Appendices

APPENDIX A
Budget Detail Information

Budget Detail and FAQs
 http://www.isbe.net/earlychi/pdf/ecbg_fiscal.pdf

Electronic Expenditure Reporting Quick Help
http://www.isbe.net/funding/pdf/qh_iwas.pdf

FRIS Inquiry Quick Help
http://www.isbe.net/funding/pdf/qh_fris.pdf

Instructions and Guidance for Completing the Budget Detail Page
http://www.isbe.net/earlychi/pdf/completing_budget_0-3.pdf

ISBE Fiscal Policy and Procedures Manual
http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf

General Information

Participating programs that have not previously received a grant from ISBE will need to contact the Early Childhood Division at **(217) 524-4835** to obtain an **RCDT (Region-County-District-Type) code**. The RCDT code is a unique identifying code assigned to each entity funded by ISBE and is required to receive payment for a grant.

For the first year of a new grant, entities must submit their proposals, budgets, budget amendments, and requests for changes of project end dates on paper. Continuing programs (2nd year and beyond) submit their continuing applications, budget amendments, and requests to extend project end dates online through IWAS in the e-Grant system. Copies of receipts for capital outlay purchases and supplies and materials costing over $500.00 must be available for the accountability liaison review. All receipts must be on file for audit purposes.

Developing and Completing the Budget in Your Grant Application

In developing the budget, it is important to understand what expenses are allowable and to provide enough detail so that reviewers can determine whether the expense is allowable and coded correctly. The Early Childhood Division will send formal budget forms to newly funded programs and assist new programs in completing the formal budget forms. **Programs are not allowed to obligate funds until an approved budget is on file.**

There are two budget forms that must be completed: 1) the Budget Detail, and 2) the Budget Summary and the Payment Schedule. It might be most helpful to complete the Detail portion of the budget first. The Budget Detail is where the details of expenditures should be denoted. The Budget Summary should be completed from the information in the Budget Detail. The amounts in the Summary and the Detail should match.

Supplement vs. Supplant

The provision of federal and state funded programs provides that only supplemental costs may be charged. Those funds are intended to supplement and not supplant local funds. Grantees are required to maintain, in each eligible attendance area, a level of expenditure which is at least equal to the level of expenditure that would be maintained if federal/state funds were not being expended in that area.

No project or activity can be approved which proposes to provide a service required by State law. For example, any project to singly provide special education for children with disabilities cannot be approved because special education is required by State law with special funds appropriated to pay for it. In like manner, basic kindergarten programs cannot be approved for the same reason.

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

The use of Prevention Initiative funds is limited to expenses incurred as a result of implementing the Prevention Initiative program. Programs cannot use Prevention Initiative funding to supplant, i.e., funds may not be used to cover costs for positions, services, or goods that were covered by another fund source prior to receiving the Prevention Initiative grant. As an example, if your district or agency had a principal or director prior to receiving the Prevention Initiative grant, you may not use grant funds to pay any part of the salary of that person as a principal or director.

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.

General Administrative Expenses

No more than 5 percent of the total grant award shall be used for administrative and general expenses not directly attributed to program activities, except that a higher limit not to exceed 10 percent may be negotiated with an applicant that has provided evidence that the excess administrative expenses are beyond its control and that it has exhausted all available and reasonable remedies to comply with the limitation.

Payment Schedules

In completing the payment schedule, the payment schedule requests should be based on the cash needs of the entity for this project. **If salaries/benefits are being requested, these should be reflected evenly throughout the entire span of the payment schedule.** Supplies, materials, and equipment purchases to begin the new year should be reflected in the months in which the purchase orders/bills will be paid. If staff development activities are being planned for a certain time, these costs should be reflected in the month in which the planned activity costs will be paid. **The payment schedule should always equal the total approved budget.**

Budget Amendments

A budget amendment is required when:

- The total funds available become known
- The scope of your program is expected to change (example: adding a new component)
- The expected expenditures exceed the budget cell by 20 percent or $1000, whichever is greater
- Opening a previously unbudgeted cell
- Closing a previously budgeted cell

All amendments are due at the Illinois State Board of Education 30 days prior to the end of the project. **No final amendments can be accepted after the below due dates.**

- **Project end date, June 30; amendments due May 31**
- **Project end date, August 31; amendments due August 1**

Amendments also must be received prior to the obligation of funds based on the amendment. Each project must be amended separately. If you have a new program and a continuing program, those funds

must also be amended separately. New program budgets must be amended on paper forms. Continuing programs are amended through IWAS in the e-Grant system.

Each budget amendment/payment schedule replaces the prior one, so all budget cells (even the ones that are not changing) and a new payment schedule (even if it is not changing) should be included on the Budget Summary and Payment Schedule. Only the budget **changes** should be included on the Budget Detail/Breakdown.

All budgets and budget amendments must be signed by the Authorized Official, Administrative Agent, the LEA Superintendent, Administrator, or their designee. An electronic signature is used for continuing applications and budget amendments submitted through IWAS.

Project Start and End Dates

The beginning date (project start date) cannot precede the receipt of a substantially approvable request for funds at the Illinois State Board of Education for entitlement programs or notification of approval for discretionary programs. **Obligation of funds cannot begin prior to the project start date. If you have not submitted your continuing application by July 1, you cannot obligate funds until you submit the application.** The start date of the project cannot precede the beginning of the fiscal year for which the funds are appropriated.

Early Childhood programs have a normal end date of June 30. An entity may request an extended end date of August 31, if needed. New (1st year) projects must submit their request to extend their project end date in writing to the Early Childhood Division for approval. Continuing programs must submit their request online through IWAS in the e-Grants system as an amendment. The project end date field is located under the Applicant Information tab in the e-Grant system. All requests to extend a project end date are due at the Illinois State Board of Education 30 days prior to the end of the project. **No requests to extend the project end date can be accepted after May 31.**

Expenditure Reports

Expenditure Reports are required for the periods ending September 30, December 31, and March 31. A final report is required through June 30. Both new and continuing programs must file the reports electronically.

All Expenditure Reports are due one month after the "Cumulative Expenditure through Date." This is the date through which the cumulative expenditures should be reported. The report should include expenditures from the project begin date through this date. All expenditures should be reported in whole dollars; please round up or truncate any cents as necessary.

If there are outstanding obligations reported on the Completion Report (June 30), you will receive a Final Expenditure Report to complete when all outstanding obligations have been liquidated. An outstanding obligation is any unpaid debt for which funds were requested prior to the end of the reporting period and are expected to be paid within 90 days. (Salaries can only be obligated on the June 30 Completion Report.) The Final Expenditure report is due no later than 90 days after the end of the project.

Expenditure reporting due dates can be found in your e-Grant under the Program Assurances, Specific Terms of the Grant. Additional grant/fiscal requirements can be found at http://www.isbe.net/funding/html/general_grant_info.htm.

Expenditures can be claimed ONLY in cells that have been previously approved through the Budget/Amendment approval process. The allowable variance between what is budgeted and what can be expended is 20 percent or $1000, whichever is greater. Example: If the approved budget cell (Function/Object) has been approved for $15,000, the most that can be expended in that cell is $18,000 (120 percent of the budgeted amount). *If there is nothing budgeted in a particular cell, funds cannot be expended in that cell.* Amendments to adjust for expenditures above this variance or to budget funds in a cell not previously approved must be received at the Illinois State Board of Education prior to the obligation of funds.

Excess Cash on Hand: A positive balance on line 37 of the Expenditure Report indicates excess cash on hand. In other words, more funds were requested than were actually expended. **This balance would be withheld on the next payment.** When a subsequent Expenditure Report is received showing that these funds have been expended, the funds will be released in the next payment. Note: You do not have to wait until the next Expenditure Report is due to submit a more current Expenditure Report. To release funds that have been withheld due to excess cash on hand, you simply need to file a subsequent Expenditure Report showing that the excess funds have been expended.

If you have a negative balance on line 38 of the Expenditure Report, this indicates that cash needs were understated. In other words, more funds were expended than have been disbursed, based on the approved payment schedule. If this situation happens consistently, you should consider reevaluating the payment schedule to more accurately reflect the cash flow needs of the project. This can be accomplished in the amendment process.

