

# Illinois State Board of Education

## Prevention Initiative Compliance Checklist Fiscal Year 2024

The Illinois State Board of Education (ISBE) maintains a contract with The Vander Weele Group LLC to implement Prevention Initiative (PI) program monitoring to support quality improvement and to maintain compliance with the [Early Childhood Block Grant Administrative Rules, Part 235, Subpart A](#). Please review the [ISBE Early Childhood Prevention Initiative webpage](#) for additional details and the latest information for Prevention Initiative programs. Programs must align to ISBE policy, the compliance checklist.

### Tools used for PI Home Visiting Program Monitoring (FY 2024)

- Prevention Initiative Compliance Checklist: This measures compliance to the [23 Illinois Administrative Code Section 235, Illinois Early Learning Guidelines](#), and the [Birth to Five Program Standards](#).
- Home Visit Rating Scales (HOVRS): The HOVRS A+ measures the quality of 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.; and Innocenti, M. S. (2008).
- Prevention Initiative Quality Evaluation Tool (PIQET) - The PIQET tool is designed to measure and give feedback about quality programming based upon research and standards from a variety of sources, including the ISBE's Illinois Birth to Five Program Standards and the Early Childhood Technical Assistance Center (ECTA).

### Tools used for PI Center-Based Monitoring (FY 2024)

- Prevention Initiative Compliance Checklist
- 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). Teachers College, Columbia University New York.
- Family Child Care Environmental Rating Scales (FCCERS)- The FCCERS assesses both environmental provisions and provider-child interactions that contribute to children's learning and development, including language, cognitive, social-emotional, and physical development, as well as concerns for health and safety (FCCH ONLY). Harms, T., Cryer, D., Clifford, R. M., & Yazejian, N. (2019). Family Child Care Environment Rating Scale, third edition (FCCERS-3). New York, NY: Teachers College Press.
- Prevention Initiative Quality Evaluation Tool (PIQET)

### Notes:

- **Files from the current fiscal year will be reviewed unless additional information is required.**
- **If staff are serving children/families identified as Prevention Initiative, they are subject to PI monitoring regardless of funding stream.**

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RCDT:	
Program Name in IWAS:	
Program Address (street, city, ZIP code):	
Authorized Official:	
Visit Date:	
Assessor:	
Notes:	

### Prevention Initiative

PI1. Identification of the Prevention Initiative program. HV, CB		
Compliance	Documentation	Notes
<p>A. PI Program Type:</p> <p style="margin-left: 20px;"><input type="checkbox"/> PI Home Visiting</p> <p style="margin-left: 40px;"><input type="checkbox"/> Doula Services</p> <p>PI Center-Based</p> <p style="margin-left: 20px;"><input type="checkbox"/> DCFS Licensed Child Care</p> <p style="margin-left: 20px;"><input type="checkbox"/> DCFS Licensed Family Child Care Homes</p>		<p><a href="#">Prevention-Initiative-Program-HV-CB-Criterion.pdf (isbe.net)</a></p> <p><a href="#">Early Childhood Block Grant Family Child Care Model</a></p>
<p>B. Program services for children and families operate on the following schedule:</p> <p><input type="checkbox"/> 165 or more working days providing services to children</p>	<p><input type="checkbox"/> Program calendar</p> <p><input type="checkbox"/> Pay stubs</p> <p><input type="checkbox"/> Schedule within a program manual/handbook</p> <p><input type="checkbox"/> Schedule within a staff manual/handbook</p> <p><input type="checkbox"/> Schedule within program brochures</p> <p><input type="checkbox"/> Other (describe in notes):</p>	<p><a href="#">[23 Ill. Adm. Code 235.20(c)(13)]</a></p>

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PI2. The program has a mission statement based on shared beliefs developed cooperatively by parents/guardians, families, staff members, and community representatives. HV, CB		
Compliance	Documentation	Notes
A. Mission statement has been developed. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Copy of mission statement (School district mission statement acceptable. Mission statement in program brochure or on paperwork is acceptable.)	<a href="#">[23 Ill. Adm. Code 235.20(c)(2)(A)]</a>
B. Mission statement is publicly available. <input type="checkbox"/> Yes <input type="checkbox"/> No		Note: The program may have the mission statement visible in a room where groups are held or other places where families are served in a school district or agency. A school district mission statement is acceptable.
PI3. The program will not collect any fees from parents/guardians and their children who are enrolled. HV, CB		
Compliance	Documentation	Notes
A. Program does not charge fees for participation in the program. (For example, program does not charge families fees for childcare, transportation, field trips, or registrations; program does not require families to purchase supplies or materials.) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Statement visible on program brochure or paperwork <input type="checkbox"/> Policy in Policies and Procedures Manual or another similar document <input type="checkbox"/> Other (describe in notes):	<a href="#">[23 Ill. Adm. Code 235.20(c)(16)]</a> Note: The program can demonstrate compliance by showing evidence in 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. <a href="#">PIM</a> Pages 8, 21
PI4. The program has developed policies and procedures. HV, CB		
Compliance	Documentation	Notes
A. Evidence that program has developed written policies to guide staff to comply with mandated reporting laws for child abuse and neglect. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Written mandated reporting policies and procedures for staff in a Policies and Procedures Manual <input type="checkbox"/> Written mandated reporting policies and procedures for staff in an Employee Handbook <input type="checkbox"/> Other (describe in notes)	<a href="#">[23 Ill. Adm. Code 235. Appendix B Program Goal 1]</a> Note: The program can show evidence that it has developed a policy by providing a Policies and Procedures Manual or another similar document. The policy and where it is located may be different from program to program.

