



Illinois State Board of Education

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James T. Meeks
Chairman

Tony Smith, Ph.D.
State Superintendent of Education

July 1, 2016

TO: Eligible Applicants

FROM: Tony Smith, Ph.D. 
State Superintendent of Education

**SUBJECT: NOTICE OF FUNDING OPPORTUNITY (NOFO) / REQUEST FOR PROPOSALS (RFP):
Prevention Initiative for Birth to Age Three Years FY17**

CSFA Number: 586-18-0520

CSFA Title: Early Childhood Block Grant - Prevention Initiative for Birth to Age 3 Years

General Information

Eligible Applicants: Public school districts, laboratory schools approved by the Illinois State Board of Education (ISBE), charter schools, area vocational centers, and public or private not-for-profit or for-profit entities with experience in providing educational, health, social, and/or child development services to young children and their families, and who meet the following criteria is eligible to apply:

A program must have a currently funded FY16 Prevention Initiative (PI) Birth to Age Three Years grant.

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.

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

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. The fiscal agent will submit information to ISBE and keep a hard copy of all documents with original signatures on file.

A separate appropriation has been awarded to the [City of Chicago School District #299](#) for the initiatives funded under the Early Childhood Block Grant 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. More information can be found at <http://www.cps.edu/schools/earlychildhood/pages/earlychildhood.aspx>. Programs seeking funding through the Illinois State Board of Education must serve children and families outside the Chicago public school district.

NOTE: Applicants must register for pre-qualification on the State of Illinois GATA Web Portal before being awarded a FY17 grant. The portal will be accessed at www.grants.illinois.gov . The State's Grant Accountability and Transparency Unit has indicated it expects the portal's prequalification function to be operating by approximately mid-to-late June, 2016. Additional information will be provided as it becomes available.

Applicants must also complete and submit the Fiscal & Administrative Internal Control Questionnaire (ICQ) and Programmatic Risk Assessment Questionnaire on the ISBE Web Application (IWAS) system.

All of the aforementioned registration, pre-qualification, and questionnaire submission must be completed before a grant can be awarded. In the meantime, applicants must submit their application by the application deadline below.

NOTE: Pursuant to the Grant Accountability and Transparency Act, applicants must register for pre-qualification, and must complete and submit both a Fiscal & Administrative Internal Control Questionnaire (ICQ) and Programmatic Risk Questionnaire before a grant can be awarded for FY17. Additional information regarding these requirements and when the questionnaires will be available on the ISBE Web Application (IWAS) System will be forthcoming, if notice has not already been provided at the time of the release of this RFP. The State must also pass a sufficient appropriation before grants can be awarded. In the meantime, grant applications must still be submitted by the application deadline indicated in this RFP.

Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM). Each applicant (unless the applicant is an individual or Federal or State awarding agency that is exempt from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the Federal or State awarding agency under 2 CFR § 25.110(d)) is required to:

- I. Be registered in SAM before submitting its application. If you are not registered in SAM, this link provides a connection for SAM registration: www.sam.gov.
- II. Provide a valid DUNS number in its application; and
- III. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal, Federal pass-through or State award or an application or plan under consideration by a Federal or State awarding agency. ISBE may not make a Federal pass-through or State award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time that ISBE is ready to make a Federal pass-through or State award, ISBE may determine that the applicant is not qualified to receive a Federal pass-through or State award and use that determination as a basis for making a Federal pass-through or State award to another applicant.

Grant Award: The Illinois State Board of Education (ISBE) anticipates that individual grant awards will vary depending on the home visiting program model chosen and the intensity of services to be provided as stated in the approved proposal and the total appropriation for the program. ISBE anticipates programs will submit budgets that support the ability to implement the chosen home visiting program model with fidelity and provide quality Prevention Initiative programming; therefore, it is anticipated individual programs will request funding ranging from \$4,075 to \$7,811 per family enrolled. Program costs for center-based and family literacy programs will depend upon the Prevention Initiative services the program is requesting funding to support. ISBE anticipates individual programs will request funding ranging from \$10,000 to \$14,000 per family enrolled. Enrollment should be determined by those having the most points on a weighted eligibility criteria measure as identified through a program screening process.

All entities submitting grant proposals will develop budgets that will support quality and maintain compliance to implementing the nine (9) ISBE components and fidelity to the chosen program model.

Grant Period: The grant will begin no sooner than July 1, 2016 and will extend from the execution date of the grant until June 30, 2017.

Application Deadline: Mail the original and five (5) copies to the Illinois State Board of Education, 100 North First Street, E-225, Springfield, Illinois 62777-0001, to ensure receipt no later than 4:00 p.m. on August 15, 2016. No electronic submissions will be accepted including facsimile copies.

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

Springfield Office
Guard Station
1st Floor
100 North First Street

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

Bidders' Conference: An informational webinar can be found on the [Illinois State Board of Education Early Childhood website](#). Participation in this webinar is recommended but is not required to submit a proposal.

Contact Person: For more information on this RFP, contact the Early Childhood Education Division at 217-524-4835.

This grant is subject to the provisions of:

2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

Grant Accountability and Transparency Act (GATA), 30 ILCS 708/1 *et seq.*

<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3559&ChapterID=7>

Administrative Rules for GATA, 44 Ill. Admin. Code Part 7000

<ftp://www.ilga.gov/JCAR/AdminCode/044/04407000sections.html>

Background

The Illinois State Board of Education (ISBE) is committed to supporting early childhood education to ensure that all Illinois children develop a strong foundation for learning. The Prevention Initiative (PI) program, which was established in 1988, is authorized by Sections 1C-2 and 2-3.89 of the School Code. It is one of two programs currently funded under the Early Childhood Block Grant (ECBG). The ECBG is a birth to age 5 grant program that includes PI and the Preschool for All (PFA) programs. The ECBG's purpose is to provide early, continuous, intensive, and comprehensive evidence-based child development and family support services to help families prepare their young children for later school success.

The ISBE ECBG funds a continuum of services for children from birth through age five years and their families. A portion of the Block Grant funds is set aside exclusively for programs serving families with infants and toddlers at risk of school failure. This program is called Prevention Initiative (PI). Currently 14% of the Early Childhood Education Block Grant is allocated to Prevention Initiative. On May, 24, 2016, Sections 1C-2 and 2-3-89 of the School Code were amended to provide for at least 25% of any additional ECBG funding over and above the previous fiscal year's allocation shall be used to fund PI programs. The intention is for overall funding of the ECBG allocated to programs serving families with children birth to age three to be at least 20%. If, in a given fiscal year, the amount appropriated for the ECBG is insufficient to increase the percentage of the grant to fund programs for children ages 0-3 without reducing the amount of the grant for existing providers of preschool education programs, then the percentage of the grant to fund programs for children ages 0-3 may be held steady instead of increased.

Section 2-3.89 of the School Code requires PI grantees to implement research-based, comprehensive and intensive prevention services to expecting parents and families with children birth to age 3 who are at-risk of academic failure. Examples of the research-based models include:

- Home Visiting services that adhere to the requirements of Baby Talk™, Early Head Start, Healthy Families America®, or Parents as Teachers™;
- Center-based services that adhere to the requirements of ExceleRate Illinois Quality Recognition and Improvement System (QRIS) Silver or Gold Circle of Quality and/or a nationally recognized accrediting organization (e.g., National Association for the Education of Young Children - NAEYC) and are licensed by the Department of Children and Family Services.

The Prevention Initiative programs share common components, such as home visits, links to community resources, screening and developmental monitoring, and individual family service planning/goal-setting processes. PI programs may identify as Home Visiting, Child Care Center-Based, or Family Literacy.

The aim of Prevention Initiative is to provide voluntary, continuous, intensive, research-based and evidence-based comprehensive child development and family support services for expecting parents and families with children from birth to age three. These programs will help build a strong foundation for learning and to prepare children for later school success. For the purpose of Prevention Initiative “at risk” is defined as those children who because of their home and community environment are subject to such language, cultural, economic and like disadvantages to cause them to have been determined as a result of screening procedures to be at risk of academic failure. The PI program is intended for children who have been determined to be at risk for school failure. Academic failure may be indicated by their families’ high levels of poverty, illiteracy, unemployment, limited-English proficiency, or other need-related indicators (e.g., school district’s rate of dropouts, retention, truancy, teenage pregnancies and students experiencing homelessness; high rates of infant mortality, birth trauma, low birth weight or prematurity; and high rates of child abuse or neglect).

Intent of this RFP

The intent of this RFP is to fund current, successful PI grantees to build the capacity to implement quality Prevention Initiative programming as defined by components one (1) through nine (9) under Program Specifications (e.g., The program currently employs one staff member/home visitor to implement PI programming with the FY17 continuation PI grant. The program will use this competitive PI grant application to build capacity by requesting funds to employ two staff home visitors and one supervisor). Applicants are required to define the current staff and services offered, as well as, explain how the program will build capacity as a result of being awarded funding based on this application.

Applicants are advised to review information posted on ISBE’s Early Childhood Education webpage before completing their proposals.

- ISBE Early Childhood Webpage - <http://www.isbe.net/earlychi/default.htm>

Program Specifications

1. Screening to Determine Program Eligibility

Goal 1: Illinois’ neediest children will be identified and served.

In an effort to identify Illinois’ neediest children and families, screening must be conducted to determine their need for services. Screenings are to 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 cooperatives, Early Head Start, Early Intervention, Child and Family Connections, Child Find, etc.).

Eligibility requirements are based on local need and those factors identified by research as causing children and families to be at risk of academic failure. Children that are at-risk are defined as those who, because of their home and community environment, are subject to such language, cultural, economic, and like disadvantages to cause them to have been determined as a result of screening procedures to be at risk of academic failure. When programs are enrolling women that are pregnant or prior to children turning 3 months of age, eligibility determination is based on family and environmental risk factors. The weighted criteria form will be completed with information obtained from the parent interview form. When children older than 3 months of age are being enrolled, their developmental status, including social and emotional development, should be additional factors considered to determine eligibility. Information from the parent interview form plus children’s scores from a published, research-based screening instrument indicating risk of academic failure will be used to complete the weighted eligibility form.

Eligibility criteria must be established for Prevention Initiative (PI) programs to enroll pregnant women and children who are most at risk. Programs will need to develop criteria and indicators to use for determining which

families to enroll first. These criteria should be weighted. This means that some criteria, as determined by the program and the community's risk factors, are given more weight or more points than other criteria. Programs must determine that a family experiencing homelessness or a family receiving services through the Department of Children and Family Services will be prioritized for services and receive the most points on the weighted eligibility criteria form. Some risk factors may be given one point, and other factors, two, three, or more points each. Programs will serve those children and families most in need in the community as determined by those having the most points on the weighted eligibility criteria measure. Programs will utilize the individualized weighted criteria system for: (a) Enrolling families identified as having most points on the weighted eligibility criteria measure; and (b) Ensuring families having the most points on the weighted eligibility criteria measure are prioritized on a waiting list (if applicable). Presenting with one at-risk characteristic will not be sufficient to enroll in a program. After a family is enrolled in the program, they are allowed the opportunity to continue services for the duration of the program (prenatal to age three). The family may voluntarily leave the program. The eligibility criteria form and screening for eligibility is only completed one time. Programs will develop guidance for staff in a policy and procedures manual.

Comprehensive screening procedures must include:

- A. Research-based criteria to determine at what point performance on the screening instrument indicates that children are at risk of academic failure as well as to assess other environmental, economic and demographic information that indicates a likelihood that the children would be at risk;
- B. Screening instruments/activities that are:
 - i. Related to and able to measure the child's development in at least the following ways (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 emotional and cognitive development; and
 - ii. Formally validated with evidence that the instruments/activities reliably and accurately detect children who are at risk for developmental delays do not incorrectly identify children disproportionately as being at risk of academic failure;
 - iii. One or more evidence-based developmentally appropriate screening instruments for children three (3) months of age or older. (See Appendix C)
 - Criteria to determine at what point performance on an approved screening instrument indicates that children would be at risk of academic failure;
 - iv. Children, identified through broad-based diagnostic assessments as experiencing a developmental delay, will be referred to the appropriate [Department of Human Services Child and Family Connections](#) office or the appropriate referral in the local community;
- C. Written parental permission for the screening;
- D. Parent interview (to be conducted in the parents' home language, if necessary, including at least the following):
 - i. A summary of the child's health history and status, including whether the child has an existing disability, and social development; and
 - ii. Information about the parents, such as age, educational achievement and employment history;
- E. Vision and hearing screening;
 - i. Vision screen (For children three (3) months or older, questions embedded within the child developmental screening instrument regarding vision will be sufficient to meet this requirement);
 - ii. Hearing screen (For children three (3) months or older, questions embedded within the child developmental screening instrument regarding hearing will be sufficient to meet this requirement);
- F. Where practicable, provision for the inclusion of program staff in the screening process; and
- G. A provision for sharing the results of the screening with program staff and with the parents of the children screened.

PI programs should implement what research has shown are effective screening practices.

- Programs will develop weighted criteria based upon the risk factors present in the community and those factors identified by research as causing children and families to be at risk. (i.e., families experiencing poverty, families experiencing homelessness, families and/or children receiving services through the Department of Children and Family Services including foster families and intact families, teen parents, children experiencing developmental delays and/or have a disability or chronic health condition, parents with disabilities or chronic health condition, parent with mental illness, linguistically isolated children and/or families, parent with low educational attainment, recent migrant or refugee family, caregiver substance abuse, incarcerated parent(s), children with very low birth weight or children who experienced extreme prematurity or a prolonged stay in the Neonatal Intensive Care Unit (NICU), children with high lead levels, death in immediate family, domestic violence, military family, etc.).
- A parent interview (to be conducted in the parents' home/native language, if necessary) is designed and should obtain a summary of the following information:
 - i. Child's health history, including prenatal history;
 - ii. Child's social and emotional development;
 - iii. Parent's education level, employment history, income, age, marital status, and living arrangements;
 - iv. Family's food security or insecurity; and
 - v. Number of children in the household and the number of school-aged siblings experiencing academic difficulty.
- The at-risk factors to determine eligibility are agreed upon by all partners.
- Programs will develop policies and procedures to provide guidance to staff specifically in regard to sharing the results of the screening with applicable program staff and with the parents of the children screened.
- Programs should implement best practices regarding vision screens by collecting the results from a completed vision screen from each child's physician or medical home. Vision screens from a medical provider should be collected when a child is six (6) months, then annually thereafter.
- Programs should implement best practices regarding hearing screens by making sure the hearing screen is an objective measure of hearing sensitivity. Hearing screens using an objective measure of hearing sensitivity should be completed when a child is six (6) months, then annually thereafter.
- Programs should regularly engage in conversations with each family regarding their child's health, including hearing and vision, and provide referrals as applicable.
- See these sections of the Birth to Five Program Standards: I.B.1., III.A.2., III.A.3., V.C.4., V.E.3.

