

Illinois State Board of Education (ISBE)
Early Childhood Block Grant

Prevention Initiative Implementation Manual (PIIM)

Presenters

Donna Emmons,
Principal Consultant,
Illinois State Board of Education

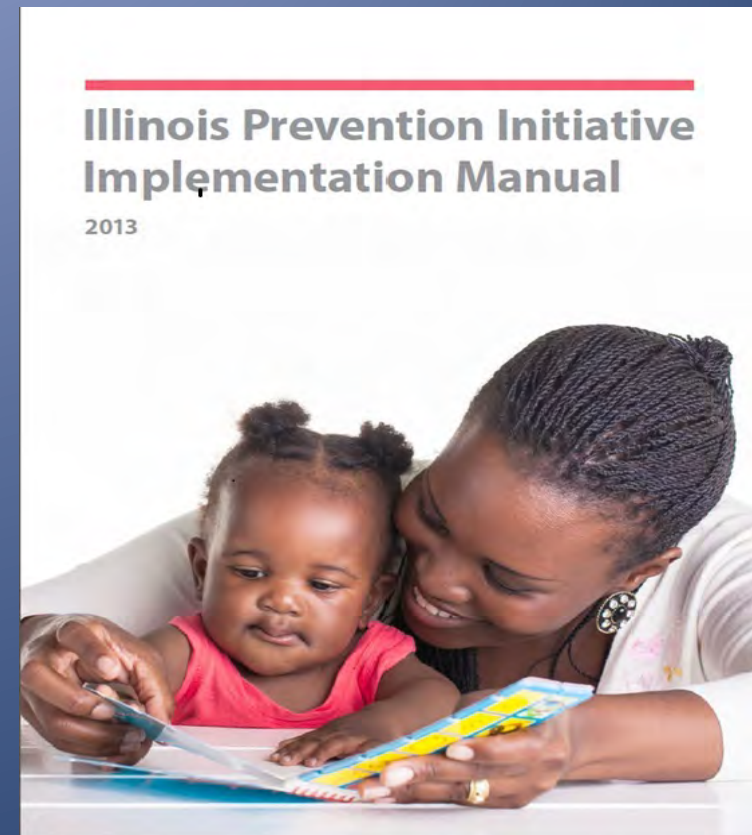
Penelope Smith,
Principal Consultant,
Illinois State Board of Education



Webinar Three

Webinar 3 of 3

- Webinar One
 - Content and navigation
- Webinar Two
 - Model fidelity and PI compliance
- Webinar Three
 - Administration, supervision & evaluation



Questions for a New Prevention Initiative Leader

Funding, Program Operations, Reports, Ticklers and Deadlines, Contacts



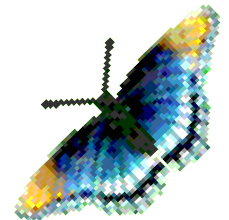
Funding



- Prevention Initiative Request for Proposal (RFP)
- Current Prevention Initiative funding application in IWAS
- Refunding applications for the past three years in IWAS
- Copy of your current USDA food service contract
(center-based only)

Program Operations

- Current governing body structure
- Current organizational chart or staffing plan
- Early Childhood Block Grant Administrative Rules, Part 235
 - <http://www.isbe.net/rules/archive/pdfs/235ARK.pdf>
- Illinois Early Learning Guidelines for Children Birth to Age 3
 - <http://www.isbe.net/earlychi/pdf/el-guidelines-o-3.pdf>
- Prevention Initiative Implementation Manual (PIIM)
 - <http://www.isbe.net/earlychi/pdf/prevention-intiative/manual-complete.pdf>



Program Operations

- Research-based program model
 - http://www.isbe.net/earlychi/pdf/ec_o-3_resource_toolkit.pdf



Program Operations

- Enrollment of families at risk (100%)
- No fees charged to families
- Year round programming
- One group experience a month (minimum)
- Toy/book library
- Parent resource library
- Newsletter
- Mission statement, value statements, & logic model



Program Operations

- Policies and Procedures
 - Transitioning children into and out of the program
 - Recruitment/screening for eligibility
 - Staff training and evaluation
 - Reflective supervision
 - Professional development for you and for your staff
 - Developing family plans with parents
 - Outreach strategies to encourage family participation
 - Case management procedures



Program Operations

- Written personnel policies and job descriptions
- Training
 - Mandated reporting of child abuse and neglect
 - Blood-borne pathogens
 - Policies and procedures
- Memoranda of understanding and or collaboration agreements
- Annual self assessment and program improvement plan
- Screening and assessment tools
- Data system/record keeping/SIS



Program Operations

- Center-based programs
 - Illinois Department of Children and Family Services licensing
 - Accreditations (NAEYC, other)
 - Quality Rating and Improvement System (QRIS) – ExceleRate
 - What level is the center rated?
 - Illinois Network of Child Care Resource and Referral Agencies (INCCRRA)
 - <http://www.inccrra.org/>



Reports

- Monthly USDA reports (center-based only)
- Quarterly expenditure reports
- Insurance policies
- Monthly enrollment, center attendance, and/or home visit completion reports
- Monthly child or family retention rates
- Most recent State monitoring report (when applicable)
- Latest Program Improvement Plan (PIP) (when applicable)



Tickler File

- Refunding or continuing e-grant application
- Reporting requirements of grant
- Reporting requirements for program activities
(family assessments, health screenings, self-assessments, and accreditations)
- Data collection for the ISBE Student Information System and Parent & Outcomes Questionnaires
- Data collection for the program model



Contacts

- ISBE program consultant
- Other supervisors
- USDA contact
- Pupil transportation director
- Child care licensing contact
- ISBE Early Childhood Website
 - <http://www.isbe.net/earlychi/html/birth-3.htm>



Evaluation



Evaluation

- Quality Indicator I.A.6.
 - The mission statement, values, and goals reflect the Illinois Birth to Five Program Standards and are articulated in a logic model that is reviewed and updated annually and will be used for continuous program improvement. (PIIM Page 15)



Logic Model



- The W.K. Kellogg Foundation
 - “a systematic and visual way to present and share your understanding of the relationships among the resources you have to operate your program, the activities you plan, and the changes or results you hope to achieve.”