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PI5. Program eligibility screening procedures include all required documentation that is found in each child’s file, as applicable. [23 Ill. Adm. Code 235.40(b)] HV, CB		
Compliance	Documentation	Notes
A. Each program utilizes a weighted eligibility screen form. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weighted Eligibility Criteria Form <input type="checkbox"/> Other (describe in notes)	<a href="#">[23 Ill. Adm. Code 235.320 and 235.330 and 235.340]</a> Note: <a href="#">Sample Weighted Eligibility Form</a> , Every child enrolled in the PI program needs to have a completed weighed eligibility screen form on file. Income verification is required each time a weighed eligibility screen form is completed.
The programs utilizes the weighted eligibility criteria form, programs must include the following priority populations on the weighted eligibility checklist as they prioritize enrollment: <input type="checkbox"/> B. Children with developmental delays		
<input type="checkbox"/> C. Children whose screening indicated delays in development but do not have a current referral to early intervention		
<input type="checkbox"/> D. Children experiencing homelessness		
<input type="checkbox"/> E. Youth in Care		
<input type="checkbox"/> F. Children with family income that is 50% below the federal poverty Level		
<input type="checkbox"/> G. Children whose parent or caregiver speaks a language other than English		
H. 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.	<input type="checkbox"/> Prevention Initiative Weighted Eligibility Form in child/family file <input type="checkbox"/> Copy of Exit Interview Form <input type="checkbox"/> Other (describe in notes):	

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<p>- Family is on the PI waiting list.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		
<p>I. Families with the most points on the weighted eligibility criteria measure are prioritized on an enrollment/waiting list.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No waiting lists</p> <p>Exception: Second child of family already enrolled in a PI home visiting program is eligible for the program per the second child's weighted eligibility criteria form. The second child still must have a completed screening and be eligible for the PI program.</p>	<p><input type="checkbox"/> Copies of the Prevention Initiative Weighted Eligibility Forms, Enrollment Forms, Exit Interview Forms</p> <p><input type="checkbox"/> Enrollment list and/or waiting list (list or report of all screened families with eligibility points and enrollment status)</p> <p><input type="checkbox"/> Other (describe in notes):</p>	
<p>J. Proof of Income verification is in each child/family file.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		<p><a href="#">Income Verification FAQ</a></p>
<p>K. Evidence of completed/conducted parent interview, with form in child's file.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Prevention Initiative Parent Interview Form (PIF)</p>	<p><a href="#">[23 Ill. Adm. Code 235.20(c)(6)(D)]</a></p> <p>Note: Each child file must have a completed Parent Interview Form to comply. <a href="#">Sample Parent Interview Form</a></p>
<p>L. Identification of the preferred language.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Prevention Initiative Parent Interview Form (PIF)</p> <p><input type="checkbox"/> Home Language Survey</p> <p><input type="checkbox"/> Other:</p>	<p><a href="#">[23 Ill. Adm. Code 235.20(c)(6)(D)]</a></p>

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<p>M. Arrangements have been made for the interview to be conducted in the family’s preferred language, as applicable.</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> PIF includes the identification of a translator to conduct the parent interview in the parent’s preferred language, as applicable</p> <p><input type="checkbox"/> Documentation of the accommodations that were provided such as assistance from a translator or a bi-lingual staff member is required, and the signature of the translator and parent is also required.</p>	<p><a href="#">[23 Ill. Adm. Code 235.20(c)(6)(D)]</a></p> <p>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 the family’s preferred language and if needed, the program needs to describe the arrangements/accommodations that were provided. The section may not be left blank. For full compliance a signature of the parent and translator is required.</p>
<p>N. All families served live outside the City of Chicago/Chicago Public Schools but must live within the state of Illinois.</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p><input type="checkbox"/> File review for proof of address</p>	<p><a href="#">PI RFP</a></p>
<p>PI6. 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. [23 Ill. Adm. Code 235.40(d)] HV, CB</p>		
Compliance	Documentation	Notes
<p>A. Evidence in each child/family file that a published, research-based Family Centered Assessment is conducted within 6 months of enrollment and annually thereafter.</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Life Skills Progression™</p> <p><input type="checkbox"/> Baby TALK Family Centered Assessment</p> <p><input type="checkbox"/> Other (describe in notes):</p>	<p><a href="#">[23 Ill. Adm. Code 235.40(d)]</a></p> <p>Note: Programs may use the LSP child portion with the ASQ (or another child developmental tool) or use the ASQ (or another child developmental tool) in place of the LSP child portion of the tool.</p>
<p>B. Evidence in each child/family file that an Individual Family Goal Plan has been developed within 6 months of enrollment and updated annually thereafter.</p>	<p><input type="checkbox"/> Individual Family Goal Plan Form</p>	<p><a href="#">[23 Ill. Adm. Code 235.40(d)]</a></p>