Also, if a scheduled payment has not been received:

- Check to make sure that all required Expenditure Reports have been submitted to ISBE (including the final report from the prior year). If the proper reports have not been submitted, payments are withheld until the required reports have been received and approved.
- Check to make sure all funds due the Illinois State Board of Education from the prior year have been remitted. Payments are withheld (frozen) until all funds have been recovered from the prior year.

Lapsed Funds—Return of Funds to ISBE

Funds that have not been expended for the project year must be returned to ISBE. As carryover of funds is not allowed for state-funded programs, these funds basically "lapse" and will be returned/credited to the State General Revenue Fund. Essentially, these funds are permanently lost to Early Childhood efforts.

If you realize that you will not/cannot expend all of your program funds, please contact the Illinois State Board of Education, Early Childhood Division as soon as possible. The division will assist you in filing a "downward" amendment for the amount of funds you cannot expend. The division then has the opportunity to reallocate those funds on a one-time basis to programs that could possibly serve more children or improve services if they had additional resources. Filing a "downward" amendment (in and of itself) should not affect your future funding level.

If a downward amendment is not filed so that funds can be re-allocated, the unexpended funds must be returned to ISBE. Funding and Disbursement Services Division will request funds to be returned when the amount to be returned on a grant is more than $50 unless specific grant provisions require otherwise.

Please wait to be notified of funds to be returned to the ISBE via correspondence from the Funding and Disbursement Services Division

staff. **Please include a copy of this correspondence with checks remitted to ISBE to ensure the proper deposit of funds.** The checks should be remitted within 45 days of notification by ISBE according to the Illinois Grant Funds Recovery Act, 30 ILCS 705/10 to avoid having future payments frozen.

Checks should be remitted to:

> Illinois State Board of Education
> Funding and Disbursement Services Division (E-320)
> 100 North First Street
> Springfield, IL 62777-0001

Interest Earned on State Funds

Interest may accrue when an entity receives state funds. All interest earned on Early Childhood Block Grant funds during the grant period may be retained by the grantee and must be expended during the grant period for purposes authorized by the grant. Interest income that is not expended or obligated by the end of the project year must be returned to the state within 45 days following the end of the grant period.

REFERENCES

1. Illinois State Board of Education, (n.d.) *Budget Forms.* Retrieved from http://www.isbe.net/earlychi/html/birth-3.htm

APPENDIX B
Student Records

Student Records (105 ILCS 5/2-3.13a) (105 ILCS 5/23.13a) (from Ch. 122, par. 23.13a)

Sec. 23.13a. School records; transferring students.

(a) The State Board of Education shall establish and implement rules requiring all of the public schools and all private or nonpublic elementary and secondary schools located in this State, whenever any such school has a student who is transferring to any other public elementary or secondary school located in this or in any other state, to forward within 10 days of notice of the student's transfer an unofficial record of that student's grades to the school to which such student is transferring. Each public school at the same time also shall forward to the school to which the student is transferring the remainder of the student's school student records as required by the Illinois School Student Records Act. In addition, if a student is transferring from a public school, whether located in this or any other state, from which the student has been suspended or expelled for knowingly possessing in a school building or on school grounds a weapon as defined in the Gun Free Schools Act (20 U.S.C. 8921 et seq.), for knowingly possessing, selling, or delivering in a school building or on school grounds a controlled substance or cannabis, or for battering a staff member of the school, and if the period of suspension or expulsion has not expired at the time the student attempts to transfer into another public school in the same or any other school district: (i) any school student records required to be transferred shall include the date and duration of the period of suspension or expulsion; and (ii) with the exception of transfers into the Department of Juvenile Justice school district, the student shall not be permitted to attend class in the public school into which he or she is transferring until the student has served the entire period of the suspension or expulsion imposed by the school from which the student is transferring, provided that the school board may approve the placement of the student in an alternative school program established under Article 13A of this Code. A school district may adopt a policy providing that if a student is suspended or expelled for any reason from any public or private school in this or any other state, the student must complete the entire term of the suspension or expulsion before being admitted into the school district. This policy may allow placement of the student in an alternative school program established under Article 13A of this Code, if available, for the remainder of the suspension or expulsion. Each public school and each private or nonpublic elementary or secondary school in this State shall within

10 days after the student has paid all of his or her outstanding fines and fees and at its own expense forward an official transcript of the scholastic records of each student transferring from that school in strict accordance with the provisions of this Section and the rules established by the State Board of Education as herein provided.

(b) The State Board of Education shall develop a onepage standard form that Illinois school districts are required to provide to any student who is moving out of the school district and that contains the information about whether or not the student is "in good standing" and whether or not his or her medical records are uptodate and complete. As used in this Section, "in good standing" means that the student is not being disciplined by a suspension or expulsion, but is entitled to attend classes. No school district is required to admit a new student who is transferring from another Illinois school district unless he or she can produce the standard form from the student's previous school district enrollment. No school district is required to admit a new student who is transferring from an outofstate public school unless the parent or guardian of the student certifies in writing that the student is not currently serving a suspension or expulsion imposed by the school from which the student is transferring.

(c) The State Board of Education shall, by rule, establish a system to provide for the accurate tracking of transfer students. This system shall, at a minimum, require that a student be counted as a dropout in the calculation of a school's or school district's annual student dropout rate unless the school or school district to which the student transferred (known hereafter in this subsection (c) as the transferee school or school district) sends notification to the school or school district from which the student transferred (known hereafter in this subsection (c) as the transferor school or school district) documenting that the student has enrolled in the transferee school or school district. This notification must occur within 150 days after the date the student withdraws from the transferor school or school district or the student shall be counted in the calculation of the transferor school's or school district's annual student dropout rate. A request by the transferee school or school district to the transferor school or school district seeking the student's academic transcripts or medical records shall be considered without limitation adequate documentation of enrollment. Each transferor school or school district shall keep documentation of such transfer students for the minimum period provided in the Illinois School Student Records Act. All records indicating the school or school district to which a student transferred are subject to the Illinois School Student Records Act.

(Source: P.A. 93859, eff. 1105; 94696, eff. 6106.)

APPENDIX C
Sample Forms

1. Samples of Weighted Eligibility Forms

2. Parent Interview Form

3. Consent/Release Form Examples

4. Transition Plan

5. Individual Family Service Plan (IFSP)

6. Professional Development Plan

#1. Prevention Initiative Eligibility Form
Sample One

<u>Instructions for developing an eligibility form.</u>

This is a sample form. <u>Each program will develop their own eligibility form</u> that consists of weighted criteria based on the risk factors present in their own community. The weighted criteria form will be completed with information obtained from the parent interview form and for children age four (4) months or older, criteria to determine at what point performance on an approved screening instrument indicates that children would be at risk of academic failure. Programs will serve those children and families most in need in the community determined by those exhibiting the most at-risk factors as determined by a weighted criteria form <u>uniquely created by each individual program</u>. Programs will develop weighted criteria based upon the risk factors required in the PI RFP, the risk factors present in the community, and those factors identified by research as causing children and families to be at risk.

Programs will utilize the individualized weighted criteria system for (a) Enrolling families identified as having most at risk factors, (b) Ensuring families with the most at risk factors are prioritized on a waiting list (if applicable). Presenting with one at-risk characteristic will not be sufficient to enroll in a program. After a family is enrolled in the program they are allowed the opportunity to continue services for the duration of the program (prenatal to age three). The family may voluntarily leave the program. **This form and screening for eligibility is only completed one time.**

Child's Full Name: _____ Birth Date: _____ Age: _____

School/Program Name :_____

Parent Name: _____   Parent Name: _____

Phone: _____   Phone: _____

Address: _____   Address: _____

City_____ Zip _____   City_____ Zip _____

The following are worth 10 points each:
(If a child has any one of these risk factors (numbers 1-3) the family should be considered the highest priority for enrollment or placed at the top of the waiting list.)