More information can be found in the [Prevention Initiative Implementation Manual](#).

2. Evidence Based Program Model and Research-Based Curricula

Goal 2: 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 an evidence-based program model and research-based curricula which will guide the provision of services. The program model needs to be the basis for all other programming so that the Prevention Initiative program has the ability to serve pregnant women (when applicable) and/or children birth to age three (3) and their families (as applicable). Supplemental services must complement and align with the evidence-based program model and research-based curricula as well as the Illinois Early Learning Guidelines (IELG) and Birth to Five Program Standards, and be a part of the services offered within the larger program model. Supplemental services should not be offered in isolation of the program model.

Programs will offer intensive and regular home visits and provide activities requiring substantial participation of and interaction between parent and child. This is a vital component of effective programs. Activities must be designed to guide and educate parents as they learn new ways of supporting their child's development. Parenting skills must be promoted and supported as parents play an integral role in assisting their child's learning. The program will recognize that parents are their child's first and most important teacher. Home visits should be provided in the home. Educational activities may be site-based or home-based. Through coordinated services, parents should become better prepared to provide for the developmental needs of their children. The educational 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 will, at a minimum, implement the following:

- Comprehensive services derived from research supporting successful prevention services with children and families experiencing multiple at risk factors;
- Services aligned with the [Illinois Birth to Five Program Standards](#);
- An evidence-based program model and/or standards with fidelity; and
- A research-based curriculum (see Appendix E):
 - Home Visiting programs implement a research-based parent/family-centered curriculum for parent education that aligns with the [Illinois Early Learning Guidelines for Children Birth to Age Three Years](#).
 - Child Care Center-Based programs and Family Literacy programs implement a research-based child-centered curriculum for classroom programming and a research-based parent/family-centered curriculum for parent education. Both must align with the [Illinois Early Learning Guidelines for Children Birth to Age Three Years](#).

All Prevention Initiative programs will adhere to the following program requirements:

- For the purposes of the Early Childhood Block Grant for the Prevention Initiative Birth to Age 3 Years Programming, a prevention initiative program must meet at least one of the criteria listed in Appendix D.
- Programs will provide guidance to staff regarding implementation of the program model and curriculum in a policy and procedures manual.
- Programs must **not** charge fees for program participation. This includes fees for parents and children. In addition, parents who participate in the parental education component may be eligible for reimbursement of any reasonable transportation and child care costs associated with their participation.
- Year-round programming is preferable. Year-Round programming is defined as PI funded programming 12 months of the year as defined by the program model when implemented with fidelity. Partial-Year programming is defined as PI funded programming less than 12 months of the year as defined by the program model when implemented with fidelity. If partial-year services must be offered the following documentation is required to be included with the grant submission:
 - Why partial services must be offered?
 - What services will be offered when programs are not providing services as defined by the program model (limited services)?
 - The duration of the limited services?
 - What months of the year will limited services be offered?
- The program will adhere to the recommendations provided by the chosen program model and/or the best practice guidelines provided. The information below is a general overview of best practice guidelines regarding home visiting caseloads for programs serving children and families experiencing multiple at risk factors.
 - 1.0 FTE home visitor serving families weekly maintain a caseload of approximately 10 to 15 families.
 - .5 FTE home visitor serving families weekly maintain a caseload of approximately 5 to 8 families.
- 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](#) (<http://www.naeyc.org/content/technology-and-young-children>). Screen time should only be used to enhance parent education.
- Prevention Initiative programs must offer appropriate parent education and/or services that address the eight designated areas of instruction listed below.
 - Child growth and development, including prenatal development;
 - Childbirth and child care;
 - Child safety and injury prevention;
 - 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.
- Parent/child interactions and/or parent groups and/or workshops are provided at least monthly to foster parent/child relationships, and, at a minimum, provide education on the eight designated areas of instruction (as applicable).
- An emergent literacy focus is observable in the activities, materials, and environment planned for the child. (Birth to Five Program Standard II.B.5)
- A schedule of program activities, including but not limited to, parent/child interactions and/or parent education activities is provided at least quarterly.
- The program has a toy/book lending library.
- The program has a parent resource lending library that includes resources that provide information about the eight designated areas of instruction.
- The program has a newsletter.

PI programs should include what research has shown are effective practices when implementing quality programming.

- The program offers programming for children and their families from the prenatal period to age three.
- The program will begin to transition enrolled children and their families to services for children ages 3 to 5 at age 2 years, 6 months. Enrollment of a child into a program should occur prior age 2 years, 6 months. Children age 2 years, six months should be referred to other community resources or the appropriate 3 to 5 program.
- The program recognizes that both mothers and fathers play an essential role in their children's development.
- The program encourages both mother/female and father/male involvement in the lives of children.
- The program supports literacy by promoting literacy activities with both children and adults. Adults are encouraged to pursue a high school diploma, GED or English Learning classes when applicable.
- The program fosters social connections between families with young children.
- The program connects families to supports in times of need, including community resources.
- The program provides activities that teach parents how to meet the developmental needs of their children, including their social and emotional needs.
- See these sections of the Birth to Five Program Standards: I.B., I.B.2., I.B.3, I.B.4, I.C., I.C.1, I.C.2, I.D., I.D.1., I.D.2, I.E., I.E.1., I.E.2., II.A.1., II.A.2., II.A.3., II.A.4., II.B.1., II.B.2., II.B.3., II.B.4., II.C., II.C.1., II.C.2., II.C.3., II.D., II.D.1., II.D.2., II.E., II.E.1., II.E.2., II.F.1., II.F.4., II.F.5., II.F.6., V.A.

More information can be found in the [Prevention Initiative Implementation Manual](#).

3. Developmental Monitoring

Goal 3: Children's developmental progress will be regularly monitored to inform instruction and to ensure identification of any developmental delays or disabilities.

Infants and toddlers grow and change 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. Authentic assessment and data collection must be implemented as PI staff and parents partner to assess a child's development (see Appendix F). Authentic assessment, 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 diagnostic assessment and appropriate services. The program will implement processes to utilize authentic assessment to guide instruction and the Individual Family Service Plan, as applicable.

Programs will collect information regarding a child's health history at screening (if applicable) and annually thereafter update the general health information, specifically well child visits and immunizations. When a child is three (3) months of age or older, programs will also use a published, research-based tool(s) (at least every six months) to perform developmental screening for all children. The developmental screening will (as appropriate for the age of the child), include:

- Vocabulary;

- Visual-motor integration;
- Language and speech development;
- English proficiency;
- Fine and gross motor skills;
- Social skills;
- Emotional development; and
- Cognitive development.

Developmental and/or educational progress must be assessed and documented to ensure that the program meets the needs of the child and provides a system whereby that child's parents are routinely advised of their child's progress. The research-based tool and procedures to assess progress must align with the Illinois Early Learning Guidelines.

More than one tool may be needed to ensure a comprehensive evidence-based screening has occurred.

It is strongly recommended that program staff partner with parents to ensure children are vaccinated and receive well-child visits as recommended by a physician. Children under the age of three have varying levels of communication skills; therefore, screening often for hearing and vision challenges is essential to making sure every child has access to medical resources. The program must screen children for hearing and vision impairment utilizing questions associated with the child's developmental screening instrument when children are three months or older then thereafter at least every six (6) months.

Programs will adhere to the chosen program model regarding health, hearing, and vision screening requirements. If there is a discrepancy between the program model and the PI RFP, the program will adhere to the more rigorous recommendations.

Children identified as in need of further assessment are linked to the local [Department of Human Services Child and Family Connections](#) or the appropriate community referral. The program will provide follow up services to ensure the child receives all needed assessments and services.

Programs will provide guidance in a policy and procedures manual to support staff as they implement developmental monitoring regarding each child's health including, but not limited to, general health, immunizations, hearing and vision as well as physical development, cognitive development, communication, visual-motor integration, social and emotional development.

Prevention Initiative programs should include what research has shown to be successful developmental monitoring practices as follows.

- The program regularly monitors children's development, using multiple sources, and communicates with parents about the child's development.
- See the following Birth to Five Program Standards: II.F., II.F.2., II.F.3., III.A., III.A.1., III.A.3.,
- Infants and toddlers are referred to the Illinois Early Intervention System when appropriate. Preschool children are referred to the local Early Childhood Special Education system when appropriate. (Birth to Five Program Standard III.A.4.) The program follows up to ensure the child receives all needed diagnostic assessments and services.
- See the following Birth to Five Program Standards: III.B.1, III.B.2, III.B.3, III.B.4.
- Programs should implement best practices regarding vision screens by collecting the results from a completed vision screen from each child's physician or medical home. Vision screens from a medical provider should be collected when a child is six (6) months, then annually thereafter.
- Programs should implement best practices regarding hearing screens by making sure the hearing screen is an objective measure of hearing sensitivity and completed when each child is six (6) months old, then annually thereafter.
- Programs should regularly engage in conversations with each family regarding their child's health, including hearing and vision, and provide referrals as applicable

More information can be found in the [Prevention Initiative Implementation Manual](#).

4. Individual Family Service Plan (IFSP)

Goal 4: Families will receive services that address their identified goals, strengths, and needs.

An important focus of the Prevention Initiative program is to help families identify how they want to improve their lives and the steps that will help them reach their goals. Families must be full partners in developing and implementing an Individual Family Service Plan (IFSP) 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. The IFSP will initially be completed within the first 60 days and be reviewed periodically and updated at least every six months. The IFSP guides the delivery of services to ensure families obtain and receive appropriate services to meet their needs. (See Appendix G)

The IFSP will be developed in partnership with the family and will be grounded in the information revealed during the Family Centered Assessment (FCA). All programs must utilize a published, research-based FCA with every family served. The Family Centered Assessment will be implemented with fidelity as recommended by the FCA chosen and be completed initially within the first 60 days of enrollment and reviewed and updated at least every six months.

Programs will provide guidance in a policy and procedure manual to support PI staff as they partner with each family to develop and implement an Individual Family Service Plan and create goals for the parent(s), the child, and parent-child interactions.

Prevention Initiative programs should include what research has shown to be successful Individual Family Service Plans as follows:

- See the following Birth to Five Program Standards: V.D., V.D.1., V.D.2., V.D.3.
- 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 program implements a Family Centered Assessment (FCA) for each family served.
- A comprehensive Family Centered Assessment (FCA) should contain items that assist staff with understanding families' strengths, resources, and needs. The FCA should include information regarding parenting, family relationships, education and employment, health and access to insurance and medical care, food security, and housing stability.
- The Individual Family Service Plan includes but is not limited to educational and social-economic needs of the family.
- The program should develop an IFSP in collaboration with other agency(s)/district(s) the family is receiving services from to coordinate services.

More information can be found in the [Prevention Initiative Implementation Manual](#).

5. Case Management Services

Goal 5: Families will receive comprehensive, integrated, and continuous support services through a seamless and unduplicated system.

Many of the families participating in Prevention Initiative (PI) 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 to develop a system for referring families into and out of programs. The referral system will address referral procedures as well as follow up procedures to ensure that families receive the needed services.

The program will develop a referral system that ensures three year old children are placed into other early childhood education programs that meet their specific developmental needs and the services to be provided to ensure a successful transition into those other programs. The program will provide comprehensive transition services to families when a change in provider has been identified or beginning when children are 2 years, 6 months. Transition activities should begin six months prior to a scheduled transition. All transitions are too important to be left to chance. Adjustments to important transitions are accomplished more effectively when individuals have adequate and reliable information about what to expect and are provided with the appropriate

emotional and social support. The program will develop written transition plans (as a part of or separate from the Individual Family Service Plan) in partnership with the family. The program will help identify other early childhood programs (as needed) and offer support as the family navigates the early childhood system (other early childhood providers may include Preschool for All, prekindergarten, Head Start, Early Head Start, Early Intervention, Special Education, Child and Family Connections, Title I, bilingual education programs, etc.).

Programs are encouraged to develop programming that provides for coordination of services, and delivers Prevention Initiative services in ways that reflect local needs and resources. Each PI program must demonstrate that the proposed program is not a duplication of services. (e.g., Home Visiting programs may choose to coordinate among themselves to serve different priority populations such as teen parents or prenatal mothers, or different neighborhoods/ zip codes, etc.) Learn more information about community collaboration on the [Partner Plan Act](#) website.

Families participating in PI 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 (when applicable).

Programs will formalize collaborations and/or partnerships through memorandums of understandings (MOUs) or letters of intent. Collaborative partnerships must include a direct link between and among the initiatives. The program will develop relationships and formalize agreements with other appropriate community service providers to at minimum define a referral and follow up system, establish a plan for reducing duplication of services, and coordinate Individual Family Service Plans (as applicable). The program should take an active role in local community systems development efforts by participating in local collaborative and initiatives including but not limited to participating in locally-driven data collection efforts and participating in the local efforts to minimize barriers to services for families with children from birth to five.

Programs will provide guidance in a policy and procedures manual to support staff as they build relationships with community partners, develop formalized agreements, navigate a referral and follow up system, connect families to community resources, and coordinate Individual Family Service Plans.

Prevention Initiative programs should include what research has shown to be successful case management services as follows:

- See the following Birth to Five Program Standards: III.B.5., V.A.7., V.C., V.C.1, V.C.2., V.C.3., V.D., V.D.1., V.E., V.E.1, V.E.2., V.E.4.
- The program ensures that the services the family receives 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 toddlers by focusing on the child and family through a network of child and family service providers.
- The program develops written transition plans with other early childhood programs as applicable that address the unique needs and situations of families.
- 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 program takes an active role in community and system planning.

More information can be found in the [Prevention Initiative Implementation Manual](#).

6. Family and Community Partnerships

Goal 6: Families will be engaged in the program, and community systems for infants and toddlers will be strengthened.

