

Prevention Initiative Monitoring & Compliance Information



Illinois
State Board
of Education

This document contains information about Prevention Initiative program monitoring including the PI Compliance Checklist. It also contains additional information regarding implementing a quality ISBE Prevention Initiative program.

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Feedback

This document has been designed to help PI program staff understand what can be anticipated during PI program monitoring and how to meet ISBE PI compliance. Please help us ensure this document is responding to your questions and is a useful tool to you by providing comments, questions, and overall feedback to ISBE.

email: picqip@isbe.net

Table of Contents

Section	Page
I. Introduction to the Illinois State Board of Education Prevention Initiative Monitoring Process	3
II. Training and Technical Assistance	7
III. What is the PICC?	8
IV. PICC Number System	9
V. PICC Columns	10
VI. Acronyms and Color Code	11
VII. PICC Program Identification	13
VIII. PICC	
a. Compliance Issue Number 1	14
b. Compliance Issue Number 2	16
c. Compliance Issue Number 3	17
d. Compliance Issue Number 4	18
e. Compliance Issue Number 5	19
f. Compliance Issue Number 6	21
g. Compliance Issue Number 7	24
h. Compliance Issue Number 8	29
i. Compliance Issue Number 9	36
j. Compliance Issue Number 10	40
k. Compliance Issue Number 11	43
l. Compliance Issue Number 12	47
m. Compliance Issue Number 13	49
n. Compliance Issue Number 14	51
o. Compliance Issue Number 15	53
p. Compliance Issue Number 16	55
q. Compliance Issue Number 17	60
r. Compliance Issue Number 18	62
s. Compliance Issue Number 19	64
IX. Continuous Quality Improvement Plan	65
X. Resources	66

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

The Illinois State Board of Education (ISBE) executed a contract with Erikson Institute in Fiscal Year 2015 to develop and implement a process for monitoring Prevention Initiative (PI) programs to support quality improvement and to maintain compliance with [23 Illinois Administrative Code](#) (23 Ill. Adm. Code), Section 235.67.

Projected rollout of PI program monitoring is as follows:

- FY15 - Pilot (Monitoring of home visiting programs)
- FY16 - Pilot and limited implementation (Monitoring of home visiting programs)
- FY17 - Limited implementation phase 2 (Monitoring of home visiting programs and development of the Center-Based monitoring process and pilot)
- FY18 - Full Implementation (Monitoring of home visiting programs and center-based programs)

Prevention Initiative Home Visiting Program Monitoring Process (Pilot and Limited Implementation Phase)

1. Programs will receive a letter in the fall from ISBE stating they will receive a monitoring visit within the fiscal year.
2. By no later than September 1 of each year, the State Board of Education shall post at <http://www.isbe.net/earlychi/default.htm>, the operational Prevention Initiative Compliance Checklist (PICC) and the name of the research-based assessment tool(s) to be used in the monitoring process.
3. Programs will receive notice from Erikson that a monitoring visit will be scheduled. Erikson will then contact the program by telephone and schedule the monitoring visit. Programs will receive a *Site Visit Overview* document that includes site visit preparation guidance from Erikson. Some data will be collected prior to the site visit using online surveys or document submission by email.
4. Monitoring Visit
The on-site monitoring process will include surveys, interviews, record reviews, a group visit observation (if possible), and video recording(s) of home visit(s) as applicable. The tools that will be implemented are as follows:
 - **Prevention Initiative Compliance Checklist (PICC);**
The PICC was developed by ISBE staff and measures compliance to the [ISBE Administrative Rules \(Part 235\)](#), PI Competitive and Continuation Applications, [Birth to Five Program Standards](#), and the [Illinois Early Learning Guidelines](#).
 - **Prevention Initiative Quality Rating Instrument (PIQRI)**
The PIQRI was developed by Jon Korfmacher, Ph.D. and measures program quality across program models for home visiting.

- **Group Observation Protocol (GOP)**
The GOP was developed by Jon Korfmacher, Ph.D. and measures the quality of a group experience for families enrolled in an early childhood program.
 - **Home Visit Rating Scales – Adapted and Extended (HOVRS A+)**
The HOVRS A+ was developed by Lori A. Roggman, Gina A. Cook, Vonda K. Jump, Mark S. Innocenti, Katie Christiansen, Lisa K. Boyce, Utah State University, Nikki Aikens, Kim Boller, Diane Paulsell, & Kristin Hallgren, Mathematica Policy Research.
The Home Visit Rating Scales-Adapted & Extended (HOVRS-A+) measure is designed for practitioners and supervisors seeking a **high level of excellence** in home visiting practices in programs aiming to help parents to support the early development of their infants and young children. The purpose of the home visiting video recording and analysis is to collect information about the home visitors' work with families, including parent engagement, child engagement, parent-child interaction, and the home visitor-family relationship. Video-recordings of home visits will be collected from a sample of home-visitors and their families.
5. During the pilot and limited implementation (FY16) projects, the system will be paper-based. A web-based system is being developed by Erikson to provide user-friendly access to results from monitoring plus reliable and convenient communication with ISBE. This will not be available until after FY16.
 - Programs will have access to the results of the tools implemented during their monitoring visit at a secured website created and maintained by Erikson found at <http://isbe.erikson.edu/homevisiting>.
 6. Programs will develop a Continuous Quality Improvement Plan (CQIP), with support from an ISBE consultant, based on the information collected during program monitoring. The CQIP will be approved by an ISBE consultant prior to the program implementing the plan.
 - By September 1 of each year, the State Board of Education shall post at <http://www.isbe.net/earlychi/default.htm>, the templates to use to develop the CQIP.
 - Pilot and Limited Implementation: Programs will submit the CQIP electronically to ISBE at picqip@isbe.net.
 - Full Implementation: Programs will utilize the secured website above to submit the CQIP to ISBE.

Programs will update their Continuous Quality Improvement Plan in the years they are not monitored and submit it electronically no later than June 1 each year the plan is in effect.
 7. A self-assessment tool based on the PIQRI will be available to programs for the years when they are not receiving an onsite visit. The tool will follow a similar format to the onsite visit, but can be used by program staff to evaluate the quality of their own program.

At a minimum, on-site monitoring visits will be conducted every four years. The Prevention Initiative monitoring process is scheduled to occur on a three year cycle. If a program is new, a monitoring visit will be conducted at the end of the first and second years of operation. Further visits should then depend on program performance; those needing more assistance should receive more frequent visits. A more intensive monitoring schedule would require programs to have an on-site monitoring visit two or more consecutive years. The monitoring cycle will be determined by an ISBE team of staff.

Overview Graphic



At the beginning of each fiscal year ISBE will identify and notify PI programs that will receive a monitoring visit. After initial notification the major activities of the monitoring process can be split into three sections: before the visit, the day of the visit, and following the visit.

In the weeks before your monitoring visit, Erikson staff will work with you to prepare for the monitoring visit. These preparation activities include scheduling your site visit, completing online surveys, and submitting documentation. On the day of the site visit, Erikson monitors will come to your program location to conduct staff interviews, perform a documentation and file review, and observe a group socialization event. Observation of a home visit is also a part of the monitoring process. The program is encouraged to implement video recording of home visits and use the recordings during reflective supervision. Using home visit video recordings during reflective supervision is a wonderful way to promote staff development and increase positive interactions between home visitors and parents.

Programs will receive monitoring reports from ISBE based on the results of the information collected from the site visits and the video recordings. Based on the monitoring reports programs will develop continuous quality improvement plans which will be approved by an ISBE consultant before implementation.

Training and Technical Assistance

Illinois State Board of Education

ISBE Technical Assistance is available to respond to questions regarding PI programs, the PI monitoring process, and to obtain support to complete the PI program monitoring CQIP process.

Illinois State Board of Education Early Childhood Division

Phone: 217-524-4835

Email: picqip@isbe.net

Ounce of Prevention Fund

Training opportunities to support general home visiting program implementation, the Parents as Teachers program model and the Healthy Families program model can be accessed through the Ounce of Prevention Fund website found at

https://theounce.csod.com/catalog/CustomPage.aspx?id=20000156&tab_page_id=20000156&tab_id=20000155.

Technical Assistance to support Parents as Teachers and Healthy Families America program model implementation can be accessed by calling the Ounce of Prevention Fund.

Kelly Woodlock, Director – Ounce Institute

Phone: 312-453-1988

Email: kwoodlock@ounceofprevention.org

Baby TALK

Training opportunities to support the Baby TALK program model can be accessed by calling 217-475-2234.

Technical Assistance to support Baby TALK program model implementation can be accessed by calling 217-475-2234.

What is the Prevention Initiative Compliance Checklist?

The Prevention Initiative Compliance Checklist (PICC) is a tool implemented during an onsite monitoring visit completed by Erikson Institute monitors that measures a program's compliance to the Early Childhood Block Grant (ECBG) Prevention Initiative requirements. It is comprised of a list of items that PI programs must adhere to be in compliance with the [ISBE Administrative Rules \(Part 235\)](#), PI Competitive and Continuation Applications, [Birth to Five Program Standards](#), and the [Illinois Early Learning Guidelines](#). The authorized official agrees to maintain compliance to these items when he or she submits the competitive or continuation paper or electronic grant application.

Note: The compliance checklist referenced in this document is specifically for Prevention Initiative home visiting programs being monitored during the pilot and limited implementation. It does not apply to PI center-based or family literacy programs at this time. However, most PICC items will be applicable to center-based and family literacy programs in the future and additional compliance checklist items will be added.

Also, additional information regarding the PICC, the monitoring process, and continuous quality improvement plans can be found on the [ISBE Early Childhood Birth to Age Three webpage](#) under the section called *Accountability: Monitoring and Continuous Quality Improvement*. <http://www.isbe.net/earlychi/html/birth-3.htm>

PICC Numbering System

4: Program has a mission statement based on shared beliefs developed cooperatively by parents/guardians, families, staff members, and community representatives. (HV, CB, FL) [23 Ill. Adm. Code 235.20(c)(2)(A)] and ISBE policy		
	Documentation	Notes
4.1 <input type="checkbox"/> Mission statement has been developed. <input type="checkbox"/> Mission statement is publically available. (4.1.1) <input type="checkbox"/> Mission statement was developed cooperatively. (4.1.2)	<input type="checkbox"/> Copy of mission statement (School district mission statement acceptable; Mission statement in program brochure or on paperwork acceptable).	

