

**ILLINOIS STATE BOARD OF EDUCATION**  
**Early Childhood Block Grant Prevention Initiative Compliance Checklist**

Documentation can be paper based or electronic.  
**KEY: Home Visiting (HV), Center-Based (CB), Family Literacy (FL)**

ID:	<input style="width: 100%;" type="text"/>		
Program Name:	<input style="width: 150px;" type="text"/>	RCDT:	<input style="width: 150px;" type="text"/>
Address:	<input style="width: 150px;" type="text"/>	Assessor:	<input style="width: 150px;" type="text"/>
Authorized Official:	<input style="width: 150px;" type="text"/>	Visit Date:	<input style="width: 150px;" type="text"/>
Notes:	<input style="width: 100%; height: 20px;" type="text"/>		

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

Compliance	Documentation	Notes
<b>1.1</b> <input type="radio"/> Home Visiting <input type="radio"/> Center-Based <input type="radio"/> Family Literacy		
<b>1.2</b> The program operates: <input type="radio"/> Year-round. (PI funded programming 12 months of the year as defined by the program model.) <input type="radio"/> Partial Year. (PI funded programming less than 12 months of the year as defined by the program model.) <b>1.2.1</b> Months of limited services: <b>1.2.2</b> Describe services offered during the months of limited programming (under notes section).		

**2. Identification of the program model implemented for parent education. (HV, CB, FL)**  
**[23 Ill. Adm. Code 235.40(a)] and ISBE policy**

Compliance	Documentation	Notes
<b>2.1</b> <input type="radio"/> Baby TALK <input type="radio"/> Early Head Start <input type="radio"/> Healthy Families America <input type="radio"/> Nurse Family Partnership <input type="radio"/> Parents as Teachers <input type="radio"/> Other:		

### 3. Identification of the program's model fidelity and quality. (HV, CB, FL)

Compliance	Documentation	Notes
<p>3.1 Evidence of alignment and compliance with the chosen program model.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> 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> <ul style="list-style-type: none"> <li><input type="radio"/> Baby TALK Quality Confirmation</li> <li><input type="radio"/> Early Head Start Federal Monitoring Report</li> <li><input type="radio"/> Healthy Families America Accreditation</li> <li><input type="radio"/> Nurse Family Partnership Efforts to Outcomes (ETO)</li> <li><input type="radio"/> Parents as Teachers Quality Endorsement</li> <li><input type="radio"/> Other (describe):</li> </ul>	

**4. Program has a mission statement based on shared beliefs developed cooperatively by parents/guardians, families, staff members, and community representatives. (HV, CB, FL) [23 Ill. Adm. Code 235.20(c)(2)(A)] and ISBE policy**

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

**5. The program will not collect any fees from parents/guardians and their children who are enrolled. (HV, CB, FL) [23 Ill. Adm. Code 235.20(c)(16)] and ISBE policy**

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="radio"/> Yes</p> <p><input type="radio"/> No</p>		

**6. The program employs qualified staff in accordance with the program model being implemented. (HV, CB, FL) [23 Ill. Adm. Code 235.20(9)] and ISBE policy**

Compliance	Documentation	Notes
<p>6.1 Program employs qualified staff in accordance with program model.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</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"/> Transcripts</p> <p><input type="checkbox"/> Other (describe):</p>	<p>List staff, educational level, certifications and/or credentials:</p>
<p>6.2 Direct service providers (e.g., home visitors, teachers) are at least .5 FTE.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>6.2.1 The program maintains a staff structure of at least 3 FTE direct service providers (e.g., home visitors, teachers).</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><input type="checkbox"/> Organizational Chart</p> <p><input type="checkbox"/> Time Cards</p> <p><input type="checkbox"/> Time and Effort documentation</p> <p><input type="checkbox"/> Other (describe):</p>	
<p>6.3 The program has at least one program supervisor that implements administrative supervision.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><input type="checkbox"/> Supervision records</p> <p><input type="checkbox"/> Supervision Case Notes</p> <p><input type="checkbox"/> Time and Effort documentation</p> <p><input type="checkbox"/> Other (describe):</p>	
<p>6.4 The program offers reflective supervision.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>6.4.1 Reflective supervision is provided by:</p> <p><input type="checkbox"/> Program supervisor</p> <p><input type="checkbox"/> Contracted IMH Consultant</p> <p><input type="checkbox"/> Other</p> <p>If Contracted or Other, please specify:</p>	<p><input type="checkbox"/> Supervision records</p> <p><input type="checkbox"/> Supervision Case Notes</p> <p><input type="checkbox"/> Other (describe):</p>	