(PIIM Page 15)

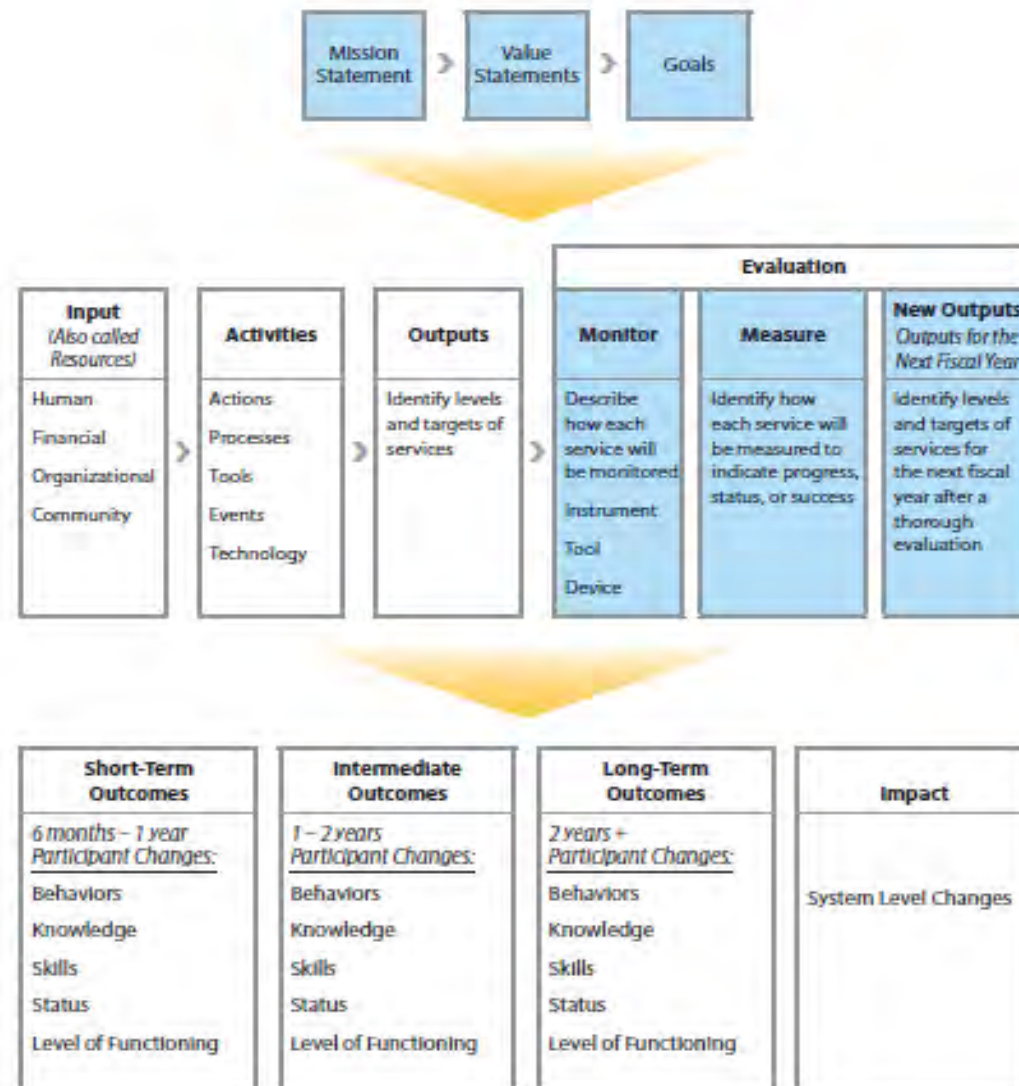
Logic Model

1. Planning tool
2. Focused management plan
 - Identify and collect the data
3. Information
 - Inform, advocate, and teach

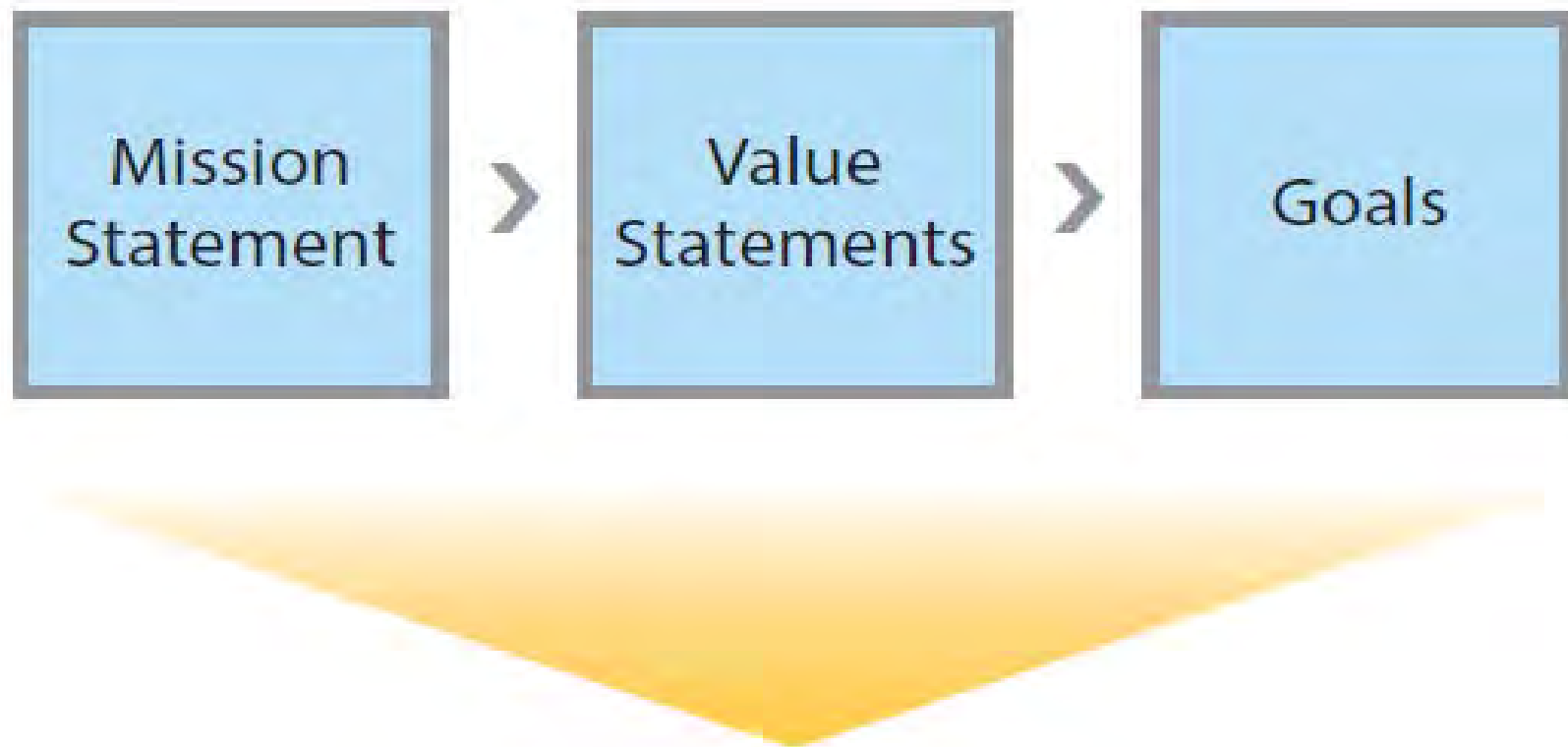
(PIIM Page 18)



