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

Prevention Initiative Implementation Manual (PIIM)

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Webinar Two

Illinois Prevention Initiative Implementation Manual
2013

- Webinar One
  - Content and navigation

- Webinar Two
  - Model fidelity and PI compliance

- Webinar Three
  - Administration, supervision & evaluation

Prevention Initiative (PI)

Compliance and Fidelity

Fidelity

- Strict observance of duties and adherence to fact or detail; accuracy in details or exactness. (PIIM Page 481)

- PI Fidelity

  - ISBE PI RFP Nine Components
    http://www.isbe.net/earlychi/pdf/pi_rfp_12.pdf

  - Chosen Program Model (PIIM Page 168)

Outcomes

- Fidelity to evidence-based home visiting models is important if those models' proven outcomes are to be replicated. (PIIM Page 30)

Program Model Fidelity

- PI compliance and/or Program Model fidelity
  - Adhere to the most strict or comprehensive requirements

PI Fidelity

1. Screening to determine eligibility
2. Research-based program model and curriculum
3. Developmental monitoring
4. Individual Family Service Plan
5. Case management services
6. Family and community partnerships
7. Qualified staff and organizational capacity
8. Professional development
9. Evaluation

PI Fidelity

- Illinois Administrative Code Part 235 Early Childhood Block Grant and the Birth to Five Program Standards
    - http://www.ilga.gov/commission/jcar/admincode/023/02300235sections.html
- Illinois Early Learning Guidelines for Children Birth to Age Three (IELG)
    - http://www.isbe.net/earlychi/pdf/el-guidelines-0-3.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

PI Fidelity

- Illinois Department of Children and Family Services (DCFS)
  - http://www.ilga.gov/commission/jcar/admincode/089/089parts.html

PI Fidelity

- Questions for a New Prevention Initiative Leader (PIIM Page XV – XVIII)

Funding   Program operations

Reports   Reminders

Essential contacts   Useful websites

PI - T&TA

- 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
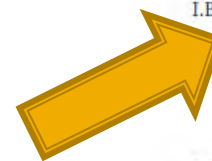
Screening to determine eligibility

Table of Contents

Quality Indicator I.B.1.

- In order to recruit and identify Illinois' children and families most in need for the program, screenings must be conducted to determine their need for services. (PIIM Page 22)

ISBE Compliance

- PI programs will serve those children and families most in need in the community, i.e., those exhibiting the most at-risk factors as determined by a weighted criteria form uniquely created by each individual PI program.

  - Risk factors:

    - PI RFP

    - Present in the community

    - Research

  - Samples of Eligibility Forms

    - (PIIM Pages 430 – 433)

Illinois Administrative Code

- According to the Illinois Administrative Code, "at-risk" children are those who, because of their home and community environment, are subject to such language, cultural, economic, and like disadvantages as to cause them to have been determined, as a result of screening procedures, to be at risk of academic failure.

ISBE Compliance

- The weighted criteria form will be completed with information obtained from:
  - ❑ Parent interview form
  - ❑ Research-based screening instrument (children 4 months or older)
    - ▪ (PIIM Page 228)
    - ▪ Sample Parent Interview Form and Parent Permissions (PIIM Appendix C)
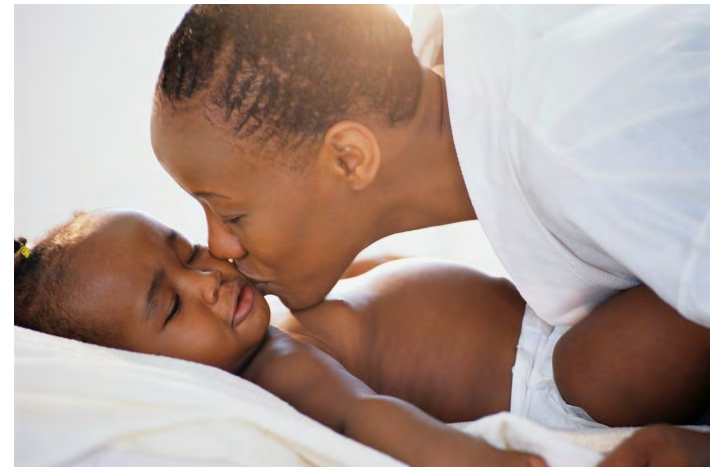
ISBE Compliance