Families are invited to 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. The program must have a system for regular communication with parents about the program and about their child's progress. The clear

intentions of the program should focus on families being invited to actively engage in the program and building community systems to support and strengthen families with infants and toddlers.

Each Prevention Initiative program must develop a written family and community engagement plan that is reviewed and updated annually to include, but need not be limited to:

- Written and verbal orientation to the educational program;
- Opportunities for involvement in home-based and/or site-based activities;
- Intensity of the activities and services offered, including home visits, groups, and case management;
- Provision for communication to and from parents about the program;
- Activities that emphasize and strengthen the role of the parent(s) as the child's primary educator;
- Refer and follow-up with families obtaining additional services or leaving the program;
- Provision for promoting and supporting parenting skills;
- Provision for seeking parents support and involvement in the program; and
- Ensuring parents are full partners in the decisions that affect children and families.

Each Prevention Initiative Program must develop a written community collaboration plan that is reviewed and updated annually. The community collaboration plan will provide guidance to staff about the coordination and collaboration efforts the program is engaged in with other providers in the same service area. The plan must describe the agreements made with Head Start, Early Head Start and other providers in the service area to:

- 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);
- 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;
- Reduce duplication of services; and
- Coordinate Individual Family Service Plans.

Programs will provide guidance in a policies and procedures manual to support staff as they implement the family and community engagement plan and the community collaboration plan. The policies and procedures should align with the agreements and formalized plans with other service providers in the area.

Prevention Initiative programs should include what research has shown are successful strategies to facilitate family and community partnerships.

- See the following Birth to Five Program Standards: I.A., I.A.2., I.A.3., I.A.4., I.A.5., I.A.6., V.A., V.A.1., V.A.2., V.A.3., V.A.4., V.A.5., V.A.6., V.A.7., V.B., V.B.1., V.B.2., V.B.3., V.B.4.

More information can be found in the [Prevention Initiative Implementation Manual](#).

7. Qualified Staff and Organizational Capacity

Goal 7: 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 research-based program model that is to be implemented by the Prevention Initiative (PI) program must be employed and may include but are not limited to: program coordinators/supervisors, home visitors, early childhood teachers, and infant mental health consultants.

The program must have the organizational capacity to implement all nine PI RFP components and the chosen program model with fidelity as well as adhere to the [Illinois Birth to Five Program Standards](#). The program will maintain a staffing structure that will provide sufficient support to direct service providers, which includes at least one supervisor. Direct service providers must maintain sufficient enough hours (FTE) to maintain a reasonable caseload and be able to interact with children and families long enough to make sustainable changes in the family. Direct service staff should be at least .50 FTE. The following is an example of what a typical PI program staffing structure might look like if the program is implementing an evidence-based program model with fidelity.

Maintain a staffing structure that will include at least:

- Option One
 - At least one (1) PI Supervisor
 - At least three (3) FTE PI staff providing direct services to families paid out of PI grant funds (direct service staff should be at least .50 FTE)

OR

- Option Two
 - This option occurs when a PI program is attached to an existing Home Visiting program that has at least 2 FTE staff providing direct services to families and a supervisor. PI funds need to be allocated to fund a minimum of 1 FTE PI staff. This means the PI program can fund one full time person or two half time people. Or course, more PI staff can be allocated if PI funding allows. The PI staff hired need to implement the same program model the existing program is using and be embedded into the larger existing home visiting program.

OR

- Option Three
 - A fiscal agent will maintain joint agreements and/or partnership agreements with other entities to maintain a staffing structure large enough to implement the PI RFP nine components and the program model with fidelity, i.e., at least one (1) supervisor and three (3) FTE staff providing direct services to families paid out of PI grant funds (direct service staff should be at least .50 FTE) using the same program model.

A policies and procedures manual that clearly outlines how the program will provide voluntary, continuous, intensive, research and evidence based, and comprehensive child development and family support services for expecting parents and families with children from birth to age three must be in place. Policies reflect the “rules” governing the implementation of the program. Procedures represent an implementation of policy.

Programs will provide guidance regarding qualified staff and organizational capacity in the form of a policy and procedures manual. These policies and procedures should support staff as they maintain compliance to the nine components of the Prevention Initiative (PI) RFP and fidelity to the chosen program model.

The program must follow mandated reporting laws for child abuse and neglect and have written policies addressing staff responsibilities and procedures regarding implementation.

All PI staff must be registered in the Illinois Department of Human Services’ [“Gateways to Opportunity” registry](#).

Programs will maintain records as identified in the current ISBE [State and Federal Grant Administration Policy, Fiscal Requirements and Procedures](#) manual, as applicable. The responsibility for retention and destruction of records is shared between ISBE and the Local Records Commission. Prior to the destruction of any records following the three-year period, a fund recipient must contact the Local Records Commission, Illinois State Archives, Margaret Cross Norton Building, Illinois Secretary of State, Springfield, Illinois 62756 (217/782-7075).

Applicants should note the requirement for staff background checks on the assurances page, program assurance/specific terms of the grant, item 11.

All programs must pursue the chosen program model recognized process for monitoring fidelity and indicating quality. Center-based programs will obtain the necessary licensure through the Department of Children and Family Services, adhering to all requirements set forth in the [Illinois Administrative Code Title 89: Social Services Chapter III: Department of Children and Family Services Subchapter e: Requirements for Licensure Part 407 Licensing Standards for Day Care Centers](#) and participate in [ExceleRate™ Illinois](#).

Prevention Initiative programs should include what research has shown are appropriate staff qualifications as follows.

- 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.
- If applicable, the child care center is continuously in the process of maintaining or striving to reach the [ExceleRate Illinois Gold](#) standard of Quality.
- The administrator and all program staff are knowledgeable about high-quality early childhood programs and are effective in explaining, organizing, and implementing them. If applicable, the staff are maintaining or pursuing [Gateways to Opportunity Credentials](#).
- See the following Birth to Five Program Standards: I.G., I.G.1, I.G.2., I.H., I.H.1., I.H.2., I.H.3., I.H.4., I.H.5., I.I., I.I.1., I.I.2., I.I.3., I.I.4., I.I.5., I.I.6., I.I.7., IV.A., IV.A.1., IV.A.2, IV.B., IV.B.1., IV.B.2., IV.C., IV.C.1., IV.C.2., IV.C.3., IV.C.4., IV.C.5., IV.D., IV.D.1., IV.F., IV.G., IV.G.1., IV.G.2.

More information can be found in the [Prevention Initiative Implementation Manual](#).

8. Professional Development

Goal 8: Staff will continue to gain skills and knowledge based on current research and best practices to improve outcomes for families.

Staff development activities must be implemented and will be used to inform the program's staff development and continuous quality improvement efforts. In order to enable staff to achieve the purpose and goals of the Prevention Initiative program, staff development needs must be assessed and appropriate ongoing professional development activities provided. All staff will develop a written, individualized professional development plan in collaboration with their supervisor. A professional development plan is a written course of action to improve and strengthen a staff member's ability to function effectively in their professional role and meet their responsibility to children and families.

The program will offer staff administrative and reflective supervision. (See Appendix H)

Prevention Initiative programs should include what research has shown to be successful professional development as follows.

- Staff development needs are assessed on a regular basis.
- A staff in-service training program is conducted to meet individual staff needs.
- Other appropriate ongoing professional development activities are provided.
- The program offers opportunities and resources for staff to share and consult with others regularly.
- See the following Birth to Five Program Standards: I.F., I.F.1, I.F.2, IV.D.3., IV.D.4., IV.E., IV.E.1., IV.E.2.

More information can be found in the [Prevention Initiative Implementation Manual](#).

9. Data Collection and Evaluation

Goal 9: 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 Five 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 program must develop a written framework and implement a system for Prevention Initiative evaluation and Continuous Quality Improvement (CQI). The system developed must be guided by written policies and procedures. The framework developed should include data and information to be collected and the measures, methods, and processes to be used to evaluate specific Prevention Initiative components (Goals 1 through 6 and 8). The evaluation framework and plan should also include strategies for measuring the quality of Prevention

Initiative programming provided (Goal 7). The data elements, measures, methods and processes must be specific and consistent with CQI.

The purpose of an annual 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. Programs will conduct a self-assessment. This is a method of measuring agency accomplishments, strengths, and weaknesses. Self-assessment allows for the continuous improvement of program plans and service delivery methods, and for the enhancement of program quality and timely responses to issues that arise in the community, the program, and among enrolled families. The process also provides an opportunity for involving parents and community stakeholders and for making staff more aware of how the program is viewed by its consumers.

Results of reports from a self-assessment (and other evaluation efforts) are analyzed by the program leadership and staff, and a written continuous quality improvement plan is generated. The continuous quality improvement plan determines program direction for the year. The continuous quality improvement plan will, at a minimum, address the following:

- Identifies specific issues that are deficient or areas that the program would like to strengthen;
- Actions to be taken to remedy the deficiencies and, as applicable, the resources and professional development that will be targeted towards improvement efforts; and
- The person responsible and the timelines in which the deficiencies are expected to be corrected.

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. A written evaluation summarizing the results of the self-assessment and continuous quality improvement plan must be available, at a minimum, for the program staff, program participants, and ISBE upon request.

Prevention Initiative programs should include what research has shown to be part of successful evaluations as follows:

- See the following Birth to Five Program Standards: III.C., III.C.1., III.C.2., III.C.3., IV.D.2.,
- 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.
- There is a process for sharing the results with the program staff, program participants, and the community (as applicable).

More information can be found in the [Prevention Initiative Implementation Manual](#).

Fiscal Information

The Illinois State Board of Education has requested an additional \$75,000,000 for the FY2017 Early Childhood Education appropriation. A portion of the additional funding goes to the Chicago block grant. A minimum of 25 % of additional funding must be used statewide for programs serving children birth to age 3 years. The remainder of the ECBG funds are 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. Allowable activities and related expenditures for Prevention Initiative provided in Appendix B.

Key Financial Management Requirements:

Maintain proper stewardship of taxpayer dollars

Maintain effective internal controls and fund accountability procedures

Expend funds only on activities consistent with the approved application, and only during the approved project period

Follow cost principles (see 2 CFR Part 200, Subpart E, Cost Principles)

Follow procurement standards (see 2 CFR 200.318, General procurement standards)

Costs charged to a federal or state grant must be:

1. Allowable - either permitted or not specifically prohibited; and necessary for project success

2. Allocable - expended for a particular purpose or time period that benefits the grant
3. Reasonable - costs that would be incurred by a reasonably prudent person.

Proposal Format

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

1. **Uniform Application for State Grant Assistance (Attachment 1):** Include the entity name, address, telephone and fax numbers, e-mail, name and telephone number of the contact person; Federal Employer Identification number, DUNS number, SAM Cage Code; and all other listed information. The Uniform Application must be signed by the official authorized to submit the proposal.
2. **Cover Page (Attachment 1A):** Must be signed by the school district superintendent or official authorized to submit the proposal.
3. **Joint Application (Attachment 1B):** Joint proposals must have 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.
4. **Evidence of Existing Competencies (Attachment 1C):** 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.
5. **Early Childhood Accreditation (Attachment 1D):** Indicate any early childhood accreditations that have been achieved.
6. **Program Site Locations (Attachment 1E):** Provide information on each site location for the program.
7. **Evaluation Design (Attachment 2):** Briefly describe how the proposed program and activities will lead to the attainment of anticipated program outcomes. Describe the activities, outputs (levels and targets of services), timelines, person responsible, measures (tool, instrument, or device) or methods of evaluation, defined parameters that measure success, and anticipated outcomes.
8. **Statement of Need (Attachment 2A) and Population to Be Served (Attachment 2B):** Describe the need for the early childhood initiative in the community or communities served and how the program is working with other birth to age 3 providers in the area to reduce the duplication of services (Attachment 2A). Describe the current level of enrollment of children and families and the proposed level of enrollment of children and families, as well as, the population to be served, the geographic area to be served, the recruitment efforts to be implemented (Attachment 2B).
9. **Objectives and Activities (Attachments 3 through 11):** Use the form provided to list the objectives and activities of the proposed project in a time-specific format.
10. **Budget Summary and Payment Schedule (Attachment 1 2):** 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 and be prepared in accordance with the *State and Federal Grant Administration Policy and Fiscal Requirements and Procedures* handbook found at http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf. Supplies, equipment, contracted

services, and professional development should be requested in the month for which the expenditure is anticipated. 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.

11. **Budget Breakdown (Attachment 13):** 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 6 of the document titled “Certification and Assurances, and Standard Terms of the Grant,” Attachment 14).
12. **Certifications and Assurances (Attachments 14 and 15):** Each applicant, *including each entity that is participating in a joint application*, 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 requests for information. Assemble your proposal narrative in the order in which each requirement is presented below.

General Information

1. Statement of Need (Attachment 2A)

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 (including the prevalence of homelessness). The following points must be included in the narrative.

- A. Provide a description that may include, but need not be limited to:
 - i. Educational level of parents;
 - ii. Employment conditions;
 - iii. Number of children age birth to 3 years in service area;
 - iv. Rates of infant mortality, birth trauma, low birth weight, or prematurity;
 - v. District’s rate of dropouts, retention, truancy, teenage pregnancies, and students experiencing homelessness;
 - vi. The number of families where a language other than English is spoken;
 - vii. Rates of poverty, child abuse, and neglect; and
 - viii. Information regarding drug/alcohol abuse.
- B. Describe the process that was used to determine the need for the program in the community in relation to other similar services that may be operating in the same geographic area; this description must list, to the extent known, the other services offered and an estimate of the number of children being served (provide a description of the process used to determine the need for the Prevention Initiative program that is not a duplication of services). Include the number of other programs providing services to the birth to age 3 years population and a description of the services being provided.

2. Population to be Served (Attachment 2B)

- A. Describe the efforts that will be made for outreach and recruitment of the eligible population to be serviced by the Prevention Initiative program. The proposal must clearly indicate 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 PI program, as indicated by those children who because of their home and community environment are subject to such language, cultural, economic and like disadvantages to cause them to have been determined as a result of screening procedures to be at risk of academic failure. Risk factors may include high levels of poverty, illiteracy, unemployment, English Learners, or other need-related indicators, such as the school district’s rate of dropouts, retention, truancy, teenage pregnancies, students experiencing homelessness,

- high rates of infant mortality, birth trauma, low birth weight or prematurity, and high rates of child abuse and neglect.
- B. Describe the criteria and indicators used for identifying children and families experiencing multiple risk factors and that are eligible for the program and how you will likely target those children and families most in need of services. The description shall include:
- i. How the eligible population will be recruited;
 - ii. Geographic area to be served; and
 - iii. Estimated number of children and/or families to be enrolled.