**7. The program has developed policies and procedures. (HV, CB, FL) [23 III. Adm. Code 235. Appendix B, Program Goal I, Organization] and ISBE policy**

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="radio"/> Yes <input type="radio"/> No</p>	<p><input type="checkbox"/> Written mandated reporting policies and procedures for staff</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>	
<p>7.2 Evidence that program has developed a written policies and procedures manual to provide guidance for staff.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>The manual provides guidance on the following topics:</p> <p>7.2.1 <input type="checkbox"/> Screening to Determine Program Eligibility</p> <p>7.2.2 <input type="checkbox"/> Evidence-Based Program Model and Research-Based Curricula</p> <p>7.2.3 <input type="checkbox"/> Developmental Monitoring</p> <p>7.2.4 <input type="checkbox"/> Individual Family Service Plan</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Includes goals for parents</li> <li><input type="checkbox"/> Includes goals for child</li> <li><input type="checkbox"/> Includes goals for parent-child interaction</li> <li><input type="checkbox"/> includes family-centered assessment</li> </ul> <p>7.2.5 <input type="checkbox"/> Case Management Services</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Includes formal agreements for referral and follow-up</li> <li><input type="checkbox"/> Includes plan for reducing duplication of services</li> <li><input type="checkbox"/> Includes coordination of IFSPs</li> </ul> <p>7.2.6 <input type="checkbox"/> Family and Community Partnerships</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Written Family and Community Engagement Plan</li> <li><input type="checkbox"/> Written Community Collaboration Plan</li> </ul> <p>7.2.7 <input type="checkbox"/> Qualified Staff and Organizational Capacity</p> <p>7.2.8 <input type="checkbox"/> Professional Development</p> <p>7.2.9 <input type="checkbox"/> Evaluation</p>	<p><input type="checkbox"/> Policies and Procedures Manual</p> <p><input type="checkbox"/> Employee Handbook</p> <p><input type="checkbox"/> Other (describe):</p>	
<p>7.3 The program has developed a written Family and Community Engagement Plan.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>This plan touches upon the following topics:</p> <p>7.3.1 <input type="checkbox"/> Written and verbal orientation to the educational program;</p> <p>7.3.2 <input type="checkbox"/> Opportunities for involvement in</p>	<p><input type="checkbox"/> Prevention Initiative Parent and Community Engagement Plan</p> <p><input type="checkbox"/> Policy and procedure handbook</p> <p><input type="checkbox"/> Employee handbook</p> <p><input type="checkbox"/> Other (describe):</p>	

home-based and/or site-based activities;

**7.3.3**

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

**7.3.4**

■ Provisions for communication to and from parents about the program;

**7.3.5**

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

**7.3.6**

■ Activities that emphasize and strengthen the role of the parent(s) as the child's primary educator;

**7.3.7**

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

**7.3.8**

■ Provisions for promoting and supporting parenting skills;

**7.3.9**

■ Provisions for seeking parents' support and involvement in the program.