- A parent interview is part of every screening
  - Home/Native Language
- A developmental screening is a short, tool or checklist that identifies a child as needing further evaluation.
  - Written permission
  - Screening results need to be shared
  - Early identification of children who require referral
  - PI staff should be involved in screening

ISBE Compliance

- PI programs will utilize the weighted criteria system as follows:
  - Enrolling families identified as having the most at-risk factors
  - Ensuring families with the most at-risk factors are prioritized on a waiting list (if applicable)

ISBE Compliance

- PI programs will serve families with multiple at-risk factors.
- The intensity of services offered should be commensurate with the needs/strengths of the family.

ISBE Compliance

- Families are allowed the opportunity to continue services in a PI program for the duration of the program.
  (prenatal to age three)

ISBE Compliance

- Toilet Training
- Fees
- Homeless
- Home Language Survey

(PIIM Page 26)

Research-based Program Model and Curriculum

Table of Contents

Quality Indicator II.C.2.

- Opportunities are provided for parents to increase their levels of program involvement through education and enrichment. (PIIM Page 168)

RED

Programs are required to provide intensive, research-based, and comprehensive prevention services. Programs should be designed so that parents will gain knowledge and skills in parenting through implementation of a research-based program model that will guide the provision of services. Positive interaction between the parent and child are vital components of effective programs. Education activities may be site-based or home-based; however, services must adhere to the components and requirements of the selected program model and be of sufficient intensity and duration to make sustainable changes in a family. Through these coordinated services, parents should become better prepared to provide for the developmental needs of their children.

For the purposes of the Early Childhood Block Grant for Birth to Age 3 Years, a program model must meet one of the three criteria listed below to be considered research-based.

A program model is defined as a frame of reference that identifies the objectives and goals of a program, as well as their relationship to program activities intended to achieve these outcomes. It reflects standard practices that guide the provision of services, and determines the parameters delineating the service settings, duration, type of intervention, and ratios of child and/or family served to service provider, etc.

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

- The program model must have been found to be effective in at least one well-designed randomized, controlled trial, or in at least two well-designed quasi-experimental (matched comparison group) studies.
- The program is implemented as closely as possible to the original program design, including similar caseloads, frequency and intensity of services, staff qualifications and training, and curriculum content.
- Examples of Birth to Three Program Models Recommended by ISBE:
  - Parents as Teachers http://www.parentsasteachers.org
  - Baby TALK http://www.babytalk.org
  - Healthy Families America http://www.healthyfamiliesamerica.org
  - Nurse-Family Partnership http://www.nursefamilypartnership.org
  - Center-Based
    - Child Care Setting (DCFS License)
    - Early Head Start http://www.ehsnrc.org/index.htm
    - Family Literacy Program - PI - NAEYC Guidelines http://www.naeyc.org
  - Examples of Supplemental Services to Enhance Birth to Three Comprehensive Services:
    - Doula Services
    - Fussy Baby Network
    - Strengthening Families Illinois

Criterion Two — The proposed program will comply with all of the standards of a nationally recognized accrediting organization (e.g., NAEYC). Specifically:

- The program must comply with all standards regarding group size, staff-to-child and/or staff-to-family ratios, staff qualifications and

Program Model

- A frame of reference that identifies:
  - Objectives and goals of a program
  - Relationship to program activities intended to achieve specific outcomes.
  - Parameters (such as)
    - Service settings
    - Duration
    - Type of intervention
    - Ratios of children and/or families served to service provider

  (PIIM Page 169)

Program Models

- Center-based
  - Early Head Start
  - NAEYC
- Home-based
  - Baby TALK
  - Healthy Families America
  - Nurse Family Partnership
  - Parents as Teachers

(PIIM Page 169)