Program Description (Attachment 3 through 11)

1. Screening Process to Identify Eligible Participants Who Are at Risk

- A. Provide a description of the current procedures implemented and the proposed enhanced or additional procedures (that require additional funding) to be used to screen children and their families. These procedures must determine their need for services and ensure that the program will serve those children and families most in need.
- B. The proposal must document the need for additional funding regarding the screening process for the program.
- C. Provide a description of the procedures to be used to screen children and their families to determine their need for services. Results of the screening shall be made available to the program staff and parents of the children screened. All screening procedures shall include:
- i. Research-based criteria to determine at what point performance on the screening instrument indicates that children are at risk of academic failure as well as to assess other environmental, economic and demographic information that indicates a likelihood that the children would be at risk;
 - ii. Screening instruments/activities that are:
 1. Related to and able to measure the child's development in at least the following 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 emotional and cognitive development; and
 2. Formally validated with evidence that the instruments/activities reliably and accurately detect children who are at risk for developmental delays and do not incorrectly identify children disproportionately as being at risk of academic failure;
 - iii. Written parental permission for the screening;
 - iv. Parent interview (to be conducted in the parents' home language, if necessary), including at least the following:
 1. A summary of the child's health history and status, including whether the child has an existing disability, and social development; and
 2. Information about the parents, such as age, educational achievement and employment history;
 - v. Vision and hearing screening; and
 - vi. Where practicable, provision for the inclusion of program staff in the screening process.
- D. Describe the criteria that will be used to assess environmental, economic and demographic information that indicates a likelihood that the children/families would be at risk. For children age 3 months of age or older, the screening criteria should be used 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 describe how the weighted system to determine eligibility will be implemented. Explain how the program will utilize the weighted criteria system for:
- i. Enrolling families identified as having most points on the weighted eligibility criteria measure; and
 - ii. Ensuring families having the most points on the weighted eligibility criteria measure are prioritized on a waiting list (if applicable).
- E. Describe the procedures for obtaining written parental permission for the screening of the child.
- F. Describe the procedures to be used to include the program staff in the screening process and to make the results of the screening available to the program staff and parents.

2. Evidence-Based Program Model and Research-Based Curricula

- A. Provide a description of the current programming and services and provide a description of the proposed programming and services (that require additional funding) planned. The programming must be implemented with fidelity to the evidence-based program model. Provide a description of the research-based parent/family centered curriculum, research-based child-centered curriculum and/or any supplemental curricula.
- B. The proposal must document the need for additional funding regarding the evidence-based program model and research-based curricula for the program.
- C. The narrative should include the following points.
- i. Describe how the comprehensive services to be provided and the curriculum implemented are aligned with the Illinois Birth to Five Program Standards. More information can be found in the Prevention Initiative Implementation Manual at this link <http://www.isbe.net/earlychi/pdf/prevention-intiative/manual-complete.pdf>.
 - ii. Describe how the comprehensive services to be provided and the curriculum implemented are aligned with the Illinois Early Learning Guidelines found at this link <http://www.isbe.net/earlychi/pdf/el-guidelines-0-3.pdf>.
 - iii. If applicable, describe all the parts of the program including home visiting, center-based services, family literacy programming. Also provide detailed information about what is being funded by Prevention Initiative and what is being funded by another funding source (include the funding source name and funded amount in dollars - \$).
 - iv. Year-round programming is preferable. If partial-year services must be offered the following documentation is required to be included with the grant submission:
 1. Why partial services must be offered?
 2. What services will be offered when programs are not providing services as defined by the program model (limited services)?
 3. The duration of the limited services?
 4. What months of the year will *limited* services be offered?
 - v. Provide the anticipated year-round schedule of services, including, as appropriate, the frequency (intensity of services) and estimated length of home visits, the frequency and length of parent group meetings and the schedule of services for children, parent/child interactions, and parent groups and/or workshops.
 - vi. 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 help guide and/or teach parents new ways of supporting their child's development.
 - vii. 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.
 - viii. Describe how the applicant will ensure that no fees will be charged to parents or guardians and their children who are enrolled and participate in the Prevention Initiative program.
 - ix. Provide a detailed description of procedures for reimbursement of transportation and childcare costs, if these are to be included in the program.
 - x. Describe the programming activities that will be included to address each of the following eight areas of instruction and training:
 1. Child growth and development, including prenatal development;
 2. Childbirth and child care;
 3. Child safety and injury prevention;
 4. Family structure, function, and management;
 5. Prenatal and postnatal care for mothers and infants;
 6. Prevention of child abuse;
 7. The physical, mental, emotional, social, economic, and psychological aspects of interpersonal and family relationships; and
 8. Parenting skill development.
 - xi. Provide a brief description of the use of technology in the program. Technology use should be age appropriate.
 - xii. Describe the contents and function of the toy/book library and the parent resource library and how the program will promote the use of the items.
 - xiii. Describe the components of the program newsletter planned.
- D. Center-Based and Family Literacy programs must also respond to the following:

- i. Provide daily schedules;
- ii. Number of hours per day and days per week the program will operate;
- iii. Classroom locations;
- iv. Plan for snacks or meals in ½ day programs or full day programs that align with the U.S. Department of Agriculture’s competitive food standards set forth at 7 CFR 210.11 (2013) or the DCFS’s standards set forth at 89 Ill. Adm. Code 407.330 (Nutrition and Meal Service).

3. Developmental Monitoring

- A. The proposal must document the need for additional funding regarding developmental monitoring for the program.
- B. Provide a description of current developmental monitoring procedures and the proposed developmental monitoring procedures (that require additional funding) to be used.
- C. Provide a description of how developmental and/or educational progress will be assessed and documented to ensure that the program meets the needs of the child and provides a system whereby that child's parents are routinely advised of their child's progress.
- D. Describe the procedures to assess progress which is formally validated with evidence that the procedures reliably and accurately assess a child's progress relative to his or her individual needs and the standards set forth in the Illinois Early Learning Guidelines. The procedures must address each of the domains of development, 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 emotional and cognitive development.
- E. Describe the methods and sources of information used to regularly monitor children’s development.
- F. Describe how the program will communicate with parents about their child’s development.
- G. Describe how regular and ongoing assessment will inform individualized instruction.
- H. Describe how regular and ongoing assessment will be used to ensure that children who have a potential developmental delay or disability will be referred for diagnostic assessment and/or follow-up.
- I. Describe the process for obtaining a diagnostic assessment when needed.
- J. Describe how and authentic assessment will be implemented and how it will be used to guide instruction and/or the IFSP.

4. Individual Family Service Plan

- A. The proposal must document the need for additional funding regarding individual family service planning for the program.
- B. Provide a description of the current Individual Family Service Plan procedures and the proposed Individual Family Service Plan procedures (that require additional funding) to be used by the program that includes the following points.
 - i. Describe the Family Centered Assessment to be implemented with each family including the issues addressed on the tool.
 - ii. Describe how parents and families will be involved in making decisions regarding the goals and outcomes of their Individual Family Service Plan.
 - iii. 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.
 - iv. Describe how the individual service plan is used to guide services for the family.

5. Case Management Services

- A. The proposal must document the need for additional funding regarding case management services for the program.
- B. Provide a description of the current case management services provided and the proposed case management services (that require additional funding) to be provided by the program and include the following points:
 - i. 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.
 - ii. Describe how the program will provide families with access to comprehensive services, including those not provided directly by the program.

- iii. Describe the system for referring families to other service providers and following up on these referrals.
- iv. 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.
- v. Describe the memorandums of understanding, partnership agreements, or letters of intent the program will maintain.
- vi. Describe the collaborations the program participate in and include the purpose, mission, and activities.
- vii. Describe how the program will coordinate with other providers, in the same service area, to reduce the duplication of services.
- viii. Describe how the program will participate in the collaboration's locally-driven data collection efforts, including sharing with the local collaboration available relevant program-level aggregated data that contributes to community needs assessment, problem identification, and setting a common agenda.
- ix. Describe how the program will participate in the local collaboration's efforts to minimize barriers to services for families with children from birth to five, such as providing recommendations to the state, coordinating professional development opportunities, and developing coordinated intake procedures or a coordinated referral system.

6. Family and Community Partnerships

- A. The proposal must document the need for additional funding regarding family and community partnerships for the program.
- B. Provide a description of the current family and community engagement plan and the proposed family and community engagement plan (that requires additional funding) to include but not be limited to the following points.
 - i. Provide a description of the parent education and involvement component that will be provided, which shall include activities in each of the following areas:
 - 1. Communication between the program and family is regular, two-way and meaningful;
 - 2. Parenting skills are promoted and supported;
 - 3. Recognition that parents play an integral role in assisting student learning;
 - 4. Parents are welcome in the program, and their support and involvement are sought; and
 - 5. Parents are full partners in the decisions that affect children and families.
 - ii. Describe the orientation activities associated with the educational program that will be provided.
 - iii. Describe opportunities to be provided for parents to be involved in home-based or site-based activities.
 - iv. Describe the procedures to be used to link parents with community resources and services.
 - v. Describe the procedures to engage families as full partners in developing and implementing the program;
 - vi. Describe an overview of the program plan that will address the intensity of the activities and services offered, including home visits, groups, and case management;
 - vii. Describe the plan for providing a system to refer and follow-up with families obtaining additional services or leaving the program.
- C. Provide a description of the current community collaboration plan and the proposed community collaboration plan (that requires additional funding) to include but not be limited to the following points.
 - i. Describe how the program will support staff as they work to ensure children, birth to age three and their families, have access to comprehensive services that address education, welfare, health, and safety.
 - ii. Describe how the community collaboration plan will provide guidance to staff on how to implement:
 - 1. Coordinate with Head Start, Early Head Start and 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);

2. 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;
 3. Reduce duplication of services; and
 4. Coordinate Individual Family Service Plans.
- D. Provide the policies and procedures that support the family and community engagement plan and the community collaboration plan.

7. Staff Qualifications and Organizational Capacity

- A. The proposal must document the need for additional funding regarding staff qualifications and organizational capacity for the program.
- B. Provide the following information regarding current personnel and the proposed personnel to be employed (that requires additional funding). Describe the school district's or agency's organizational capacity to implement PI programming and services.
- C. A description of the full-time and part-time professional and nonprofessional staff to be paid by the program, indicating that program coordinators, supervisors, home visitors, early childhood teachers, and mental health consultants are appropriately qualified.
 - i. For each full-time and part-time professional and nonprofessional staff to be paid by the program, list the following (**do not** include résumés):
 1. Position title,
 2. Name of person who will fill the position (if known),
 3. Qualifications and experience of person who will fill the position,
 4. Roles and responsibility of the position, and
 5. Full-time equivalency for the position.
 6. Funding source the employee will be paid (please indicate all funding sources including other funding sources besides the PI grant are utilized to implement a comprehensive PI program, e.g., CCAP, etc.)
- D. Describe the procedures that will be implemented to ensure that all PI staff that does not hold a professional educator license issued by the State Board of Education are registered in the Illinois Department of Human Services' "Gateways to Opportunity" registry.
- E. Describe the organization's capacity to operate a program of this nature.
- F. Describe how the program will use the policy and procedure manual to guide staff and ensure quality programming.
- G. Describe the program's status regarding the program model's indicated designation for model fidelity and quality.
- H. Provide a description of the contents of the program policy and procedure manual.

8. Professional Development

- A. The proposal must document the need for additional funding regarding professional development for the program.
- B. Provide a description of the current professional development procedures and the proposed professional development procedures (that requires additional funding).
- C. Provide a description of staff development assessment procedures and ongoing professional development activities to be conducted, to include a description of how the results of the assessment will be used to inform the program's staff development and the continuous quality improvement plan.
- D. Describe how the staff development needs will be determined for all staff members.
- E. Describe the components of the written professional development plan.
- F. Describe the staff pre-service and in-service training program that will be conducted to meet the individual staff needs and to meet the requirements, if applicable, of the chosen program model.
- G. Describe other professional development activities that will be provided.

9. Data Collection and Evaluation

- A. The proposal must document the need for additional funding regarding data collection and evaluation for the program.
- B. Describe the current process for data collection and evaluation and the proposed process for data collection and evaluation (that requires additional funding). Provide a comprehensive description

- of the projected data and information to be collected and the measures, methods, and processes to be used to evaluate specific Prevention Initiative components 1 through 9.
- C. Describe how the information and data collected through the evaluation system will be used for program planning and continuous quality improvement.
 - D. Provide a description of the plans for evaluation that includes the following points:
 - i. 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 Five Program Standards.
 - ii. Describe the process to be used to determine the progress that children and families are making toward their goals.
 - E. Describe the components the program plan to include in the written evaluation summarizing the results of the self-assessment and continuous quality improvement.
 - F. Describe the process or procedures for sharing the written evaluation summary with program staff and program participants.

Criteria for Review and Approval of Proposals

Proposals will be evaluated in comparison with other Prevention Initiative Birth to Age Three Years FY17 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. Before making funding decisions, the State Board of Education staff may conduct site visits for selected applicants in order to validate information provided in the proposal. The proposal must provide a comprehensive description of the PI components (1-9) in which additional funding is being requested.

It is the intent of the State Board of Education that should these funds become available, successful applicants will be notified by October 1, 2016.

Each proposal will be reviewed using both quantitative and qualitative criteria.

Quantitative Criteria

Proposals shall first be screened to identify those proposals that demonstrate the greatest need for services as evidenced by the proportion of children in the program who come from families experiencing multiple at risk factors. For the purpose of Prevention Initiative, "at risk" is defined as those children who because of their home and community environment are subject to such language, cultural, economic and like disadvantages to cause them to have been determined as a result of screening procedures to be at risk of academic failure. [Section 2-3.71(a)(4.5) of the School Code]

- %100 percent of the children enrolled in a Prevention Initiative Program are identified as experiencing multiple at risk factors.