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<input type="checkbox"/> Yes <input type="checkbox"/> No		
C. Evidence in each child/family file of a parent or guardian signature indicating that an Individual Family Goal Plan has been developed in partnership with the family. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Individual Family Goal Plan Form with signature	Note: If a program uses an electronic data management system to maintain information that requires a signature, the forms must be printed, signed, and placed in the file.
PI7. The program has developed a comprehensive, utilized referral system to ensure families are referred to community resources and services, as applicable. [23 Ill. Adm. Code 235.40(c)(g)] HV, CB		
<b>Compliance</b>	<b>Documentation</b>	<b>Notes</b>
A. Evidence in each child/family file, as applicable, that the program develops written individualized Transition Plans to ensure children and families experience a seamless transition of services. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Written Transition Plan <input type="checkbox"/> Individual Family Goal Plan <input type="checkbox"/> Comprehensive case notes for families that exited suddenly with documented attempts to contact the family <input type="checkbox"/> Other (describe in notes)	<a href="#">[23 Ill. Adm. Code 235.40(g)]</a>
B. Evidence the referral system is utilized when necessary/applicable. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Individual Family Goal Plan or Transition Plan <input type="checkbox"/> Copy of referral <input type="checkbox"/> Screening reports/results <input type="checkbox"/> Developmental monitoring reports/results <input type="checkbox"/> Copy of exit interview form with additional notes <input type="checkbox"/> Not applicable for some families that did not require a referral <input type="checkbox"/> Other (describe in notes):	<a href="#">[23 Ill. Adm. Code 235.40(c)]</a>
PI8. The program has a written Annual Self-Assessment/Evaluation and continuous quality improvement plan. HV, CB		
<b>Compliance</b>	<b>Documentation</b>	<b>Notes</b>

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<p>A. Evidence the program has a written Annual Self-Assessment/Evaluation that includes measurable outcomes for children and families that are designed to effectively gauge the success of the program and yield enough data that can be used to improve the program.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Written Annual Self-Assessment/Evaluation <input type="checkbox"/> Other (describe in notes):</p>	<p><a href="#">[23. Ill. Adm. Code 235.20(c)(17) and 235.70 (a)(1-4) (b) and 235. Appendix B Program Goal III]</a> Note: <a href="#">PIM</a> Pages 68 - 78</p>
<p>B. Evidence the program has a written CQIP, which is updated annually, on file.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Continuous Quality Improvement Plan, with evidence of annual updates. <input type="checkbox"/> Other (describe in notes):</p>	<p><a href="#">[23. Ill. Adm. Code 235.67(c) (1-3)]</a> Note: <a href="#">PIM</a> Page 67, <a href="#">PI CQIP Guidance</a></p>
<p>PI9. The program conducts staff development assessments and ongoing professional development. [23. Ill. Adm. Code 235.20(c)(17) and 235. Appendix B Program Goal III] HV, CB</p>		
Compliance	Documentation	Notes
<p>A. A staff Professional Development Plan is written for all staff members.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Professional Development Plan</p>	<p><a href="#">[23. Ill. Adm. Code 235.20(c)(17) and 235. Appendix B Program Goal III]</a> Note: The program is required to maintain a written Professional Development Plan for PI staff. The following points are, at a minimum, necessary to complete the plan:</p> <ul style="list-style-type: none"> <li>• State the staff member’s name, date of the plan, detailed timelines, signatures (as applicable), etc.</li> <li>• Determine the needs of each direct service staff member (teaching assistant, teacher, doula, paraprofessionals, and home visitor) within the program (e.g., assess the needs).</li> <li>• Describe the staff in-service professional learning opportunities the program will</li> </ul>