**8. Eligibility screening procedures include all required documentation and are found in each child's file as applicable. (HV, CB, FL) [23 Ill. Adm. Code 235.20(c)(6)(A-F), 235.40(b)(c), 235.50(a)(1)(A-C)] and ISBE policy**

Compliance	Documentation	Notes
<p><b>8.1</b> Documentation of parent/guardian permission signatures for screening in each child's/family's file.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><input type="checkbox"/> Consent/Release (Signatures)</p>	
<p><b>8.2</b> Evidence in each child's/family's file that to qualify for the program a family must present with multiple risk factors.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><b>8.3</b> Program eligibility risk factors are weighted and are based on factors in the community.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><b>8.4</b> The program maintains 100% enrollment of families with multiple at risk factors.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><input type="checkbox"/> Prevention Initiative Weighted Eligibility Form in child/family file</p>	
<p><b>8.5</b> Enrolled families are those that have been identified as having most points on the weighted eligibility criteria measure.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><b>8.6</b> Families having the most points on the weighted eligibility criteria measure are prioritized on a waiting list.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No Waiting List</p>	<p><input type="checkbox"/> Prevention Initiative Weighted Eligibility Forms</p> <p><input type="checkbox"/> Enrollment list and/or waiting list</p> <p><input type="checkbox"/> Other (describe):</p>	
<p><b>8.7</b> Evidence of completed/conducted parent interview, with form in child's file.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Evidence the parent interview includes questions regarding:</p> <p><b>8.7.1</b></p> <p><input type="checkbox"/> Demographic information;</p> <p><input type="checkbox"/> Parent's age</p> <p><input type="checkbox"/> Parent's educational status</p> <p><input type="checkbox"/> Parent's employment</p> <p><b>8.7.2</b></p> <p><input type="checkbox"/> Economic information;</p> <p><b>8.7.3</b></p> <p><input type="checkbox"/> Child's health history and current status;</p> <p><b>8.7.5</b></p> <p><input type="checkbox"/> Child's social development;</p> <p><b>8.7.7</b></p> <p><input type="checkbox"/> Child has an existing disability;</p> <p><b>8.7.8</b></p> <p><input type="checkbox"/> Arrangements have been made for the interview to be conducted in the family's home language (as applicable). If so, describe</p> <p><b>8.7.9</b></p> <p><input type="checkbox"/> All families served live outside the City of Chicago/Chicago Public Schools.</p>	<p><input type="checkbox"/> Prevention Initiative Parent Interview Form (PIF)</p> <p><input type="checkbox"/> PIF includes demographic information.</p> <p><input type="checkbox"/> PIF includes questions regarding income and/or eligibility of free and reduced lunches, public housing, childcare subsidy, WIC, SNAP, TANF, and Medicaid.</p> <p><input type="checkbox"/> PIF includes questions regarding the child's health history.</p> <p><input type="checkbox"/> PIF includes questions regarding the child's social development.</p> <p><input type="checkbox"/> PIF includes questions regarding any existing disability of the child.</p> <p><input type="checkbox"/> PIF includes identification of the use of a translator to conduct the parent interview in the parent's home language (as applicable).</p>	
<p><b>8.8</b> Evidence in each child's/family's file, as applicable, of the child's screening results in the areas of development, hearing and vision and/or Early</p>	<p><input type="checkbox"/> Screening results for each child or Early Intervention IFSP</p> <p><input type="checkbox"/> Copy of referral</p>	



<p>Intervention Individual Family Service Plan.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (Describe in notes section if prenatal)</p> <p><b>8.8.1</b> Evidence of child's developmental screening results and/or Early Intervention Individual Family Service Plan.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (Describe in notes section if prenatal)</p> <p><b>8.8.2</b> Evidence of the child's hearing screening results and/or Early Intervention Individual Family Service Plan.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (Describe in notes section if prenatal)</p> <p><b>8.8.3</b> Evidence of the child's vision screening results and/or Early Intervention Individual Family Service Plan.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (Describe in notes section if prenatal)</p>	<p><input type="checkbox"/> Other (describe):</p>	
<p><b>8.9</b> Evidence in each child's/family's file that the screening results are shared with parent/guardian.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (Describe in notes section if prenatal)</p> <p>Evidence may be found in child's/family's file showing one of the following: 1) family is enrolled in PI program, 2) did not qualify for the PI program, or 3) family is on the PI waiting list.</p> <p><b>8.9.1</b> Evidence that child's developmental screening results are shared with parents.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (Describe in notes section if prenatal)</p> <p><b>8.9.2</b> Evidence that child's hearing screening results are shared with parents.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (Describe in notes section if prenatal)</p> <p><b>8.9.3</b> Evidence that child's vision screening results are shared with parents.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (Describe in notes section if prenatal)</p>	<p><input type="checkbox"/> Copy of exit interview form</p> <p><input type="checkbox"/> Case notes</p> <p><input type="checkbox"/> Other (describe):</p>	
<p><b>8.10</b> Evidence appropriate staff members are involved in the screening process and/or have access to the screening results as applicable.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No Waiting List</p>	<p><input type="checkbox"/> Signatures of staff on screening forms</p> <p><input type="checkbox"/> Screening forms in the files of assigned staff</p> <p><input type="checkbox"/> Other (describe):</p>	

