



Prevention Initiative Manual

Supporting Programs Implementing
PI Evidence-Based Home Visiting,
PI Child Care Center,
PI Family Child Care Home,
and PI Family Child Care Group Home
Family Support and Educational Services

May 2025

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Section 1: Orientation to Prevention Initiative

ISBE Early Childhood Care and Education Position Statement

The Illinois State Board of Education (ISBE) believes that the success of all Illinois children can be significantly enhanced when children participate in early childhood programs and services. For the purpose of the Prevention Initiative (PI), Preschool for All (PFA), and Preschool for All Expansion (PFAE) programs, “early childhood” is defined as the period in a child's life from birth through 8 years of age. Appropriate early childhood programs, practices, and services are defined as those that:

- Are grounded upon research-based knowledge about child development.
- Promote the child's emotional, physical, mental, and social well-being; and
- Support nurturing families.

ISBE is actively committed to developing, delivering, and supporting early childhood programs, practices, and services that will enable all children to be successful students and responsible citizens. ISBE believes the following commitments are essential in supporting the development of the whole child:

1. Emphasize the need for high-quality early experiences that reflect research and knowledge on program quality and outcomes across the developmental period of birth through age 8.
2. Encourage Illinois public schools to create coherent early learning systems that minimize major transitions for children and provide stable, consistent educational experiences for young children, ages 3 through 8 years.
3. Make prekindergarten programs available for all Illinois children identified as at risk of academic failure and actively seek their participation. Support the provision of full-day prekindergarten for at-risk students who need additional educational experiences.
4. Support the availability of full-day kindergarten programs for all Illinois children.
5. Collaborate with families and relevant social service providers to provide early identification of and response to educational risk factors among children from birth through 3 years of age.
6. Collaborate with families, community organizations, child care organizations, Head Start, and other state agencies to meet the physical, mental, social, and emotional needs of young children (including their physical care and protection) and share resources, services, and accountability.
7. Emphasize the quality of instructional staff and leadership for early childhood programs in Illinois.

Program History and Future (HV, CCC, FCCH, FCCGH)

The Prevention Initiative program, which was established in 1988, is authorized by [Sections 1C-2 and 2-3.89 of the School Code](#). It is one of three programs currently funded under the Early Childhood Block Grant (ECBG). The ECBG is a birth to age 5 grant program that includes PI, PFA, and PFAE programs. The ECBG's purpose is to provide early, continuous, intensive, and comprehensive evidence-based child development and family support services to help families prepare their young children for later school success.

The state's Early Learning Council in Illinois envisions that every child in Illinois be able to enter kindergarten safe, healthy, eager to learn, and ready to succeed. Illinois has prioritized equitable access, effectiveness of services, and sustainability and stability of services and the system as a whole in the effort to achieve this vision.

The goals of the ECBG are to:

- Increase the percentage of children who begin kindergarten healthy, safe, eager to learn, and ready to succeed.
- Decrease disparities (racial, economic, geographic, etc.) in readiness at kindergarten entry and in achievement by the third grade.

Prevention Initiative provides intensive, research-based, and comprehensive child development and family support educational services for expectant parents and families with children from birth to age 3 years to help them build a strong foundation for learning and to prepare children for later school success.

The ECBG funds a continuum of services for children from birth through age 5 and their families. A portion of the block grant funds is set aside exclusively for programs serving families with infants and toddlers at risk of school failure. This program is called Prevention Initiative. [Section 1C-2 of the School Code](#) was amended in fiscal year 2016 to state, “At least 25% of any additional Early Childhood Education Block Grant funding over and above the previous fiscal year’s allocation shall be used to fund programs for children ages 0-3. Once the percentage of Early Childhood Education Block Grant funding allocated to programs for children ages 0-3 reaches 20% of the overall Early Childhood Education Block Grant allocation for a full fiscal year, thereafter in subsequent fiscal years the percentage of Early Childhood Education Block Grant funding allocated to programs for children ages 0-3 each fiscal year shall remain at least 20% of the overall Early Childhood Education Block Grant allocation. However, if, in a given fiscal year, the amount appropriated for the Early Childhood Education Block Grant is insufficient to increase the percentage of the grant to fund programs for children ages 0-3 without reducing the amount of the grant for existing providers of preschool education programs, then the percentage of the grant to fund programs for children ages 0-3 may be held steady instead of increased.”

Section 2-3.89 of the School Code requires PI grantees to implement research-based, comprehensive, and intensive prevention services to expecting parents and families with children birth to age 3 years who are at risk of academic failure. Examples of the research-based models include, but are not limited to:

- Home Visiting services that adhere to the requirements of Baby TALK™, Early Head Start, Healthy Families America®, Nurse Family Partnership, [Parents as Teachers™](#), or another evidence-based approved program model.
 - Supplemental doula services may be offered but are not required. Doulas are home visitors. (Doula are trained in the program’s Home Visiting model. They have more responsibilities than doulas trained by DONA International.)
- PI DCFS-Licensed Center-Based Child Care educational services that adhere to the requirements of the Illinois Department of Children and Family Services (DCFS) licensure.
 - [DCFS-Licensed Child Care Center \(CCC\)](#)
 - The child care center offers center-based care that is in commercial buildings and operated by individual owners; for-profit companies; government agencies; public schools; or nonprofit entities, such as faith-based organizations and community organizations. The program must be licensed by DCFS. The child care center provides care for groups of children who are placed in classrooms by age. Classrooms have a lead teacher and one or more assistant teachers.
 - [DCFS-Licensed Family Child Care Home \(FCCH\)](#) or [DCFS-Licensed Family Child Care Group Home \(FCCGH\)](#)
 - An FCCH is licensed by DCFS and offers child care in a private home. A Family Child Care provider may care for and supervise mixed-age groups consisting of three children but not more than eight minor children.
 - An FCCGH is licensed by DCFS and offers child care in a private home. A Family Child Care provider may care for and supervise mixed-age groups consisting of six children but not more than 12 minor children. An assistant may be required depending on the number and ages of children being served.

[Prevention Initiative RFP](#)

[Prevention Initiative Program: Home Visiting, Center-Based Criteria](#) (HV, CCC, FCCH, FCCGH)

PI programs share common components, such as educational opportunities, case management, referrals to community resources, child developmental screening and monitoring, family-centered assessments, and individual family goal planning. PI programs must identify as Home Visiting or DCFS-Licensed Center-Based Family Child Care. These programs will help build a strong foundation for learning and prepare children for later school success.

For the purpose of Prevention Initiative, “[at risk](#)” is defined as those children who, because of their home and community environment, are subject to such language, cultural, economic and like disadvantages, determined as a result of screening procedures, to be at risk. Additionally, at risk may be indicated by their families’ high levels of poverty, illiteracy, unemployment, limited English proficiency, or other need-related indicators (e.g., school district’s rate

of dropouts, retention, truancy, teenage pregnancies, and students experiencing homelessness; high rates of infant mortality, birth trauma, low birth weight, or prematurity; and high rates of child abuse or neglect).

Specific requirements of implementing the Prevention Initiative grant can be found within the [Compliance Checklist](#) and the [Illinois Administrative Code 235](#). More information on the Prevention Initiative program can be found on the [ISBE PI webpage](#). It is expected that Prevention Initiative programs will meet all program requirements within the first year of implementation, unless otherwise defined in the Notice of Funding Opportunity/Request for Proposals.

A new state agency, the Illinois Department of Early Childhood (IDEC), will combine the majority of early childhood services into one place starting in FY 2027 to make it easier for families to access critical services for stronger coordination between the various early childhood programs and services provided by the state. The Early Childhood Block Grant programs and funding, including PI grants, will transition to the new IDEC.

Reducing complexity will advance equity for families with young children through:

- Better coordinated programs,
- More equitable allocated resources,
- Less bureaucracy for providers to navigate, and
- Greater access to services for families with young children.

Illinois strives to be the best state in the nation to raise a family. To do this, Illinois must make early childhood education and care services simpler, better, and fairer for families with young children.

Resource

[Illinois Department of Early Childhood](#)

Prevention Initiative Key Points (HV, CCC, FCCH, FCCGH)

Prevention Initiative Administrator Checklist

The sections below describe a high-quality Prevention Initiative program that will enhance the development of young children. PI offers an appropriate educational program for families and their children who are eligible to participate, as determined by the screening process. All PI programs must adhere to the requirements of the [Prevention Initiative Compliance Checklist](#) (PICC). This section consists of an overview of requirements the PI program must meet, which will be explained in further detail in subsequent sections:

Recruitment, Enrollment, and Records (HV, CCC, FCCH, FCCGH)

- Recruitment and outreach should be a year-round process to ensure the program is continually reaching out to unserved and/or underserved populations.
- Programs are expected to maintain total enrollment consistent with their current fiscal year, approved PI grant. **The PI enrollment is based on the number of children the program was funded to serve as identified on the award letter.**
- Programs are required to serve children identified as being at risk of academic failure as indicated on the weighted eligibility criteria form developed and implemented by the program. A waiting list system is utilized when maximum program enrollment is reached. Programs will utilize the individualized weighted criteria system for (a) enrolling families identified as having most points as determined by the weighted criteria form, and (b) ensuring families with the most points as determined by the weighted criteria form are prioritized on a waiting list (if applicable). A family that is enrolled in the program is allowed the opportunity to continue services for the duration of the program (until the child turns age 3).
- A PI program serves expectant parents and children birth to age 3 years and their families who are determined eligible by a screening process.

- Child/family records should be kept intact in a secure place and may be in electronic or hard copy format. (If a program is monitored, printed copies may be requested and must be provided. Electronic signatures will be allowable in FY 2026.)

Children with Disabilities (HV, CCC, FCCH, FCCGH)

- The goal for local school districts/public schools, academies, and agencies should be to provide high-quality Prevention Initiative services for all infants and toddlers, including children with disabilities, in the least restrictive environment.
- Prevention Initiative programs must refer children who are found through a developmental screening process to have a potential developmental delay to [Early Intervention](#) at IDHS or the appropriate [Child and Family Connections](#) Office.

The Early Learning Environment (HV, CCC, FCCH, FCCGH)

- It is the expectation of ISBE that the PI program has safe and healthy environments that provide appropriate and well-maintained indoor and outdoor physical spaces, as applicable.
- Provisions are made for children with disabilities and children and their families that are English learners to participate in the program.
- Programs will be expected to meet at the adult-child ratios and group size as identified in the most recently released [Prevention Initiative Compliance Checklist](#). Check the [ISBE Early Childhood Request for Proposals Information webpage](#) for the latest information.

DCFS Requirements		
(DCFS licensure is a minimum requirement for PI programs in FY 2025 and 2026.)		
Age	Ratio	Group Size
6 weeks-14 months	1:4	12
15-23 months	1:5	15
24-36 months	1:8	16
ExceleRate Gold		
(Prevention Initiative programs must be working toward the next advanced level of the ExceleRate Illinois Quality Recognition and Improvement System; however, ExceleRate Gold teacher/child ratios are not required.)		
AGE	Ratio	Group Size
6 weeks-14 months	1:4	8
15-23 months	1:4	12
24-36 months	1:6	12

DCFS-Licensed Family Child Care Home and Family Child Care Group Home Adult-Child Ratios

The FCCH or FCCGH PI programs, which serve children birth to age 3 years, must have set hours and be implemented continuously for at least 2.5 hours each day, five days a week. Family Child Care will follow the [DCFS Family Child Care Home Licensing Standards](#) or [DCFS Family Child Care Group Home Licensing Standards](#) and the PI Center-Based guidelines and standards. DCFS adult-to-child ratio guidelines must be followed. Additional staffing may be needed to provide care for children who are not age eligible for the PI program.

Number and Ages of Children Served ([FCCH](#), [FCCGH](#))

The Following Adult-Child Ratio chart is one example. Please refer to [the DCFS Licensing Regulations](#) ([FCCH](#), [FCCGH](#)) for the complete guidance on adult-child ratios for family child care.

1 Example of DCFS Requirements	
Age	Ratio
6 weeks-14 months	1:3
15-23 months	1:3
24-36 months	1:4

Scheduling ([CCC](#), [FCCH](#), [FCCGH](#))

PI DCFS-Licensed Center-Based Child Care ([CCC](#), [FCCH](#), [FCCGH](#)) scheduling guidelines are based on Infant Toddler Environment Rating Scales and Family Child Care Environmental Rating Scales recommendations.

- PI DCFS-Licensed Center-Based Child Care ([CCC](#), [FCCH](#), [FCCGH](#)) must meet a minimum of 2.5 hours each day, five days a week. See the [Prevention Initiative Compliance Checklist](#).
- PI DCFS-Licensed Center-Based Child Care ([CCC](#), [FCCH](#), [FCCGH](#)) start and end dates are identified with child/family programming a minimum of 165 days. The PI program has set program hours (e.g., 9 to 11:30 a.m.).
 - If the PI DCFS-Licensed Center-Based Child Care ([CCC](#), [FCCH](#), [FCCGH](#)) program has regular weekly or monthly planning dismissal times that affect the PI weekly class time, the program must ensure weekly class time overall equals at least 12.5 hours per week (412.5 hours per school year).
- PI Home Visiting staff work a minimum of 165 days in the fiscal year.

Early Learning Curriculum and Assessment ([HV](#), [CCC](#), [FCCH](#), [FCCGH](#))

- The curriculum and instructional practices are aligned with the [Illinois Early Learning Guidelines for Children Birth to Age 3 Years \(IELG\)](#) and the [Illinois Birth to Five Program Standards](#). ([HV](#), [CCC](#), [FCCH](#), [FCCGH](#))
- PI DCFS-Licensed Center-Based Child Care programs will implement a research-based, child-centered curriculum. ([CCC](#), [FCCH](#), [FCCGH](#))
- PI Home Visiting programs will implement a research-based parent/family-centered curriculum. ([HV](#))
- PI programs must implement child developmental monitoring using a research-based child developmental screening tool. One or more tools may be needed for a comprehensive screen (e.g., Ages and Stages Questionnaire, Ages and Stages Questionnaire: Social-Emotional). Using the child developmental tool as indicated by the tool developers is best practice. ([HV](#), [CCC](#), [FCCH](#), [FCCGH](#))
- PI DCFS-Licensed Center-Based Child Care programs must implement a research-based authentic assessment system to determine the educational program for each child (e.g., Teaching Strategies Gold, Child Observation Record). ([CCC](#), [FCCH](#), [FCCGH](#))
- Home visitor or teacher lesson plans must reflect individualization for children and connect to the [Illinois Early Learning Guidelines](#). ([HV](#), [CCC](#), [FCCH](#), [FCCGH](#)) To be in [compliance](#):
 - References to the IELG must be in visit plans and group lesson plans ([IELG Reference Guide](#)); all IELG components must be referenced. Or references to research-based, IELG-aligned curriculum objectives must be in the visit plans and group lesson plans.

Social and Emotional Learning ([HV](#), [CCC](#), [FCCH](#), [FCCGH](#))

- Identifying and talking about feelings is critical to infants and toddlers social-emotional development, contributing to positive social interactions and a predictor of school success.
- Building relationships is an important component of social and emotional development.
- Transition Plans

- Home visitors/teachers and administrators should play a vital role in assisting children and families through the transition process by planning and working together.
- Successful transitions engage parents, teachers, and home visitors in developing the transition team, focusing on strengths to identify goals and challenges, sharing information between families and the sending and receiving programs, preparing the child for change, monitoring child and family experiences, and evaluating the transition process. Building the bridge between Prevention Initiative programs and prekindergarten programs is essential for our youngest learners and their families. Examples of transitions include PI to an age 3- to 5-year-old program, from PI (HV, CCC, FCCH, FCCGH) to Early Intervention, from PI HV to PI CCC, FCC, FCCG, from PI classroom to PI classroom, from PI HV to another funded HV program, from PI FCCH to another FCCH, FCCGH to PI CCC, and Doula to HV.
- Programs must ensure that they are engaging in best practices in their disciplinary actions by prohibiting the use of expulsions due to child behavior. In accordance with [23 Illinois Administrative Code Part 235](#) and [Illinois Public Act 100-0105](#), Prevention Initiative CCC, FCCH, and FCCGH programs must implement an [ECBG Behavior Support Plan](#) and [ECBG Behavior Transition Plan](#) to address a child's challenging behavior. In addition, the information needs to be entered into the Student Information System (SIS) in [IWAS](#). Refer to [Frequently Asked Questions: Behavior Support and Program Transition Plans](#) for more information. (CCC, FCCH, FCCGH)

Parent and Family Involvement/Engagement (HV, CCC, FCCH, FCCGH)

- No fees may be charged to children or parents/guardians who are enrolled and participate in PI programs. Programs are not allowed to charge fees for field trips, snacks, registration, supplies, and materials, etc., nor are families to be asked to bring supplies or snacks.
- A system should exist to facilitate ongoing, two-way communication between the PI program and home.
- Programs must provide and document opportunities for parent education and involvement as well as have a system for ongoing, two-way communication with parents and guardians.
- Programs should develop a system for tracking the level of parent engagement/family involvement in their program.

Community Collaboration (HV, CCC, FCCH, FCCGH)




- PI programs should work toward building relationships with other community service providers and develop formal agreements that will clarify and strengthen the mutual understanding of each entity's roles and responsibilities.
- PI grantees should have, at a minimum, a Memorandum of Understanding (MOU) with the local Early Head Start/Head Start agency and other birth to age 3 years programs to avoid duplications of services; coordinate Individual Family Goal Plans, as applicable; and ensure referral and follow-up policies and procedures are effective.

Professional Development and Program Improvement (HV, CCC, FCCH, FCCGH)

- Programs are required to have a written professional development plan for PI staff members (e.g., home visitors, teachers, assistant teachers, direct educational staff). See [PI Professional Development Plan](#).
- ISBE funds and collaborates with several statewide [professional development providers, which enables your PI staff to access free training, technical assistance, and coaching](#).

Budget, Financial, and Reporting (HV, CCC, FCCH, FCCGH)

- PI grant applications are created each fiscal year in [IWAS](#).
- The Budget Detail page is to be used to indicate itemization and descriptions of budget expenses that are to be listed and identified within the proper function code/object codes. This page also indicates the current fiscal year's allotment of funds for the PI program. See [Administrative Rules 235](#). A budget summary and payment schedule, as well as a budget breakdown (i.e., a detailed explanation of each line item of expenditure) are included.

- Provisions in most federally and state-funded programs provide that only supplemental costs may be charged. See [2020 Fiscal Policies and Procedures Handbook March Final](#).
- All payment requests should be based on the projected date of expenditures.
- Programs must submit quarterly expenditure reports in [IWAS](#) to reflect the progress of the grant program.
- All amendments are due to ISBE 30 days prior to the project end date and must be submitted in IWAS..
- All grantees must submit data to ISBE via [IWAS](#) for the Prevention Initiative project for which the grantee is funded:
 - Please access the [Student Information System webpage](#) on the [SIS webpage](#) under Early Childhood and view the Student Information System (SIS): Birth to Three Indicators, Birth to Three Program, Birth to Three Well-Child Visit, Birth to Three Caregiver, Prenatal Services, and Prenatal to Student Match data elements.
 - Grantees must enroll and exit all children ages birth to age 3 years in SIS each fiscal year as indicated on the [ISBE SIS Key Dates webpage](#). This reporting activity is continuous throughout the year. Access [Student Information Training Modules](#).
- Complete and submit reports on **enrollment of children** in the program, at least annually, in the IWAS [Grant Periodic Reporting System](#). Some programs are required to report more often. Annual reports must be uploaded into the Grant Periodic Reporting System. Find reports on the [ISBE Grant Periodic Reporting webpage](#).
- PI Parent and Outcomes Questionnaires fulfill the requirements of Section 2-3.89 (c) of the Illinois School Code (105 ILCS 5/2-3.89).
 - IWAS 0-3 Prevention Initiative - Outcomes Questionnaire
 - [Prevention Initiative Questionnaire Letter](#) 
 - [Prevention Initiative Parent and Outcomes Questionnaire Training Webinar](#) 
 - In addition, PI grantees must upload information regarding the 0-3 Prevention Initiative - Parent Questionnaire.
 - [Prevention Initiative Parent Questionnaire Links](#) 

Program Accountability (HV, CCC, FCCH, FCCGH)

- Monitoring visits will typically be conducted on a two- or three-year basis.
- The visit consists of file reviews, interviews, and observations. The tools used include, but are not limited to, the [Prevention Initiative Compliance Checklist](#), Home Visiting Rating Scales (Home Visiting), Infant Toddler Environmental Rating Scales (Center-Based CCC), Family Child Care Environmental Rating Scales (FCCH, FCCGH) and the Prevention Initiative Quality Evaluation Tool.

How to Apply for Prevention Initiative Funding (HV, CCC, FCCH, FCCGH)

When sufficient funding is available, the state superintendent of education will issue a Notice of Funding Opportunity/Request for Proposals (NOFO/RFP), which will be posted on the [ISBE Early Childhood webpage](#). Individual grant awards are based upon the process put forth by the Grant Accountability and Transparency Act (GATA). More information can be found on the [GATA website](#).

Grant Award (HV, CCC, FCCH, FCCGH)

Allocations and payments of grant awards are subject to the passage of sufficient appropriations by the Illinois General Assembly. Obligations of the State Board of Education will cease immediately without further obligation should the agency fail to receive sufficient state funds for this program.

Grant Period (HV, CCC, FCCH, FCCGH)

Grant periods begin no sooner than July 1 and will extend from the execution date of the grant until June 30 (unless an extension is approved on the Applicant Information page of the IWAS PI electronic application). Funding in the subsequent years will be contingent upon a sufficient appropriation for the program and satisfactory progress in the preceding grant period.

