for child developmental monitoring for every child three months or older then every six months thereafter; • Referral and follow-up procedures to the local Child and Family Connections when diagnostic assessment is indicated; • Vision and hearing screening using the child's developmental screening instrument for every child three months or older then every six months thereafter; • Child's health history (which includes well child visits and immunizations) is completed (if applicable) near the time of screening then annually thereafter; • Program communicates all screening results to parents; and • Program partners with parents to observe the child's development. <p>Also,</p> <ul style="list-style-type: none"> • Describe the research-based tool the program will implement to assess the parent and child interactions 	<p><input type="checkbox"/> Video/Audio recordings with text descriptions.</p> <ul style="list-style-type: none"> • Describe the procedures to utilize authentic assessment to guide education and the Individual Family Goal Plan, as applicable. • Program partners with parents to observe the child's development and collaboratively develops home visiting plans, and when applicable, group activities. <p>A high quality written proposal, that meets one or more of the components under the exemplary column, must be submitted to receive an exemplary score.</p>
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		<p>and state how often it will be implemented (at least twice within the fiscal year).</p> <ul style="list-style-type: none"> • Describe the procedures the program will implement to utilize the information gathered to guide education and the Individual Family Goal Plan, as applicable; • Program communicates all screening results to parents. 	
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Include comments that validate the score you have awarded this proposal.

Special Notes:

Strengths:

Concerns:

Component Number 4: Individual Family Goal Plan

CRITERIA	DOES NOT Meet Standard	MEETS STANDARD	EXEMPLARY
<p style="text-align: center;"><i>Individual Family Goal Plan</i></p> <p>Proposal Narrative Requirements Section: Individual Family Goal Plan</p> <p>Families will receive services that address their identified goals, strengths, and needs. The program partners with parents to develop an Individual Family Goal Plan.</p>	<p>The <i>Individual Family Goal Plan</i> proposal describes inadequate or minimal procedures for the development of individual family goal plans.</p>	<p>The <i>Individual Family Goal Plan (IFGP)</i> proposal provides a description of the proposed Individual Family Goal Plan procedures to be used by the program.</p> <p>The IFGP processes include the following.</p> <ul style="list-style-type: none"> • Describe the policies and procedures that guide 	<p>The <i>Individual Family Goal Plan (IFGP)</i> proposal explains, in detail, all the items to meet the standard (3rd column) and the following:</p> <ul style="list-style-type: none"> • The FCA includes information regarding parenting, family relationships, education and employment, health and access to insurance and

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<p>The proposed program and activities will sufficiently meet the identified needs of the population to be served and include child and parent activities designed to enhance child development, parent effectiveness and, ultimately, school readiness.</p>		<p>implementation of an IFGP and Family Centered Assessment;</p> <ul style="list-style-type: none"> • The program provides a description of the published research-based Family Center Assessment (FCA) implemented; • The FCA is initiated within 60 days of enrollment and is updated at least every six months; • The program provides a clear description of the components of the IFGP; • The program involves parents in the development of the IFGP; and • The IFGP is initiated within 60 days of enrollment and updated at least every six months. 	<p>medical care, food security, and housing stability;</p> <ul style="list-style-type: none"> • The FCA contains items that assist staff with understanding families' strengths, resources, and needs; • The program describes how the FCA will be used to help guide the IFGP; • The program provides a clear description of the components of the IFGP and explains the ongoing use of the goal plan and how it will guide services for the family; • The program explains how it will, when applicable, collaborate with other early childhood providers the family is receiving services from to coordinate services; • The program describes the strategies used to engage families in making decisions about their goals and the development of the IFGP; and • The program describes the continuous engagement of parents in the decisions regarding their family goals and outcomes. <p>A high quality written proposal, that meets one or more of the components under the exemplary column, must be submitted to receive an exemplary score.</p>
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Include comments that validate the score you have awarded this proposal.