Curricula

- An organized framework:
  - Content children and/or families are to learn
  - Processes through which participants achieve the identified curricular goals
  - What providers do to help participants achieve goals
  - Context in which teaching and learning occur
    (PIIM Page 170)

Curricula

- Home-based (parent centered)
  - Baby TALK
  - Parents as Teachers
  - Growing Great Kids
  - Partners for Healthy Babies
  - San Angelo
  - Nurturing Parenting
- Center-based (child centered)
  - Creative Curriculum
  - High Scope

(PIIM Page 170)

Curricula

- Quality Indicator III.B.4.
  - Staff adjust the curriculum to accommodate the children's progress and different learning styles.
    (PIIM Page 244)

Alignment

- Illinois Administrative Code Part 235 Early Childhood Block Grant and the Birth to Five Program Standards
  - http://www.ilga.gov/commission/jcar/admincode/023/02300235sections.html
- Illinois Early Learning Guidelines for Children Birth to Age Three (IELG)
  - http://www.isbe.net/earlychi/pdf/el-guidelines-0-3.pdf

PI Compliance

- Meets the diverse needs of children and families
- Promotes literacy development
- Fosters adult social connections
- Provides parent/child activities
- Recognizes the importance of fathers and mothers
- Maintains a toy/book lending library
- Maintains a parent resource lending library
- Newsletter

Seven Designated Areas of Instruction (SDAI)

1. Child Growth and Development, including Prenatal Development
2. Childbirth and Child Care
3. Family Structure, Function, and Management
4. Prenatal and Postnatal Care for Mothers and Infants
5. Prevention of Child Abuse
6. The Physical, Mental, Emotional, Social, Economic, and Psychological Aspects of Interpersonal and Family Relationships
7. Parenting Skill Development
(PIIM Page 173)

SDAI

- Example
  (PIIM Page 173)
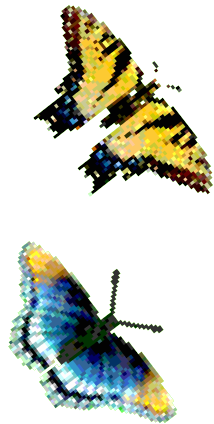
2. Childbirth and Child Care

"Childbirth and child care" refers to supporting parents as they transition into parenthood. This ensures the physical health of the mother and baby and provides a strong foundation for healthy parent and child relationships. The love and social support a family (mother, father, caregivers, and infants) receives can make a difference in the lives of children and families. Programs will offer education and connections to resources that support childbirth and child care.

Suggested topics include but are not limited to the following:

- Childbirth preparation classes (mothers/fathers/coach/doula)
- Child care classes (mothers/fathers/family, and friend support)
- Doula services (if applicable)
- What to expect during labor (mothers/fathers/family)
- What to expect during delivery (mothers/fathers/family)
- Planning for the birth of the baby (mothers/fathers)
- What to take to the hospital (mothers/fathers)
- Preparing to leave the hospital (mothers/fathers)
- Preparing the home for an infant
- Preparing the car for an infant
- Accessing social support to help with the arrival of a baby
- How to care for a newborn (bathing, dressing, feeding, etc.)
- Identify strategies to prevent SIDS

Quality Indicator I.B.3.

- The intensity of program services is commensurate with the preferences, strengths, and needs of individual children, their families, and the communities in which they live.

(PIIM Pages 30 – 45)

Effective PI Programs

- Individual visits (PIIM Page 34)
  - Visit frequency
  - Visit length
  - Scheduling visits
  - Home Visit/Individual Visit defined
  - Data collection
  - Transition services
  - Align with the chosen program model
  - Evaluation

Effective PI Programs

- Groups (PIIM Page 35)
  - Group type
  - Group frequency
  - Group length
  - Scheduling groups
  - Data Collection
  - Align to the chosen program model
  - Evaluation

PI Compliance

- Center-based Services
(PIIM Page 42)
- Full Time (20 hours or more a week)
  - Monthly individual meetings
    - two (2) of which per year should be held in the families' homes
    - (fidelity to the program model, may require more)
  - Monthly group meetings
    - (fidelity to the program model, may require more)