1.   _____   (10)   Homeless
2.   _____   (10)   Ward of the state/foster child
3.   _____   (10)   Two or more delays on research-based screening tool

The following are worth 5 points each:

4.   _____   (5)   Low income (Qualifies for free and reduced lunches, public housing, child care subsidy, WIC, SNAP, TANF, Medicaid)

5. _____ (5) History of child abuse or neglect
6. _____ (5) History of domestic violence
7. _____ (5) History of alcohol/drug abuse in family
8. _____ (5) DCFS involvement
9. _____ (5) Chronic or terminal illness of child
10. _____ (5) Chronic or terminal illness of family member
11. _____ (5) Child has documented disability/CFC referral
12. _____ (5) Caregiver has disability
13. _____ (5) Caregiver has mental illness
14. _____ (5) Death in immediate family (parent, child, sibling)
15. _____ (5) Caregiver other than parent raising child
16. _____ (5) Teen parent at birth of first child
17. _____ (5) Low birth weight/failure to thrive
18. _____ (5) Recent immigrant or refugee family
19. _____ (5) English not spoken in home
20. _____ (5) Family active military
21. _____ (5) Parent incarcerated
22. _____ (5) Primary caregiver did not complete high school/ No GED
23. _____ (5) High mobility or transience
24. _____ (5) Program specific (This space is provided for programs to add community risk factors.) _____
25. _____ (5) Program specific (This space is provided for programs to add community risk factors.) _____

The following are worth 4 points each:
26. _____ (4) Receiving services from another agency
Explain _____
27. _____ (4) Socially or geographically isolated
28. _____ (4) Other Health Issue
Explain _____
29. _____ (4) Program specific (This space is provided for programs to add community risk factors.) _____

The following are worth 3 points each:
30. _____ (3) One delay on screening tool
31. _____ (3) Single parent
32. _____ (3) Program specific (This space is provided for programs to add community risk factors.) _____

_____ TOTAL SCORE

Notes:

_____ _____

Staff Signature **Date**

#1. Prevention Initiative Weighted Eligibility Form
Sample Two

Instructions for developing eligibility form.

Each program will develop their own weighted eligibility form based upon the risk factors present in their community. When programs are enrolling families prenatally or prior to children turning four months of age, eligibility determination is based on family and environmental risk factors. The parent interview along with the parent interview form must be used to determine family and environmental risk factors. When children older than four months of age are being enrolled, their developmental status should be an additional factor considered to determine eligibility. An approved screening instrument must be used to determine children's developmental status and their risk of academic failure. Programs will utilize the individualized screening and weighted eligibility process for (a) Enrolling families identified as having the greatest number of at-risk factors, (b) Ensuring families with the most at-risk factors are prioritized on a waiting list (if applicable).

Child's Full Name_____ Birth Date_____ Age_____
School/Program Name _____

Parent Name _____ Phone # _____
Address: _____ City_____ Zip _____

Parent Name _____ Phone # _____
Address: _____ City_____ Zip _____

Risk Factors

3 Pts   Homeless
3 Pts   Ward of the state/Foster child
3 Pts   Child has documented disability/Eligible for Early Intervention
3 Pts   Two or more delays on research-based screening tool
3 Pts   Low income (Qualifies for free and reduced lunches, public housing, child care subsidy,
           WIC, SNAP, TANF, Medicaid)
3 Pts   Immediate family member unemployed
3 Pts   Language other English spoken in home
3 Pts   Teen parent at birth of first child
3 Pts   History of child abuse or neglect
3 Pts   History of domestic violence
3 Pts   History of alcohol/Drug abuse in family
3 Pts   DCFS involvement
3 Pts   Family active military
3 Pts   Parent incarcerated
3 Pts   Single parent
3 Pts   Caregiver other than parent raising child
3 Pts   Low birth weight/Failure to thrive/Premature
3 Pts   Birth Trauma
3 Pts   Chronic or terminal illness of child
3 Pts   Death in immediate family (parent, child, sibling)
3 Pts   Primary caregiver did not complete high school/ No GED

3 Pts   Parent/guardian has difficulty reading
3 Pts   Siblings who are older are experiencing academic difficulties
2 Pts   Chronic or terminal illness of family member
2 Pts   Caregiver has disability
2 Pts   Caregiver has mental illness
2 Pts   High mobility or transience
2 Pts   Recent immigrant or refugee family
2 Pts   Family lives in "Food Desert"
2 Pts   Large family size (4 or more children)
2 Pts   Receiving services from another agency
2 Pts   Socially or geographically isolated
2 Pts   One delay on screening tool
  Pts   Other risk factors

TOTAL SCORE   _____

Notes:

_____   _____
Signature of Person Completing Form   Date

#2 Prevention Initiative Parent Interview Form
(Confidential)

Instructions: This is a sample. Each program will individualize a parent interview form with information provided by the program model, and information regarding risk factors in their own community. This form is intended to be completed in an interview with the parent(s)/guardian(s) enrolling the family into the program. It is not to be given to the parent(s)/guardian(s) to complete. The completed PI Parent Interview form will be used to complete the PI Eligibility form. This sample Parent Interview form corresponds with Sample Eligibility forms one and two. Respond to the questions in writing as revealed by the parent/guardian. Some areas have lightly shaded wording to indicate the types of responses that belong in that space.

Person Interviewed:		Date:	Relationship to child:	
Child's full name (First, Middle, Last):		(Circle) Boy or Girl	Date of birth:	
The name I would like my child to go by is:				
How did you hear about this program?				
Mother's name (or significant female):		Father (or significant male)		
Date of birth:		Date of birth:		
Address:		Address:		
City: State: Zip:		City: State: Zip:		
Phone:		Phone:		
Email:		Email:		
Marital status:		Marital status:		
Language spoken in home:		Language spoken in home:		
Highest grade completed in school:		Highest grade completed in school:		
Place of employment: Address: Phone number:		Place of employment: Address: Phone number:		

Does the child live with his/her
        Parent(s)?
        Foster parent(s) or legal guardian(s)?
        Other (specify):
Names (if other than parents):
		List siblings:		Date of birth

		Sibling		Date of birth
		Sibling		Date of birth
		Sibling		Date of birth
		Sibling		Date of birth
		Sibling		Date of birth
Notes:		Are any of the child's siblings having academic difficulty or trouble in school? If yes, please explain:		

Child's Medical History		
Was there anything unusual about the pregnancy or delivery of this child or did he/she experience any serious health problems at birth? Yes/No If yes, please explain:		
Was there any drug or alcohol use during this pregnancy? Yes/No If yes, please describe:		
Length of this pregnancy:		
Weight of child at birth:	Current weight:	Current height:
Did this child experience feeding difficulties as an infant? Yes/No If yes, please explain:		
Was this child on a respirator? Yes/No	If so, how long?	
Is your child experiencing health issues? (Please indicate if the illness is chronic or terminal.) If yes, please explain:		
Does your child have a diagnosed disability? If yes, please explain:		
This child needs a referral to Child and Family Connections. Yes/No		
Is this child taking any medication(s)? Yes/No What medication(s) is this child taking?		
Why is this child taking medication? Condition(s)		

Please list any surgeries for this child.	Date	Hospital
Surgery	Date	Hospital
Surgery	Date	Hospital
Surgery	Date	Hospital
Surgery	Date	Hospital
Surgery	Date	Hospital

- Please list the name(s) and contact information of the doctor(s) for this child.