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Proposal Name: _____

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Reader Number: _____

Special Notes:

Strengths:

Concerns:

Component Number 5: Case Management Services

CRITERIA	DOES NOT Meet Standard	MEETS STANDARD	EXEMPLARY
<p style="text-align: center;"><i>Case Management Services</i></p> <p>Proposal Narrative Requirements Section: Case Management Services</p> <p>Families will receive comprehensive, integrated, and continuous support services through a seamless and unduplicated system.</p> <p>The proposed program and activities will sufficiently meet the identified needs of the population to be served and include child and parent activities designed to enhance child development, parent effectiveness and, ultimately, school readiness.</p> <p>Examples of community programs:</p> <ul style="list-style-type: none"> • Prekindergarten • Head Start • Early Head Start • Early Intervention and Child and Family Connections 	<p>The <i>Case Management Services</i> proposal does not indicate that the program will ensure coordination between the individual family goal plan and any other service plans that other community service providers have developed with/for the family.</p> <p>The proposal does not indicate how the program will provide families with access to comprehensive services.</p> <p>The proposal does not describe a system for referring families to other service providers and following up on these referrals.</p> <p>The proposal does not describe how the program collaborates with other providers in the service area to reduce duplication of services.</p>	<p>The <i>Case Management Services</i> proposal provides a description of the proposed case management services to be provided by the program</p> <p>The proposal describes how the program will provide families with access to comprehensive services.</p> <p>The proposal provides the process for ensuring coordination between the individual family goal plan and any other service plans that other community service providers have developed with/for the family.</p> <p>The proposal describes the procedures to be implemented to ensure quality case management services are provided. The proposal includes:</p> <ul style="list-style-type: none"> • Description of the policies and procedures that guide 	<p>The <i>Case Management Services</i> proposal explains, in detail, <u>all the items to meet the standard (3^d column)</u> and the following:</p> <ul style="list-style-type: none"> • Transition services will begin when children are 2 years, 6 months; • Description of the ticollaboration agreements with Early Intervention, Child and Family Connections, and Special Education services, • Description of how the program will provide families with access to comprehensive physical and mental health, educational, social and recreational services for families through collaborations with many other service providers; • Description of how the program participates in

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<ul style="list-style-type: none"> • Early Childhood Special Education • Public and Private community-based early care and education programs (e.g., child care centers, nursery schools, library programs, park district programs, church-based programs, and Title I) • English Learner programs • Health and Human Services programs targeting young children and their families (e.g., WIC, Family Case Management, etc.) 		<p>implementation of case management services;</p> <ul style="list-style-type: none"> • Description of referral system and transition plans into and out of the program; • Description of the referral and follow-up system of the program to community resources (if the community has a different referral and follow-up system explain how the program coordinates referral and follow-up efforts); • Description of how the program provides transition services for children and families; • Description of how the program partners will work with families to develop written transition plans and implement them; • Explanation of how the program works with other providers in the service area to reduce or eliminate duplication of services; • Description of how the program works with other service providers in the service area to coordinate Individual Family Goal Plans; • List of Collaboration and/or MOU agreements with other service providers in the service area and a brief description of the purpose of the collaboration/coordination efforts; 	<p>locally-driven data collection efforts.</p> <ul style="list-style-type: none"> • Description of how the program participates in collaboration efforts to minimize barriers to services for families with children birth to age five. • The program describes the collaboration efforts to coordinate with other programs in the service area to align the birth-through-third grade continuum of services. <p>A high quality written proposal, that meets one or more of the components under the exemplary column, must be submitted to receive an exemplary score.</p>
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		<ul style="list-style-type: none"> The program will list the community partners they coordinate with to address the following issues: referral and follow-up, reduce duplication of services, and coordinate Individual Family Goal Plans (as applicable). 	
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Include comments that validate the score you have awarded this proposal.