Understanding the numbering system used in the PICC:

- In this example you will see that the Compliance Issue is the first number, which in this case is number 4, “Mission Statement.”
- Each Compliance Issue may have indicators that fall under it. In this example, the indicator is shown by the second number, or 4.1 “Mission statement has been developed.”
- In addition, each indicator many have sub indicators that fall under it. In this example, the sub indicators are shown by adding the third numbers, or as in our example above 4.1.1 “Mission statement is publicly available,” and 4.1.2 “Mission statement was developed cooperatively.”
- The numbering system helps users have a shared understanding of which Issues are being discussed or referred to, and provides for a convenient way to set up a scoring system.

PICC Columns

4: Program has a <u>mission statement</u> based on shared beliefs developed cooperatively by parents/guardians, families, staff members, and community representatives. (HV, CB, FL) [23 Ill. Adm. Code 235.20(c)(2)(A)] and ISBE policy		
	Documentation	Notes
<p>4.1</p> <p><input type="checkbox"/> Mission statement has been developed.</p> <p> <input type="checkbox"/> Mission statement is publically available. (4.1.1)</p> <p> <input type="checkbox"/> Mission statement was developed cooperatively. (4.1.2)</p>	<p><input type="checkbox"/> Copy of mission statement (School district mission statement acceptable; Mission statement in program brochure or on paperwork acceptable).</p>	

Understanding the PICC columns:

- The first column shows all the compliance issues, that, for the purposes of this document, we are calling “indicators.”
- The second column is used by the monitor to indicate the documentation reviewed to validate the program is in compliance.
- The third column is used by the monitor to add any additional notes.

Acronyms and Color Code

4: Program has a <u>mission statement</u> based on shared beliefs developed cooperatively by parents/guardians, families, staff members, and community representatives. (HV, CB, FL) 		
	Documentation	Notes
<p>4.1</p> <p><input type="checkbox"/> Mission statement has been developed.</p> <p><input type="checkbox"/> Mission statement is publically available. (4.1.1)</p> <p><input type="checkbox"/> Mission statement was developed cooperatively. (4.1.2)</p>	<p><input type="checkbox"/> Copy of mission statement (School district mission statement acceptable; Mission statement in program brochure or on paperwork acceptable).</p>	

Acronyms:

Throughout the PICC you will see HV, CB, or FL in parentheses. See an example next to the green arrow. HV stands for Home Visiting. CB stands for Center-Based, and FL refers to Family Literacy. This identifies which program models need to respond to each compliance issue.

Here are some other common acronyms you may find useful:

- Annual Program Report (APR)
- Continuous Quality Improvement Plan (CQIP)
- Early Childhood Block Grant (ECBG)
- Family Centered Assessment (FCA)
- Fiscal Year (FY)
- Group Observation Protocol (GOP)
- Home Visit Rating Scales – Adapted and Extended (HOVRS A+)
- Illinois Early Learning Guidelines (IELG)
- Illinois State Board of Education (ISBE)
- Infant Mental Health Consultation (IMHC)
- Parent Interview Form (PIF)
- Prevention Initiative (PI)
- Prevention Initiative Compliance Checklist (PICC)
- Prevention Initiative Implementation Manual (PIIM)
- Prevention Initiative Quality Rating Instrument (PIQRI)
- Region, County, District, Type (RCDT)

Color Code:

Compliance Issue **Indicator(s) = Red**

Compliance Issue **Documentation = Blue**

Notes = Red

The notes section contains information about how to maintain compliance with the specific indicator.

Additional Program Information = Purple

The additional program information section contains information concerning suggested resources, Best Practices, etc.

PICC Program Identification

ID:

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

Identifying Information:

- On the top of the first page on the PICC fill-able form there is a space for an ID. This is a number Erikson will assign to each program to ensure confidentiality and anonymity when appropriate.
- The Erikson monitor will fill in their name, the program name, the RCDT, the program address, the name of the authorized official, the visit date, and any notes applicable.
- The program name should be the grantee (school district or agency). If the home visiting program has a different name it should be explained in the notes.
 - For example let's say a grantee's program name is Children's Home Association of Illinois and their home visiting program's name is Good Beginnings. Therefore Children's Home Association of Illinois will be typed into the fill-able box next to "Program Name" and Good Beginnings will be typed into the notes section.
- The authorized official is the person that submits the grant to ISBE and is responsible for the appropriate use of grant funds.

Compliance Issue 1:

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

Indicator:

Home Visiting, Center-Based, Family Literacy (1.1)

Notes:

The monitor will mark **Home Visiting** if the program implements home visiting only. The program must implement an evidence-based home visiting program model and a research-based curriculum for parent education.

The monitor will mark **Center-Based** if the program adheres to all of the following:

- The requirements of a Home Visiting program model;
- All of the standards of a nationally recognized accrediting organization, such as the National Association for the Education of Young Children;
- All of the licensing standards of the Illinois Department of Children and Family Services for center-based child care;
- Implements a research-based child centered curriculum; and
- (when applicable) Adheres to Early Head Start standards and requirements.

The monitor will mark **Family Literacy** if the program adheres to all of the requirements of ISBE Home Visiting and ISBE Center-Based, as previously described, and accesses funds for adult education such as High School Credits, GED or Bilingual education.

Indicators:

The program operates:

- Year round (PI funded programming 12 months of the year as defined by the program model.)
- Partial Year (PI funded programming less than 12 months of the year as defined by the program model) (1.2)

Months of limited services: _____ (1.2.1)

Describe services offered during the months of limited programming under notes section. (1.2.2)

Notes:

Programs can state that they operate either year round or partial year and still be in compliance. Year round programming is best practice and preferred by ISBE. Therefore, when possible, programs should move toward offering year round programming.

1.2.1. Example: 2 (Just state the number of months you provide limited services.)

1.2.2. Example: During the months of June and July the program provides monthly home visits to each family and offers four group experiences. The group experiences include two parent/child interactions and two parent workshops.

Compliance Issue 2:

Identification of the program model implemented for parent education.
(HV, CB, FL)

Indicator:

Program Model (2.1)

- Baby TALK
- Early Head Start
- Healthy Families America
- Nurse Family Partnership
- Parents as Teachers
- Other: _____

Notes:

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

Compliance Issue 3:

Identification of the program's fidelity to the program model.
(HV, CB, FL)

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

Notes:

The monitor will need to see the program's chosen program model's recognized award for model fidelity and quality.

Compliance Issue 4:

**Program has a mission statement based on shared beliefs developed cooperatively by parents/guardians, families, staff members, and community representatives.
(HV, CB, FL)**

Indicators:	Documentation:
<input type="checkbox"/> Mission statement has been developed. (4.1) <input type="checkbox"/> Mission statement was developed cooperatively and is publically available. (4.1.1)	<input type="checkbox"/> Copy of mission statement (School district mission statement acceptable; Mission statement in program brochure or on paperwork acceptable).

Notes:

PIIM Pages 2-20

A program can demonstrate compliance to indicator 4.1 and 4.1.1 by showing the monitor the mission statement in a program brochure or on program paperwork. The program may also have the mission statement visible in the room where groups are held or where families are served in a school district or agency. A school district mission statement is acceptable.

Compliance Issue 5:

The program will not collect any fees from parents/guardians and their children who are enrolled.

(HV, CB, FL)

Indicators:	Documentation:
<input type="checkbox"/> Program does not charge fees for participation in the program. (5.1) <input type="checkbox"/> Program has a system to reimburse families that participate in the program (e.g., child care, transportation, etc.). (5.2)	<input type="checkbox"/> Reimbursement forms, blank or completed <input type="checkbox"/> Other (describe): _____

Notes:

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

5.2. The program *should* have a system in place to reimburse families that participate in the program. Reimbursement could be for child care, transportation, or other costs incurred to participate in the program. Reimbursing families is not required but is considered Best Practice and encouraged. The program *should* develop a system to account for any and all expenditures with a proper paper trail, for example issuing checks and maintaining receipts or developing a purchase order system. Programs may also develop forms for staff to use to as they implement the reimbursement process. All information collected should be available for the monitor to review to demonstrate compliance to indicator 5.2.

Additional Program Information:

Remember, when providing gas reimbursements to a family, all travel must be reimbursed based on relative miles using the State reimbursement rates. Programs may also work with local bus or transportation companies to arrange transportation services.

Gift Cards: ISBE external auditors are discouraging the use of gift cards of any kind. School districts and programs should develop the budget and account for any and all expenditures with a proper paper trail (such as, issuing checks and maintaining check stubs and receipts).

Prevention Initiative Materials/Supplies/Incentives: Any item provided to children or families in a Prevention Initiative program must relate back to the program services in one of two ways:

- The item (material or supply) relates to the lesson plan (home visit plan or group lesson plan)
- The item (material or supply) relates to the Individual Family Service Plan.

Remember: Programs may choose to seek donations through community resources to support children and families in the Prevention Initiative program.

Compliance Issue 6:

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

(HV, CB, FL)

Indicator:	Documentation:
<input type="checkbox"/> Program employs qualified staff in accordance with program model. (6.1)	<input type="checkbox"/> Evidence of program model training <input type="checkbox"/> Certifications <input type="checkbox"/> Credentials <input type="checkbox"/> Transcripts <input type="checkbox"/> Other (describe):_____

Notes:

The program can demonstrate compliance to indicator 6.1 by providing evidence of the educational or professional development experiences of each individual staff member as requested by the monitor. The information a program should be prepared to share includes proof of a high school diploma/GED or, if applicable, college transcripts, as well as evidence that the program model core or foundational training has been completed. The program must maintain compliance to the chosen program model requirements for qualified staff. Evidence may be provided in the form of school transcripts, certificates of trainings attended, or transcripts offered by the Gateways to Opportunity, Ounce of Prevention Fund, or Baby TALK.

The program should prepare a document for Erikson Institute with the following information: staff names and position/title, educational level, certifications, and/or credentials.

Indicator:	Documentation:
<input type="checkbox"/> Home Visitors are at least .5 FTE. (6.2)	<input type="checkbox"/> Organizational Chart <input type="checkbox"/> Time Cards <input type="checkbox"/> Time and Effort Logs <input type="checkbox"/> Other (describe):_____

Notes:

PIIM Pages 265 – 330

The monitor will be looking for evidence that home visitors maintain an FTE of at least .50 or half time. The program may provide evidence in the form of an organizational chart with FTE for each staff member indicated within the document, time cards, or time and effort logs.

Additional Program Notes:

It is important to make sure the program is maintaining the appropriate documentation for PI employees. Please refer to the [State and Federal Grant Administration Policy, Fiscal Requirements and Procedures](#) on the ISBE website. Also, please make sure staff members are maintaining time and effort logs, as applicable, by referring to the [Illinois State Board of Education Federal and State Monitoring September 2014: Substitute System for Time and Effort for Employees Supported by Multiple Cost Objectives](#).