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		provide to meet the individual staff needs (e.g., deliver in-service, reflective supervision) or describe other professional learning activities that will be provided (e.g., Start Early or Baby Talk professional learning opportunities or conferences). <a href="#">Sample PI Professional Development Plan</a>
PI10. Developmental screening/monitoring 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. [23 Ill. Adm. Code 235.20(c)(6) (A-D, F)] HV, CB.		
Compliance	Documentation	Notes
A. Any family enrolled for 6 months or longer and the child is 3 months or older must have a completed, comprehensive, research-based developmental screening in the child’s/ family’s file. <input type="checkbox"/> Yes <input type="checkbox"/> No	Broad-based Screening Instrument: <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 in notes)  Social and Emotional Screening Instrument: <input type="checkbox"/> Ages & Stages Questionnaire: Social and Emotional® <input type="checkbox"/> Other (describe in notes):	<a href="#">[23 Ill. Adm. Code 235.20(c)(6) (A-D, F)]</a> Note: More than one tool may be needed to ensure a comprehensive evidence-based screening has occurred. For example, the ASQ + ASQ-SE used together would provide a comprehensive child development screening. For example, the ASQ + DECA used together would provide a comprehensive child development screening.
Screenings must include the following areas as appropriate for the age of the child: <input type="checkbox"/> B. Cognitive Development		<a href="#">[23 Ill. Adm. Code 235.20(c)(6)(B)(i)]</a>
<input type="checkbox"/> C. Social and Emotional Development		<a href="#">[23 Ill. Adm. Code 235.20(c)(6)(B)(i)]</a>
<input type="checkbox"/> D. Fine and Gross Motor Skills		<a href="#">[23 Ill. Adm. Code 235.20(c)(6)(B)(i)]</a>
<input type="checkbox"/> E. Visual Motor Integration		<a href="#">[23 Ill. Adm. Code 235.20(c)(6)(B)(i)]</a>
<input type="checkbox"/> F. Language and Speech Development		<a href="#">[23 Ill. Adm. Code 235.20(c)(6)(B)(i)]</a>
G. Evidence in each child’s/family’s file of the parent/guardian permission signatures for developmental monitoring.	<input type="checkbox"/> Consent/release signatures (Consent form may be written for the term of the program.)	<a href="#">[23 Ill. Adm. Code 235.20(c)(6)(C)]</a> Note: The program can show compliance by providing information about how this

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<input type="checkbox"/> Yes <input type="checkbox"/> No		<p>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:</p> <ul style="list-style-type: none"> <li>• Date the permission was signed;</li> <li>• Statement of what the parent/guardian who is signing is permitting;</li> <li>• Name of the tool or tools used;</li> <li>• Dates the permission is valid (annually is best practice);</li> <li>• Name of the child for whom the screening permission is valid;</li> <li>• Name of the parent/guardian;</li> <li>• Signature of the parent/guardian;</li> <li>• Name of the PI staff obtaining the permission.</li> </ul>
<p>H. 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	<input type="checkbox"/> Results Summary Form with Staff and Parent Signature <input type="checkbox"/> Other (describe in notes):	<p>Note: 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:</p> <ul style="list-style-type: none"> <li>• Name of child screened;</li> <li>• Research-based tool used;</li> <li>• Results shared;</li> <li>• Shared with whom (parent/guardian name);</li> <li>• Signature of parent/guardian;</li> <li>• Date the child was screened;</li> </ul>

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		<ul style="list-style-type: none"> <li>• Date the results were shared;</li> <li>• Name and signature of screener (staff).</li> </ul>
<p>I. Evidence that children identified with developmental concerns are referred for further evaluation.</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"/> Not applicable for some families that did not require a referral</p> <p><input type="checkbox"/> Other (describe in notes):</p>	

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### Home Visiting

HV1. Identification of the program model implemented for parent education. [23 Ill. Adm. Code 235.40(a)] HV		
Compliance	Documentation	Notes
<p>A. Program Model:</p> <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 type="checkbox"/> Evidence of implementation of program model curriculum (e.g., lesson plans) <input type="checkbox"/> Evidence of the program model online management system <input type="checkbox"/> Evidence of the completed program model annual program report <input type="checkbox"/> Evidence of the home visitors program model certification or credential <input type="checkbox"/> Other (describe in the notes):	<p><a href="#">[23 Ill. Adm. Code 235.40(a)]</a></p> <p>Note: The easiest documentation to provide is the chosen program model's recognized award for model fidelity and quality. Other forms of evidence currently include lesson plans that show the implementation of the program model curriculum, the program model online management information system, the program model Annual Program Report, and/or the home visitor program model certification or credential.</p>
HV2. Identification of the program's model fidelity and quality. HV		
Compliance	Documentation	Notes
<p>A. Evidence of alignment and compliance with the chosen program model.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Program Model Documentation:</p> <input type="checkbox"/> Baby TALK Quality Confirmation <input type="checkbox"/> Early Head Start Federal Monitoring Report <input type="checkbox"/> Healthy Families America Accreditation <input type="checkbox"/> Nurse Family Partnership <input type="checkbox"/> Parents as Teachers Quality Endorsement <input type="checkbox"/> Other (describe in notes):	<p>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.</p>

