

Prevention Initiative Compliance Checklist



Illinois
State Board
of Education

Fiscal Year 2019
Illinois State Board of Education
100 North First Street, Springfield, Illinois 62777-0001

James T. Meeks, Chairman
Tony Smith, Ph.D., State Superintendent of Education

Introduction to the Illinois State Board of Education Prevention Initiative Program Monitoring Process

The Illinois State Board of Education (ISBE) maintains a contract with Erikson Institute to implement Prevention Initiative (PI) program monitoring to support quality improvement and to maintain compliance with [23 Illinois Administrative Code \(23 Ill. Adm. Code\), Section 235](#) and the [FY19 PI RFP](#). By no later than September 1 of each year, the State Board of Education shall post the operational Prevention Initiative Compliance Checklist (PICC) and the name of the research-based assessment tool(s) to be used in the monitoring process.

Tools used for PI Home Visiting Program Monitoring

- Prevention Initiative Compliance Checklist: The PICC measures compliance to the ISBE Administrative Rules (Part 235), PI Request for Proposals (RFP) and the fiscal year electronic grant, Birth to Five Program Standards, and the Illinois Early Learning Guidelines.
- Prevention Initiative Quality Rating Instrument: The PIQRI measures program quality across program models for home visiting. Citation: Korfmacher, J., Laszewski, A., Sparr, M., Hammel, J., & Gowani, S. (2015). Prevention Initiative Program Quality Rating Instrument: Adapted version of Home Visiting Program Quality Rating Tool. Unpublished Document.
- Group Observation Protocol: The GOP measures the quality of a group experience for families enrolled in an early childhood program. Citation: Korfmacher, J., Gowani, S., & Gonzalez del Riego, C. (2015). Group-Based Parent Support Observation Protocol for Home Visiting Programs, Revised. Unpublished Document.
- Home Visit Rating Scales – Adapted and Extended (HOVRS A+): The HOVRS A+ measures the quality of a the behaviors of a home visitor during a home visit. Citation: Roggman, L. A., Cook, G. A., & Jump Norman, V. K., Christiansen, K., Boyce, L. K., & Innocenti, M. S. (2008). Home Visit Rating Scales (HOVRS). In L. A. Roggman, L. K. Boyce, and M. S. Innocenti, *Developmental Parenting: A Guide for Early Childhood Practitioners* (pp. 209-217).

Tools used for PI Center-Based and Family Literacy Program Monitoring

- Prevention Initiative Compliance Checklist
- Group Observation Protocol
- Home Visit Rating Scales – Adapted and Extended
- Infant/Toddler Environment Rating Scale, Revised (ITERS-R): Measures both environmental provisions and teacher-child interactions that affect the broad developmental milestones of infants and toddlers, including: language, cognitive, social-emotional and physical development, as well as concern for health and safety (Center-Based ONLY). Citation: Harms, T., Cryer, D., & Clifford, R. M. (1990). *Infant/toddler environment rating scale*. New York: Teachers College, Columbia University.

Please review [ISBE's PI Accountability Tab](#) for additional details and the latest information about accountability for Prevention Initiative programs.

Program Name:	<input type="text"/>	RCDT:	<input type="text"/>
Address:	<input type="text"/>	Assessor:	<input type="text"/>
Authorized Official:	<input type="text"/>	Visit Date:	Click here to enter a date.
Notes:	<input type="text"/>		

Frequency of Visit Information From Program's Electronic Grant

Number of families that will receive weekly scheduled visits throughout the fiscal year (intensive): _____

Number of families that will receive biweekly visits throughout the fiscal year (standard): _____

Number of families that will receive monthly visits throughout the fiscal year (rare): _____

Total Program Caseload: _____

1. Identification of the Prevention Initiative program framework. HV, CB, FL

Note: 1.2 Informational (Quality, not compliance)

The program may not report providing full services if they work less time (e.g., 1/2 days) or shut down for 6 days or more. In addition, programs may not report providing full services if the program stops providing services to children/families when staff go on vacation, medical leave, etc.

1.2.1 Weeks of limited services - Please identify the number of weeks the program does not operate the full calendar year. If the program is shutdown, one, two, or three weeks please indicate the number of weeks.

1.2.2 Describe services offered during the weeks of limited programming. (e.g., How many home visits? How many groups? Group names? How many field trips?)

Compliance	Documentation	Notes
1.1 Program Framework: <input type="checkbox"/> PI Home Visiting <input type="checkbox"/> PI Center-Based <input type="checkbox"/> PI Family Literacy		
1.2 The program operates: <input type="checkbox"/> Needs Improvement: 164 or less working days providing services to children and their families. <input type="checkbox"/> Adequate: 165 or more working days providing services to children and their families and at least 180 staff working days but less than 12 months of the year. <input type="checkbox"/> Exemplary: Year round/12 months of the year providing services to children and families with the exception of scheduled holidays. 1.2.1 Weeks of limited services:	<input type="checkbox"/> Program Calendar <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Other (describe): <input style="width: 100%; height: 40px;" type="text"/>	

<input type="checkbox"/> 1.2.2 Describe services offered during the weeks of limited services (under notes section).		
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Compliance Issue 2. Identification of the program model implemented for parent education. HV, CB, FL

Note: The easiest documentation to provide is the chosen program model's recognized award for model fidelity and quality. Other forms of evidence, at this time, include lesson plans showing the implementation of the program model curriculum, the program model online management information system, the program model annual program report (APR), and/or the home visitor program model certification or credential.

Compliance	Documentation	Notes
2.1 Program Model: <input type="checkbox"/> Baby TALK <input type="checkbox"/> Early Head Start <input type="checkbox"/> Healthy Families America <input type="checkbox"/> Nurse Family Partnership <input type="checkbox"/> Parents as Teachers <input type="checkbox"/> Other: <input style="width: 100%;" type="text"/>		

Compliance Issue 3. Identification of the program's model fidelity and quality. HV, CB, FL

Note: The program must show the program's chosen program model's recognized current award for model fidelity and quality to receive a yes response.

Compliance	Documentation	Notes
<p>3.1 Evidence of alignment and compliance with the chosen program model.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Describe the evidence that the program presented to illustrate quality as a result of compliance with the program model.</p> <p>Program Model Documentation:</p> <p><input type="checkbox"/> Baby TALK Quality Confirmation</p> <p><input type="checkbox"/> Early Head Start Federal Monitoring Report</p> <p><input type="checkbox"/> Healthy Families America Accreditation</p> <p><input type="checkbox"/> Nurse Family Partnership Efforts to Outcomes (ETO)</p> <p><input type="checkbox"/> Parents as Teachers Quality Endorsement</p> <p><input type="checkbox"/> Other (describe):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

Compliance Issue 4. The program has a mission statement based on shared beliefs developed cooperatively by parents/guardians, families, staff members, and community representatives. HV, CB, F

Note: The program may also have the mission statement visible in the room where groups are held or where families are served in a school district or agency. A school district mission statement is acceptable.

Compliance	Documentation	Notes
<p>4.1 Mission statement has been developed.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>4.1.1 <input type="checkbox"/> Mission statement is publicly available.</p>	<p><input type="checkbox"/> Copy of mission statement (School district mission statement acceptable; Mission statement in program brochure or on paperwork is acceptable.)</p>	

Compliance Issue 5. The program will not collect any fees from parents/guardians and their children who are enrolled. HV, CB, FL

Note: The program can demonstrate compliance to indicator 5.1 by showing evidence of a policy in a Policies and Procedures Manual or by showing evidence on enrollment forms or program brochures that fees are not collected and families are not charged for participation. Other similar evidence will be accepted. A Prevention Initiative program is paid for through grant funding. Therefore, families must never be expected to pay for any part of the program including, but not limited to: food, snacks, field trip fees for children or adults, group participation, home visits, mileage, child care during groups, transportation, etc.

Compliance	Documentation	Notes
<p>5.1 Program does not charge fees for participation in the program (e.g., program does not charge families fees for childcare, transportation, field trips or registrations; nor does program require families to purchase supplies or materials.)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Statement visible on program brochure or paperwork</p> <p><input type="checkbox"/> Policy in Policies and Procedures Manual or other similar document</p> <p><input type="checkbox"/> Other (describe):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

Compliance Issue 6. The program employs qualified staff in accordance with the program model being implemented.