## 9. The program adheres to the program model-recommended frequency and intensity of services. (HV, CB, FL) [23 Ill. Adm. Code 235.40(e)] and ISBE policy

Compliance	Documentation	Notes
<p><b>9.1</b> Program adheres to model-specified staff-participant ratio for home visits (caseload).</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Caseload size range (i.e. 1:2-1:10; based on FTE): Range: <b>9.1.1-</b> <b>9.1.2-</b></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>	
<p><b>9.2</b> Home Visits are offered to meet the needs of the family and children. The intensity of visits adheres to the chosen program model and best practice when working with families with the most at-risk factors.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><b>9.2.1</b> Percentage of families offered weekly home visits</p> <p><b>9.2.2</b> Percentage of families offered bimonthly (twice a month) home visits</p> <p><b>9.2.3</b> Percentage of families offered monthly or fewer home visits</p> <p><b>9.2.4</b> Program active current caseload</p> <p><b>9.2.5</b> How many visits were completed in the last three months?</p>	<p><input type="checkbox"/> Enrollment lists with intensity of services</p> <p><input type="checkbox"/> File /Chart review</p> <p><input type="checkbox"/> Other (describe):</p>	
<p><b>9.3</b> Parent/child interactions and/or parent groups and/or workshops are provided.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><b>9.3.1</b> Parent/child interactions and/or parent groups and/or workshops are provided at least monthly.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><b>9.4</b> List the different groups offered by the program (e.g., teen parent group, fathers group, parent/child socialization, etc.) and frequency of meetings: <b>9.4.1-</b> <b>9.4.2--</b> <b>9.4.3--</b></p>	<p><input type="checkbox"/> Sign-In sheets</p> <p><input type="checkbox"/> Group lesson plan/Parent workshop plan</p> <p><input type="checkbox"/> Parent/Child interaction lesson plan</p> <p><input type="checkbox"/> Case notes</p> <p><input type="checkbox"/> Other (describe):</p>	

**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) [23 Ill. Adm. Code 235.20(c)(6)(B)(i)(ii), 235.40(b)] and ISBE policy**

Compliance	Documentation	Notes
<p><b>10.1</b> For every child three months or older, there is evidence in the child’s/ family’s file that at least one (or more) research-based screening instrument is used to screen the child’s development. Screening(s) must include the following areas as appropriate for the age of the child:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Not Applicable</li> </ul> <p><b>10.1.1</b> <input type="checkbox"/> Cognitive Development</p> <p><b>10.1.2</b> <input type="checkbox"/> Social and Emotional Development</p> <p><b>10.1.3</b> <input type="checkbox"/> English Proficiency</p> <p><b>10.1.4</b> <input type="checkbox"/> Fine and Gross Motor Skills</p> <p><b>10.1.5</b> <input type="checkbox"/> Vocabulary</p> <p><b>10.1.6</b> <input type="checkbox"/> Visual-Motor Integration</p> <p><b>10.1.7</b> <input type="checkbox"/> Language and Speech Development</p> <p>Note: More than one tool may be needed to ensure a comprehensive evidence-based screening has occurred.</p>	<p>Broad-based Screening Instrument:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ages &amp; Stages Questionnaire ®</li> <li><input type="checkbox"/> Battelle Developmental Inventory ™</li> <li><input type="checkbox"/> Brigance ® Early Childhood Screens III</li> <li><input type="checkbox"/> Other (describe):</li> </ul> <p>Social and Emotional Screening Instrument:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ages &amp; Stages Questionnaire ®: Social and Emotional</li> <li><input type="checkbox"/> Other (describe):</li> </ul>	
<p><b>10.1.8</b> Evidence in each child’s/family’s file, as applicable, that at least one (or more) research-based developmental screening instrument is implemented every six months.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Not Applicable</li> </ul> <p><b>10.1.9</b> Evidence in each child’s/family’s file, as applicable, that the child’s developmental screening results are shared with parent/guardian.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of screening interview form</li> <li><input type="checkbox"/> Case notes</li> <li><input type="checkbox"/> Other (describe):</li> </ul>	
<p><b>10.2</b> Evidence in each child’s/family’s file of the parent/guardian permission signatures for developmental monitoring.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Consent/Release (Signatures) (Consent could be written for the term of the program).</li> </ul>	

