



Illinois State Board of Education

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Christopher A. Koch, Ed.D.
State Superintendent of Education

March 2008

TO: Eligible Applicants

FROM: Christopher A. Koch, Ed.D.
State Superintendent of Education

SUBJECT: REQUEST FOR PROPOSALS (RFP): Prevention Initiative Birth to Age 3 Years: 09

General Information

Eligible Applicants: Public school districts, public university laboratory schools approved by the Illinois State Board of Education (ISBE), charter schools, area vocational centers, and other entities with experience in providing educational, health, social and/or child development services to young children and their families are eligible to submit a proposal for the Prevention Initiative program for Ages Birth to 3 Years.

If the Prevention Initiative program is operated in or by a facility subject to licensure requirements of the Illinois Department of Children and Family Services (DCFS), then that facility must hold the appropriate licensure in accordance with rules promulgated by DCFS (see 89 Illinois Administrative Code, Chapter III: Department of Children and Family Services, Subchapter e: Requirements for Licensure; see <http://www.ilga.gov/commission/jcar/admincode/089/089parts.html>).

Applicants other than public school districts must provide evidence of existing competencies to provide early childhood education programs, to include the agency's mission statement, goals or policies regarding early childhood programs, a description of the agency's organizational structure (see Attachment 1b), and a list of any early childhood accreditations that have been achieved (see Attachment 1c).

Joint applications for funds may be submitted. However, in each case an administrative agent must be designated, and the joint proposal must have the signature of each district superintendent or official authorized to submit the proposal and agree to participate in the joint agreement. A school district or other eligible applicant can participate in only one proposal for a specific initiative.

Applicants that currently have a Prevention Initiative grant may apply for additional funding under this RFP to expand their existing program. Applicants that currently have a Parental Training grant may apply for additional funding to offer a prevention initiative program. Continuation applications will be completed through the Electronic Grant Management System (eGMS) accessible through IWAS.

A separate appropriation has been awarded to the City of Chicago Public School District #299 for the initiatives funded under the Preschool for All Prevention Initiative Program. Applicants proposing to provide services for children and families within the Chicago city limits must apply for funds through the Chicago school district and should contact Dr. Christine Ryan at 773/535-3245 or email her at cryan@cps.k12.il.us.

Grant Award: The Illinois State Board of Education anticipates that individual grant awards will vary depending on the program model and the intensity of services addressed in the approved proposal and the total appropriation for the program. Grants awarded in FY 08 averaged \$230,000 per program but may be lower or higher in FY 09.

Grant Period: The grant period will begin no sooner than July 1, 2008, and will extend from the execution date of the grant until June 30, 2009. Funding in the subsequent years will be contingent upon a sufficient appropriation for the program and satisfactory progress in the preceding grant period.

Application Deadline: Mail the **original and five copies** to Kay Henderson, Illinois State Board of Education, 100 North First Street, E-225, Springfield, Illinois 62777-0001. Proposals must be received no later than 4:00 p.m. on May 6, 2008.

Proposals also may be hand-delivered to the following locations:

Springfield Office
Information Center
1st Floor
100 North First Street

Chicago Office
Reception Area
Suite 14-300
100 West Randolph Street

No FAX copies will be accepted.

Bidders' Conferences: Two bidders' conferences will be held for this RFP. Attendance at a bidders' conference is recommended but is not required. Security procedures require a photo identification for entry at each location.

Springfield
IEA - Professional Development Center

3440 Liberty Drive
Tuesday, April 8, 2008
1:00 p.m. to 3:00 p.m.

Chicago
State of Illinois Building (Bilandic Building)

160 North LaSalle
(Across from James R. Thompson Center)
Thursday, April 10, 2008
1:00 p.m. to 3:00 p.m.
5th Floor, Room C-500

Should the conditions of this RFP change as a result of the bidders' conference, the State Board of Education will notify all recipients of the RFP of the changes.

Contact Person: For more information on this RFP, contact:

Early Childhood Education Division
100 N. First St., E-225
Springfield, IL 62777
217/524-4835
www.isbe.net/earlychi

Background and Program Specifications

The Illinois State Board of Education is committed to supporting early childhood education to ensure that all Illinois children develop a strong foundation for learning (see Appendix A). Section 1C-2 of the School Code (105 ILCS 5/1C-2) establishes the Early Childhood Block Grant to be administered on a competitive basis. For children from birth to age 3 years, this block grant provides funding for the Prevention Initiative for Programs Offering Coordinated Services to At-Risk Children and Their Families (birth to age 3 years) to include a parental training component. The law requires that 11 percent of the block grant be used to fund programs for children birth to age 3 years.

The Early Childhood Block Grant emphasizes the relationship among early childhood education, parenting education and involvement, and future success in school. Applicants submitting a proposal for a Prevention Initiative program are encouraged to think strategically about the use of early childhood funds so that each element of the effort reinforces and supports the others.

Specific requirements for these programs can be found in Sections 2-3.89 and 2-3.71a of the School Code (105 ILCS 5/2-3.89 and 2-3.71a). Applicants also are advised to review related information found at <http://www.isbe.net/earlychi> under Resources before completing their proposals. These documents summarize activities and other considerations found in successful early childhood programs.

Section 2-3.89 of the School Code provides for grants to establish programs which offer coordinated services for expecting parents and families with at-risk children ages birth to 3 years. The aim of prevention initiative is to provide early, continuous, intensive and comprehensive child development and family support services to help families build a strong foundation for learning to prepare children for later school success.

Applicants may apply to:

- Start a new program,
- Expand an existing program to serve more families,
- Add to a currently funded parental training program, a component that would meet all of the requirements of the Prevention Initiative.

The prevention initiative is made up of ten required components.

1. Screening to determine program eligibility (See Appendix B for definition and examples.)

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

Applicants must provide a description of the procedures to be used to screen children and their families to determine their need for services and ensure that the program will serve those children and families most in need.

Screening should be conducted on a communitywide basis and be developed and implemented with cooperation among programs serving young children operating in the area to be served (e.g., public schools, licensed child care providers, special education, Early Head Start, Early Intervention Child and Family Connections, and Child Find).

Applicants may conduct the screening using an existing screening instrument or one that they have developed. In either case, all comprehensive screening procedures must include the following:

- All screening procedures must include a parent interview (to be conducted in the parents' home/native language, if necessary). This interview should be designed to obtain a summary of the child's health history, including prenatal history, and social development, and may include questions about the parent's education level, employment history, income, age, marital status, and living arrangements; the number of children in the household; and the number of school-aged siblings experiencing academic difficulty.
- Criteria to assess environmental, economic and demographic information that indicates a likelihood that the children would be at risk and to determine at what point performance on an approved screening instrument indicates that children would be at risk of academic failure. All screening instruments and activities must relate to and measure the child's development in these specific areas (as appropriate for the age of the child): vocabulary, visual-motor integration, language and speech development, English proficiency, fine and gross motor skills, social skills and cognitive development.
- Written parental permission for the screening of the child must be obtained.
- Where possible, the program provider must be involved in the screening process. Results of the screening must be made available to the program provider.