Doctor	Clinic/Office	Phone number
Doctor	Clinic/Office	Phone number
Doctor	Clinic/Office	Phone number
Doctor	Clinic/Office	Phone number
Doctor	Clinic/Office	Phone number
Doctor	Clinic/Office	Phone number
Doctor	Clinic/Office	Phone number

Do you notice, or has a doctor reported any of the following in your child? (Circle)

• Thumb sucking	• Frequent indigestion
• Nail biting	• Frequent constipation
• Epilepsy	• Frequent diarrhea
• Heart trouble	• Vomiting
• Overtired	• Frequent Fevers
• Lack of Appetite	• Sinus trouble
• Overweight	• Nose bleeding
• Underweight	• Rashes
• Frequent headache	• Frequent ear infections
• Nightmares	• Night terrors
• Asthma	• Communicable diseases (explain):
• Allergies (explain):	

Illness	Yes	No	Age	Hospitalization/Where
Measles	Yes	No	Age	Hospitalization/Where
Chicken Pox	Yes	No	Age	Hospitalization/Where
Mumps	Yes	No	Age	Hospitalization/Where
Strep Throat	Yes	No	Age	Hospitalization/Where
Tonsillitis	Yes	No	Age	Hospitalization/Where
Seizures	Yes	No	Age	Hospitalization/Where
Meningitis	Yes	No	Age	Hospitalization/Where
Whooping cough (pertussis)	Yes	No	Age	Hospitalization/Where

Question	Yes	No	Test Date	Test Result	Where
Does your child have a hearing problem?	Yes	No	Test Date	Pass/Fail	Where
If yes, describe:					
Adaptive equipment (specify):					
Does your child have vision problems?	Yes	No	Test Date	Pass/Fail	Where
If yes, describe:					
Adaptive equipment (specify):					
Has your child been diagnosed with a developmental concern?	Yes	No	Test Date	Pass/Fail	Where
If yes, describe:					
Adaptive equipment (specify):					

List therapy services child has received.	Therapist	Agency/Clinic	Phone number
Type of therapy	Therapist	Agency/Clinic	Phone number
Type of therapy	Therapist	Agency/Clinic	Phone number
Type of therapy	Therapist	Agency/Clinic	Phone number
Type of therapy	Therapist	Agency/Clinic	Phone number

Social History

Please describe your child.

Does your child attend a child care program or in-home care?	Yes	No	Where:

Notes:

Does your child have opportunities to play with other children?	Yes	No	Where:

Notes:

Has your family experienced alcohol or drug abuse?   If yes, please explain:

Have you, or your child ever been exposed to stress, trauma, or violence? If yes, please explain:

Is your family currently receiving services from the Department of Children and Family Services to resolve an abuse or neglect experience?

Do any of the primary caregivers of this child have a chronic or terminal illness, mental illness or a disability? If yes, please explain:

Age of mother at birth of first child? _____   Age of father at birth of first child? _____

Has your family recently immigrated? Yes/No
If yes, please explain:

Are any of the primary caregivers of this child on active duty in the military? Yes/No
If yes, please explain:

Are any of the primary caregivers of this child incarcerated? Yes/No
If yes, please explain:

Has there been a death in the immediate family? (parent, child, sibling)
If yes, please explain:

Do you have opportunities to socialize and interact with family and friends? Please explain:

Is your family receiving services from another agency? Yes/No
If yes, please explain:

What are your child's most enjoyable activities?

What do you enjoy doing as a family?

What frightens your child?

What do you do to comfort your child?

When moving from one activity to another or transitioning, how does your child respond?

What is a typical day like for you and your family?

Do you believe your child's development is similar to that of his/her peers?
Please explain:

Have you noticed any regression in your child's development? Yes/No
If yes, please explain:

List significant people in your child's life (person/relationship):
Does everyone in your family get enough to eat? Yes/No   Do you have a place in your local community to get fresh food such as fruits and vegetables? Yes/No   If no, please explain:
What is your child's eating/snacking schedule?
What is your child's sleeping/napping schedule?
Does your child have behaviors that concern you? If yes, please explain:
Describe any special information or instructions you would like program staff to be aware of:

Current pregnancy?		Yes	No	Estimated date of delivery:		Date of last exam:
Are you experiencing any difficulties with this pregnancy? Yes/No If yes, please explain:						
Do you have any specific concerns about this pregnancy? Yes/No If yes, please explain:						
Please list physicians addressing this pregnancy.						

Doctor	Clinic/Office	Phone number
Doctor	Clinic/Office	Phone number
Doctor	Clinic/Office	Phone number
Doctor	Clinic/Office	Phone number

Household Information

Does your family have transportation available? Yes/No Notes:
Please report the number of times the family has moved in the past year:

What is your family's current living situation:
 My family lacks a fixed, regular, and adequate nighttime residence.
  ▪ My family shares housing of other persons due to loss of housing, economic hardship, or a similar reason.
  ▪ My family lives in a motel, hotel, camping grounds due to lack of alternative adequate accommodations.
  ▪ My family lives in emergency or transitional housing.
  ▪ My family's nighttime residence is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
  ▪ My family lives in a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting.
 Child is awaiting foster care placement.
 I am an unaccompanied youth. I am not in the physical custody of a parent or guardian.
 (This includes runaways living in runaway shelters, abandoned buildings, cars, on the streets, or in other inadequate housing; children and youth denied housing by their families; and school-age unwed mothers living in homes for unwed mothers because they have no other housing available.)

As a parent, do you feel that reading and comprehension is easy or difficult for you? (Circle) EASY DIFFICULT			

Household structure:	Notes:

Both parents at home
    Single parent at home
    Adult other than parent (guardian, grandparent) also in the home
    Shared custody (part time with mom/part time with dad)
    Teen parent lives with his/her parents
        Other situation (specify):	

Employment Status (Check appropriate box for each parent)	Mother	Father
Unemployed, not seeking employment (includes full-time homemaker)	Mother	Father
Unemployed, seeking employment	Mother	Father
Employed less than 20 hours per week	Mother	Father
Employed 20 hours or more per week	Mother	Father
Educational Status		
Current Student	Mother	Father
If yes, please explain:		

Financial Information

Please report the household annual income:	Report the number of people living in the household:

Insurance Information	Yes	No
My family is enrolled in PRIVATE medical insurance from parent's work.	Yes	No
My family is enrolled in KidCare.	Yes	No
My family is enrolled in Medicaid.	Yes	No
My family has NO medical insurance.	Yes	No
My family has other insurance arrangements. Please specify:	Yes	No
My family is covered in the event of another pregnancy.	Yes	No

What are your dreams or goals for your child's future?

Please provide any other information that will help us serve you and your family better.

The information provided is true and accurate to the best of my (our) knowledge.

_____   _____

Parent/Guardian Signature   Date

_____   _____

Parent/Guardian Signature   Date

_____   _____

Staff Signature   Date

Other helpful tips:
- Use the header and footer to insert page numbers, label, and add a date the form was created or revised

#3. Consent/Release of Information

SAMPLES

Instructions: These are samples. Each program will develop individualized forms based on this information and information provided by the chosen program model. In partnership with the family complete the consent or release of information form as needed. A consent or release of information should be obtained anytime:

- An entity/person will obtain information from another entity/person;
- An entity/person will share information with another entity/person; and
- Services will be provided to a minor/child (under the age of eighteen). This includes programming and screening.

Prevention Initiative Release of Information/Parent Permission

Date:	Expiration Date:
Name of Parent/Guardian:	Name of Parent/Guardian:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone Number:	Phone Number:
Child's Name:	Date of Birth:

I (We), _____, give my (our)

permission for _____ (agency/company/office)

to release information concerning _____

to _____ (agency/company/office)

in order to provide comprehensive services. I (We) understand that all information will

be kept respectfully confidential but the sharing of this information within and among

these agencies may be necessary.

_____   _____
Parent Signature   Date

_____   _____
Parent Signature   Date

_____   _____
Staff Signature   Date

(All parties will receive a copy of this release – family and sending/receiving agencies.)
(Date form was created or revised.)

Other Examples

Prevention Initiative Program Consent SAMPLE

I (We), _____, have been fully informed of the services available to my (our) family through _____ (program/agency/school), including educational opportunities (home visits and group meetings), assessment of family needs, family service planning, child developmental monitoring, case management services, and links to community services.

I (We) understand that _____ (program/agency/school) staff are mandated reporters of child abuse and neglect. If anything is disclosed or observed that indicates abuse or neglect of a child under the age of 18 the staff must contact the Child Abuse Hotline.

I (We) would like to take part and my (our) child has permission to participate in the

_____
(Program/Agency).

Prevention Initiative Immunization Consent Form SAMPLE

I (We), _____, give my (our) permission for _____(agency/company/office) to obtain immunization records from _____ (agency/company/office) in order to provide comprehensive services. I (We) understand that all information will be kept respectfully confidential unless given specific permission to share information in order to provide referrals and/or follow-up services.