Section 2: Recruitment, Screening for Eligibility

Recruitment (HV, CCC, FCCH, FCCGH)

Recruitment and outreach should be a year-round process to ensure the Prevention Initiative programs are continually reaching out to unserved and/or underserved populations. The targeted populations may change from year to year depending on the dynamics of the community in which the program or site is located. Recruitment activities and strategies must adapt to ensure the agency stays connected to the community. The recruitment and outreach activities should include the local Early Head Start agency and all area early childhood programs. Effective programs are prepared to assist families in completing an application during recruitment and outreach efforts. The [weighted eligibility confidential form](#) is intended to be completed in an interview with parent(s)/guardian(s) enrolling a child into the program. It is not to be given to the parent(s)/guardian(s) to complete. **Programs are expected to maintain the funded child enrollment consistent with the current fiscal year, approved PI grant application in IWAS.**

Recruitment and outreach strategies may include, but are not limited to:

- Monitor waiting lists. The waiting lists are a good indication of the effectiveness of the recruitment activities and can help to better plan the location of sites and services to ensure full enrollment is achieved and maintained.
- Focus on recruiting families experiencing homelessness. Contact a [Regional Office of Education/Intermediate Service Center Lead Area Homeless Liaison](#) and/or a [School District Homeless Liaison](#), local shelters, community-based organizations, and local churches that are offering services to homeless families and have developed partnerships with them.
- Identify and recruit underserved communities/populations (e.g., families experiencing homelessness, families utilizing transitional housing, families that may be undocumented, families that are experiencing poverty or severe poverty, Youth in Care served by DCFS, intact families receiving services from DCFS, children with disabilities, etc.). Develop informational flyers and brochures and disseminate to all agencies and community providers working with these populations.
- Build relationships with community organizations that work with targeted populations, such as Easter Seals; Child and Family Connections; Early Intervention; special education cooperatives; Early Head Start and Head Start programs; DCFS and foster care agencies; Public Health Departments; [ISBE Nutrition Programs](#); and [Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\) offices](#); etc.
- Formalize relationships by developing an MOU specifically to define the referral system and follow-up procedures.
- Conduct community outreach by participating in and setting up a display at local community events, such as health fairs, job fairs, churches, etc.
- Contact local elementary schools and/or child care centers and participate in events, such as back-to-school night, open house, fairs, and other events, which are held throughout the year.
- Send home flyers with children enrolled in the local elementary school or child care centers.
- Display advertisements at local health departments, low-income housing, libraries, post offices, hospitals, community mental health agencies, laundromats, grocery stores, doctors' offices, and area health fairs and festivals.
- Place advertisements in the local newspapers and other local publications.
- Conduct door-to-door recruitment activities.

Screening (HV, CCC, FCCH, FCCGH) (required)

The goal of screening for eligibility is to identify and serve Illinois' neediest children. Programs must develop procedures to screen all children and their families to determine their need for services. Screening should be conducted on a communitywide basis and be developed and implemented with cooperation among programs serving young children in the community (e.g., child care providers, Home Visiting programs, Early Head Start, Early Intervention, and Child Find, etc.).

The screening process includes a quickly administered research-based screening tool that identifies children needing further assessment/evaluation or identifies participants for a given program. A comprehensive PI screening process includes the following:

- Written parental/guardian permission for the child developmental screening must be obtained and a copy of the signed consent should be maintained in the child's PI record.
- Criteria to determine at what point performance on a research-based child developmental screening instrument indicates a child is at risk of a developmental delay. In addition, the team must assess other environmental, economic, and demographic information that may contribute to the likelihood that a child is at risk for academic failure. ([Prevention Initiative SAMPLE Weighted Eligibility Form](#))
- All child developmental screening instrument(s) and activities must relate to and measure a child's development in these specific areas: (1) language and speech development, (2) fine motor skills (3) gross motor skills, (4) social skills, and (5) cognitive development.
- All screening procedures must include a [parent/guardian interview](#) (to be conducted in the parents' home/native language, if necessary). This interview form should be designed to obtain a summary of the child's health history and status; child's social development; if the child has an existing disability; information about the parents' education level, employment, income, and age; the number of children in the household; and, if applicable, the number of school-age siblings experiencing academic difficulty. In addition, the parent interview form should be designed to collect the information used to complete the [Prevention Initiative SAMPLE Weighted Eligibility Form](#).
- Conduct vision and hearing screenings.
- The PI staff should be involved in the screening process.
- Results of the child's developmental screening are to be shared with the parent(s)/guardian(s) at the end of the screening (e.g., during an exit interview). Evidence of the exit interview may be placed in the child's record.
- Maintain the screening results in the child's temporary record and make them available to the teaching staff for review, if applicable. [State and Federal Grant Administration Policy, Fiscal Requirements, and Procedures](#).
- A screening is applicable for the Prevention Initiative program for six months. If the child is not enrolled within six months of a screening, then another screening must be completed.

Examples of broad-based, research-based screening instruments:

- Ages and Stages Questionnaire
- Brigance Early Childhood Screen III

Example of social and emotional screening instrument:

- Ages and Stages Questionnaire: Social-Emotional

(Additional screening instruments not included in this list of examples may meet the requirements.)

ISBE does not endorse any curriculum, tool, screening instrument, or program model. The examples provided by ISBE do not necessarily reflect the views or policies of ISBE nor does the mention of trade names, commercial products, or organizations imply endorsement by ISBE.

Each program will develop its own [weighted eligibility form](#). The weighted eligibility form will be completed with information obtained from the [parent interview form](#) and information gleaned from the child developmental screening instrument. Programs will serve those children and families most in need in the community determined by those with the most points on the weighted eligibility form. Programs will develop weighted criteria based upon the risk factors required in the Prevention Initiative [Compliance Checklist](#), the risk factors present in the community, and those factors identified by research as causing children and families to be at risk. The program must prioritize children/families experiencing homelessness, Youth in Care, and children/families experiencing deep poverty (family income below 50% of the Federal Poverty Level [FPL] and/or receiving Temporary Assistance for Needy Families.) It must consider children enrolled in Early Intervention or those identified as having a potential developmental delay as a result of a child

developmental screening using a research-based screening tool, or the parent or caregiver primarily speaks a language other than English at home. The program must hold or participate in year-round communitywide screenings.

Programs will utilize the individualized weighted criteria system for (a) enrolling families identified as having most points as determined by the weighted criteria form and (b) ensuring families with the most points as determined by the weighted criteria form are prioritized on a waiting list, if applicable. The program must maintain evidence of what happened as a result of the program screening for eligibility, such as whether the child/family is enrolled in PI program, child/family did not qualify for the PI program, or child/family is on the PI waiting list. A family that is enrolled in the program is allowed to continue using services for the duration of the program (until the child turns age 3 years). The family may voluntarily leave the program. Screening for eligibility and this form are only completed one time per child.

Income Verification (HV, CCC, FCCH, FCCGH) (required)

Programs must collect and review proof of family income to determine eligibility prior to enrollment. The family's income must be considered during screening for eligibility; families that have an income of 50% of the poverty level must be given the highest priority points. Programs must, at least, collect [family income](#) at 50%, 100%, 200%, and 400% of the FPL. (Refer to the [SIS data elements for Early Childhood Birth to Three](#).) Family income does not have to be determined if poverty status has been established by proof of receipt of public benefits; however, programs may still wish to collect this information to better understand the families they are serving. Proof of income verification must be retained in the child's file, unless the child/family is experiencing homeless, child is a Youth in Care in the DCFS system, or the child/family is undocumented. Public benefits need to be in the parent or guardian's name. See [Proof of Income Frequently Asked Questions](#).

Eligibility Criteria (HV, CCC, FCCH, FCCGH) (required)

The Prevention Initiative program is for expecting parents and children birth to age 3 years and their families who are determined to be eligible by multiple weighted risk factors. Eligibility requirements are based on local need to identify children at risk of academic failure. At-risk children are those who, because of their home and community environment, are subject to such language, cultural, economic, and like disadvantages to be at risk of academic failure. A disproportionate share of all children considered to be at risk come from low-income families, including low-income working families, homeless families, families where English is not the primary language spoken in the home, or families where one or both parents are teenagers or have not completed high school. Children who are 1) Youth in Care, 2) meet homeless criteria, 3) experiencing deep poverty (50% of the FPL), or 4) enrolled in Early Intervention or those identified as having a potential developmental delay as a result of a child developmental screening using a research-based screening tool. Every expecting parent or child birth to age 3 years old must have a completed weighted eligibility criteria form on file.

Eligibility criteria may also be established for PI to meet the needs of the program and community. PI eligibility criteria may not discriminate against children who are not toilet trained. Programs should use a weighted eligibility criteria that includes local risk factors and a scoring system to identify each child's/family's risk factors, creating a prioritized list for enrollment. The priority for enrollment must be children/families identified most at risk based on their scores on the weighted eligibility checklist.

PI programs should include what research has shown are effective eligibility practices:

- The risk factors to determine eligibility are agreed upon by all partners.
- The risk factors used for program eligibility are based upon the risk factors present in the community.
- The children/families most in need, those identified as having the most points as determined by the weighted eligibility criteria form, are given priority for enrollment in the program or on the waiting list, as applicable.
- [Prevention Initiative SAMPLE Weighted Eligibility Form](#)

Initial Evaluations for Early Intervention (HV, CCC, FCCH, FCCGH)

An initial evaluation may be warranted when a child who may be eligible for [Early Intervention](#) and related services is identified through screening or referral. A referral to [Child and Family Connections](#) must be provided and supported through follow-up.

ISBE operates the Child Find Project, funded through Individuals with Disabilities Education Act (IDEA) Part B, Preschool Discretionary funds to develop and disseminate public awareness materials to Local Education Agencies (LEAs), special education cooperatives, and Child and Family Connection (CFC) offices. Besides creation and distribution of materials, the Child Find Project also collects data on the number and location of developmental screenings taking place across the state of Illinois for children between birth and 5 years of age using the [0-5 Child Find Screening, Reporting and Data Collection Form \(the "Form"\)](#).

Each CFC office sends screening data to the Child Find Project monthly. As your program administers developmental screenings, you should report screening data to the CFC using the Form. This applies to developmental screenings only and not to other types of screenings, such as those for vision or hearing. Agencies are required to complete each section of the Form.

Fax or email completed forms to the local CFC office, attention Local Interagency Council Coordinator. The reports must be sent within one month of the screening event. The LEA may send multiple reports at once if the reports are still sent within one month of the event. The Local Interagency Council coordinator is responsible for collecting all 0-5 Screening Collection forms relating to screening activities for children 0-5 years of age occurring in the service area. These reports are forwarded monthly to the state's Child Find Project coordinator for statewide analysis and data compilation.

Residency (HV, CCC, FCCH, FCCGH)

All children who participate in a state-funded PI program must live in Illinois and be eligible to attend Illinois public schools. This includes migrant children during the time they are living in Illinois. A child who lives in a bordering state is not eligible to participate in an Illinois PI program even if their parent travels into the state daily for work.

A PI program does not require school district residency. A PI school district/program may collaborate with neighboring school districts or programs.

PI Home Visiting

Children/families served in a PI Home Visiting program must reside outside the city of Chicago/Chicago Public Schools, but within the state of Illinois. This restriction is specific to PI Home Visiting families.

PI DCFS-Licensed Center-Based Child Care (CCC, FCCH, FCCGH)

Families being served with the PI service type CCC, FCCH or FCCGH are allowed to live in Chicago. They must attend a PI child care outside the city of Chicago/Chicago Public Schools, but within the state of Illinois. This flexibility accommodates parents who work inside the city or have other logistical considerations. All PI CCC, FCCH, FCCGH program sites funded must be located outside city of Chicago/Chicago Public Schools.

Age and Birth Certificates (HV, CCC, FCCH, FCCGH)

PI programs must only serve expecting parents and children from birth to age 3 years and their families. A copy of the child's birth certificate must be kept in the child's record for DCFS-Licensed Center-Based services per Section 407.55 of Title 89 of the Illinois Administrative Code. Obtaining a birth certificate is *best practice* for children enrolled in Home Visiting but required for Center-Based programs. PI programs should assist parents with obtaining a certified birth certificate for their child. If there is a cost involved that parents cannot afford, the program can help pay for the birth certificate. A copy of a legal birth certificate may document a child's age eligibility. Homeless children may not have a copy of a legal birth certificate available. Other documentation, including a letter from shelter staff, a letter from a homeless liaison, a hospital birth certificate, medical records, baptismal certificates, or a statement signed by the parent or guardian should be acceptable for families that are homeless or undocumented.

The purpose of requiring a certified copy of the child's birth certificate is to ensure that the child has not been listed as a [missing child](#). It can be used to verify the age of a child, but it is not a document designed to verify residency for school enrollment purposes. If a birth certificate is unavailable, the parent may present other reliable proof of the child's identity and age that is supported by a sworn statement explaining why the birth certificate is not available. Other reliable proof of the child's identity and age shall include a passport, visa, or other government documentation of the child's identity. If the child was not born in the United States, the school must accept birth certificates or other reliable proof from a foreign government.

Children who turn 3 during their enrollment in a Prevention Initiative program should be transitioned into a 3–5-year-old program, such as Preschool for All, Head Start, or another locally designed preschool program. Transition services for a child must begin at 30 months (2½ years). As a result, a child should be ready to be exited from the Prevention Initiative program at the age of 3 years and transitioned into a program serving children 3–5 years old. Children who turn age 3 during the fiscal year they are served may continue to be served in the PI program until the end of the fiscal year (June 30) if there is not an age 3-5-year-old program for them to transition.

Homeless Status (HV, CCC, FCCH, FCCGH)

ISBE considers program enrollment, attendance, and success of children and youth identified as homeless throughout Illinois to be a high priority. ISBE hopes that every child and youth experiencing homelessness is sensitively identified. The federal [McKinney-Vento Homeless Assistance Act](#) (42 U.S.C. § 11431 et seq.) does not apply to children birth through age 3 years, but it is still important to identify families experiencing homelessness, report them to ISBE, and serve them in PI programs. Children identified as homeless as defined by the McKinney-Vento Act should be enrolled immediately, if possible.

The McKinney-Vento Act (Section 725) defines “homeless children and youth” (school-age and younger) as children and youth who lack a fixed, regular, and adequate nighttime residence, including children and youth who are:

- i. Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.
- ii. Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of Section 103(a)(2)(C)).
- iii. Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- iv. Migratory children (as such term is defined in Section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Research has shown that parents are often not aware or do not readily share that they meet the definition of homeless according to the McKinney-Vento Homeless Assistance Act. Programs are advised to have a conversation with parents to assess their living situation. Listed below are questions that may be part of the interview to ensure that children who meet the definition of homeless are accurately identified:

- ✓ What is your current living situation?
- ✓ How long have you been in your current place?
- ✓ Is it permanent or just temporary?
- ✓ How many times have you moved in the past year? What is the reason for the moves?
- ✓ Where would you go if you couldn't stay where you are?
- ✓ Are you staying in your own place or with friends/relatives?
 - If you are staying with friends/relatives: Did you and your friends/relatives decide to move in together and share expenses for the long-term? Or is this a temporary situation?
 - How many people share the housing?

- How many people are staying in one room?
- Are you and your children sleeping in a bedroom or in a public area, like a dining room?
- Could your friends/relatives ask you to leave if they wanted to?
- ✓ Do you feel safe and comfortable in the place you're staying now?
 - What condition is the home in?
 - Is it safe?
 - Does it keep out rain and wind?
 - Is it warm and dry?

Resources

[Illinois State Board of Education Homeless Webpage](#)

[Illinois State Board of Education](#)

- [Preschool for All Outreach Toolkit](#)
- [Engaging Hard to Reach Families](#)

[National Association for the Education of Homeless Children and Youth](#)

[National Center for Homeless Education](#)

[Illinois Early Learning Project](#)

Child Welfare Involvement (HV, CCC, FCCH, FCCGH)

Youth in Care must be a priority when determining program eligibility. As with homelessness, families do not always offer information that would allow a program to determine that a child should be considered as having current or recent involvement with the child welfare system. Therefore, it is suggested to include the following questions in the parent interview:

- ✓ Is the child currently in foster care?
- ✓ Has the child been in foster care at any point during the past year?
- ✓ Do you have an open intact family services case with DCFS? Have you had an open intact family services case at any point during the past year?
- ✓ Is either parent currently a Youth in Care? Has either parent of the child been a Youth in Care during the past year?

Serving Families with Child Welfare Involvement (HV)

A [toolkit](#) funded by the Illinois Department of Human Services Division of Early Childhood Home Visiting program is now available from Start Early to support Home Visiting and doula programs serving families with child welfare involvement. This toolkit is designed for universal use across Home Visiting models and funders.

This toolkit provides guidance on best practice procedures when working to coordinate, collaborate, and communicate between two systems that have historically functioned separately from one another. The toolkit intentionally limits prescriptive guidance because all programs, communities, and collaborations function differently, and the guidance should be flexible to meet local needs.

Resource

[Guidance for Illinois Home Visiting and Doula Programs Child Welfare Toolkit for HV Programs](#)

Section 3: Records and Documentation

Children's Records (HV, CCC, FCCH, FCCGH)

A temporary child record with the information below should be maintained for each child:

- Name, address, and phone number (required).
- Copy of child's government issued Certificate of Live Birth (passport or other government document) per DCFS licensing requirements ([Administrative Rules Section 407.250 Enrollment and Discharge Procedures](#)), if applicable. (A Certificate of Live Birth is required for PI Center-Based. A Certificate of Live Birth is not required for PI Home Visiting, but is best practice.)
- Identification of the family's preferred language is required. See the [PICC](#). This information can be collected within a variety of documentation forms. It is up to the program to be able to tell PI monitors how to find the information. A Home Language Survey signed by the parent is not required for PI programs, but best practice.
- Copy of current physical and immunization records. The official physical and immunization forms from the doctor are not required for PI Home Visiting, however they are required for PI Center-Based. All PI programs must be prepared to provide the mandatory data in SIS. See [Birth To Three Well-Child Visit](#).
- Completed Weighted Eligibility Form (required).
- Income verification used as enrollment risk criteria (required). See [Proof of Family Income Frequently Asked Questions](#). The verification must be in the parent's name. The program must be prepared to provide the mandatory data in SIS. See [Birth To Three Indicators](#).
- Name and numbers of anyone else to whom the child can be released (if applicable).
- Signed parent/guardian consent allowing the child to participate in the PI child developmental screening (required).
- Vision and hearing screening results (not required for PI, but best practice).
- Evidence of screening results, including child developmental screening and program eligibility (required).
- Individual Family Goal Plan (IFGP) (required). See [PI IFGP Sample Form](#).
- Parent/guardian Interview (required). See [PI Sample Parent Interview Form](#).
- PI Center-Based programs are required to adhere to the [Administrative Rules Part 235](#) and [Illinois Public Act 100-0105](#) for Behavior Support Plans and Program Transition Plans. See [EC FAQ Behavior Transition Plan](#).

Programs must review the required data elements [ISBE Student Information System](#) and [Prevention Initiative Compliance Checklist](#) each fiscal year to make sure accurate information is collected and reported.

RECORDS AT-A-GLANCE

DCFS-Licensed Center-Based Programs (CCC, FCCH, FCCGH)	Home Visiting Programs	Administrative Records for Both Center- and Home-Based Programs
<p>Each child's file:</p> <ul style="list-style-type: none"> • Name, address, and phone number • Age documentation • Birth certificate (required per Section 407.55 of Title 89 of the Illinois Administrative Code) • Health and immunization record • Child developmental screening results • Child/family eligibility screening results, including parent interview • Written parental permission for screening • Documentation of a minimum of two risk factors used for eligibility, 	<p>Each child's file:</p> <ul style="list-style-type: none"> • Name, address, and phone number • Age documentation • Birth certificate (OPTIONAL, but best practice) • Health and immunization record (OPTIONAL, but best practice) • Child developmental screening results • Child/family eligibility screening results, including parent interview • Written parental permission for screening • Documentation of a minimum of two risk factors used for eligibility, or 	<ul style="list-style-type: none"> • Applications and other correspondence • All reports and correspondence to/from ISBE • All monitoring reports • Parent involvement materials • Program Self-Assessment and Evaluation, Continuous Quality Improvement Plans • Child assessment tools • Personnel records, including qualifications of staff, professional development records • Children's records as noted in the columns to the left

<p>or identification of homeless, child/family experiencing deep poverty (50% FPL), Early Intervention, DCFS Youth in Care, families where English is not the primary language spoken in the home (Children with the most points will be prioritized for enrollment and be placed on the waiting list.)</p> <ul style="list-style-type: none"> • Income verification (if used for eligibility) • Demographic and family information (emergency and home) • Name and number of anyone else to whom to release child in case of emergency • Family involvement record (parent-teacher conferences, home visits, and group involvement) • Family-Centered Assessment • Individual Family Goal Plan and ECBG Behavior Support Plan and ECBG Behavior Transitions Plan, as applicable (See EC FAQ Behavior Transition Plan.) • ISBE Program Transition Plan, as applicable • Assessment of Child Progress • Referrals and follow-up • Parent communications • Home Language Survey (OPTIONAL for PI, but best practice) • ECBG Program Transition Plan 	<p>identification of homeless, child/family experiencing deep poverty (50% FPL), Early Intervention, DCFS Youth in Care, families where English is not the primary language spoken in the home (Children with the most points will be prioritized for enrollment and be placed on the waiting list.)</p> <ul style="list-style-type: none"> • Income verification (if used for eligibility) • Demographic and family information (emergency and home) • Name and number of anyone else to whom to release child in case of emergency • Family involvement record (home visits and group involvement) • Family-Centered Assessment • Individual Family Goal Plan and Transition Plans, as applicable • Assessment of Child Progress • Referrals and follow-up • Parent communications • Home Language Survey (OPTIONAL, but best practice) 	<ul style="list-style-type: none"> • Signed Memorandum of Understandings (optional for PI but best practice) • HV: Evidence of Evidence-Based Model • CCC/FCC/FCCGH: Licensing approval • CCC/FCC/FCCGH: Food program records • CCC/FCC/FCCGH: Policies and Procedures Manual with at least an expulsion-suspension policy and a mandated reporter policy
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The district may determine if this temporary child record will become part of the child's permanent record at the time of program exit and should follow local school board policy. School Code ([105 ILCS 10/4](#)) ([from Ch. 122, par. 50-4](#)) dictates specific record retention timeframes after the child/student leaves the PI program/school for temporary (five years) and permanent (60 years) student records. Additionally, student records are subject to rules outlined in the [Family Educational Rights and Privacy Act](#) (20 USC 1232(g) and the regulations promulgated under that Act. (34 CFR 99). See [State and Federal Grant Administration Policy, Fiscal Requirements, and Procedures](#).