Research has shown that a successful screening component addresses the following elements.

- The at-risk factors to determine eligibility are agreed upon by all partners.
- The at-risk factors used for program eligibility are based upon the risk factors present in the community.
- The most at-risk children/families with the greatest number of eligibility criteria are enrolled in the program.
- Developmental screening is conducted for infants and toddlers entering the program at age four months or older using a published, research-based instrument that addresses all areas of the child's development, including social-emotional development.

2. Research-Based Program Model

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

Programs should be designed so that parents will gain knowledge and skills in parenting through implementation of a research-based program model (see Appendix B for definition and examples, and see Appendix C for examples of program model requirements) which will guide the provision of services. Activities requiring substantial participation of and interaction between parent and child must occur. These activities must be designed to teach parents new ways of supporting and enhancing their

child's development and include intensive and regular home visits. Education activities may be site-based or home-based. The education activities and services must adhere to the requirements of the selected program model and be of sufficient intensity and duration to make sustainable changes in a family.

Programs must **not** charge fees for parents' program participation. In addition, parents who participate in the parental training component may be eligible for reimbursement of any reasonable transportation and child care costs associated with their participation in this component.

Through these coordinated services, parents should become better prepared to provide for the developmental needs of their children. The comprehensive services to be provided must be derived from research on successful prevention services for at-risk families and aligned with the Illinois Birth to Three Program Standards (to review the standards, go to <http://www.isbe.net/earlychi> and then under Resources at the right, click on "Birth to 3 Standards").

Research has shown that the following elements are found in the successful implementation of a research-based program model.

- Home visits and other services are provided according to the program model.
- The program includes intensive, regular, one-on-one visits with parents.
- Scheduling practices and intensity of services are tailored to the individual strengths and needs of children birth to three and their families. (Birth to 3 Standard I.B)
- The strengths and needs of the children and families as well as research on best practice determine the ratio of participants to staff and the size of program groups. (Birth to 3 Standard I.C)
- The program meets the needs of children and families of varying abilities as well as diverse cultural, linguistic, and economic backgrounds. (Birth to 3 Standard I.D)
- The program fosters social connections between families with young children.
- The program connects families to concrete supports in times of need.

3. Research-Based Curriculum for Parent Education

Goal: Families will obtain new ways of becoming actively involved with the health care and educational needs of their family.

Section 2-3.71a(h) of the School Code (105 ILCS 5/2-3.71a(h)) authorizes the Illinois State Board of Education to fund parent education and training as part of the prevention initiative grant. Prevention Initiative programs must offer appropriate parent education and training services that address the seven designated areas of instruction listed below:

1. child growth and development, including prenatal development;
2. childbirth and child care;
3. family structure, function and management;
4. prenatal and postnatal care for mothers and infants;
5. prevention of child abuse;
6. the physical, mental, emotional, social, economic and psychological aspects of interpersonal and family relationships; and
7. parenting skill development.

Programs must use a research-based curriculum for these educational services (see Appendix B for examples).

Research has shown that the following elements are found in successful parent education and training programs.

- The research-based curriculum that is chosen addresses the following issues.
 - The curriculum reflects the centrality of adult/child interactions in the development of infants and toddlers. (Birth to 3 Standard II.A)
 - The curriculum reflects the holistic and dynamic nature of child development, and addresses a balance of all developmental areas: cognitive, communication, physical, social, and emotional development. (Birth to 3 Standard II.B and Quality Indicator II.B.1)
 - The curriculum prioritizes family involvement while respecting individual parental choices. (Birth to 3 Standard II.C)
 - The curriculum supports and demonstrates respect for the families' unique abilities as well as for their ethnic, cultural and linguistic diversity. (Birth to 3 Standard II.D)
 - The curriculum promotes a framework that is nurturing, predictable, and consistent, yet flexible enough to respond to the participant's individual cues and make accommodations. (Birth to 3 Standard II.E and Quality Indicator II.E.1)
- The program provides activities that teach parents how to meet the developmental needs of their children, including their social-emotional needs.
- Family activities such as workshops, field trips and child/parent events are provided to foster parent/child relationships.
- The program recognizes that both mothers and fathers play an essential role in their children's development.
- The program encourages both mother and father/male involvement in children's lives.
- The program is provided within the larger framework of a family literacy program (see Appendix D for research and definition).
- A schedule for the parent education programs and child/parent events is provided.
- Home visits are provided according to the program model requirements.
- The program has a toy/book lending library.
- The program has a parent resource lending library.
- The program has a newsletter.

4. Developmental Monitoring (Birth to 3 Standard III.A)

Goal: Children's developmental progress will be regularly assessed to inform instruction and to ensure identification of any developmental delays or disabilities.

Infants and toddlers are growing and changing at remarkable rates. It is important that staff and parents understand what each child is able to do and what developmental skills are challenging for each child. Regular developmental monitoring through multiple, developmentally appropriate methods, is important to inform instruction and to ensure that all children who have a potential developmental delay or disability are identified and referred for appropriate services. See the Illinois Birth to Three Program

Standards Resource Guides for more information on Developmental Monitoring (http://www.isbe.net/earlychi/html/03_standards.htm).

Research has shown that the following elements are found in successful developmental monitoring practices.

- The program regularly monitors children's development, using multiple sources, and communicates with parents about the child's development.
- The program uses a research-based tool to periodically (at least every six months) perform developmental screening for all children, including physical, cognitive, communication, social and emotional development.
- Children identified as in need of further assessment are linked to the local Child and Family Connections service, and the program follows up to ensure the child receives all needed assessments and services.

5. Individual Family Service Plan

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

An important focus of the program is to help families identify how they want to improve their lives and the steps that will help them reach their goals (excerpt from Birth to 3 Standard V.D). Families must be full partners in developing and implementing an Individualized Family Service Plan that identifies the family's goals, responsibilities, timelines and strategies for achieving these goals, including the services to be provided to the child and to the family.

Research has shown that a successful individual family service plan contains the following elements.

- The program encourages parents and families to make decisions regarding their parenting skills and their children's development, and engages families in developing individualized family service plans.
- The staff uses the individual family service plan to guide the services provided to the family.
- The individual family service plan includes but is not limited to educational and social-economic needs of the family.

6. Case Management Services

Goal: Families will receive comprehensive, integrated and continuous support services through a seamless and unduplicated system.

Many of the families participating in Prevention Initiative programs have multiple needs, some of which cannot be met directly by the program. These may include, for example, adult education, housing, nutrition, health care, and other needs. Programs must form relationships with other service providers in the community, including the development of a system for referring families to other service providers and following up on these referrals to ensure that families receive the needed services.

Families participating in Prevention Initiative programs may also have developed service plans with other service providers. The Prevention Initiative program must coordinate the individual family service plan with plans that other community service providers have developed with or for the family.