Indicator:	Documentation:
<input type="checkbox"/> The program has at least one program supervisor that implements administrative supervision. (6.3)	<input type="checkbox"/> Supervision records <input type="checkbox"/> Supervision Case Notes <input type="checkbox"/> Other (describe):_____

Notes:

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

The monitor will need to see supervision records, supervision case notes or other evidence the program collects for administrative supervision.

Indicators:	Documentation:
<input type="checkbox"/> The program offers reflective supervision. (6.4) Reflective supervision is provided by: <input type="checkbox"/> Program supervisor <input type="checkbox"/> Contracted mental health consultant <input type="checkbox"/> Other If contracted or other, please specify: _____ (6.4.1)	<input type="checkbox"/> Supervision records <input type="checkbox"/> Supervision Case Notes <input type="checkbox"/> Other (describe):_____

Notes:

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 guidance from the chosen program model.

The monitor will need to see supervision records, supervision case notes, or other evidence the program collects for administrative supervision.

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

Additional Program Notes:

See PIIM Pages 296 – 306

[Reflective Practice Guide](#)

[Early Childhood Mental Health Consultation to Home Visiting Programs: Addressing the Unmet Mental Health Needs of Families with Young Children](#)

Practical Guide to Reflective Supervision (Book)

Edited by Sherryl Scott Heller, Linda Gilkerson

Compliance Issue 7:

The program has developed policies and procedures.
(HV, CB, FL)

Indicator:	Documentation:
<input type="checkbox"/> Evidence that program has developed written policies to provide guidance for staff to comply with mandated reporting laws for child abuse and neglect. (7.1)	<input type="checkbox"/> Written mandated reporting policies and procedures for staff <input type="checkbox"/> Written mandated reporting policies and procedures for staff in a Policies and Procedures Manual <input type="checkbox"/> Written mandated reporting policies and procedures for staff in an Employee Handbook <input type="checkbox"/> Other (describe):_____

Notes:

The monitor will ask to see evidence that the program has developed written policies to provide guidance for staff to comply with mandated reporting laws for child abuse and neglect to complete Indicator 7.1. The program can demonstrate compliance by providing the policies and procedures that fulfill this requirement. The policies and procedures and the place these policies and procedures are kept may be different from program to program.

Additional Program Notes:
PIIM Pages 86 - 91 PI staff <i>should</i> be required to participate in the DCFS administered on-line course Recognizing and Reporting Child Abuse: Training for Mandated Reporters , as well as, other training that enhances each professional's ability to keep children safe. The Ounce of Prevention Fund has excellent trainings for professionals who are mandated reporters.

Indicators:	Documentation:
<input type="checkbox"/> Evidence that program has developed a written policies and procedures manual to provide guidance for staff. (7.2) The manual provides guidance on the following topics: <input type="checkbox"/> Screening to Determine Program Eligibility (7.2.1) <input type="checkbox"/> Evidence-Based Program Model and Research-Based Curricula (7.2.2)	<input type="checkbox"/> Policies and Procedures Manual <input type="checkbox"/> Employee Handbook <input type="checkbox"/> Other (describe):_____

<input type="checkbox"/> Developmental Monitoring (7.2.3) <input type="checkbox"/> Individual Family Service Plan (7.2.4) <ul style="list-style-type: none"> <input type="checkbox"/> Includes goals for parents <input type="checkbox"/> Includes goals for child <input type="checkbox"/> Includes goals for parent-child interaction <input type="checkbox"/> Includes family-centered assessment <input type="checkbox"/> Case Management Services (7.2.5) <ul style="list-style-type: none"> <input type="checkbox"/> Includes formal agreements for referral and follow-up <input type="checkbox"/> Includes plan for reducing duplication of services <input type="checkbox"/> Includes coordination of IFSPs <input type="checkbox"/> Family and Community Partnerships (7.2.6) <input type="checkbox"/> Qualified Staff and Organizational Capacity (7.2.7) <input type="checkbox"/> Professional Development (7.2.8) <input type="checkbox"/> Evaluation (7.2.9)	
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Notes:

PIIM Pages XV – XVIII, and 466 – 471

This question is designed to capture the information shared with staff regarding the Early Childhood Block Grant Prevention Initiative program and school district or agency policies and procedures that support implementation of the nine components identified in the Prevention Initiative grant. The program must provide information on all nine ISBE PI components to be in full compliance with indicator 7.2.

The nine components include: screening to determine eligibility, evidence based program model, developmental screening, Individual Family Service Plan, case management, family and community partnerships, qualified staff and organizational capacity, professional development, evaluation.

Indicators 7.2.4 and 7.2.5 require additional policies and procedures to be in complete compliance.

- For indicator 7.2.4 the program must develop policies and procedures for staff to follow as they complete the Individual Family Service Plan. The program must have guidance for staff regarding including goals for parents, goals for the child, and goals for parent-child interaction. The program must also provide direction for staff on implementing the family centered assessment.

- For indicator 7.2.5, Case Management Services, the program needs to provide guidance to staff regarding formal agreements for referral and follow-up, connections to community resources, and coordination of IFSPs.

ISBE does not have specific requirements for these issues. It is up to the program to develop policies and procedures to support staff as they implement programming.

The program can demonstrate compliance by providing the policies and procedures that fulfill this requirement. The policies and procedures and the place these policies and procedures are kept may be different from program to program. To learn more about each of the above topics refer to the Prevention Initiative Implementation Manual.

Indicators:	Documentation:
<p>Indicators:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The program has developed a written parent and community involvement plan. (7.3) <p>This plan touches upon the following topics:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written and verbal orientation to the educational program; (7.3.1) <input type="checkbox"/> Opportunities for involvement in home-based and/or site-based activities; (7.3.2) <input type="checkbox"/> Engaging families as full partners in developing and implementing the program; (7.3.3) <input type="checkbox"/> Provision for communication to and from parents about the program; (7.3.4) <input type="checkbox"/> Methods of linking parents with community resources and services; (7.3.5) and <input type="checkbox"/> Activities that emphasize and strengthen the role of the parent(s) as the child’s primary educator. (7.3.6) 	<ul style="list-style-type: none"> <input type="checkbox"/> Prevention Initiative Parent and Community Involvement Plan <input type="checkbox"/> Policy and procedure handbook <input type="checkbox"/> Employee handbook <input type="checkbox"/> Other (describe): _____

Notes:

To be in compliance with 7.3., the program can present the plan itself or show the plan has been embedded within another document such as a Policy and Procedure Manual.

Additional Program Information:
PIIM Pages 30 – 41, 216, 232, 372, 361, 366 Information that should be addressed at a minimum under each component includes:

- Written and verbal orientation to the educational program (7.3.1)
 - Provide the verbal and written information that needs to be shared and describe the activities that need to be completed during the initial screening, enrollment, and first visit after enrollment, or whatever is appropriate for the program and/or program model. Describe the staff that should provide these activities. List the documents that should be provided to the family, i.e., program brochure, developmental screening results, program participation agreement, etc.
 - Provide the verbal and written information that needs to be shared and describe the activities that need to be completed during the first group meeting. Describe the staff that should implement these activities. This information should be accompanied by a list of documents that should be provided to the family, i.e., list of group meeting dates/times/locations, program group participation agreement, etc.
- Opportunities for involvement in home-based and/or site-based activities (7.3.2)
 - Home-Based
 - Visit Frequency: What criteria will be used to increase or decrease the intensity of services for a family? Under what circumstances will families be offered weekly visits, biweekly visits, etc.? (e.g., Families will be offered weekly visits after the birth of a baby for at least four months.)
 - Visit Length: What is the expectation for the length of time a visit will last? (e.g., the average length a home visit will last 45 – 90 minutes.)
 - Scheduling Visits: What policies/procedures will be followed to ensure visits will be scheduled and completed? (e.g., the next visit will be scheduled at the end of each home visit.)
 - Home Visit Defined: What are the components of a home visit? What are the criteria that will determine if a home visit is counted as a visit?
 - Data Collection: What should program staff collect and report? How often are data reviewed and goals revisited?
 - Transition Services: What are policies/procedures regarding transition services? How will programs ensure transparent and seamless transitions between one program and another?
 - Evaluation Activities: What evaluation activities or measures will be used to evaluate home visits?
 - Groups:
 - Group Type: What kinds of groups will be offered? Who will be invited? (parent/child interactions and/or parent only groups)
 - Group Frequency: How often will each group meet? (dates, times, locations, etc.)
 - Visit Length: What is the expectation for the length of time a group will last?
 - Scheduling Groups: What activities will take place to ensure the group is a success? (recruitment and public awareness activities,

personal invitations, parent engagement regarding group activities and decision making, etc.)

- Data Collection: What should program staff collect and report? How often will data be reviewed and goals revisited?
- Evaluation Activities: What evaluation activities or measures will be used to evaluate the group? Include elements mentioned above as applicable.
- List and describe any and all activities families are invited and encouraged to participate in beyond home visits and group activities, e.g., volunteer opportunities, job fair field trips, etc.
- Engaging families as full partners in developing and implementing the program (7.3.3)
 - Describe how families are engaged in program planning, implementation, and evaluation, including, but not limited to, parent councils, parent volunteering opportunities, program boards, etc.
 - Describe how individual families are invited and encouraged to participate in the development and implementation of home visits and group experiences.
- Provision for communication to and from parents about the program (7.3.4)
 - Describe all two-way communication tools and opportunities, as well as, program evaluation tools and opportunities.
- Methods of linking parents with community resources and services; (7.3.5)
 - State the policies and describe the procedures regarding referral and follow-up into and out of the program.
 - State the policies and describe the procedures regarding transitions into or out of the program.
 - List (or include) and describe the formal agreements the program has with other community resource agencies or educational programs regarding referrals/follow-ups and transitions.
 - List (or include) and describe the forms used for referrals/follow-ups and transitions.
- Activities that emphasize and strengthen the role of the parent(s) as the child's primary educator. (7.3.6)
 - State the program mission statement and values.
 - Describe the program approach and/or philosophy concerning programming and services.
 - Describe how the program's mission statement, values, and/or approach/philosophy emphasize the promotion of the parent as the child's primary educator.
 - List and describe the strategies that are to be implemented to maintain alignment with the program mission, values, and/or approach/philosophy.

Compliance Issue 8:

Eligibility screening procedures include all required documentation and are found in each child’s file as applicable.