Student records should be kept intact in a secure place and may be in electronic or hard copy format. If stored in more than one location (e.g., one copy at the PI administrative office AND one copy at the district office), photocopies of original documents may be created to ensure both locations always have complete records.

Programs are required to have confidentiality policies and to limit access to sensitive information. Families have the right to review any documentation being stored in their child's record. Assessors who monitor programs must be provided with complete student records.

Additional program records that monitors may request:

- ✓ Documentation of agendas or sign-in sheets for family education/involvement .
- ✓ Annual Program Self-Assessment/Program Evaluation.

- ✓ Program Continuous Quality Improvement Plan (CQIP).
- ✓ Individual Staff Development Plans.
- ✓ Copy of a signed MOU with the local Early Head Start and other programs.
- ✓ Documentation of alignment to the chosen program model (e.g., Quality Endorsement, Quality Confirmation, Accreditation, etc.), if applicable.
- ✓ Documentation of the DCFS license, if applicable.
- ✓ Documentation of alignment with ExceleRate Illinois™, (if applicable).
- ✓ Policy and Procedure Manual.
- ✓ Copy of Mission Statement.
- ✓ Individual Family Goal Plan.
- ✓ Family-Centered Assessment.
- ✓ Child developmental screening.
- ✓ Parent Interview Form.
- ✓ Program Eligibility Form.
- ✓ Written permission/consent for screening, program enrollment, etc.
- ✓ Documentation the child developmental screening has been shared with parents.
- ✓ Documentation of staff qualifications or credentials.

A comprehensive list will be provided prior to a monitoring visit.

Record Retention (HV, CCC, FCCH, FCCGH)

The grant recipient shall retain records for three years from the final date of filing a claim. ISBE can re-compute within three years from the final date of filing a claim for reimbursement to any school district if the claim has been found to be incorrect and can adjust subsequent claims accordingly, as well as to re-compute and adjust any such claims within six 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%. See 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 must be available for review or audit any time within the 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 the review or audit.

Records may be disposed of:

- After their individual retention period is complete,
- Providing any local, state, and federal audit requirements have been met,
- As long as they are not needed for any litigation either pending or anticipated, and
- 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 the 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, IL 62756 or at 217-782-7075. Go to the [Illinois State Archives webpage](#) for more information.

Resource

[2020 Fiscal Policies and Procedures Handbook](#)

Toilet Learning (HV, CCC, FCCH, FCCGH)

A program's eligibility criteria may not discriminate against children who have not learned to use the toilet. Toilet learning should be a coordinated and collaborative effort between the parent and provider.

Fees (HV, CCC, FCCH, FCCGH)

The program will not collect any fees from parents/guardians and their children who are enrolled. Programs must **NOT** charge fees for program participation of children or parents. In addition, parents who participate in the parental engagement component of the program (groups, etc.) may be eligible for reimbursement of any reasonable transportation and child care costs associated with their participation in this component.

Home Language Survey (HV, CCC, FCCH, FCCGH)

Prevention Initiative programs are not required to complete a Home Language Survey for each child enrolled; however, it would be best practice for PI programs to have families complete this survey. Programs will want to know the home languages of their families. Very likely, families in which English is not their primary language may be able to receive eligibility points for this on the PI program's weighted eligibility criteria.

Identification of the family's preferred language is required. See the [PICC](#). This information can be collected within a variety of documentation forms. It is up to the program to be able to tell PI monitors how to find the information. The program can demonstrate compliance by developing a section on the Parent Interview Form for identification of the use of a translator to conduct the parent interview in the parent's preferred language. The program must complete the section by indicating the family's preferred language and, if needed, the program must describe the arrangements/accommodations that were provided. Arrangements/accommodations, such as a translator or a bilingual staff member, that were provided, must be listed on the form. The section may not be left blank.

PI Questionnaires (HV, CCC, FCCH, FCCGH) (required)

Parent and Outcomes Questionnaires must be completed each fiscal year. The data is required to fulfill Section 2-3.89 (c) of the Illinois School Code. (105 ILCS 5/2-3.89) Prevention Initiative staff who are responsible for the data collection and entry should watch a brief [training webinar](#) to learn about the data collections.

Parent Questionnaire

Each program is responsible for facilitating the availability of the Parent Questionnaire to the parents it serves. Each program will have a unique URL link. The program can provide the questionnaire link directly to families by text or email. Other ways to offer the Parent Questionnaire are to have a tablet, laptop, or iPad available with the survey already pulled up for the parent to complete. Parent Questionnaire links are specific to programs and the link automatically populates the "Year" and "RCDT" fields. The Parent Questionnaires are only available at the Region/County/District/Type (RCDT) level.

Outcomes Questionnaire

The Outcomes Questionnaire is completed through the IWAS system. A quick reminder: Log in to IWAS and click on "System Listing" on the left side of the menu. Then select "PI Outcomes Questionnaire" from the available systems. Your serving school or program and correct RCDTS will display. Please review the [training webinar](#) to learn more about how to enter data on an Outcomes Questionnaire.

The instructions regarding how to implement the Parent and Outcomes Questionnaires will be provided each fiscal year in a document posted on the ISBE Early Childhood [Prevention Initiative webpage](#).

Student Information System: Early Childhood Data (HV, CCC, FCCH, FCCGH)

All PI programs are required to enroll their children in SIS. Child data must be entered at predetermined periods throughout the school year based upon an ISBE reporting timeline. SIS early childhood data elements and training webinars can be accessed on the [ISBE Student Information System webpage](#).

SIS serves as the vehicle to collect child-related information electronically from school districts. It is designed:

- To assign a unique Student Identifier (SID) to each child,
- To collect demographics,
- To collect performance and program participation data for each child,

- To track children from school to school and district to district within Illinois, and
- To report timely and accurate information and data through standardized reporting capabilities.

The system provides ISBE, state and federal entities, the education community, and the public with timely and accurate data collection and reporting for children, schools, school districts, and the state.

The SIS application allows authorized users at school, district, and Regional Office of Education (ROE) sites to access the system via IWAS. This application facilitates the assignment of an individual SID through secure online web forms or mass assignment of SIDs through batch processing. The statewide SIS web application is designed from the user's perspective to include all the function necessary to perform the user's role effectively and efficiently.

See the [ISBE SIS webpage](#) for more information about SIS or to view a SIS training calendar.

Illinois Educator Identification Number (HV, CCC, FCCH, FCCGH) (required)

Prevention Initiative direct service providers are required to obtain an Illinois Educator Identification Number (IEIN) to enter SIS. Please go to the [Educator Licensure Information System \(ELIS\)](#) and create an account to obtain an IEIN. Non-certified teachers and other types of providers must also obtain an IEIN from ELIS.

An IEIN is the teacher's certificate number, which is required to track teachers in the state of Illinois. All Illinois certified teachers must have an IEIN.

Employment Information System (HV, CCC, FCCH, FCCGH)

The [Employment Information System \(EIS\)](#) collects data annually for all licensed staff in the public school system, state-funded charter schools, city of Chicago charter schools, contract and options schools, ROEs, special education cooperatives, limited nonpublic school districts, miscellaneous payees, and other state-funded and vocational districts and schools. EIS collects -- at a minimum -- employment, position, grade-level assignments, school/working location, and salary data for each licensed position. Additional information can be found at the [ISBE EIS webpage](#).

Contact the ISBE Data Strategies and Analytics Department at datahelp@isbe.net for assistance entering data.

Contact the ISBE Help Desk at 217-558-3600 for technical assistance with IWAS.

Lesson Plans (CCC, FCCH, FCCGH) (required)

The development of thoughtful lesson plans is a requirement for all PI educators and group facilitators. Thoughtfully constructed lesson plans consider the unique learning needs of each child (and, when applicable, parents and guardians) and demonstrate a clear understanding of the content and the curriculum expectations of the young learner and their caregivers, when applicable. Programs that are funded by the state also should follow its curriculum guidelines to implement the curriculum with fidelity.

Required Components within a PI Lesson Plan

- Show connection with the [IELG](#). To be in compliance, include references to the IELG in classroom lesson plans. (All IELG components must be referenced.) Or include references to the research-based, IELG-aligned curriculum objectives in classroom lesson plans.
- Outcomes build on child's or parent's prior knowledge to move learning forward.
- Learning activities are aligned to instructional outcomes.
- Use of worksheets is not evident.
- Designed to meet individual child's or parent's needs.
- Selected formative assessment matches instructional outcome(s), and evidence exists to support possible adjustments made based on formative assessment data.
- Based on assessment data.

STAR NET and Early Childhood Professional Learning, in collaboration with the ISBE Early Childhood Development Department, have created a [FAQ for Lesson Planning](#) to provide guidance on best practices in creating lesson plans.

Home Visit and Group Documentation (HV) (required)

The program must adhere to the program model requirements for documentation. All individual family visits and group meetings must be recorded in the child's/family's chart.

Documentation of children's progress while in the program is required and must be maintained in each child's/family's file. Appropriate assessment relies on systematic observation of children in the program. Other documentation may include:

- Community resources and follow-up (required),
- Parent-child interaction activities and observations,
- Handouts and other information provided in writing,
- Child developmental monitoring results (required),
- Child health history and updates (as applicable),
- Well-child visit dates (as applicable),
- Immunization dates (as applicable),
- Hearing and vision screening results (as applicable),
- Maternal depression screening results,
- Parent-child interaction assessment results, and
- Updates to the Individual Family Goal Plan (required).

Some program models, like [Healthy Families America \(HFA\)](#), have a specific guidance for program staff to use for documentation of visits. HFA uses Cues, Holding, Expression, Empathy, Rhythmicity/Reciprocity, and Smiles (CHEERS). CHEERS is a simple framework for observing and determining the quality of parent-child interactions that ultimately result in the parent-child relationship. CHEERS is not required, but it is applicable across program models.

Group meeting documentation should include the date, agenda, and/or the lesson plan, as well as any individualized child or family services, as applicable.

Individual family visits plans or group meetings plans must include references to the [Illinois Early Learning Guidelines](#). To be in full compliance, include references to the IELG in visit plans and group lesson plans ([IELG Reference Guide](#)). All IELG components must be referenced. Or include references to research-based, IELG-aligned curriculum objectives in the visit plans and group lesson plans.

Field Trips (HV, CCC, FCCH, FCCGH)

PI programs may choose to include educationally appropriate, local field trips into the regular curriculum to enhance the classroom or Home Visiting learning experience. All children in the program should be able to participate. The activities should be affordable for parents, should they want to replicate the trip. Field trips require careful planning and implementation to ensure the health and safety of all participants.

Effective programs develop a field trip policy with the following guidance:

- Research the potential field trip environments prior to visit.
- Preplan with the staff.
- Discuss the appropriateness of trip for infants and toddlers. (Why are you going?)
- Discuss insurance issues.
- Determine who and how many will participate.
- Develop a "field trip flyer" for parents with all necessary information.

- Develop an emergency plan.
- Inspect, prepare, and take first aid kits.

Consider the following when planning field trips:

- The field trip destination is within a reasonable distance from the program site or community.
- The activity supports and enhances the parent-child relationship.
- The activity offers an opportunity for enhancing language and developing and supporting literacy.
- The activity provides an experience that is affordable and repeatable by parents outside the program.
- The activity offers the opportunity for a structured agenda.
- The activity aligns to budgetary and fiscal limitations.
- The activity offers the opportunity to support developmental parenting and the facilitative approach.

Section 4: Implementing Prevention Initiative

Policies and Procedures (HV, CCC, FCCH, FCCGH) (required)

Effective programs have developed comprehensive policies and procedures to guide Prevention Initiative programming and services. Policies and procedures should be shared with all users, staff, and parents, as applicable. Evidence of training on policies and procedures in the form of sign-in sheets and agendas is recommended. The overall goal for any policy or procedure document is for the design to be simple, consistent, and easy to understand and use.

- Policies reflect the “rules” governing the implementation of the program.
 - Policies are written in clear, concise, simple language.
 - Policy statements address what the rule “is” rather than how to implement the rule.
- Procedures represent the implementation of policy.
 - Procedures are tied to policies.
 - Procedures are carried out by users.
 - There is a sense of ownership among users who implement procedures. It is helpful to involve users in the development of program procedures.
 - The procedures must be clearly written and understandable.

There are some policies that are required by ISBE (e.g., mandated reporting, expulsion and suspension, and travel). Please refer to the [Prevention Initiative Compliance Checklist](#) and [the ISBE Federal and State Monitoring webpage](#).

Family-Centered Assessment (HV, CCC, FCCH, FCCGH) (required)

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

The IFGP will be developed in partnership with the family and will be grounded in the information revealed during the FCA. All programs will utilize a published, research-based FCA with every family served. Home visitors are encouraged to partner with each family to develop goals for the parent, the child, and parent–child interaction. The central concept of an IFGP is that supporting a child’s family lends itself to supporting the child; thus, PI staff should take a family-centered approach when implementing the FCA and developing an IFGP.

An FCA is a process of systematically listening to parents with young children while utilizing surveys to capture the family’s strengths and needs. It is an outcome and intervention-planning instrument that is helpful in assessing the strengths and needs of families. The FCA process is 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. Examples of FCAs currently being implemented in Illinois are the Life Skills Progression™ and Baby TALK Family Resource Assessment. Note: Programs may use the Life Skills Progression (LSP) child portion with the Ages and Stages Questionnaire (ASQ) (or another child developmental tool) or use the ASQ (or another child developmental tool) in place of the LSP child portion of the tool.

Individual Family Goal Plan (HV, CCC, FCCH, FCCGH) (required)

Programs will develop an [Individual Family Goal Plan Form](#) that will be completed in partnership with the family. Information gathered to complete this form will come from the parent/guardian (as revealed in the research-based FCA and the completion of this form). The family will be involved in and guide the completion of this form.

The form may contain the following components:

- Family demographic information.

- A brief history or description of the family.
- Parents' dreams or goals for themselves, their family, and their child.
- Parents' description of the strengths of themselves, their family, and their child.
- Areas in which the family would like support.
- Areas in which family members state they would like support for their child.
- A list of community resource providers being accessed at the time the form was completed.
- A list of community resource providers being accessed because of the IFGP.

Forms should:

- Contain goals and action steps, the date the goal was initiated, the person responsible, projected timeline of the goal, date updated, and progress.
- Have the printed names and signatures of IFGP team members (e.g., parent(s), representatives from community service agencies, school districts, and others the parent feels would contribute to the overall success of the plan).
- Contain projected dates the plan will be reviewed, actual dates the form was reviewed, and signatures of the parents and staff.
- Be co-created in a partnership between the PI staff and family. A written copy of the plan should be shared with the family.

ISBE requires a Prevention Initiative Outcomes Questionnaire to be completed via IWAS at the end of each fiscal year. It may help home visitors to review the IFGP and identify the status of the goal/action to complete the PI Outcomes Questionnaire. There may not be one-to-one correspondence between the goal/action of the IFGP and the PI Outcomes Questionnaire items, but a review may support alignment between the two documents.

All PI programs must implement an IFGP and help parents understand its importance. All families in a PI program will have the opportunity to develop an IFGP, which spells out the methods or strategies a family, with assistance from program staff, will use to accomplish goals. Effective programs maintain a policy and procedures manual that provides comprehensive guidelines for partnering with families to complete and follow up on Individual Family Goal Plans.

A Prevention Initiative IFGP 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. Those implementing the tool should take a family-centered approach when developing an IFGP 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 IFGP, including participating in setting goals for themselves. Prevention Initiative programs are designed to support family self-sufficiency. PI staff are encouraged to partner with each family to develop goals for the parent, the child, and parent-child interaction.

Parents are Partners (HV, CCC, FCCH, FCCGH)

Families will receive services that address their identified goals, strengths, and needs. An important focus of the Prevention Initiative program is to help families identify how they want to improve their lives and the steps that will help them reach their goals. Families must be full partners in developing and implementing an Individual Family Goal Plan that identifies the family's goals, responsibilities, timelines, and strategies for achieving these goals, including the services to be provided to the child and to the family. The IFGP guides the delivery of services to ensure families obtain and receive appropriate services to meet their needs. Effective programs have a well-defined process for implementation of the IFGP that is outlined in a policy and procedure manual. The IFGP process may include, but is not limited to:

- Describe the program expectation to encourage parents and families to make decisions regarding their parenting skills and their children's development and engages families in developing IFGPs.
- Describe how the staff will use the Individual Family Goal Plan to guide the services provided to the family.

- Describe the possible content that may be included in the IFGP that includes, but is not limited to, educational and social-economic needs of the family.

Individual Family Service Plan

Individual Family Goal Plans may be coordinated with the Early Intervention form called the Individual Family Service Plan (IFSP). Only the IFSP needs to be maintained if the PI staff member is on the IFSP team. IDEA Part C has served as the model for family-friendly legislation and originated the service plan for families. The IFSP is the core of the Early Intervention program, a system of services for children birth to age 3 years who have disabilities or delays and their families. This federal law can help guide program planners, service providers, and families as they move from agency-centered or child-centered services to a family-centered community of caring.

Many of the families participating in Prevention Initiative programs have multiple needs, some of which cannot be met directly by the program. These may include, for example, adult education, housing, nutrition, health care, and other needs. Programs must form relationships with other service providers in the community to accomplish the following:

- Coordinate the development of a system for receiving referrals and for referring families to other service providers.
- Coordinate a follow-up system for these referrals to ensure that families receive the needed services.
- Coordinate the IFGP created by the Prevention Initiative program for a family with other community service providers' IFSP(s) for the same family.
- Coordinate and develop a written Transition Plan with other early childhood programs that addresses the unique needs and situations of families.

Case Management (HV, CCC, FCCH, FCCGH)

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

- The program creates partnerships to support the development of infants and toddlers from birth to age 3 years by focusing on the child and family through a network of child and family service providers.
- The program ensures that the services the family receives through the program are coordinated with other services the family is receiving. For example, the program ensures that the family's IFGP is coordinated with plans that other community service providers have developed with or for the family.
- The program has a written Transition Plan with other early childhood programs that addresses the unique needs and situations of families. A description of the case management approach to be used by the program should be outlined in a policy and procedures manual that includes the following points:
 - Description of the system for receiving referrals and for referring families to other service providers.
 - Description of the system for following up on referrals.
 - Description of how the program will coordinate the IFGP with plans that other community service providers have developed with or for the family.
 - Description of how the program will coordinate and develop written Transition Plans with other community service providers.
 - Description of how the program will provide families with access to comprehensive services, including those not provided directly by the program.

The following recommendations are adapted from principles underlying the Individual Family Service Plan process, but are appropriate for Prevention Initiative programs developing family plans with parents:

- Infants and toddlers are uniquely dependent upon their families for their survival and nurturance. This dependence necessitates a family-centered approach for service to these families.
- Programs should define "family" in a way that reflects the diversity of family patterns and structures.
- Each family has its own structure, values, beliefs, and coping styles. Respect for and acceptance of this diversity is a cornerstone of family-centered practice.

- Prevention Initiative program systems and strategies must reflect respect for the racial, ethnic, and cultural diversity of families.
 - Respect for family autonomy, independence, and decision-making means that families must be able to choose the level and nature of program involvement in their life.
 - Family/professional collaboration and partnerships are the keys to family-centered programming and to the successful implementation of the family plan.
 - Staff should use an empowering approach to working with families that requires staff to re-examine traditional roles and practices and develop new practices when necessary — practices that promote mutual respect and partnerships.
 - Birth to age 3 years services should be flexible, accessible, and responsive to the needs identified by the family.
 - Staff will partner with families to complete an Individual Family Goal Plan.
 - Staff will help each individual family identify and articulate their dreams and goals and develop action steps that will provide a path to success.
 - Staff will present programming opportunities as well as community resources and assist the family to access services.
 - Staff will explain that the IFGP is a fluid document, encompassing goals that the family would like to achieve. It will also document the progress the child makes as he/she meets developmental milestones.
 - Staff will communicate frequently with the family and support them as they work through challenges.
1. The IFGP will be developed in partnership with the family and will be grounded in the information revealed during the Family-Centered Assessment. All programs must utilize a research-based Family-Centered Assessment with every family served.
 - The Family-Centered Assessment is an outcome and intervention planning instrument that is helpful in assessing the strengths and needs of families.
 - The Family-Centered Assessment is the process of systematically listening to parents with young children through surveys or tools (e.g., Life Skills Progression). This is a period of intentional “listening” and is a way of gauging opinions, assumptions, needs, and key issues the family has prioritized.
 - The way the process is presented sets the tone for the partnership between the family and the program. The quality and extent of information gathered in this assessment determine many of the activities that follow.
 - The Family-Centered Assessment will be implemented with fidelity.
 - Prevention Initiative programs should partner with each family and create goals for the parent(s), the child, and parent-child interactions.

The National Early Childhood Technical Assistance Center identified six key criteria that define IFSP outcomes as high-quality and participation-based (Lucas, Gillaspy, Peters, & Hurth, 2012). They are:

1. The outcome statement is necessary and functional for the child’s and family’s life.
2. The statement reflects real-life contextualized settings (e.g., not test items).
3. The wording of the statement is free of jargon, clear, and simple.
4. The outcome is discipline-free.
5. The statement avoids the use of passive words (e.g., tolerate, receive, improve, maintain).
6. The wording emphasizes the positive.

When the child’s contextual information is available (e.g., assessment information, the child’s IFSP), the following IFSP outcome criteria should also be evaluated:

- The outcome is based on the family’s priorities and concerns.
- The outcome describes both the child’s strengths and needs based on the information from the initial evaluation or ongoing assessment.

References

DiVenere, N. J. (1988, November). *The Development and Management of Individualized Family Service Plans: The family perspective*. Paper presented at the American Academy of Pediatrics Meeting on Public Law 99-457, Washington, D.C.