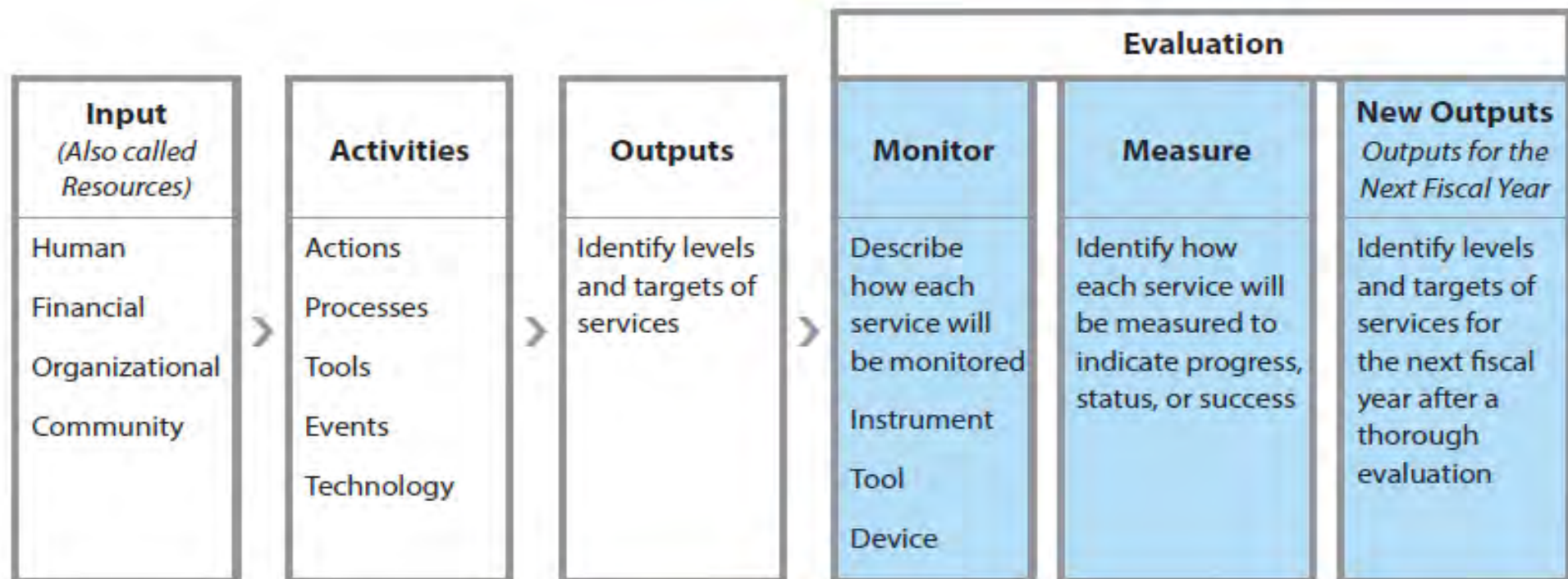
Logic Model



Logic Model



Logic Model



Logic Model

| Evaluation | | |
|---|---|--|
| Monitor | Measure | New Outputs <i>Outputs for the Next Fiscal Year</i> |
| Describe how each service will be monitored Instrument Tool Device | Identify how each service will be measured to indicate progress, status, or success | Identify levels and targets of services for the next fiscal year after a thorough evaluation |

Logic Model



| Short-Term Outcomes | Intermediate Outcomes | Long-Term Outcomes | Impact |
|---|---|---|----------------------|
| <i>6 months – 1 year</i> <u>Participant Changes:</u> Behaviors Knowledge Skills Status Level of Functioning | <i>1 – 2 years</i> <u>Participant Changes:</u> Behaviors Knowledge Skills Status Level of Functioning | <i>2 years +</i> <u>Participant Changes:</u> Behaviors Knowledge Skills Status Level of Functioning | System Level Changes |

Example

Example:

| | Activities | Evaluation | | | New Outputs |
|----|--|--|--|---|---|
| | | Outputs | Monitor | Measure | |
| 1. | Written parental permission for the screening of the child | 100% of children will have a signed permission for screening on file | Chart Review | 98% of children had a signed permission for screening on file | 100% of children will have a signed permission for screening on file |
| 2. | Documentation of weighted eligibility criteria of at-risk factors on file for every family | 100% of family files will contain a completed form with weighted eligibility criteria of at-risk factors | Chart Review | 95% of family charts contained a completed form with weighted eligibility criteria of at risk factors | 100% of family charts will contain a completed form with weighted eligibility criteria of at risk factors |
| 3. | The program meets or exceeds a completion rate of 75% or more calculated by the program model | Program completion rates will meet or exceed 75% | Chart review or web-based data system review | Completion rates were calculated at 80% | Completion rates will meet or exceed 85% |
| 4. | IFSPs are completed within a partnership between the family and Family Educator every three months | 75% of files will contain a completed IFSP every three months for the current program year (or as appropriate for length of service) | Chart review or web-based data system review | 50% of files contained a completed IFSP every three months for the current program year (or as appropriate for length of service) | 75% of files will contain a completed IFSP every three months for the next program year (or as appropriate for length of service) |
| 5. | The program completes reflective supervision with each staff member weekly for one hour | 90% of program staff will receive reflective supervision weekly for one hour | Staff Chart review | 66% of staff received reflective supervision weekly for one hour | 90% of staff will receive reflective supervision biweekly for an hour and a half |

The cycle continues to the next fiscal year.