6.1 Note: The program can demonstrate compliance by providing the program model certification or evidence of the educational or professional development experiences of each individual staff member as requested by the monitor. The program must maintain compliance to the chosen program model requirements for qualified staff. Evidence may be provided in the form of school transcripts, certificates of trainings attended, or transcripts offered by Gateways to Opportunity, Ounce of Prevention Fund, or Baby TALK.

The program needs to prepare a document for Erikson Institute with the following information: staff names and position/title, educational level, certifications, and/or credentials, as well as, be prepared to show evidence.

Compliance	Documentation	Notes
<p>6.1 Program employs qualified staff in accordance with program model.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Evidence of program model training</p> <p><input type="checkbox"/> Certifications</p> <p><input type="checkbox"/> Other (describe):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

6.2 Note: The program can show evidence to 6.2 and 6.2.1 by providing time cards or time and effort logs and an organizational chart with FTE for each staff member indicated within the chart. This can also be verified within individual home visitor interviews.

A PI Home Visiting program may have 3 full time or 6 half time home visitors. The program may have more FTE in direct service providers/home visitors but all need to be at least .5 FTE or half time.

6.2 Home visitors are at least .5 FTE.

- Yes
- No

6.2.1 The program maintains a staff structure of at least 3 FTE home visitors. (HV)

- Yes
- No
- ISBE staff are supplemental to a program funded by another entity like IDHS, MIECHV, EHS, etc.

ISBE funded staff
(At least 1 FTE, but less than 3 FTE)
ISBE funded FTE: _____

- Organizational Chart
- Time Cards
- Time and Effort documentation
- Other (describe):

6.3 Note: Administrative supervision is supervision to oversee performance to assure that the agency's legal and ethical responsibilities are met. Supervision responsibilities include examining the completion of files and other records, determining that reporting obligations are met, generally ensuring that minimum performance standards are met, and guiding the supervisee to a higher level of performance of these basic duties. The supervisor's role is to train, teach, coordinate, monitor and evaluate.

The monitor will need to see the supervision logs with case notes or review checklists the program collects for administrative supervision.

6.3 The program provides administrative supervision.

- Yes
- No

6.3.1 Administrative supervision is provided by:

- Supervision log with case notes
- Record review checklist
- Other (describe):

6.4 Note: Reflective supervision is the regular collaborative reflection between a service provider and supervisor that builds on the supervisee's use of her/his thoughts, feelings, and values within a service encounter. The significant focus is on attention to the parallel process or the effects of the relationships between the supervisor and the home visitor/teacher, the home visitor/teacher and the caregiver, and the caregiver and the young child. Dialog between supervisor and supervisee incorporates observation and feedback to improve practice, plan effectively, and foster professional development. Reflective supervision promotes and supports the development of a relationship-based organization and is characterized by reflection, collaboration, and regularity. Reflective supervision will be implemented based on the guidance from the chosen program model.

The monitor will need to see the reflective supervision logs with case notes the program collects. Reflective supervision requires a high level of trust and confidentiality. Records may refer to discussions about a particular family but may be vague in nature. The initials of a person may be used or some other code. In many cases, the notes will be mainly comprised of a broad view of the issues and next steps or actions the home visitor/teacher will take. In addition, supervisors must be able to describe reflective supervision, sufficiently and comprehensively. The program must maintain reflective supervision records on every direct service provider (e.g., teacher, home visitor).

The monitor will need to know who provides reflective supervision to complete indicator 6.4.1. Appropriate responses could be the program supervisor, a Mental Health Consultant (MHC), or both. Please provide the monitor as much information as possible to identify and explain the program procedures for providing reflective supervision.

6.4 The program offers reflective supervision.

- Yes
- No

- Supervision log with case notes
- Other (describe):

6.4.1 Reflective supervision is provided by:

- Program supervisor
 - Contracted IMH Consultant
 - Other
- If Contracted or Other, please specify:*

Compliance Issue 7. The program has developed policies and procedures. HV, CB, FL

7.1 Note: The program must show evidence of a developed policies and procedures manual. Guidance for staff to comply with mandated reporting laws for child abuse and neglect need to be provided within the manual. The policies and procedures and the place these policies and procedures are kept may be different from program to program.

Compliance	Documentation	Notes
<p>7.1 Evidence that program has developed written policies to provide guidance for staff to comply with mandated reporting laws for child abuse and neglect.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Written mandated reporting policies and procedures for staff in a Policies and Procedures Manual</p> <p><input type="checkbox"/> Written mandated reporting policies and procedures for staff in an Employee Handbook</p> <p><input type="checkbox"/> Other (describe):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

7.2 – 7.2.9 Note: The program can demonstrate compliance by sharing the policies and procedures provided to staff to guide their work. The policies and procedures and the place these policies and procedures are kept may be different from program to program. This question is designed to capture the information shared with staff regarding the Early Childhood Block Grant Prevention Initiative program and school district or agency policies and procedures that support implementation of the nine components identified in the Prevention Initiative grant. The program must provide the policies and procedures that address all nine ISBE PI components to be in full compliance. The policies and procedures need to be together in a manual and accessible for all staff or provided directly to staff. Quality programs align to the guidance provided in the Prevention Initiative Implementation Manual.

The program can show compliance to 7.2.2.1 by providing evidence of a program policy that clearly outlines that staff will only use technology to support or enhance parent education. Furthermore, that staff do not use electronic devices in the home or classroom to interact with children or children and their parents.

<p>7.2 Evidence that program has developed a written policies and procedures manual to provide guidance for staff.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>The manual provides guidance on the following topics:</p> <p>7.2.1</p> <p><input type="checkbox"/> RFP Component 1: Screening to Determine Program Eligibility</p> <p>7.2.2</p> <p><input type="checkbox"/> RFP Component 2: Evidence-Based Program Model and Research-Based Curricula</p> <p>7.2.2.1</p> <p><input type="checkbox"/> The program only uses technology to support parent education. Children are not exposed to screen time.</p> <p>7.2.3</p> <p><input type="checkbox"/> RFP Component 3: Developmental Monitoring</p> <p>7.2.3.1</p> <p><input type="checkbox"/> Parent-Child Interaction Tool</p>	<p><input type="checkbox"/> Policies and Procedures Manual</p> <p><input type="checkbox"/> Employee Handbook</p> <p><input type="checkbox"/> Other (describe):</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
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7.2.4

- RFP Component 4: Individual Family Goal Plan

7.2.4.1

- Includes goals for parents

7.2.4.2

- Includes goals for child

7.2.4.3

- Includes goals for parent-child interaction

7.2.4.4

- Program implements a family-centered assessment with each family

7.2.5

- RFP Component 5: Case Management Services

7.2.5.1

- Include formal agreements for referral and follow-up

7.2.5.2

- Include plan for reducing duplication of services

7.2.5.3

- Includes coordination of IFGPs or IFSPs

7.2.6

- RFP Component 6: Family and Community Partnerships

Written Family Engagement Plan

This plan touches upon the following topics:

7.2.6.1

- Written and verbal orientation to the educational program

7.2.6.2

- Opportunities for involvement in home-based and/or site-based activities

7.2.6.3

- Ensuring parents are full partners in the decisions that affect children and families

7.2.6.4

- Provisions for communication to and from parents about the program

7.2.6.5

- Referral and follow-up with families obtaining additional services or leaving the program

7.2.6.6

- Activities that emphasize and strengthen the role of the parent as the child's primary educator

7.2.6.7

- Intensity of the activities and services offered, including home visits, groups, and case management

7.2.6.8

- Provisions for promoting and supporting parenting skills

7.2.6.9

- Provisions for seeking parents' support and involvement in the program

7.2.6.10

- Comprehensive written Planned Language Approach (a coordinated, systems, program-wide approach to supporting the school readiness of all children served).

Written Community Collaboration Plan

The program's written plan includes steps to:

7.2.6.11

- Coordinate with other service providers, within the same service area, concerned with the education, welfare, health and safety needs of children prenatally and birth through age three

7.2.6.12

- Coordinate 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

7.2.6.13

- Reduce duplication of services

7.2.6.14

- Coordinate Individual Family Goal Plan.