Prevention Initiative Parent/Guardian Release Statement SAMPLE
Photographs, Slides, Videotapes, and Audiotapes

_____ (Agency/School District) may develop materials that would include photographs, slides, videotapes, and/or audiotapes of the children. This consent provides permission for such materials to be used in publications, professional presentations, and/or other settings where the development of children is being studied, researched, or taught, and in publicity and promotional materials for this (Agency/School District).

#4. Transition Plan
SAMPLE

This is a sample. Each program will develop a written Transition Plan based on the information provided in the Prevention Initiative RFP, the Prevention Initiative Implementation Manual, and information provided by their chosen program model. A written transition plan does not have to be separate from the Individual Family Service Plan (IFSP). The Transition Plan may be incorporated into the IFSP.

Parent/Guardian:	Parent/Guardian:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
Email:	Email:
Child:	Date of birth:

As a family/child transitions within or from a Birth to Three Program, transition planning will occur. Transition planning provides for:

- Discussion and training regarding future services and other matters related the transition;
- Procedures to prepare the family/child for changes in service delivery, including steps to help a child adjust to and function in a new setting; and
- Transmission of information about the child/family to another early childhood program, with the family's consent/permission.

On or before the child's third birthday:

- When or before the child is three years of age, program staff need to complete a written transition plan (or IEP) and provide documentation with follow-up information regarding transition activities.
- Six months prior to transition – The family will receive a referral packet. The family will be asked to sign to a consent(s) to send the child's referral packet to the school district, special education cooperative, or other agency/program.
- Four months and two months before transition – The family will be invited to a transition planning conference.
- Approximately three months before the transition, schedule transition activities. The school district or special education cooperative may need to complete a screening or an evaluation of the child/family.
- Parent Resource: "When I'm 3, where will I be?"
  http://www.isbe.net/earlychi/pdf/transition_workbook.pdf

Consider the following:

- Discuss referral options.
- Discuss questions and concerns of the family.
- Explore Early Childhood programs.
- Discuss parental rights and responsibilities.
- Actions to complete for a successful referral (consents, screening, interviews, evaluations, visits to school or program, etc.).

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

Date	Goal/Action Steps	Person Responsible PR	Timeline	Date Updated DU	Progress	Status
Date	Goal:	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
Date	Goal/Action Steps	Person Responsible PR	Timeline	Date Updated DU	Progress	Status
Date	Goal:	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status

Name of Agency:	Phone Number:	
Address:	City:	Zip Code:
Contact:	Phone Number:	
Describe the services being accessed:		
My family has been receiving services for _____ days/months/years.		
Release of information signed? Yes/No	Expiration date:	
Name of Agency:	Phone Number:	
Address:	City:	Zip Code:
Contact:	Phone Number:	
Describe the services being accessed:		
My family has been receiving services for _____ days/months/years.		
Release of information signed? Yes/No	Expiration date:	
Name of Agency:	Phone Number:	
Address:	City:	Zip Code:
Contact:	Phone Number:	
Describe the services being accessed:		
My family has been receiving services for _____ days/months/years.		
Release of information signed? Yes/No	Expiration date:	
Name of Agency:	Phone Number:	
Address:	City:	Zip Code:
Contact:	Phone Number:	
Describe the services being accessed:		
My family has been receiving services for _____ days/months/years.		
Release of information signed? Yes/No	Expiration date:	
Name of Agency:	Phone Number:	
Address:	City:	Zip Code:
Describe the services being accessed:		
My family has been receiving services for _____ days/months/years.		
Release of information signed? Yes/No	Expiration date:	

Transition Plan Team Members

Name	Title/Function	Agency	Phone
Name	PI Staff	Agency	Phone
Name	Parent	Agency	Phone
Name	Parent	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone

Review dates:

Date transition plan needs to be reviewed.	Date transition plan was updated / completed.
Date transition plan needs to be reviewed.	Date transition plan was updated / completed.
Date transition plan needs to be reviewed.	Date transition plan was updated / completed.
Date transition plan needs to be reviewed.	Date transition plan was updated / completed.
Date transition plan needs to be reviewed.	Date transition plan was updated / completed.
Date transition plan needs to be reviewed.	Date transition plan was updated / completed.
Date transition plan needs to be reviewed.	Date transition plan was updated / completed.
Date transition plan needs to be reviewed.	Date transition plan was updated / completed.
Date transition plan needs to be reviewed.	Date transition plan was updated / completed.

This document accurately reflects my/our priorities for my/our family. I/We therefore give my/our permission for this plan to be implemented.

_____   _____
Parent/Guardian Signature   Date

_____   _____
Parent/Guardian Signature   Date

_____   _____
Staff Signature   Date

(The parent(s) and other members of the transition team will receive copies of this document.)
(Date form was created or revised and page numbers.)

#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		

Access to Transportation. Please explain:		
Current community resources being accessed.		
Name of Agency:	Phone Number:	
Address:	City:	Zip Code:
Contact:	Phone Number:	
Describe the current services being accessed:		
My family has been receiving services for _____ days/months/years.		
Release of information signed? Yes/No	Expiration date:	
Name of Agency:	Phone Number:	
Address:	City:	Zip Code:
Contact:	Phone Number:	
Describe the current services being accessed:		
My family has been receiving services for _____ days/months/years.		
Release of information signed? Yes/No	Expiration date:	
Name of Agency:	Phone Number:	
Address:	City:	Zip Code:
Contact:	Phone Number:	
Describe the current services being accessed:		
My family has been receiving services for _____ days/months/years.		
Release of information signed? Yes/No	Expiration date:	
Name of Agency:	Phone Number:	
Address:	City:	Zip Code:
Contact:	Phone Number:	
Describe the current services being accessed:		
My family has been receiving services for _____ days/months/years.		
Release of information signed? Yes/No	Expiration date:	
Name of Agency:	Phone Number:	
Address:	City:	Zip Code:
Contact:	Phone Number:	
Describe the current services being accessed:		
My family has been receiving services for _____ days/months/years.		
Release of information signed? Yes/No	Expiration date:	

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)/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

Parent/Guardian Goals

Date	Goal/Action Steps	Person Responsible PR	Timeline	Date Updated DU	Progress	Status
	Goal/Outcome:	PR	Timeline	DU	Progress	Status
Date	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
Date	Goal/Action Steps	Person Responsible PR	Timeline	Date Updated DU	Progress	Status
	Goal/Outcome:	PR	Timeline	DU	Progress	Status
Date	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status

Child Goals

Date	Goal/Action Steps	Person Responsible PR	Timeline	Date Updated DU	Progress	Status
Date	Goal/Outcome:	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status

Date	Goal/Action Steps	Person Responsible PR	Timeline	Date Updated DU	Progress	Status
Date	Goal/Outcome:	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status

Parent/Guardian-Child Goals

Date	Goal/Action Steps	Person Responsible PR	Timeline	Date Updated DU	Progress	Status
Date	Goal/Outcome:	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status

Date	Goal/Action Steps	Person Responsible PR	Timeline	Date Updated DU	Progress	Status
Date	Goal/Outcome:	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status

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), action 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

Date	Goal/Action Steps	Person Responsible PR	Timeline	Date Updated DU	Progress	Status
Date	Goal:	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
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Date	Goal/Action Steps	Person Responsible PR	Timeline	Date Updated DU	Progress	Status
Date	Goal:	PR	Timeline	DU	Progress	Status
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	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status