Johnson, B. H., McGonigel, M. J., & Kaufman, R. K. (1989). *Guidelines and Recommended Practices for the Individualized Family Service Plan* (2nd ed.) Washington, D.C.: ACCH.

Lucas, A., Gillaspay, K., Peters, M. L., & Hurth, J. (2012). *Enhancing Recognition of High-Quality, Functional IFSP Outcomes and IEP Goals: A training activity for Infant and Toddler service providers and ECSE teachers*. Retrieved from <http://www.nectac.org/>

McGonigel, M. J. (1991). *Philosophy and conceptual framework*. In B. H. Johnson, M. J. McGonigel & R. K Kaufman (Eds.) *Guidelines and Recommended Practices for the Individualized Family Service Plan* (2nd ed.) Washington, D.C.: ACCH

Referral and Follow-Up (HV, CCC, FCCH, FCCGH)

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

Referral and follow-up services are crucial within a PI program as the program cannot provide every service or item a family may need. The program needs to have a well-defined referral and follow-up system that is coordinated with community partners. Effective programs have the referral and follow-up system outlined in a policy and procedure manual. The referral and follow-up section may include, but is not limited to, a description of:

- The procedures for a community referral to a community resource and from a community resource.
- The timeline to ensure follow-up and access to the service or item.
- The agreements in the MOUs that the program has with other agencies regarding specific referrals (e.g., referrals from PI to Preschool for All or referrals from PI to Early Intervention/Child and Family Connections).
- The documentation required to be completed by the program staff and families, if applicable. Indicate where referral and follow-up will be documented, including tracking the referrals, consents, results, recommendations/further follow-up needed, and parent satisfaction. Indicate which forms and permissions must be completed to make a referral.
- Parents will be informed of their rights and responsibilities, including, but not limited to, informed consent and, when appropriate, informed release of information.
- The timelines and program requirements regarding transitions out of the PI program when children are eligible to go to a program serving children ages 3 to 5 years.

ExceleRate Information (CCC, FCC, FCCGH)

[ExceleRate™ Illinois](#) is the state's quality recognition and improvement system for DCFS-Licensed Center-Based programs that serve children from birth to age 5 years. ExceleRate unifies all the state's early center-based learning programs under a common set of standards across multiple settings to provide families with important information about quality early learning programs in their community. ExceleRate is a comprehensive system that includes licensed child care centers, PFA programs, Head Start/Early Head Start Programs, and licensed family/group child care homes.

Early Learning Curriculum (HV, CCC, FCCH, FCCGH) (required)

ISBE does not endorse specific curricula for use in Prevention Initiative Child Care Centers, Family Child Care or Home Visiting programs. However, programs must consider the following criteria when selecting a curriculum:

- Alignment with the [Illinois Early Learning Guidelines for Children Birth to Age 3 Years](#).
- Alignment to the [Illinois Birth to Five Program Standards](#).
- The inclusion of content to be taught with intentionality and integration.
- Provision for child initiation and engagement.
- Use of content based on research of how young children learn.
- Provision for parent involvement through meaningful communication with families.

- Alignment with an authentic assessment tool that is ongoing and comprehensive (CCC, FCC, FCCGH).
- Consideration of the child's linguistic and cultural background.
- Consideration of the range of experience and qualifications of early childhood teachers, home visitors, and other staff.
- Consideration of a wide range of children's abilities, including those of children with an Individual Family Service Plan.
- Evidence, based on research, of the effectiveness of the curriculum.

An applicant's proposal will not be rejected solely based on the curriculum included; however, ISBE must determine that a curriculum is appropriate (based on the criteria above) before it will permit any project to use state funds for such curriculum.

Curricula for DCFS-Licensed Center-Based care that have been reviewed and are aligned to the Illinois Early Learning Guidelines for Children Birth to Three and the Illinois Early Learning and Development Standards for Age 3 to 5 may be found on the [ExceleRate™ Illinois](#) website. A curriculum may be determined to be aligned with the Illinois Early Learning Guidelines and/or the Illinois Early Learning and Development Standards but still may not meet all criteria as set forth by the guidelines listed above.

PI DCFS-Licensed Center-Based Child Care (CCC/FCCH, FCCGH) programs are expected to implement the assessment aligned to the chosen curriculum.

Developmental Monitoring (HV, CCC, FCCH, FCCGH) (required)

Child developmental screening/monitoring procedures include all required documentation as indicated on the [PICC](#). The program uses a research-based child developmental screening instrument and activities that measure all aspects of the child's development. Infants and toddlers grow and change at remarkable rates. It is important that staff and parents understand what each child can do and what skills are appropriate for each child as she or he develops. Authentic assessment through multiple developmentally appropriate methods is important to inform education and to ensure that all children who have a potential developmental delay or disability are identified and referred for diagnostic assessment and appropriate services. Data collection to inform observation-based, formative assessments must be done as PI staff and parents collaborate to assess a child's development. The program will implement processes to utilize observation-based, formative assessments to guide education and the Individual Family Goal Plan.

PI DCFS-Licensed Center-Based Child Care (CCC/FCCH, FCCGH) programs must collect information regarding a child's health history at screening (as applicable). Collecting health information is also best practice for Home Visiting programs. It is strongly recommended that program staff partner with parents to ensure children are vaccinated and receive well-child visits as recommended by a physician. Children under the age of 3 years have varying levels of communication skills; therefore, screening often for hearing and vision challenges is essential to ensuring every child has access to medical resources. The program should screen children for hearing and vision impairment utilizing questions associated with the child's developmental screening instrument. Programs will, at least, adhere to the requirements of their chosen program model regarding health, hearing, and vision screenings.

Developmental and/or educational progress must be assessed and documented to ensure that the program meets the needs of the child and provides a system whereby that child's parents are routinely advised of their child's progress. The research-based tool and procedures to assess progress must align with the Illinois Early Learning Guidelines for Children Birth to Age 3 Years. More than one tool may be needed to ensure a comprehensive evidence-based screening has occurred.

Programs will use a published, research-based tool(s) at least annually and perform developmental screening for all children 3 months of age or older. The developmental screening will (as appropriate for the age of the child) include:

- Vocabulary
- Visual-motor integration

- Language and speech development
- English proficiency
- Fine and gross motor skills
- Social skills
- Emotional development
- Cognitive development

Examples of broad-based general screenings for child developmental screening and for the developmental monitoring of children birth to age 3 years are:

- Ages and Stages Questionnaire
- Brigance Screening (Birth to Age 3 Years edition)
- Battelle Developmental Inventory

The Ages and Stages Questionnaire: Social Emotional is an example of a broad-based assessment for social and emotional screening for children birth to age 3 years.

Children identified in need of further assessment will be referred to Early Intervention or the local Department of Human Services Child and Family Connections office. The program will provide follow-up services to ensure the child receives all additional assessments and services.

ISBE does not endorse any curriculum, tool, or program model. The examples provided by ISBE do not necessarily reflect the views or policies of ISBE nor does the mention of trade names, commercial products, or organizations imply endorsement by ISBE.

Assessment Definitions:

- “Diagnostic assessment” is a thorough and comprehensive assessment of early development and/or learning for the purpose of identifying specific learning difficulties and delays, disabilities, and specific skill deficiencies, as well as evaluating eligibility for additional support services and Early Intervention. A diagnostic assessment is usually a formal procedure conducted by trained professionals using specific tests. (Reference from [A Guide to Assessment in Early Childhood: Infancy to Age Eight](#), Washington State Office of Superintendent of Public Instruction.)
- “Instructional assessment” is the process of observing, recording, and otherwise documenting the work children do and how they do it as a basis for a variety of educational decisions that affect the child, including planning for groups and individual children and communicating with parents. This level of assessment yields information about what children know and can do at a given point in time, guides next steps in learning, and provides feedback on progress toward goals. Assessment-to-support instruction is a continuous process that is directly linked to the curriculum. (Reference from [A Guide to Assessment in Early Childhood: Infancy to Age Eight](#). Washington State Office of Superintendent of Public Instruction,)
- “Authentic assessment” is an ongoing assessment process that occurs in the individual’s natural environment. Authentic assessment refers to the systematic collection of information about the naturally occurring behaviors of young children and families in their daily routines. Information is collected through direct observation and recording, interviews, rating scales, and observed samples of the natural or facilitated play and daily living skills of children. (Reference from [Authentic Assessment for Early Childhood Intervention: Best Practices](#). Bagnato, Stephen, New York: The Guilford Press.)

Characteristics of Authentic Assessment

- Is ongoing and a natural part of what home visitors, teachers, and those facilitating groups do.
- Observes all areas of a child’s growth and development over time.
- Occurs in a naturalistic environment.
- Uses information from a variety of sources.

- Helps home visitors, teachers, and group facilitators plan, measure progress, work with families, and individualize curriculum.

Social and Emotional Learning (HV, CCC, FCCH, FCCGH)

Social and emotional learning (SEL) is integral to every child's ability to manage feelings and to interact successfully with others. Identifying and talking about feelings and exploring appropriate ways to address feelings is critical to infants' and toddlers' social and emotional development and contributes to their positive social interactions and school success. Social and emotional learning provides opportunities for children to acquire the knowledge, attitudes, and skills they need to recognize and manage their emotions, demonstrate caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations constructively.

Key social-emotional skills that children need:

- Confidence.
- Capacity to develop positive and healthy relationships with peers and adults.
- Concentration and persistence on challenging tasks.
- Ability to effectively communicate emotions.
- Ability to listen to instructions and be attentive.
- Ability to solve social problems.

Social and Emotional Instruction (CCC, FCC, FCCGH)

Quality SEL instruction enables children to learn to process, integrate, and selectively apply SEL skills in developmentally, contextually, and culturally appropriate ways. In conjunction with a safe, caring, participatory, and responsive school climate, this can result in positive outcomes, including prevention of mental health issues, reduction in suspensions, and improved academic outcomes.

Tips for quality SEL instruction that promote social interactions (use as developmentally appropriate):

- Arrange materials and/or classroom environment to promote social emotional competency.
- Create learning experiences that promote sharing, cooperating, and collaborating.
- Pay attention to how the classroom or group setting is set up to avoid potential problems caused by crowding, too few materials, and long wait times for turns.
- Promote looking at each other, if culturally appropriate.
- Encourage use of names and/or appropriate physical contact.
- Model friendship skills for children and reinforce by pointing out children's behavior that exhibits these skills.
- Give children the words and phrases to express their feelings.
- Introduce problem solving concepts by teaching steps that can be used when problems occur.

Pyramid Model (CCC, FCC, FCCGH)

The Pyramid Model is based on the initial work done by the [Center on the Social Emotional Foundations for Early Learning](#). The [Pyramid Model](#) provides a framework that involves a multi-tiered system of supports for developing social and emotional competencies in young children and helping educators address challenging behaviors. The foundation of this model is an effective workforce that has knowledge of evidence-based practices and can successfully implement them.

The pyramid levels:

- Level 1 represents universal supports for all children, including nurturing and responsive relationships and a high-quality supportive environment. Positive relationships have been established and supportive, engaging learning environments are provided, and most children will successfully develop social emotional skills.
- Level 2 represents targeted social-emotional supports and strategies that focus on helping young children develop emotional literacy, manage strong emotions, problem-solve, and learn friendship skills. These

strategies should be intentionally planned and implemented -- explicit instruction associated with these strategies has benefits for all children.

- Level 3 represents the steps to provide an intensive intervention for children whose challenging behavior persists after implementation of the first two levels. Research on the use of this framework indicates that if the first levels of the Pyramid Model are implemented with fidelity, only about 4% of children need intensive interventions. Intervention should involve creating a specific behavior support plan for the child with input from educators and in partnership with the child's family.

In 2017, Illinois began its much-anticipated journey into implementing the Pyramid Model across the state. Much has been accomplished since the project was launched, specifically pertaining to (a) the training of trainers and offering online E-Pyramid Modules across the state, (b) building collaborations across systems, and (c) implementing a multipronged plan to ensure the Pyramid Model work will continue to grow and sustain for years to come. The new [Illinois Department of Early Childhood](#) has more information about this initiative.

Relationships (CCC, FCC, FCCGH, HV)

Building relationships is an important component of social and emotional development. The relationships built with children, families, and colleagues are at the foundation of everything PI staff do. It is important to build these relationships early rather than waiting until there is a problem. Children learn and develop in the context of relationships that are responsive, consistent, and nurturing. Parents and other colleagues are critical partners in building children's social-emotional competence.

Children with the most challenging behaviors especially need these relationships, and yet their behaviors often prevent them from benefiting from those relationships. Adults' time and attention are very important to children and must be given at times other than when children are engaging in challenging behavior. All adults should work together to ensure children's success and prevent challenging behavior.

How to promote relationships:

- Help each child feel accepted in the group.
- Assist children in learning to communicate and get along with others.
- Encourage the feeling of empathy and mutual respect among children and adults.
- Provide a supportive environment in which children can learn and practice appropriate and acceptable behaviors as individuals and as a group.
- Model respect for diversity.

Expulsion and Suspension (CCC, FCCH, FCCGH)

The U.S. Department of Health and Human Services and the U.S. Department of Education issued the [Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings](#) to assist states and public and private early childhood programs in partnering to prevent and severely limit expulsions and suspensions in early learning settings. Recent data indicate that expulsions and suspensions occur at high rates in child care settings. This is particularly troubling given that research suggests that school expulsion and suspension practices are associated with negative educational and life outcomes. Early suspension, expulsion, and other exclusionary discipline practices contribute to setting many young children's educational trajectories in a negative direction from the beginning. This has long-term consequences for children, their families, and the schools that they will later attend. In addition, stark racial and gender disparities exist in these practices, with young boys of color being suspended and expelled much more frequently than other children. These disturbing trends warrant immediate attention from the early childhood and education fields to prevent, severely limit, and work toward eventually eliminating expulsion and suspension and ensuring the safety and well-being of young children in early learning settings.

Public Act 100-105 Suspension-Expulsion of Children Birth to 5 (CCC, FCCH, FCCGH)

The goal of [Public Act 100-105, which](#) took effect on January 1, 2018 is to ensure that early childhood programs engage in best practices in their disciplinary actions by prohibiting the use of expulsions due to child behavior. Planned

transitions, after documented attempts to address the child's needs, are not expulsions. The bill also puts in place a system to track transitions, providing data to better understand the issue and identify the need for additional resources. See [resources](#) pertaining to PA 100.

PI Requirements (CCC, FCCH, FCCGH)

Prevention Initiative (Center-Based ONLY, including CCC, FCCH, FCCGH) programs must have written guidance policies and procedures regarding [Behavior Support Plans](#) and [Behavior Transition Plans](#) and use the ISBE forms, as well as enter data into IWAS for children with challenging behaviors. Refer to the [Frequently Asked Questions: Behavior Support and Program Transition Plans](#) document for more information.

Resources

The [National Center on Pyramid Model Innovations](#) is designed to assist states and programs in their implementation of sustainable systems for the implementation of the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children.

[Family Engagement](#)

[Teaching Your Child to Express and Identify Emotions](#)

[Children's Book List](#)

[Practical Strategies for Teachers/Caregivers](#)

[The National Child Traumatic Stress Network](#) provides information and resources on child trauma and trauma informed practices.

[Administration for Children and Families](#) explains that social-emotional and behavioral health and development are the foundations of learning.

[Key Components of Erin's Law](#) provides information about how to prevent sexual abuse.

[The Pyramid Model Consortium](#) provides resources that support program wide and statewide implementation of the Pyramid Model.

Transition Plans (HV, CCC, FCCH, FCCGH) (required)

The program has developed a comprehensive referral system to ensure families are referred to community resources and services, as applicable. There are many different transitions that occur through the early childhood years. These transitions -- or times of change -- can be stressful, especially for families with children who have limited experiences outside the home. Moving from home to program or program to program requires adjustments for the child and family. Home visitors, teaching staff, and administrators play a vital role in assisting children and families through the transition process by planning and working together. For this reason, a formal Transition Plan is a requirement of the Prevention Initiative grant. The plan should include the transition to preschool and transitions into and out of the PI program. Consideration should be given to transitions into Early Intervention, group or family child care, and transitions that take place during any time of the year. The program can choose the method of sharing the plan, including placing it in the parent/guardian handbook or sharing it at the program orientation. It should be provided in the family's native language.

Examples of transitions include, but are not limited to:

- Birth to Three CCC/FCCH/FCCGH to Age 3-5 Years program, from HV/CCC/FCCH/FCCGH to Early Intervention, Birth to 3 Home Visiting to Birth to 3 CCC/FCCH/FCCGH, from classroom to classroom, from HV to HV, from FCCH to FCCH.

A key factor in transition is to ensure continuity in the key elements that characterize good early childhood education and care programs. Children and families go through many transitions in this period of life. PI programs should support them through the transition process and seek to ensure continuity. This is more effectively accomplished through strong community connections and collaborations. Transition practices should be based on an understanding of children's development and developmentally appropriate practices and should support children's social emotional development. Procedures for transitions are ongoing and should not be limited to one-time efforts at the end of the program year.

The following steps should be considered when formulating a transition process:

- Access the existing transition process and procedures in your program. If they do not exist, develop them.
- Provide staff development training on their role in supporting appropriate transitions.
- Develop strategies for informing and involving parents in the transition process.
- Inform families on their rights and procedures, including confidentiality.
- Create confidentiality guidelines that are shared with other programs.
- Encourage families to visit settings where the child is likely to attend.
- Develop and/or utilize materials that outline what parents should look for in quality programs.
- Gather information concerning other training opportunities on transition and encourage staff and parents to attend.
- Offer training workshops to staff to discuss strategies to effectively communicate with parents of diverse backgrounds.
- Develop written transition agreements with schools and other child care settings that clarify roles, transition responsibilities, and timelines.
- Develop a mentor system in which experienced parents work with newly participating parents.
- Develop a packet of information about the child's progress that the family can take with them to the next program.
- Form special groups or provide other forms of support to parents as they continue to be their children's advocate in new settings.
- Become aware of and inform parents of local education and training on local program options and how to access them.
- Give special assistance to migrant and other culturally and linguistically diverse families in locating services to assure a smooth transition.
- Establish relationships with local early childhood programs. Learn about their programs and tell them about your program to facilitate any transitions that may take place between your programs.
- Identify a contact person for each of your community partnerships. That contact person can work with the child and families to ease the transition if a child transitions to their program.

Transitioning into Child Care or Preschool (HV, CCC, FCCH, FCCGH)

Going to child care or preschool for the first time is a new experience for any family with a young child. For many parents, child care or preschool may be the first time their child will spend part of the day away from home. Often parents talk about feeling anxious when their child begins child care or preschool. Questions like "Will my child be OK?" or "How will the teacher know what my child wants?" are typical. A parent who speaks very positively about his or her child's upcoming experience in a new program is more likely to have a child who is successful in separating from the parent than one whose parent expresses doubt and guilt at leaving the child.

Successful transitions engage parents and teachers in developing the transition team, focusing on strengths to identify goals and challenges, sharing information between families and the sending and receiving programs, preparing the child for change, monitoring child and family experiences, and evaluating the transition process. The result of a successful transition is the smooth placement of the child into the child care or preschool.

The transition period is a good time for families to begin visiting the child care or preschool program. Many parents find it helpful to picture their child as part of the group and are interested in the structure of the day and what activities their child will be doing. It is important to give parents who were not able to visit any local early childhood classrooms a sense of what a child care or preschool classroom might look like and how their child will spend the day. There are many ways to help families prepare for this new adventure into early childhood.

The following is an example of a process to develop a transition agreement if the child is going to attend a prekindergarten program:

- The PI/preschool program will help parents follow the procedures necessary to establish residency in their home school district, if applicable.
- The PI/preschool program should inform parents about health requirements and support parents in getting updated physical examinations and immunizations for their children.
- The PI/preschool programs, in collaboration, will assure that parents have an opportunity to visit the preschool program and ask questions.
- The preschool program will receive developmental monitoring information with parental consent and help parents complete required information forms. Parents may play an active role by taking responsibility for delivering copies of records to the appropriate personnel in the preschool program.
- The PI/preschool programs will work together with parents to transfer relevant records. Parents may play an active role by taking responsibility for delivering copies of records to the appropriate personnel in the preschool program.
- The PI/PFA programs, in collaboration, will assist with the transition in ways identified appropriately.
- The PI program will follow up with families in the prekindergarten program to see how the child has adjusted.
- **Transition services for a child must begin at 30 months (2½ years). As a result, a child should be ready to be exited from the Prevention Initiative program at the age of 3 years and transitioned into a program serving children 3–5 years old.**

Here are some Transition Plan tips for children entering preschool:

- The PI program should negotiate a Transition Plan with the PFA program. Some PFA programs will automatically accept all PI program participants into their prekindergarten program if the family has met the agreed upon initial at-risk criteria. This is important because it may give parents an incentive to participate in the PI program. It also creates the opportunity for uninterrupted services.
- Encourage positive talk.
- Suggest families visit the preschool program.
- Share pictures of preschool.
- Read stories about preschool.
- Help children feel comfortable in a group setting.
- Encourage parents to be their children's advocate by being actively involved in their education.
- Allow the child to attend a shorter day, if necessary.
- Make home visits.
- Transition services for a child must begin at 30 months (2½ years). As a result, a child should be ready to be exited from the Prevention Initiative program at the age of 3 years and transitioned into a program serving children 3–5 years old.

Collaboration between Prevention Initiative and Prekindergarten (HV, CCC, FCCH, FCCGH)

Building the bridge between Prevention Initiative and prekindergarten is essential to our youngest learners and their families. The following ideas provide a starting point for programs seeking to increase collaboration between Prevention Initiative and kindergarten.

- Invite prekindergarten teachers to be involved in the plan for transition from Prevention Initiative to prekindergarten.
- Discuss possible activities for Prevention Initiative children and prekindergarten to share.
- Plan Family Nights together with prekindergarten families.
- Prevention Initiative staff meet with prekindergarten teachers to discuss expectations for children going into prekindergarten. Questions/topics to consider:
 - What do prekindergarten teachers expect of incoming PI children?
 - What do the PI staff think the child needs to know before leaving the PI program?
 - Compare expectations and create an appropriate list of expectations agreeable to both PI staff and prekindergarten teachers, ensuring it is aligned with the Illinois Early Learning Guidelines and the Illinois Early Learning and Development Standards.