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HV3. The program employs qualified staff in accordance with the program model being implemented. [23 Ill. Adm. Code 235.20(c)(9)] HV		
Compliance	Documentation	Notes
<p>A. Program employs qualified staff in accordance with program model.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Funding can be used to support parity of salaries between staff in community-based programs and those working in the local school district (with the same qualifications, education, and experience).</p> <p><a href="#">Start-Early-MIECHV-Cost-Model.pdf (isbe.net)</a></p>	<p><input type="checkbox"/> Educational transcripts</p> <p><input type="checkbox"/> Start Early, Baby TALK, Gateways professional learning transcripts</p> <p><input type="checkbox"/> Evidence of program model training</p> <p><input type="checkbox"/> Certifications</p> <p><input type="checkbox"/> Credentials</p> <p><input type="checkbox"/> Other (describe in notes):</p>	<p><a href="#">[23 Ill. Adm. Code 235.20(c)(9)]</a></p> <p>Note: The program can demonstrate compliance by providing the program model certification and/or evidence of the educational or professional development experiences of each individual Direct Service staff member (teachers, teaching assistants, doulas, paraprofessionals, and home visitors) as requested by the assessor. The program must maintain compliance to the chosen program model requirements for qualified staff. Evidence may be provided in the form of school transcripts, model certificates, or transcripts offered by Gateways to Opportunity, Start Early, or Baby TALK.</p> <p>The program needs to prepare a document listing the direct service staff (teachers, teaching assistants, doulas, paraprofessionals, and home visitors) with the following information: staff names and position/title, educational level, and certifications and/or credentials, as well as be prepared to show evidence.</p>

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<p>B. ISBE-funded home visitors are at least .5 FTE.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Timecards</p> <p><input type="checkbox"/> Time and Effort documentation</p> <p><input type="checkbox"/> Other (describe in notes):</p>	<p>Note: The program can show evidence by providing timecards or time and effort logs and an organizational chart with full-time equivalence (FTE) for each staff member indicated within the chart.</p>
<p>C. The program maintains a staff structure of at least three FTE home visitors. (HV)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> ISBE staff (at least one FTE, but fewer than three FTE) are supplemental to a program funded by another funds, such as, Illinois Department of Human Services Maternal Infant (MIECHV) or Early Head Start, etc.</p>		<p>Note: A PI Home Visiting program must have three full-time or six half-time home visitors. The program may have more FTE direct service providers/home visitors, but all need to be at least .5 FTE or half time.</p>
<p>D. ISBE PI funded FTE home visitors: _____</p>		
<p>HV4. The program is implementing a research-based curriculum for parent education that is aligned with the Illinois Early Learning Guidelines (IELG). The program is implementing the IELG. [23 Ill. Adm. Code 235.20 (c)(3)(A-B) and 23 Ill. Adm. Code 235.40(a)] HV</p>		
<b>Compliance</b>	<b>Documentation</b>	<b>Notes</b>
<p>A. Identification of the research based, IELG aligned curriculum:</p>		<p><a href="#">[23 Ill. Adm. Code 235.40(a)]</a></p>
<p>B. References to the Illinois Early Learning Guidelines are evident:</p> <p><input type="checkbox"/> In the visit plans and group lesson plans, the parent-child activities have references to the IELGs.</p> <p><input type="checkbox"/> In the visit plans and group lesson plans, the parent-child activities have references to the research-based IELG aligned curriculum objectives.</p>	<p><input type="checkbox"/> Visit Plans</p> <p><input type="checkbox"/> Group Lesson Plans</p> <p><input type="checkbox"/> Other (describe in notes):</p>	<p><a href="#">[23 Ill. Adm. Code 235.20 (c)(3)(A-B)]</a></p> <p>Note: To be in compliance</p> <ul style="list-style-type: none"> <li>• References to the IELG are in visit plans and group lesson plans (<a href="#">IELG Reference Guide</a>, all IELG components must be referenced) or</li> <li>• References to the research based, IELG aligned curriculum objectives</li> </ul>

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		are in the visit plans and group lesson plans.
HV5. Supplemental Doula Services. May not apply to all programs. HV		
Compliance	Documentation	Notes
<p>Home Visiting/Doula</p> <p>A. All doula services are fully integrated within the context of the evidence-based home visiting program model.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> A staffing document that reflects both the home visitor and doula caseloads by month that will document the overlap of visits</p>	<p>Remember: A child or pregnant person may only be enrolled in one Prevention Initiative program at a time. For example, a child may not be enrolled in PI Program A and PI Program B at the same time. For example, a child may not be enrolled in a PI Home Visiting Program and a PI Center-based Program at the same time.</p>
<p>B. The PI program must, at least, maintain 1 FTE ISBE PI funded Home Visitor.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Timecards</p> <p><input type="checkbox"/> Time and Effort documentation</p> <p><input type="checkbox"/> Job descriptions</p> <p><input type="checkbox"/> Other (describe in notes):</p>	
<p>C. The PI funded doula maintains a caseload serving families from the PI funded home visitor.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Note: All expectant families participating in PI funded home visiting can voluntarily choose to participate in supplemental PI funded doula services. Doula services are not required.</p>	<p><input type="checkbox"/> File documentation</p> <p><input type="checkbox"/> Other (describe in notes):</p>	