Added community resources being accessed.			
Name of Agency:	Phone Number:		
Address:		City:	Zip Code:
Contact:	Phone Number:		
Describe the services being accessed:			
Release of information signed? Yes/No	Expiration date:		
Name of Agency:	Phone Number:		
Address:		City:	Zip Code:
Contact:	Phone Number:		
Describe the services being accessed:			
Release of information signed? Yes/No	Expiration date:		
Name of Agency:	Phone Number:		
Address:		City:	Zip Code:
Contact:	Phone Number:		
Describe the services being accessed:			
Release of information signed? Yes/No	Expiration date:		
Name of Agency:	Phone Number:		
Address:		City:	Zip Code:
Contact:	Phone Number:		
Describe the services being accessed:			
Release of information signed? Yes/No	Expiration date:		
Name of Agency:	Phone Number:		
Address:		City:	Zip Code:
Contact:	Phone Number:		
Describe the services being accessed:			
Release of information signed? Yes/No	Expiration date:		
Name of Agency:	Phone Number:		
Address:		City:	Zip Code:
Contact:	Phone Number:		
Describe the services being accessed:			
Release of information signed? Yes/No	Expiration date:		

Individual Family Service Plan Team Members			
Name	Title/Function	Agency	Phone
Name	PI Staff	Agency	Phone
Name	Parent	Agency	Phone
Name	Parent	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone

Review dates:

Date IFSP needs to be reviewed.	Date IFSP was updated.
Date IFSP needs to be reviewed.	Date IFSP was updated/completed.
Date IFSP needs to be reviewed.	Date IFSP was updated/completed.
Date IFSP needs to be reviewed.	Date IFSP was updated/completed.
Date IFSP needs to be reviewed.	Date IFSP was updated/completed.
Date IFSP needs to be reviewed.	Date IFSP was updated/completed.
Date IFSP needs to be reviewed.	Date IFSP was updated/completed.
Date IFSP needs to be reviewed.	Date IFSP was updated/completed.
Date IFSP needs to be reviewed.	Date IFSP was updated/completed.

This document accurately reflects my/our concerns and priorities for my/our family. I/We therefore give my/our permission for this plan to be implemented.

_____   _____

Parent/Guardian Signature   Date

_____   _____

Parent/Guardian Signature   Date

_____   _____

Staff Signature   Date

(The parent(s) and other members of the IFSP team will receive copies of this document.)
(Date form was created or revised and page numbers.)

#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:	Date	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:

Goal Two:	
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:
Goal Three:	
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:
Notes:	

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.)	

APPENDIX D
Prevention Initiative RFP
Compliance

Compliance with the RFP: Use this form to ensure that your program is compliant with the terms of your grant per the Prevention Initiative RFP

PREVENTION INITIATIVE RFP COMPLIANCE CHECKLIST			
1. Screening to Determine Program Eligibility *23 Illinois Administrative Code Subtitle A Subchapter f Section 235.20 (6 A-F)* **Goal:** Illinois' children most in need will be identified and served.			
Screening procedures must include:	YES	NO	COMMENTS
Written parental permission for the screening of the child.			
Documentation of weighted eligibility criteria of at-risk factors on file for every family.			
Parent interview form on file for every family.			
Parent interview form includes information concerning:	YES	NO	COMMENTS
Child's health history (including prenatal history).			
Social development.			
Parent's education level.			
Employment history.			
Income.			
Parents' ages.			
Child screening instrument includes:	YES	NO	COMMENTS
Researched/Evidence-based screening instrument that:			Name of Screening Instrument:
Assesses the child's vocabulary.			
Assesses the child's visual/motor integration.			
Assesses the child's language and speech development.			
Assesses the child's English proficiency.			
Assesses the child's fine and gross motor skills.			
Assesses the child's cognitive development.			
Screening procedures include:	YES	NO	COMMENTS
Vision and hearing screening on the child.			Instruments (if any) Used:
Prevention Initiative Program staff participation in the screening process.			
Procedures in place to share the screening results with the parents and appropriate Prevention Initiative Program staff.			

PREVENTION INITIATIVE RFP COMPLIANCE CHECKLIST			

2. Research-Based Program Model and Curriculum for Parent Education
    23 Illinois Administrative Code Subtitle A Subchapter f Section 235.40
    Goal: Families will receive intensive, research-based, and comprehensive prevention services.			

Program Implementation includes:	YES	NO	COMMENTS
The Prevention Initiative Program implements a research-based program model. *23 Illinois Administrative Code Subtitle A Subchapter f Section 235.40 (a)*			Name of Program Model:
The Prevention Initiative Program uses a research-based curriculum for these parental educational services. *23 Illinois Administrative Code Subtitle A Subchapter f Section 235.40 (a)*			Name of Curriculum:
The Prevention Initiative Program is aligned with the Illinois Birth to Five Program Standards found at http://www.isbe.state.il.us/rules/archive/pdfs/235ark.pdf. *23 Illinois Administrative Code Subtitle A Subchapter f Section 235.20 (3) (B)*			
The Prevention Initiative Program Serves 100% At-Risk Participants. *23 Illinois Administrative Code Subtitle A Subchapter f Section 235.40 (b)*			
The Prevention Initiative Program Does NOT Charge a Fee for Parents'/Child's Program Participation. *23 Illinois Administrative Code Subtitle A Subchapter f Section 235.20 (15)*			
The Prevention Initiative Program has procedures in place for parents who participate in the program to be eligible for reimbursement of any reasonable transportation and child care costs associated with their participation in this component. *PFA/PI RFP Research-Based Program Model and Curriculum for Parent Education*			
Prevention Initiative programs must offer appropriate parent education and involvement services that address the seven designated areas of instruction listed below. *PFA/PI RFP Research-Based Program Model and Curriculum for Parent Education*	YES	NO	COMMENTS
Child growth and development, including prenatal development			
Childbirth and child care			
Family structure, function, and management			
Prenatal and postnatal care for mothers and infants			
Prevention of child abuse			

PREVENTION INITIATIVE RFP COMPLIANCE CHECKLIST			
The physical, mental, emotional, social, economic, and psychological aspects of interpersonal and family relationships			
Parenting skill development			
Program model implementation includes:	YES	NO	COMMENTS
The Prevention Initiative Program abides by the program model recommendations to determine the ratio of partic- ipants to staff and the size of the program groups. *Birth to 5 Standards/Program Goal I: Organization*			
The Prevention Initiative Program is provided within the larger framework of a family literacy program (if applicable). *PFA/PI RFP Research-Based Program Model and Curriculum for Parent Education*			
The Prevention Initiative Program • Fosters social connections among families with young children by offering support groups, workshops, or field trips. • Family activities such as workshops, field trips, and child/parent events are provided to foster parent/child relationships. *PFA/PI RFP Research-Based Program Model and Curriculum for Parent Education*			
The Prevention Initiative Program connects families to community resources in times of need and has a formal referral system for referrals and follow-up. *PFA/PI RFP Research-Based Program Model and Curriculum for Parent Education*			
The Prevention Initiative Program has documentation of a schedule for the parent education programs and child/ parent events. *PFA/PI RFP Research-Based Program Model and Curriculum for Parent Education*			
The Prevention Initiative Program has a toy/book lending library. *PFA/PI RFP Research-Based Program Model and Curriculum for Parent Education*			
The program has a parent resource lending library. *PFA/PI RFP Research-Based Program Model and Curriculum for Parent Education*			
The program has a newsletter. *PFA/PI RFP Research-Based Program Model and Curriculum for Parent Education*			

PREVENTION INITIATIVE RFP COMPLIANCE CHECKLIST

<table>
<tr><td colspan="4">

3. Developmental Monitoring

Birth to Five Program Standards/Program Goal III: Developmental Monitoring and Program Accountability

Goal: Children's developmental progress will be regularly monitored to inform instruction and to ensure identification of any developmental delays or disabilities.
</td></tr>
<tr><td>Prevention Initiative developmental monitoring should include what research has shown to be successful developmental monitoring practices:</td><td>YES</td><td>NO</td><td>COMMENTS</td></tr>
<tr><td>The Prevention Initiative Program uses a research-based tool to periodically (at least every six months) perform developmental screening for all children, including physical, cognitive, communication, social, and emotional development.
PFA/PI RFP Developmental Monitoring
PFA/PI RFP Screening to Determine Program Eligibility</td><td></td><td></td><td>Name of Screening Instrument:</td></tr>
<tr><td>The Prevention Initiative Program
PFA/PI RFP Developmental Monitoring</td><td>YES</td><td>NO</td><td>COMMENTS</td></tr>
<tr><td>Communicates with parents about the child's development.</td><td></td><td></td><td>Describe Documentation:</td></tr>
<tr><td>Provides the results of the screenings.</td><td></td><td></td><td>Describe Documentation:</td></tr>
<tr><td>The Prevention Initiative Program uses a research-based family needs assessment.
PFA/PI RFP Individual Family Service Plan</td><td></td><td></td><td>Name of Family Needs Assessment:</td></tr>
<tr><td>The Prevention Initiative Program has a formal referral system by which children identified as in need of further assessment are linked to the local Child and Family Connections service, and the program follows up to ensure the child receives all needed assessments and services.
PFA/PI RFP Developmental Monitoring</td><td></td><td></td><td>Describe Documentation:</td></tr>
<tr><td colspan="4">