(HV, CB, FL)

Indicator:	Documentation:
<input type="checkbox"/> Documentation of parent/guardian permission signatures for screening in each child’s/family’s file . (8.1)	<input type="checkbox"/> Consent/Release (Signatures)

Notes:

The monitor will need to review all screening paperwork for program eligibility to complete Indicator 8.1. The monitor will look for documentation of the parent or guardian permission signatures for screening in each file reviewed. The program will demonstrate compliance during the file review by having evidence of the appropriate signatures next to the permission statements for the child developmental screening or screenings.

Additional Program Notes:

PIIM Pages 110 – 111, and 116

Programs may choose to keep electronic records of their data but are cautioned that these records must be readily available to monitors or the funding sources. Also, if a form requires a parent or staff signature, a paper record may be needed unless the program has a method for electronic signatures.

The program must be very specific when developing the permissions. Permissions must, at a minimum, include:

- Date and timeframe the permission is applicable.
- School district or agency name and, when applicable, the program name
- Signature of the parent or legal guardian
 - When working with teen parents, the following permissions are required:
 - The permission(s) signature of the adolescent’s parent or legal guardian, unless the teen is emancipated.
 - The permission(s) signature of the teen parent providing permission(s) for his/her own child.
- The specific issue the parent is providing permission (e.g., screening, participation in the program, photos to be taken at group events, release of information to obtain immunization record, etc.).

The information for each child should be kept intact in a secure place for the required period. If a required document is needed for other purposes, it should be photocopied so that the file is complete at all times. Children’s files are subject to all of the rules about family privacy and confidentiality. Programs are required to have confidentiality policies and to limit access to sensitive information. Families, of course, have the right to copies of their children’s files. In particular, the enrollment qualification data (risk

factors) should be carefully secured and should not follow the child to elementary school; however should a child transfer to another preschool program, records should follow the child.

FERPA and HIPAA rules may apply.
FERPA is the Family Educational Rights and Privacy Act.
More information can be found at
<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

HIPAA is the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules.
More information can be found at
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>.

Grant Record Retention Requirements

For State funds, a grant recipient shall retain records for 3 years from the final date for filing of any claim for reimbursement to any school district if the claim has been found to be incorrect and to adjust subsequent claims accordingly, and to re-compute and adjust any such claims within 6 years from the final date for filing when there has been an adverse court or administrative agency decision on the merits affecting the tax revenues of the school district. However, no such adjustment shall be made regarding equalized assessed valuation unless the district's equalized assessed valuation is changed by greater than \$250,000 or 2%. [105 ILCS 5/2-3.33].

All purchase orders, time and effort sheets and other supporting documentation must be retained at the local level and be available for review or audit any time within three years after termination of the project or until the local entity is notified in writing from ISBE that the records are no longer needed for review or audit.

Records may be disposed of after the individual retention period is completed:

1. Provided that any local, state, and federal audit requirements have been met;
2. As long as they are not needed for any litigation either pending or anticipated; and,
3. If they are correctly listed on a Records Disposal Certificate submitted to and approved by the appropriate Local Records Commission.

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).

ISBE, Division of Funding and Disbursement Services State and Federal Grant Administration Policy, Fiscal Requirements and Procedures
http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf

Indicators:

Documentation:

<input type="checkbox"/> Evidence in each child's/family's file that to qualify for the program a family must present with multiple risk factors. (8.2) <input type="checkbox"/> Program eligibility risk factors are weighted and are based on factors in the community. (8.3) <input type="checkbox"/> The program maintains 100% enrollment of families with multiple at risk factors. (8.4)	<input type="checkbox"/> Prevention Initiative Weighted Eligibility Form in child/family file
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Notes:

Eligibility criteria must be established for Prevention Initiative programs to enroll pregnant women or children and their families who are most at risk. Programs will need to develop criteria to use for determining which families to enroll first. These criteria should be weighted. This means that some criteria, as determined by the program based on the community's risk factors, are given more weight or more points than other criteria. For instance, programs may determine that the risk factor *homelessness* has higher points assigned than the risk factor *single parent*. Some risk factors may be given one point, and other factors, two or three points each.

The program needs to have a screening for eligibility form for each child that participates in the program. If the program is serving a family with a currently enrolled child and the mother becomes pregnant, another screening for eligibility form for enrollment into the program needs to be completed to enroll the unborn child.

To demonstrate compliance, the program will present the monitor the program weighted eligibility form. The monitor will also look for this form during the file review.

Additional Program Information:
PIIM Pages 23 – 27 and 430 – 433 (sample forms)

Indicators:	Documentation:
<input type="checkbox"/> Enrolled families identified as having most points on the weighted eligibility criteria measure. (8.5) Families having the most points on the weighted eligibility criteria measure are prioritized on a waiting list. (8.6) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Waiting List	<input type="checkbox"/> Prevention Initiative Weighted Eligibility Forms <input type="checkbox"/> Enrollment list and/or waiting list <input type="checkbox"/> Other (describe): _____

Notes:

Indicator 8.5 requires the monitor to make sure the families that are enrolled in the program are the families identified as having most points on the weighted eligibility criteria measure.

Indicator 8.6 requires the monitor to verify that families having the most points on the weighted eligibility forms are prioritized on a waiting list.

The program can prepare in advance by developing an enrollment list that includes the family name, including each of the children enrolled, the date of screening, the eligibility points assigned, and the date of enrollment. (See sample spreadsheet on the [ISBE Birth to Age Three webpage](#))

If applicable, the program will also provide a similar document for the waiting list. The list should be prioritized by showing the family with the most points at the top of the list.

Indicators:	Documentation:
<ul style="list-style-type: none"><input type="checkbox"/> Evidence of completed/conducted parent interview, with form in child's file. (8.7) <p>Evidence the parent interview includes questions regarding:</p> <ul style="list-style-type: none"><input type="checkbox"/> Demographic information (8.7.1)<input type="checkbox"/> Economic information (8.7.2)<input type="checkbox"/> Child's health history (8.7.3)<input type="checkbox"/> Child's prenatal history (8.7.4)<input type="checkbox"/> Child's social development (8.7.5)<input type="checkbox"/> Environmental information (8.7.6)	<ul style="list-style-type: none"><input type="checkbox"/> Prevention Initiative Parent Interview Form (PIF)<input type="checkbox"/> PIF includes identification of the use of a translator to conduct the parent interview in the parent's home language (if applicable)<input type="checkbox"/> PIF includes demographic information<input type="checkbox"/> PIF includes questions regarding income and/or eligibility of free and reduced lunches, public housing, child care subsidy, WIC, SNAP, TANF, and Medicaid<input type="checkbox"/> PIF includes questions regarding the child's health history<input type="checkbox"/> PIF includes questions regarding the child's prenatal history<input type="checkbox"/> PIF includes questions regarding the child's social development<input type="checkbox"/> PIF includes questions regarding environmental information (e.g., food security, domestic violence, etc.)

Notes:

To demonstrate compliance, the program will present the monitor the program Parent Interview Form (PIF). The monitor will also look at this form during the file review. The program can demonstrate compliance by making sure the parent interview form includes information concerning the child and family demographics, income, child health history, child prenatal history, child social development, and family environmental information. The form needs to also indicate if a translator assisted with the interview to provide the information in the family’s home language.

Additional Program Notes:

Sample Parent Interview Form, PIIM Page 434

Examples of the parent interview questions that relate to PIF components include:

Demographic information

- Name, date of birth, and address

Economic information

- Income or eligibility of free and reduced lunches, public housing, child care subsidy, WIC, SNAP, TANF, Medicaid

Child’s health history

- Immunizations and well child visits

Child’s prenatal history

- Health of the mother and child during pregnancy or smoking or drug use during pregnancy

Child’s social development

- Child’s opportunity to socialize with other children or if the child has been exposed to any stress, trauma, or violence

Environmental information

- Food security or domestic violence

When applicable, the PIF should indicate the use of a translator to conduct the parent interview in the parent’s home language.

Find a sample of a Parent Interview form in the Prevention Initiative Implementation Manual on pages 434 -440. *All the questions on the sample are not required.* This is only a sample.

Indicator:	Documentation:
<p>Evidence in each child’s/family’s file, as applicable, of the child’s developmental screening results and/or Early Intervention Individual Family Service Plan. (8.8)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> The child is not 3 months old; therefore this question is Not</p>	<p><input type="checkbox"/> Screening results for each child or Early Intervention IFSP</p> <p><input type="checkbox"/> Copy of referral</p> <p><input type="checkbox"/> Other (describe):_____</p>

Applicable (N/A).	
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Notes:

Indicator 8.8 requires the monitor to review files to make sure, if children are 3 months or older at enrollment, that the screening includes a child developmental screening, such as Ages and Stages or a copy of the Early Intervention Individual Family Service Plan. Child developmental screening instruments used must be published and evidence-based. The program should be prepared to tell the monitor where and how to find this information.

Additional Program Information:
<p>See PIIM Pages 385 – 390</p> <p>The program is required to have guidance for staff in a policies and procedures manual regarding goals for the parent, goals for the child, and goals for parent-child interaction. The guidance may be different from program to program. Each of these three areas is significant in the lives of families, therefore relevant to consider as goals are developed in partnership with each family.</p>

Indicator:	Documentation:
<p>Evidence in each child's/family's file that the screening results are shared with parent/guardian (<u>child's developmental screening</u>). Evidence may be found in child's/family's file that 1) Are enrolled in the PI program, 2) Did not qualify for the PI program, or 3) Are on the PI program waiting list. (8.9)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> The child is not 3 months old; therefore this question is Not Applicable (N/A).</p>	<p><input type="checkbox"/> Copy of exit interview form</p> <p><input type="checkbox"/> Case notes</p> <p><input type="checkbox"/> Other (describe):_____</p>

Notes:

Indicator 8.9 requires monitors to check the files to make sure there is evidence in each file that the child's developmental screening results are shared with parent or guardian.

This could be applicable in the following situations:

- The child and family are enrolled in the PI program
- The child and family did not qualify for the PI program
- The child and family are placed on the PI program waiting list

The monitors will look for evidence on the exit interview form, on the screening results form, or in the case notes. The program should be ready to explain where and how to look for this information.

Additional Program Notes:

The program may choose to make a note of sharing the results of the screening with the parents in the file *or* have the parent provide a signature to verify they received the results of the screening. It is best practice to have the parent’s signature indicating the results of the developmental screening were provided. The parent should receive a paper copy of the developmental screening results.

Indicator:	Documentation:
<p>Evidence appropriate staff members are involved in the screening process and/or have access to the screening results as applicable. (8.10)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Signatures of staff on screening forms</p> <p><input type="checkbox"/> Screening forms in the files of assigned staff</p> <p><input type="checkbox"/> Other (describe): _____</p>

Notes:

Indicator 8.10 calls for monitors to verify that appropriate staff members are involved in the screening process or have access to the screening results as applicable.