Special Notes:

Strengths:

Concerns:

Component Number 6: Family & Community Partnerships

CRITERIA	DOES NOT Meet Standard	MEETS STANDARD	EXEMPLARY
<p><i>Family & Community Partnerships</i></p> <p>Proposal Narrative Requirements Section: Family and Community Partnerships</p> <p>Families will be engaged in the program, and community systems for infants and toddlers will be strengthened.</p>	<p>The <i>Family & Community Partnerships</i> proposal does not adequately describe the family engagement plan or the community collaboration plan.</p> <p>The family engagement plan does not include proposed program activities and opportunities that are aligned with the Illinois Birth to Five Program Standards, Illinois Early Learning Guidelines and the research-based</p>	<p>The <i>Family & Community Partnerships</i> proposal provides a description of the proposed family and community engagement plan.</p> <p>The family engagement plan includes proposed program activities and opportunities that are aligned with the Illinois Birth to Five Program Standards and the Illinois Early Learning Guideline and the research-based program model. The plan</p>	<p>The <i>Family & Community Partnerships</i> proposal explains, in detail, <u>all the items to meet the standard (3rd column)</u> and the following:</p> <ul style="list-style-type: none"> Communication between the program and family is regular, two-way and meaningful; How parenting skills are promoted and supported;

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<p>The proposed program and activities will sufficiently meet the identified needs of the population to be served including child and parent activities designed to enhance child development and parent effectiveness and, ultimately, school readiness.</p> <p>The program proposal provides a description of a family and community engagement plan that clearly and effectively guides the implementation of programming.</p> <p>The program proposal provides a description of a community collaboration plan for effective linkages between parents and providers of education, welfare, health, and safety services.</p>	<p>program model. The plan does not engage children and families long enough to make sustainable changes in the family.</p> <p>The community collaboration plan does not provide for effective linkages between parents and providers of education, welfare, health, and safety services.</p>	<p>engages children and families long enough to make sustainable changes in the family. Describe the following:</p> <ul style="list-style-type: none"> • Written and verbal orientation to the educational program; • Opportunities for engagement in home-based and/or site-based activities; • Intensity of the activities and services offered, including home visits, groups, and case management; • Provision for communication to and from parents about the program; • Comprehensive written Planned Language Approach (a coordinated, systems, program wide approach to supporting the school readiness of all children served); • Refer and follow-up with families obtaining additional services or leaving the program; • Provision for promoting and supporting parenting skills; • Activities that emphasize and strengthen the role of the parent(s) as the child's primary educator; • Provision for seeking parents support and engagement in the program; and • Ensuring parents are full partners in the decisions that affect children and families. 	<ul style="list-style-type: none"> • Recognition of how parents play an integral role in assisting student learning; • How parents are welcome in the program, and their support and involvement are sought; • How parents are full partners in the decisions that affect children and families. • Program mission statement and values. • Program approach and/or philosophy concerning programming and services. • How the program's mission statement, values, and/or approach/philosophy emphasize the promotion of the parent as the child's primary educator. • The strategies that are to be implemented to maintain alignment with the program mission, values, and/or approach/philosophy. • Agreements made with Head Start, Early Head Start and other providers in the service area to coordinate on issues concerned with the education, welfare, health and safety needs of children (prenatally and birth through age three); and • Local community systems development efforts, including, but not limited to, participating in locally-driven data collection efforts and
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		<p>The community collaboration plan aligns with the Illinois Birth to Five Program Standards. Describe the following:</p> <ul style="list-style-type: none"> • Coordinating with other service providers, within the same service area, concerned with the education, welfare, health and safety needs of children (prenatally and birth through 3rd grade/8 years old); • Coordinating with other early childhood providers, to include, but not limited to, a system for making referrals and providing follow-up, and how case management services will be used; • Reducing duplication of services; and • Coordinating Individual Family Goal or Service Plans. 	<p>participating in the local efforts to minimize barriers to services for families with children from birth to five.</p> <p>A high quality written proposal, that meets one or more of the components under the exemplary column, must be submitted to receive an exemplary score.</p>
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Include comments that validate the score you have awarded this proposal.