<p>7.2.7</p> <p><input type="checkbox"/> RFP Component 7: Data and Evaluation</p> <p>7.2.8</p> <p><input type="checkbox"/> RFP Component 8: Qualified Staff and Organizational Capacity</p> <p>7.2.9</p> <p><input type="checkbox"/> RFP Component 9: Professional Development</p>		
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Compliance Issue 8. Program eligibility screening procedures include all required documentation and are found in each child's file as applicable. HV, CB, FL

Compliance	Documentation	Notes
<p>8.1 <input type="checkbox"/> Each program utilizes a weighted eligibility screen form for all potentially eligible families.</p> <p>8.1.1 The weighted program eligibility criteria form includes the following criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Experiencing Poverty (100% FPL) <input type="checkbox"/> Income (200% FPL) <input type="checkbox"/> Primary caregiver did not complete high school/No GED or High School Equivalency <input type="checkbox"/> Immigrant or Refugee <input type="checkbox"/> English Learner <input type="checkbox"/> Active-duty military family <input type="checkbox"/> Child enrolled in Early Intervention (EI) or if the child has been identified by Early Intervention as having a measurable developmental delay, but was determined ineligible for receiving EI services <p>8.1.2 The weighted program eligibility criteria form has the following criteria listed as having the highest points on the form:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Experiencing Homelessness <input type="checkbox"/> Child Welfare/Youth in Care <input type="checkbox"/> Early Intervention or child has measurable delay but did not qualify for EI <input type="checkbox"/> Experiencing Deep Poverty (50% FPL) 	<p><input type="checkbox"/> Prevention Initiative Weighted Eligibility Form in child/family file</p> <p><input type="checkbox"/> Weighed Eligibility Criteria Form</p> <p><input type="checkbox"/> Copy of exit interview form</p> <p><input type="checkbox"/> Other (describe):</p>	

<p>8.1.3 Evidence of the program eligibility screening results of the child/family. Family is enrolled in PI program Family did not qualify for the PI Program Family is on the PI waiting list</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>8.2. The program maintains 100% enrollment of families identified as priority populations (Experiencing Homelessness, Child Welfare/Youth in Care, Early Intervention/Identified Delay, Experiencing Deep Poverty) or have multiple at risk factors.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8.2.1 Families with the most points on the weighted eligibility criteria measure are prioritized on a waiting list.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No waiting list</p> <p>Exception: 2nd child of family already enrolled in a PI home visiting program is eligible for the program per the 2nd child's weighted eligibility criteria form.</p>	<p><input type="checkbox"/> Prevention Initiative Weighted Eligibility Forms <input type="checkbox"/> Enrollment list and/or waiting list <input type="checkbox"/> Other (describe):</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
<p>8.2.2 Proof of Income verification is in each child/family file</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Method of Verification: (Mark all that apply.)</p> <p>Public benefits:</p> <p><input type="checkbox"/> WIC (185% FPL) <input type="checkbox"/> Medicaid Card (138%, must be in parent(s)' name) <input type="checkbox"/> SNAP (165% FPL) <input type="checkbox"/> TANF (50% FPL) <input type="checkbox"/> CCAP (162%)</p> <p>Proof of Income (required only if no proof of public benefits above):</p> <p><input type="checkbox"/> Paystubs <input type="checkbox"/> SSI <input type="checkbox"/> Other form of income verification:</p> <hr style="width: 50%; margin-left: 0;"/>	

8.3. For compliance, each child file must have a completed Parent Interview Form. For examples of forms, review the Prevention Initiative Implementation Manual.

8.3.2 Note: The program can demonstrate compliance by developing a section on the Parent Interview Form for identification of the use of a translator to conduct the parent interview in the parent's preferred language. The program must complete the section by indicating on each form yes or no. If yes, the program needs to describe the arrangements/accommodations that were provided. The section may not be left blank.

8.3. Evidence of completed/conducted parent interview, with form in **child's file**.

- Yes
- No

8.3.1 The Parent Interview Form aligns with the weighted eligibility criteria form

- Yes
- No

8.3.2 Arrangements have been made for the interview to be conducted in the family's preferred language as applicable. If so, describe:

8.3.3 All families served live outside the City of Chicago/Chicago Public Schools.

Prevention Initiative Parent Interview Form (PIF).

PIF includes identification of the use of a translator to conduct the parent interview in the parent's preferred language as applicable.

8.4 The program implements screening procedures for program eligibility as follows:

- Needs Improvement:**
Program screens children/families for program eligibility.
- Adequate:**
Program screens children/families for program eligibility and coordinates with other home visiting/center-based/family literacy/Early Intervention/etc. service providers in the area and shares referrals.
- Exemplary:**
Program fully participates in the local coordinated intake system.

8.4.1 Number of children/families screened for the current fiscal year:

All program screening charts for the current fiscal year

MOU or partnership agreement defining the referral and follow-up system to reduce duplication of services

MOU or partnership agreement defining the coordinated intake system and points of entry

Other (describe):

Compliance Issue 9. The program adheres to the program model-recommended frequency and intensity of services.

Note: 9.1. is calculated using the information from Page 1 of this document regarding families to be served as identified in the Early Childhood - Prevention Initiative 0-3 electronic grant.

Programs can alter their caseloads sizes but must have equal to or more than the number of home visits indicated in the electronic grant, but not less than. Therefore, using the example above the program could serve:

Weekly visits with Family A or (12)

Bimonthly visits with Family B or (6)

Bimonthly visits with Family C or (6)

Bimonthly visits with Family D or (6)

And add another family (Family E) with bimonthly visits or (6)

The number if intended visits equals 36.

Compliance	Documentation	Notes
<p>9.1 Program meets or exceeds the program caseload as defined in the Early Childhood Prevention Initiative 0-3 electronic grant.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>9.1.3 Home Visitor Caseloads:</p> <p>Home Visitor 1:</p> <p>Weekly <input type="text"/></p> <p>Biweekly <input type="text"/></p> <p>Monthly <input type="text"/></p> <p>Home Visitor 2:</p> <p>Weekly <input type="text"/></p> <p>Biweekly <input type="text"/></p> <p>Monthly <input type="text"/></p> <p>Home Visitor 3:</p> <p>Weekly <input type="text"/></p> <p>Biweekly <input type="text"/></p> <p>Monthly <input type="text"/></p> <p>Home Visitor 4;</p> <p>Weekly <input type="text"/></p> <p>Biweekly <input type="text"/></p> <p>Monthly <input type="text"/></p> <p>Home Visitor 5;</p> <p>Weekly <input type="text"/></p>	<p><input type="checkbox"/> Enrollment lists with staff assignments</p> <p><input type="checkbox"/> File/Chart review</p> <p><input type="checkbox"/> Other (describe):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

Biweekly

Monthly

Home Visitor 6:

Weekly

Biweekly

Monthly

Home Visitor 7:

Weekly

Biweekly

Monthly

Note: The minimum requirement for center-based/family literacy programs is 1 home visit a month.

9.1.4 Is program caseload full?

Needs Improvement:

Program is at less than 90% of their intended caseload capacity

Adequate:

Program is between 90-99% of their intended caseload capacity

Exemplary:

Program is at 100% of their intended caseload capacity and carrying a waitlist

9.3 – 9.4 Note: The program can demonstrate compliance by providing agendas/lesson plans for every group provided. The documentation needs to be clear and include the following components:

- *Group name;*
- *Date;*
- *Group objectives;*
- *Group agenda;*
- *Group parent-child interactions (if applicable);*
- *References to the IELGs (if applicable);*
- *Group activities;*
- *References to the 8 Designated Areas of Education;*
- *Attendance/Sign-In Sheets.*

A group must be offered to every PI family at least monthly. The program will determine how many groups are offered according to the service area covered. For example, if the program serves three counties the program may choose to offer three groups each month, one in each county OR the program could choose to offer one group each month for the families in all three counties. The program must make sure all families have access to transportation to attend the groups. All families need to have reasonable access to monthly groups. This will differ for each program depending on the families served, the service area, and transportation available.