4. Individual Family Service Plan (IFSP)

23 Illinois Administrative Code Subtitle A Subchapter f Section 235.20 d

Goal: Families will receive services that address their identified goals, strengths, and needs.
</td></tr>
<tr><td>Prevention Initiative programs should include what research has shown to be successful Individual Family Service Plans as follows:</td><td>YES</td><td>NO</td><td>COMMENTS</td></tr>
<tr><td>The IFSPs are completed within a partnership between the family and Family Educator.
PFA/PI RFP Individual Family Service Plan
Birth to Five Program Standards: Program Goal V: Family and Community Partnerships</td><td></td><td></td><td></td></tr>
</table>

PREVENTION INITIATIVE RFP COMPLIANCE CHECKLIST			
The IFSP includes family goals, responsibilities, strategies for achieving goals, and dates/timelines (goal, abandoned, completed, etc.). *PFA/PI RFP Individual Family Service Plan*			Describe Documentation:
The Individual Family Service Plan includes but is not limited to educational and social-economic needs of the family. *PFA/PI RFP Individual Family Service Plan*			
The Prevention Initiative Program has a formal system and written plan to transition children/families beginning at age 2-1/2 to preschool or other programming. *23 Illinois Administrative Code Subtitle A Subchapter f Section 235.40 g*			Describe Documentation:
The Individual Family Service Plan correlates with the information provided on the Prevention Initiative Outcomes Form completed by the parent educator and collected in IWAS.			
5. Case Management Services *23 Illinois Administrative Code Subtitle A Subchapter f Section 235.40 c* **Goal:** Families will receive comprehensive, integrated, and continuous support services through a seamless and unduplicated system.			
Prevention Initiative programs should include what research has shown to be successful case management services as follows:	YES	NO	COMMENTS
The Prevention Initiative Program provides case management services.			
The Prevention Initiative Program has a structured documentation system for documenting case notes and organizing files or uses an online data system such as Visit Tracker, Baby Tech, Ounce Net, PIMS, etc. *Birth to Five Standards/Program Goal I: Organization*			Describe Documentation:
The program has a protocol and strategies to encourage families to participate in the Prevention Initiative Program at least one year or more. *23 Illinois Administrative Code Subtitle A Subchapter f Section 235.40 f*			Describe Strategies:
The Prevention Initiative Program has formal written agreements with other service providers outlining collaboration efforts between and among agencies. *PFA/PI RFP Case Management Services*			

PREVENTION INITIATIVE RFP COMPLIANCE CHECKLIST

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

Prevention Initiative programs should include what research has shown are successful family and community partnerships as follows:	YES	NO	COMMENTS
The program has a written parent and community involvement plan that includes the orientation to the educational program, opportunities for involvement into home-based or site-based activities, provision for communication with parents about the program, methods of linking parents with community resources and services, and activities that emphasize and strengthen the role of parent(s) as the child's primary educator. *PFA/PI RFP Family and Community Partnerships*			
A mission statement is developed by parents, families, staff members, and community representatives based on shared beliefs. *Birth to Five Program Standards/Program Goal I: Organization*			
The Prevention Initiative Program is involved in local collaborative groups such as an Early Childhood Forum, Early Head Start or Head Start Boards, Health Department Meetings, Child Abuse Prevention Councils, etc. *Birth to Five Standards/Program Goal V: Family and Community Partnerships*			
The program has written formal agreements with other service providers that include a plan for eliminating or reducing duplication of services. *PFA/PI RFP Family and Community Partnerships*			
Program completes the Prevention Initiative Parent and Outcomes Questionnaires and enters the information in IWAS			

7. Qualified Staff and Organizational Capacity
    Goal: Staff will have the knowledge and skills needed to create partnerships to support the development of infants and children.

Prevention Initiative programs should include what research has shown are appropriate staff qualifications as follows:	YES	NO	COMMENTS
The program has written personnel policies and job descriptions on file (read and signed by staff annually). *PFA/PI RFP Qualified Staff and Organizational Capacity*			Describe Location:

PREVENTION INITIATIVE RFP COMPLIANCE CHECKLIST

The organization requires staff background checks. *Item 11 of Attachment 15 titled "Prevention Initiative Program Specific Terms of the Grant"*			
The organization has experience administering grants successfully and has appropriate financial systems to ensure that expenditures are properly documented. *PFA/PI RFP Qualified Staff and Organizational Capacity*			
The Prevention Initiative Program hires qualified staff with the experience, qualifications, and requirements of the chosen program model. *Birth to Five Program Standards/Program Goal IV: Personnel*			
The Prevention Initiative Program leadership provides ongoing supervision that promotes staff development and enhances quality service delivery. *Birth to Five Program Standards/Program Goal IV: Personnel*			
8. Professional Development **Goal:** Staff will continue to gain skills and knowledge based on current research and best practices to improve outcomes for families.			
Prevention Initiative Programs include what research has shown to be best practice concerning Professional Development, including:	YES	NO	COMMENTS
The Prevention Initiative Program completes a program and staff self-evaluation survey that includes strengths and improvement areas. *PFA/PI RFP Professional Development*			
A staff in-service training program is conducted to meet individual staff needs. *PFA/PI RFP Professional Development*			
The Prevention Initiative Program offers staff the opportunity to go to professional development as needed, based on the program and staff self-assessment and the individual staff professional development plan. *PFA/PI RFP Professional Development*			Describe Documentation:
The program has a written professional development plan for all staff. *PFA/PI RFP Professional Development*			
The program offers opportunities and resources for staff to share and consult with others regularly. *PFA/PI RFP Professional Development*			List Opportunities:

PREVENTION INITIATIVE RFP COMPLIANCE CHECKLIST			
9. Evaluation **Goal:** The evaluation will provide critical data and information that is used for continuous program improvement.			
Prevention Initiative programs should include what research has shown to be part of successful evaluations as follows:	YES	NO	COMMENTS
The program conducts regular and systematic evaluations of the program and staff to assure that the philosophy is reflected and goals of the program are being fulfilled. *Birth to Five Program Standards/Program Goal III: Developmental Monitoring and Program Accountability*			Dates of Last Evaluations: Description of Evaluations:
An annual program self-assessment appropriate for the program model selected is completed to determine whether the program is being implemented as intended, and whether the anticipated outcomes for children and families are being achieved. *PFA/PI RFP Evaluation*			Date of Last Self-Assessment:
There is a formal process by which the results of the annual program self-assessment (and any other program evaluation data) are used to inform continuous program improvement. *PFA/PI RFP Evaluation*			

**APPENDIX E
Policy and Procedures Manual
Suggested Topics**

The overall goal for any policy or procedure document is for the design to be simple, consistent, and easy to use.

Policies reflect the "rules" governing the implementation of the program.

- Policies are written in clear, concise, simple language.
- Policy statements address what "is" the rule rather than how to implement the rule.

Procedures represent an 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.