Research has shown that successful case management services include the following elements.

- The program ensures that the services the family receives through the program are coordinated with other services the family is receiving. In particular, the program ensures that the family's individual family service plan is coordinated with plans that other community service providers have developed with or for the family.
- The program creates partnerships to support the development of infants and children from birth to age 3 by focusing on the child and family through a network of child and family service providers.
- The program has a written transition plan with other early childhood programs that addresses the unique needs and situations of families.

7. Family and Community Partnerships

Goal: Families will be engaged in the program, and community systems for infants and toddlers will be strengthened.

Each prevention initiative must develop a parent and community involvement plan to include, but need not be limited to, orientation to the educational program, opportunities for involvement in home-based or site-based activities, provision for communication with parents about the program, methods of linking parents with community resources and services, and activities that emphasize and strengthen the role of the parent(s) as the child's primary educator.

Families must be full partners in developing and implementing the program. Parents and other family members must be given the opportunity to have input into planning program activities, and the program must have a system for regular communication with parents about the program and about their child's progress.

Each prevention initiative program must demonstrate that the proposed program is not a duplication of services and has a referral system to ensure transition of 3-year-old children in other early childhood education programs after leaving the prevention initiative program. These programs may include prekindergarten, Head Start, Early Head Start, Even Start, Early Intervention Child and Family Connections, Title I and bilingual education programs, etc. Programs are encouraged to develop a model that provides coordination of services, and delivers prevention initiative services in ways that reflect local needs and resources. Collaborative partnerships must include a direct link between and among the initiatives.

Research has shown that successful family and community partnerships include the following elements.

- A mission statement is developed by parents, families, staff members and community representatives based on shared beliefs.
- The program establishes partnerships with parents and families and develops shared goals with families based on the families' strengths and needs and the program's objectives.
- The staff understands that the children's home, community and cultural experiences have an impact on their development and learning.
- The program has both a referral and follow-up system to assure that families are able to access services determined appropriate (Birth to 3 Standard V.C.2)
- Formal collaborative relationships with other service providers in the community are developed to avoid duplication of services and to ensure that the families most in need receive services.

- The program takes an active role in community and system planning.

8. Qualified Staff and Organizational Capacity

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

Appropriately qualified personnel that meet the requirements of the program model that is to be implemented by the prevention initiative program must be employed and may include but are not limited to, program administrators, early childhood teachers, counselors, psychiatrists, psychologists and social workers. The applicant has the organizational capacity to operate the program.

Research has shown that appropriate staff qualifications address the following elements.

- The administrator and all program staff are knowledgeable about high-quality early childhood programs and are effective in explaining, organizing and implementing them.
- The program has written personnel policies and job descriptions on file.
- The organization has experience providing services to infants, toddlers and their families, and working with families of similar cultural background as the families to be served.
- The organization has experience administering grants successfully, and has appropriate financial systems to ensure that expenditures are properly documented.

9. Professional Development

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

In order to enable staff to achieve the purpose and goals of the prevention initiative, staff development needs must be assessed and appropriate ongoing professional development activities provided.

Research has shown that successful professional development includes the following elements.

- Staff development needs are assessed on a regular basis.
- A staff inservice training program is conducted to meet individual staff needs.
- Other appropriate ongoing professional development activities are provided.
- The program has a written professional development plan for all staff.
- The program offers opportunities and resources for staff to share and consult with others regularly.

10. Evaluation

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

Program evaluation is an ongoing process that culminates in the improvement of program quality. To be successful in this endeavor, programs need to develop systems for observing, recording, and measuring the quality and significance of the program's progress and success toward the implementation of the program model and the Illinois Birth to Three Program Standards. Likewise, the program needs to

develop systems for measuring and analyzing the progress that children and families are making toward their goals.

The purpose of program evaluation is to improve program quality and enhance service delivery to children and families. The evaluation process thus becomes a critical vehicle for informing program practice. Results of reports from a self-assessment (and other evaluation efforts) are analyzed by the program leadership and staff, and an action plan is generated. This action plan determines program direction for the year. Evaluations should be ongoing. The impact of proposed changes is reviewed during subsequent self-assessments to ensure that the results of the changes are beneficial to the program and to the children and families served.

Research has shown that successful evaluations include the following elements.

- The program conducts regular and systematic evaluations of the program and staff to assure that the philosophy is reflected and goals of the program are being fulfilled.
- An annual program self-assessment appropriate for the program model selected is completed to determine whether the program is being implemented as intended, and whether the anticipated outcomes for children and families are being achieved.
- There is a formal process by which the results of the annual program self-assessment (and any other program evaluation data) are used to inform continuous program improvement.

Fiscal Information

The Illinois State Board of Education anticipates receiving an increase of approximately \$45 million over the FY 2008 appropriation for the Early Childhood Block Grant (ECBG). A minimum of 11 percent of the ECBG funds must be used for programs serving children birth to age 3 years. The remainder of the ECBG funds is used for programs serving children ages 3 to 5 years.

In the event that these funds do not become available to the Illinois State Board of Education, no proposals submitted under this RFP will be funded.

Proposal Format

Each proposal must be submitted in the format outlined below. Please use the following as a checklist in assembling your completed proposal.

The proposal cover page must be completed and affixed with original signature. Do not include information other than what is requested (e.g., program fliers, portfolios, artwork). Please staple; do not bind or clip. Do not use such things as folders, three-ring binders, or report covers.

Applicants may download this RFP and complete the attachments by using the “fill-in” forms found at <http://www.isbe.net/earlychi/> (click on Early Childhood Block Grant). Fill-in forms allow you to enter the information while the form is displayed by an Adobe Acrobat product. The completed form can be printed. **Caution:** You cannot save this file without the full version of Adobe Acrobat; you only have the ability to view, complete and print. You may wish to generate your text in another program (such as Microsoft Word) so that the text can be saved and pasted into the Acrobat form.

- ___ 1. **Cover Page (Attachment 1):** Must be signed by the school district superintendent or official authorized to submit the proposal.
- ___ 2. **Joint Application (Attachment 1a):** Joint proposals must have the signature of the superintendent of each participating school district or agency official authorized to submit the proposal, in the case of other eligible applicants. Joint applications must designate either the superintendent of one of the participating school districts, or official from one of the participating entities, to serve as the administrative agent. Eligible applicants may participate in only one proposal for a specific initiative.
- ___ 3. **Evidence of Existing Competencies (Attachment 1b):** Must be completed by applicants other than public school districts and by applicants submitting joint applications.
 - Applicants other than public school districts must include the agency’s mission statement, goals or policies regarding early childhood programs, and a description of the agency’s organizational structure.
 - Joint applications must include the goals and objectives of the collaboration and a brief description of each partner’s experience in providing similar services.
- ___ 4. **Early Childhood Accreditation (Attachment 1c):** Indicate any early childhood accreditations that have been achieved.
- ___ 5. **Proposal Abstract (Attachment 2):** Briefly describe (200 words or less) the program, including outcomes. Include the name of the instrument and proposed process for conducting the screening and assessments, as applicable, and a brief summary of the proposed curriculum to be used and activities to be provided.
- ___ 6. **Proposal Narrative (Attachments 3a through 13):** Follow the proposal narrative requirements, beginning on page 12, using the appropriate attachment for each component to be addressed.
- ___ 7. **Budget Summary and Payment Schedule (Attachment 14):** Must be submitted on the form provided and signed by the district superintendent or official authorized to submit the proposal. The payment schedule should be based on the projected date of expenditures. Salaries and fringe benefits should be requested in equal intervals on the schedule. Supplies, equipment, contracted services and professional development should be requested in the month for which the expenditure is anticipated. See Appendix E for definitions of budget functions and objects.