<p>9.3 Parent/child interactions and/or parent groups and/or workshops are provided.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9.3.1 Parent/child interactions and/or parent groups and/or workshops are provided at least <u>monthly</u>.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9.4 List the different groups offered by the program (e.g., teen parent group, fathers group, parent/child socialization, etc.), number of sessions and frequency of meetings:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Group Name and Number of Sessions</th> <th style="width: 30%;">Frequency</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td style="text-align: center;">9.4.1</td> </tr> <tr> <td style="height: 30px;"></td> <td style="text-align: center;">9.4.2</td> </tr> <tr> <td style="height: 30px;"></td> <td style="text-align: center;">9.4.3</td> </tr> </tbody> </table>	Group Name and Number of Sessions	Frequency		9.4.1		9.4.2		9.4.3	<p><input type="checkbox"/> Agenda/Group lesson plan <input type="checkbox"/> Parent/Child interaction lesson plan <input type="checkbox"/> Other (describe):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Group Name and Number of Sessions	Frequency									
	9.4.1									
	9.4.2									
	9.4.3									

Compliance Issue 10. Developmental screening procedures include all required documentation. The program uses a research-based developmental screening instrument and activities that measure all aspects of the child's development. HV, CB, FL

Compliance	Documentation	Notes
<p>10.1 Any child enrolled, 6 months or longer and 3 months or older, must have a completed, comprehensive, research-based developmental screening in the child's/ family's file.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Note: More than one tool may be needed to ensure a comprehensive evidence based screening has occurred.</i></p> <p>Screenings must include the following areas as appropriate for the age of the child:</p> <p><input type="checkbox"/> 10.1.1 Cognitive Development <input type="checkbox"/> 10.1.2 Social and Emotional Development <input type="checkbox"/> 10.1.4 Fine and Gross Motor Skills <input type="checkbox"/> 10.1.6 Visual Motor Integration</p>	<p>Broad-based Screening Instrument:</p> <p><input type="checkbox"/> Ages & Stages Questionnaire® <input type="checkbox"/> Battelle Developmental Inventory™ <input type="checkbox"/> Brigance® Early Childhood Screens III <input type="checkbox"/> Other (describe):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Social and Emotional Screening Instrument:</p> <p><input type="checkbox"/> Ages & Stages Questionnaire: Social and Emotional® <input type="checkbox"/> Other (describe):</p>	

<input type="checkbox"/> 10.1.7 Language and Speech Development	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
<p>10.1.8 Evidence in each child's/family's file that a comprehensive research-based developmental screening is implemented every six months.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Copy of screening interview form with results <input type="checkbox"/> Copy of results form <input type="checkbox"/> Other (describe): <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
<p><i>10.2 Note: The program can show compliance by providing information about how this information is documented and where to look for the information. Permission form(s) need to be present for every child in which a screening was implemented. The documentation needs to be clear and should include the following components:</i></p> <ul style="list-style-type: none"> • <i>Date the permission was signed;</i> • <i>Statement of what the parent/guardian is signing permission;</i> • <i>Name of the tool or tools used;</i> • <i>Dates the permission is valid (annually is best practice);</i> • <i>Name of the child for whom the screening permission is valid;</i> • <i>Name of the parent/guardian;</i> • <i>Signature of the parent/guardian;</i> • <i>Name of the PI staff obtaining the permission.</i> <p><i>10.2.1 Documentation regarding parents receiving the child developmental screening results needs to be present for every child for whom a screening was implemented. The documentation needs to be clear and should include the following components:</i></p> <ul style="list-style-type: none"> • <i>Name of child screened;</i> • <i>Research-based tool used;</i> • <i>Results shared;</i> • <i>Shared with whom (parent/guardian name);</i> • <i>Signature of parent/guardian;</i> • <i>Date the child was screened;</i> • <i>Date the results were shared;</i> • <i>Name of screener.</i> 		
<p>10.2 Evidence in each child's/family's file of the parent/guardian permission signatures for developmental monitoring.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consent/Release Signatures (Consent form may be written for the term of the program.) <input type="checkbox"/> Other (describe): <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <input type="checkbox"/> Results Summary Form	
<p>10.2.1 Evidence in each child's/family's file, as applicable, that the child's developmental screening results are shared with parent/guardian.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<p>10.3 Evidence the program implements a parent-child interactions assessment.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><i>Note: The requirement of the implementation of this tool is twice a year, however the program needs to show evidence the assessment has been completed at least once.</i></p>	<p><input type="checkbox"/> Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO™)</p> <p><input type="checkbox"/> Home Observation for Measurement of the Environment (HOME) Inventory</p> <p><input type="checkbox"/> Other (describe):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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Compliance Issue 11. Developmental monitoring procedures include immunization and well child visit updates, hearing screenings, vision screenings, and authentic assessment. HV, CB, FL		
<p><i>11.1 Note: The program can show compliance to 11.1 by providing evidence the child's health record is completed at least annually and as recommended by the program model. The program may provide a physical record obtained by a physician or the program model health record. The information needs to include well child visits and immunizations. The program needs to be prepared to show evidence of health records and/or health screening tools. Evidence can be in the form of program model health forms, physician records or electronic records. The forms need to be completed and not be left blank to be in compliance, a signature will not suffice.</i></p>		
<p><i>11.2 Note: The program can show compliance to 11.2 by at least providing evidence of the questions embedded within the child developmental screening instrument regarding hearing are completed. This will be sufficient to meet the hearing requirement for children 3 months or older. Hearing screenings should be implemented as recommended by the chosen program model. Hearing screenings must begin at 3 months and be implemented and documented at least every six months. The questions must be completed and not be left blank to be in compliance.</i></p>		
<p><i>11.3 Note: The program can show compliance to 11.3 by at least providing evidence of the questions embedded within the child developmental screening instrument regarding vision are completed. This will be sufficient to meet the vision requirement for children 3 months or older. Vision screenings should be implemented as recommended by the chosen program model. Vision screenings must begin at 3 months and be implemented and documented at least every six months. The questions must be completed and not be left blank to be in compliance.</i></p>		
Compliance	Documentation	Notes

11.1 Evidence found in each child/family file that the child's health record is completed as recommended by the chosen program model (including well child visits and immunizations).

- Yes
- No
- Not Applicable

11.1.1 Child's health record is updated at least annually.

11.2 The child receives a hearing screening at three months or older.

- Yes
- No
- Not Applicable

11.2.1 Child receives a hearing screening at least every six months.

Describe screening:

11.3 The child receives a vision screening at three months or older.

- Yes
- No
- Not Applicable

11.3.1 Child receives a vision screening at least every six months.

Describe screening:

- Program health forms
- Physician's records
- Other (describe):

<p>11.4 Evidence of Authentic Assessment and data collection is found in each child's/family's file.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11.4.1 Evidence can be found in the form of:</p> <p><input type="checkbox"/> Checklists <input type="checkbox"/> Observation notes <input type="checkbox"/> Interviews <input type="checkbox"/> Rating scales <input type="checkbox"/> Photos with text descriptions <input type="checkbox"/> Video/Audio recordings with text descriptions. <input type="checkbox"/> Developmental Screening (ASQ) <input type="checkbox"/> Other (please specify):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: right;">11.4.1.1</p> <p><i>Note: Evidence of two different forms of authentic assessment is required.</i></p>	<p><input type="checkbox"/> Baby TALK – Observation Form <input type="checkbox"/> PAT - Milestones Observation <input type="checkbox"/> HFA - CHEERS Documentation <input type="checkbox"/> Other (describe):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><i>Note: Developmental screening such as ASQ counts as evidence of Authentic Assessment if accompanied by one other form of evidence from compliance list or as specified by program model from list above.</i></p>	
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11.5 Note: The program can show compliance by providing evidence that information learned during the authentic assessment is being used to guide the IFGP. Authentic assessment can guide what conversations are important to have with parents, what information needs to be prioritized to share with parents, and what activities would best support the developmental growth of the child.

The program staff should be prepared to describe how authentic assessment is being used to guide the IFGP. An example is provided below.