PI Compliance

- Center-based (PIIM Page 42)
- Less than Full Time
  - (2) individual meetings per month
    - two (2) of which per year should be held in the families' homes
    - (fidelity to the program model, may require more)
  - Monthly group meetings with families
    - (fidelity to the program model, may require more)

Data

Data

- Home visit **completion rates** are defined as the number of scheduled visits compared to the actual visits completed within a given period of time.
  - (PIIM Page 37)

- **Attendance rates** are defined as the number of scheduled days of child or parent/child attendance (family literacy model) compared to the actual attendance days within a given period of time.
  - (PIIM Page 43)

Data

- **Retention** refers to the percentage of families who were receiving services at the beginning of a period in time, and remain with the program at the end of the period.
  - (Home-based Program PIIM Pages 38-39)
  - (Center-based Program PIIM Pages 43-45)

Count me too!
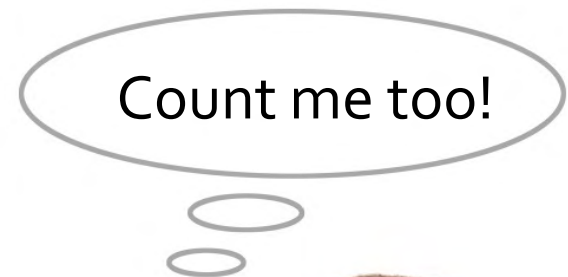
Data

Ratios

Quality Indicator I.C.1.

- Group size and ratios of adults to infants, toddlers, and preschoolers are developmentally appropriate in program groups.
(PIIM Page 51)

Center-based

Age	EHS (exceeds)		NAEYC (Meets)	
	Ratio	Group Size	Ratio	Group Size
6 wk – 12 mo.	1:4		1:4	8
12–24 mo.	1:4	8	1:4	12
24–36 mo.	1:4	8	1:6	12

- All groups must, at a minimum, meet NAEYC guidelines for ratios and group size. (PIIM Page 53)

Center-based

- Parent Education (PIIM Page 53)
  - 1 FTE Family Educator to 25 to 30 families.

Quality Indicator I.C.2.

- A reasonable number of families in the home-based option is served by each service provider in accordance with program design and goals, considering geographic location, severity of need, intensity of services, and training of staff. (PIIM Page 55)

Home-based

- Severity of need
- Intensity of services
- Staff training
- Geographical location
- Length of service
- Frequency and length of visits
- Strictly adhere to the chosen program model
(PIIM Page 57)

Caseload

- Caseload is the time spent working directly with or on behalf of a family, and workload includes the consideration of additional duties required in the position.

- Caseload sizes should ensure that families receive the services, help, support, and information that they need and request.

Developmental Monitoring

Monitoring and Accountability

Monitoring and Accountability

Ongoing Developmental Screening

Illinois Birth to Five 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.

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)

PI Compliance

- Screening
- Developmental monitoring
  - (at least every six months)
- Parental input
- Screening results shared with parents
- Examples:
  - Ages & Stages Questionnaire
  - Battelle Developmental Inventory
  - Brigance Infant and Toddler Screen

Quality Indicator III.A.4.

- Infants and toddlers are referred to the Illinois Early Intervention System when appropriate. (PIIM Page 232)

PI Compliance

Referrals (PIIM Page 232)

- Illinois Early Intervention System (EI)

  - http://www.dhs.state.il.us/page.aspx?item=31183

- Child and Family Connections (CFC)

  - http://www.wiu.edu/ProviderConnections/links/CFCList.html

Early Intervention

- Referral:
  - Understand how to make a referral to the Early Intervention system.
  - Know the location and phone number of the local Child and Family Connections
  - Establish program policies and procedures for referral.

  (PIIM Page 232)

PI Compliance

- Health
- Medical (Well-Checks) Examinations
- Immunizations
- Vision and Hearing
  - InfantSEE®
  - http://www.infantsee.org/
- Dental

(PIIM Page 235)

Monitoring and Accountability

Developmental Assessment and Monitoring

Illinois Birth to Five 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.