**11. Developmental monitoring procedures include immunization and well child visit updates, hearing screenings, vision screenings, and authentic assessment. (HV, CB, FL) [23 Ill. Adm. Code 235.20(c)(6)(B)(i)(ii), 235.40(b)] and ISBE policy**

Compliance	Documentation	Notes
<p><b>11.1</b> The child's health record is completed as recommended by the chosen program model (including well child visits and immunizations).</p> <p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Not Applicable</p> <p><b>11.1.1</b>  <input type="checkbox"/> Updated at least annually</p> <p><b>11.2</b> The child receives a hearing screening at three months or older.</p> <p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Not Applicable</p> <p><b>11.2.1</b>  <input type="checkbox"/> Updated at least every six months  Describe screening: Label</p> <p><b>11.3</b> The child receives a vision screening at three months or older.</p> <p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Not Applicable</p> <p><b>11.3.1</b>  <input type="checkbox"/> Updated at least every six months  Describe screening:</p>	<p><input type="checkbox"/> Case notes  <input type="checkbox"/> Program health forms  <input type="checkbox"/> Physician's records  <input type="checkbox"/> Other (describe):</p>	
<p><b>11.4</b> Evidence of Authentic Assessment and data collection is found in each child's/family's file.</p> <p><input type="radio"/> Yes  <input type="radio"/> No</p> <p><b>11.4.1</b>  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"/> Case notes  <input type="checkbox"/> Photos with text descriptions  <input type="checkbox"/> Video/Audio recordings text descriptions  <input type="checkbox"/> Other  (Please specify): Label- <b>11.4.1.1</b></p>	<p>Baby TALK</p> <p><input type="checkbox"/> IELG Observation  <input type="checkbox"/> HELP Checklist 0-3</p> <p>PAT</p> <p><input type="checkbox"/> Milestones Observation</p> <p>HFA</p> <p><input type="checkbox"/> CHEERS Documentation  <input type="checkbox"/> Other  Please specify:</p> <p>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.</p>	
<p><b>11.5</b> Evidence Authentic Assessment is being used to guide instruction and/or the IFSP</p> <p><input type="radio"/> Yes  <input type="radio"/> No</p> <p><b>11.5.1</b>  Evidence can be found in the form of :</p> <p><input type="checkbox"/> Visit records  <input type="checkbox"/> Case notes  <input type="checkbox"/> IFSP  <input type="checkbox"/> Lesson Plans  <input type="checkbox"/> Other  (Please specify): - <b>11.5.1.1</b></p>	<p><input type="checkbox"/> Other  Please specify:</p>	

**12. The program partners with each family enrolled to complete an Individual Family Service Plan that will guide programming. The program will also implement a research-based Family Centered Assessment for each family enrolled. (HV, CB, FL) [23 III. Adm. Code 235.40(c)(d)] and ISBE policy**