No more than 5 percent of the total grant award shall be used for administrative and general expenses not directly attributed to program activities, except that a higher limit not to exceed 10 percent may be negotiated with an applicant that has provided evidence that the excess administrative expenses are beyond its control and that it has exhausted all available and reasonable remedies to comply with the limitation.

- ___ 8. **Budget Breakdown (Attachment 15):** Must include descriptions of the anticipated expenditures, correlated to the line items set forth on the Budget Summary. Must include subcontract information, if applicable (see item 7 of the document titled “Certifications and Assurances, and Standard Terms of the Grant,” Attachment 16).

- ___ **9. Certifications and Assurances (Attachments 16 and 17):** Each applicant is required to submit the certification forms attached (“Early Childhood Block Grant Program-Specific Terms of the Grant” and “Certifications and Assurances, and Standard Terms of the Grant”). These must be signed by the official legally authorized to submit the proposal and to bind the applicant to its contents.

Proposal Narrative Requirements

Use the appropriate attachment to respond to each of the following. Duplicate each form, as needed. Assemble your proposal narrative in the order in which each requirement is presented below.

GENERAL INFORMATION

Statement of Need (Attachment 3a)

The proposal must document the need for the early childhood initiative in the community. The need must be based on current statistical, demographic, or descriptive information regarding the community in which the families and children reside. The following points must be included in the narrative.

1. Provide a description that may include, but need not be limited to:
 - educational level of parents;
 - employment conditions;
 - rates of infant mortality, birth trauma, low birth weight or prematurity;
 - the district’s rate of dropouts, retention, truancy, teenage pregnancies and homeless students;
 - the number of families where a language other than English is spoken;
 - rates of poverty, child abuse and neglect; and
 - information regarding drug/alcohol abuse.
2. Describe the process used to determine the need for the prevention initiative program that is not a duplication of services in the community in relation to other similar services that may be operating in the same geographic area.
3. Describe the criteria and indicators used for identifying at-risk children and families eligible for the program and likely to target those children and families most in need of services.

Population to Be Served (Attachment 3b)

The proposal must indicate the population to be served. The following points must be included in the narrative.

1. Describe the efforts that will be made for outreach and recruitment of the eligible population to be served by the prevention initiative program.
2. Indicate the number of families with children ages birth to 3 to be served.
3. Indicate the geographic area to be served by the initiative, if applicable.

PROGRAM DESCRIPTION (Attachments 4 through 11)

Use the appropriate attachment to respond to each of the following for the prevention initiative. Duplicate each form, as needed. Assemble your program description in the order in which each requirement is presented below.

1. Screening Process to Identify Eligible Participants Who Are At Risk (Attachment 4)

Screening and outreach should be conducted on a communitywide basis and developed and implemented with cooperation among programs serving young children operating in the area to be served (e.g., public schools, licensed child care providers, special education, Early Head Start, Early Intervention Child and Family Connections, and Child Find).

Applicants may use an existing screening instrument or one that they have developed to identify those families who are most at-risk. In either case, the description of all comprehensive screening procedures must address the following points.

- The procedures to be used to include a parent interview (to be conducted in the parents' home/native language, if necessary). This interview should be designed to obtain a summary of the child's health history, including prenatal history, and social development, and may include questions about the parent's education level, employment, income and age; the number of children in the household; and the number of school-aged siblings experiencing academic difficulty.
- The criteria to assess environmental, economic and demographic information that indicates a likelihood that the children/families would be at risk and to determine at what point performance on an approved screening instrument indicates that children would be at risk of academic failure. Indicate the method(s) to be used to select criteria for participation, and if a weighted system is used to determine eligibility, describe how the system has been developed.
- How the screening instruments and activities are related to and measure the child's development in these specific areas (as appropriate for the age of the child): vocabulary, visual-motor integration, language and speech development, English proficiency, fine and gross motor skills, social skills and cognitive development.
- Evidence that written parental permission for the screening of the child will be obtained.
- The procedures to be used to include the program provider in the screening process. Results of the screening must be made available to the program provider.

2. Research-Based Program Model (Attachment 5)

Programs must be designed so that parents will gain knowledge and skills in parenting through implementation of a research-based program model which will guide the provision of services. Activities requiring substantial participation of and interaction between parent and child must occur. These activities must be designed to teach parents new ways of supporting and enhancing their children's development. The education activities and services must adhere to the requirements of the selected program model and be of sufficient intensity and duration to make sustainable changes in a family.

Identify the research-based program model that will be followed (see Appendix C for examples) and based on the requirements of that program model, address the following points in the description. If an applicant proposes a model other than one listed in Appendix C, the applicant must provide evidence from research that the components to be included are effective.

- Provide evidence that the program is derived from research on successful prevention services for at-risk families, including specific references to research that discusses the types of services and strategies to be offered by the program.
- Describe how the comprehensive services to be provided are aligned with the Illinois Birth to Three Program Standards.
- Describe the program activities, including parent activities, child activities, parent-child interactive activities and family activities; indicate whether they are home-based or center-based; and describe how these activities will teach parents new ways of supporting and enhancing their child's development.
- Provide the anticipated schedule of services, including, as appropriate, the frequency and estimated length of home visits, the frequency and length of parent group meetings and the schedule of center-based services for children.
- Describe the steps that will be taken to encourage families to attend regularly and remain in the program a sufficient time to make sustainable changes.
- Describe how the applicant will ensure that no fees will be charged of parents or guardians and their children who are enrolled and participate in the Prevention Initiative program.
- Provide a detailed description of procedures for reimbursement of transportation and childcare costs, if these are to be included in the program.

3. Research-Based Curriculum for Parent Education (Attachment 6)

The program must use a research-based curriculum for parent education and training.

- Provide a brief description of the curriculum to be used.
- Describe how the curriculum is aligned with Illinois Birth to Three Program Standards II.A, II.B, II.C, II.D, and II.E (see Background and Program Specifications, page 6).
- Describe the activities that will be included and how they will address each of the following seven areas of instruction and training:
 - Child growth and development, including prenatal development;
 - Childbirth and child care;
 - Family structure, function and management;
 - Prenatal and postnatal care for mothers and infants;
 - Prevention of child abuse;
 - The physical, mental, emotional, social, economic and psychological aspects of interpersonal and family relationships; and
 - Parenting skill development.