- PI staff and prekindergarten teachers should discuss philosophies for teaching and learning in early childhood.

Resources

[Bridging Refugee Youth and Children's Services](#)

Defining Family Involvement vs. Engagement (HV, CCC, FCCH, FCCGH)

- Family involvement is different from family engagement. Families that attend events and do not help plan, facilitate, or actively engage in some way would be considered involved but not engaged (e.g., participation as part of the audience is involved but not engaged). Doing what educators ask or expect parents to do is INVOLVEMENT. "Doing to" refers to INVOLVEMENT. Participation of parents in regular, two-way, and meaningful communication is INVOLVEMENT.
- A collaborative partnership between the parents and school is ENGAGEMENT. "Doing with" refers to ENGAGEMENT. ENGAGEMENT produces better results. A partnership with parents in which they bring their own knowledge into schools/programs is ENGAGEMENT.

Family makeup varies widely and can include parents, stepparents, grandparents, brothers, sisters, and others living in the household. Families also come from a variety of cultural backgrounds and have a variety of values and traditions. Differences can be misinterpreted as indifference to children's education. There are numerous and varied ways to effectively engage family members, from asking them to help at the program to allowing them to take an active role in decision-making processes. It is critical that PI programs develop policies that are sensitive to, and reflective of, the communities they serve. (Adapted from the Maryland State Department of Education.)

The Illinois State Board of Education believes meaningful family engagement is a cornerstone of effective ISBE programs and schools. Meaningful family engagement is based on the belief that parents, educators, and community members all share responsibility for a child's education and well-being. Families have a stake in all aspects of our education system and are key partners in every area of school improvement.

ISBE has compiled research, best practices, and training to give districts, schools, community stakeholders, and families tools to help build and expand school-family partnerships. The [ISBE Family Engagement Framework](#) is a set of principles and strategies at the center of ISBE's efforts. The framework recommends the following four research-based principles to encourage more systemic, sustained, and integrated engagement.

The principles are:

- Develop systems that support family engagement.
- Build welcoming and supportive environments.
- Enhance communication with parents.
- Include parents in decision-making.

The ISBE Family Engagement Framework is to be used in developing and expanding ISBE program/school-family partnerships to support child learning and healthy development.

Resources

[Partner Plan Act: Parent Engagement Resources](#)

Written Family Involvement/Engagement Plan (HV, CCC, FCCH, FCCGH)

Parents and other family members should be given the opportunity to have input into planning program activities. Effective programs have a system for regular communication with parents about the program and about their child's progress. The clear intentions of the program should focus on families being invited to actively engage in the program and building community systems to support and strengthen families with infants and toddlers.

Effective programs develop and implement a written family engagement plan that is reviewed and updated annually to include, at a minimum, but need not be limited to:

- Written orientation to the educational program.
- Opportunities for engagement in home-based and/or site-based activities.
- A description regarding intensity of the activities and services offered, including home visits, groups, and case management.
- Provision for communication to and from parents about the program.
- Comprehensive written Planned Language Approach (a coordinated, systems, program wide approach to supporting the school readiness of all children served);
- Referring and following up with families that are obtaining additional services or leaving the program.
- Provision for promoting, practicing, and supporting parenting skills.
- Activities that emphasize and strengthen the role of the parent(s) as the child's primary educator.
- Provision for seeking parents' support and engagement in the program.
- Ensuring that parents are full partners in the decisions that affect children and families.

Written Orientation (HV, CCC, FCCH, FCCGH)

PI parents must understand the services that are being offered to them before enrolling in the program and know what they are signing up their family to participate in and how long services last. Effective programs have a well-defined orientation that is outlined in a policy and procedure manual. The orientation may include, but is not limited to:

- A verbal and written description of the services (e.g., home visits, groups, classroom services, etc.).
- A written agreement for parents to sign with information about the services of the program and the expectations of the family.
- A walk-through of the program space, if applicable.
- A written description of the policies and procedures regarding parent and child participation (e.g., no fees will be charged).
- A video of the program services.

PI programs can foster partnerships with parents that will lead to supporting children comprehensively and, therefore, supporting positive outcomes. Trust is fostered through two-way communication. The gathering of systematic feedback from parents can enhance programming. Effective programs have a well-defined parent engagement system that is outlined in a policy and procedure manual. The system may include, but is not limited to:

- Describe the strategies staff members are expected to engage in with parents, including activities that build partnerships with parents.
- Describe policies and procedures for giving opportunities to parents to provide feedback to program leadership on a regular basis. Provide parents opportunities to voice their ideas and opinions on the program activities as well as to provide feedback on their implementation. Establish and nurture a relationship where all parties are comfortable sharing comments and working together.
- Describe parent advisory committees, group leadership opportunities, etc.

Programs can ensure genuine parent engagement by inviting parents to join a program advisory council. The fundamental purpose of the program advisory council is to ensure that all children and families receive the best possible learning opportunities by engaging all partners in an ongoing process of evaluation and feedback related to child and family learning. An advisory council is defined as any group that serves in an advisory rather than a policymaking or decision-making role. The primary responsibility of the council is to help develop and to implement a program improvement plan in collaboration with program staff.

Indicators of Family Involvement (HV, CCC, FCCH, FCCGHH)

PI programs must provide for active and continuous participation of families of the children in the program. Programs must provide and document opportunities for parent education and involvement as well as ongoing two-way

communication with parents and guardians to comply with the PI grant. No fees will be charged for child supplies, materials, field trips, or registration.

The following indicators serve as a sample list of family involvement indicators. A parent/school/community survey, based on these sample indicators, could be developed, and then used annually to gather important information about the level of family involvement and satisfaction in your program. Research indicates that a successful parent and family education and engagement program offers multiple and varied approaches for developing a relationship with the family.

Family involvement is encouraged when:

- Parents are welcome in the program and their support and assistance are sought.
- Multiple opportunities are available for parents to be involved and engaged.
- Community resources are used to strengthen PI programs, families, and child learning.
- Communication between home and child care is regular and two-way.
- Parenting skills are promoted and supported.
- Barriers to family involvement, such as transportation and language, are reduced.
- Home visitors, teachers, supervisors, and mental health consultants work together to assist parents in obtaining services within the community.

Satisfaction can be achieved when program succeed at:

- Creating an atmosphere in which home visitors, teachers, administrators, and families are all valued participants in the child's education.
- Developing and implementing a written parent involvement plan.
- Inviting and encouraging family members to volunteer in the program or classroom.
- Providing parent education opportunities.
- Supporting involvement of parents and guardians in their children's lives.
- Scheduling regular home visits is a useful tool for developing family relationships.
- Providing a lending library for families with books and other resources.
- Providing a lending library for children's books and toys.
- Creating a regular program newsletter.
- Using various means to reach families, including phone calls, emails, texts, apps, blogs, etc.

Parent and Family Engagement (HV, CCC, FCCH, FCCGH)

Parent and family engagement approaches may include:

- Parents are partners in the decisions that affect children and families.
- Parents play an integral role in assisting child learning.
- Parents are an integral part of the home visit, group, classroom, and program planning.
- Cooperatively developing a mission statement based on shared beliefs.
- Co-planning family workshops, field trips, and child/parent events.

Decision-Making and Advocacy (HV, CCC, FCCH, FCCGH)

Effective programs implement the following family engagement activities:

- Include family members in the development and implementation of program activities.
- Assist family members in becoming their children's advocates as they transition into preschool from the home or other child care settings.
- Provide education and training to families so they can understand and exercise their rights and responsibilities concerning the education of their children.
- Assist family members in communicating with home visitors, teachers, and other program personnel so that they can participate in decisions related to their children's education.

- Encourage the formation of parent-teacher organizations, parent advisory committees, or other parent groups to identify and respond to issues of interest to family members.
- Provide parents with current information regarding policies, practices, and children’s progress as documented through observation-based assessment data and program evaluation procedures and outcomes.

Family Engagement Records (HV, CCC, FCCH, FCCGH)

PI programs are monitored periodically. As part of the monitoring process, monitors may ask to see documentation of family or parent engagement. Programs should develop a system for tracking the level of parent/family engagement in their program. This information should also be used for programmatic improvement. Please refer to the [Prevention Initiative Compliance Checklist](#) and the [ISBE PI webpage](#) under Accountability: Monitoring and Continuous Quality Improvement dropdown for other resources that can be referenced to determine the minimum requirements for documentation.

Resources

[Office of Head Start: National Center on Parent, Family and Community Engagement](#)

[U.S. Department of Health and Human Services](#)

[The Head Start Parent, Family, and Community Engagement Framework](#)

National Association for the Education of Young Children: [Resources for Family Engagement Working with Culturally and Linguistically Diverse Families](#)

Communication (HV, CCC, FCCH, FCCGH)

PI program staff must clearly understand what the expectation is regarding communicating with children and their families. Families must understand their options regarding communicating with their home visitor, their child’s teacher, and the program leadership. Effective programs will develop well-defined criteria for communication and provide comprehensive guidelines in a program policy and procedures manual. Items may include, but are not limited to:

- Define the responsibilities of each staff position and include how and how often parents who have a child in a DCFS-Licensed Center-Based classroom will receive written feedback about their child’s experience at the center. (CCC, FCC, FCCGH)
- Define the policies and procedures regarding home visit cancelations or no-shows. What communication needs to happen? What about making up visits? (HV)
- Define the policies and procedures regarding a home visitor or teacher calling in sick. Who makes the cancelation calls? Who calls in a substitute?
- Define the agency-approved ways staff may communicate with families (e.g., phone call, text, email, Facebook, etc.).
- Describe the contents of the program newsletters. How often are they published and distributed? Who contributes to the newsletter? What are the expectations or parameters regarding articles?
- Define the policies and procedures regarding a mandated reporting call (e.g., timeframes for contacting the DCFS hotline, informing the program supervisor, communication with the family, etc.)

Community Collaboration (HV, CCC, FCCH, FCCGH)

Prevention Initiative programs must meet the comprehensive and sometimes complex needs of all families. The process of raising and educating healthy and successful children requires a vision for the communitywide commitment of programs, schools, and service agencies to address the needs of the whole child. Effective programs work toward building relationships with other community service providers and develop formal agreements, also known as Memorandums of Understanding, that will clarify and strengthen the mutual understanding of each entity’s roles and responsibilities.

An MOU is a document that describes a formal agreement between two or more parties. It is not a legal agreement, but it does indicate the establishment of a relationship. An MOU is generally recognized as binding, even if no legal claim could be based on the rights and obligations laid down in it. It is also sometimes called a letter of intent. For the protection of all parties, develop the written agreement before beginning services to children and families. The

agreement can be supplemented with an annual partnership work plan. Review all agreements with legal counsel before signing.

An MOU with another program can be the first step in the development of a comprehensive service delivery system. The service delivery involves cross-agency efforts that focus on meeting the needs of individual children and families. Today many families across all income levels are experiencing greater stress, and child poverty is at record levels. An individual program or service provider cannot view itself as an isolated institution within the community, separate from family and other community services. The PI program should make it a priority to work in collaboration with other service providers to develop a seamless referral and follow-up system.

Effective programs take affirmative steps to establish ongoing collaborative relationships that go beyond the development of referral networks. Therefore, programs are encouraged to secure a broad range of services by working together with community agencies. The following is a list of agencies you may want to consider collaborating with within your community. It is not an exhaustive list.

It is strongly recommended that you indicate at least two collaborations beyond the school district or program in the IWAS grant application.

Local Public Health Department Boys and Girls Clubs Child and Family Connections Homeless Shelters Early Intervention Law Enforcement Easter Seals Fire Department Special Education Services GED Providers Hospitals Community Colleges Preschool for All Programs Universities Head Start/Early Head Start Faith-Based Organizations Mutual Aid Societies Health Clinics School Districts Child Care Providers All Our Kids Networks Food Banks YMCA/YWCA Food Banks	Agencies Offering English Language Learning Mental Health Agencies Places that Offer Professional Development for Staff Domestic Violence Prevention Shelters Illinois State Police Car Seat Checks U of I Cooperative Extension Community Businesses Crisis Nursery Child Care Connection/Resource and Referral Educational Centers Agencies that Serve Refugees, Immigrants, or Undocumented Drug and Alcohol Treatment Programs American Heart Association Local Public Aid Red Cross Special Supplemental Nutrition Program for Women, Infants, and Children Libraries
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“When multiple agencies, organizations, and families work together, the available resources become more substantial and provide greater benefits that the community as a whole can utilize and further build collective power to influence systems and create social change.”

-- [Partner Plan Act](#)

Resources

[Build Initiative](#)

[Partner Plan Act Illinois Action for Children](#)

[Checklist for Developing a Partnership Agreement/Contract](#)

[A Checklist for Developing a Partnership Agreement or Contract](#)
[Guidance for Developing a Memorandum of Understanding for EHS-CC Partnerships](#)
Sample Form: [Child Care Service Agreement](#)
Sample Form: [Contract Between All Our Kin and Family Child Care Provider](#)

Continuum of Implementing Coordination Strategies (HV)

The ISBE Prevention Initiative program embraces the state's early childhood vision of every child entering kindergarten safe, healthy, ready to succeed, and eager to learn. The Illinois Home Visiting system recognizes the home as the most influential learning environment in which to strengthen the parent-child relationship and help reach the child's full potential. The overall goals of Illinois Home Visiting are to promote positive parenting and healthy child growth and development and to prepare young children for school success. Home Visiting is an integral part of a continuum of services for families that is well-coordinated and integrated and begins prenatally.

Resources

[Developing Coordinated Intake for Your Community: What is it and How to Start or Maintain a Strong System](#)
[Issue Brief on coordinated Intake: An Overview and Illinois' Experience within the Early Childhood Home Visiting System](#)

Comprehensive Written Plan for Collaboration (HV, CCC, FCCH, FCCGH)

Effective programs provide a comprehensive written plan that articulates how the collaboration with partners will benefit children and the families that are being serviced by the Prevention Initiative program. Plans should provide specific and targeted supports for children and family's needs as identified through the weighted eligibility and screening and intake processes and procedures, as well as the Family-Centered Assessment. Programs that implement best practices develop and implement a written community collaboration plan that is reviewed and updated annually. The community collaboration plan will provide guidance to staff about the coordination and collaboration efforts the program is engaged in with other providers in the same service area. The plan describes the agreements made with Head Start, Early Head Start, and other providers in the service area. The plan(s) will specifically identify how programs will:

- Coordinate with other service providers within the same service area concerned with the education, welfare, health, and safety needs of children (prenatally and birth through third grade/8 years old).
 - May include, but not be limited to:
 - List the other programs in the area that provide services the families in the programs access. Describe any partnership, collaboration, or agreed upon procedures your organization has with each entity.
 - List the collaborations your agency participates in. Describe the purpose and any goals and objectives of the group.
- Coordinate with other early childhood providers to create a system for making referrals, providing follow-up, and explaining how case management services will be used.
 - May include, but not be limited to:
 - Describe the referral and follow-up system agreed upon by your community and how your organization fits into the system.
 - Describe any agreements regarding referral and follow-up your program has with other entities.
- Eliminate duplication of services.
 - May include, but not be limited to:
 - Describe the target service area or population of your program and those of other entities in your same service area that provide the same services.
 - Describe how your program collaborates with other entities to provide the same services in your area to reduce duplication of services.

- List any partnership or collaboration agreements or any coordinated intake systems your program participates in.
- Coordinate Individual Family Goal or Service Plans.
 - May include, but not be limited to:
 - Describe how the program will coordinate the Individual Family Goal Plan with plans that other community service providers have developed with or for the family.
 - Describe how the program will coordinate and develop written Transition Plans with other community service providers.
 - Describe how the program will provide families with access to comprehensive services, including those not provided directly by the program.

Home Visiting Program Implementation (HV)

PI program staff must understand what information to share with parents and how to deliver it efficiently and effectively. It is not sufficient for staff to “just” understand child development. The way the curriculum is implemented is crucial to the successful parental behavior changes that take place beyond a home visit. Staff members must be able to develop and maintain relationships with parents by supporting their child’s development. The program needs to outline the expectations of how programming will be implemented. Effective programs provide information in a policy and procedure manual. This may include, but is not limited to:

- State the program mission statement and values.
- Describe the program approach and/or philosophy concerning programming and services.
- Describe developmental parenting.
- Define the facilitative approach.
- Describe the strategies of developmental parenting and the facilitative approach.
- Provide information about program monitoring and use of the Home Visiting Rating Scales and how staff may be included.

Developmental Parenting and Facilitative Approach (HV)

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

Early childhood experiences are powerful in influencing young children’s cultural understanding by the association of habits, clothing, songs, stories, games, etc. Children begin the development of self-understanding, including cultural traits and habits, at birth. Self-understanding slowly evolves from infants’ experiences with others, mainly parents, but certainly including caregivers, attending family members, and friends.

Programs that utilize a parenting-focused model support the parent/child relationship in non-invasive ways that emphasize the parents’ support of the child’s development. This approach is called “developmental parenting” and offers support as parents’ behavior changes over the course of time in response to a child’s changing developmental needs. The characteristics of the parent-focused model include respecting the parent as the child’s most important and influential teacher, building developmental parenting skills, building parent confidence in parenting, helping parents use child development information, helping parents keep parenting during a crisis, and establishing an enduring context for a child’s development.

The “facilitative approach” offers an effective way to promote developmental parenting. The approach is characterized by the following behaviors: deliver services from practitioner to parent and then through parenting to the child; help parents observe, support, and adapt to their children’s development; and address foundations of social-emotional, cognitive, and language development. This allows staff to deliver child development services by helping parents use

their own skills and resources to support their child's development. This approach of providing services requires a paradigm shift in the way we partner with parents, deliver services, and interact with the child. For example, services have been delivered traditionally directly from the practitioner to the child or directly from the practitioner to the parent. The parenting-focused model emphasizes the parents' support of the child's development as illustrated below:



Supporting parents through developmental parenting allows us to strengthen their ability to parent beyond participation in a Prevention Initiative program and offers the immediate support parents need to prepare their child for the future.

Programs that support staff in implementing developmental parenting and the facilitative approach will find that these behaviors are aligned to the Home Visit Rating Scales, a tool that is used during PI monitoring.

References

1. Day, M., & Parlakian, R., (2004). How Culture Shapes Social-Emotional Development: Implications for Practice in Infant Toddler Programs. ZERO TO THREE.
2. Roggman, L., & Boyce, L., & Innocenti, M. (2008). Developmental Parenting: A Guide for Early Childhood Practitioners. Baltimore, MD. 2, 9-21.

Resources

- [Professionals Partnering with Newborns and their Families A Guide for Practitioners from the Illinois Newborn Practice Roundtable](#)
- [Guiding Principles for Cultural and Linguistic Responsiveness](#)
- [Developing Culturally Responsive Approaches to Serving Diverse Populations: A Resource Guide for Community-Based Organizations](#)

Home Visiting Caseloads (HV)

A Home Visiting program should develop policies and procedures based on best practice regarding staffing and caseloads. The following information needs to be considered as programs hire staff to serve families in the community:

- A reasonable number of families in the home-based option are served by each service provider in accordance with program design.
- The severity of need, intensity of services, and training of staff will be of foremost importance.
- In determining caseloads in a home-based model, staff must consider the needs of children and families and the geographic distances between homes and the program site.
- The number of families served by the home visitor should be smaller when all families on the caseload are in the beginning stages.
- The number of families can be larger when the caseload contains a mix of newly enrolled families and those in the "phase-out" stages (depending upon the need and desire of the family being served).
- The size of the caseload determines the frequency and length of visits. For example, if a home visitor has a low caseload they may have the capacity to serve families with more frequency.
- Programs will strictly adhere to their program model regarding staff ratios.

The intensity of services provided by staff serving families at risk appears to be relatively consistent across Home Visiting program models. The information below is a general overview of best practice regarding Home Visiting caseloads.

- A 1.0 full-time equivalent (FTE) home visitor that serves families weekly has a caseload of approximately 10 to 15 families.
- A 1.0 FTE home visitor that serves families biweekly (every other week) has a caseload of approximately 16 to 20 families.
- A .5 FTE home visitor that serves families weekly has a caseload of approximately 5 to 8 families.

- A .5 FTE home visitor that serves families biweekly (every other week) has a caseload of approximately 9 to 12 families.

Program supervisors will assign caseloads in accordance with the chosen program model. Supervisors should consider the needs of families in relation to the caseload size of each individual home visitor. In addition, the number of families that are expecting a child and the number of children birth to age 3 years within a household should be considered when developing home visitor caseloads. Other issues to reflect upon when adding families to caseloads are the additional responsibilities expected of each individual home visitor.

Note: The ISBE-funded enrollment is based on the number of children served, not families.

Prevention Initiative Classroom (CCC, FCCH, FCCGH)

A Center-Based program should develop policies and procedures based on best practice regarding staffing and classrooms. The following information needs to be considered as programs hire staff to serve children and families in the community (as applicable for the age of the child):

- Promotes positive interactions through experiences and routines that are developmentally appropriate.
- Provides for interactive/hands-on learning that promotes the child's scaffolding of learning.
- Allows for concept learning and skill development in an integrated and natural way.
- Allows for active learning and permits children to frequently make their own meaningful choices.
- Provides opportunities to explore and inquire instead of focusing on "right" answers or "right" ways to complete a task.
- Promotes the development of higher-order abilities, such as thinking, reasoning, problem-solving, and decision-making.
- Promotes and encourages social interaction among children and adults.
- Builds and elaborates on children's current knowledge and abilities.
- Encourages development of positive feelings and dispositions toward learning while leading to the acquisition of knowledge and skills.
- Provides activities that promote feelings of success, competence, and enjoyment of learning.
- Utilizes a variety of learning experiences, such as interest areas furnished with materials based on program goals and children's interests and their abilities, as well as group activities.