Quality Indicator III.B.2.

- Developmental monitoring views the child from a holistic perspective within the context of the family and the community. (PIIM Page 239)

Holistic Perspective

- Are multiple sources of information used?
- Are multiple types of information collected?
- Are there a variety of tools being utilized to gather information?
- Is development monitored and viewed across multiple domains?
- Have relevant family factors been considered?
- Is the family involved in the developmental monitoring process?

(PIIM Page 239)

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.

Individual Family Service Plan

- Appendix C, Sample Forms (PIIM Page 448)

#5. Prevention Initiative Individual Family Service Plan (IFSP) Sample

Instructions: This is a sample. Each program will develop an IFSP based on information provided in the Prevention Initiative RFP, the Prevention Initiative Implementation Manual, and the information provided by the chosen program model. This form 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 family needs assessment and the completion of this from). The family will be involved in and guide the completion of this form. The program may develop an IFSP in collaboration with another agency(s)/district(s) the family is receiving services from. The original IFSP should be placed in the PI family's file and copies should be given to the family and any other parties/agencies participating. If your program is not the lead agency, obtain a copy of the completed IFSP. After a brief overview of the family's desires, goals, strengths, and needs, complete the goal setting portion of this document. The social history of this document (shaded area of this page) only needs to be completed once. Other updates will be recorded within the IFSP Goal Setting portion of this document.

Date:		
Parent/Guardian:	Parent/Guardian:	
Date of Birth:	Date of Birth:	
Phone Number:	Phone Number:	
Address:	Address:	
City:	State:	Zip Code:
Child:	Date of Birth:	
Program Staff:	Title:	
Description of current family structure:		
Brief family history or description:		
My/Our dreams or goals for my/our family:		
Describe the strengths my/our family:		
Current brief description of my/our child:		
Describe my/our strengths of the child:		
Description of typical day/routines of my/our family:		
Areas my/our family would like support:		
Areas my/our child needs support:		

Individual Family Service Plan

- Family demographic information
- 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 the family states 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 as a result of the IFSP
- Forms should contain
  - goals and action steps
  - date the goal was initiated
  - person responsible
  - projected timeline of the goal
  - place for updates, and progress
- Forms should also have a list of ISFP team members
- Projected dates the plan will be reviewed, actual dates the form was reviewed, and signatures of the parents and staff

Family Needs Assessment

- A Family Needs Assessment is an outcome and intervention planning instrument that is helpful in assessing the strengths and needs of families.
- Goals:
  - Parent (s)
  - Child
  - Parent-child interactions

Family Needs Assessment

- **Baby Talk Family Resource Assessment**
- **Nurse Family Partnership Family Assessment**
- **Life Skills Progression**
- **Head Start: Scaled Family Assessment**
- **Kempe Family Stress Inventory**
- **Or choose another research based family assessment tool**

Transitions

Transition

The Illinois Administrative Code (Title 23: Part 235 Early Childhood Block Grant, Section 235.40 (g)) states that 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

- ## Quality Indicator III.B.5.

  - Families of toddlers are informed of appropriate programs in the community by the child's third birthday. (PIIM Page 247)

- ## More information - PIIM Section V
  (PIIM Page 390)

- ## Sample form - Appendix C
  (PIIM Page 443)

Transition

Timing of transition events (PIIM Page 391):

- On or before the child is three years of age
  - Written transition plan (Individual Education Plan, or IEP)
  - Follow-up information regarding transition activities
- Six months prior to transition
  - Referral packet
  - Written consent(s)
- Four months and two months before transition
  - Transition planning conferences
- Approximately three months before the transition
  - Schedule transition activities
- Parent Resource: When I'm 3, where will I be?
  - http://www.isbe.net/earlychi/pdf/transition_workbook.pdf