Example



| Example 3 | | | | |
|---|--|--|---|--|
| Activities | Outputs | Monitor | Measure | New Outputs |
| The program meets or exceeds a completion rate of 75% or more calculated by the program model | Program completion rates will meet or exceed 75% | Chart review or web-based data system review | Completion rates were calculated at 80% | Completion rates will meet or exceed 85% |

Evaluation

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

(PIIM Page 252)



Evaluation

- Quality Indicator III.C.1
 - An annual evaluation is conducted of program quality and progress toward goals. (PIIM Page 253)



Evaluation

- Written program evaluation must be available upon request.



Evaluation



- The program conducts regular and systematic evaluations of the program and staff to assure the mission is reflected and goals of the program are being fulfilled.

Evaluation



- An annual program self-assessment, appropriate for the program model, is completed to determine whether the program is being implemented as intended, and whether the anticipated outcomes for children and families are being achieved.

Evaluation

- There is a formal process by which the results of the annual program self-assessment (and other program evaluation data) are used to inform continuous program improvement.



Evaluation

- Aspects of the program to be evaluated should include:
 - Administration, including policies and procedures
 - Curriculum and service delivery
 - Multiple child and family outcomes
 - Personnel providing services
 - Environment in which the services are provided
 - Collaborations with the community
- (PIIM Page 257)



Evaluation and Program Alignment

- Prevention Initiative RFP Nine Components
 - http://www.isbe.net/earlychi/pdf/pi_rfp_12.pdf
- Illinois Administrative Code & Birth to Five Program Standards
 - <http://www.ilga.gov/commission/jcar/admincode/023/02300235sections.html>
- Prevention Initiative Assurances (within eGrant)
- Fidelity to the chosen Program Model
- Illinois Early Learning Guidelines for Children Birth to Age Three
 - <http://www.isbe.net/earlychi/pdf/el-guidelines-o-3.pdf>
- ISBE Data Analysis and Accountability
 - http://www.isbe.net/research/htmls/pfa_prev_init.htm
- ISBE Fiscal Requirements and Procedures
 - http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf
- Fidelity to the Early Childhood Block Grant/Prevention Initiative is required.
(PIIM Page 253)



Budget ↔ Program Model Chosen ↔ Number of Staff ↔ Intensity of Services

Evaluation

- Quality Indicator III.C.2.
 - The results of the program evaluation are reviewed annually and are used or considered in making organizational and/or programmatic changes.
- Quality Indicator III.C.3.
 - Leadership works in partnership with staff to plan, develop, and implement an effective staff evaluation process.



Health and Safety

Illinois Birth to Five Program Standard I.E.
Quality Indicators I.E.1 and I.E.2.



Health and Safety



Health and Safety

- Orientation for staff and volunteers
 - Children's health precautions
 - Develop health and safety policies
 - Keep child health history and immunization records current
 - Provide child-sized equipment
 - Conduct environmental checks
 - Develop a field trip policy
-
- Universal/Standard precautions
 - OSHA requirements

(PIIM Pages 72 and 73)



Center-based

- Illinois Department of Children and Family Services Licensing Standards
 - http://www.state.il.us/dcfs/policy/pr_policy_rules.shtml
- Tiered Quality Rating and Improvement System (TQRIS) – ExceleRate
 - <http://www.isbe.net/earlychi/html/birth-3.htm>



Health and Safety

- Transportation (PIIM Page 74)
 - Useful resources (PIIM Page 75)



Mandated Reporter

Illinois Birth to Five Program Standard I.G.
Quality Indicators I.G.1. and I.G.2.



Mandated Reporter

- Quality Indicator I.G.1.
 - The program leadership familiarizes staff with the Abused and Neglected Child Reporting Act [325 ILCS5] as well as with the program's policy. This should be included as part of new staff orientation and, at a minimum, be reviewed annually.
- Quality Indicator I.G.2.
 - The written policy must include procedures for documentation and follow-up of reported abuse.



Mandated Reporter Training



- Illinois Department of Children and Family Services
 - Mandated reporter training
 - <http://www.state.il.us/dcfs/child/index.shtml>

Recordkeeping

Illinois Birth to Five Program Standard I.I.
Quality Indicators I.I. 1 - 7



Recordkeeping

- Family Educational Rights and Privacy Act (FERPA)
 - <http://www.ed.gov/policy/gen/guid/fpc/ferpa/index.html>
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
 - <http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>

(PIIM Page 111)



Health & Immunization Records



- Center-based
 - Illinois Department of Public Health/Immunization Requirements
 - <http://www.idph.state.il.us/about/shots.htm>
- It is Best Practice for each home-based child to have a record of well child visits and immunizations on file.