In addition, PI staff is actively involved in implementing all aspects of the curriculum. Skills are embedded in naturalistic environments using ideas from the children or contributions by the teacher.

Curriculum components not appropriate for a PI classroom include, but are not limited to:

- Use of workbooks, worksheets, flashcards, and/or other materials that do not engage children's interests.
- Use of curriculum without alignment to a research-based assessment tool that informs instruction to meet individual and group needs.

Strive to have variety and multiple choices available in materials and activities that are a routine part of the daily schedule.

Portfolios (HV, CCC, FCCH, FCCGH)

Portfolios that document a child's progress over time may be a component of Home Visiting but should be part of all PI DCFS-Licensed Center-Based Child Care (CCC/FCCH, FCCGH) programs. Collections contained in the portfolio should be representative of the work done by the child, if applicable, to illustrate the child's progress over time or photos with a written description of the child's progress. Anyone who works with the child may contribute to collecting documentation. Younger students spend time in many early childhood programs working on tasks that are not easily saved for future reference. For example, building with blocks can be an involved activity that a child might pursue with

vigor. Progress in the child's ability to work with blocks can be documented over time by taking photographs of the various structures that are built. A collection is then available for future reference and can serve as a topic of discussion with the family.

A portfolio for each child may contain:

- A research-based developmental checklist that measures progress over time with three reporting periods.
- Individualized collections, such as work samples, photos, anecdotal notes, etc., that reflect the IELG.
- Narrative summary reports used to share assessment information with parents/guardians:
 - Should be factual, brief, and relevant.
 - Contain name; date collected; IELG reference; or references to the research-based, IELG-aligned curriculum objectives.
- Photo of the child or parent and child with a description of the activity and references to [the Illinois Early Learning Guidelines](#).

Teachers or home visitors should choose guidelines and indicators to show progress that documents the integration of many skills and capabilities of the child. It should also show the unique ways a child goes about doing something and show how a child is growing and learning over time. Teachers should use information that is collected and documented to reflect on the child and drive instruction. Some questions to guide reflection include:

- What was my purpose for observing?
- What similarities or patterns do I notice?
- What do these observations suggest?
- What else might be going on?
- What else do I want to observe or find out?
- How does this observation fit with other things that I know about the child from previous observations?
- How will I document my interpretations?

The [Child Portfolio Teacher Reflection Tool](#) may be used by teachers and administrators to improve the quality of child portfolios.

Program Opportunities and Intensity of Services (HV)

Effective programs will develop well-defined criteria for visits and provide comprehensive guidelines in a program policy and procedures manual. Items may include, but are not limited to:

- 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 (every other week) visits, etc.? For example, families will be offered weekly visits after the birth of a baby for at least four months or families will be offered four group meetings in the fiscal year.
- Visit length: What is the expectation for the length of time a visit will last? Example: The average length of a home visit will be 45-90 minutes.
- Scheduling visits: What policies/procedures will be followed to ensure visits will be scheduled and completed? Develop policy and procedures for scheduling visits with a family. For example, the next visit will be scheduled at the end of each 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 the policies/procedures regarding transition services? How will programs ensure transparent and seamless transitions between one program and another?

Program Groups (HV, CCC, FCCH, FCCGH)

Effective programs will develop well-defined criteria for groups and provide comprehensive guidelines in a program policy and procedures manual. Items may include, but are not limited to:

- Group type: What kinds of groups will be offered? Who (parent/child groups and/or parent only groups) will be invited? Some examples are child classroom, parent/child interactions (infant massage, infant sign language, field trips, etc.), and parent workshops and support groups (teen parent groups, Parent Café, make it/take it time, childbirth preparation, etc.).
- Group frequency: How often (dates, times, locations, etc.) will each group meet?
- Group length: What is the expectation for the length of time a group will last?
- Scheduling groups: What activities (recruitment and public awareness activities, personal invitations, parent engagement regarding group activities and decision-making, etc.) will take place to ensure the group is a success?
- Data collection: What should program staff collect and report? How often will data be reviewed, and goals revisited?
- Program services: Programs will provide services according to the chosen program model. What does that mean for your program?
- Group data: Programs will evaluate group data annually in a logic model designed specifically for their program.

Mental Health Consultation (HV, CCC, FCCH, FCCGH)

[Infant/Early Childhood Mental Health](#) (I/ECMH) consultants are an essential element to quality early childhood programming and can be reflective thought partners for program supervisors and staff as they navigate and deepen their work with families. I/ECMH consultants have a particular focus on reflective practice. They support the parent-child relationship and help professionals step back and consider how their working relationships with families, as well as supervisors' relationships with staff, ultimately impact the family and child.

The [Illinois model](#) includes competencies to be demonstrated by I/ECMH consultants:

1. A knowledge of infant/early childhood development, mental health, and early care and education.
2. Ability to work effectively throughout diverse cultures and communities.
3. Ability to build relationships and collaboratively engage with families, providers, programs, and systems.
4. Ability to effectively and sensitively gather information.
5. Ability to collaboratively develop a plan and shared measures of success.
6. A knowledge of community systems and resources and ability to develop partnerships.
7. An understanding of the impact of trauma on early childhood.
8. Commitment to ethical behavior and reflective practice.

Remember, the cost of hiring a mental health consultant should be proportionate to the needs of the staff and size of the program. The program needs to think strategically about when and how to engage the mental health consultant to support the program staff.

Using Mental Health Consultants During a Home Visit

The program staff must partner with the mental health consultant to decide the role of the consultant in participating in home visits and identify the benefit to the family. Things to consider before a consultant participates in a home visit:

- How are families identified?
 - The home visitor, consultant, and supervisor must meet before the consultant begins to participate in home visits to clarify the role of the consultant in the visit and the goal for the consultant's participation. What will be the benefit to the family?
 - How will the consultant support and partner with the home visitor during the visit?
- How is the consultant's participation in the visit explained to a family?
 - The home visitor needs to engage the family in a discussion about the consultant and talk with the family about the purpose for the consultant's participation in the home visit before the consultant participates in a visit. Then consent should be received from the family for the consultant to visit.
- What happens after the consultant participates in the home visit? What follow-up is done with the family?

Using Mental Health Consultants for Co-facilitation of Groups

Consultants can be used as a co-facilitator with staff for groups offered to families. This is an opportunity for staff to utilize the early childhood mental health knowledge of the consultant in providing groups for parents. This is also a way to create sustainability of the project by capturing the consultant's knowledge in developing materials that can be used to lead groups in years to come. Things to consider before a consultant participates in a home visit:

- Are there group topics that could be enhanced with consultant co-facilitation of the group?
- What materials for group facilitation or parent handouts could staff develop with your consultant to support early childhood mental health in your programs?

Using Mental Health Consultants in a Center-Based Program (CCC, FCC, FCCGH)

Infant Early Childhood Mental Health consultation in a DCFS-Licensed Center-Based program is a proactive, prevention-oriented service designed to support the social-emotional well-being of young children (Infants and toddlers) by empowering the adults who care for them (parents and staff). Pairing mental health professionals with caregivers, educators, and program leaders in a Center-Based program enables such consultants to strengthen the capacity of systems and individuals to foster healthy development before significant challenges emerge. The consultation system operates on three key levels:

- **Programmatic Consultation:** Focuses on working with program leaders to improve organizational policies, practices, and strategies that support the social and emotional development of all children and their families.
- **Classroom Consultation:** In early care and education settings, consultants collaborate with teachers to address classroomwide strategies, problem-solving, and practices that promote pro-social behaviors and emotional skills for all children.
- **Child and Family-Focused Consultation:** Targets the needs of individual children and families by identifying and addressing specific challenges. Consultants also assist in connecting families to community resources and mental health services as needed.

I/ECMH consultants can work across all levels in a Center-Based child care program:

- **Child- and Family-Focused Consultation:** A consultant builds relationships and collaborates respectfully with families and staff to understand and respond to the mental health needs of infants, young children, and families. They provide support for children with behavioral difficulties or developmental challenges. The consultant helps support the overall well-being of children and families.
- **Consultation in Classrooms and Family Child Care Homes:** A consultant partners with families and staff to promote equitable, warm, and trusting relationships. They help children and adults build strong relationships by suggesting approaches like safe environments, consistent schedules and routines, and age-appropriate social and emotional strategies.
- **Consultation in Programs:** A consultant works with administrators and staff on the program's social and emotional climate, culture of wellness, and focus on equity for infants, young children, and families.
- **Professional Development Needs of Staff:** A consultant assesses the training needs and interests of a program to provide tailored professional development for staff. The consultant may help to develop or facilitate communities of learning, which provide opportunities for self-reflection and peer-to-peer support in programs.

I/ECMH consultation is adaptable and can be implemented in various environments, especially DCFS-Licensed Center-Based child care. Research highlights several positive outcomes, particularly in center-based program settings, including:

- Decreased problem behaviors in children.
- Increased pro-social behaviors.
- Reduced preschool expulsions.
- Enhanced teacher-child interactions..
- Improved classroom environments
- Supporting staff, families, and the community to identify and understand trauma in a child's/family's life.
- Supporting parents and staff through check-ins (virtual and in person).

- Facilitating live, virtual, or recorded trainings.
- Leading staff wellness activities in person or virtually.
- Sharing online resources on mindfulness or stress reduction, and supporting programs in practicing the strategies and techniques.
- Helping to organize in-person or virtual parent cafés for peer-to-peer support.
- Sharing resources to promote the mental health of children and families.

By focusing on prevention, I/ECMH consultation builds a foundation for long-term emotional and social success in children, strengthening families and systems alike.

Resources

- [Illinois Department of Early Childhood: Illinois Infant/Early Childhood Mental Health Consultation](#)
- [Illinois Model for I/ECMHC](#)
- [How Mental Health Consultants Support Child Care Programs](#)
- [Infant/Early Childhood Mental Health Consultation](#)
- [Illinois Association for Infant Mental Health](#)
- [Center on the Social and Emotional Foundations for Early Learning](#)
- [Early Childhood Mental Health Consultation to Home Visiting Programs: Addressing the Unmet Mental Health Needs of Families with Young Children](#)

Doula (HV)

Doula Program Goals:

- Promote active engagement of existing and new program families in long-term evidence-based Home Visiting services through initial prenatal and intrapartum program experiences.
- Promote a parental sense of confidence, competence, and comfort in expectant person's physical, emotional, and social transition into parenthood.
- Promote positive health practices for developing baby and new parent.
- Promote a growing sense of emotional availability, attunement, and engagement with the developing and new infant.
- Prepare for labor and delivery and provide intrapartum doula support to bring about positive birth outcomes for infant and parent.
- Support newborn care and feeding.
- Provide seamless support with home visiting and doula support.
- Organize and facilitate prenatal groups.

There is a readiness factor that should be considered if your program is considering integrating a doula component into your Home Visiting program. Supplemental services, such as doula, must be integrated within the context of an evidence-based Home Visiting program and complement and align with the evidence-based program model, research-based curriculum, as well as the [Illinois Early Learning Guidelines](#) and [Birth to 5 Program Standards](#). Supplemental services must not be offered in isolation of the Home Visiting services. The program must be able to take on all the roles and responsibilities of doula services. Doula services are not required in an ISBE-funded PI program.

Programs that implement or are considering implementing a doula component must refer to the ISBE guidance posted on the [ISBE Early Childhood Prevention Initiative webpage](#).

Doulas are home visitors. (Doulas are trained in the program's Home Visiting model. They have more responsibilities than doulas trained by DONA International.)

Birth to Third Grade Alignment (HV, CCC, FCCH, FCCGH)

The [Common Core State Standards](#) (CCSS) have implications for PI and PFA in terms of content and skills expected for success upon entry to and during kindergarten and beyond. The CCSS is written for K-12, but early childhood program staff should take time to carefully reflect on the developmental needs of children birth to age 3 years and how early childhood education can *align* to the CCSS. Vertical alignment was completed to ensure that Illinois Early Learning Guidelines for Children Birth to Age 3 align with IELDS and IELDS align with CCSS.

Resources

National Association for the Education of Young Children

- [Technology and Interactive Media as Tools in Early Childhood Programs Serving Children from Birth through Age 8](#)
- [Early Childhood Curriculum, Assessment, and Program Evaluation](#)
- [Where We Stand on Curriculum, Assessment, and Program Evaluation](#)
- [National Institute for Early Education Research](#)
- [Common Core State Standards and Early Childhood Literacy Instruction: Confusions and Conclusions](#)

Section 5: Prevention Initiative Program Staff

Professional Staff (HV, CCC, FCCH, FCCGH)

Appropriately qualified personnel who meet the requirements of the evidence-based program model or DCFS-Licensed Center-Based administrative rules that is to be implemented by the PI program must be employed and may include, but are not limited to, program coordinators/directors/supervisors, home visitors, doulas, early childhood teachers, and infant mental health consultants. The program should maintain a staffing structure to be able to interact with children and families long enough to make sustainable changes in the family.

The PI program should have a designated supervisor and maintain a manageable supervisor-to-staff ratio to be able to participate in local community collaborations to support the local data collection efforts and birth to third grade continuum efforts; maintain a comprehensive understanding of community resources; and establish and maintain joint agreements, partnership agreements, or MOUs. Research indicates that a reasonable supervisor-to-staff ratio is one supervisor to every five to seven staff members. Programs need to adhere to the chosen evidence-based program model.

The program must refer to the [PICC](#) and [the ISBE RFP information webpage](#) to find the latest PI NOFO/RFP to ensure compliance to the PI grant.

Organizational Capacity (HV, CCC, FCCH, FCCGH)

The program must have the organizational capacity to implement all nine [PI NOFO/RFP](#) program objectives and the chosen program services (HV or CCC/FCC/FCCGH) with fidelity, and to adhere to the [Illinois Birth to Five Program Standards](#).

PI Objectives

- Screening to determine eligibility
- Research-based program services and curriculum
- Developmental monitoring
- Individual Family Goal Plan
- Case management services
- Family and community relationships
- Data collection and evaluation
- Qualified staff and organizational capacity
- Professional development

The program provides services for children and families at least 165 days of the fiscal year. Refer to the [PICC and the ISBE RFP Information webpage](#) to find the latest PI NOFO/RFP for the most current requirements regarding staff and organizational capacity.

Supervision (HV, CCC, FCCH, FCCGH)

The program conducts staff development assessments and ongoing professional development.

The PI supervisor's role is to train, coordinate, monitor, and evaluate the PI staff. In addition, leadership should support the team and ensure staff have a thorough understanding of the community and institutional resources the program can offer families that participate in the program. Effective programs implement staff development activities to support the program's continuous quality improvement efforts. Staff development needs must be assessed according to the program's chosen model to achieve the purpose and goals of the PI program. All staff are required to develop a written, individualized professional development plan in collaboration with their PI supervisor. A professional development plan is a written course of action to improve and strengthen a staff member's ability to function effectively in their professional role and meet their responsibility to children and families.

Effective programs provide PI staff administrative and reflective supervision.

- Administrative supervision is understood as supervision to oversee performance to assure that the agency's legal and ethical responsibilities are met. Supervision responsibilities include examining the completion of charts and other records for accuracy, ensuring reporting obligations are met, confirming minimum performance standards are met, and leading the PI staff.
- Reflective supervision is understood as the regular collaborative reflection between a service provider and PI supervisor that builds on the PI staff's use of their thoughts, feelings, and values within a home visit or any other type of service encounter. The significant focus is on attention to the parallel process and how relationships affect relationships, including those between the practitioner and PI supervisor, the practitioner and the caregiver, and the caregiver and the young child. Dialogue between PI supervisor and practitioner incorporates observation and feedback to improve practice, plan effectively, and foster professional development. Reflective supervision promotes and supports the development of a relationship-based organization and is characterized by reflection, collaboration, and regularity. Reflective supervision will be implemented based on the recommendations of the chosen program model with fidelity. References excerpted from "Look, Listen, and Learn: Reflective Supervision and Relationship-Based Work," Parlakian, Rebecca (2001).
Infant mental health consultation may help the PI program integrate healthy reflective practice strategies.

The supervisor, in partnership with each staff member, must develop an individualized professional development plan. Supervision of staff is an important role for administrators. It can be used effectively to help staff grow and flourish professionally. Administrative supervision is perhaps one of the most difficult responsibilities of the leader. That is because traditional supervision is often equated with evaluation. People tend to be anxious when they know they are being evaluated, especially if negative evaluations threaten their jobs.

Resources

- [U.S. Department of Health and Human Services, Promoting Reflective Practice](#)
- [Building Resilience: Resources for Supporting Young Children Who Have Experienced Trauma and Maltreatment and Their Families](#)

Background Checks (CCC, FCC, FCCGH, as applicable)

Employees and volunteers who are persons subject to background checks, as defined by [Section 385.20 of Title 89 of the Illinois Administrative Code \[89 IAC 385.20\]](#), must authorize DCFS to perform a Child Abuse and Neglect Tracking System (CANTS) background check.

Every person who will have access to a child is subject to a CANTS background check. It is best practice for programs to obtain CANTS background checks for all PI staff. Programs should adhere to Illinois law, the chosen evidence-based Home Visiting program model, and the school or agency policies and procedures.

Mandated Reporter (HV, CCC, FCCH, FCCGH) (required)

The program must develop policies and procedures regarding mandated reporting. Program staff need to be familiar with the [Abused and Neglected and Child Reporting Act of Illinois](#).

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

The program administration and staff will act as a link with the agency that has the legal obligation to take charge of a child abuse and neglect case and continue with the process. It is important that the administration and the staff of a program for children and families have established a working relationship with the local agency that is designated to act on a case of child abuse and neglect. Your school district or agency likely already has a Child Abuse and Neglect policy in place. However, if it does not, here are some recommendations and links to more information.

The program's policy, at a minimum, should include the following:

- Who will report — the staff member who suspects the abuse, the nurse, or the director?
- Reporting obligations, including that it is permissible to share confidential information with agencies and individuals who have legal responsibility for intervening in a child's interest.
- Information about the Abused and Neglected Child Reporting Act.
- When to report? As soon as possible.
- Signs of abuse/neglect.
- What documentation is required by your program and by the local child protective services?
- Follow the chain of command.
- What are the rights of mandated reporters?
- How does the program coordinate services with the local child protective services agency?
- What follow-up is required? Is there other documentation needed?
- Will the family be told? The program policy should include procedures to communicate with parents or guardians about child abuse and neglect.

An orientation about child abuse and neglect should be held for all new staff. Ongoing training should be provided to all staff to review and discuss, in general terms, what constitutes child abuse and neglect, and the policy and procedures that must be followed if there is evidence they exist. The initial orientation should be followed by a formal training to review the mandate and discuss probable -- though fictional -- cases of child abuse and neglect, using them as examples to demonstrate the difference between perception and reality of child abuse and neglect. It is imperative that the staff understand the seriousness of complying with the law as part of the training.

Review the policy annually with staff to determine if it is effective and change or reaffirm it, as appropriate.

Resources

[Illinois Department of Children and Family Services](#)

[Abused and Neglected and Child Reporting Act of Illinois](#)

[Recognizing and Reporting Child Abuse: Training For Mandated Reporters](#)

[\(325 ILCS 2/\) Abandoned Newborn Infant Protection Act](#)

[Care Enough to Call](#)

Home Visitor Safety (HV)

The personal safety of home visitors while they support and partner with families is of paramount importance. The Office of Early Childhood Development, in collaboration with the Ad Hoc Safety Workgroup of the Home Visiting Task Force, has compiled resources. Members of the Illinois Home Visiting community are strongly encouraged to review and incorporate them (as applicable) into their programs.

Resources

[IGROW Home Visitor Safety](#)

Sample Job Descriptions

Programs also should consider obtaining sample job descriptions from other early child care and education resources or the evidence-based program model that is implemented.

Sample Job Description: Teacher

Job Goal: To create a flexible PI program and developmentally appropriate class environment favorable to learning and personal growth of children; to facilitate children's development of communication abilities, attitudes, skills, and knowledge needed to provide a good foundation for future success in school, in accordance with each child's ability and based on the Illinois Early Learning Guidelines (IELG); to build strong ties between home and school; and to establish good relationships with parents and with other staff members.

- Provide learning experiences that support child development, including, but not limited to, language and literacy, mathematics, science, physical education, fine arts, foreign language, social/emotional development, and other subject matter as suited to the developmental appropriateness and needs of children.
- Develop and use instructional materials suitable for verbal or visual instruction of children with a wide range of mental, physical, and emotional maturities.
- Develop in each child an awareness of their worth as an individual and his/her role in the family and community.
- Provide ongoing observation and authentic assessment of children and maintain documentation of each child's progress and growth.
- Provide individual and small-group instruction designed to meet individual needs of children in communication skills, health habits, physical skills, and development of satisfactory self-concepts. Work with other support personnel/agencies to promote this goal.
- Enrich educational program through study trips to community resources, such as zoos and parks, and through classroom visits by resource persons from the school and community. Share and interpret these experiences with children and parents.
- Plan and coordinate the work of aides, assistants, parents, and volunteers in the classroom and on field trips in order to obtain the maximum benefit from their efforts.
- Develop activities for parents that promote parent participation and involvement in education activities provided for their children.
- Communicate regularly with parents by means of parent meetings, newsletters, home visits, and individual parent conferences.
- Interpret school program to parents in order to strengthen parental understanding of the individual children's needs and child care's role in the child's life.
- Provide appropriate climate to establish and reinforce acceptable child behavior, attitudes, and social skills.
- Cooperate with other professional staff members in assessing and helping children solve health, attitude, and learning problems.
- Create an effective environment for learning through functional and attractive displays, interest centers, and exhibits of children's work.
- Maintain professional competence through in-service education activities provided by the program and through self-selected professional growth activities.
- Select and requisition books, instructional aids, instructional supplies, and food.
- Implement curriculum.
- Perform other incidental tasks consistent with the goals and objectives of this position.