4. Developmental Monitoring (Attachment 7)

Regular developmental monitoring through multiple, developmentally appropriate methods, is important to inform instruction and to ensure that all children who have a potential developmental delay or disability are identified and referred for appropriate services.

- Describe the methods and sources of information used to regularly monitor children's development.
- Describe how the program will communicate with parents about their child's development.

5. Individual Family Service Plan (Attachment 8)

The following points must be included in the description.

- Describe how parents and families will be involved in making decisions regarding the goals and outcomes of their individual family service plan.
- Describe how the needs of the family enrolled in the program will be assessed and how this information will be used to develop an individual family service plan.
- Describe how the individual service plan is used to guide services for the family.

6. Case Management Services (Attachment 9)

A case management approach is to be used to provide intensive comprehensive, integrated and continuous support services to families through a seamless and unduplicated system. The following points must be included in the description.

- Describe how the program will coordinate the individual family service plan with plans that other community service providers have developed with or for the family.
- Describe how the program will provide families with access to comprehensive services, including those not provided directly by the program.
- Describe the system for referring families to other service providers and following up on these referrals.

7. Family and Community Partnerships (Attachment 10)

The prevention initiative program must develop a parent and community involvement plan to include but not be limited to the following points.

- Describe the orientation activities associated with the educational program that will be provided.
- Describe opportunities to be provided for parents to be involved in home-based or site-based activities.
- Describe the procedures to be used to communicate with parents about the program.
- Describe the procedures to be used to link parents with community resources and services.
- Describe the activities to be provided that will emphasize and strengthen the role of the parent(s) as the child's primary educator.
- Describe how families will be involved in developing and implementing the program and the system for regular communications with parents about the program.

- Describe the referral system to be implemented to place 3-year-old children in other early childhood education programs after leaving the prevention initiative program.

8. Staff Qualifications and Organizational Capacity (Attachment 11)

All personnel employed for the prevention initiative program must be appropriately qualified, including but not limited to, program administrators, early childhood teachers, counselors, psychiatrists, psychologists and social workers.

- For each full-time and part-time professional and nonprofessional staff to be paid by the program, list the following (**do not** include resumes):
 - Position title,
 - Name of person who will fill the position,
 - Qualifications and experience of person who will fill the position,
 - Roles and responsibility of the position, and
 - Full-time equivalent for the position.
- Describe the organization's capacity to operate a program of this nature.

9. Professional Development (Attachment 12)

Evidence of a written professional development plan must be provided. The following points must be included in the narrative.

- Describe how the staff development needs will be determined for all staff members.
- Describe the staff pre-service and inservice training program that will be conducted to meet the individual staff needs and to meet the requirements, if applicable, of the chosen program model.
- Describe other professional development activities that will be provided.

10. Evaluation (Attachment 13)

Evidence of a written evaluation must be provided. The following points must be included in the narrative.

- Describe the process to be used to determine whether progress is being made toward successful implementation of the program model and the Illinois Birth to Three Program Standards.
- Describe the process to be used to determine the progress that children and families are making toward their goals.
- Describe how the evaluation will be used to inform continuous program improvement.

Criteria for Review and Approval of Proposals

Proposals will be evaluated in comparison with other Preschool for All Children **Prevention Initiative Birth to Age 3 Years**: 09 proposals received by ISBE, based upon the criteria below. Final determination for selection will be made by the State Superintendent of Education and will be based upon recommendations resulting from the evaluation/review process which may include a site visit. It is the intent of the Illinois State Board of Education that should these funds become available, successful applicants will be notified by July 1, 2008.

1. Population to be Served (30 points)
 - A. The proposal clearly indicates that the area to be served has a high number of children and families determined to be the most in need of the services provided by the Early Childhood Block Grant program, as indicated by high levels of poverty, illiteracy, unemployment, limited-English proficiency, or other need-related indicators, such as the school district's rate of dropouts, retention, truancy, teenage pregnancies and homeless students, high rates of infant mortality, birth trauma, low birth weight or prematurity, and high rates of child abuse and neglect.
 - B. Criteria and indicators for identifying children and families who are eligible for the program are clearly established and likely to target those children and families most in need of services.
 - C. Effective recruitment strategies are proposed that are likely to ensure that the maximum number of eligible children and families are enrolled in the program.
2. Quality of Proposed Program (40 points)
 - A. The proposed program and activities will sufficiently meet the identified needs of the population to be served and include child and parent activities designed to enhance child development and parent effectiveness and, ultimately, school readiness.
 - B. The program proposal provides for effective linkages among parents, education, health and social service agencies, and child care providers and includes a plan for coordination of services with other educational programs serving young children and their families.
 - C. The proposed program is built upon effective research about prevention services and aligned to the Illinois Birth to Three Program Standards.
 - D. The evaluation strategies include measurable outcomes for children and families that are designed to effectively gauge the success of the program and yield sufficient data that can be used to improve the program.
3. Experience and Qualifications (20 points)
 - A. Proposed staff hold the appropriate certifications and/or licenses for their positions and have the qualifications and experience necessary to successfully implement a high-quality early childhood program.

- B. The staff development plan adequately addresses the needs of the project staff, offers a varied and full range of staff development experiences and provides sufficient opportunities for learning so as to allow staff to incorporate the training into program delivery activities.
 - C. In addition, an eligible applicant other than a school district has presented evidence that it:
 - i. holds the appropriate licensure to operate as a day care facility (as applicable);
 - ii. holds early childhood accreditations or has other relevant experience that demonstrates success in implementing and administering programs similar to the ones funded under the Early Childhood Block Grant Program; and
 - iii. has a successful track record with similar grants or contracts.
4. The program is cost-effective as evidenced by the cost of proposed services in relation to the numbers to be served and the services to be provided. (10 points)

APPENDIX A

ILLINOIS STATE BOARD OF EDUCATION Early Childhood Care and Education Position Statement

The State Board of Education believes that the educational development and success of all Illinois children can be significantly enhanced when children participate in early childhood programs and services.

For the purposes of this position statement, early childhood is defined as the period in a child's life from birth through eight years of age. Appropriate early childhood programs, practices and services are defined as those which:

- ❖ are founded on research-based knowledge about child development;
- ❖ promote the child's emotional, physical, mental and social well-being; and
- ❖ support and nurture families.