The program needs to be able to demonstrate compliance by providing evidence of:

- Screening forms having appropriate staff signatures; or
- The assigned staff maintain files with the appropriate screening results.

The program should be ready to explain where and how to look for this information.

Compliance Issue 9:

**The program adheres to the program model-recommended
frequency and intensity of services.**

(HV, CB, FL)

Indicators:	Documentation:
<input type="checkbox"/> Program adheres to model-specified staff-participant ratio for home visits (caseload). (9.1) Caseload size range (i.e. 1:2-1:10; based on FTE): ----- (9.1.1; 9.1.2)	<input type="checkbox"/> Enrollment lists with staff assignments <input type="checkbox"/> File review <input type="checkbox"/> Other (describe):_____

Notes:

Indicator 9.1 requires the program to provide evidence of adhering to model-specified staff-participant ratio for home visits.

Indicator 9.1.1 and 9.1.2 ask the monitor to identify the staff participant ratio. For Indicator 9.1.1 the monitor identifies the FTE and for indicator 9.1.2 the monitor identifies the average caseload.

The monitors will fill-in the caseload ratio based on the FTE.

For example, if the program has 32 families enrolled and employs 2 full time home visitors, then the monitor would enter 1:16.

The program should prepare a document for the monitor and include the following data elements (See sample spreadsheet on [ISBE Birth to Age Three webpage](#)):

- Staff Name and FTE
- Staff Caseload, including the name of each family enrolled and their enrolled children
- Date of first contact, date of enrollment, date of first service interaction
- Eligibility points for enrollment, and if applicable program model points or level
- The intensity of services provided to each family. Indicate the number of visits the family is provided: weekly, twice a month, or monthly or less.
- The number of completed visits for each family, as defined by the program model, for the last three months

Indicators:	Documentation:
<input type="checkbox"/> Home Visits are offered to meet the needs of the family and children. The intensity of visits adheres to the chosen program model and best practice when working with families	<input type="checkbox"/> Enrollment lists with intensity of services <input type="checkbox"/> File review <input type="checkbox"/> Other (describe):_____

<p>with the most at-risk factors. (9.2)</p> <p>Percentage of families offered weekly home visits (9.2.1)</p> <p>Percentage of families offered bimonthly (twice a month) home visits (9.2.2)</p> <p>Percentage of families offered monthly or fewer home visits (9.2.3)</p> <p>Program active current caseload (9.2.4)</p> <p>How many visits were completed in the last three months? (9.2.5)</p>	
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Notes:

Home Visits are offered to meet the needs of the family and children. The intensity of visits adheres to the chosen program model and best practice when working with families with the most at-risk factors. The monitor will use the document the program develops described above, as well as, the file review to determine compliance.

For indicators 9.2.1 through 9.2.3 the monitor will indicate the percentages of families offered visits weekly, bimonthly, and monthly or fewer. The monitor will indicate the program’s current active caseload for 9.2.4 and the number of visits completed, as defined by the program model, in the last three months for 9.2.5.

Completion Rates for PI monitoring will be calculated by taking the number of completed visits divided by the number of visits the home visitor intended to have with the family.

Example: Over the last three months a home visitor intended to implement:

- Weekly visits with Family A or (12)
 - Weekly visits with Family B or (12)
 - Bimonthly Visits with Family C or (6)
 - Bimonthly visits with Family D or (6)
- The number of intended visits equals 36.

But in reality, Family A received 9 visits, Family B received 11 visits, Family C received 6 visits, and Family D received 4 visits. This equals 30 visits.

30 divided by 36 equals an 83% completion rate for this program in the last three months.

Additional Program Notes:

PIIM Pages 56 - 59

Across program models the intensity of services suggested appears to be relatively consistent. The information below is a general overview of best practices for intensity of services for home visiting programs.

- 1.0 FTE home visitor serving families weekly has a caseload of approximately 10 to 15 families.
- 1.0 FTE home visitor serving families biweekly has a caseload of approximately 18 to 25 families.
- .5 FTE home visitor serving families weekly has a caseload of approximately 5 to 8 families.
- .5 FTE home visitor serving families biweekly has a caseload of approximately 10 to 15 families.

The program should implement services based on the chosen program model.

Indicators:	Documentation:
<input type="checkbox"/> Parent/child interactions and/or parent groups and/or workshops are provided. (9.3) <input type="checkbox"/> Parent/child interactions and/or parent groups and/or workshops are provided at least <u>monthly</u> . (9.3.1) List the different groups offered by the program (e.g., teen parent group, fathers group, parent/child socialization, etc.) and frequency of meetings:_____ (9.4)	<input type="checkbox"/> Sign-In sheets <input type="checkbox"/> Group lesson plan/Parent workshop plan <input type="checkbox"/> Parent/Child interaction lesson plan <input type="checkbox"/> Case notes <input type="checkbox"/> Other (describe):_____

Notes:

For Indicator 9.3 the monitor will identify if groups are provided. Groups could be in the form of parent/child interactions, parent groups, or workshops, etc. For Indicator 9.3.1 the monitor will identify if groups are offered at least monthly. For Indicator 9.4 the monitor will list the names of the groups and/or briefly describe the groups offered and indicate how often they are provided to families.

The program should prepare a document that includes a list of groups offered, a brief description for each group, and the frequency each group is provided. This document needs to be prepared before the site visit and given to the monitor upon request. The monitor will also look for evidence in the form of sign-In sheets, lesson plans, and case notes. The program should be prepared to provide this information.

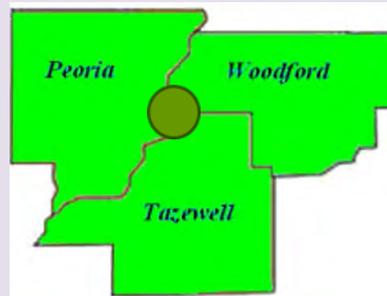
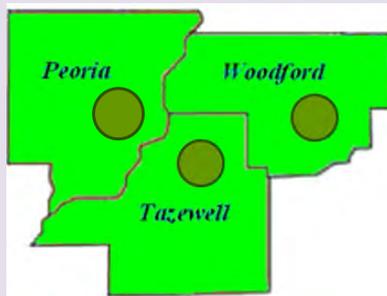
Additional Program Information:

A group *must* be offered to every PI family at least monthly. The program will determine how many groups are offered according to the service area covered.

For example, if the program serves three counties

1. The program may choose to offer three groups each month, one in each county.
OR
2. The program could choose to offer one group each month for the three counties, however, the program must make sure all families have access to transportation to attend the groups.

All families need to have reasonable access to monthly groups. This will differ for each program depending on the families served, the service area, and transportation available.



Field Trips

Consider the following information to determine if a field trip is appropriate for families with children birth to age three:

- Does the activity support and enhance the parent-child relationship (dyad)?
- Does the activity offer the opportunity to support a developmental parenting approach?
- Does the activity offer an opportunity for enhancing language and developing and supporting family literacy?
- Does the activity offer the opportunity for a structured agenda to support budgetary and fiscal requirements?
- Does the activity provide an experience that that is affordable and repeatable by parents outside the program services?
- Is the field trip destination within a reasonable distance from the program site or community? Example: If the program is in Springfield, Illinois going to Bloomington, Illinois would be a long distance for a field trip. The field trip destination should be within the community or very close to the community.

Compliance Issue 10:

Developmental screening procedures include all required documentation. The program uses a research-based developmental screening instrument and activities that measure all aspects of the child’s development.

(HV, CB, FL)

Indicators:	Documentation:
<ul style="list-style-type: none"> <input type="checkbox"/> For every child three months or older, there is evidence in the child’s/ family’s file that at least one (or more) research-based screening instrument is used to screen the child’s development (as appropriate for the age of the child). Screening(s) must include the following areas <i>as appropriate for the age of the child</i>: (10.1) <input type="checkbox"/> Cognitive Development; (10.1.1) <input type="checkbox"/> Social and Emotional Development; (10.1.2) <input type="checkbox"/> English Proficiency; (10.1.3) <input type="checkbox"/> Fine and Gross Motor Skills; (10.1.4) <input type="checkbox"/> Vocabulary; (10.1.5) <input type="checkbox"/> Visual-Motor Integration; (10.1.6) and <input type="checkbox"/> Language and Speech Development. (10.1.7) 	<p>Broad-based Screening Instrument:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ages & Stages Questionnaire ® <input type="checkbox"/> Battelle Developmental Inventory ™ <input type="checkbox"/> Brigance ® Early Childhood Screens III <input type="checkbox"/> Other (describe):_____ <p>Social and Emotional Screening Instrument:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ages & Stages Questionnaire ®: Social and Emotional <input type="checkbox"/> Other (describe):

Notes:

For indicator 10.1 the monitor is checking to make certain every child, three months or older, has evidence in their file that research-based screening instruments have been used to screen the child’s development. This will be done during the file review. The program is required to use research-based developmental screening instruments that measure all aspects of the child’s development, as appropriate for the age of the child, including: Cognitive Development, Social and Emotional Development, English Proficiency, Fine and Gross Motor Skills, Vocabulary, Visual-Motor Integration, Language and Speech Development.

The child developmental screening instruments implemented must be published and research-based. An example of a research-based, published broad-based screening instrument is the Ages and Stages Questionnaire and an example of a published, research-based screening instrument for social and emotional screening is the Ages and Stages Questionnaire: Social and Emotional.

Remember, more than one screening instrument may be required to cover all the developmental domains.

The program may demonstrate compliance by providing the following evidence: the screening instrument results form, the completed screening interview form, or case notes indicating the screening results. The program may have developed other documentation procedures.

The program staff needs to be prepared to explain to the monitor:

1. How the program documents screening results; and
2. Where to find screening results.

Indicators:	Documentation:
<input type="checkbox"/> Evidence in each child's/family's file , as applicable, that at least one (or more) research-based developmental screening instrument is implemented every six months . (10.1.8)	<input type="checkbox"/> Copy of screening interview form <input type="checkbox"/> Case notes <input type="checkbox"/> Other (describe):_____
<input type="checkbox"/> Evidence in each child's/family's file , as applicable, that the child's developmental screening results are shared with parent/guardian. (10.1.9)	

Notes:

Indicator 10.1.8 calls for monitors to find evidence, during the file review, that research-based developmental screenings are implemented at least every six months with all children age three months or older.

For Indicator 10.1.9 monitors are looking, during the file review, to find evidence that the child's developmental screening results are shared with parent/guardian after every developmental screening.

The program should be prepared to provide information about how this information is documented and where to look for the information.