Sample Duties for Teachers

- Select a curriculum that is aligned with the IELG.
- Develop and implement daily lesson plans that meet the developmental, social, emotional, and intellectual needs of all children in the class.
- Set up and maintain an environment in the classroom that fosters learning, including switching or rotating materials in interest areas on a regular basis.
- Cooperate with other staff to carry out routine duties, such as toileting, hand washing, cleanup, and supervision of children always, including outdoor play.
- Collect anecdotal notes and portfolio items to assess children's development using individual records.
- Communicate weekly with parents via a newsletter.
- Host parent meetings throughout the year on various topics. These are in addition to parent conferences.
- Conduct parent-teacher conferences twice a year.
- Compile a list of equipment and materials needed for the classroom and, with the approval of the center director, order the materials.
- Meet with the center director to help manage the grant.
- Meet with teaching assistant to go over lesson plans and share teaching strategies.

- Meet with the program's family educator/home visitor to coordinate and collaborate, especially to reduce duplication of services provided to the family.

Sample Job Description: Teacher Assistant

Job Goal: To assist the PI teacher in developing and implementing a developmentally appropriate program for young children.

- Assist with classroom learning activities.
- Supervise children inside and outside, including, but not limited to, classroom, outside, field trips, and mealtime activities.
- Maintain accurate records, as assigned by teacher.
- Assist with the assessment and evaluation of learning.
- Assist with the preparation of materials for use in the program.
- Assist and maintain an orderly learning environment.
- Assist with identification of and attention to children's health and hygiene.
- Assist in providing individual and small-group instruction in learning activities.
- Assist in communicating with parents.
- Maintain strict confidentiality of student records and data.
- Participate in professional development.
- Accompany teacher on home visits.
- Perform other incidental tasks consistent with the goals and objectives of this position.

Sample Job Description: Home Visitor

Job Goal: To support the child's development through strengthening the parent-child relationships and collaborate with parents to set goals for themselves and their children.

- Implement the chosen evidence-based program model and research-based curriculum with fidelity.
- Provide learning experiences to parents that support child development, including using developmental parenting and the facilitative approach.
- Develop and use instructional materials suitable for verbal or visual instruction of adults with a wide range of mental, physical, and emotional maturities.
- Develop in each child and adult an awareness of their worth as an individual and their role in the family and community.
- Provide ongoing observation and authentic assessment of children and maintain documentation of each child's progress and growth. This should be done in partnership with parents.
- Provide individual and group adult instruction designed to meet individual needs of children. Topics may include communication skills, health habits, physical skills, and development of satisfactory self-concepts. Work with other support personnel/agencies to promote this goal.
- Enrich educational program through study trips to community resources, such as local zoos, parks, libraries, and through group visits by resource persons from the school and community. Share and interpret these experiences with children and parents.
- Plan and coordinate the work of parents and other family members in the group and on field trips in order to obtain the maximum benefit from their efforts.
- Develop activities for parents that promote parent participation and engagement in education activities provided for their children.
- Communicate regularly with parents by means of parent meetings, newsletters, and home visits.
- Provide appropriate climate to establish and reinforce acceptable behavior, attitudes, and social skills.
- Collaborate with parents and professionals in assessing and helping children and their families solve health, attitude, and learning problems.
- Create effective opportunities for learning through use of the home environment and daily family routines.

- Maintain professional competence through in-service education activities provided by the program and through self-selected professional growth activities.
- Select and requisition books, instructional aids, instructional supplies, and food, as applicable.
- Participate in curriculum and other developmental meetings, as appropriate.
- Perform other incidental tasks consistent with the goals and objectives of this position.
- Have a working knowledge of resources available in our community and be able to effectively assist families in accessing those resources (e.g., housing, public aid, health services, child care services, legal services, etc.)
- Develop and implement home visit plans, group meeting agendas, and lesson plans, as applicable.
- Document child development and parent-child interactions, as well as home visit observations in a timely manner.
- Support the family in implementing the Individual Family Goal Plan as indicated in program policies and procedures.
- Coordinate and collaborate with other program or community service providers regarding the Individual Family Goal Plans, as applicable.
- Enter all data into the appropriate systems as indicated in program policies and procedures.
- Sanitize equipment and toys, as applicable.
- Request supplies as needed for the program in accordance with the program budget.
- Schedule and reschedule home visits in accordance with the program policies and procedures.
- Engage in administrative and reflective supervision experiences.
- Implement screening procedures as indicated in program policies and procedures.
- Implement all program and family evaluation processes as assigned.
- Participate in community meetings.
- Engage in professional learning experiences as indicated on the Individual Professional Development Plan, as required by the [Prevention Initiative Compliance Checklist](#).

Section 6: Professional Learning Opportunities

Professional Learning (HV, CCC, FCCH, FCCGH) (required)

Professional learning is defined as activities designed to enhance the professional knowledge, skills, and attitudes of educators so that they might, in turn, improve the learning of children and their families. Programs are required to have a written [Professional Learning/Development Plan](#) for all staff members to support continuous quality improvement and professional growth. The following points are necessary for the plan:

- Determine the professional needs and interests of each staff member within the program. This information may be obtained through an annual staff survey, program monitoring, or a staff member's individual evaluation.
- Develop an annual written plan that addresses each staff member's professional needs and interests. Professional learning opportunities may include, but are not limited to, district or agency in-service/training; outside consultants; book studies; webinars; coaching; professional learning communities; observations; training; and professional learning provided by Start Early, Baby TALK, or another entity. The program should provide reliable technology, equipment, and IT support for virtual learning. In addition, employees need a private space conducive to learning in a virtual environment. If the meeting is in-person, the program should provide per diem, transportation, accommodations, and other costs involved in travel to professional learning experiences.
- Plans should be created collaboratively with the staff member and administrator to reflect both professional interests and professional needs.

Professional learning implies the following prerequisites:

- Staff commitment to *all* children and their families is the foundation for effective professional learning.
- Staff involved in professional learning come to the experience ready to learn.
- Diverse experience levels and use of practice among staff contribute to professional learning that can foster collaborative inquiry and learning that enhances individual and collaborative performance.
- Like all learners, staff learn in different ways and at different rates.

Staff should be supported by supervisors to fully engage in training, with consideration given to not over-schedule them for other duties during training.

Resource

[Early Childhood Professional Development](#)

Standards for Professional Learning (HV, CCC, FCCH, FCCGH) (required)

All professional learning provided to PI staff must align to the [Standards for Professional Learning](#) (also known as the Learning Forward Standards) whether provided by the PI program or another provider. There are seven standards:

1. Learning Communities: Professional learning that increases PI staff effectiveness and results for all children/families occurs within learning communities committed to continuous improvement, collective responsibility, and goal alignment.
2. Leadership: Professional learning that increases PI staff effectiveness and results for all children/families requires skillful leaders who develop capacity, advocate, and create support systems for professional learning.
3. Resources: Professional learning that increases PI staff effectiveness and results for all children/families requires prioritizing, monitoring, and coordinating resources for PI staff learning.
4. Data: Professional learning that increases PI staff effectiveness and results for all children/families uses a variety of sources and types of child/family, PI staff, and system data to plan, assess, and evaluate professional learning.
5. Learning Designs: Professional learning that increases PI staff effectiveness and results for all children/families integrates theories, research, and models of human learning to achieve its intended outcomes.
6. Implementation: Professional learning that increases PI staff effectiveness and results for all children/families applies to research on change and sustains support for implementation of professional learning for long-term change.

7. Outcomes: Professional learning that increases PI staff effectiveness and results for all children/families and aligns its outcomes with PI staff performance and child/family curriculum standards.

Professional Learning Resources (HV, CCC, FCCH, FCCGH)

The Illinois State Board of Education provides funding to different training and technical assistance projects throughout the state. All providers funded by ISBE are required to align professional learning to the Standards for Professional Learning. These projects are designed to meet the professional learning needs of staff working in Prevention Initiative programs.

Please note: Contact the ISBE Early Childhood Development Department at 217-524-4835 or earlychi@isbe.net to obtain general information related to Prevention Initiative (budgets, PI implementation, Student Information System, Parent and Outcome Questionnaires, the monitoring process, or to obtain the PI monitoring results or submit the PI CQIP, etc.).

ISBE maintains a grant with Start Early to provide free training and technical assistance to PI programs staff. The program must budget for all other travel expenses (e.g., travel mileage, hotel, meals, etc.). The program may budget other training experiences and PI funds may be used for registration and other travel expenses (e.g., Sharing a Vision, etc.). All professional learning experiences must be consistent with the PI position and job responsibilities for serving expectant parents and children birth to age 3 years and their families.

Grantees must use the state guidance for travel found at the [Travel Guide for State of Illinois Employees website](#).

The Illinois State Board of Education provides funding to different training and technical assistance projects throughout the state.

Start Early (HV, Doula, CCC, FCCH, FCCGH)

- [Start-Early-Welcome-Packet](#)
- [Introduction to the Start Early Professional Learning Portal](#)
- [Introduction to Training and Technical Assistance](#)

Baby TALK (HV)

- [BT Welcome Packet](#)

Early CHOICES: An Inclusion Initiative of ISBE

Illinois Early Learning Project

Early Childhood Professional Learning (ECPL) webpage at [The Center: Resources for Teaching and Learning](#). ECPL also supports [The Center Library](#), which has more than 2,500 books and periodicals related to early childhood education.

Resources

[Gateways to Opportunity](#)

[Illinois Head Start Association](#)

[Illinois Network of Child Care Resource and Referral Agencies](#)

[Institute for the Advancement of Family Support Professionals \(institutefsp.org\)](#)

[McCormick Center for Early Childhood Leadership](#)

Section 7: Fiscal Responsibility

Budget, Financial, and Reporting (HV, CCC, FCC, FCCGH)

ISBE's [State and Federal Grant Administration Policy, Fiscal Requirements and Procedures](#) document outlines the information needed to oversee a PI grant. Prevention Initiative grant applications are created each fiscal year in [IWAS](#). Instructions for completing the application will be found on the Overview tab.

The ISBE Help Desk may be contacted by calling 217-558-3600.

Budgeting is a project plan in which ideas, goals, and objectives are translated into expenses that are segregated by function and object per [ISBE's Part 100 Requirements for Accounting, Budgeting, Financial Reporting and Auditing](#). The budget is of equal importance to the narrative and can be approached as an important final check in clarifying the practical application of the program. Careful deliberation should go into completing the budget section. No budget, when submitted, can be more than an "informed estimate" of the costs to be incurred, but careful budget planning will ensure that the financial support requested will be adequate to carry out the goals of the project. The approved budget connects the proposed expenditures to program activities and objectives.

Before developing a project budget, the writer must fully understand all the state and federal rules and regulations that govern the grant program. This includes allowable direct costs, indirect costs, assurances, project forms, and instructions on what changes are permitted in a budget once the project is approved. The project writer should contact staff at the local level or at ISBE who understand the rules and regulations and can provide assistance on the appropriate information to include in the final document.

A complete copy of the approved application, a budget, and all approved amendments must be maintained by the grant recipient. These documents and other supporting information must be maintained for a minimum of three years and will be used by ISBE staff to determine fiscal and program compliance. Any changes and/or corrections must be properly documented (via electronic review checklist, email, notes on the budget breakdown, or budget summary) and changes noted at the grant recipient level.

Note: All activities and obligations that will be charged to the approved grant must occur within the project begin and end date.

Supplement vs. Supplant (HV, CCC, FCC, FCCGH)

Most federal- and state-funded programs specify that only supplemental costs may be charged. Those funds are intended to supplement (i.e., in addition to) and not supplant (i.e., replace) local funds. Local districts are required to maintain, in each eligible attendance area, a level of expenditure that is at least equal to the level of expenditure that would be maintained if federal/state funds were not being expended in that area.

No project or activity can be approved if it proposes to provide a service required by state law. For example, any project to singly provide early intervention for children with disabilities cannot be approved in the PI budget because early intervention is required by state law with special funds appropriated to pay for it.

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

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

Supplement Not Supplant Tests

To determine whether an expenditure supplements and not supplants, grant recipients must run these three tests.

Expenditures must pass all three tests to truly be supplemental.

- Test I: Required – Is the program or activity that the district wants to fund required under state, local, or another federal law? If it is, then it is supplanting.
- Test II: Equivalency – Were state or local funds used in the past to pay for this program or activity? If they were, it is supplanting.
- Test III: Non-Title I Programs – Are the same programs or activities being implemented in other schools that do not receive federal funds (e.g., Title I) AND are these programs and activities being paid for with state or local funds? If yes, then this is supplanting.

Budget Guidance (HV, CCC, FCC, FCCGH)

- Always check [State and Federal Grant Administration Policy, Fiscal Requirements and Procedures](#).
 - Itemization may be requested.
 - You may contact your ISBE consultant if you have questions by emailing earlychi@isbe.net or calling 217-524-4835.
 - Staff listed in the budget need to include the name, title, FTE, and salary (e.g., John Johnson, Home Visitor, .5 FTE, \$20,000 or Suzy Jones, Teacher, 1 FTE, \$35,000).
 - Space must be itemized and prorated, as applicable. Space that is only used a portion of the day one day a week must be taken into consideration. The program must keep a Cost Allocation Plan on file.
 - PI funds may not be used to purchase marketing or promotional items; therefore, the program may not purchase clothing or any other marketing item, such as pens, magnets, etc., adorned with the program name.
 - The program may provide employees clothing options with the program logo and allow each employee to pay for their own program clothing items with logos. PI funds may not be used.
 - PI funds may not be used for advocacy. All materials/supplies, time, and mileage for advocacy activities must be paid for out of personal, local, or donated funds.
 - PI funds may not be used for swimming or pool activities.
 - Guest speakers may be contracted. Consider accessing the free or low-cost, high-quality community resources, such as, University of Illinois Cooperative Extension, local Health Department, Red Cross, etc.
 - Items provided to children and their families in a Prevention Initiative program must relate back to the program services in one of two ways:
 - Material or supply relates to the visit plan or lesson plan. (HV, CCC, FCC, FCCGH)
 - The item (material or supply) relates to the Individual Family Goal or Service Plan. (HV, CCC, FCC, FCCGH)
- Remember: Programs may choose to seek donations through community resources (not PI families) to support children and families in the Prevention Initiative program. Also, all agencies and school districts must act in the spirit of full and transparent collaboration, with no bullying, holding back of referrals, or using unfair recruiting strategies (gifts) to enroll children and their families.
- Gift cards are not an allowable use of funds. The GATA Uniform Guidance defines improper payments as any payment that was made in an incorrect amount, incorrect period, for which insufficient documentation exists. The uniform guidance applies to all federal and state grants. Early Childhood Block Grants are state-funded and fall under the GATA Uniform Guidance.
 - School districts/agencies should develop the budget and account for any and all expenditures with a proper paper trail (like issuing checks). All travel should be reimbursed based on relative miles using the state reimbursement rates (if providing mileage reimbursement). Programs may work with local bus or transportation companies to arrange transportation services.

- Examples of approvable toys include rattles, large link rings, squeeze toys, teething toys, soft dolls, textured balls, board books, books, blocks, nesting cups, puzzles, peg boards, musical instruments, large lacing beads, etc.
 - Things to consider:
 - Choose toys that promote child developmental development, including, but not limited to, physical, social, emotional, and cognitive development.
 - Make sure all toys provided are developmentally appropriate for the age of the child. Be sure to be aware of choking and child injury hazards that may be caused from the use of inappropriately designed toys.
 - Check all child toys, equipment, and materials for product recall on the [Consumer Product Safety Commission](#) website.
- The cost of items, such as copiers, laminators, playground equipment, etc., purchased with PI grant funds and used by more than one school district/agency program must be prorated. The program must keep a cost allocation plan on file and provide it upon ISBE request.
- Staff in Function 3000 must be direct service providers or supervisors of direct service providers.
- Staff in Function 2300 may include all supervisors of supervisors; support staff, such as clerical support or data entry; support to home visitors or group facilitators; etc.
- Examples of unallowable expenditures include, but are not limited to, graduation/promotion-related expenses; compensation for principal, assistant principal (PRE-K ONLY Early Childhood Center is an exception), superintendent, directors of child care centers, etc.; vehicle purchase; and purchase of building or any other permanent structure. Rent may be allowable if there is a need for space that is NOT already owned by district/fiscal agent.

Daily Snack/M meal Reimbursement (CCC, FCC, FCCGH)

PI funds may be used for meals and snacks, but programs also are encouraged to apply for reimbursement under the School Breakfast Program, [National School Lunch Program \(NSLP\)](#), [Special Milk Program \(SMP\)](#), and/or the [Child and Adult Care Food Program \(CACFP\)](#). School districts are eligible to participate in the NSLP, SMP and the CACFP. Child care centers are eligible to participate in CACFP and SMP. Visit the [ISBE School Nutrition Programs webpage](#) for more information about these programs.

Please note: An LEA or program that is approved for any of the Child Nutrition programs cannot claim food/snacks on the grant. That would be double-dipping and is not allowable.

Planning Purchases for Prevention Initiative (HV, CCC, FCC, FCCGH)

The program needs to think strategically when purchasing items to distribute to families. Developmental parenting strategies must be implemented during home visits; therefore, the home environment (toys, kitchen measuring cups, socks from the clean laundry, etc.) and the family daily routines (infant/toddler mealtime, pre-nap activities, etc.) should be incorporated into the home visit activities. In addition, the developmental stage of the child and any developmental delays must be considered when choosing what, if any, toys to take into the home. Toys that are taken into the home and used during a visit should be left with or given to the family to keep. Taking toys to a visit should be the exception, not the normal home visit practice. Items taken into the home should be individualized to the needs of the family and based on the visit plan or Individual Family Goal Plan.

A program may purchase enough items to provide a group, specifically if the group is theme-based and activities are centered on a book or topic (e.g., safety kits or a children's book). However, it is not appropriate to purchase many high-priced items, such as Pack n' Plays, car seats, snowsuits, etc. A program may purchase a small number of these items and give them out in emergencies but not to every family -- only as needed. The program's priority is to support and help families access community resources and promote self-sufficiency. As children move into preschool and beyond, fewer family supports are going to be provided. The PI program needs to prepare families for these transitions. In addition, supporting families as they engage with their children now and as they grow up and out of the PI program by encouraging the concept of lifelong learners needs to be a program goal.

Items provided to families should be based on family needs and individualized for each family. The program needs to allow parents adequate time to be self-sufficient by either utilizing the community resources or providing the opportunity for family and friends to support the new family by obtaining the items before providing items, such as Pack N' Plays (safe sleep), infant car seats (car safety), and other high-cost items. The program should wait until just before the birth of the baby to provide the items, such as Pack n' Plays or infant car seats. Program staff may guide the family toward community resources (first option) or use PI funds (last option), if applicable.

Financial Audit/Monitoring (HV, CCC, FCC, FCCGH)

The ISBE Department of Federal and State Monitoring periodically reviews PI programs. Funds used to provide for salaries, supplies, professional development, and costs associated with the program will be monitored. Inappropriate expenditures could result in monitoring findings and may require that funds be returned to ISBE. Additionally, programs with monitoring findings are required to complete a resolution process to ensure findings are addressed. More information can be found in the required audit section of [State and Federal Grant Administration Policy, Fiscal Requirements and Procedures](#).

All programs will receive a [fiscal audit](#) from an ISBE external auditor.

In addition, all programs must have detailed policies regarding mandated reporting, expulsion and suspension, and travel.

Resources

[Checklist for Protection of Personally Identifiable Information](#)

[Checklist for Procurement and Purchasing Review](#)

[Checklist for Equipment and Inventory Review](#)

Grant Accountability and Transparency Act (HV, CCC, FCC, FCCGH)

The purpose of the [Grant Accountability and Transparency Act](#) is to increase accountability and transparency in the use of grant funds while reducing the administrative burden on both state agencies and grantees. The law provides for the development of a coordinated, non-redundant process to establish effective and efficient oversight of the selection and monitoring of grant recipients, ensuring quality programs; limiting fraud, waste, and abuse; and defining the purpose, scope, applicability, and responsibilities in the life cycle of a grant.

Please visit [ISBE's GATA webpage](#) for more information on GATA registration and reporting requirements for the current fiscal year. All grantees must complete the registration process and be qualified annually to do business with the state of Illinois.

Section 8: Accountability

Program Accountability (HV, CCC, FCC, FCCGH)

The Illinois State Board of Education maintains a contract with Vander Weele Group LLC to implement Prevention Initiative program monitoring to support quality improvement and to maintain compliance with [23 Illinois Administrative Code Section 235](#) and the most current [PI NOFO/RFP](#) and the [Birth to Five Program Standards](#). Please review the information under the Accountability: Monitoring and Continuous Quality Improvement dropdown on the [ISBE Early Childhood Prevention Initiative webpage](#) for additional details and the latest information for Prevention Initiative programs.

Monitoring visits are typically conducted on a two-year cycle. The Vander Weele monitoring coordinator will make contact in advance of the visit to set up a monitoring site visit. At a minimum, the following tools will be implemented:

Tools used for PI Home Visiting Program Monitoring

- [Prevention Initiative Compliance Checklist](#): This measures compliance to the [23 Illinois Administrative Code Section 235](#), the most recent [PI Request for Proposal](#), and the [Birth to Five Program Standards](#).
- Home Visit Rating Scales (HOVRS): The HOVRS measures the quality of behaviors of a home visitor during a home visit. Citation: Roggman, L. A.; Cook, G. A.; Jump Norman, V. K.; Christiansen, K.; Boyce, L. K.; and Innocenti, M. S. (2008).
- Prevention Initiative Quality Evaluation Tool (PIQET): The PIQET is designed to gather additional information about how quality PI programs operate organizationally. The tool development is based on the Theory of Change, the Illinois Birth to Five Standards, and the Early Childhood Technical Assistance Center. Citation: Abbruzzese, L.J., Pouw, L., Reed, G., Viecegli, K., (2022). Prevention Initiative Quality Evaluation Tool [Unpublished document]. Vander Weele Group LLC.