Special Notes:

Strengths:

Concerns:

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Reader Number: _____

Component Number 7: Data Collection and Evaluation

CRITERIA	DOES NOT Meet Standard	MEETS STANDARD	EXEMPLARY
<p><i>Data Collection and Evaluation</i></p> <p>Proposal Narrative Requirements Section: Data Collection and Evaluation</p> <p>The evaluation will provide critical data and information that is used for continuous program improvement.</p> <p>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.</p>	<p>The <i>Evaluation</i> proposal is an inadequate plan that does not evaluate progress toward successful implementation of the research-based program model and the Birth to Five Program Standards. The plan is not used to inform continuous program improvement.</p>	<p>The <i>Evaluation</i> proposal provides an adequate description of the proposed process for data collection and evaluation.</p> <p>The proposal describes a plan for evaluation which includes a description of:</p> <ul style="list-style-type: none"> • A written framework that explains the program’s processes for evaluation and continuous quality improvement; • Framework provides data and information to be collected and the measures, methods, and processes to be used to evaluate all Prevention Initiative components (1-9); • Self-assessment procedures to be used; • Processes used to determine progress that children and families are making toward their goals; • Process by which the evaluation will be used to inform continuous program improvement. • The written continuous quality improvement plan; includes: <ul style="list-style-type: none"> ○ Specific issues that are deficient or areas that the 	<p>The <i>Evaluation</i> proposal explains, in detail, <i>all the items to meet the standard (3rd column)</i> and the following:</p> <ul style="list-style-type: none"> • The proposal describes a comprehensive and detailed plan for a rigorous, objective, ongoing evaluation of the program and staff; • Self-assessment includes an opportunity for involving staff, parents, and community stakeholders; • Process and measurable outcomes used to determine whether progress is being made toward successful implementation of the program model and the Illinois Birth to Three Program Standards; • Process and measurable outcomes used to determine progress that children and families are making toward their goals; • Plan to monitor children’s development using appropriate screening and authentic assessment; • Process and measurable outcomes used to determine progress that the program

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		<p>program would like to strengthen;</p> <ul style="list-style-type: none"> ○ Actions to be taken; ○ Personnel responsible; and ○ Timelines. <ul style="list-style-type: none"> ● Components of the written evaluation are described. 	<p>and staff are making toward goals;</p> <ul style="list-style-type: none"> ● Process for sharing the results with the program staff, program participants, and the community. <p>A high quality written proposal, that meets one or more of the components under the exemplary column, must be submitted to receive an exemplary score.</p>
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Include comments that validate the score you have awarded this proposal.

Special Notes:

Strengths:

Concerns:

Scoring: Quality of Proposed Program

<p><u>Quality of Proposed Program</u></p> <ul style="list-style-type: none"> ● Screening Process to Identify Eligible Participants Who Are at Risk ● Evidence-Based Program Model and Research-Based Curricula ● Developmental Monitoring ● Individual Family Goal Plan ● Case Management Services 	<p>Possible Score: 0-24</p>	<p>Possible Score: 25-35</p>	<p>Possible Score: 36-40</p>
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<ul style="list-style-type: none"> • Family and Community Partnership • Data Collection and Evaluation <p>Total Points Possible: 40</p>			
Include comments that validate the score you have awarded this proposal.			
<p>Special Notes:</p> <p>Strengths:</p> <p>Concerns:</p>			
Total Points Possible: 40		Readers Score:	

Qualitative Criteria: Experience and Qualifications (20 Points)

7. Staff Qualifications and Organizational Capacity

8. Professional Development

Please also see: RFP sections Qualitative Criteria and Proposal Narrative Requirements

Component Number 8: Staff Qualifications and Organizational Capacity

CRITERIA	DOES NOT Meet Standard	MEETS STANDARD	EXEMPLARY
<p><i>Qualified Staff and Organizational Capacity</i></p> <p>Proposal Narrative Requirements Section: Qualified Staff and Organizational Capacity</p>	<p>The <i>Qualified Staff and Organizational Capacity</i> proposal does not provide enough information to determine if staff hold the appropriate certifications and/or licenses for their positions and have the qualifications and experience</p>	<p>The <i>Staff Qualifications and Organizational Capacity</i> proposal provides a description of the proposed personnel to be employed and the organizations capacity to implement a quality program.</p>	<p>The <i>Staff Qualifications and Organizational Capacity</i> proposal explains, in detail, <u>all the items to meet the standard (3rd column)</u> and the following:</p>