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<p>D. If the program employs only one doula or one hybrid doula, the program must employ one back-up doula. If the program has multiple doula or hybrid doula positions, those staff members will act as back-up doulas for each other.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Timecards <input type="checkbox"/> Time and Effort documentation <input type="checkbox"/> Job descriptions <input type="checkbox"/> Other (describe in notes):</p>	
<p>E. The program maintains _____ FTE doula supervisor(s).</p>	<p><input type="checkbox"/> Timecards <input type="checkbox"/> Time and Effort documentation <input type="checkbox"/> Job descriptions <input type="checkbox"/> Other (describe in notes):</p>	
<p>F. The program maintains _____ FTE home visitors.</p>	<p><input type="checkbox"/> Timecards <input type="checkbox"/> Time and Effort documentation <input type="checkbox"/> Job descriptions <input type="checkbox"/> Other (describe in notes):</p>	
<p>G. Does the program maintain doula (<b>Only</b>) positions? <input type="checkbox"/> Yes <input type="checkbox"/> No The program maintains _____ FTE doulas (<b>Only</b>).</p>	<p><input type="checkbox"/> Timecards <input type="checkbox"/> Time and Effort documentation <input type="checkbox"/> Job descriptions <input type="checkbox"/> Other (describe in notes):</p>	
<p>H. Does your program maintain <b>hybrid</b> doula/home visitor positions? <input type="checkbox"/> Yes <input type="checkbox"/> No The program maintains _____ FTE <b>hybrid</b> doula/home visitor positions.</p>	<p><input type="checkbox"/> Timecards <input type="checkbox"/> Time and Effort documentation <input type="checkbox"/> Job descriptions <input type="checkbox"/> Other (describe in notes):</p>	
<p>I. The program maintains _____ FTE back-up doulas.</p>	<p>Staffing structure and/or Back-up doula job description</p>	



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<p>J. Doula Supervisor(s) have completed the following trainings:</p> <p>3-day DONA Core Training  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Community Based Family Administered Neonatal Activities -FANA Training  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Home Visiting Program Model  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Doula supervisor Series (All three topics/year)  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Doula supervisor learning community (Three times per year)  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<input type="checkbox"/> Educational transcripts <input type="checkbox"/> Start Early or Gateways Professional Learning transcripts <input type="checkbox"/> Evidence of program model training <input type="checkbox"/> Certifications <input type="checkbox"/> Credentials <input type="checkbox"/> Other (describe in notes):	
<p>K. Doulas, hybrid doulas and if applicable the back-up doulas must complete the following trainings:</p> <p>3-day DONA Core Training  <input type="checkbox"/> Yes</p>	<input type="checkbox"/> Educational transcripts <input type="checkbox"/> Start Early or Gateways Professional Learning transcripts <input type="checkbox"/> Evidence of program model training <input type="checkbox"/> Certifications	

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<input type="checkbox"/> No  Community Based Family Administered Neonatal Activities -CB-FANA Training <input type="checkbox"/> Yes <input type="checkbox"/> No  Home Visiting Program Model <input type="checkbox"/> Yes <input type="checkbox"/> No  The doula, hybrid doula, and if applicable the backup doula must attend all three sessions Topics are: <ul style="list-style-type: none"> <li>• C-section</li> <li>• Epidural</li> <li>• Induction</li> </ul> <input type="checkbox"/> Yes <input type="checkbox"/> No  Doula combined (once/year) The doula, hybrid doula, and if applicable the backup doula must attend this session <input type="checkbox"/> Yes <input type="checkbox"/> No  Doula basics (attend all three) The doula, hybrid doula, and if applicable the back-up doula must attend. Topics are: <ul style="list-style-type: none"> <li>• Prenatal</li> </ul>	<input type="checkbox"/> Credentials <input type="checkbox"/> Other (describe in notes):	
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<ul style="list-style-type: none"> <li>• Childbirth</li> <li>• Post-natal</li> </ul> <input type="checkbox"/> Yes <input type="checkbox"/> No  Doula book club (Participate with at least 5 of the 6 books) The doula, hybrid doula, and if applicable the backup doula. <input type="checkbox"/> Yes <input type="checkbox"/> No		
L. The program maintains a contract with a medical professional, that has labor and delivery as their specialization, to serve as a resource for the doula(s), hybrid doula(s), if applicable back-up doula(s) and the doula supervisor. (no one with only doula training can serve in this capacity)	<input type="checkbox"/> Signed contract, time sheet or P.O. for services	
M. Each doula family has a birth plan within 2 weeks doula services have begun. (Exception if services did not begin by 7th month or if child was born preterm) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Birth Plan	Note: Birth plan must include, but is not limited to: <ul style="list-style-type: none"> <li>• Date the plan was created;</li> <li>• Signature of expectant parent and doula;</li> <li>• List of who the plan will be given to;</li> <li>• Expectant persons medical history;</li> <li>• Who will be present for the birth;</li> <li>• Pain management preferences;</li> <li>• Environment of birthing room;</li> <li>• Birth position preferences;</li> <li>• Once newborn arrives needs while still in hospital;</li> </ul>