Indicators:	Documentation:
<input type="checkbox"/> Evidence in each child's/family's file of the parent/guardian permission signatures for developmental monitoring. (10.2)	<input type="checkbox"/> Consent/Release (Signatures) (Consent could be written for the term of the program).

Notes:

For Indicator 10.2 the monitor will need to see evidence in each file reviewed of the parent or guardian permission signature for developmental monitoring. Evidence should be in the form of a written statement stating the parent has given permission for developmental monitoring and include a signature of the parent or guardian. The consent may be provided for each screening provided or the consent may be provided for the term of the program depending upon how the permission statement is written.

Please be precise when developing permission forms.

The program should be prepared to provide information about how and where to look for this information.

Additional Program Information:
See PIIM Page 231

Compliance Issue 11:

Developmental monitoring procedures include immunization and well child visit updates, hearing screenings, vision screenings, and authentic assessment.

(HV, CB, FL)

Indicators:	Documentation:
<input type="checkbox"/> The child's health record is completed as recommended by the chosen program model (including well child visits and immunizations). (11.1) <input type="checkbox"/> The child's health history is updated at least every six months. (11.1.1) <input type="checkbox"/> The child receives a hearing screening (11.2) <input type="checkbox"/> The child receives a hearing screening at least every six months. (11.2.1) Describe screening: _____ <input type="checkbox"/> The child receives a vision screening (11.3) <input type="checkbox"/> The child receives a vision screening at least every six months. (11.3.1). Describe screening: _____	<input type="checkbox"/> Case notes <input type="checkbox"/> Program health forms <input type="checkbox"/> Physician's records <input type="checkbox"/> Other (describe):

Notes:

See PIIM Pages 214 – 217

The child's health record should be completed as recommended by the program model. The health record should include well child visits and immunizations. The health record (including well child visits and immunizations) should be updated every six months.

Hearing and vision screenings should be implemented as recommended by the chosen program model. The program may, at this time, implement functional hearing and vision screenings. Hearing and vision screenings should be implemented and documented at least every six months.

The program should be prepared to show evidence of health records and screenings. Evidence can be in the form of program health forms, physician records, case notes, or electronic records such as Penelope, Visit Tracker, or Baby Tech.

Additional Program Information:

Prevention Initiative programs are charged with the task of assisting parents as they support their child's physical and mental health. Within the first two years of a child's life there is a very rigorous immunization schedule. The Illinois Department of Public Health offers an immunization schedule. Prevention Initiative programs will collect information regarding a child's health history at screening (if applicable) and thereafter every six months. 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. Some children may be on a different immunization schedule (other than the one published by IDPH) due to an illness or other issue however it is important for PI personnel to follow-up and document findings and support offered to the family.

Illinois Department of Public Health/Illinois Immunization Program
<http://www.idph.state.il.us/about/pgci.htm>

Infants and Children
<http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>

Indicators:

Evidence of Authentic Assessment and data collection is found in each child's/family's file. (11.4)

Evidence can be found in in the form of (11.4.1):

- Checklists
- Observation notes
- Interviews
- Rating scales
- Case notes
- Photos with text descriptions
- Video/Audio recordings with text descriptions
- Other, please specify:_____ (11.4.1.1)

Notes:

The monitor will need to see evidence of two (2) different forms of authentic assessment to be compliance with Indicator 11.4. Authentic Assessment may be in the form of checklists, observation notes, interviews, rating scales, case notes, photos with text descriptions, video or audio recordings with text descriptions. The program may also have other forms of authentic assessment. The monitor will ask the staff to describe what authentic assessment is collected and where to find this information.

Additional Program Information:

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” (Neisworth and Bagnato, 2004).

Examples:

One form of Authentic Assessment will be the research-based child developmental screenings tool the program implements.

Other forms of Authentic Assessment may include:

- Baby TALK
 - Illinois Early Learning Guidelines Observation Form
 - Hawaii Early Learning Profile (HELP) Checklist 0-3
<http://www.vort.com/HELP-Checklist-0-3.html>
- Parents as Teachers
 - Milestones
- Healthy Families America
 - CHEERS documentation
<http://files.ctctcdn.com/8599d8b8201/178a99ba-5315-4f49-b26f-ed546d3a7a96.pdf>

Indicators:

Evidence Authentic Assessment is being used to guide instruction and the IFSP (11.5)

Evidence can be found in the form of (11.5.1):

- Visit records
- Case notes
- IFSP
- Lesson Plans
- Other, please specify: _____ (11.5.1.1)

Notes:

The monitors will be looking for documentation that information learned during the authentic assessment is being used to guide instruction and/or the IFSP.

To demonstrate compliance to Indicator 11.5, the monitor will need to see evidence that the staff is using information gathered during authentic assessment data collection to help determine home visit plans and/or group lesson plans and/or the IFSP.

Authentic assessment can guide what conversations are important to have with parents, what information needs to be prioritized to share with parents, and what activities would best support the developmental growth of the child.

Documentation may be found within visit plans, visit record, the IFSP, case notes, etc. The program may have developed other procedures to show authentic assessment is being used to guide instruction.

The program staff should be prepared to describe how and where evidence authentic assessment is being used to guide instruction and/or the IFSP is documented.

Additional Program Information:

Examples

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

An IFSP may look like this:

Date	Goal/Action Steps	Person Responsible	Timeline
<p>8-22-16</p> <p>The Ages and Stages Questionnaire implemented on 8-22-16 indicated Grace (14 months old) could benefit from activities that support fine motor development.</p>	<p>Tina (mother) will provide Grace (child) with finger foods she can grasp and bring to mouth (e.g., dry cereal) at least one time a day.</p> <p>(G-PDH-FM-7/18M-Indicator/pincer grasp-Strategy/finger foods)</p>	<p>Mother</p>	<p>Check-In One Month Visit Date (9-27-16)</p>

Example Two: Jane (mother) and a home visitor observe a 25 months old child named Will count out loud very fast as he walks in a circle during a home visit. Jane states that Will loves to count. The home visitor asks Jane if she would like to include some activities that emphasize counting at the next visit. Jane enthusiastically agrees. The home visitor asks (assuming this family has the appropriate materials) the parent to have a laundry basket and several socks available before the next home visit.

The home visitor records the observation of the child’s behavior, the conversation between herself and Jane, and notes regarding the next visit activity, *counting fun*, on the Parents as Teachers Visit Record.

A Parents as Teachers Home **Visit Plan includes** the following language. **Based on my conversation with Jane (mother) and our observation of Will (25 months old child) during the previous visits on 2-24-16 the activities planned are *Counting Fun* (counting socks into a laundry basket) and other activities on the PAT Activity Page “Counting: Learning Numbers and Understanding Small Quantities” for children 24 to 36 months. (G-CD-QN-21/36M-Indicator/progressive number order-Strategy/experience and exposure influence familiarity with numbers)**

Compliance Issue 12:

The program partners with each family enrolled to complete an Individual Family Service Plan that will guide programming. The program will also implement a research-based Family Centered Assessment for each family enrolled.

(HV, CB, FL)

Indicators:	Documentation:
<ul style="list-style-type: none"> <input type="checkbox"/> Evidence in each child's/family's file that a published, research-based Family-Centered Assessment is conducted. (12.1) <input type="checkbox"/> Evidence in each child's/family's file that the research-based Family-Centered Assessment is initiated within the first 60 days of enrollment. (12.1.1) <input type="checkbox"/> Evidence in each child's/family's file that the research-based Family-Centered Assessment is updated at least every six months. (12.1.2) 	<p>Choose One</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hawaii Early Learning Profile (HELP) Family-Centered Interview <input type="checkbox"/> Life Skills Progression™ <input type="checkbox"/> Family Development Matrix® <input type="checkbox"/> Other (describe): _____

Notes:

The monitor will need to see evidence in each file reviewed, as applicable, that a published, research-based Family-Centered Assessment is implemented to complete indicator 12.1. The monitor will also be looking to verify the Family-Centered Assessment is initiated within the first 60 days of enrollment to complete indicator 12.1.1, and that it is updated at least every six (6) months to complete indicator 12.1.2.

Additional Program Information:

Family-Centered Assessment (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.

The FCA should be used to:

1. Guide instruction – which may be evident within visit plans, visit records, or lesson plans (as applicable); and
2. Guide the development of the Individual Family Service Plan (as applicable).

The Family-Centered Assessment is a document that is completed over time as information is gathered.

Indicators:	Documentation:
<p>Evidence in each child's/family's file that an Individual Family Service Plan is developed in partnership with each family</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Applicable (family has not been enrolled for 60 days) (12.2)</p> <p>Evidence in each child's/family's file that the Individual Family Service Plan is <u>updated at least every six months</u>. (12.2.1)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Individual Family Service Plan Form</p>

Notes:

The monitor will need to see evidence that the program partners with each family to fill-out an Individual Family Service Plan to complete indicator 12.2. During the file review, the monitor will also verify that the Individual Family Service Plan (IFSP) is updated at least every six months to complete 12.2.1. All evidence for 12.2 and 12.2.1 will be found on the Individual Family Service Plan Form.

Additional Program Information:

See PIIM Pages 385 – 399 and 448 – 451

A Prevention Initiative 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.

Compliance Issue 13:

The program is implementing a research-based curriculum for parent education that is aligned with the Illinois Early Learning Guidelines. The program is implementing the Illinois Early Learning Guidelines.

(HV, CB, FL)

Indicators:	Documentation:
<p>Choose One</p> <p>IELG Aligned Curriculum (13.1)</p> <p><input type="checkbox"/> Baby TALK™ Curriculum</p> <p><input type="checkbox"/> Nurse Family Partnership® Curriculum</p> <p><input type="checkbox"/> Parents as Teachers™ Curriculum</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p>References to the Illinois Early Learning Guidelines (Developmental Domain, Sub-Domain, Age Descriptor, and Indicator/key words) are evident in the following:</p> <p><input type="checkbox"/> Visit plans (13.2)</p> <p><input type="checkbox"/> Group lesson plan/Parent workshop plan/ Parent/Child interaction lesson plans (13.3)</p>	<p><input type="checkbox"/> Curriculum alignment to the IELG</p>

Notes:

The monitor will ask staff to identify the curriculum being implemented for parent education to complete 13.1. This could be the program model developed curriculum such as Baby TALK or Parents as Teachers or another curriculum. Programs need to be aware of the [curriculum/IELG crosswalks](#) available on the [Illinois Early Learning Project](#) website. To demonstrate that the Illinois Early Learning Guidelines are being implemented, the program will have references to the Guidelines (IELG) evident within visit plans or visit records and group lesson plans.