<p>11.5 Evidence Authentic Assessment is being used to guide the Individual Family Goal Plans.</p> <p><input type="checkbox"/> Needs Improvement: Less than 50% of the child/family IFGPs reviewed have any IFGP goals related to Authentic Assessment results.</p> <p><input type="checkbox"/> Adequate: At least 50% of the child/family IFGPs reviewed have at least one (1) goal on the IFGP that is related to Authentic Assessment results.</p> <p><input type="checkbox"/> Exemplary: At least 90% of the child/family IFGPs reviewed have at least one (1) goal on the IFGP that is related to Authentic Assessment results.</p> <p>11.5.1 Evidence can be found in the form of:</p>		
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<input type="checkbox"/> IFGPs <input type="checkbox"/> 11.5.1.1 Other please specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>		
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Example

If a staff member identifies that a child scores low on the fine motor section of the Ages and Stages Questionnaire and the staff member in partnership with the parent agree to include an activity to support fine motor development on the IFSP, then this would meet the requirement for this indicator, providing the information is documented. An IFSP may look like this:

Date	Goal/Action Steps	Person Responsible	Timeline
8-22-18 <i>The Ages and Stages Questionnaire implemented on 8-22-18 indicated Grace (14 months old) could benefit from activities that support fine motor development.</i>	<i>Tina (mother) will provide Grace (child) with finger foods she can grasp and bring to mouth (e.g., dry cereal) at least one time a day.</i> <i>(G-PDH-FM-7/18M-Indicator/pincer grasp-Strategy/finger foods)</i>	<i>Mother</i>	<i>Check-In One Month Visit Date (9-27-18)</i>

Compliance Issue 12. The program partners with each family enrolled to complete an Individual Family Goal Plan that will guide programming. The program will also implement a research-based Family Centered Assessment for each family enrolled. HV, CB, FL

Compliance	Documentation	Notes
<p>12.1 Evidence in each child's/family's file that a published, research-based Family Centered Assessment is conducted.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12.1.1 Evidence in each child's/family's file that the research-based Family Centered Assessment is initiated within the first 60 days of enrollment.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12.1.2 Evidence in each child's/family's file that the research-based Family Centered Assessment is updated at least every six months.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Life Skills Progression™</p> <p><input type="checkbox"/> Family Development Matrix®</p> <p><input type="checkbox"/> Baby TALK Family Centered Assessment</p> <p><input type="checkbox"/> Other (describe): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> </p>	

<p>12.2 Evidence in each child's/family's file that an Individual Family Goal Plan has been developed, as applicable.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12.2.1 Evidence in each child's/family's file that the Individual Family Goal Plan is <u>updated at least every six months.</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12.2.2 Evidence in each child's/family's file of a parent or guardian signature indicating that an Individual Family Goal Plan has been developed in partnership with the family.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Individual Family Goal Plan Form with signature</p>	
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Compliance Issue 13. The program is implementing a research-based curriculum for parent education that is aligned with the Illinois Early Learning Guidelines. The program is implementing the Illinois Early Learning Guidelines. HV, CB, FL

13.2-3 Note: ISBE has provided an easy-to-use IELG reference guide. These abbreviated references the IELG may be used; however, a program may choose to write out all the parts of the IELG reference. To be in full compliance all components must be referenced.

Illinois Early Learning Guidelines References (required)

To show compliance to the Prevention Initiative Compliance Checklist (PICC) and alignment with the Illinois Early Learning Guidelines (IELG) a program can reference the IELG in visit plans and group lesson plans in the following way using this key:

- G will indicate a reference to the Illinois Early Learning Guidelines
- The next set of letters will refer to the Developmental Domain being referenced.
 - ❖ For example:
 - **SR** refers to Self-Regulation
 - **SED** refers to Social and Emotional Development
 - **PDH** refers to Physical Development and Health
 - **LDCL** refers to Language Development, Communication and Literacy
 - **CD** refers to Cognitive Development
 - **AL** refers to Approaches to Learning
- The following set of letters will refer to the Sub-Domain being referenced.
 - ❖ For example:
 - Self-Regulation (SR)
 - **PR** refers to Physiological Regulation
 - **ER** refers to Emotional Regulation
 - **AR** refers to Attention Regulation
 - **BR** refers to Behavior Regulation
 - Social and Emotional Development (SED)
 - **AR** refers to Attachment Relationships
 - **EE** refers to Emotional Expression
 - **RA** refers to Relationship with Adults
 - **SC** refers to Self-Concept
 - **RP** refers to Relationship with Peers
 - **E** refers to Empathy
 - Physical Development and Health (PDH)
 - **GM** refers to Gross Motor
 - **FM** refers to Fine Motor
 - **P** refers to Perceptual
 - **SC** refers to Self-Care
 - Language Development, Communication, and Literacy (LDCL)
 - **SC** refers to Social Communication
 - **RC** refers to Receptive Communication
 - **EC** refers to Expressive Communication
 - **EL** refers to Early Literacy
 - Cognitive Development (CD)
 - **CD** refers to Concept Development
 - **M** refers to Memory
 - **SR** refers to Spatial Relationships
 - **ST** refers to Symbolic Thought
 - **CE** refers to Creative Expression
 - **LR** refers to Logic and Reasoning
 - **QN** refers to Quantity and Numbers
 - **SCE** refers to Science Concepts and Exploration
 - **SWB** refers to Safety and Well-Being
 - Approaches to Learning (AL)
 - **CI** refers to Curiosity and Initiative
 - **PS** refers to Problem Solving

- **CRT** refers to Confidence and Risk Taking
- **PEA** refers to Persistence, Effort, and Attentiveness
- **CII** refers to Creativity, Inventiveness, and Imagination
- ❖ Remember a Developmental Domain always needs a Sub-Domain reference and vice-versa. Also, the order in which each part of the reference is placed is significant. Please see the example. Some Domains and Sub-Domains share acronyms.
- **M** will indicate a reference to the age descriptors (Months). The age descriptors are Birth to 9 Months (**B/9M**), 7 to 18 Months (**7/18M**), 16 to 24 Months (**16/24M**), and 21 to 36 Months (**21/36M**).
- Then list any key words or phrases from the Indicators.
- Example: G-PDH-SC-7/18M Grasps, Drinks

Compliance	Documentation	Notes
<p>13.1 IELG Aligned Curriculum</p> <ul style="list-style-type: none"> <input type="checkbox"/> Baby TALK™ Curriculum <input type="checkbox"/> Nurse Family Partnership® Curriculum <input type="checkbox"/> Parents as Teachers™ Curriculum <input type="checkbox"/> Other (please specify): <input type="text"/> <input type="checkbox"/> Approved Curriculum <p>References to the Illinois Early Learning Guidelines are evident in the following:</p> <p>13.2 Visit plans</p> <ul style="list-style-type: none"> <input type="checkbox"/> Needs Improvement: In the visit plans reviewed, less than 50% of the parent-child activities have references to the IELGs in the past 6 months. <input type="checkbox"/> Adequate: In the visit plans reviewed, at least 50% of the parent-child activities have references to the IELGs in the past 6 months. <input type="checkbox"/> Exemplary: In the visit plans reviewed, at least 90% of the parent-child activities have references to the IELGs in the past 6 months. <p>13.3 Group session agenda's/Group lesson plan/Parent/Child interaction lesson plans.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Needs Improvement: In the lesson plans reviewed, less than 50% of the parent-child activities have references to the IELGs in the past 12 months. <input type="checkbox"/> Adequate: 	<p><input type="checkbox"/> Curriculum alignment to the IELG</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

<p>In the lesson plans reviewed, at least 50% of the parent-child activities have references to the IELGs in the past 12 months.</p> <p><input type="checkbox"/> Exemplary: In the lesson plans reviewed, at least 90% of the parent-child activities have references to the IELGs in the past 12 months.</p>		
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<p>Compliance Issue 14. The program offers appropriate <u>parent education</u> and involvement services that address eight designated areas of education. HV, CB, FL</p>		
<p><i>Note: The program can show compliance by providing references regarding the eight designated areas of education within group lesson plans. The program will provide access to the group lesson plans.</i></p> <p><i>Programs may use the following key to indicate the designated area of instruction within plans:</i></p> <p><i>Designated Area of Education = DAE</i> <i>Child Growth and Development, including Prenatal Development = GD</i> <i>Childbirth and Child Care = CC</i> <i>Child Safety and Injury Prevention = SI</i> <i>Family Structure, Function, and Management = SFM</i> <i>Prenatal and Postnatal Care for Mothers and Infants = PPC</i> <i>Prevention of Child Abuse = PCA</i> <i>The Physical, Mental, Emotional, Social, Economic, and Psychological Aspects of Interpersonal and Family Relationships = IFR</i> <i>Parenting Skill Development = SD</i></p> <p><i>Therefore, if a program was providing education regarding safe sleep, the session could be recorded as the following: DAE/SI, DAE/SFM or DAE/SD. Program staff would need to decide the best category the information shared fits into when determining the area of education.</i></p>		
<p>Compliance</p>	<p>Documentation</p>	<p>Notes</p>

Evidence the eight designated areas of education are integrated into programming.