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		<ul style="list-style-type: none"> <li>• Feeding preferences;</li> <li>• Post-partum care.</li> </ul>
<p>N. All doula families will work with the doula and home visitor to develop a doula service and birth summary.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Doula service and birth summary</p>	<p>Note: Doula service and birth summary must include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Number of prenatal visits with the doula;</li> <li>• Number of prenatal doctor appointments attended by the doula;</li> <li>• Number of post-natal doctor appointments attended by the doula;</li> <li>• Summary of any birthing or other related pregnancy groups attended by the doula with the family;</li> <li>• If the doula is present for the birth, the doula birth summary;</li> <li>• Delivering person's birth story, whether the doula is present for the birth or not;</li> <li>• Survey given to the participating family garnering feedback about the doula services provided.</li> </ul>
<p>O. All doula(s), hybrid doula(s) and if applicable back-up doula(s) need a written Professional Development Plan.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Written Professional Development Plan</p>	

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### DCFS Licensed Center-Based and [DCFS Family Child Care Homes](#)

CB1: Hours of the PI center-based services. CB		
Compliance	Documentation	Notes
<p>A. PI children are enrolled in a program that provides a minimum of 2 hours 30 minutes.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Class schedules</p> <p><input type="checkbox"/> Policies and Procedures Manual</p> <p><input type="checkbox"/> Other (describe in notes):</p>	<p>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.</p>
<p>B. Number of Hours: _____</p> <p>Number of Minutes: _____</p>		
<p>C. PI program has set program hours:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		
<p>D. Start time: _____ End time: _____</p>		
<p>E. A PI funded teacher is in the classroom throughout the hours of PI operation.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		
<p>F. DCFS Family Child Care Home: There is a second person caring for the children that are</p>		

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not age eligible or not qualified for the PI program. <input type="checkbox"/> Yes <input type="checkbox"/> No		
CB2. Identification of Department of Children and Family Services (DCFS) licensure and standards, ExceleRate, and Early Head Start, as applicable. [23 Il. Adm. Code 235.10(b)] CB		
Compliance	Documentation	Notes
A. Evidence of appropriate current licensure by the Illinois Department of Children and Family Services. <input type="checkbox"/> Yes <input type="checkbox"/> No	DCFS License Number: Expiration Date:	<a href="#">[23 Il. Adm. Code 235.10(b)]</a>
B. Evidence, if applicable, of alignment and full compliance with Early Head Start/Head Start. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Current Early Head Start Federal Monitoring Report Date of the Report:	<a href="#">[23 Ill. Adm. Code 235.40(a)]</a>
C. Evidence the program is working toward the next advanced level of the ExceleRate Illinois Quality Recognition and Improvement System. <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently: <input type="checkbox"/> Licensed <input type="checkbox"/> Bronze Circle of Quality <input type="checkbox"/> Silver Circle of Quality <input type="checkbox"/> Gold Circle of Quality  Date of the Report: Expiration Date:	
D. Describe the evidence the program provided that shows work toward the next level of ExceleRate:	<input type="checkbox"/> Describe in notes	

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CB3. 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 IELG. [23 Ill. Adm. Code 235.20 (c)(3)(A-B) and 23 Ill. Adm. Code 235.40(a)] CB		
Compliance	Documentation	Notes
A. Identification of the research based, IELG aligned curriculum:		<a href="#">[23 Ill. Adm. Code 235.40(a)]</a>
B. References to the Illinois Early Learning Guidelines are evident: <input type="checkbox"/> In the classroom lesson plans, the child activities have references to the IELGs. <input type="checkbox"/> In the classroom lesson plans, the child activities have references to the research based, IELG aligned curriculum objectives.	<input type="checkbox"/> Classroom Lesson Plans <input type="checkbox"/> Other (describe in notes):	<a href="#">[23 Ill. Adm. Code 235.20 (c)(3)(A-B)]</a> To be in compliance: <ul style="list-style-type: none"> <li>References to the IELG are in classroom lesson plans (<a href="#">IELG Reference Guide</a>, all IELG components must be referenced) or</li> <li>References to the research based, IELG aligned curriculum objectives are in classroom lesson plans.</li> </ul>
CB4. Staff to classroom ratios. CB		
Compliance	Documentation	Notes
Classroom 1: Age of children Total number of children: Total number of PI children: Number of adults:		Note: <a href="#">Early Childhood Block Grant Family Child Care Model</a>  <a href="#">DCFS Licensed Child Care</a> Age: 6 weeks-14 months Ratio: 1:4 Group Size: 12  Age: 15-23 months Ratio: 1:5 Group Size: 15  Age: 24-36 months Ratio: 1:8