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<p>Staff will have the knowledge and skills needed to create partnerships with families to support the development of infants and children.</p> <p>The proposed program and activities will sufficiently meet the identified needs of the population to be served and include child and parent activities designed to enhance child development and parent effectiveness and, ultimately, school readiness.</p> <p>Proposed personnel/staff hold the appropriate certifications and/or licenses for their positions and have the qualifications and experience necessary to successfully implement a high-quality Prevention Initiative program.</p> <p style="text-align: center;">Home Visiting, Center-Based and Family Literacy programs</p> <p>Gateways to Opportunity Credential</p> <p style="text-align: center;">Center-Based and Family Literacy Programs</p> <p>ExceleRate Illinois</p> <p>Department of Children and Family Services licensing 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</p>	<p>necessary to successfully implement a quality Prevention Initiative program.</p> <p>The proposal describes an inadequate staffing plan.</p> <ul style="list-style-type: none"> • The personnel/staff qualifications described are not appropriate for working with at-risk infants and toddlers and their families. • Staff positions/roles are not sufficiently defined to determine if the staff will be qualified for the position. <p>Proposal does not provide enough information to determine organization's capacity to operate the program.</p>	<p>The proposal provides a comprehensive plan and sufficient information to determine that the personnel/staff hold the appropriate certifications and/or licenses for their positions and have the qualifications and experience necessary to successfully implement a high-quality Prevention Initiative program.</p> <p>Home Visiting, Center-Based and Family Literacy programs include:</p> <p>Staffing plan:</p> <ul style="list-style-type: none"> • Personnel/staff are appropriately qualified for working with infants and toddlers and their families who may have multiple at risk factors and meet the requirements of the research-based program model being implemented; • Personnel/staff roles are clearly defined (e.g. a job description); • The program maintains sufficient enough hours (FTE) to maintain a reasonable caseload and be able to interact with children and families long enough to make sustainable changes in the family; • Home visiting program maintain, at least, 3 FTE home visitors. Home visitors are, at least, .50 FTE. • The program has a supervisor; 	<p>Home Visiting, Center-Based and Family Literacy programs</p> <ul style="list-style-type: none"> • Program supervisor is an experienced early childhood professional with expertise in infant and toddler development and parent education; • Qualified staff who are trained and experienced birth to 3 program providers; • Staff has achieved and maintains a Gateways to Opportunity Credential, as appropriate for the PI position, and • Program leadership providing ongoing supervision that promotes staff development and enhances quality service delivery. <p>Proposal describes the organization's capacity to operate a program of this nature including:</p> <ul style="list-style-type: none"> • Experience providing services to infants, toddlers and their families; • Experience working with families of similar cultural background as the families to be served; • Experience successfully administering grants; and • Appropriate financial systems to ensure that expenditures are properly documented; • The Program has demonstrated they maintain
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<p>Licensing Standards for Day Care Centers</p> <p>Gateways to Opportunity Credential</p>		<ul style="list-style-type: none"> • Background checks, as applicable; • Plan to ensure all PI staff that does not hold a professional educator license issued by the State Board of Education are registered in the Illinois Department of Human Services' "Gateways to Opportunity" registry. <p>The proposal describes the organization's capacity to operate a program of this nature including:</p> <ul style="list-style-type: none"> • Policies and procedures manual that addresses the PI RFP 9 components; • Adherence to the Illinois Mandated Reporting Laws; • Appropriate maintenance of records as define by ISBE; • The program has demonstrated the organizational capacity to implement all nine PI RFP components and the chosen program model with fidelity, as well as, adhere to the Illinois Birth to Five Program Standards. • The program seeks to participate or is participating in the chosen program model recognized process for monitoring fidelity and indicating quality. <p>In addition, Center-Based and Family Literacy Programs include:</p>	<p>multiple funding sources/streams that are robust.</p> <ul style="list-style-type: none"> • The program maintains a staffing that consists of at least 1 FTE PI supervisor for every 6 FTE PI staff. (FTE – Full Time Equivalent); • The program is identified has having the program model's recognized indication of model fidelity and quality. <ul style="list-style-type: none"> ○ Baby TALK Quality Confirmation ○ Early Head Start Federal Monitoring Report ○ Healthy Families America Accreditation ○ Nurse Family Partnership Efforts to Outcomes (ETO) ○ Parents as Teachers Quality Endorsement ○ Other <p>Center-Based and Family Literacy Programs</p> <p>Proposal describes the organization's capacity to operate a program of this nature including:</p> <ul style="list-style-type: none"> • Center-Based child care centers have achieved and maintains the ExceleRate Illinois Gold Circle of Quality; • Staff has achieved and maintains the Gateways to Opportunity Credential, as
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		<ul style="list-style-type: none"> Center-Based child care centers have achieved and maintains the ExceleRate Illinois Silver Circle of Quality; PI Child Care Center-Based programs staff salaries are proportionate to the number of PI students in the classroom or at the center depending upon the position. The program has a supervisor; The program maintains the appropriate licensure by Department of Children and Family Services licensing 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. 	<p>appropriate for the PI position.</p> <p>A high quality written proposal, that meets one or more of the components under the exemplary column, must be submitted to receive an exemplary score.</p>
CRITERIA	Does Not Meet Standard	Meets Standard	Exemplary
Include comments that validate the score you have awarded this proposal.			
<p>Special Notes:</p> <p>Strengths:</p>			