Compliance	Documentation	Notes
<p><b>12.1</b> Evidence in each child's/family's file that a published research-based Family Centered Assessment is conducted.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><b>12.1.1</b> 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="radio"/> Yes <input type="radio"/> No</p> <p><b>12.1.2</b> 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="radio"/> Yes <input type="radio"/> No</p>	<p><input type="checkbox"/> Hawaii Early Learning Profile (HELP) Family Centered Interview</p> <p><input type="checkbox"/> Life Skills Progression™</p> <p><input type="checkbox"/> Family Development Matrix©</p> <p><input type="checkbox"/> Other (describe):</p>	
<p><b>12.2</b> Evidence in each child's/family's file that an Individual Family Service Plan has been developed, as applicable.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> The family has not been enrolled for 60 days, therefore this question is Not Applicable (N/A).</p> <p><b>12.2.1</b> Evidence in each child's/family's file that the Individual Family Service Plan is <u>updated at least every six months</u></p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><b>12.2.2</b> Evidence in each child's/family's file of a parent or guardian signature indicating that an Individual Family Service Plan has been developed in partnership with the family.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="checkbox"/> Individual Family Service Plan Form with signature.</p>	

**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) [23 Ill. Adm. Code 235.20(c)(3)(A), 235.40(a),] and ISBE policy**

Compliance	Documentation	Notes
<p>IELG Aligned Curriculum  <b>13.1</b>  <input type="radio"/> Baby TALK™ Curriculum  <input type="radio"/> Nurse Family Partnership® Curriculum  <input type="radio"/> Parents as Teachers™ Curriculum  <input type="radio"/> Other (please specify):</p> <p>References to the Illinois Early Learning Guidelines (Developmental Domain, SubDomain, Age Descriptor, and Indicator/key words) are evident in the following:  <b>13.2</b> Visit plans  <input type="radio"/> Yes  <input type="radio"/> No</p> <p><b>13.3</b> Group lesson plan/Parent workshop plan/ Parent/Child interaction lesson plans  <input type="radio"/> Yes  <input type="radio"/> No</p>	<p><input checked="" type="checkbox"/> Curriculum alignment to the IELG</p>	

## 14. The program offers appropriate parent education and involvement services that address eight designated areas of instruction. (HV, CB, FL)

Compliance	Documentation	Notes
<p>Evidence the eight designated areas of instruction are integrated into programming.</p> <p><b>14.1</b> Child growth and development, including prenatal development  <input type="radio"/> Yes  <input type="radio"/> No</p> <p><b>14.2</b> Childbirth and child care  <input type="radio"/> Yes  <input type="radio"/> No</p> <p><b>14.3</b> Child safety and injury prevention  <input type="radio"/> Yes  <input type="radio"/> No</p> <p><b>14.4</b> Family structure, function, and management  <input type="radio"/> Yes  <input type="radio"/> No</p> <p><b>14.5</b> Prenatal and postnatal care for mothers and infants  <input type="radio"/> Yes  <input type="radio"/> No</p> <p><b>14.6</b> Prevention of child abuse  <input type="radio"/> Yes  <input type="radio"/> No</p> <p><b>14.7</b> The physical, mental, emotional, social, economic, and psychological aspects of interpersonal and family relationships  <input type="radio"/> Yes  <input type="radio"/> No</p> <p><b>14.8</b> Parenting skill development  <input type="radio"/> Yes  <input type="radio"/> No</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agendas</li> <li><input type="checkbox"/> Visit plans</li> <li><input type="checkbox"/> Group Lesson Plan</li> <li><input type="checkbox"/> Plan/Parent Workshop Plan</li> <li><input type="checkbox"/> Parent/Child Interaction</li> <li><input type="checkbox"/> Lesson Plan</li> <li><input type="checkbox"/> Case Notes</li> <li><input type="checkbox"/> Other (describe):</li> </ul>	
<p><b>14.9</b> Evidence a schedule for groups (e.g., parent/child interactions, parent workshops, parent support groups, parent advisory council, etc.) is provided.  <input type="radio"/> Yes  <input type="radio"/> No</p> <p><b>14.9.1</b> Evidence a schedule for parent/child interactions and parent education activities is provided at least quarterly.  <input type="radio"/> Yes  <input type="radio"/> No</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Schedules</li> <li><input type="checkbox"/> Newsletters</li> <li><input type="checkbox"/> Other (describe):</li> </ul>	
<ul style="list-style-type: none"> <li>• <b>14.10</b> Evidence the program has a toy/book lending library.  <input type="radio"/> Yes  <input type="radio"/> No</li> <li>• <b>14.11</b> Evidence the program has a parent resource lending library.  <input type="radio"/> Yes  <input type="radio"/> No</li> <li>• <b>14.12</b> Evidence the program has a newsletter.  <input type="radio"/> Yes  <input type="radio"/> No</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Toy/Book lending library</li> <li><input type="checkbox"/> Parent resource lending library</li> <li><input type="checkbox"/> Newsletter (paper or electronic)</li> </ul>	
<p><b>14.13</b> Screen time is only used to enhance parent education.  <input type="radio"/> Yes  <input type="radio"/> No</p>	<p>The program integrates technology into programming in alignment with the joint position statement issued by the National Association for the Education of Young Children and the Fred Rogers Center for Early Learning and Children's Media at Saint Vincent College, Technology and Interactive Media as Tools in Early Childhood Programs Serving Children from Birth through Age 8 (<a href="http://www.naeyc.org/content/technology-and-young-children">http://www.naeyc.org/content/technology-and-young-children</a>).</p>	