The Illinois State Board of Education is actively committed to develop, deliver and support early childhood programs, practices and services that will enable all children to be successful students and responsible citizens. The State Board will give particular attention to the following actions:

1. Emphasize the need for high-quality early experiences that reflect research and knowledge on program quality and outcomes across the developmental period of birth through eight years.
2. Encourage Illinois public schools to create coherent early learning systems that minimize major transitions for children and provide stable, consistent educational experiences for young children, ages three through eight years.
3. Make prekindergarten programs available for all Illinois children identified as at-risk of academic failure and actively seek their participation. Support the provision of full-day prekindergarten for at-risk students who need additional educational experiences.
4. Support the availability of full-day kindergarten programs for all Illinois children.
5. Collaborate with families and relevant social service providers to provide early identification of and response to educational risk factors among children from birth through three years of age.
6. Collaborate with families, community organizations, child care organizations, Head Start and other state agencies to meet the physical, mental, social and emotional needs of young children, including their physical care and protection; share resources, services and accountability.
7. Emphasize the quality of instructional staff and leadership for early childhood programs in Illinois.

APPENDIX B

Definitions and Examples for Birth to Three

SCREENING

A short, easily administered tool or checklist that identifies children needing further assessment/evaluation or identifies participants for a given program.

Examples of Broad-Based Screening Instruments for Birth to Three

- Ages & Stages Questionnaire
- Battelle Developmental Inventory
- Brigance Infant and Toddler Screen
- Denver Developmental Screening II

ASSESSMENT (Developmental Monitoring)

The process of observing, recording and otherwise documenting the work children do and how they do it, as a basis for a variety of educational decisions that affect the child, including planning for groups and individual children, and communicating with parents. This process may include the use of broad-based general assessment instruments.

Examples of Broad-Based General Assessments for Birth to Three

- Battelle Developmental Inventory (BDI)
- Brigance Inventory of Early Development-II (IED-II)
- Carolina Curriculum for Infants and Toddlers or Preschoolers with Special Needs
- Early LAP: The Early Learning Accomplishment Profile for Young Children (E-LAP)
- Hawaii Early Learning Profile (HELP)
- High/Scope Child Observation Record for Infants and Toddlers (Infant-Toddler COR)
- The Ounce Scale
- Transdisciplinary Play-Based Assessment (TPBA) - Revised (Toni Linder)

CURRICULUM

An organized framework that delineates the content children and/or families are to learn, the processes through which they achieve the identified curricular goals, what providers do to help them achieve these goals, and the context in which teaching and learning occur.

Examples of Evidence-Based Curriculum for Center-Based Programs

- Creative Curriculum for Infants and Toddlers
- High/Scope Infant-Toddler

RESEARCH-BASED PROGRAM MODEL

For the purposes of the Early Childhood Block Grant for Birth to Age 3 Years, a program model must meet one of the three criteria listed below to be considered research-based. A program model is defined as a frame of reference that identifies the objectives and goals of a program, as well as their relationship to program activities intended to achieve these outcomes. It reflects standard practices that guide the provision of services and determines the parameters delineating the service settings, duration, type of intervention, and ratios of child and/or family served to service provider, etc.

1. Criteria 1 - The proposed program is a replication of a program model which has been validated through research and found to be effective in providing prevention services for at-risk families. Specifically:

- a. The program model must have been found to be effective in at least one well-designed randomized, controlled trial, or in at least two well-designed quasi-experimental (matched comparison group) studies.
- b. The program is implemented as closely as possible to the original program design, including similar caseloads, frequency and intensity of services, staff qualifications and training, and curriculum content.

Examples of Birth to Three Program Models Recommended by ISBE

- Baby TALK
- Healthy Families America (HFA)
- Parents as Teachers (PAT)
- Early Head Start Standards (EHS)

Examples of Supplemental Services to Enhance Birth to Three Comprehensive Services

- Doula Services
- Fussy Baby Network
- Strengthening Families Illinois

2. Criteria 2 - The proposed program will comply with all of the standards of a nationally recognized accrediting organization (e.g., NAEYC) or the federal Early Head Start Standards. Specifically:
 - a. The program must comply with all standards regarding group size, staff-to-child and/or staff-to-family ratios, staff qualifications and training, and comprehensiveness and intensity of services offered.
 - b. The program must implement a formal, written curriculum which is comprehensive and is based on research about how infants and toddlers learn and develop.
3. Criteria 3 - The program meets all the Illinois Birth to Three Program Standards, has been operating successfully for at least three years, and has a formal, written program model or logic model which identifies the objectives and goals of a program, as well as their relationship to program activities intended to achieve these outcomes. The program model is based on research about what combinations of services have been effective in achieving positive learning outcomes with at-risk infants, toddlers and their families. The program model should include the following components.
 - a. A formal, written curriculum that is based on research about how infants and toddlers learn and develop and on how to teach parents new ways of supporting and enhancing their child's development.
 - b. A formal, written plan for conducting family needs assessments and developing individual family service plans addressing their cultural and linguistic background.
 - c. Documented evidence of participant's success in achieving the goals of the prevention initiative (i.e., outcome data).
 - d. An intensity of services sufficient to achieve stated goals with a high-risk population (i.e., amount of contact with parents and children). As a guideline, intensity of services should be on par with Parents as Teachers, Baby TALK or Healthy Families, or EHS Standards for center-based models.
 - e. Caseload sizes that do not exceed those required by Parents as Teachers, Baby TALK, Healthy Families, or EHS Standards for center-based models.

APPENDIX C

AT A GLANCE REFERENCE SHEET: REQUIREMENTS FOR SELECTED PREVENTION INITIATIVE MODELS

Model Requirements	Healthy Families (HF)	Parents As Teachers (PAT)	Baby TALK	EHS-Center Based																								
Staff Training	Educational requirements = HS diploma Training – 4 day Core Training (provided by Ounce of Prevention) + ongoing inservice trainings	Initial training is the 5-day (33 hours), Born To Learn Prenatal –Three Years Institute. Follow-up day (6 hours) is 3-6 months after the initial training. Parent Educator is certified upon successfully completing the Institute. To maintain certification, annual in-service hours are required: 1 st year = 20 hours 2 nd year = 15 hours 3 rd year + = 10 hours Annual certification is required to use the PAT model and curriculum materials.	Baby TALK assumes that trainees bring into their work some professional background knowledge in early childhood development. Most Baby TALK practitioners have a bachelor's degree. Baby TALK Professional Development Training is three full days with the expectation that trainees will study curriculum after they leave training. Baby TALK Practitioners are certified for the year of their training, and they renew that certification annually through the Baby TALK Professional Association. Touchpoints Training, also offered by Baby TALK, is suggested as practitioners mature in their work.	For Parent Support staff : Minimum of a level 1 credential on the Career Lattice (45 hours training) For Childcare classroom staff: At least an AA degree																								
Staffing	Essential staff are a Program Supervisor (see below for Supervisor-to-Staff ratio), A Family Assessment Worker, and Family Support Workers (home visitors). Generally, the ratio of Assessment Worker to Support Workers is 1:4 or 1:5.	Minimum of 1 parent educator and 1 supervisor. Number of parent educators is determined by number of families to be served and intensity of services. Qualifications: 4-year degree in ECE or related field preferred. Supervised experience working with young children and their parents required.	Number of practitioners needed is dependent upon program design. Baby TALK recommends a minimum of two practitioners per community for the purpose of collaboration.	Child Care Classroom <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Age</th> <th colspan="2">EHS (exceeds)</th> <th colspan="2">NAEYC (Meets)</th> </tr> <tr> <th>Ratio</th> <th>Group Size</th> <th>Ratio</th> <th>Group Size</th> </tr> </thead> <tbody> <tr> <td>6 wk – 12 mo.</td> <td>1:4</td> <td>8</td> <td>1:4</td> <td>8</td> </tr> <tr> <td>12-24 mo.</td> <td>1:4</td> <td>8</td> <td>1:4</td> <td>12</td> </tr> <tr> <td>24-36 mo.</td> <td>1:4</td> <td>8</td> <td>1:6</td> <td>12</td> </tr> </tbody> </table>	Age	EHS (exceeds)		NAEYC (Meets)		Ratio	Group Size	Ratio	Group Size	6 wk – 12 mo.	1:4	8	1:4	8	12-24 mo.	1:4	8	1:4	12	24-36 mo.	1:4	8	1:6	12
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12-24 mo.	1:4	8	1:4	12																								
24-36 mo.	1:4	8	1:6	12																								
Supervision	At least 1 ½ hours weekly. Maximum	Supervisor must attend	Baby TALK provides ongoing	As determined by the program																								