Programs meeting the priority will then be reviewed by an evaluation committee using the qualitative criteria below to determine which proposals provide evidence of a "qualified program". "Qualified programs" will be those scoring at least 60 out of 100 total points.

Among substantially similar proposals within a category, priority will be given to those proposals serving children from a community with limited prenatal through age three programs or few resources promoting birth to age three education.

Qualitative Criteria (Total possible points are 100)

Population to be Served (30 points)

1. 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, and that there exists in the area to be served an insufficient number of other programs and services to fully serve all children and families who potentially could be at risk.

2. 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.
3. Effective recruitment strategies are proposed that are likely to ensure that the maximum number of eligible children and families are enrolled in the program.

Quality of Proposed Program (40 points)

1. 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.
2. 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.
3. The proposed program is built upon effective research about early childhood education and aligned to the applicable Illinois Early Learning Guidelines and the Illinois Birth to Five Program Standards.
4. 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.

Experience and Qualifications (20 points)

1. Proposed staff hold the appropriate educator and/or professional licenses for their positions and have the qualifications and experience necessary to successfully implement a high-quality early childhood program.
2. 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.
3. In addition, an eligible applicant other than a school district has presented evidence that it:
 - a. Holds the appropriate licensure to operate as a day care facility;
 - b. 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
 - c. Has a successful track record with similar grants or contracts.
4. The selection of proposals for funding may be based in part on geographic distribution and/or the need to provide resources to school districts and communities with varying demographic characteristics.

Budget (10 points)

1. 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. This also includes the extent to which the applicant limits its claim for indirect and administrative costs and devotes the maximum amount possible to program activities.

Following the notification of grant awards, an applicant may request copies of reviewer comments by contacting the division responsible for issuing the RFP. (See "Contact Person" under "General Information".)

The selection of proposals for funding may be based in part on geographic distribution and/or the need to provide resources to school districts and communities with varying demographic characteristics.

For a previously funded applicant, progress toward correcting any deficiencies contained in an unfavorable monitoring report issued under Section 235.67 shall be considered in the review process.

Merit Based Review and Selection Process for Competitive Grants

All competitive grant applications submitted will be reviewed for eligibility requirements and for completion of all documents.

All grant applications will be reviewed by an evaluation committee. The evaluation committee will consist of a minimum of three members. An evaluation committee member may not be a grant applicant. An evaluation committee member may not have any conflicts of interest or apparent conflicts of interest. Confidentiality Agreement and Conflict of interest Disclosure will be signed by all committee members. Evaluation committee members will be assigned a code for confidentiality purposes.

The grant applications will be scored based on the criteria for review listed in this RFP using a rubric. If there is a change in the rubric all applicants will be informed by the publication of the change on the ISBE website.

Each evaluation committee member will score independently from the whole committee on an individual score sheet. The scores of the committee members will be averaged. Any significant or substantial variance between evaluator scores will be reviewed and documented, including the revision of any individual score. A summary score sheet will show the comparative scores and the resulting finalist(s). Grant applications will be ranked from high score to low score. Funds will be applied to these grant applications based on rank order and available funding.

Before any grant can be awarded the grantee must complete the prequalification and programmatic risk assessment. Merit Based award finalists will be sent a Notice of State Award Finalist form to identify outstanding requirements that must be completed prior to a grant award.

An award shall be made pursuant to a written determination based on the evaluation criteria set forth in the grant application and successful completion of finalist requirements.

A Notice of State Award (NOSA) will be issued to the Merit Based finalists that have successfully completed all grant award requirements. Based on the NOSA, the Merit Based finalist will be positioned to make an informed decision to accept the grant award. The NOSA shall include:

- a. The terms and conditions of the award.
- b. Specific conditions assigned to the grantee based on the fiscal and administrative, and programmatic risk assessments.

The grant award(s) will be published on Grants.Illinois.gov website. A written Notice of Denial will be sent to the applicants not receiving an award.

Appeal Process

Competitive grant appeals are limited to the evaluation process. Evaluation scores may not themselves be protested. Only the evaluation process is subject to appeal.

Submission of Appeal

- a. An appeal must be submitted in writing, and mailed as indicated below.
- b. An appeal must be received within 14 calendar days after the date that the grant award notice has been published.
- c. The written appeal shall include at a minimum the following:
 - i. The name and address of the appealing party
 - ii. Identification of the grant
 - iii. A statement of reasons for the appeal
- d. The appealing party must supply any additional information requested by ISBE within the time period set in the request.

Resolution

- a. ISBE will resolve the appeal by means of a written determination.
- b. The determination shall include, but not be limited to:
 - i. Review of the appeal
 - ii. Appeal determination
 - iii. Rationale for the determination

Mail a hard copy of the appeal to:
Appeals Review Officer
c/o State Superintendent of Education
Illinois State Board of Education
100 North First Street S-405
Springfield, IL 62777-0001

Request for Proposals (Grants).Dot

Early Childhood Care and Education Position Statement

Position Statement:

The Illinois 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 8 years of age. Appropriate early childhood programs, practices, and services are defined as those which

- are founded on research-based and evidence-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 on and knowledge of program quality and outcomes across the developmental period of birth through 8 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 3 through 8 years.
3. Make Preschool for All 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. Full-day kindergarten is not mandatory.
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 3 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.
7. Emphasize the quality of instructional staff and leadership for early childhood programs in Illinois.

PREVENTION INITIATIVE (PI) BIRTH TO THREE BUDGET WORKSHEET

Proration: Any prorated costs should be supported by a Cost Allocation Plan (CAP) to document prorated costs. See page 26 in the [State and Federal Grant Administration Policy](#) manual for CAP samples and state requirements.

FUNCTION	EXPENDITURE ACCOUNTING	SALARIES (Obj. 100's)	EMPLOYEE BENEFITS (Obj. 200's)	PURCHASED SERVICES (Obj. 300's)	SUPPLIES & MATERIALS (Obj. 400's)	CAPITAL OUTLAY (Obj. 500's)	OTHER OBJECTS (Obj. 600's)	NON CAP EQUIP (Obj. 700's)
2210	Improvement of Instruction Services	<p>Itemize costs. Mental Health Consultant (MHC) (List name, staff title, FTE, salary) Example: Ariel Miller, MHC, .25 FTE, \$25000, CAP available upon request</p>	<p>Itemize costs. Benefits. Health insurance, Medicare, IMRF, FICA Example: A. Miller - Health Insurance \$500, Retirement IMRF \$800.</p> <p>Applicable for all of Function 200 - The employee share should never be approved. You should never see: State and Federal Taxes.</p>	<p>Itemize Costs. - Staff PD - Workshops/Conferences Registration Fees, Hotel, Meals, Travel/Mileage (IN STATE ONLY/STATE RATE) - Speakers/Consultants for staff PD - Mental Health Consultant (contracted) - Catered food/professional development - Membership dues - Workers Compensation - Unemployment Compensation - Parents as Teachers Model Certified Parent Educator Renewal Fee \$150 - Baby TALK Annual Professional Association Membership Fee \$60</p>	<p>Itemize Costs. - Supplies needed for staff professional development workshops, in-services, etc. - Food for professional development (groceries prepared and served by PI program)</p>	<p>Itemize Costs. Equipment & furniture >\$500/unit for staff professional development. (Must be on inventory records.)</p>		<p>Provide Board Approval Date. Non-capitalized</p>
2300	General Administration (5% Rule ~ May request up to 10% with ISBE approval.	<p>Itemize Costs. - Administrators allowable if EC PREK Center ONLY. <u>Approvable:</u> Secretary/Clerical, PI Coordinator (supervisor of supervisors, e.g., HFA) Salaries at prorated amounts. Must have a Cost Allocation Plan (CAP). Review rules about Supplanting. (List name, staff title, FTE, salary) Example: Drew Jones, Clerical Support, .5 FTE, \$10,000, CAP available upon request</p>	<p>Itemize Costs. Benefits of Administrators. Benefits - health insurance, Medicare, IMRF, FICA Example: D. Jones - Health Insurance \$100, Retirement IMRF \$300.</p> <p>Applicable for all of Function 200 - The employee share should never be approved. You should never see: State and Federal Taxes.</p>	<p>Itemize Costs. - Prorated Audit Fee (for PI only), - Contracted equipment repair & maintenance (for PI only), must be prorated, must list equipment - Unemployment Compensation - Workers Compensation - Phone Service, Liability Insurance - Parents as Teachers (FY17 - \$1000, FY18 - \$1650) & Healthy Families America Affiliation Fees - Healthy Families America Peer Review Fee</p>	<p>Itemize Costs. Office supplies for administration of program. (paper, pens, copier ink, etc.)</p>	<p>Itemize Costs. Equipment & furniture >\$500/unit for administration of the program. (Must be on inventory records.)</p>		<p>equipment - items that would be classified as capital assets except they cost less than the capitalization threshold, but more than the \$500 minimum value established for purposes of calculating per capita cost, threshold amount. Provide documentation of adoption/approval by the School Board.</p>
2540	Operation & Maintenance of Plant Services	<p>Itemize Costs. Prorated Janitor salary, activities concerned with keeping the PI area operative. (List name, staff title, FTE, salary) Example: Jade Smith, Janitor, .25 FTE, \$5000, CAP available upon request</p>	<p>Itemize Costs. Janitor benefits. Benefits - health insurance, Medicare, IMRF, FICA Example: J. Smith - Health Insurance \$100, Retirement IMRF \$300.</p> <p>See 2300/200 (employee share)</p>	<p>Itemize Costs. - Contractual custodial services, equipment maintenance and repair (prorated) - Unemployment Compensation - Worker's Compensation - (Prorated) phone & water/sewer services, - Liability insurance - Rent (if approvable). The district/program <u>cannot</u> already own this space.</p>	<p>Itemize Items/Costs. - Cleaning supplies (prorated) - Electricity service- utilities (prorated) - Mulch, pea gravel, wood chips, fencing, bollard (if approvable)</p>	<p>Itemize Costs. Equipment & furniture >\$500/unit for operation and maintenance. (Must be on inventory records.)</p>		
3000	Community Services	<p>Itemize Costs. Supervisor of direct service providers - home visitors, teachers, and other PI staff that are direct service providers. (List name, staff title, FTE, salary) Example: Madison Welch, Home Visitor, 1FTE, \$35000</p>	<p>Itemize Costs. Benefits of Supervisor of direct service staff & direct service staff. Benefits - health insurance, Medicare, IMRF, FICA Example: M. Welch - FICA 300, Health Insurance \$1500, Retirement IMRF \$3000.</p> <p>Applicable for all of Function 200 - The employee share should never be approved. You should never see: State and Federal Taxes.</p>	<p>Itemize Costs. - Speakers/Consultants for parent education, screenings, etc. - Travel/Mileage (home visits, community collaborations, etc.)*Mileage-reimbursable at state rate - Cell service for direct service providers - Contractual Transportation (e.g., bus, cab company) - Catered food/parent meetings - Postage Machine - postage for communication with families - Unemployment Compensation - Workers Compensation</p>	<p>Itemize Costs. - Lending library materials - Food/parent meetings (groceries prepared and served by PI program) - Ink cartridges and supplies related to parent communication & education - Curricula supplies/materials for parents and children - Equipment <\$500/unit. (furniture and equipment must be on inventory records) - Purchase of postage stamps for communication with families</p>	<p>Describe & Itemize Each Capital Outlay Item. Equipment & furniture >\$500/unit for the program Parent Education component. Example: 1 computer for home visitor (data entry and parent education only) \$600 (Must be on inventory records.)</p>		
4000	Payments to Other Governmental Units (Funds just passing through)			<p>Purchased Services ONLY - not flow through. Purchased services must benefit the students/clients of the fiscal agent, not the subcontractor. INCLUDE governmental agency being paid.</p>			<p>Flow through funds to another governmental entity/district to provide program/program services. INCLUDE governmental agency being paid.</p>	
5000	Debt Services						<p>ROE/LEA (Interest paid on loans)</p>	

Fiscal Information

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.
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.
4000	<u>Payments to Other Districts and Governmental Units</u> - Payments to LEAs, generally for tuition, transportation and all other services rendered to pupils residing in the paying LEA. Where a non-operating district pays an operating district for the education of pupils, the non-operating district records such payments here. Flow-through funds - where payment is received by an LEA and a portion is transferred to one or more other LEAs - use object 600. (Expenditures in this function are not counted in state expenditure totals.) -Payments for Regular Programs -Payments for Special Education Programs -Payments to University/College Programs -Payments for Career & Technical Ed Programs -Payments for Community College Programs -Other Payments to Governmental Units

DEFINITIONS OF BUDGET OBJECTS*
Object

Number

- 100** **Salaries:** 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** **Employee Benefits:** Amounts paid by the LEA on behalf of employees; these amounts are not included in the gross salary, but are over and above.
- 300** **Purchased Services:** 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** **Supplies and Materials:** 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** **Capital Outlay:** Expenditures for the acquisition of fixed assets or additions to fixed assets.
- 600** **Other Objects:** Flow-through funds that one district receives as a part of a specific grant and then transfers to one or more other districts.
- 700** **Non-capitalized Equipment:** Items that would be classified as capital assets except that they cost less than the capitalization threshold but more than the \$500 minimum value established for purposes of calculating per capita cost pursuant to Section 18-3 of the School Code [105 ILCS 5/18-3].

* Definitions are from the Illinois Program Accounting Manual
(For further information, see <http://www.isbe.state.il.us/sfms/html/ipam.htm>)

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.

Screening Information

A *screening* is a general type of assessment that addresses common questions parents and professionals have about the development of young children. Screening assessments are designed to efficiently identify those children who need more thorough and detailed assessment and/or determine a child's eligibility for a given program. The procedures and tests used in screening are developed to be quickly and easily administered without highly specialized training. (Reference from [A Guide to Assessment in Early Childhood: Infancy to Age Eight](#). Washington State Office of Superintendent of Public Instruction, 2008. http://www.k12.wa.us/EarlyLearning/pubdocs/assessment_print.pdf)

A *screening* is a short-administered tool or checklist that identifies children needing further assessment/evaluation or identifies participants for a given program. Screening instruments must be formally validated with evidence that the instruments/activities reliably and accurately detect children who are at risk for developmental delays and do not incorrectly identify children disproportionately as being at risk of academic failure.