(PIIM Page 111)

Student Information System (SIS)

- Quality Indicator I.1.5
 - The program accurately completes all required reports as mandated by its funding source(s), including data provided to the Illinois Student Information System, or SIS. (PIIM Page 113)



Student Information System (SIS)

- The ISBE SIS system
 - Student Identifier (SID) to each student
 - Demographic
 - Performance
 - Program participation data for each student
 - Students from school to school and district to district within Illinois
 - Report timely and accurate information and data through standardized reporting capabilities

Student Information System (SIS)

- IWAS
 - www.isbe.net
- Student Information System
 - <http://www.isbe.net/sis/default.htm>



Data Analysis and Accountability

- Data Analysis and Accountability
 - http://www.isbe.net/research/htmls/pfa_prev_init.htm
 - Parent Questionnaire
 - <http://www.isbe.net/research/pdfs/pi-parent-question.pdf> (English)
 - <http://www.isbe.net/research/pdfs/pi-parent-question-sp.pdf> (Spanish)
 - Parent Questionnaire Reporting Guide
 - <http://www.isbe.net/research/pdfs/pi-iwas-parent.pdf>
 - Outcomes Questionnaire
 - <http://www.isbe.net/research/pdfs/pi-outcomes-question.pdf>
 - Outcomes Questionnaire Reporting Guide
 - <http://www.isbe.net/research/pdfs/pi-iwas-outcomes.pdf>

Record Retention

- Administrative records
 - Seven years (PIIM Page 114)
- Grant Records
 - Three years (PIIM Page 115)

Local Records Commission

- Illinois State Archives, Norton Building,
Illinois Secretary of State, Springfield
Illinois 62756
- (217/782-7075)



Records At-A-Glance (PIIM Page 117)

| RECORDS AT-A-GLANCE | | |
|---|---|---|
| Center-Based Programs | Home-Based Programs | Administrative Records for Both Center- and Home-Based Programs |
| <p>Each Child's file:</p> <ul style="list-style-type: none"> Name, address, & phone number Age documentation Birth Certificate (OPTIONAL but Best Practice) Health and immunization record Screening results, including parent interview Written parental permission for screening Documentation of minimum of 2 risk factors used for eligibility Income verification (if used for eligibility) Demographic and family information (emergency & home) Name & number of anyone else to whom to release child in case of emergency Family involvement record (parent teacher conferences & home visits) Individual Family Service Plan (IFSP) Assessment of Child Progress Referrals and Follow-up Parent Communications Home Language Survey (OPTIONAL but Best Practice) | <p>Each Child's file:</p> <ul style="list-style-type: none"> Name, address, & phone number Age documentation Birth Certificate (OPTIONAL but Best Practice) Health and immunization record Screening results, including parent interview Written parental permission for screening Documentation of minimum of 2 risk factors used for eligibility Income verification (if used for eligibility) Demographic and family information (emergency & home) Name & number of anyone else to whom to release child in case of emergency Family involvement record (parent teacher conferences & home visits) Individual Family Service Plan (IFSP) Assessment of Child Progress Referrals and Follow-up Parent Communications Home Language Survey (OPTIONAL but Best Practice) | <ul style="list-style-type: none"> Applications and other correspondence All reports & correspondence to ISBE All monitoring reports Student Recruitment and Selection Plan Parent involvement materials Center Food Program records Program Evaluation Plan, including Program Improvement Plans, Child Assessment Tools, Accreditation Records Centers: Licensing Approval, compliance issues Personnel Records, including qualifications of staff, professional development records Children's records as noted in the columns to the left |



Monitoring & Accountability

Section III. Program Standards A-C



Screening & Monitoring

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

(PIIM Page 228)



Screening & Monitoring

- Quality Indicator III.A.1.
 - Children are screened using a research-based screening instrument that measures all aspects of the child's development in these specific areas: vocabulary, visual motor integration, language and speech development, English proficiency, fine and gross motor skills, social skills and cognitive development. (PIIM Page 229)



Screening and Monitoring

- PI Compliance
 - Screening
 - At least every six months
- Examples
 - Ages & Stages Questionnaire
 - Battelle Developmental Inventory
 - Brigance Infant and Toddler Screen



Screening & Monitoring

■ Quality Indicator III.A.2.

- All screenings include a parent interview. (PIIM Page 231)

■ Quality Indicator III.A.3.

- Written parental permission for the screening is obtained and the screening results are shared with the parents. (PIIM Page 231)

■ Quality Indicator III.A.4.

- Infants and toddlers are referred to the Illinois Early Intervention System when appropriate. (PIIM Page 232)
 - Illinois Early Intervention System
<http://www.dhs.state.il.us/page.aspx?item=31183>

Monitoring

- Program Standard III.B.
 - The program incorporates appropriate formative assessments of children, which are aligned with the curriculum, for the purposes of monitoring individual child development and individualization of the program and/or curriculum.
- (PIIM Page 234)



Monitoring

- Quality Indicator III.B.1.
 - The staff monitors children's development using a variety of appropriate methods.

(PIIM Page 235)



Monitoring

- Best practice
 - Access multiple sources of information
 - Assess a child's development across multiple domains
 - Be sensitive to a child's cultural background
 - Use research-based screening instruments



Well Child and Immunizations

- Well-child examinations
- Immunizations
- Medical Home
 - Accessible
 - Continuous
 - Comprehensive
 - Family Centered
 - Coordinated
 - Compassionate
 - Culturally Sensitive



Hearing and Vision

- Hearing and Vision
 - Development
 - Referral sources



Dental Hygiene

- Dental hygiene
 - Care and routines
 - Prevention



Individual Family Service Plan

- Quality Indicator V.D.2.
 - The program offers parents opportunities to develop and implement a family plan that describes family goals, responsibilities, timelines, and strategies for achieving these goals. (PIIM Page 385)
- Individual Family Service Plan



Family Needs Assessment

- Research-based Family Needs Assessment
- Examples
 - Baby Talk Family Resource Assessment
 - Nurse Family Partnership Family Assessment
 - Life Skills Progression
 - Head Start: Scaled Family Assessment
 - Parent Survey (HFA)



Transition

Quality Indicator III.B.5.