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|  | <ul style="list-style-type: none"><li><input type="checkbox"/> Policy in a Policies and Procedures Manual</li><li><input type="checkbox"/> Policy in an Employee Handbook</li><li><input type="checkbox"/> Other (describe):</li></ul> |  |
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**15. Identification of research-based supplemental curricula and services being implemented. The program is implementing the Illinois Early Learning Guidelines, as applicable. (HV, CB, FL) (May not apply to all programs)[23 Ill. Adm. Code 235.20(c)(3) (A), 235.40(a)] and ISBE policy**

Compliance	Documentation	Notes
<p><input type="checkbox"/> No Supplemental curricula</p> <p>15.1- 15.2- 15.3- 15.4-</p> <p>References to the Illinois Early Learning Guidelines (Developmental Domain, SubDomain, Age Descriptor, and Indicator/key words) are evident in the following:</p> <p>15.5 <input type="checkbox"/> Visit plans</p> <p>15.6 <input type="checkbox"/> Group lesson plans/Parent workshop plans/Parent-Child interaction lesson plans</p> <p>15.7 <input type="checkbox"/> If supplemental services include doula, describe how the doula services are integrated into the research/evidence-based home visiting program model implemented.</p>	<p><input type="checkbox"/> Curriculum alignment to the IELG</p>	

**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) [23 Ill. Adm. Code 235.40(c)(g)] and ISBE policy**

Compliance	Documentation	Notes
<p><b>16.1</b> Evidence that the program has a written system for referral and follow-up for incoming and outgoing referrals.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><input type="checkbox"/> Referral and Follow-Up System (written)</p> <p><input type="checkbox"/> Policy and procedure manual</p> <p><input type="checkbox"/> Employee handbook</p> <p><input type="checkbox"/> Other (describe):</p>	
<p><b>16.2</b> 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="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not Applicable</p>	<p><input type="checkbox"/> Written Transition Plan</p> <p><input type="checkbox"/> Individual Family Service Plan</p> <p><input type="checkbox"/> Case notes</p> <p><input type="checkbox"/> Other (describe):</p>	
<p><b>16.2.1</b> Evidence in each child's/family's file, as applicable, that program develops transition plans with families beginning at 2 years, 6 months/30 months (or six months prior to any scheduled transition).</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not Applicable</p>	<p><input type="checkbox"/> Transition Plan</p> <p><input type="checkbox"/> Individual Family Service/Support Plan</p> <p><input type="checkbox"/> Case notes</p> <p><input type="checkbox"/> Other (describe):</p>	
<p><b>16.3</b> Evidence that referral system is utilized when necessary/applicable.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not Applicable</p>	<p><input type="checkbox"/> Individual Family Service/Support Plan</p> <p><input type="checkbox"/> Case Notes</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</p> <p><input type="checkbox"/> Other (describe):</p>	
<p><b>16.4</b> Evidence that referred children receive follow-up to confirm access to new services.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not Applicable (not enough time has passed)</p>	<p><input type="checkbox"/> Individual Family Service Plan</p> <p><input type="checkbox"/> Case notes</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>	