Examples of broad-based screening instruments for children birth to age three:

- [Ages & Stages Questionnaire®](#)
<http://agesandstages.com/>
- [Battelle Developmental Inventory™](#)
<http://www.riversidepublishing.com/products/bdi2/>
- [Brigance® Early Childhood Screens III](#)
<http://www.curriculumassociates.com/products/brigance-early-childhood.aspx>

Prevention Initiative Program

For the purposes of the Early Childhood Block Grant for the Prevention Initiative Birth to Age 3 Years Programming, a prevention initiative program must meet one of the criteria listed below. A program may choose more than one criterion listed below. However, the program must meet all of the requirements of each criterion chosen. A program will also identify the specific criterion for all children and families served.

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 specific 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.

Home Visiting Prevention Initiative Program

Criterion One (Home Visiting Prevention Initiative Program)

The program model is evidence-based as defined by the [Department of Health and Human Services' Administration for Children and Families \(DHHS\) HomVEE](#) and is listed on the DHHS website as meeting all the evidence-based home visiting program model criteria.

Criterion Two (Home Visiting Prevention Initiative Program)

The proposed program is a replication of a program model that has been validated through evidence and found to be effective in providing prevention services for families experiencing multiple risk factors. Specifically:

- 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.
- 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.
- Home visiting program models that have not been designated as “evidence based” by the U.S. Department of Health and Human Services' Administration for Children & Families will provide evidence of how they are taking steps to meet those rigorous evidentiary standards including but not limited to the following:
 - In existence for at least 3 years;
 - Associated with national organization or institution of higher education;
 - Minimum requirements for frequency of visits;
 - Minimum education requirements for home visiting staff;
 - Supervision requirements for home visitors;
 - Pre-service training for home visitors;
 - Fidelity standards for local implementing agencies;
 - System for monitoring fidelity;
 - Specified content and activities for home visit.

Examples of Birth to Three program models currently being implemented in Illinois include:

[Baby TALK](#)™
[Early Head Start](#)
[Healthy Families America](#)®
[Parents as Teachers](#)™

Examples of supplemental support and/or services to enhance Birth to Three comprehensive services include but are not limited to:

Doula Services
 Fussy Baby Network®
 Touchpoints™
[Abriendo Puertas/Opening Doors](#)

Child Care Center-Based Prevention Initiative Program

Criterion Three (Child Care Center-Based Prevention Initiative Program)

The proposed program must comply with all standards regarding group size, staff-to-child and/or staff-to-family ratios, staff qualifications; and must implement formal, written curricula that is comprehensive and is based on research about how infants and toddlers learn and develop. The proposed program will comply with the following:

- [ExceleRate Illinois](#) Quality Recognition and Improvement System (QRIS) Gold Circle of Quality or ExceleRate Illinois Quality Recognition and Improvement System (QRIS) Silver Circle of Quality and/or all of the standards of a nationally recognized accrediting organization (e.g., National Association for the Education of Young Children – NAEYC).
- All of the licensing standards of the [Illinois Department of Children and Family Services](#) for center-based child care.
- Implements an evidence-based program model for parent/family education (as described above, home visiting).
- Implements a research-based child-centered curriculum.
- Implements a research-based parent/family-centered curriculum.
- The program must provide either a snack, in the case of a half-day program, or a meal, in the case of a full-day program, for participating children. The program will provide food service as applicable.
 - Food and beverages provided in program located in a school district attendance center shall meet the U.S. Department of Agriculture's competitive food standards set forth at 7 CRF 210.11 (2013).
 - Food and beverages provided in programs located in a licensed child care center or other community setting shall meet DCFS' standards set forth at 89 Ill. Adm. Code 407.330 (Nutrition and Meal Service).

And when applicable,

- [Early Head Start](#)

A center-based child care center will adhere to the requirements above and when there is a discrepancy between the standards and the licensing requirements, the program will comply with the most strict policy or procedure.

The program must access funds to pay for services that are reimbursable by the [Illinois Department of Human Services Child Care Assistance Program](#) (CCAP). If children are not eligible for the child care reimbursement through the CCAP program, the PI program needs to give great consideration to providing center-based care or referring the family to a Home Visiting (only) program. If the PI program chooses to allocate funds to pay for center-based care (as opposed to use CCAP funding), there needs to be a documented explanation why the family is accessing center-based care (e.g., a parent is experiencing mental health issues or the caregiver is experiencing and being treated for a severe life threatening illness). Families accessing center-based child care enrolled in a PI program must not be charged co-pays for the child(ren) birth to age three (3). PI funds should be used to cover co-pays. Prevention Initiative funding must be used to **enhance** the current services offered (i.e., home visiting services, research-based curricula, supplemental funding to hire a more qualified child care provider/teacher/director, etc.).

A program may be able to provide all of the services, including licensed center-based child care and home visiting services, or the program may need to enter into a joint agreement (school districts), collaboration, or a partnership with another entity or entities to fulfill the requirements of the PI grant.

Family Literacy Prevention Initiative Program

Criterion Four (Family Literacy Prevention Initiative Program)

Prevention Initiative programs implementing a family literacy model must include the four components indicated below. Illinois Family Literacy Consortium of State-level Agencies and Offices defines Illinois Family Literacy Programming as the integrated, intensive services for families at-risk that must include, but not be limited to:

- Adult education (literacy instruction for parents);
- Child education (emergent literacy activities for children);
- Parenting education (parent group time); and
- Literacy-based, interactive, parent-child activity services in order to improve the literacy skills for families (parent/child interaction group time).

The proposed program must comply with all standards regarding group size, staff-to-child and/or staff-to-family ratios, staff qualifications; and must implement formal, written curricula that is comprehensive and is based on research about how infants and toddlers learn and develop. The proposed program will comply with the following:

- [ExceleRate Illinois](#) Quality Recognition and Improvement System (QRIS) Gold Circle of Quality or ExceleRate Illinois Quality Recognition and Improvement System (QRIS) Silver Circle of Quality and/or all of the standards of a nationally recognized accrediting organization (e.g., NAEYC).
- All of the licensing standards of the [Illinois Department of Children and Family Services](#) for center-based child care.
- Implements an evidence-based program model for parent/family education (as described above, home visiting).
- Implements a research-based child-centered curriculum.
- Implements a research-based parent/family-centered curriculum.
- The program must provide either a snack, in the case of a half-day program, or a meal, in the case of a full-day program, for participating children. The program will provide food service as applicable.
 - Food and beverages provided in program located in a school district attendance center shall meet the U.S. Department of Agriculture's competitive food standards set forth at 7 CRF 210.11 (2013).
 - Food and beverages provided in programs located in a licensed child care center or other community setting shall meet DCFS' standards set forth at 89 Ill. Adm. Code 407.330 (Nutrition and Meal Service).

And when applicable,

- [Early Head Start](#)

A Family Literacy Prevention Initiative program will adhere to the requirements above and when there is a discrepancy between the standards and licensing requirements the program will comply with the most strict policy or procedure.

The program must access funds to pay for services that are reimbursable by the [Illinois Department of Human Services Child Care Assistance Program](#) (CCAP). If the PI program chooses to allocate funds to pay for center-based care (as opposed to use CCAP funding), there needs to be a documented explanation why the family is accessing center-based care (e.g., a parent is experiencing mental health issues or the caregiver is experiencing and being treated for a severe life threatening illness). Families accessing center-based services must not be charged a co-pay for the child(ren) birth to age three (3). PI funds should be used to cover co-pays. The program must access funds to provide alternative adult education (e.g., [Illinois Secretary of State Penny Severns Family Literacy Program](#)). Prevention Initiative funding must be used to **enhance** the current services offered (e.g., home visiting services, research-based curricula, supplemental funding to hire a more qualified child care provider/teacher/director, etc.).

A program may be able to provide all of the services, including alternative adult education, licensed center-based child care, and home visiting services, or the program may need to enter into a joint agreement (school districts), collaboration, or a partnership with another entity or entities to fulfill the requirements of the PI grant.

Curriculum

All Prevention Initiative programs will implement research-based curricula. Home visiting programs will implement a curriculum for parent/family education. Center-Based and family literacy programs will implement curricula for both the children and parents/families. Curriculum is defined as 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.

The curricula implemented must offer appropriate parent education and address the eight designated areas of instruction listed below.

- Child growth and development, including prenatal development;
- Childbirth and child care;
- Child safety and injury prevention;
- 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.

All Prevention Initiative programs will implement curricula that are derived from research and are aligned with the [Illinois Early Learning Guidelines for Children Birth to Age Three](#).

The research-based curriculum must address the following issues:

- The curriculum reflects the centrality of adult/child interactions in the development of infants and toddlers. (Birth to Five Program 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.

Additional Information:

Examples of research-based child-centered curricula currently being implemented in Illinois include:

[The Creative Curriculum ® for Infants, Toddlers & Twos](#)
<http://teachingstrategies.com/curriculum>

[HighScope ® Infants & Toddlers Curriculum](#)
<http://highscope.org>

Examples of research-based parent/family-centered curricula aligned with the Illinois Early Learning Guidelines currently being implemented in Illinois include:

[Baby TALK™ Curriculum](#)
<http://www.babytalk.org>

[Parents as Teachers™ Curriculum](#)
<http://www.parentsasteachers.org/>

[Partners for a Healthy Baby Curriculum](#) (Florida State)
<http://cpeip.fsu.edu/PHB>

Developmental Monitoring

- Diagnostic Assessment is a thorough and comprehensive assessment of early development and/or learning for the purpose of identifying specific learning difficulties and delays, disabilities, and specific skill deficiencies, as well as evaluating eligibility for additional support services, Early Intervention, and special education. A diagnostic assessment is usually a formal procedure, conducted by trained professionals using specific tests. (Reference from [*A Guide to Assessment in Early Childhood: Infancy to Age Eight*](#). Washington State Office of Superintendent of Public Instruction, 2008. http://www.k12.wa.us/EarlyLearning/pubdocs/assessment_print.pdf)
- Instructional assessment is 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 level of assessment yields information about what children know and are able to do at a given point in time, guides “next steps” in learning, and provides feedback on progress toward goals. Assessment to support instruction is a continuous process that is directly linked to curriculum. (Reference from [*A Guide to Assessment in Early Childhood: Infancy to Age Eight*](#). Washington State Office of Superintendent of Public Instruction, 2008. http://www.k12.wa.us/EarlyLearning/pubdocs/assessment_print.pdf)
- Authentic assessment is an ongoing assessment process that occurs in the individual’s natural environment. Authentic assessment refers to the “systematic collection of information about the naturally occurring behaviors of young children and families in their daily routines. Information is collected through direct observation and recording, interviews, rating scales and observed samples of the natural or facilitated play and daily living skills of children. (Reference from Bagnato, S. (2007). *Authentic Assessment for early childhood intervention: Best practices*. New York: The Guilford Press.)

An example of a broad-based general assessment for children birth to age three is the Ages and Stages Questionnaire and the Ages and Stages: Social Emotional Questionnaire.

Individual Family Service Plan and Family Centered Assessment

The Prevention Initiative Individual Family Service Plan (IFSP) is a written plan that is developed in partnership with the family that maps out the goals of the family and the services the family will receive. It also describes how and when these goals will be achieved and how and when the services will be accessed. Home visitors should take a family-centered approach when developing an IFSP with a family, due to the central concept that supporting a child's family lends itself to supporting the child.

The family is encouraged to take an active role in the development of the IFSP, including participating in setting goals for themselves. Prevention Initiative programs are designed to support family self-sufficiency. Home visitors are encouraged to partner with each family to develop goals for the parent, the child, and parent-child interaction.

A Family Centered Assessment (FCA) is a process of systematically listening to parents with young children through surveys and is an outcome and intervention planning instrument that is helpful in assessing the strengths and needs of families. A FCA is a process designed to gain a greater understanding of how a family's strengths, needs, and resources affect a child's safety, permanency, and well-being. The assessment should be strengths-based, culturally sensitive, individualized, and developed in partnership with the family (or as recommended by the FCA tool developers). The strengths identified will provide the foundation upon which the family can make changes. An example of a Family Centered Assessment currently being implemented in Illinois is the [Life Skills Progression](#)™.

Supervision

- Administrative supervision: Is supervision to oversee performance to assure that the agency's legal and ethical responsibilities are met. Supervision responsibilities include examining the completion of charts and other records, determining that reporting obligations are met, generally ensuring that minimum performance standards are met, and guiding the supervisee to a higher level of performance of these basic duties. The supervisor's role is to train, teach, coordinate, monitor and evaluate, as well as, ensure staff has a thorough understanding of the community and institutional resources the program is able to offer families that participate in the program.
- Reflective supervision: Is the regular collaborative reflection between a service provider and supervisor that builds on the supervisee's use of her/his thoughts, feelings, and values within a service encounter. The significant focus is on attention to the parallel process or on how relationships affect relationships including the ones between the practitioner and supervisor, the supervisor and the caregiver and the caregiver and the young child. Dialog between supervisor and supervisee incorporates observation and feedback to improve practice, plan effectively, and foster professional development. Reflective supervision promotes and supports the development of a relationship-based organization and is characterized by reflection, collaboration, and regularity. Reflective supervision will be implemented based on the recommendations of the chosen program model with fidelity. Reference from Brohk, K. (2010). Reflective Supervision in Infant Mental Health Practice. [Michigan Association of Infant Mental Health](http://www.mi-aimh.org). Retrieved from <http://www.mi-aimh.org>; Van Berckelaer (n.d). Using reflective supervision to support trauma-informed systems for children: A white paper developed for the Multiplying Connections Initiative.

ILLINOIS BIRTH TO FIVE PROGRAM STANDARDS

Illinois State Board of Education

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Springfield, Illinois 62777-0001**

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FOREWORD

Learning begins at birth. Despite this widely accepted fact, school systems have until recently concentrated their efforts largely on children over age five, and to a lesser extent on children ages three to five. The last decade, however, has seen tremendous growth in both professional knowledge and public awareness about the importance of the first three years after birth and the role of the family in the life of the child. This has been accompanied by increases in public support for programs that help families provide infants, toddlers and preschoolers with the experiences they need for healthy growth and development. In Illinois, the Early Childhood Block Grant is enabling communities across the state to work with families to lay the foundations for future success in school and in life from the beginning of their children's lives.