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Reader Number: _____

Concerns:

Component Number 9: Professional Development

CRITERIA	DOES NOT Meet Standard	MEETS STANDARD	EXEMPLARY
<p><i>Professional Development</i></p> <p>Proposal Narrative Requirements Section: Professional Development</p> <p>Staff will continue to gain knowledge, skills, and dispositions that current research suggests translate into quality and learn best practices to improve outcomes for families.</p> <p>The staff development plan addresses the needs of the project staff, offers a varied and full range of staff development experiences and provides sufficient opportunities for learning so as to allow staff to incorporate the training into program delivery activities.</p>	<p>The <i>Professional Development</i> proposal describes a professional development plan that is not adequate and not coordinated with staff or program needs.</p> <ul style="list-style-type: none"> • Program staff are not being assessed for staff development needs; • Staff development plans are not clearly tied to purpose and goals of Prevention Initiative; and • Supervision is not clearly defined or addressed. 	<p>The <i>Professional Development</i> proposal provides a description of the proposed professional development procedures.</p> <p>The proposal addresses:</p> <ul style="list-style-type: none"> • Assessing the staff development needs in the Prevention Initiative program; • Providing pre-service and in-service training to meet the individual needs of the staff and the requirements of the chosen research-based program model or Center-Based personnel; • A description of all areas/components of the written Professional Development Plan; • Professional development plan is developed in collaboration with supervisor; • Adequate administrative supervision is described; • Adequate reflective supervision is described; <p>The proposal must adequately describe how staff development activities are implemented and how</p>	<p>The <i>Professional Development</i> proposal explains, in detail, <u>all the items to meet the standard (3rd column)</u> and the following:</p> <p>The proposal describes a comprehensive and detailed professional development plan for all staff.</p> <p>The proposal provides a detailed description of the following:</p> <ul style="list-style-type: none"> • Regular and sufficient schedule for assessing staff development needs; • Regular and sufficient administrative supervision is described; • Regular and sufficient reflective supervision is described; • Professional development addresses understanding and overcoming barriers to equitable participation by families and children (including those with special needs); • Professional development is offered to all staff to maintain an understanding of current

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		<p>the information will be used to inform the program's staff development and continuous quality improvement efforts.</p>	<p>Best Practices and maintain compliance with the ISBE requirements, as well as, the research-based program model; and</p> <ul style="list-style-type: none"> • Staff is provided sufficient time for learning and implementing training ideas into program application. <p>A high quality written proposal, that meets one or more of the components under the exemplary column, must be submitted to receive an exemplary score.</p>
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Include comments that validate the score you have awarded this proposal.

Special Notes:

Strengths:

Concerns:

Scoring: Experience and Qualifications

<p><u>Experience and Qualifications</u></p> <ul style="list-style-type: none"> • Staff Qualifications and Organizational Capacity • Professional Development <p>Total Points Possible: 20</p>	Possible Score: 0-12	Possible Score: 13-17	Possible Score: 18-20
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Include comments that validate the score you have awarded this proposal.