The program needs to be prepared to show monitors how the program references the Guidelines (IELG) and where to locate IELG references within program documentation.

Additional Program Notes:

ISBE has provided an easy-to-use [IELG reference guide](#) on the ISBE EC Birth to Age Three webpage under the section called *Accountability: Monitoring and Continuous Quality Improvement*. This document is designed to help programs abbreviate the IELG references; however, a program may choose to develop their own procedure.

If the program curriculum is not listed on the Illinois Early Learning Project website then the program needs to choose from the curricula listed or contact the ISBE to find out more information.

Compliance Issue 14:

The program offers appropriate parent education and involvement services that address eight designated areas of instruction.

(HV, CB, FL)

Indicators:	Documentation:
<p>Evidence the eight designated areas of instruction are integrated into programming.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child growth and development, including prenatal development (14.1) <input type="checkbox"/> Childbirth and child care (14.2) <input type="checkbox"/> Child safety and injury prevention (14.3) <input type="checkbox"/> Family structure, function, and management (14.4) <input type="checkbox"/> Prenatal and postnatal care for mothers and infants (14.5) <input type="checkbox"/> Prevention of child abuse (14.6) <input type="checkbox"/> The physical, mental, emotional, social, economic, and psychological aspects of interpersonal and family relationships (14.7) <input type="checkbox"/> Parenting skill development (14.8) 	<ul style="list-style-type: none"> <input type="checkbox"/> Agendas <input type="checkbox"/> Visit plans <input type="checkbox"/> Group Lesson Plan <input type="checkbox"/> Plan/Parent Workshop Plan <input type="checkbox"/> Parent/Child Interaction <input type="checkbox"/> Lesson Plan <input type="checkbox"/> Case Notes <input type="checkbox"/> Other (describe):_____

Notes:

To be in compliance the program needs to show evidence of providing instruction regarding the eight designated areas of instruction above. The program needs to be prepared to explain to the monitors how the eight designated areas of instruction are referenced and where to locate the references in program documentation. The program may choose to develop a list of group lesson topics and next to each topic indicate alignment to the eight designated areas of instruction.

Additional Program Information:
See PIIM Pages 173 – 182

Indicators:	Documentation:
<ul style="list-style-type: none"> <input type="checkbox"/> Evidence a schedule for groups (e.g., parent/child interactions, parent workshops, parent support groups, parent advisory council, etc.) is provided. (14.9) 	<ul style="list-style-type: none"> <input type="checkbox"/> Schedules (paper or electronic) <input type="checkbox"/> Newsletters (paper or electronic) <input type="checkbox"/> Other (describe):_____

<input type="checkbox"/> Evidence a schedule for groups is provided at least quarterly. (14.9.1)	
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Notes:

The monitor can complete Indicator 14.9 by seeing evidence of a schedule for parent/child interactions and parent education activities. The monitor will need to verify the schedule is provided at least quarterly to complete 14.9.1. The program can provide evidence in the form of group schedules or schedules within program newsletters. The program may provide other forms of documentation. Documentation may be paper or electronic.

Indicators:	Documentation:
<input type="checkbox"/> Evidence the program has a toy/book lending library. (14.10)	<input type="checkbox"/> Toy/Book lending library
<input type="checkbox"/> Evidence the program has a parent resource lending library. (14.11)	<input type="checkbox"/> Parent resource lending library
<input type="checkbox"/> Evidence the program has a newsletter. (14.12)	<input type="checkbox"/> Newsletter (paper or electronic)

Notes:

The monitor will need to see evidence of a toy/book lending library, parent resource lending library, and that the program has a newsletter.

Indicator:	Documentation:
<input type="checkbox"/> Screen time is only used to enhance parent education. (14.13)	<input type="checkbox"/> Policy in a Policies and Procedures Manual <input type="checkbox"/> Policy in an Employee Handbook <input type="checkbox"/> Other (describe): _____

Notes:

The program can maintain compliance to indicator 14.13 by only using screen time with families to enhance parent education. The program should only integrate 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](#). The program can provide evidence by showing the monitor a policy that clearly outlines the program position regarding technology.

Compliance Issue 15:

Identification of research-based supplemental curricula and services being implemented. The program is implementing the Illinois Early Learning Guidelines, as applicable.

(May not apply to all programs)
(HV, CB, FL)

Indicator:	Documentation:
15.1 List supplemental curricula or service 15.2 List supplemental curricula or service 15.3 List supplemental curricula or service 15.4 List supplemental curricula or service References to the Illinois Early Learning Guidelines (Developmental Domain, Sub-Domain, Age Descriptor, and Indicator/key words) are evident in the following: <input type="checkbox"/> Visit plans (15.5) <input type="checkbox"/> Group lesson plans/Parent workshop plans/Parent-Child interaction lesson plans (15.6)	<input type="checkbox"/> Curriculum alignment to the IELG

Notes:

The monitor will ask the program to list any supplemental curricula or supplemental services being implemented by the program to PI families. All supplemental curricula and supplemental services must be aligned to the Illinois Early Learning Guidelines. This may not apply to all programs. Most PI programs do not implement supplemental curricula or supplemental curricula.

The same documentation is required for supplemental curricula as the “main” curriculum referenced in compliance issue 13. Programs need to be aware of the [curriculum/IELG crosswalks](#) available on the [Illinois Early Learning Project](#) website. To demonstrate that the Illinois Early Learning Guidelines are being implemented the program will have references to the Guidelines (IELG) evident within visit plans or visit records and group lesson plans.

The program needs to be prepared to show monitors how the program references the Guidelines (IELG) and where to locate IELG references within program documentation.

Additional Program Notes:

ISBE has provided an easy-to-use [IELG reference guide](#) on the ISBE EC Birth to Age Three webpage under the section called *Accountability: Monitoring and Continuous Quality Improvement*. This document is designed to help programs abbreviate the IELG

references; however a program may choose to develop their own procedure.

If the program curriculum is not listed on the Illinois Early Learning Project website then the program needs to choose from the curricula listed or contact the ISBE to find out more information.

Compliance Issue 16:

The program has developed a comprehensive, utilized referral system to ensure families are referred to community resources and services as applicable.

(HV, CB, FL)

Indicator:	Documentation:
<input type="checkbox"/> Evidence that the program has a written system for referral and follow-up for incoming and outgoing referrals. (16.1)	<input type="checkbox"/> Referral and Follow-Up System (written) <input type="checkbox"/> Policy and Procedure Handbook <input type="checkbox"/> Employee Handbook <input type="checkbox"/> Other (describe):_____

Notes:

For 16.1 the monitor will ask to see evidence that the program has a written system for referral and follow-up for incoming and outgoing referrals. To show compliance the program will provide a written document explaining the Referral and Follow-Up System or present the applicable policies and procedures. The referral forms will not be enough to meet compliance on this indicator.

Additional Program Notes:

See PIIM Pages 372 – 374

The program is required to have a written plan for families being referred to the PI program and referring families out to other community services or programs. At a minimum the plan should include:

- Training required for staff;
- Information to help staff have a good understanding of the resources they need to be familiar with in the community to work with PI children and families;
- The difference between an inquiry and a referral;
- The process to make a referral and the relevant formal policies and procedures;
- The expectations for follow-up and the expected timelines;
- Any applicable forms;
- How the program referral and follow-up system interfaces with any community system for referrals and follow-up;
- Information concerning relevant memoranda of understandings or partnership agreements;
- Best Practices concerning empowering parents and informing them of their rights and responsibilities;
- Referral and follow-up documentation expectations;
- The data elements that need to be collected for the program; and
- Any evaluation activities regarding referral and follow-up.

Indicator:	Documentation:
<p>Evidence in each child's/family's file, as applicable, that the program develops written individualized Transition Plans to ensure children and families experience a seamless transition of services. (16.2)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	<p><input type="checkbox"/> Transition Plan (written)</p> <p><input type="checkbox"/> Individual Family Service Plan</p> <p><input type="checkbox"/> Case notes</p> <p><input type="checkbox"/> Other (describe):_____</p>

Notes:

For Indicator 16.2 the monitor will check the applicable files to find evidence that the program develops written, individualized Transition Plans to ensure children and families experience seamless transitions. The program should be prepared to show the monitor where and how to find the transition plan information. Evidence may be found in a Written Transition Plan, or in the Individual Family Service Plan, or in case notes. If the program has developed other procedures to document transition plans, staff should be prepared to describe the process and provide documentation.

Additional Program Notes:
<p>See PIIM Pages 247 - 251, 390 - 391, 416 – 418, and 443 – 447 (sample forms)</p> <p>Transition Plan</p> <p>As a family/child transitions within or from a Birth to Three Program, transition planning will occur. Transition planning provides for:</p> <ul style="list-style-type: none"> • Discussion and training regarding future services and other matters related to the transition; • Procedures to prepare the family/child for changes in service delivery, including steps to help a child adjust to and function in a new setting; and • Transmission of information about the child/family to another early childhood program, with the family's consent/permission. <p>Timing of events:</p> <ul style="list-style-type: none"> • On or before the child is three years of age, program staff need to complete a written transition plan (Individual Education Plan, or IEP) and provide documentation with follow-up information regarding transition activities. • Six months prior to transition – The family will receive a referral packet. The family will be asked to sign a consent(s) to send the child's referral packet to the school district, special education cooperative, or other agency/program. • Four months and two months before transition – The family will be invited to a transition planning conference. • Approximately three months before the transition, schedule transition activities. The school district or special education cooperative may need to complete a screening or an evaluation of the child/family. • Parent Resource: When I'm 3, where will I be? Retrieved from http://www.isbe.net/earlychi/pdf/transition_workbook.pdf <p>Consider the following:</p>

- Discuss referral options.
- Discuss questions and concerns of the family.
- Explore Early Childhood programs.
- Discuss parental rights and responsibilities.

Actions to complete for a successful referral:

- Parent consents;
- Screening (if applicable);
- Interviews and evaluations (if applicable); and
- Visits to school, program, community agency, etc.

Transition Plan Forms

Program staff will work in collaboration with each family to develop a written transition plan to ensure all interested parties have a clear understanding of what will happen to support a smooth, transparent transition. Transition forms should contain the following:

- Reason for transition;
- Description of how the family feels about the transition;
- Ideal outcome of transition;
- Family strengths that will support transition;
- Child strengths that will support transition;
- Activities that will support a smooth transition;
- Community agencies that will need to participate or be informed;
- Questions regarding parents’ rights or responsibilities;
- Referrals to send or obtain; and
- Goal(s), action steps to completing the goal(s), person(s) responsible, and the time frame provided to address the goal(s)/action step(s).