Outcomes and Parent Questionnaires

PI Outcomes Questionnaire

- **0-3 Prevention Initiative Outcomes Questionnaire**
  - http://www.isbe.net/research/pdfs/pi-outcomes-question.pdf
- **The IWAS reporting guide**
  - http://www.isbe.net/research/pdfs/pi-iwas-outcomes.pdf

(PIIM Page 392)

Statement	N/A	Support	No Progress	Progress	Accomplished
Parent displays his/her rights and responsibilities as a parent	1	2	3	4	5
Parent obtains quality prenatal care/postnatal care	1	2	3	4	5
Parent displays knowledge of the importance of family relationships and how they affect their child	1	2	3	4	5
Parent engages in coping techniques (breathing, exercise, etc.)	1	2	3	4	5
Parent shows love/warmth, physical closeness, and positive feelings to child	1	2	3	4	5
Parent responds to child's cues, feelings, words, interests, and behaviors	1	2	3	4	5
Parent supports/encourages child's exploration, curiosity, and play	1	2	3	4	5
Parent engages in setting appropriate limits	1	2	3	4	5
Parent initiates appropriate play activities	1	2	3	4	5
Parent responds to child's health concerns and well-baby checks	1	2	3	4	5
Parent provides for the nutritional needs of the child	1	2	3	4	5
Parent promotes child's physical/motor development	1	2	3	4	5
Parent promotes child's social and emotional development	1	2	3	4	5
Parent promotes child's speech and language development	1	2	3	4	5

Enrollment in:	N/A	Support	No Progress	Progress	Accomplished
English as a Second Language (ESL)	1	2	3	4	5
Adult Education	1	2	3	4	5
Vocational Education	1	2	3	4	5
High School	1	2	3	4	5
GED	1	2	3	4	5
College	1	2	3	4	5

continued

PI Outcomes Questionnaire

- The child is one month or older
- The family has been enrolled in the program for at least one month

- Ratings
  - N/A
  - Support
  - No progress
  - Progress
  - Accomplished

Statement	N/A	Support	No Progress	Progress	Accomplished
Parent displays his/her rights and responsibilities as a parent	1	2	3	4	5
Parent obtains quality prenatal care/postnatal care	1	2	3	4	5
Parent displays knowledge of the importance of family relationships and how they affect their child	1	2	3	4	5
Parent engages in coping techniques (breathing, exercise, etc.)	1	2	3	4	5
Parent shows love/warmth, physical closeness, and positive feelings to child	1	2	3	4	5
Parent responds to child's cues, feelings, words, interests, and behaviors	1	2	3	4	5
Parent supports/encourages child's exploration, curiosity, and play	1	2	3	4	5
Parent engages in setting appropriate limits	1	2	3	4	5
Parent initiates appropriate play activities	1	2	3	4	5
Parent responds to child's health concerns and well-baby checks	1	2	3	4	5
Parent provides for the nutritional needs of the child	1	2	3	4	5
Parent promotes child's physical/motor development	1	2	3	4	5
Parent promotes child's social and emotional development	1	2	3	4	5
Parent promotes child's speech and language development	1	2	3	4	5

Enrollment in:	N/A	Support	No Progress	Progress	Accomplished
English as a Second Language (ESL)	1	2	3	4	5
Adult Education	1	2	3	4	5
Vocational Education	1	2	3	4	5
High School	1	2	3	4	5
GED	1	2	3	4	5
College	1	2	3	4	5

PI Parent Questionnaire

- The 0-3 Prevention Initiative Parent Questionnaire

  - http://www.isbe.net/research/pdfs/pi-parent-question.pdf

- The IWAS reporting guide for this PI Parent Questionnaire

  - http://www.isbe.net/research/pdfs/pi-iwas-parent.pdf

(PIIM Page 394)