Model Requirements	Healthy Families (HF)	Parents As Teachers (PAT)	Baby TALK	EHS-Center Based
	staff-to-supervisor ratio is 6:1	Supervisor Training (first 2 days of Institute). Advanced Training available but not required. Qualifications: 4-year degree in ECE or related field Demonstrated ability to work with adults and children Supervisors should hold a minimum of monthly staff meetings and should meet individually with parent educators at least once a month. Parent educators should receive an annual observation of a home visit and receive an annual written performance review and progress towards professional goals.	technical support through a variety of media following training. Certified practitioners report their progress on an annual basis as they renew through the Baby TALK Professional Association. Other supervision is dependent on the sponsoring organization's supervisory structures.	
Case Load	A maximum of 15 cases/full-time home visitor if all participants are seen weekly with no more that 25 cases, regardless of service intensity levels of participants.	Weekly visits = 12-14 families Every 2 weeks = 24 families	Case load is determined by program design. When serving families who are at greatest risk, Baby TALK programs must deliver services with frequency and intensity, requiring a lower family/practitioner ratio.	For Parent Support staff: 1 FTE for 25-30 families For Child Care classroom staff, see above.
Frequency of home visits/group services	Visits are weekly for at least the first 6-9 months of enrollment. There are criteria for decreasing the level of intensity after that point.	Home visits – Based on family need. Monthly visit required by model. High-needs families should receive more intense visits, either weekly or bi-monthly. Group meetings – Monthly required. Frequency based on needs and interest of families.	Program design should provide for a minimum of twice/monthly services. For families facing challenges, a minimum of weekly contacts is recommended.	At least twice a month.
Curriculum	No specific curriculum is required,	Parents as Teachers Born to	Baby TALK Curriculum is	Creative Curriculum for Infants and Toddlers, High/Scope for

Model Requirements	Healthy Families (HF)	Parents As Teachers (PAT)	Baby TALK	EHS-Center Based
	<p>though there is a requirement that the program use a curriculum. Commonly used curricula include PIPE, San Angelo, HELP at Home, and others.</p>	<p>Learn Curriculum - covers prenatal to 36 months – has weekly and monthly visit plans and comes in Spanish and English. Other curriculum and training available – Working with Teen Parents Supporting Care Providers Working with Families with Special Needs Children</p>	<p>provided to all trainees. It covers prenatal through preschool and provides materials for personal visits, group activities, and specialized populations such as teen parents, parents in need of adult education services, and families whose children have special needs. Most curriculum components are available in Spanish.</p>	<p>Infants and Toddlers, or another formal curriculum</p>
<p>Program Model Consultants' Contact Information</p>	<p>Bill McKenzie bmckenzie@ounceofprevention.org</p>	<p>Clare Eldredge celdredge@adi.org</p>	<p>Claudia Quigg cquigg@babytalk.org</p>	<p>Raydeane James rjames@isbe.net</p>

APPENDIX D

Family Literacy – Research and Definition

RESEARCH SUPPORTING FAMILY LITERACY

Research at the Goodling Institute supports the efficacy of family literacy. As parents develop their own literacy skills, they are better equipped to foster the literacy and language growth in their very young children. This relationship is most clearly evident in very young children (ages birth to 3 years old) where the parents are not only the primary teachers but also the greatest developmental influence. This study demonstrates the important linkage that exists between the parents' education and children's literacy and language development. It reaffirms the assumption of family literacy programs that parents are indeed the child's first and most important early teacher.

Askov, E.N., Grinder, E.L., & Kassab, C. (2005). Impact of family literacy on children. *Family Literacy Forum*, 4(1), 38-39.

DEFINITION OF ILLINOIS FAMILY LITERACY PROGRAMMING

Developed by the Illinois Family Literacy Consortium of State-level Agencies and Offices

Integrated, intensive services for at-risk families that must include, but not be limited to adult education, child education, parenting education, and literacy-based, interactive, parent-child activity services in order to improve the literacy skills for families.

- Literacy skills:** The ability to read, write, speak, compute and solve problems at appropriate levels of proficiency necessary to function as an individual within a family or in society.
- Integrated services:** All services are purposefully connected to encompass a holistic approach to serving the family as a unit rather than as individuals.
- Intensive services:** The services are regularly and frequently scheduled over an extended period of time.
- At risk:** Adults and children who are subject to such language, economic and like circumstances that they have been determined, through a screening process, to be at risk of academic failure. At risk factors may include a low household income, being homeless, a household in which English is not the primary language spoken, or a household where one or both parents are teenagers or have not completed high school. However, neither an adult's or child's membership in a certain group nor a child's family situation should determine whether that child is at risk.
- Families:** The significant adult(s) or primary caregiver(s) and child(ren) who are living in the same household. *When the term "parent" is used, this term refers to the significant adult(s) or primary caregiver(s).*

Adult Education:

It is the purpose of Title II of Workforce Investment Act of 1998 to create a partnership among the federal government, and localities to provide, on a voluntary basis, adult education and literacy services in order to:

- Assist adults to become literate and obtain the knowledge and skills necessary for employment and self-sufficiency;
- Assist adults who are parents to obtain the educational skills necessary to become full partners in the educational development of their children; and
- Assist adults in completion of a secondary school education.

Program elements include:

Instructional services: adult basic education, adult secondary education and GED, vocational skills, English as a second language (English Literacy), life skills, parenting education, citizenship education, and employability skills.

Supportive Services: social work services, guidance services, assistive and adaptive equipment, assessment and testing, participant transportation services, workforce coordination services, childcare services and literacy services.

Eligible populations include:

Adults age 16 years and older who are not enrolled or required to be enrolled in secondary school under state law and who (1) lack sufficient mastery of basic educational skills to enable the individuals to function effectively in society; (2) do not have a secondary school diploma or its recognized equivalent and have not achieved an equivalent level of education; or (3) are unable to speak, read or write the English language.