Transition

- The Illinois Administrative Code
 - Title 23: Part 235 Early Childhood Block Grant, Section 235.40 (g)
- Prevention Initiative programs must have “a referral system that ensures that 3-year-old children are placed into other early childhood education programs that meet their specific developmental needs and the services to be provided to ensure a successful transition into those other programs.”
(PIIM Page 247)



Transition



Transition Plan

■ Transition Plan Sample (PIIM Page 443)

| Transition Plan Information | |
|---|-----------------|
| Describe the reason for this transition: | |
| The preferred program, district, or agency to transition into: | |
| Provide a brief description of how the family/child feels about the transition: | |
| What questions does the family have about the transition? | |
| What is the ideal outcome of this transition? | |
| What strengths does my/our family possess that will help us during this transition? | |
| What strengths does my/our child possess that will help him/her during this transition? | |
| What (do you feel) are the most important activities that would help with this transition? | |
| Are there community agencies/programs you feel would enhance this transition? | |
| What early childhood programs would you like to explore as your child transitions out of/between birth-to-three programs? | |
| What community agencies/programs would you like to explore as your family transitions out of/between programs? | |
| Do you have any questions about your rights or responsibilities regarding this transition? | |
| Would you like to talk to other parents about this transition? | |
| What would help you prepare for this transition? | |
| Are there people you want/need to notify about this transition? | |
| Checklist | |
| Completed transition planning form. | Date completed: |
| Explored transition options/programs. | Date completed: |
| Completed transition meetings/visits with programs/staff. | Date completed: |
| Informed family of parental rights/responsibilities. | Date completed: |
| Sent/Received referral. | Date completed: |
| Sent/Received release of information. | Date completed: |
| Sent/Received information to complete transition. | Date completed: |
| Notes: | |

Transition Plan Activities Instructions: The goal(s) portion of this form will be completed to ensure all parties have a clear understanding of the overall goal(s), actions steps to completing the goal(s), person(s) responsible, and the time frame provided to address the goal(s) and action step(s). Some areas have lightly shaded wording to indicate the types of responses that belong in that space. The Illinois State Board of Education requires two forms for Prevention Initiative to be completed through IWAS as the end of each fiscal year. The PI Parent Questionnaire and the PI Outcomes Questionnaire can be found at http://www.isbe.state.il.us/research/htmls/pfa_prev_init.htm.

The status (as described below) of each goal or action step will provide useful information as you complete the PI Outcomes Questionnaire.

Status

- (S) Support = The topic/goal was brought up by the professional; however, the parent did not see this as a priority for the family
- (NP) No Progress = A goal was made but no progress was documented
- (P) Progress = The topic/goal was determined to be a priority for the family, a goal was made, and progress was documented
- (A) Accomplished = The goal was achieved

[illegible]

Transition Plan

- Reason for transition
- Description of how the family feels about the transition
- Ideal outcome of transition
- Family strengths that will support transition
- Child strengths that will support transition
- Activities that will support a smooth transition
- Community agencies that will need to participate or be informed
- Questions regarding parents' rights or responsibilities



Transition Plan

- Goal(s)
 - Action steps to completing the goal(s)
 - Person(s) responsible
 - The time frame provided to address the goal(s)/action step(s)
- Referrals
- Transition Team Members
- Dates to Review the Transition Plan
- Signatures of the parents and staff



Transition

- Quality Indicator V.E.4.
 - The program leadership works with the family and community in supporting transitions, respecting each child's unique needs and situation. (PIIM Page 416)



Transition Agreements

- Standard practices
- Residency and health requirements
- Site visits
- Parental consents and information sharing
- Transfer of relevant records
- Follow-up



Personnel

PIIM Section IV, Program Standards A – G



Supervision

- Quality Indicator IV.B.2.
 - The program leadership models professionalism and conveys high expectations for all staff. (PIIM Page 277)
- Supervision is defined literally as the “ability to see in an overarching manner.” (PIIM Page 280)
 - What the children need
 - What partnerships can staff and families form
 - What the staff do to support families
 - How the agency supports the home-based or center-based services



Staff Selection



Staff Selection

- Early Head Start is required to meet the requirements that are specified in the latest Head Start Act
 - <http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Act>
- The Illinois Department of Children and Family Services (IDCFS) lists minimum requirements for staff employed by licensed child care centers
 - <http://www.ilga.gov/commission/jcar/admincode/089/08900407sections.html>
- ISBE Prevention Initiative - Resource Toolkit for Early Childhood Birth to Three Programs
 - http://www.isbe.net/earlychi/pdf/ec_o-3_resource_toolkit.pdf

PI Compliance - Home-based

- Prevention Initiative staff will meet the requirements of the Program model chosen

| | Baby TALK | Healthy Families America | Parents as Teachers | Nurse Family Partnership | Early Head Start |
|-----------------------------------|---|---|--|---|--|
| Staff Qualifications and Training | <p><u>Educational Requirements</u></p> <ul style="list-style-type: none"> •→ Bachelor's Degree Preferred •→ Associate's Degree with experience in education, nursing or social service acceptable •→ 4 Day BT Training <p>Baby TALK professionals should display a high degree of empathy, knowledge and willingness to learn about a family's needs and culture.</p> <p>Baby TALK professionals must be certified by Baby TALK through the 4 Day Baby TALK certification training. Annual Baby TALK re-certification is required.</p> <p>Touchpoints Training, also offered by Baby TALK, is suggested as practitioners mature in their work.</p> | <p><u>Educational Requirements</u></p> <ul style="list-style-type: none"> •→ High School Diploma •→ Family Support Worker Training (4 Days): Integrated Strategies for Home Visitors •→ Assessment Workers Training (4 Days): Family Assessment Worker Training •→ Supervisors will attend both trainings listed above and receive an extra day of training specialized for supervisors •→ All staff will receive OJT •→ Staff functioning as both Family Support Workers and Assessment Workers will attend both trainings <p>Healthy Families staff includes both paraprofessional and professional staff.</p> <p>Educational requirement for a paraprofessional is a High School Diploma.</p> <p>A minimum of a BA with an MA preferred is the educational requirement for a supervisor.</p> | <p><u>Educational Requirements</u></p> <ul style="list-style-type: none"> •→ Bachelors' Degree Preferred •→ Those with High School must have at least 2 years experience working in the field. •→ Training (5 Day): PAT Foundational and Model Implementation Training <p>It is recommended that parent educators have a bachelor's degree in early childhood education or a related field. Those with an associate's degree or less must have at least two years of experience working with young children and families.</p> <p>Annual certification is required to use the PAT model and curriculum materials. To maintain certification, annual in-service hours are required:</p> <ul style="list-style-type: none"> • → 1st year = 20 hours • → 2nd year = 15 hours • → 3rd year + = 10 hours | <p><u>Educational Requirements</u></p> <ul style="list-style-type: none"> •→ Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Bachelors' Degree in nursing. •→ Nurse home visitors and nurse supervisors complete core educational sessions required by the NFP National Service Office. <p>When hiring, it is expected that nurse home visitor and nurse supervisor candidates will be evaluated based on the individual nurses' background and levels of knowledge, skills and abilities taking into consideration the nurses' experience and education. The BSN degree is considered to be the standard educational background for entry into public health and provides background for this kind of work. For nurse supervisors, a Master's degree in nursing is preferred.</p> | <p><u>Educational Requirements</u></p> <p>Center-Based: All teachers must have a minimum of a child development associate credential, and have been trained (or have equivalent coursework) in early childhood development with a focus on infant and toddler development.</p> <p>Home Visitors: There are no degree requirements; however, home visitors must have had training in:</p> <ul style="list-style-type: none"> •→ structured child-focused home visiting •→ effective strengths-based parent education, including methods to encourage parents as their child's first teachers; •→ early childhood development with respect to children 0 to age 3; •→ methods to help parents promote emergent literacy •→ health and developmental services •→ strategies for helping families cope with crisis, and •→ the relationship of health and well-being of pregnant women to prenatal and early childhood development. |