14.1 Child growth and development, including prenatal development

- Yes
- No

14.2 Childbirth and child care

- Yes
- No

14.3 Child safety and injury prevention

- Yes
- No

14.4 Family structure, function, and management

- Yes
- No

14.5 Prenatal and postnatal care for mothers and infants

- Yes
- No

14.6 Prevention of child abuse

- Yes
- No

14.7 The physical, mental, emotional, social, economic, and psychological aspects of interpersonal and family relationships

- Yes
- No

14.8 Parenting skill development

- Yes
- No

Agendas/Group Lesson Plan

Other (describe):

14.9 Note: The program can show compliance by providing group schedules or schedules within program newsletters. The program may provide other forms of documentation. Documentation may be paper or electronic.

<p>14.9 Evidence a schedule for groups (e.g., parent/child interactions, parent workshops, parent support groups, parent advisory council, etc.) is provided.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14.9.1 Evidence a schedule for parent/child interactions and parent education activities is provided at least quarterly.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Schedules (paper or electronic) <input type="checkbox"/> Newsletters (paper or electronic) <input type="checkbox"/> Other (describe):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>14.10 Evidence the program has a toy/book lending library.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Toy/Book lending library</p>	
<p>14.11 Evidence the program has a parent resource lending library.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Parent resource lending library</p>	
<p>14.12 Evidence the program has a newsletter.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Newsletter (paper or electronic)</p>	

15. Identification of research-based supplemental curricula and services being implemented.

HV, CB, FL May not apply to all programs.

15.5 Note: All PI funded doula services must be fully integrated within the context of the PI funded home visiting program model.

- *The family must be enrolled into a Prevention Initiative home visiting program.*
- *The home visitor, concurrent to the doula, continues to develop a relationship with the family so that the family continues to feel supported at the end of the doula services. This may mean that home visitors and doula schedule home visits together.*
- *Policies and procedures must be in place that guide the implementation of services of the home visitor, doula and when applicable the home visitor and doula together.*
- *The program maintains enough ISBE funded PI home visitors with sufficient caseload sizes to warrant a doula. (FYI: 1.0 FTE Doula maintains a caseload size of 23 over the course of a year. The PI program must at least maintain 5 FTE home visitors with a program caseload of at least 100 families for every 1 FTE Doula. A smaller PI program is not eligible for PI doula FTE or doula services.)*
 - *The program maintains _____ FTE home visitors.*
 - *The program maintains a home visiting program caseload of _____.*
 - *The program maintains _____ FTE doulas.*

Compliance	Documentation	Notes
<input type="checkbox"/> No Supplemental Curricula 15.1 <input style="width: 200px; height: 20px;" type="text"/> 15.2 <input style="width: 200px; height: 20px;" type="text"/> 15.3 <input style="width: 200px; height: 20px;" type="text"/> 15.4 <input style="width: 200px; height: 20px;" type="text"/> <input type="checkbox"/> 15.5 Supplemental services include doula services If so, describe how the doula services are integrated into the research/evidence-based home visiting program model implemented:		

Compliance Issue 16. The program has developed a comprehensive, utilized referral system to ensure families are referred to community resources and services, as applicable. HV, CB, FL

Compliance	Documentation	Notes
<p>16.1 Evidence in each child's/family's file, as applicable, that the program develops written individualized Transition Plans to ensure children and families experience a seamless transition of services.</p> <p><input type="checkbox"/> Needs Improvement: Less than 50% of the child/family files reviewed have a written transition plan developed with the family as designated with signatures.</p> <p><input type="checkbox"/> Adequate: At least 50% of the child family files reviewed have a written transition plan developed with the family as designated with signatures.</p> <p><input type="checkbox"/> Exemplary: At least 90% of the child/family files reviewed have a written transition plan developed with the family as designated with signatures.</p>	<p><input type="checkbox"/> Written Transition Plan <input type="checkbox"/> Individual Family Goal Plan <input type="checkbox"/> Other (describe): <input type="text"/></p>	
<p><i>16.1.1 Note: Transition planning from a Birth to Age 3 Years program to an Age 3 to 5 Years program needs to begin at 2 years, 6 months. The written plan needs to be initiated (with an IFGP goal and action steps) and dated accordingly.</i></p>		
<p>16.1.1 Evidence in each child's/family's file, as applicable, that the program develops written, individualized Transition Plans with families beginning at 2 years, 6 months/30 months, (or six months prior to any scheduled transition).</p> <p><input type="checkbox"/> Needs Improvement: Less than 50% of the child/family charts reviewed have a written transition plan developed at 2 years, 6 months.</p> <p><input type="checkbox"/> Adequate: At least 50% of the child family charts reviewed have a written transition plan developed with the family as designated with signatures.</p> <p><input type="checkbox"/> Exemplary: At least 90% of the child/family charts reviewed have a written transition plan developed with the family as designated with signatures.</p>	<p><input type="checkbox"/> Written Transition Plan <input type="checkbox"/> Individual Family Goal Plan <input type="checkbox"/> Case notes <input type="checkbox"/> Other (describe): <input type="text"/></p>	

<p>16.2 Evidence the referral system is utilized when necessary/applicable.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Individual Family Goal Plan or Transition Plan</p> <p><input type="checkbox"/> Copy of referral</p> <p><input type="checkbox"/> Screening reports/results</p> <p><input type="checkbox"/> Developmental monitoring reports/results</p> <p><input type="checkbox"/> Copy of exit interview form with additional notes</p> <p><input type="checkbox"/> Other (describe):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>16.3 Evidence that referred children/families receive follow up to confirm access to new services.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Applicable (not enough time has passed)</p>	<p><input type="checkbox"/> Individual Family Goal Plan or Transition Plan</p> <p><input type="checkbox"/> Copy of referral with additional notes</p> <p><input type="checkbox"/> Screening reports/results</p> <p><input type="checkbox"/> Developmental monitoring reports/results</p> <p><input type="checkbox"/> Copy of exit interview form with additional notes</p> <p><input type="checkbox"/> Other (describe):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

Compliance Issue 17. The program has a plan that guides <u>collaboration</u> with other programs in the community that are concerned with the education, welfare, safety and health of young children. HV, CB, FL		
Compliance	Documentation	Notes
<p>17.1 Evidence the program has developed formal agreements with other service providers, through one or a combination of multiple MOUs</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Formal agreements address the following:</p> <p style="padding-left: 20px;">17.1.1 Define a referral and follow up system</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p style="padding-left: 20px;">17.1.2 Establish a plan for reducing duplication of services</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p style="padding-left: 20px;">17.1.3 Coordinate Individual Family Goal Plans</p> <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> Formal Agreements</p> <p><input type="checkbox"/> Memorandums of Understanding (MOU)</p> <p><input type="checkbox"/> Partnership Agreement(s)</p> <p><input type="checkbox"/> Other (describe):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

<input type="checkbox"/> No		
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Compliance Issue 18. The program has a written annual program evaluation and continuous quality improvement plan. HV, CB, FL

18.1 Note: The program may gather information from many sources to develop the program evaluation including, but not limited to, a program model self-assessment completed within the program year, PIQRI self-assessment, parent, staff, or program surveys, the annual program report that includes descriptions and outcomes, an updated logic model as suggested in the Prevention Initiative Implementation Manual, etc.

The program needs to prepare a written evaluation based on the findings from the data they have collected and then develop a continuous quality improvement plan or CQIP.

18.2 Note: A CQIP needs to be developed or updated yearly, regardless if the program is being monitored that fiscal year.

Compliance	Documentation	Notes
<p>18.1 Evidence the program has an annual written program evaluation that includes service descriptions and outcomes.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Written Program Annual Evaluation</p> <p><input type="checkbox"/> Other (describe): <input style="width: 100%; height: 20px;" type="text"/></p>	
<p>18.2 Evidence the program has a written Continuous Quality Improvement Plan (CQIP) on file, which is updated yearly.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The CQIP addresses the following:</p> <p><input type="checkbox"/> 18.2.1 Specific areas of deficiency or areas that the program would like to strengthen</p> <p><input type="checkbox"/> 18.2.2 Actions to be taken to remedy the deficiencies and, as applicable, the resources and professional development that will be targeted in improvement efforts</p> <p><input type="checkbox"/> 18.2.3 The person responsible and the timelines in which the deficiencies are expected to be corrected.</p>	<p><input type="checkbox"/> Continuous Quality Improvement Plan</p> <p><input type="checkbox"/> Other (describe): <input style="width: 100%; height: 20px;" type="text"/></p>	

Note: The program can show compliance by developing a framework specific for the program to support the annual evaluation of the program. The information gathered during this self-assessment will be used for continuous program improvement to enhance the services to children and families and to make revisions for the next program year. The framework should be developed by all the program staff, including but not limited to supervisors and direct service staff, and should reflect program activities that impact children and families and the services provided. This framework will consist of 3 sections including Monitor, Measure and New Outputs. Each defined below. The program should include at least information regarding home visit completion rates, child/family retention rates, enrollment at groups or childcare center, and if applicable, timely reporting of child developmental screens, child hearing/vision screens, health screens, well visit documentation, child immunization documentation, family centered assessments, individual family goal planning, transition planning, parent-child interaction assessments, and maternal depression screening.