Much has been learned over the last several decades about how best to help families in their efforts to support their children's early development, and this knowledge is reflected in this document. While working with very young children is in many ways a natural extension of a school district's mission, it presents unique challenges based on the developmental tasks and contexts of early childhood. Young children grow and develop physically, emotionally, socially, and cognitively through stable, loving relationships with adults, especially their parents. Therefore, programs must recognize and respect the centrality of parent-child relationships rather than attempting to work with children in isolation from their families.

In Illinois, grants are provided to support programs and services for children birth to five and their families by the authority of Article 1C Block Grants (105 ILCS 5/1C1 to 1C5) of the School Code and Article 1D Block Grants for Districts With Over 500,000 Inhabitants (105 ILCS 5/1D) Recipients of grants must be committed to establishing programs, providing services and demonstrating accountability in compliance with all aspects of the requirements as stated in the School Code and the Administrative Rules for the Early Childhood Block Grant (23 Illinois Administrative Code 235), Subchapter f, Part 235.. The standards and quality indicators in this document are the basis for the development, implementation and evaluation of high-quality birth to five programs.

These standards and quality indicators reflect current knowledge, research findings and shared beliefs about high-quality, developmentally appropriate early childhood care and education in the context of programs for infants, toddlers, preschoolers and their families. The current research on early childhood development supports and validates the importance of quality programs and services for young children in partnership with their families, schools and communities. Implementing these standards and quality indicators will lay a foundation for future growth and development that promotes the child's physical, emotional, social and cognitive well-being leading to successful learning as appropriate for each child.

VISION

All Illinois children, birth to five , will experience loving, stable, and nurturing relationships in safe, supportive environments that promote their physical, emotional, social and cognitive development and well being. These experiences provide the basis for successful learning as appropriate for each child. More importantly, they lay a foundation for children to lead fulfilling lives and become responsible, productive citizens. Therefore, it is important and expedient to support and invest significantly in Illinois' youngest children and their families.

VALUES AND PRINCIPLES*

Childhood is a sacred time that should be nurtured, celebrated and preserved.

Children's basic needs are family, safety, education, health, economic security, and arts, recreation and culture.

All children need to know they belong to loving families and caring communities.

Just as families must support children, communities must support families, and government and business must support both.

All children deserve safe homes, safe schools and safe communities.

Our children's sense of hope and possibility requires equal access to appropriate resources.

Children are prepared for the future when we teach them and they learn to honor and respect diversity.

As children mature, we must seek their voices, engage them and recognize the freedom they need to shape their destinies.

Children can learn from their mistakes. They deserve systems that give them that opportunity.
Each child is unique.

Every child is entitled to respect.

We must never give up on any child.

**The Charter for Illinois Children, Voices for Illinois Children, 1999*

ILLINOIS BIRTH TO FIVE PROGRAM STANDARDS

I. ORGANIZATION

Standard I.A. All birth to five programs must have a mission, vision or purpose statement based on shared beliefs and goals.

A mission statement defines the values, principles, purposes, and goals of a program. It should reflect a commitment to the Illinois State Board of Education Birth to Five Program Standards. A primary goal of a birth to five program is to ensure that every child starts school ready to succeed and eager to learn, and this goal should be reflected in the mission statement. The mission statement is the basis for all decision-making. It is reviewed annually to incorporate the results of program assessment and current research.

Quality Indicators:

- I.A.1. A mission statement based on shared beliefs is developed cooperatively by parents, staff members, families, and community representatives and is reviewed annually.
- I.A.2. The mission statement and beliefs are consistent with those of the community.
- I.A.3. The essence of the mission statement is reflected in all decisions, and a copy is posted and available.
- I.A.4. The values of the program are based on the shared beliefs outlined in the mission statement and are developed cooperatively to explain the program approach to delivering services.
- I.A.5. The program goals stem from the Illinois Birth to Five Program Standards. These goals are developed by leadership, staff, parents and other stakeholders, and serve as the basis for all planning and program development.
- I.A.6. The mission statement, values, and goals reflect the Illinois Birth to Five Standards and are articulated in a logic model that is reviewed and updated annually and will be used for continuous program improvement.

Standard I.B. Scheduling practices and intensity of services are tailored to the goals of the program and to the individual strengths and needs of children birth to five and their families.

Scheduling practices must take into consideration the developmental needs of pregnant women, infants, toddlers and preschoolers as well as the preferences and needs of their families and the community. Flexibility within the organization allows for the provision of a variety of services to families at times and in places convenient for them. On-going recruitment of families for the program, both pregnant women and families with children birth to five, is essential.

Quality Indicators:

- I.B.1. In order to recruit and identify Illinois' children and families most in need for the program, screenings must be conducted to determine their need for services.
- I.B.2. The program leadership engages in scheduling practices, including evenings, weekends and summer programming, that respect the individual needs of infants, toddlers and preschoolers, their families and the community in both home visiting and center-based programs.
- I.B.3. The intensity of program services is commensurate with the preferences, strengths, and needs of individual children, their families and the communities in which they live.

- I.B.4. The program uses a variety of strategies based on the preferences, strengths, and needs of individual children, their families and the local community.

Standard I.C. 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.

The size of a group in a center-based program as well as the ratio of adults to children, is critical to children's learning and interactions with parents and staff. In determining caseloads in a home-based model, programs must take into account the needs of children and families and the geographic distances between homes and the program site.

Quality Indicators:

- I.C.1. Group size and ratios of adults to infants, toddlers and preschoolers are developmentally appropriate in program groups.
- I.C.2. A reasonable number of families in the home-based option is served by each service provider in accordance with program design and goals, considering geographic location, severity of need, intensity of services, and training of staff.

Standard I.D. The program meets the needs of children and families of varying abilities as well as diverse cultural, linguistic, and economic backgrounds.

There is no "one size fits all" approach to working with young children. Program activities must be individualized to maximize the effects of interactions with children and their families. Cultural, linguistic, and socio-economic sensitivity allows the program to "meet families where they are" and ensure that families are respected as having the primary responsibility for their children.

Quality Indicators:

- I.D.1. Qualified staff demonstrate knowledge of cultural and linguistic diversity and are able to effectively and sensitively interact with diverse children and families.
- I.D.2. A variety of activities, strategies, and materials are used to meet the diverse needs of children and families.

Standard I.E. The physical environment of the program is safe, healthy, and appropriate for children's development and family involvement.

The physical environment promotes healthy growth and rich child-family relations and learning. The environment should provide security from physical and emotional harm. An appropriate physical environment should be conducive to positive and enriching experiences, should stimulate children's minds, promote discovery, and reinforce positive family relationships.

Quality Indicators:

- I.E.1. The program implements local and state health and safety guidelines.
- I.E.2. The program décor, furnishings, materials, and resources are appropriate for the ages of the children and their families.

Standard I.F. The administration promotes and practices informed leadership and supervision. The administration participates in and encourages ongoing staff development, training, and supervision.

Effective leaders set the professional tone of the program as they model best practices. They encourage staff to expand their knowledge of working with young children and their families. The leadership will ensure access to professional development opportunities that enable staff to meet this challenge.

Quality Indicators:

- I.F.1. The leadership takes advantage of opportunities for advanced learning regarding current best practice in the early childhood field.
- I.F.2. The leadership assures that all program staff takes advantage of opportunities for advanced learning regarding current best practice in the infant/toddler or preschool field.

Standard I.G. All birth to five programs must follow mandated reporting laws for child abuse and neglect and have a written policy statement addressing staff responsibilities and procedures regarding implementation.

Being confronted with identifying potential child abuse or neglect is one of the most difficult situations a staff member encounters. Strong, clear policies and procedures, coupled with training, provide program staff with the support needed to assure consistency in regard to documenting, reporting, and coordinating with child protective services.

Quality Indicators:

- I.G.1. The program leadership familiarizes staff with the Abused and Neglected Child Reporting Act [325 ILCS 5] as well as with the program's policy. This should be included as part of new staff orientation and, at a minimum, be reviewed annually.
- I.G.2. The written policy must include procedures for documentation and follow-up of reported abuse.

Standard I.H. The program budget is developed to support quality program service delivery.

The program budget supports effective quality programming. It must reflect the human and material resource needs of the organization with consideration for competitive salaries and benefits for staff. In addition, funds should be allocated to support parent participation, staff development and training, purchase of equipment and materials, and the maintenance of facilities.

Quality Indicators:

- I.H.1. Sufficient funds are allocated to support human resources.
- I.H.2. Sufficient funds are allocated to provide staff development and training.
- I.H.3. Sufficient funds are allocated for material resources to support quality programming.
- I.H.4. Sufficient funds are allocated to encourage and support parent participation in all program activities.
- I.H.5. Sufficient funds are allocated to support an evaluation process for program effectiveness and outcomes.

Standard 1.I. The program implements effective systems for recording and managing information about the program, its staff, its participants, and learning and developmental outcomes and uses this information to engage in continuous improvement.

Collecting and managing program data is crucial to ensuring services to children and families are of the highest quality. Programs may wish to invest in a computerized data management system that can readily produce reports for continuous program improvement.

Quality Indicators:

- I.I.1. The program leadership has a data management system in place and staff are trained in its use.
- I.I.2. Data is collected on program staff's qualifications, professional development, staff evaluations and any other area as needed.
- I.I.3. Demographic data is collected on program children and families.
- I.I.4. Family and child outcome data is collected in order to effectively gauge the success of the program.
- I.I.5. The program accurately completes all required reports as mandated by its funding source(s) including data provided to the Illinois Student Information System or SIS.
- I.I.6. Program data is analyzed often in order to determine if progress is being made toward achieving the required components of the program. The program makes the necessary adjustments for improvement.
- I.I.7. All data concerning children and families is kept confidential.

II. CURRICULUM AND SERVICE PROVISION

Standard II.A. The curriculum reflects the centrality of adult/child interactions in the development of infants, toddlers and preschoolers.

The curriculum provides a framework to ensure positive interactions between and among children, staff, and parents. It is recognized that positive adult/child interactions serve as the basis for young children's learning. Through staff modeling and support, as well as through engagement of parent/child dyads and staff/child dyads in developmentally appropriate activities, adult/child relationships will be enriched. As a result, the children's growth and development and the family's knowledge and understanding will be enhanced.

Quality Indicators:

- II.A.1. Positive adult/child interactions are encouraged and promoted in all aspects of the program.
- II.A.2. The curriculum promotes adult/child interactions in the way sessions are designed and conducted by staff.
- II.A.3. The development of a sense of trust and autonomy among staff, children, and families is a priority.
- II.A.4. Parents receive education and support to identify and cope with life stressors that may place their family at risk.

Standard II.B. The curriculum is aligned to the Illinois Early Learning and Development Standards for preschoolers and supports children's cognitive, language, social, emotional and physical development and the development of positive approaches to learning.

Because development in young children does not proceed in discrete domains but overlaps, the curriculum must be holistic, encompassing all areas of development. In order to effectively implement curriculum, staff must have a sound knowledge of early childhood development and recognize that the curriculum is intended to be used as a dynamic resource. The curriculum should unfold in response to the developmental needs of each child in the program.

Quality Indicators:

- II.B.1. A balance of all developmental areas: cognitive, communication, physical, social, and emotional is demonstrated in all activities and service provision.
- II.B.2. An integrated and individualized program is offered for children in the context of their families and community.
- II.B.3. Multiple theoretical perspectives are considered, and developmentally appropriate practices are implemented.
- II.B.4. A variety of high quality, developmentally appropriate activities and materials are utilized in a safe and supportive environment.
- II.B.5. An emergent literacy focus is observable in the activities, materials, and environment planned for the child.

Standard II.C. The program prioritizes family involvement while respecting individual parental choices.

The program reflects the high priority of family involvement at whatever level each parent chooses. Program design provides for various levels of parent participation, ranging from enrichment and mentoring to more

intensive educational opportunities. The staff welcomes, encourages and supports all levels of parent participation and respects the individual choices and needs of each family.

Quality Indicators:

- II.C.1. Opportunities are provided for varied levels of parent participation.
- II.C.2. Opportunities are provided for parents to increase their levels of program involvement through education and enrichment.
- II.C.3. Program activities support family literacy.

Standard II.D. The program supports and demonstrates respect for the families' unique abilities as well as for their ethnic, cultural, and linguistic diversity.

The program reflects the ethnic, cultural and linguistic diversity of the participating families and their communities. The program is dynamic as families and staff work together to consider and integrate the individual abilities and cultures of families.

Quality Indicators:

- II.D.1. The program provides activities, materials, and an environment that reflect a variety of cultures.
- II.D.2. Program services are provided in the family's primary language whenever possible.
- II.D.3. Program services are in compliance with 23 IL Administrative Code 228 (Transitional Bilingual Education)

Standard II. E. The program promotes a framework that is nurturing, predictable, and consistent, yet flexible.

Program activities, schedules, and routines adjust to the needs of the children and their daily happenings. Flexibility is demonstrated as individual participant's cues and life's stressors are responded to and accommodated in a nurturing and caring manner. The program staff recognizes the importance of predictability in the program schedule yet remains open to capitalizing on "teachable moments."

Quality Indicators:

- II.E.1. Schedules and routines are familiar and available in print.
- II.E.2. The program responds to the participant's individual cues and makes accommodations.

Standard II.F. The program supports children's healthy physical development.

The program recognizes that children who are healthy are ready to learn. Staff monitor children's health and assist families with access to screenings and immunizations. Staff include healthy nutrition activities and outdoor play in the lesson plans.

Quality Indicators:

- II.F.1. The program curriculum promotes good nutrition and healthy snacks.
- II.F.2. The program ensures children are up-to-date on immunizations.
- II.F.3. Children have a current vision and hearing screening. Appropriate referrals are made.
- II.F.4. The curriculum provides daily active play and limits sitting and waiting time.

- II.F.5. Hand washing is routine for the children and staff.
- II.F.6. The program staff assists families and children who need help with toilet learning.

III. DEVELOPMENTAL MONITORING AND PROGRAM ACCOUNTABILITY

Standard III.A. The program staff regularly conducts a developmental screening with an appropriate standardized tool for the purposes of identifying children with developmental delays or disabilities.