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		Group Size: 16
Classroom 2: Age of children: Total number of children: Total number of PI children: Number of adults:		
Classroom 3: Age of children: Total number of children: Total number of PI children: Number of adults:		
Classroom 4: Age of children: Total number of children: Total number of PI children: Number of adults:		
Classroom 5: Age of children: Total number of children: Total number of PI children: Number of adults:		
CB5. Classroom food service. CB		
<b>Compliance</b>	<b>Documentation</b>	<b>Notes</b>
A. The program ensures that they 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 (infants need to be fed on demand). <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Menus <input type="checkbox"/> Individual meal plans <input type="checkbox"/> Policy and Procedures Manual <input type="checkbox"/> Other (describe in notes):	<a href="#">[23 Ill. Adm. Code 235.20 (14) (A-B)]</a>



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<p>B. 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"/> Individual meal plans <input type="checkbox"/> Policy and Procedures Manual <input type="checkbox"/> Other (describe in notes):</p>	<p>Note CB5: 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</p> <p><a href="#">Section 407.330 Nutrition and Meal Service Infant Daily Food Requirements Meal Patterns and Serving Sizes for Child Care Programs</a> <a href="#">Part 407 Licensing Standards for Day Care Centers</a> <a href="#">Section 407.210 Special Requirements for Infants and Toddlers</a></p>
<p>CB6. Classroom staff qualifications. [23 Il. Adm. Code 235.10(b)] CB</p>		
<p><b>Compliance</b></p>	<p><b>Documentation</b></p>	<p><b>Notes</b></p>
<p>A. Staff qualifications for center-based programs, at a minimum, meet DCFS requirements for providing services for infants and toddlers.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Funding can be used to support parity of salaries between staff in community-based programs and those working in the local school district (with the same qualifications, education, and experience).</p>	<p><input type="checkbox"/> Official transcripts <input type="checkbox"/> High school diploma <input type="checkbox"/> GED <input type="checkbox"/> Start Early, Baby TALK, Gateways to Opportunity professional learning transcripts <input type="checkbox"/> Credentials <input type="checkbox"/> ExceleRate Illinois Bronze Circle of Quality staff qualifications <input type="checkbox"/> ExceleRate Illinois Silver Circle of Quality staff qualifications <input type="checkbox"/> ExceleRate Illinois Gold Circle of Quality qualifications <input type="checkbox"/> Other (describe in notes):</p>	<p>Note CB6: <a href="#">TITLE 89: Social Services Chapter III: Department of Children and Family Services Subchapter e: Requirements for Licensure</a></p> <p>Specifically:</p> <ol style="list-style-type: none"> <li>1. Section 407.130 Qualifications for Child Care Director</li> <li>2. Section 407.140 Qualifications for Early Childhood Teachers and School-age Workers</li> <li>3. Section 407.150 Qualifications for Early Childhood Assistants and School-age Assistants</li> <li>4. Section 407.170 Substitutes</li> </ol>

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B. Staff hold or are working toward obtaining an Illinois Gateways Infant Toddler Credential level 2 or beyond.	<input type="checkbox"/> Describe in notes	
CB7. Identification of Center-Based parent and family education services. CB		
<b>Compliance</b>	<b>Documentation</b>	<b>Notes</b>
A. All families receive a minimum of two home visits per program year with documentation of at least the initial home visit. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Case notes that documents the initial home visit <input type="checkbox"/> Program form that documents the initial home visit <input type="checkbox"/> Other (describe in notes):	
B. The families are offered at least monthly parent education activities. (e.g., parent-child activities or parent trainings) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lesson plan for, at least, the first group meeting and date the activity took place or will take place <input type="checkbox"/> Other (describe in notes):	
CB8. The program has developed policies and procedures. CB		
<b>Compliance</b>	<b>Documentation</b>	<b>Notes</b>
B. Evidence the program has developed written policies to provide guidance for staff regarding expulsion and suspension. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Written expulsion and suspension policies and procedures for staff in a Policies and Procedures Manual <input type="checkbox"/> Written expulsion and suspension policies and procedures for staff in an Employee Handbook <input type="checkbox"/> Other (describe in notes):	