Child Education:

Age-appropriate education to prepare children for success in school and life experiences, from birth through age 16. Children acquire knowledge as a result of concrete encounters and meaningful research-based experiences in environments structured to meet individual developmental, cognitive, and social needs of all children. Supplemental instruction and support may be needed to facilitate an individual child's progress.

Parenting Education:

Information and support for parents on issues such as childbirth, development and nurturing of children, child rearing, family management, support for children's learning, effective advocacy strategies for the rights of all children, and parent involvement in their children's education. Through parenting education, parents

and professionals build relationships in which the resources of both are shared in the task of supporting family strengths. In addition, parents build relationships through which they receive support both for themselves and their children.

**Interactive, Literacy-based
Parent-Child Activities**

Family literacy includes regularly scheduled interactive, literacy-based, learning activities for parents and children. These may focus on recognizing and encouraging literacy practices and environments in the home, strengthening family relationships, increasing connections between the family and the school and/or fostering a better understanding of child development. These reciprocal learning activities are opportunities for parents to build the skills and confidence to take supportive, teaching roles with their children. They offer the children the opportunity to see their parents as knowledgeable and capable adults. They offer both adults and children time to share and reinforce skills learned in the other components.

APPENDIX E

DEFINITIONS OF BUDGET FUNCTIONS

Function Number	FUNCTION
2210	<u>Improvement of Instruction Services</u> - Activities which are designed primarily for assisting instructional staff in planning, developing, and evaluating the instructional process. Included are instructional and curriculum development services and instructional staff training services.
2300	<u>General Administration</u> - Activities concerned with establishing and administering policy in connection with operating the local education agency.
2540	<u>Operation and Maintenance of Plant Services</u> - Activities concerned with keeping the physical plant (i.e., grounds, buildings, and equipment) in an effective and safe working condition. This includes activities of maintaining safety in buildings, on the grounds, and in the vicinity of schools or funded agency.
2560	<u>Food Services</u> - Those activities concerned with providing food to students and staff in a school or LEA. This service area includes the preparation and serving of regular and incidental meals, lunches, or snacks in connection with school activities and the delivery of food.
3000	<u>Community Services</u> - Services provided by the LEA for the community as a whole or some segment of the community, such as community recreation programs, civic organization activities, public libraries, programs of custody and child care, welfare services, non-public school student services, and home/school services.
4100	<u>Payments to Other Governmental Units (In-State)</u> - Payments to in-state agencies, generally for tuition, transportation, and all other services rendered to students attending the paying agency. Where a non-operating district pays an operating district for the education of students, the non-operating district records such payments here.

DEFINITIONS OF BUDGET OBJECTS

Object Number	Object
100	<u>Salaries:</u> Amounts paid to permanent, temporary or substitute employees on the payroll of the local education agency (LEA). This includes gross salary for personal services rendered while on the payroll of the LEA.
200	<u>Employee Benefits:</u> Amounts paid by the LEA on behalf of employees; these amounts are not included in the gross salary, but are over and above.
300	<u>Purchased Services:</u> Amounts paid for personal services rendered by personnel who are not on the payroll of the LEA and other services which the LEA may purchase. While a product may or may not result from the transaction, the primary reason for the purchase is the service provided in order to obtain the desired results.
400	<u>Supplies and Materials:</u> Amounts paid for material items of an expendable nature that are consumed, worn out, or deteriorated in use or items that lose their identity through fabrication or incorporation into different or more complex units or substances.
500	<u>Capital Outlay:</u> Expenditures for the acquisition of fixed assets or additions to fixed assets.

Supplement vs. Supplant

The provision of federal and state funded programs provides that only supplemental costs may be charged. Those funds are intended to supplement and not supplant local funds. Grantees are required to maintain, in each eligible attendance area, a level of expenditure which is at least equal to the level of expenditure that would be maintained if federal/state funds were not being expended in that area.

No project or activity can be approved which proposes to provide a service required by State law. For example, any project to singly provide special education for children with disabilities cannot be approved because special education is required by State law with special funds appropriated to pay for it. In like manner, basic kindergarten programs cannot be approved for the same reason.

In most cases, compensation for supervisory personnel (including superintendents of schools, directors of education, supervisors of instruction in regular curriculum areas, and principals) falls within the category of expenses that would be incurred if a school were not participating in a federal/state funded program. This would not be eligible for reimbursement unless additional administrative personnel are necessary and hired specifically for that purpose. Extreme care should be taken in determining the applicability of the charges to the federal/state program.

Payrolls must be supported by time and attendance or equivalent records for individual employees.

Salaries and wages of employees chargeable to more than one grant program or other cost objective will be supported by appropriate time distribution records.

**PREVENTION INITIATIVE
BIRTH TO THREE BUDGET WORKSHEET**

Function	Expenditure Account	Salaries (Obj. 100s)	Benefits (Obj. 200s)	Purchased Services (Obj. 300s)	Supp. & Mat. (Obj. 400s)	Capital Outlay (Obj. 500s)	Transfers (Obj. 700s)
2210	Improvement of Instruction (Professional Development)	Substitutes for Staff to Attend Training	Related Benefits: .Life Insurance .Medical/Health Insurance .Retirement/Pension .FICA	Registration fees for Professional Development Meals Mileage Hotel Accommodations	Supplies & Materials for Inservice Workshops Workshop materials		
2300	General Administration	Program Coordinator Secretary/Clerical	Related Benefits: .Life Insurance .Medical/Health Insurance .Retirement/Pension .FICA	Audit Fee (prorated) Worker's Comp.* Unemployment Comp.* Equipment Lease/Service Contract (prorated)	Administrative/Office Supplies & Materials (prorated)		
2540	Operation & Maintenance of Plant Services	Janitor (prorated)	Related Benefits: .Life Insurance .Medical/Health Insurance .Retirement/Pension .FICA	Contractual Custodial Services (prorated) Phone (prorated) Worker's Comp.* Unemployment Comp.*	Cleaning Supplies (prorated) Utilities – Electric/Gas/Water (prorated)		
2560	Food Services (Student Food Only)				Food/Snacks for Infants and Toddlers only Related Food Supplies		
3000	Community Services	Parent Coordinator Caseworker Screening Staff	Related Benefits: .Life Insurance .Medical/Health Insurance .Retirement/Pension .FICA	Worker's Comp.* Unemployment Comp.* Guest Speaker for Parent Activities/Meetings Contracted Screening Services Travel/Mileage Transportation (Center-based programs)	Supplies/Materials/Food for Parent Activities/Meetings Screening Supplies/Materials Equipment/Furniture < \$500/unit	Equipment & Furniture >\$500/unit	
4100	Payment to Other Governmental Units			Services by College ROE/ISC Screening Costs by Special Education Cooperative			Not a purchase Flow through funds to another LEA