A developmental screening is a short, staff administered tool or checklist that identifies children needing further assessment/evaluation. A timely and systematic approach to developmental screening assures early identification of children who require referral for formalized assessment and/or transition to specialized services. Where possible, staff of the early childhood program should be involved in the screening process.

Quality Indicators:

- III.A.1. Children are screened using a research-based screening instrument which measures all aspects of the child's development in these specific areas: vocabulary, visual motor integration, language and speech development, English proficiency, fine and gross motor skills, social skills and cognitive development.
- III.A.2. All screenings include a parent interview.
- III.A.3. Written parental permission for the screening is obtained and the screening results are shared with the parents.
- III.A.4. Infants and toddlers are referred to the Illinois Early Intervention System when appropriate. Preschool children are referred to the local Early Childhood Special Education system when appropriate.

Standard III.B. The program incorporates appropriate formative assessments of children, which are aligned with the curriculum, for the purposes of monitoring individual child development and individualization of the program and/or curriculum.

Regular developmental monitoring is an ongoing approach that uses a variety of appropriate methods and sources for information. This information allows staff, in collaboration with parents, to individualize programming according to the strengths and developmental needs of each child. In addition, it provides sharing opportunities between program staff and parents.

Quality Indicators:

- III.B.1. The staff monitors children's development using a variety of appropriate methods.
- III.B.2. Developmental monitoring views the child from a holistic perspective within the context of the family and the community.
- III.B.3. The staff obtains information from different sources and shares the information with parents. The parents are further involved in the interpretation of this information in support of the child's development.
- III.B.4. Staff adjust the curriculum to accommodate the children's progress and different learning styles.
- III.B.5. Families of toddlers are informed of appropriate programs in the community by the child's third birthday.

Standard III.C. Leadership conducts regular and systematic evaluation of the program and staff to assure that the philosophy is reflected and goals of the program are being fulfilled.

Program and staff 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 Illinois Birth to Five Program Standards.

Quality Indicators:

- III.C.1. An annual evaluation is conducted of program quality and progress toward goals.
- III.C.2. The results of the program evaluation are reviewed annually and are used or considered in making organizational and/or programmatic changes.
- III.C.3. Leadership works in partnership with staff to plan, develop, and implement an effective staff evaluation process.

IV. PERSONNEL

Standard IV.A. The program leadership is knowledgeable about child development and current best practice for quality birth to five programs.

The program leader is a skilled professional who manages program, staff, and budget. The training, background, and experience of program leadership provide expertise and knowledge of early childhood growth and development. In addition, effective communication and interpersonal skills are necessary for quality programming.

Quality Indicators:

- IV.A.1. The program supervisor/coordinator is an experienced early childhood professional with expertise in early childhood development and family enrichment.
- IV.A.2. Program leadership is supportive of and works to fully implement current best practice in birth to five programs.

Standard IV.B. The program leadership is effective in explaining, organizing, implementing, supervising, and evaluating birth to five programs.

Program leaders, as early childhood professionals, interact with a variety of constituents including children, parents, staff, funding sources, and the community. Effective communication and interpersonal skills are critical to implementing the program mission and goals, supervising and evaluating programs and staff, and collaborating with families and communities.

Quality Indicators:

- IV.B.1. The program supervisor/coordinator is skilled in program management and supervision.
- IV.B.2. The program leadership models professionalism and conveys high expectations for all staff.

Standard IV.C. The program leadership hires qualified staff who are competent in working with infants, toddlers, and preschoolers and their families.

The effectiveness of the program depends on the staff. Staff must have an in-depth knowledge of early childhood development and be able to competently match activities to each child's developmental level and potential. Staff should also understand the complex needs of families and be able to relate to them with sensitivity and understanding. Furthermore, staff is in the unique position of teaching parents to teach their children and must have skills in facilitating the parent/child dyad. The rewards of having a qualified staff are multiplied when staff is encouraged to regularly mentor each other to continue to improve their skills and level of effectiveness.

Quality Indicators:

- IV.C.1. The program staff members meet the minimum entry-level requirements for their role/responsibilities established by the funding agent.
- IV.C.2. Staff members have formal training in child development theory and practice. They are able to demonstrate an understanding of how young children develop and learn in the context of their families.
- IV.C.3. Staff members demonstrate the ability to establish meaningful, working relationships with parents and other family members.
- IV.C.4. Staff members demonstrate knowledge of and respect for the unique ways in which adults learn, acquire skills, and adjust to change.
- IV.C.5. The program staff is knowledgeable of and sensitive to the social, cultural, and linguistic diversity of the community.

Standard IV.D. The program leadership provides ongoing supervision that promotes staff development and enhances quality service delivery.

Supervision of staff needs to take place formally as well as informally. The essential ingredients of supervision include reflection, collaboration, and regularity. Reflection means continual conceptualization of what one is observing and doing. Collaboration refers to the mutual, respectful activity that takes place between supervisor and staff member. This collaborative activity leads to the formation of a plan to support professional development based on the reflective activity that has taken place, which in turn promotes quality services. Regularity is defined beyond timely and systematic to address individual staff needs.

Quality Indicators:

IV.D.1. Program leadership creates and maintains an atmosphere that is nurturing and supportive of staff.

IV.D.2. Program leadership regularly conducts a self-assessment.

IV.D.3. The supervisor in partnership with each staff member develops a formative supervision plan.

IV.D.4. Sufficient time for supervision is allotted in the program leader's schedule.

Standard IV.E. The program leadership provides opportunities for ongoing professional growth and development.

Research on quality programs demonstrates a high correlation between educational training and quality. Effective leaders recognize that professional development is a continuous process that meets the individual needs of each staff member as determined by an evaluation. Opportunities are provided for each staff member to participate in a variety of staff development activities. Nurturing is a key concept in early childhood. Leaders must provide a nurturing environment to maximize the unique strengths and abilities of the staff so that they may in turn nurture children and families.

Quality Indicators:

IV.E.1. A professional development plan, based on the needs identified through reflective supervision and the interests of each staff member, is on file.

IV.E.2. Sufficient time and funding are provided for staff to participate in appropriate staff development activities.

Standard IV.F. The program leadership promotes continuity in staffing through provision of a supportive work environment, competitive wages and benefits, and opportunities for advancement.

A career ladder permits staff members to assume greater responsibilities with greater rewards as they gain experience, knowledge and skills. Opportunities for staff development should include goal setting, peer mentoring, workshops, and classes, culminating with the opportunity to create their own staff development portfolio. A supportive work environment, including appropriate physical space and material resources, will enhance the staff's effectiveness. In addition, opportunities to exercise and expand their individual skills in a wide range of programming options allow staff to demonstrate their capabilities in working with children and families. Furthermore, staff satisfaction and continuity will be ensured with adequate compensation including a benefit package. When staff are valued, supported, and have the opportunity to be secure and grow, their self worth will be enhanced, and their ability to make significant contributions to the program will be maximized.

Quality Indicators:

IV.F.1. The program leadership provides staff members with a workspace and schedule appropriate for implementing their job responsibilities.

IV.F.2. The program leadership advocates and works to secure a competitive wage and benefit package for personnel based on their position in the program and their expertise and experience.

IV.F.3. The program leadership provides opportunities for career advancement.

Standard IV.G. The program leadership and staff are knowledgeable about programs and agencies in the community that provide services for children and their families.

Programs function within the context of the community. Leaders must know what resources are available in the community and support collaboration that enhances service delivery. They share their knowledge with staff and provide opportunities for them to have “hands on” experiences with other programs/agencies.

Quality Indicators:

IV.G.1. The program leadership provides access to information about a variety of agencies in the community that provide social, health, and other services to children and families.

IV.G.2. The program leadership arranges for staff members to visit and interact with early childhood providers and programs elsewhere in the community.

V. FAMILY AND COMMUNITY PARTNERSHIPS

Standard V.A. The child is viewed in the context of the family and the family is viewed in the context of its culture and community.

Research tells us that the quality of the relationship between infants, toddlers and preschoolers and the people who care for them everyday affects their development in all areas. Children are influenced by their relationships with all members of the family and their cultures. Therefore, it is critical for staff to view families in a holistic manner that takes into consideration both their culture and community. Cultural competency is more than recognition of ethnicity and race. It acknowledges and understands the values, customs, and traditions that influence behavior.

Quality Indicators:

- V.A.1. The program is designed to enhance and support parent/child relationships.
- V.A.2. Program leadership and staff understand and respect the culture of the families they serve.
- V.A.3. The leadership and program staff understand that the child's home, community, and cultural experiences impact his/her development and early learning.
- V.A.4. Materials that promote and support the program emphasize the importance of families in the lives of children.
- V.A.5. The program leadership and staff communicate with families in their primary language whenever possible.
- V.A.6. The program assists families in expanding their knowledge of child growth and development and parenting techniques.
- V.A.7. The program staff recognizes the influence of the community and its characteristics upon the family.

Standard V.B. The program leadership and staff seek and facilitate family participation and partnerships.

The program is designed to benefit and be responsive to families. Administration, staff, and parents should arrive at mutual understandings, which guide program planning, implementation, and evaluation through open and ongoing communication. When leadership and decision-making opportunities are provided to parents, they become empowered and are better equipped to make decisions that are important in their own lives and in the lives of their children.

Quality Indicators:

- V.B.1 The program recognizes that parents play an integral role in their children's learning. Parents are welcome in the program, and their support and involvement are sought.
- V.B.2. The program leadership assures a system is in place for regular, effective, two-way communication and responsive interaction between the program leadership, staff, and families.
- V.B.3. The program provides opportunities for family involvement and educational activities that are responsive to the ongoing and expressed needs of family members.
- V.B.4. Families are full partners in the decisions that affect their children and are included in the development and implementation of program activities.

Standard V.C. The program assures that families have access to comprehensive services.

While one of the primary goals of birth to five programs is to enhance parent/child relationships, Maslow's hierarchy of needs tells us that food, clothing, shelter and medical needs must be met first. In order to be successful in this, it is critical for programs to have systems in place for identifying the needs of families, making referrals to other community agencies and following up to be sure services were delivered as anticipated.

Quality Indicators:

- V.C.1. Program leadership and staff have a working knowledge of the resources in their community.
- V.C.2. The program has both a referral and follow-up system to assure that families are able to access services determined appropriate.
- V.C.3. The program works to address family needs.
- V.C.4. The program prioritizes services for children and families experiencing homelessness.

Standard V.D. The program develops a partnership with families in which the family members and staff determine goals and services.

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. Through collaborative planning with staff, parents can be supported to use their individual gifts as a springboard for change. By evaluating where they are, where they want to go, and how to get there, parents will begin to experience success in taking charge of their own destinies and will naturally promote these skills in their own children. Being in charge of one's own destiny helps to build strong families. Children who grow up in strong families are more likely to reach their full potential.

Quality Indicators:

- V.D.1. The program provides services that promote family growth and enrichment to identify and build on family strengths.
- V.D.2. The program offers parents opportunities to develop and implement a family plan that describes family goals, responsibilities, timelines, and strategies for achieving these goals.
- V.D.3. Program staff and families regularly review the family plan, document progress toward goals, and make needed revisions.

Standard V.E. The program takes an active role in community and system planning and establishes ongoing collaborative relationships with other institutions and organizations that serve families.

Programs must take affirmative steps to establish ongoing collaborative relationships that go beyond the development of referral networks. Therefore, programs are encouraged to secure a broad range of services by working together with community agencies.

Quality Indicators:

- V.E.1. Efforts are made to work in collaboration with other providers of services to families with young children in order to maximize services and resources available in the community.
- V.E.2. Comprehensive physical and mental health, educational, social, and recreational resources for children and their families are developed and promoted in collaboration with the community.

- V.E.3. The program leadership recognizes the urgent need for high quality child care for infants, toddlers and preschoolers and participates in community collaboration to identify, locate, and provide access to this service.
- V.E.4. The program leadership works with the family and community in supporting transitions, respecting each child's unique needs and situation.

Glossary

Accountability	A demonstration that the program is fulfilling the terms of its grant and achieving its stated outcomes.
Cultural competency	Having requisite or adequate knowledge and abilities to understand and interact appropriately concerning the customary beliefs, shared attitudes, values, goals and practices that characterize a racial, religious or social group.
Curriculum	The experiences within the program designed to promote the child and family's development, which can include planned and/or spontaneous activities and appropriate interactions in a carefully arranged environment.
Developmental monitoring	The observation, recording, and analysis of children's development over time using on-going formal and informal measures.
Developmentally appropriate practice	Refers to offering content, materials, and methodologies that are commensurate with the child's level of development and for which the child is ready. (From National Association of Elementary School Principals: <i>Early Childhood Education & The Elementary Principal, First Edition; p. 59</i>) For infants, toddlers and preschoolers that means stable, loving relationships with adults, especially their parents, who introduce the child to developmental tasks through communication appropriate for his/her level of understanding and development.
Dyad	The word "dyad" means two people. The most important dyad in the Birth to Five Program is the parent and child.
Emerging literacy	The view that literacy learning begins at birth and is encouraged through participation with adults in meaningful activities; these literacy behaviors change and eventually become conventional over time. (From Neuman, Susan; Copple, Carol; Bredekamp, Sue: <i>Learning to Read and Write: Developmentally Appropriate Practices for Young Children</i> . NAEYC 2000)
Family	The basic unit in a society has as its nucleus one or more adults cooperating in the care and raising of children.
Formal training	A training in child development theory and practice that has a stated professional goal and a prescribed curriculum.
Formative supervision	The collaborative, on-going review of the services provided by each staff member, with the goal of continuously improving the quality of the services provided by the staff member and program as a whole. This process is built upon the strengths of the staff member and includes plans for formal training, mentorship, and other professional development strategies.
Infant	A child between the ages of birth and 18 months.
Linguistic competency	The knowledge that enables staff to communicate effectively with children and families.
Mission statement	A brief summary of the philosophy and goals of the program.

Parent	In this document the term parent is used broadly to mean not only the child's biological parents, but adult members of the child's family who have significant caregiving responsibilities for the child.
Parent-child interaction	Mutual or reciprocal action or influence between a child and a parent.
Preschooler	A child between the ages of 36 months and 60 months, not eligible for kindergarten.
Professional development plan	A written course of action to improve and strengthen a staff member's ability to function effectively in their professional role and meet their responsibility to children and families.
Toddler	A child between the ages of 18 and 36 months.

RESOURCES

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