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I feel good about myself as a parent	1	2	3	4
2. I understand how my child grows	1	2	3	4
3. I know about how to help my child stay healthy	1	2	3	4
4. I take my child to the doctor regularly	1	2	3	4
5. I know how to get my child interested in appropriate play activities	1	2	3	4
6. I am able to respond appropriately to my child even when I am upset	1	2	3	4
7. I am able to keep my child safe	1	2	3	4
8. I encourage my child to move around, explore, and play	1	2	3	4
9. I am able to parent even though it can be challenging	1	2	3	4
10. I am able to set appropriate limits for my child	1	2	3	4
11. I know how to show my child love, physical closeness, and positive feelings	1	2	3	4
12. I know different ways to respond to my child's needs, emotions, and behaviors	1	2	3	4
13. I do activities that promote brain development (sing, nursery rhymes, toys)	1	2	3	4
14. I know how to get support for my child and myself	1	2	3	4
15. I know how to find community resources for my child and myself	1	2	3	4
16. Participation in this program has helped me become a better parent	1	2	3	4

Comments:

PI Parent Questionnaire

- The child is one month or older
- The family has been enrolled in the program for at least one month

- Rate
  - Strongly Disagree = 1
  - Disagree = 2
  - Agree = 3
  - Strongly Agree = 4

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I feel good about myself as a parent	1	2	3	4
2. I understand how my child grows	1	2	3	4
3. I know about how to help my child stay healthy	1	2	3	4
4. I take my child to the doctor regularly	1	2	3	4
5. I know how to get my child interested in appropriate play activities	1	2	3	4
6. I am able to respond appropriately to my child even when I am upset	1	2	3	4
7. I am able to keep my child safe	1	2	3	4
8. I encourage my child to move around, explore, and play	1	2	3	4
9. I am able to parent even though it can be challenging	1	2	3	4
10. I am able to set appropriate limits for my child	1	2	3	4
11. I know how to show my child love, physical closeness, and positive feelings	1	2	3	4
12. I know different ways to respond to my child's needs, emotions, and behaviors	1	2	3	4
13. I do activities that promote brain development (sing, nursery rhymes, toys)	1	2	3	4
14. I know how to get support for my child and myself	1	2	3	4
15. I know how to find community resources for my child and myself	1	2	3	4
16. Participation in this program has helped me become a better parent	1	2	3	4
Comments:				

Case Management Services

Program Standard V.A

- The child is viewed in the context of the family and the family is viewed in the context of its culture and community.

  (PIIM Page 334)

Quality Indicator V.A.2.

- Program leadership and staff understand and respect the culture of the families they serve. (PIIM Page 341)

Quality Indicator V.A.3.

- The leadership and program staff understand that the child's home, community, and cultural experiences impact his/her development and early learning.

(PIIM Page 345)

Quality Indicator V.A.5.

- The program leadership and staff communicate with families in their primary language whenever possible.
  (PIIM Page 349)

Case Management Services

- Transportation issues
- Homelessness
- Child abuse and neglect

Transportation

- Quality Indicator I.E.1.
  - The program implements local and state health and safety guidelines. (PIIM Page 71)

Homelessness

- Homelessness (PIIM Pages 377-381)
  - Quality Indicator V.C.4.
    - The program prioritizes services for children and families experiencing homelessness.
  - Illinois State Plan for the Education for Homeless Children and Youth Program, Illinois State Board of Education
    - http://www.isbe.net/homeless/pdf/mckinney-vento_plan.pdf

Homelessness

- Sharing the housing of other persons
- Living in motels, hotels, trailer parks, or camping grounds
- Living in emergency or transitional shelters
- Abandoned in hospitals
- Awaiting foster care placement
- Staying in public or private places not ordinarily used as sleeping accommodations
  - Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; or are otherwise not residing in a fixed, regular and adequate nighttime residence

Child Abuse and Neglect

- Program Standard I.G.
  - All birth to five programs must follow mandated reporting laws for child abuse and neglect and have a written policy statement addressing staff responsibilities and procedures regarding implementation. (PIIM Page 86)

Mandated Reporter

- Illinois Department of Children and Family Services Mandated Reporter Training

  - http://www.state.il.us/dcfs/child/index.shtml
  (PIIM Page 89)

Case Management Services

- Quality programs coordinate (PIIM Page 385)
  - Referrals
  - Follow-up system
  - Individual Family Service Plan
  - Transition Plan

Contact

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Early Childhood Division

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