Indicator:	Documentation:
<p>Evidence in each child’s/family’s file, as applicable, that program develops Transition Plans with families beginning at 2 years, 6 months (or six months prior to any scheduled transition). (16.2.1)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Transition Plan <input type="checkbox"/> Individual Family Service Plan <input type="checkbox"/> Case notes <input type="checkbox"/> Other (describe):_____

Notes:

For Indicator 16.2.1 the monitor will need to see evidence, as applicable, during the file review that the program develops transition plans with families beginning at 2 years, 6 months (six months before a scheduled transition).

Additional Program Notes:

Remember transitions occur at other times in the lives of families such as the birth of a baby, a parent returning to school or beginning a new job, or a child enrolling in child care. Transitions plans, while not required, are appropriate at these times as well.

Indicator:	Documentation:
<p>Evidence that referral system is utilized when necessary/applicable. (16.3)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Individual Family Service Plan <input type="checkbox"/> Case notes <input type="checkbox"/> Copy of referral <input type="checkbox"/> Screening reports/results <input type="checkbox"/> Developmental monitoring reports/results <input type="checkbox"/> Copy of exit interview form <input type="checkbox"/> Other (describe):_____

Notes:

For Indicator 16.3 the program needs to show evidence, as applicable, referrals and follow-up are documented during transition planning.

ISBE provides flexibility for programs as referrals and follow-up for transitions is documented; therefore documentation can be found in the following documents: IFSP, case Notes, copy of referral, screening results, developmental monitoring results, or the copy of the exit interview form.

The program may develop other procedures to document transition plans. PI staff should be prepared to describe the process and provide documentation.

Please note the information may be maintained on paper or electronically. The program may be using their program model online data system or a program developed electronic data system.

Indicator:	Documentation:
<p>Evidence the result of the referral has been documented after follow-up. (16.4)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Applicable (not enough time has passed)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Individual Family Service Plan <input type="checkbox"/> Case notes <input type="checkbox"/> Copy of referral with additional notes <input type="checkbox"/> Screening reports/results <input type="checkbox"/> Developmental monitoring reports/results <input type="checkbox"/> Other (describe):_____ <input type="checkbox"/> Copy of exit interview form with additional notes <input type="checkbox"/> Other (describe):_____

Notes:

To be in compliance with indicator 16.4 the program will need to provide evidence that home visitors are documenting the result of the referral after follow-up.

Again, ISBE provides flexibility to programs about where the result of a referral is documented.

It is important to remember that there could be many different results reported about the outcome of a referral. The family or child may be enrolled in services, the family or child may not have been eligible for services, the family may have decided not to engage in services, the family or child may have started services but discontinued within a short time period or the family or child may only be participating in part of the services recommended. All these responses and others are acceptable and appropriate.

The staff should be prepared to show the monitor where to find this information as there may be a number of places this information could be documented. The program may develop policies and procedures concerning documentation.

Compliance Issue 17:

The program has a plan that guides collaboration with other programs in the community that are concerned with the education, welfare, safety and health of young children.
(HV, CB, FL)

Indicators:	Documentation:
<input type="checkbox"/> Evidence that the program has developed a written plan, updated yearly, to coordinate with other programs in the same area. These programs should be concerned with meeting the following needs of young children: (17.1) <ul style="list-style-type: none"> <input type="checkbox"/> education (17.1.1) <input type="checkbox"/> welfare (17.1.2) <input type="checkbox"/> health (17.1.3) <input type="checkbox"/> safety (17.1.4) 	<input type="checkbox"/> Program Community Collaboration Plan <input type="checkbox"/> Policy and Procedure Manual <input type="checkbox"/> Employee Handbook <input type="checkbox"/> Other (describe):_____

Notes:

Indicator 17.1 calls for the monitor to document evidence that the program has developed a written plan to coordinate with other programs in the same area. To be in compliance the program must demonstrate that the plan is updated yearly and addresses the following topics: Education, Welfare, Health, and Safety.

The program should be prepared to show evidence of the collaboration plan which may be provided in the form of a program community collaboration plan, or found within a Policies and Procedures Manual or Employee Handbook.

Additional Program Information:

See PIIM Pages 327 – 331 and 400 – 418

The program is required to have a written plan to coordinate with other service providers in the same area. At a minimum the plan should include:

- Training required for staff;
- Information concerning formal memoranda of understandings or partnership agreements;
- Descriptions of how the program coordinates with community service providers to provide comprehensive services to children and families including education, welfare, health, and safety;
- Plan for community screenings, as applicable;
- Overview of referral, follow-up, and transition system/processes;
- Plan for reducing duplication of services;
- Plan for coordination of Individual Family Service Plans;

- The data elements that need to be collected for the program; and
- Any evaluation activities regarding community collaboration.

Indicators:	Documentation:
<input type="checkbox"/> Evidence the program has developed formal agreements with other service providers, through one or a combination of multiple MOUs, to: <ul style="list-style-type: none"> <input type="checkbox"/> Define a referral and follow up system (17.2) <input type="checkbox"/> Establish a plan for reducing duplication of services (17.3) <input type="checkbox"/> Coordinate Individual Family Service Plans (17.4) 	<input type="checkbox"/> Formal Agreement(s) <input type="checkbox"/> Memorandums of Understanding (MOU) <input type="checkbox"/> Partnership agreement(s) <input type="checkbox"/> Other (describe): _____

Notes:

To complete Indicators 17.2 through 17.5 monitors need to verify formal agreements have been developed with other service providers to:

- Define a referral and follow up system;
- Establish a plan for reducing duplication of services; and
- Coordinate Individual Family Service Plans.

This can be accomplished through one or a combination of multiple MOUs. The monitor may find evidence in the form of formal agreements, Memorandums of Understanding (MOU), or partnership agreements.

Additional Program Information:
See PIIM Pages 405 – 409 Also see the Partner, Plan, Act website .

Compliance Issue 18.

The program has a written annual program evaluation and continuous quality improvement plan. (HV, CB, FL)

Indicator:	Documentation:
<input type="checkbox"/> Evidence the program has an annual written program evaluation including service description and outcomes. (18.1)	<input type="checkbox"/> Program Annual Evaluation (written) <input type="checkbox"/> Other (describe):_____

Notes:

For Indicator 18.1 the monitor will ask to review the annual written program evaluation that includes service descriptions and outcomes.

Additional Program Information:
<p>See PIIM Pages 15 – 20</p> <p>The program may gather information from many sources to develop the program evaluation including, but not limited to, a program model self-assessment completed within the program year, parent, staff, or program surveys, the annual program report, an updated logic model as suggested in the Prevention Initiative Implementation Manual, etc.</p> <p>A self-assessment based on the PIQRI is being developed and will be available soon for programs.</p> <p>The program should prepare a written evaluation based on the findings from the data they have collected and then develop a continuous quality improvement plan or CQIP.</p>

Indicators:	Documentation:
<input type="checkbox"/> Evidence the program has a written continuous quality improvement plan (CQIP) on file which is updated yearly. (18.2) The CQIP addresses the following: <input type="checkbox"/> Specific areas of deficiency or areas that the program would like to strengthen; (18.2.1) <input type="checkbox"/> Actions to be taken to remedy the deficiencies and, as applicable, the resources and professional development that will be targeted towards improvement efforts; (18.2.2)	<input type="checkbox"/> Continuous Quality Improvement Plan <input type="checkbox"/> Other (describe):_____

and <input type="checkbox"/> The person responsible and the timelines in which the deficiencies are expected to be corrected. (18.2.3)	
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Notes:

For Indicator 18.2 the monitor will need to see evidence the program has a written continuous quality improvement plan. This is also called a CQIP. The monitor will need to verify that the CQIP on file has been updated annually.

To be in compliance, the CQIP must address the following:

- Specific areas of deficiency 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.

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

Additional Program Information:

Additional information to support the development of a continuous quality improvement plan can be found on the [ISBE EC Birth to Age Three webpage](#) under the section called *Accountability: Monitoring and Continuous Quality Improvement*.

Compliance Issue 19.

**The program conducts staff development assessments
and ongoing professional development.**
(HV, CB, FL)

Indicator:	Documentation:
<input type="checkbox"/> Evidence of staff development assessment procedures and ongoing professional development activities for every staff member (19.1)	<input type="checkbox"/> Administrative supervision notes <input type="checkbox"/> Reflective supervision notes <input type="checkbox"/> Staff Professional Development Plan <input type="checkbox"/> Other (describe):_____

Notes:

For Indicator 19.1 the monitor needs to find evidence of implementation of staff development assessment procedures and ongoing professional development activities. The program is required to maintain this information for every staff member.

The program should be prepared to provide the monitor documentation in the form of:

- Administrative supervision notes
- Reflective supervision notes
- Staff Professional Development Plans

Additional Program Information:

See PIIM Pages 309 -310 and 455 – 457 (sample form)

Professional development is a process that is intentional, ongoing, and systemic. Successful professional development should also include the following elements:

- Intentionality to bring improvements and positive changes.
- Ongoing and continuously looking for the latest research, best practices, and new strategies.
- Systemically designed to recognize change for larger span of time and various levels of the program.

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

- State the staff member’s name, date of the plan, detailed timelines, signatures (as applicable), etc.
- Determine the needs of each staff member (teaching assistant, teacher, administrator, parent educator, etc.) within the program, i.e., assess the needs.
- Describe the staff in-service training program that will be conducted to meet the individual staff needs, i.e., deliver in-service.
- Describe other professional development activities that will be provided, i.e., other opportunities that are provided free of charge but that staff have the opportunity to attend.

ISBE Continuous Quality Improvement Plan

ISBE consultants are available to discuss the CQIP process and to support programs as they develop timelines, identify non-compliance issues, develop a list of appropriate activities to become ISBE compliant, and identify the people responsible for each activity. For information on developing a CQIP you can go to the [ISBE EC Birth to Age Three webpage](#) and look under the section called *Accountability: Monitoring and Continuous Quality Improvement*.

Compliance Checklist Number	Non-Compliance Issue	Steps to be Taken to Become Compliant	Person Responsible	Timeline	Follow Up – to be completed in subsequent years		
					In Process	Update on Steps	Met

Additional Resources

[Illinois Birth to Five Program Standards](#)

[Illinois Early Learning Guidelines](#)

[Illinois State Board of Education Prevention Initiative Program Monitoring Portal](#)

Developed and operated through a contract with Erikson Institute

[Prevention Initiative Implementation Manual](#)

[PICC Resources](#)



Illinois
State Board
of Education

For additional information contact the ISBE Early Childhood Division.

217-524-4835
picqip@isbe.net