**17. The program has a plan that guides collaboration with other programs in the community that are concerned with the education, welfare, safety and health of young children. (HV, CB, FL) [23 Ill. Adm. Code 235.20(c)(8)] and ISBE policy**

Compliance	Documentation	Notes
<p>17.1 Evidence that the program has developed a written plan, updated yearly, to</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>17.1.5 <input type="checkbox"/> 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);</p> <p>17.1.6 <input type="checkbox"/> 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;</p> <p>17.1.7 <input type="checkbox"/> Reduce duplication of services;</p> <p>17.1.8 <input type="checkbox"/> Coordinate Individual Family Service Plans.</p>	<p><input type="checkbox"/> Program community collaboration plan</p> <p><input type="checkbox"/> Policy and procedure handbook</p> <p><input type="checkbox"/> Employee handbook</p> <p><input type="checkbox"/> Other (describe):</p>	
<p>17.2</p> <p>Evidence the program has developed formal agreements with other service providers, through one or a combination of multiple MOUs, to:</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>17.2.1 Define a referral and follow up system</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>17.2.2 Establish a plan for reducing duplication of services</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>17.2.3 Coordinate Individual Family Service Plans</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><input type="checkbox"/> Formal Agreement(s)</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>	

**18. The program has a written annual program evaluation and continuous quality improvement plan. (HV, CB, FL) [23 III. Adm. Code 235.65 (c)(1)(2)(3)] and ISBE policy**

Compliance	Documentation	Notes
<p><b>18.1</b> Evidence the program has an annual written program evaluation including service description and outcomes.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><input type="checkbox"/> Program Annual Evaluation (written)</p> <p><input type="checkbox"/> Other (describe):</p>	
<p><b>18.2</b> Evidence the program has a written Continuous Quality Improvement Plan (CQIP) on file which is updated yearly.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>The CQIP addresses the following:</p> <p><b>18.2.1</b> <input type="checkbox"/> Specific areas of deficiency or areas that the program would like to strengthen;</p> <p><b>18.2.2</b> <input type="checkbox"/> Actions to be taken to remedy the deficiencies and, as applicable, the resources and professional development that will be targeted towards improvement efforts</p> <p><b>18.2.3</b> <input type="checkbox"/> 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):</p>	
<p><b>18.3</b> Framework for evaluation and Continuous Quality Improvement.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><input type="checkbox"/> Written framework (data to be collected, measures, anticipated outcomes)</p> <p><input type="checkbox"/> Logic Model (specific for PI, See PIIM page 16)</p> <p><input type="checkbox"/> Other (describe):</p>	

**19. The program conducts staff development assessments and ongoing professional development. (HV, CB, FL) [23 Ill. Adm. Code 235.20(c)(10)] and ISBE policy**

Compliance	Documentation	Notes
<p><b>19.1</b> Evidence of staff development assessment procedures and ongoing professional development activities for every staff member.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><b>19.1.1</b> <input type="checkbox"/> A staff development plan is written for all staff members.</p>	<p><input type="checkbox"/> Administrative supervision notes  <input type="checkbox"/> Reflective supervision notes  <input type="checkbox"/> Staff Professional Development Plan  <input type="checkbox"/> Other (describe):</p>	
<p><b>19.2</b> Evidence staff development needs are assessed.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="checkbox"/> Surveys  <input type="checkbox"/> Interviews  <input type="checkbox"/> Staff Professional Development Plan  <input type="checkbox"/> Other (describe):</p>	
<p><b>19.3</b> All staff are registered in the IDHS Gateways to Opportunity registry.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="checkbox"/> Gateways to Opportunity Current Registry Care/Number  <input type="checkbox"/> Gateways to Opportunity Professional Development Record  <input type="checkbox"/> Other (describe):</p>	