PI Compliance – Center-based

- All head infant toddler teachers must have a minimum of an Associate's degree in (CD) or (ECE) or the equivalent.
 - For programs with 1-2 classrooms, at least one of the infant toddler teachers currently holds or is actively working toward a Baccalaureate degree in CD or ECE or equivalent.
 - For programs with 3 or more classrooms, at least one in every three infant toddler teachers currently holds or is actively working toward a Baccalaureate degree in CD or ECE or equivalent.
- Family Support Worker qualifications and training is based on Program Model being used.
- By **2015**, all infant toddler teachers who have primary responsibility for providing direct services must hold a Baccalaureate Degree in Child Development or Early Childhood Education or the equivalent and hold a Gateways to Opportunity Level 5 Infant Toddler Credential.

Staff Development



Clinical Expertise



Coordination, Monitoring & Assessment



Program Integration



Personnel

- “Knowing about is different from knowing how.
Knowing about means learning theory.
Knowing how puts theory into action.”
 - Gonzalez-Mena, Janet and Dianne Widmeyer Eyer. (1980). Infancy and Caregiving
 - (PIIM Page 271)

**BEST
PRACTICE**

Policy and Procedures Manual

- **Quality Indicator IV.B.1.**

- The program supervisor and/or coordinator is skilled in program management and supervision.
- **Policy and Procedure Manual**
(PIIM Page 466)
 - Policies - Policy statements address what “is” the rule rather than how to implement the rule.
 - Procedures - Procedures represent an implementation of policy.



Reflective Supervision



Reflective Supervision

- Reflection
- Collaboration
- Regularity

(PIIM Page 301)



Supervision

- Quality Indicator IV.D.1.
 - Program leadership creates and maintains an atmosphere that is nurturing and supportive of staff.
- Quality Indicator IV.D.2.
 - Program leadership regularly conducts a self-assessment.
- Quality Indicator IV.D.3.
 - The supervisor in partnership with each staff member develops a formative supervision plan.
- Quality Indicator IV.D.4.
 - Sufficient time for supervision is allotted in the program leader's schedule.

Effective Leaders

Illinois Birth to Five Program Standard I.F.
Quality Indicators I.F.1 and I.F.2.



Effective Leaders

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

Training and Technical Assistance

- Ounce of Prevention Fund (OOPF)/Training and Technical Assistance Grant

- <http://www.ounceofprevention.org/training/index.php>
 - Training
 - Technical assistance
 - Home-based and center-based



- Baby TALK/Training and Technical Assistance

- <http://www.babytalk.org>

- Program Standard IV.E.
 - The program leadership provides opportunities for ongoing professional growth and development. (PIIM Page 308)
- Professional development is defined as those processes and activities designed to enhance the professional knowledge, skills, and attitudes.



Professional Development

- Quality Indicator IV.E.1.
 - A professional development plan, based on the needs identified through reflective supervision and the interests of each staff member, is on file.
- Quality Indicator IV.E.2.
 - Sufficient time and funding are provided for staff to participate in appropriate staff development activities.

Professional Development Plan

#6. Prevention Initiative Professional Development Plan

SAMPLE: This is a sample form. Each program will develop an individualized professional development plan form that will be used by their program staff.

| | | | | |
|---|--------------------|-------|----|------|
| Date: | Program year: | Start | to | Date |
| Staff name: | Position: | | | |
| Work location(s): | Supervisor: | | | |
| Identify your current strengths: | | | | |
| Identify areas of needed growth: | | | | |
| Describe any areas of frustration in your work: | | | | |
| Describe your favorite aspects of your work: | | | | |
| Goals: The purpose of this section of the document is to establish work goals for the fiscal year. Goals are statements with expected outcomes within specific periods of time. Each goal should fit into and support the overall mission, values, and vision of the program. Include any professional development or other support necessary to accomplish the goal. | | | | |
| Goal One: | | | | |
| Professional development plan to support goal attainment: | | | | |
| Measurement/Outcome that will provide support/evidence of goal completion: (Indicate quantity, quality, time frame, percentages, or other specific measures.) | | | | |
| Review date: | Mid-year comments: | | | |
| Review date: | Year-end comments: | | | |

| | |
|---|-----------------------|
| Initial Completion. I have participated in the development of these goals. | |
| Date: | Employee Signature: |
| Date: | Supervisor Signature: |
| Mid-year review. | |
| Date: | Employee Signature: |
| Date: | Supervisor Signature: |
| Year-end Review. I have updated my progress toward the completion of these goals. I have discussed with my supervisor and understand the progress and overall evaluation of my goals. | |
| Date: | Employee Signature: |
| Date: | Supervisor Signature: |
| (The employee and supervisor will receive copies of this document.) (Date form was created or revised and page numbers.) | |

■ PIIM Page 455



Professional Development Plan

- Identify strengths
- Identify areas of needed growth
- Describe any areas of frustration within the position/work
- Timeframes
- Goals/statements with expected outcomes
- Review dates
- Employee and supervisor signatures

Family and Community Partnerships

PIIM Section V. Program Standards A – E



Program Standard V.B.