Tools used for PI Center-Based Monitoring

- [Prevention Initiative Compliance Checklist](#)
- Infant/Toddler Environment Rating Scale (ITERS): Measures both environmental provisions and teacher-child interactions that affect the broad developmental milestones of infants and toddlers, including language, cognitive, social-emotional and physical development, as well as concern for health and safety (Center-Based ONLY). Citation: Harms, T., Cryer, D., & Clifford, R. M. (1990). Teachers College, Columbia University New York.
- Family Child Care Environmental Rating Scales (FCCH, FCCGHERS)- The FCCH, FCCGHERS assesses both environmental provisions and provider-child interactions that contribute to children's learning and development, including language, cognitive, social-emotional, and physical development, as well as concerns for health and safety (FCCH, FCCGHERS ONLY). Harms, T., Cryer, D., Clifford, R. M., & Yazejian, N. (2019). Family Child Care Environment Rating Scale, third edition (FCCH, FCCGHERS-3). New York, NY: Teachers College Press.
- Prevention Initiative Quality Evaluation Tool

Please review the information under the Accountability: Monitoring and Continuous Quality Improvement dropdown on the [ISBE Early Childhood Prevention Initiative webpage](#) for additional details and the latest information about accountability for Prevention Initiative programs.

Continuous Quality Improvement Plan (HV, CCC, FCC, FCCGH) (Required)

The program has a written Annual Self-Assessment/Evaluation and continuous quality improvement plan. Programs will receive results from monitoring that indicate findings (PICC), or areas of potential growth (quality tools) based on all the tools implemented during monitoring. Programs will use results from the year the program is monitored to develop a Continuous Quality Improvement Plan as required by the [Illinois Administrative Code 235](#). In the year between monitoring visits, the program must continue the practice of developing and implementing program self-assessment and a CQIP. A CQIP or CQIP update must be submitted to ISBE every year the program implements PI program educational services.

Instructions will be shared to assist in developing a multi-part CQIP, which should be developed collaboratively by program staff, administrators, and families. The program may indicate the areas to address on the CQIP update in the year following the monitoring visit. Remember, programs are expected to address and meet all areas of compliance as quickly as possible (by the end of the fiscal year following a monitoring visit).

Programs will have 30 days from receipt of the monitoring reports to complete all areas of the CQIP and submit to picqip@isbe.net. CQIP updates must be submitted on or before May 31 in the years following the monitoring visit.

The CQIP submissions must be electronically signed by the program-authorized official. Submit the CQIP to picqip@isbe.net. After receipt, ISBE will review and communicate changes that may be necessary for the CQIPs to be approved.

Self-Assessment (HV, CCC, FCC, FCCGH) (Required)

In addition to monitoring required by ISBE, each program must have a written, annual self-evaluation to determine if progress is being made toward achieving all required components of the grant. Information gathered through this self-evaluation should be the basis for the program's continuous quality improvement. This annual self-evaluation process should inform individualized staff development plans and be used to revise the program's CQIP.

Methods of program self-evaluation may include some or all of the following:

- Parent survey of the program's services.
- Staff survey of the program.
- Review of the children's progress using their developmental assessments.
- Self-review of the [PICC](#) and/or a program quality tool, such as the ITERS or HOVRS.
- Review of the program's current CQIP.

Information that may be collected includes, but is not limited to:

- Where are we?
- An understanding about the program and its current conditions through an analysis of current program and population served data.
- What has been accomplished within current program goals?
- What resources supported these accomplishments?
- Which goals have yet to be reached?
- Where do we want to be?
- Establish or update program goals and measurable objectives, specifically identifying children and families to be served, the program's demographics, and desired outcomes for serviced populations.
- What has not yet been accomplished?
- What new goals need to be set?
- How do we get to where we want to be? Identify what is needed to help meet the goals. What resources are needed (e.g., staffing, funding, equipment, stakeholders' support, school/district/state support, community support)?
- What services should be delivered?
- What is the quality of the model and curriculum?
- What is the timeline for completing steps toward goals?
- How do we know if we are getting there?
- An analysis of accomplished activities given timelines, with movement toward accomplishing goals and objectives.
- What is the status of the goals compared to initiation of working towards goals?

After the self-assessment data is gathered, the program should summarize its findings in a written document and set new goals and objectives for the next program year. The new or revised goals and objectives could be added to the current CQIP or a new CQIP could be written. After the new or revised CQIP is in place, programs should determine who will review the goals and objectives to monitor progress.

Regular leadership self-assessment is a good way to determine the impact program leadership has on the staff and, ultimately, on the program. Self-assessment can take place through different activities. It can include introspection, self and staff questionnaires, interviews with staff members, climate surveys, and feedback from families and outside sources.

The overall purpose of a self-evaluation is to go through a process that will help the leadership identify:

- What worked? What didn't work? And why?
- How is leadership perceived?
- What needs to be changed?

A successful leader must look at the results of the self-assessment honestly and objectively, then make changes needed to improve leadership effectiveness.

The following suggestions may be helpful in determining leadership performance:

- Develop and administer a climate survey at least once a year to assess the overall atmosphere of the program. Some of the things that might be included in this survey are:
 - Does staff teaming exist and is it encouraged?
 - How do staff get along with one another?
 - How do staff perceive their colleagues?
 - How do staff perceive their leader?
 - How do staff feel about opportunities for growth?
 - Do staff think they are respected and supported?
- Develop an anonymous staff questionnaire that addresses specific areas of program leadership and the resulting impact on the staff.
 - Areas could include any or all the following:
 - ✓ Fairness
 - ✓ Objectivity
 - ✓ Commitment
 - ✓ Ethics
 - ✓ Integrity
 - ✓ Management skills
 - ✓ Early childhood expertise
 - ✓ Issues and crisis management
- Prepare an evaluation to be completed after each staff development activity. Make it short and simple, but open-ended. Questions such as the following may be used:
 - What idea or activity will be most useful or helpful in your work?
 - What idea or activity would you eliminate from the program? Why?
- Conduct interviews with staff. The establishment of trust is critically important for an honest exchange of information. Questions such as the following could be included as part of the interview process:
 - Is the atmosphere or climate of the program conducive to open communication?
 - Is it positive and stress-free?
 - Does the leadership style allow for free interchange with staff members?
 - Does the leadership model value openness and promote active listening?
 - Are communications to the staff clear, timely, and helpful?
 - Are the personal needs of staff members considered, such as comp time or flex time?

- The strategy of introspection requires the program leader to spend time forming answers from a personal perspective to all questions asked in any of the activities conducted. A more personal process could involve answering the following questions:
 - Did I meet my goals?
 - If so, how well?
 - If not, what should I change?
 - What worked well and how can I build on that?
 - Where can I go for help?

Resources

[Getting To Outcomes® for Home Visiting](#)

Intensive Technical Assistance/Coaching

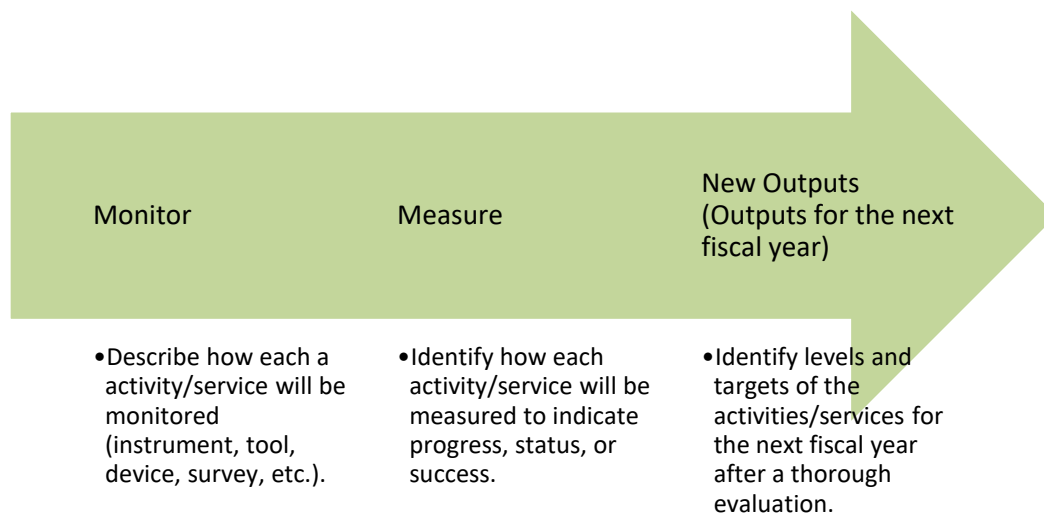
[Start Early](#) and [Baby TALK](#) offer a needs assessment that may result in programs being invited to participate in a PI Coaching Project. The project is funded by ISBE and implemented through Start Early or Baby TALK at no cost to programs. Programs receive support and resources from the PI Coaching Project to assist in the process of continuous program improvement.

Data Collection (HV, CCC, FCC, FCCGH)

An effective Prevention Initiative program develops a way to track program services. Tracking progress can be an effective way to ensure program success by organizing and systemizing program information, services, management, and evaluation functions.

Programs may monitor specific program activities to support the annual self-assessment and build out the continuous quality improvement plan. The key components of a tracking tool include assessing the current status, monitoring, measuring, and developing new outputs.

1. Monitor: Instrument, tool, or device used for observing, checking, or keeping continuous record of a process or quantity. This may be a research-based tool or a program-created instrument (e.g., survey or checklist).
2. Measure: Define parameters that indicate progress, status, or success.
3. New Outputs: Direct results of program activities and may include types, levels, and targets of services to be delivered by the program for the next fiscal year. Once a program is able to assess its outcomes, it can then establish which outputs require more attention and resources, set new goals if current outputs are met, or adjust outputs in response to changes in programming or the community.




Example 1:




Activities: Current service, product, issue	Outputs: Output goal	Monitor: Describe how the goal will be monitored	Measure: Describe how goal will be measured	New Outputs
85% of child files in the previous fiscal (20XX) year contained a completed weighted eligibility form.	100% of child files in the next fiscal year (20YY) will contain a completed weighted eligibility form (compliance).	Program created chart review form - all screened children for fiscal year.	At end of (20YY) fiscal year, 95% of child charts contained a completed weighted form.	At end of fiscal year, (20ZZ) 100% of child charts will contain a completed weighed eligibility form.



Example 2:



Activities: Current service, product, issue	Outputs: Output goal	Monitor: Describe how the goal will be monitored	Measure: Describe how goal will be measured	New Outputs
Program caseload home visit completion rates fiscal year 20XX (all HV caseloads): July 75% August 75% September 73% November 50% December 62% January 86% February 89% March 78% April 63% May 81 % June 76 % = 67%	Program caseload home visit completion rates in fiscal year 20YY will meet or exceed 75%.	Web-based data system pull, monthly and annually.	Program caseload home visit completion rates for fiscal year 20YY were: July 75% August 75% September 80% November 74% December 62% January 86% February 89% March 78% April 92% May 81 % June 76 % = 73%	Program caseload home visit completion rates in fiscal year 20ZZ will meet or exceed 75%.



The program should include, at a minimum, information regarding home visit completion rates; child/family retention rates; and enrollment at groups or child care center and, as applicable, timely reporting of child developmental screens, child hearing/vision screens, health screens, well visit documentation, child immunization documentation, Family-Centered Assessments, Individual Family Goal Plans, transition planning, parent-child interaction assessments, and maternal depression screening.

Home Visit Completion Rates (HV)

Home visit completion rates are defined as the number of scheduled visits (based on the level of service agreed to in partnership with family and commensurate to the recommendations of the program model) compared to the actual visits completed within a given period. Completion rates should be figured in accordance with the chosen program model's guidance. Staff should reflect on completion rates regularly throughout the year and annually to determine if program goals are being met and families are being served responsively in accordance with the needs of the family and

the recommendations by the program model chosen. Program staff can develop goals for the program and individual staff, as needed.

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 (every other month) visits with Family C or (6)

Bimonthly (every other month) 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

Family D received 4 visits.

This equals 30 visits.

Thirty actual visits divided by 36 intended visits equals an 83% completion rate for this program in the last three months.

Program Retention Rates (HV, CCC, FCC, FCCGH)

The easiest way to review retention rates is to take the total number of families enrolled during a given period and divide it into the total number of families that the program continues to serve at a given point in time.

To calculate the program's retention rate, the program will identify the number of participants who could have remained in the program for a given period (the denominator) and then determine what subset of that did remain in the program for the defined length of time (the numerator).

For example, if a program wanted to look at their one-year retention rate for the year, it would identify the total number of families that enrolled in the program (denominator) and divide it by the total number of families still enrolled in the program at a specified point in time (numerator).

Example:

Total number of enrollees who were still enrolled in the program at a given point in time	Numerator	30 -----	= 83%
Total number of families that enrolled in the program	Denominator	36	

It is important not only to calculate, but also to analyze, retention rate information and to use this analysis to inform quality improvement efforts. A program might find, for example, that while retention overall is good, a certain demographic group consistently has lower retention rates. The program might then reflect on its efforts to engage that group. The program might also find that a particular home visitor's families drop out at a higher rate than other home visitors' families, and this information might inform professional development priorities for staff.

Programs may choose to look at retention rates at a variety of time points. What percentage of children remain in the program for at least six months? What percentage remain in the program for one year? Two years? Three years?

Staff can reflect on the families that continued services in their program by breaking down the total number of families served within a program year into categories of length of service.

For example, identify the total number of families served in the program year (138), then identify the length of continuous service provided to each family.

Length of Enrollment	Number of Families	Percent of Families
Families served from enrollment to 3 months	12	09%
Families served from 3 months to 6 months	34	25%
Families served from 6 months to 12 months	19	13%
Families served from 12 months to 18 months	22	16%
Families served from 18 months to 24 months	8	06%
Families served from 24 months to 30 months	11	08%
Families served from 30 months to 36 months	32	23%

Completing these calculations and reflecting on the circumstances within the program or community will help programs redirect efforts based on the needs of the families within the program. For example, learning that there are 65 families (47% of families) in the program that have been served one year or less may be helpful in redirecting programming to ensure these families have a basic understanding of community resources and/or are informed of the dangers of lead poisoning.

Another example that could adjust or redirect programming is reflecting on the fact that 32 families, or 23% of the total caseload, will be transitioning within six months. This may indicate that more recruitment efforts need to be planned. Programs can collect this information annually and review the information from year to year to notice trends or changes.

A high-quality Prevention Initiative program will provide programming for children and their families from the prenatal period to age 3 years and transition-enrolled children and their families to services for children ages 3 to 5.

Groups and DCFS-Licensed Center-Based Attendance Rates (HV, CCC, FCC, FCCGH)

Programs can reflect on their services by collecting data on attendance rates. Collecting this information and charting it can offer the program staff insight into the past services and help set goals for the program and the staff.

Attendance rates are defined as the number of scheduled days of child or parent/child attendance compared to the actual attendance days within a given period. Program staff should reflect on the attendance rates regularly and annually to determine if program goals are being met and families are being served responsively in accordance with the needs of the family in the Home Visiting or DCFS-Licensed Center-Based program. Low attendance rates should prompt programs to ask, why are children or families not participating? Program staff can develop goals for the program and individual staff as needed.

For example, the child care center offered 22 days of DCFS-Licensed Center-Based PI services, and each child attended the following number of days:

Child A attended 22 days = 100%
Child B attended 10 days = 45%
Child C attended 21 days = 95%
Child D attended 20 days = 90%
Child E attended 22 days = 100%
Child F attended 19 days = 86%
Child G attended 18 days = 82%

Child G attended 22 days = 100%

The total number of days all the children attended was 154 days.

22 days X 8 children = total number of days children attended (duplicated) 176

Therefore, 154 divided into 176 = a program attendance rate of 88%

SMART Goals (HV, CCC, FCC, FCCGH)

A program should develop a mission statement (required) and value statements to guide the program in its quest to deliver quality services. Program planning will accomplish nothing without a clear course of action that indicates who, what, how, when, and where. A program goal will define what staff intends to do, how it will happen, and when and where it will be achieved.

Goal statements are the most important broad, general outcomes that must be accomplished to achieve and maintain the mission of the program. Program goals provide specific guidance toward achieving the mission of the program and making its vision a reality. Goal setting is an ongoing dynamic process that comes about as the result of an assessment process that helps establish priorities about what the program will accomplish in the short and long term. Once they are established, goals and objectives are periodically reviewed in a qualitative as well as quantitative manner and then revised to respond to changes in the program and other influences.

Goals should be developed collaboratively and transition programmatic thinking from ideal to realistic, forming the basic roadmap toward realizing the mission of the program. Clear, well-defined goals allow changes to be observed and measured, and pride taken in goal achievement. Effective goals are written to reflect the principles of SMART goals. The goals of the program must be:

S	M	A	R	T
<u>Specific</u>	<u>Measurable</u>	<u>Assignable</u>	<u>Realistic</u>	<u>Time-Based</u>
The goal is specific and distinct.	A measurement gives feedback about progress and defines when the goal is met.	A goal is assignable to individuals or groups.	A goal is challenging yet attainable within a given timeframe.	Timeframes are aggressive yet realistic.
G	O	A	L	S

Goal statements should:

- Be based upon the mission and values of the program.
- Reflect the beliefs and values of the families and community.
- Be developed collaboratively by representatives from the key stakeholders of the program.
- Establish outcomes necessary to accomplishing the mission of the program.
- Be based on the Illinois Birth to Five Program Standards.
- Address each prioritized program component that is identified by a self-assessment process.
- Include timelines.
- Be evaluated qualitatively and quantitatively.
- Provide a clear sense of direction for the program staff.
- Be written clearly and concisely without professional jargon.
- Be understood by staff, families, program advisories, and community stakeholders; and
- Be reviewed and updated annually, as necessary.

Well-developed goals help:

- Maintain focus and perspective.
- Establish priorities.
- Lead to greater job satisfaction; and

- Improve employee performance.

Goals are most effective when:

- They are clearly stated and contain specific objectives.
- They are challenging, but not unreasonable.
- Employees accept them and develop a true sense of ownership.
- Employees participate in setting and reviewing their goals.

Prevention Initiative goals are successful when:

- They are based on the Illinois Birth to Five Program Standards.
- They address program components outlined by the Prevention Initiative Notice of Funding Opportunity/Request for Proposals and chosen program model.
- They address information identified by a self-assessment process.
- They establish outcomes necessary to accomplish the mission of the program.
- They are developed collaboratively by program administration and staff.

Goals must be re-evaluated periodically. As goals are achieved or conditions and situations change, it is important to re-evaluate and establish new goals. Failure to set more challenging goals can lead to stagnation in service or boredom among staff. When goals are achieved, or milestones are reached, it is imperative to provide feedback to celebrate accomplishments and maintain morale. The final step of the goal-setting process is to respond to the following questions:

- How does the program monitor the appropriateness of the goals?
- How does the program make needed modifications to the goals?
- Are the goals moving the program toward the realization of its mission?
- Does a continuous process exist for establishing new goals?

These questions can be answered by a program's investment of time and energy in developing a logic model and completing an annual program self-assessment based on the information.

Section 9: Web Resources

[All Our Kids Early Childhood Networks](#)

[American Academy of Pediatrics](#)

[American Speech-Language Association](#)

[Baby TALK](#)

[Caregiver Connections](#)

[Caring for Our Children-National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs](#)

[Center on the Social and Emotional Foundations for Early Learning](#)

[Chicago Public Schools Early Childhood Programs](#)

[Child Abuse and Neglect Reporting](#)

[Child Abuse and Neglect Training](#)

[Child and Family Connections Office Locator](#)

[Child Welfare Information Gateway](#)

[Department of Health and Human Services Center for Disease Control and Prevention](#)

[Expanding Early Care and Education for Children Experiencing Homelessness](#)

[Governor's Office of Early Childhood Development](#)

[Harvard Center on the Developing Child](#)

[Head Start Early Childhood Learning and Knowledge Center](#)

[Head Start Parent, Family and Community Engagement Framework](#)

[Healthy Families America](#)

[HHS.gov Homeless](#)

[Illinois Department of Children and Family Services](#)

[Illinois Department of Children and Family Services Administrative Code](#)

[Illinois Department of Human Services](#)

[Illinois Department of Human Services Early Intervention](#)

[Illinois Department of Human Services Maternal and Child Health](#)

[Illinois Department of Public Health](#)

[Illinois Early Childhood Asset Map](#)

[Illinois Early Childhood Block Grant Administrative Rules, Part 235](#)

[Illinois Early Intervention Clearinghouse](#)

[Illinois Early Learning Guidelines for Children Birth to Age Three](#)

[Illinois Early Learning Project](#)

[IGROW: Illinois Home Visiting Collaborative](#)

[Illinois Head Start Association](#)

[Illinois Network of Child Care Resource and Referral Agencies](#)

[Illinois Safe Haven Law](#)

[Illinois STAR NET Regions](#)

[Illinois State Board of Education Early Childhood](#)

[Immunizations](#)

[InfantSEE](#)

[Institute for the Advancement of Family Support Professionals](#)

[ISBE Early Childhood Special Education](#)

[ISBE Family Engagement Framework Guide](#)

[National Association for the Education of Homeless Children and Youth](#)

[National Association for Education of Young Children](#)

[National Center for Children in Poverty](#)

[National Center for Families Learning](#)

[National Center for Homeless Education](#)

[National Child Traumatic Stress Network](#)

[Nutrition, Choose My Plate](#)

[Office of Special Education Programs](#)

[National Association of State Directors of Pupil Transportation Services](#)

[Parents As Teachers](#)

[Plan Partner Act](#)

[Early Childhood Technical Assistance Center](#) Resources for children with disabilities, including systems and practices.

[Technology and Interactive Media as Tools in Early Childhood Programs Serving Children from Birth through Age 8](#): A joint position statement of 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

[Teen Parent Resources Department of Children and Family Services](#)

[Illinois Early Intervention Clearinghouse](#): [When I'm Three Transition Guide](#)

[Start Early](#)

[Student Information System](#)

[University of Illinois Extension](#)

[U.S. Department of Education](#)

[U.S. HHS Federal Poverty Guidelines](#)

[Women, Infants, and Children](#) (WIC)

[Zero to Three](#)

The Illinois State Board of Education values your opinion.
Please email suggestions, comments, or questions to earlychi@isbe.net.

For information regarding the Illinois State Board of Education Early Childhood Block Grant
Prevention Initiative program, please contact:

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