Special Notes:

Strengths:

Concerns:

Total Points Possible: 20

Readers Score:

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Reader Number: _____

Budget (10 Points)

Budget

CRITERIA	DOES NOT Meet Standard	MEETS STANDARD	EXEMPLARY
<p style="text-align: center;"><i>Budget</i></p> <p>The program is cost-effective as evidenced by the cost of proposed services in relation to the numbers to be served and the services to be provided.</p> <p>Implementing a fiscally responsible grant means that the cost per family aligns with the quality components offered. To determine the cost per family simply divide the total grant allocation by the number of families served in the program.</p> <p>Example: The cost per family should be at the lower end of the cost continuum if the program is offering home visiting services twice per month to families served and has no other identified quality components. The cost per family may be on the higher end of the cost continuum if the program implements components that have been identified by research to increase quality including, but not limited to, mental health consultation, weekly home visits (intensive services), doula, etc.</p>	<p style="text-align: center;"><i>Budget</i></p> <p>Proposal describes a budget that is an inadequate use of funds for Prevention Initiative.</p> <ul style="list-style-type: none"> • The budget summary has significant inconsistencies. • The budget breakdown has incomplete explanation of expenditures. • The expenditures are not consistent for the scope and purpose of the project. • The requested funding level is not reasonable for the number to be served and the services to be provided. 	<p style="text-align: center;"><i>Budget</i></p> <p>Proposal describes a fiscally responsible use of Prevention Initiative funds:</p> <ul style="list-style-type: none"> • The budget summary is accurate. • The budget breakdown includes sufficient explanation of expenditures. • Most budget expenditures are consistent for the scope and purpose of the project. • The requested funding level is reasonable for the number to be served and the services to be provided. (Cost per family/HV, Cost per child/CB) 	<p style="text-align: center;"><i>Budget</i></p> <p>Proposal describes a fiscally responsible and itemized explanation for use of Prevention Initiative funds and the proposal explains, in detail, <u>all the items to meet the standard (3rd column)</u> and the following:</p> <ul style="list-style-type: none"> • The budget breakdown explains each item completely and gives calculations to support the amount requested. (itemized) • All expenditures are consistent for the scope and purpose of the project. • The program budget provides for sufficient professional development, staffing structure, supplies and materials. • The program budget is practical and realistic. <p>A high quality written proposal, that meets one or more of the components under the exemplary column, must be submitted to receive an exemplary score.</p>

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<p>The Illinois State Board of Education (ISBE) anticipates that individual grant awards will vary depending on the home visiting program model chosen and the intensity of services to be provided as stated in the approved proposal and the total appropriation for the program. ISBE anticipates programs will submit budgets that support the ability to implement the chosen home visiting program model with fidelity and provide quality Prevention Initiative programming; therefore, it is anticipated individual home visiting programs will request funding ranging from \$4,075 to \$7,811 per family enrolled. Program costs for center-based and family literacy programs will depend upon the Prevention Initiative services the program is requesting funding to support. ISBE anticipates individual programs will request funding ranging from \$18,000 to \$22,000 per family enrolled. Enrollment should be determined by those having the most points on a weighted eligibility criteria measure as identified through a program screening process.</p>			
Total Points Possible: 10	Possible Score: 0-6	Possible Score: 7-8	Possible Score: 9-10
Include comments that validate the score you have awarded this proposal.			

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<p>Special Notes:</p> <p>Strengths:</p> <p>Concerns:</p>	
Total Points Possible: 10	Readers Score:

Priority Points

#1 – Prioritizing High Need Communities

<p>The service area identified in this proposal includes a district(s) identified as high-need, according to the IECAM Community Demographics and Ranking Document located here IECAM Community Demographics and Ranking Document.</p>	<p>Yes/No/Partial (Please explain partial points in comments)</p>
Total Points Possible: 10	Readers Score:

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Comments:

Overall Points

	Total Possible Points	Points Awarded
Component 1 <i>Population to be Served</i>	30	
Component 2 <i>Quality of Proposed Program</i>	40	
Component 3 <i>Experience and Qualifications</i>	20	
Component 4 <i>Budget</i>	10	
Total	100	

Priority Points	10	
Proposal Total	110	