Monitor: Instrument, tool, or device used for observing, checking, or keeping continuous record of a process or quantity. This may be a researched-based tool or a program-created instrument (e.g., survey or checklist).

Measure: Define parameters that indicate progress, status, or success.

New Outputs: Direct results of program activities and may include types, levels.

Examples can be found in the Prevention Initiative Implementation Manual.

<p>18.3 Framework</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Written framework (data to be collected, measures, and anticipated outcomes)</p> <p><input type="checkbox"/> Logic Model</p> <p><input type="checkbox"/> Other (describe):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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Compliance Issue 19. The program conducts staff development assessments and ongoing professional development. HV, CB, FL

19.1/19.1.1 Note: The program can show compliance by providing evidence of implementation of staff development assessment procedures and ongoing professional development activities. The program is required to maintain this information for every staff member.

Evidence of a written professional development plan must be provided. The following points are, at a minimum, necessary to complete the plan:

- *State the staff member's name, date of the plan, detailed timelines, signatures (as applicable), etc.*
- *Determine the needs of each staff member (teaching assistant, teacher, administrator, home visitor, etc.) within the program, i.e., assess the needs.*
- *Describe the staff in-service professional learning opportunities the program will provide to meet the individual staff needs (i.e., deliver in-service, reflective supervisor using home visit or teaching recording reviews) or describe other professional learning activities that will be provided (i.e., OUNCE or Baby Talk professional learning opportunities or conferences).*

Compliance	Documentation	Notes
<p>19.1 Evidence of staff development assessment procedures (e.g., surveys and interviews) and ongoing professional development activities for every staff member.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> 19.1.1 A staff development plan is written for all staff members.</p>	<p><input type="checkbox"/> Administrative supervision log and notes</p> <p><input type="checkbox"/> Reflective supervision log and notes</p> <p><input type="checkbox"/> Staff Professional Development Plan with log and notes</p> <p><input type="checkbox"/> Other (describe):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>19.3 All staff are registered in the IDHS Gateways to Opportunity registry or the Educator Licensure Information System (ELIS).</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Gateways to Opportunity Current Registry Care/Number</p> <p><input type="checkbox"/> Gateways to Opportunity Professional Development Record</p> <p><input type="checkbox"/> ELIS information</p> <p><input type="checkbox"/> Other (describe):</p>	

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Results Summary - Areas of Non-Compliance

PICC #	Description	Areas of Non-Compliance
1	Program framework	<input type="checkbox"/>
2	Program model	<input type="checkbox"/>
3	Fidelity to program model	<input type="checkbox"/>
4	Mission statement	<input type="checkbox"/>
5	No fees for program participation	<input type="checkbox"/>
6	Qualified staff	<input type="checkbox"/>
7	Policies and procedures	<input type="checkbox"/>
8	Screening for eligibility	<input type="checkbox"/>
9	Intensity of services	<input type="checkbox"/>
10	Developmental monitoring – Developmental screening	<input type="checkbox"/>
11	Developmental monitoring – Health	<input type="checkbox"/>
12	Individual Family Service Plan/Individual Family Goal Plan and Family Centered Assessment	<input type="checkbox"/>
13	Curriculum for parent education / Illinois Early Learning Guidelines	<input type="checkbox"/>
14	Eight designated areas of education, group schedules toy/book lending library, parent resource library, newsletters	<input type="checkbox"/>
15	Supplemental curricula and services	<input type="checkbox"/>
16	Referral, follow-up and transitions	<input type="checkbox"/>
17	Community collaboration	<input type="checkbox"/>
18	Program evaluation, framework and continuous quality improvement	<input type="checkbox"/>
19	Professional development	<input type="checkbox"/>

**FRAMEWORK-BASED SUPPLEMENTAL ITEMS
CENTER-BASED & FAMILY LITERACY ONLY**

Compliance Issue 20: Hours of the center-based services. CB/FL		
<i>20.1 Note: Some children in a PI program may be arriving and departing for the PI center-based hours only, while others may be eligible for extended hours of service through funding provided by the Child Care Assistance Program or Early Head Start. It is important for every program to maintain set PI program hours and maintain arrival and dismissal policies, procedures and nurturing practices. In Addition, the program needs to maintain documentation with sign-in sheets, classroom schedules, and attendance records for the PI program. Lesson Plans need to be specific for the PI program time-period.</i>		
Compliance	Documentation	Notes
<p>20.1 PI children are enrolled in a program that is between 2½ to 5 hours long five days a week.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Number of Hours: <input type="text"/> Minutes: <input type="text"/></p> <p>20.2 PI program has set program hours: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Start time: <input type="text"/> End time: <input type="text"/></p>	<p><input type="checkbox"/> Class schedules <input type="checkbox"/> Policies and Procedures Manual <input type="checkbox"/> Other (describe): <input type="text"/></p>	

Compliance Issue 21: Identification of DCFS licensure and standards, ExceleRate and Early Head Start as applicable. CB, FL		
Compliance	Documentation	Notes
<p>21.1 Evidence of appropriate current licensure by the Illinois Department of Children and Family Services.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>DCFS License Number: <input type="text"/></p> <p>Expiration Date: <input type="text"/></p>	
<p>21.2 Evidence, if applicable, of alignment and full compliance with Early Head Start/Head Start.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Current Early Head Start Federal Monitoring Report</p> <p>Date of the Report: <input type="text"/></p> <p>Expiration Date: <input type="text"/></p>	
<p>21.3 Evidence the program has a current Gold or Silver Circle of Quality through the ExceleRate Illinois Quality Recognition and Improvement System (QRIS).</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Gold Circle of Quality <input type="checkbox"/> Silver Circle of Quality</p> <p>Date of the Report: <input type="text"/></p>	

	Expiration Date: <input style="width: 20px; height: 20px;" type="text"/>	
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Compliance Issue 22: The program is implementing a research-based child-centered curriculum and assessment that is aligned with the Illinois Early Learning Guidelines. The program is implementing the Illinois Early Learning Guidelines. CB, FL

22.1 Note: The program can show compliance by implementing a curricula that is aligned with the Illinois Early Learning Guidelines for Children Birth to Age Three Years and on the ExceleRate Curriculum list.
<http://www.excelebrateillinoisproviders.com/resources-for-1b>.

22.2 The program can show compliance by implementing a research-based authentic assessment system that aligns with the curriculum and is observation based. The assessment is used to determine each child’s education plan. There is a system in place to measure progress over time and/or a portfolio collection for each child that measures progress over time.

22.3 Note: Refer to the IELG codes listed under number 13.

Compliance	Documentation	Notes
<p>22.1 Child-focused curriculum implemented:</p> <p><input type="checkbox"/> The Creative Curriculum ® for Infants, Toddlers & Twos</p> <p><input type="checkbox"/> High Scope ® Infants & Toddlers Curriculum</p> <p><input type="checkbox"/> Other please specify: <input style="width: 250px; height: 20px;" type="text"/></p>	<p><input type="checkbox"/> Curriculum alignment to the IELG</p> <input style="width: 200px; height: 25px;" type="text"/>	
<p>22.2 Child-focused assessment implemented:</p> <p><input type="checkbox"/> The Creative Curriculum Developmental Continuum for Infants and Toddlers</p> <p><input type="checkbox"/> High Scope ® Infants & Toddlers Curriculum</p> <p><input type="checkbox"/> Other (please specify):</p> <p>22.2.1 Approved Assessment: <input style="width: 250px; height: 20px;" type="text"/></p>		