- The program leadership and staff seek and facilitate family participation and partnerships. (PIIM Page 356)
- Mutual Respect
- Mutual Understandings
 - Program Planning
 - Implementation
 - Evaluation
- Empowerment



Holistic Family-Centered Approach



Family-Centered Approach

- Recognize and respect one another's knowledge and expertise
- Share information through two-way communication
- Share power and decision making
- Acknowledge and respect diversity
- Create networks of support



Partnerships

- Quality Indicator V.B.1.



- The program recognizes that parents play an integral role in their children's learning. Parents are welcome in the program, and their support and involvement are sought. (PIIM Page 357)



Partnerships

- Quality Indicator V.B.2.
 - The program leadership assures a system is in place for regular, effective, two-way communication and responsive interaction between the program leadership, staff, and families. (PIIM Page 361)
- Two-way communication
- Recognize good ideas



Partnerships

- Quality Indicator V.B.3.



- The program provides opportunities for family involvement and educational activities that are responsive to the ongoing and expressed needs of family members.

(PIIM Page 364)



Partnerships

- Quality Indicator V.B.4.



- Families are full partners in the decisions that affect their children and are included in the development and implementation of program activities.

(PIIM Page 366)



Program Standard V.C.

- The program assures that families have access to comprehensive services. (PIIM Page 368)



Partnerships

- Quality Indicator V.C.1.
 - Program leadership and staff have a working knowledge of the resources in their community.
(PIIM Page 369)



Partnerships

- Quality Indicator V.C.2.
 - The program has both a referral and follow-up system to assure that families are able to access services determined appropriate. (PIIM Page 372)



Partnerships

- Quality Indicator V.C.4.
 - The program prioritizes services for children and families experiencing homelessness. (PIIM Page 377)
 - Federal and state legislation/regulation regarding homelessness.
 - Local community resources
 - Advocate



Community System Planning



Collaboration

- Quality Indicator V.E.1.
 - Efforts are made to work in collaboration with other providers of services to families with young children in order to maximize services and resources available in the community. (PIIM Page 401)



Collaboration

- Children develop in the context of family.
- Families develop in the context of community and are the building blocks of a healthy society.
- Community collaboration is critical to community development and to family outcomes.



Parent-&-Community-Involvement

- Description
 - Program orientation activities
 - Program activities
 - Parents/child activities
 - Parent engagement opportunities
 - Various communication opportunities
 - Referrals
 - Avoid duplication of services
 - Transition
 - Community collaboration agreements

(PIIM Page 404)



Memorandum of Understanding



- Is a document that describes a formal agreement between two or more parties.
- An MOU is generally recognized as binding, even if no legal claim could be based on the rights and obligations laid down in it.
- Letter of Intent

Illinois Early Learning Collaboration

- <http://ilearlychildhoodcollab.org>



| Administration/Management, continued | Issue Discussed | Emerging Strategy | Incorporated Into Contract | Date Reviewed/ Status |
|---|-----------------|-------------------|----------------------------|-----------------------|
| Indirect Resources: staffing, supplies, equipment | | | | |
| Invoice & Payment System | | | | |
| Contract Amendments, Contract Renewal & Termination | | | | |
| Liability/Insurance | | | | |
| Conflict of Interest/Prohibited Activities | | | | |
| Dispute Resolution & Grievance Procedures | | | | |
| Reporting | Issue Discussed | Emerging Strategy | Incorporated Into Contract | Date Reviewed/ Status |
| Record Keeping | | | | |
| Coding and Tracking of Child Data | | | | |
| Transfer of Information | | | | |
| Confidentiality | | | | |
| Documentation of direct & indirect resources, number of children served by area, number of families served | | | | |
| Services & Staffing | Issue Discussed | Emerging Strategy | Incorporated Into Contract | Date Reviewed/ Status |
| Role of each agency/program | | | | |
| Implementation of federal and state regulations | | | | |
| Head Start Program Performance Standards: Child Development & Health, Family & Community Partnerships, Program Design & Management | | | | |
| Illinois Early Learning Standards | | | | |
| DCFS Licensing Standards | | | | |
| Other | | | | |
| Documentation of Children's Progress/ Outcomes: federal & state | | | | |
| Key Positions: Staff Qualifications, Joint Interview, Hiring, Salaries, Benefits, Reporting Structure, Performance Evaluations, Personnel Policies, Roles/ Responsibilities | | | | |
| Teachers, Assistants, Support Staff | | | | |
| Case Manager/Family Support/Social Service Staff | | | | |
| Partnership Manager/Coordinator | | | | |

Websites

- Early Childhood Block Grant Administrative Rules, Part 425,
<http://www.isbe.net/rules/archive/pdfs/235ARK.pdf>
- Illinois Early Learning Guidelines,
<http://www.isbe.net/earlychi/pdf/el-guidelines-o-3.pdf>
- Resource Toolkit for Programs Serving Infants, Toddlers and Their Families,
http://www.isbe.net/earlychi/pdf/ec_o-3_resource_toolkit.pdf
- Ounce of Prevention Training Center,
<http://pi.opftrainingcenter.org/ets/welcome.aspx>
- ISBE Required Reporting,
http://www.isbe.net/research/htmls/pfa_prev_init.htm
- Illinois Resource Center, Early Childhood Professional Development,
<http://ec.thecenterweb.org/site/>
- Illinois StarNet Regions,
http://www.isbe.net/earlychi/html/professional_develop.htm
- Illinois Early Learning Project,
<http://www.illinoisearlylearning.org/>
- Illinois Early Childhood Asset map,
<http://iecam.crc.uiuc.edu/>
- Family Transition Workbook, “When I’m Three, Where Will I Be?”
http://www.isbe.net/earlychi/pdf/transition_workbook.pdf
- Illinois Head Start Association
<http://ilheadstart.org/>

Webinar 3 of 3



Contact

Illinois State Board of Education
Early Childhood Division

Questions or Comments:

earlychi@isbe.net

217-524-4835