<p>22.3 Illinois Early Learning Guidelines are being implemented.</p> <p><input type="checkbox"/> Needs Improvement: In the classroom lesson plans reviewed, less than 50% of the lesson plans have references to the IELGs in the past 6 weeks.</p> <p><input type="checkbox"/> Adequate: In the classroom lesson plans reviewed, at least 50% of the lesson plans have references to the IELGs in the past 6 weeks.</p> <p><input type="checkbox"/> Exemplary: In the classroom lesson plans reviewed, at least 90% of the lesson plans have references to the IELGs in the past 6 weeks.</p>	<p>References to the IELG are evident in the following:</p> <p><input type="checkbox"/> Classroom lesson plans</p> <p><input type="checkbox"/> Other (describe): <input type="text"/></p>	
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Compliance Issue 23: Staff to classroom ratios. CB/FL				
	Staff/Child Ratio Chart	ExceleRate Gold		
	AGE	Ratio	Group Size	
	6 weeks – 12 months	1:4	8	
	12-24 months	1:4	12	
	24-36 months	1:6	12	
Compliance	Documentation		Notes	
<p>23.1 The program adheres to the ExceleRate Gold or Early Head Start requirements to determine staff/child ratios in classrooms.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Enrollment lists with staff assignments</p> <p><input type="checkbox"/> File review</p> <p><input type="checkbox"/> Other (describe): <input type="text"/></p>			
<p>Classroom 1:</p> <p>Age of children: <input type="text"/></p> <p>Total number of children: <input type="text"/></p> <p>Total number of PI children: <input type="text"/></p> <p>Number of adults: <input type="text"/></p>	<p><input type="checkbox"/> Enrollment lists with staff assignments</p> <p><input type="checkbox"/> File review</p> <p><input type="checkbox"/> Other (describe): <input type="text"/></p>			

<p>Classroom 2:</p> <p>Age of children: <input type="text"/></p> <p>Total number of children: <input type="text"/></p> <p>Total number of PI children: <input type="text"/></p> <p>Number of adults: <input type="text"/></p>	<p><input type="checkbox"/> Enrollment lists with staff assignments</p> <p><input type="checkbox"/> File review</p> <p><input type="checkbox"/> Other (describe): <input type="text"/></p>	
<p>Classroom 3:</p> <p>Age of children: <input type="text"/></p> <p>Total number of children: <input type="text"/></p> <p>Total number of PI children: <input type="text"/></p> <p>Number of adults: <input type="text"/></p>	<p><input type="checkbox"/> Enrollment lists with staff assignments</p> <p><input type="checkbox"/> File review</p> <p><input type="checkbox"/> Other (describe): <input type="text"/></p>	
<p>Classroom 4:</p> <p>Age of children: <input type="text"/></p> <p>Total number of children: <input type="text"/></p> <p>Total number of PI children: <input type="text"/></p> <p>Number of adults: <input type="text"/></p>	<p><input type="checkbox"/> Enrollment lists with staff assignments</p> <p><input type="checkbox"/> File review</p> <p><input type="checkbox"/> Other (describe): <input type="text"/></p>	
<p>Classroom 5:</p> <p>Age of children: <input type="text"/></p> <p>Total number of children: <input type="text"/></p> <p>Total number of PI children: <input type="text"/></p> <p>Number of adults: <input type="text"/></p>	<p><input type="checkbox"/> Enrollment lists with staff assignments</p> <p><input type="checkbox"/> File review</p> <p><input type="checkbox"/> Other (describe): <input type="text"/></p>	

Compliance Issue 24: Classroom food service. CB/FL

Note: The program can show compliance by providing menus that align to 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 SECTION 407.330 NUTRITION AND MEAL SERVICE
<ftp://www.ilga.gov/jcar/admincode/089/089004070G03300R.html>

TITLE 89: SOCIAL SERVICES CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES SUBCHAPTER e: REQUIREMENTS FOR LICENSURE
https://www2.illinois.gov/dcf/aboutus/notices/documents/rules_407.pdf

Specifically:

1. *Snack is offered daily for half day. A meal is offered in the case of a full day program for participating children.*
2. *Snack is aligned with USDA Food and Nutrition Guidelines*
3. *Parent/guardian not required to provide or pay for a snack*

Compliance	Documentation	Notes
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<p>24.1 Evidence of Food Service: The program maintains compliance to the DCFS Standards set forth in 89 Ill. Adm. Code 407.330 (nutrition and meal service).</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Menus <input type="checkbox"/> Policy and Procedures Manual <input type="checkbox"/> Other (describe): <input type="text"/></p>	
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Compliance Issue 25: Classroom staff qualifications. CB/FL

- Note: TITLE 89: SOCIAL SERVICES CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES SUBCHAPTER e: REQUIREMENTS FOR LICENSURE
https://www2.illinois.gov/dcf/aboutus/notices/documents/rules_407.pdf

Specifically:

- Section 407.130 Qualifications for Child Care Director
- Section 407.140 Qualifications for Early Childhood Teachers and School-age Workers
- Section 407.150 Qualifications for Early Childhood Assistants and School-age Assistants
- Section 407.170 Substitutes

Compliance	Documentation	Notes
<p>25.1 Classroom Staff Qualifications:</p> <p><input type="checkbox"/> Needs Improvement: Program does not have an ExceleRate Illinois Silver or Gold Circle of Quality and PI staff do not meet ExceleRate Silver Circle of Quality</p> <p><input type="checkbox"/> Adequate: ExceleRate Illinois Silver Circle of Quality and staff meet the following:</p> <ul style="list-style-type: none"> PI Director Credentials: Gateways Illinois Director Credential Level I or higher (Beginning July 2018) OR Illinois Principal Endorsement (Beginning July 2018) PI Teaching Staff: At least 30% of PI teaching staff have a minimum of a Gateways ECE Credential Level 3 AND 30% of PI teaching staff in infant-toddler classrooms have a Gateways Infant Toddler Credential Level 2 (Beginning July 2018) All PI personnel must meet Department of Children and Family Services licensing requirements. <p><input type="checkbox"/> Exemplary: ExceleRate Illinois Gold Circle of Quality (required by 2024)</p> <ul style="list-style-type: none"> PI Director Credentials: Principal Endorsement or Gateways to 	<p><input type="checkbox"/> ExceleRate Illinois Silver Circle of Quality <input type="checkbox"/> ExceleRate Illinois Gold Circle of Quality <input type="checkbox"/> Evidence of program model training <input type="checkbox"/> Certifications <input type="checkbox"/> Credentials <input type="checkbox"/> Transcripts <input type="checkbox"/> Other (describe): <input type="text"/></p>	

<p>Opportunity Illinois Director Credential Level II or higher.</p> <ul style="list-style-type: none"> • PI Teacher Credentials: Early Childhood Professional Educator License (PEL) Teaching Endorsement or a Gateways to Opportunity Infant Toddler Credential or an Early Childhood Education Credential, Level 5. • Other PI classroom staff are required to hold a Gateways to Opportunity Early Childhood Education Credential Level 4. • All PI personnel must meet Department of Children and Family Services licensing requirements. 		
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Compliance Issue 26: Expulsion/Suspension Policies and Procedures. CB/FL		
Compliance	Documentation	Notes
<p>26.1 Program has a written policy prohibiting expulsion and suspension</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> A copy of program policy prohibiting expulsion and suspension is in the policies and procedures manual</p>	

FAMILY LITERACY ONLY

27: Adult education offered. FL		
Compliance	Documentation	Notes
<p>27.1 Identification of the adult education offered (FL - Only applies to Family Literacy Programs).</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> 27.1.1 Alternative High School</p> <p><input type="checkbox"/> 27.1.2 GED</p> <p><input type="checkbox"/> 27.1.3 English Learning</p> <p><input type="checkbox"/> 27.1.4 Other</p> <div data-bbox="149 1577 581 1623" style="border: 1px solid black; height: 20px; width: 100%;"></div>		

PICC #	Description – Center Based and Family Literacy Items	Areas of Non-Compliance
20	Hours of the center-based services	<input checked="" type="checkbox"/>
21	Identification of DCFS licensure and standards, ExceleRate and Early Head Start as applicable.	<input type="checkbox"/>
22	Research-based child-centered curriculum and assessment/Illinois Early Learning Guidelines	<input type="checkbox"/>
23	Staff to child classroom ratios.	<input type="checkbox"/>
24	Classroom food service	<input type="checkbox"/>
25	Classroom staff qualifications.	<input type="checkbox"/>
26	Expulsion/Suspension Policies and Procedures.	
PICC #	Description – Family Literacy Item	Areas of Non-Compliance
27	Family Literacy - Adult Education	<input type="checkbox"/>