A policies and procedures manual(s) may include:

I. Overview
   a. Introduction - The purpose and contents of the manual
   b. Mission statement (I.A.1.-3.)
   c. Value statements (I.A.4.)
   d. Goals (I.A.5.)
   e. Logic model (I.A.6.)
   f. Code of ethics (IV.C.2.)
   g. Information about the board (if applicable)
   h. Organizational chart (if applicable)
   i. Information regarding Early Childhood Block Grant Prevention Initiative/Administrative Rules 235
     http://www.isbe.state.il.us/rules/archive/pdfs/235ark.pdf
   j. Job Descriptions

II. Employee Handbook
   a. Statement of expectations
     i. Professionalism
     ii. Interpersonal relationships
     iii. Honesty
     iv. Health and safety
     v. Nepotism

      vi. Confidentiality (I.I.7.)

     vii. Conflict of interests

  b. Employment recruitment and hiring policies/procedures (IV.)

  c. Wage, salary, payroll and union information (if applicable) (IV.F.2.)

  d. Travel policies/procedures

       i. Vehicle

      ii. Mileage

     iii. Lodging

     iv. Per diem, meals, miscellaneous, etc.

      v. Car insurance, driver's license

  e. Evaluation/supervision policies/procedures

  f. Reflective supervision procedures (IV.D.)

  g. Meeting participation (staff meetings, professional discussion groups, in-service meetings, etc.)

  h. Employee records policies/procedures

  i. Hours of work, pay periods, holidays, vacation, personal days, sick allowance, leave of absence, maternity/paternity leave, family and medical leave, military leave, bereavement leave, court/civil/jury leave, volunteer time, benefits, etc.

  j. Personal appearance policies

  k. Email, Internet, personal phone calls, workplace visitors, etc. policies/procedures

  l. Technology policies/procedures

 m. Statement of equal opportunity employment

  n. Statement/embracing diversity and practicing cultural competence

  o. Harassment policies/procedures

       i. Definition

      ii. Employee, management responsibilities

     iii. Formal complaint process

     iv. Investigation process

      v. No retaliation statement

     vi. False or frivolous harassment charges

  p. Emergency evacuation/lockdown policies/procedures

       i. Weather (snow, tornado, etc.)

      ii. Fire

     iii. Other security threats

  q. Security (name tags/badges) policies/procedures

  r. Records management policies/procedures (I.I.1.-7.)

       i. List of reports/forms, position/person responsible, intervals or due dates, instructions, reporting requirements, etc.

  s. Budget and fiscal responsibilities (I.H.)

t. Personnel contact information for staff regarding payroll, insurance, benefits, etc.

u. Use of volunteers (if applicable)

v. Fundraising (if applicable)

III. **Family rights regarding access to records, confidentiality, grievance procedures, etc.**

IV. **Community collaboration (V.E.)**

a. Referral and follow-up system policies/procedures

b. Reference to current collaboration agreements

c. Local collaborations (if applicable), Preschool for All programs, Child and Family Connections, Early Intervention, Head Start, Early Head Start, Resource and Referral Agency, Health Department, etc.

V. **Professional development, training, and technical assistance (IV.E.)**

a. Professional development plan (IV.E.1.)

b. Process for accessing professional development

c. Process for accessing education (if applicable). Funds from the Early Childhood Block Grant may not be used for this purpose.

d. Ounce of Prevention Fund/The Ounce Institute Training Center http://pi.opftrainingcenter.org/ets/welcome.aspx

e. Gateways to Opportunities http://www.ilgateways.com/en

VI. **Program**

a. Recruitment/outreach policies/procedures (I.B.1.)

b. Home language survey (I.B.1.)

c. Screening policies/procedures (I.B.1.)

   i. Parent interview (I.I.3.) (IV.C.4.)

   ii. Parent permission (III.A.3.)

   iii. Evidence-based developmental screening instrument (III.)

   iv. Eligible participants - weighted criteria screening form (The most at-risk children/families, those exhibiting the greatest number of at-risk factors as determined by the eligibility criteria, are given priority for enrollment in the program.) (I.B.1.)

   v. Procedures for including staff and sharing results with parents/guardians

   vi. Community collaborations and Child Find activities (III.B.1.)

      1. 0-5 Child Find Screening Data Collection Form http://www.isbe.net/earlychi/pdf/child_find_screening.pdf

d. Intake and enrollment policies/procedures

e. Waiting list policies/procedures

f. Policies/procedures regarding families experiencing issues including homelessness (V.C.4.), English language learning (II.D.), developmental delays (III.A.4.), etc.

g. Intensity of services - individual meetings (I.B.3.)

    i. Home visit/individual meeting defined

    ii. Caseload/staff ratio (I.C.2.)

    iii. Visit frequency

    iv. Visit length

    v. Scheduling practices

    vi. Data collection (completion/retention rates)

    vii. Transition services

h. Intensity of services - groups (I.B.3.)

    i. Group(s) defined

    ii. Group size (I.C.1.)

    iii. Group frequency

    iv. Group length

    v. Group scheduling practices

    vi. Data collection

i. Intensity of services – classroom

    i. Classroom (define full day/half day)

    ii. Adult/child ratios (I.C.1.)

    iii. Attendance

    iv. Day (length)

    v. Scheduling practices

    vi. Data collection (attendance/retention rates)

    vii. Transition services

j. Research-based implementation program model (Baby TALK, Healthy Families America, Parents as Teachers, Nurse Family Partnership) (II.C.)

k. Research-based curriculum (II.)

    i. Research-based classroom curriculum (if applicable)

    ii. Research-based parent education curriculum

    iii. Family literacy model (II.C.3.)

    iv. Developmentally appropriate practice DAP (II.B.3.) (IV.A.2.)

    v. Individualization of curriculum and services for each family (II.B.2.)

    vi. Prevention Initiative seven designated areas of instruction (II.C.2.)

    vii. Illinois Early Learning Guidelines for Children Birth to Age Three

l. Developmental monitoring (process and reporting) (III.)

    i. Developmental screening

      ii. Hearing screening

     iii. Vision screening

     iv. Health screening

      v. Immunization data collection

     vi. Instruments/tools/forms

m. Program implementation policies/procedures

      i. Information regarding Birth to Five Program Standards

      ii. Information regarding Prevention Initiative Implementation Manual

     iii. Licenses and reference to standards (if applicable)

     iv. Accreditations and references to standards (if applicable)

      v. Definition of completion and retention rates

     vi. Documentation and maintenance of records policies and procedures (I.I.)

        1. Web-based Data Management System (if applicable) (I.I.1.)

        2. Student Information System (I.I.5.)

        3. List of reports/forms/screenings, position/person responsible, intervals or due dates, instructions, reporting requirements, etc. (examples: ISBE expenditure reports, USDA, PI Outcomes Questionnaire, PI Parent Questionnaire, Family Needs Assessment, Year-End PI Evaluation, etc.)

     vii. Evidence-based family needs assessment (V.D.2.)

    viii. Individual Family Service Plan (V.D.2.)

        1. Goals for the parent, child, and parent-child

        2. Initial and follow-up(s) time intervals

        3. Form(s)

        4. Coordination with other service providers

        5. Relationship to Family Needs Assessment

     ix. Use of supplies and materials

      x. Use of technology (adults and children)

     xi. Communication between staff and families

     xii. Parent Handbook (resource for parents about your program)

    xiii. Expectation for parent involvement/engagement (Advisory Council, etc.)

    xiv. Expectation for partnering with parents (IFSP, home visits, etc.)

     xv. Expectation for father/male involvement/engagement

    xvi. Child toy/book and parent resource lending library policies/procedures

    xvii. Newsletter (frequency, expectation for submissions)

   xviii. Nutritional goals/requirements (if applicable) (II.F.1.)

xix. Practices to keep families involved/participating regularly in the program

xx. Environment - health and safety expectations (center-based and home-based, groups, and field trips) (I.E.1.-2.)

xxi. Universal precautions

xxii. Transportation of children and families (I.E.1.)

xxiii. Risk Management

1. Domestic violence screening protocols
2. Postnatal depression screening
3. Mental health screening protocols
4. Mandated reporter responsibilities and policies/procedures (including follow-up) (I.G.1.-2.)

xxiv. Parent/guardian reimbursement of transportation/fees (I.H.4.)

xxv. Referral policies/procedures (V.C.1.-4.)

1. Program incoming
2. Program outgoing
3. Current families' links to community resources
4. Follow-up

xxvi. Transition policies and procedures

1. In and out of program and other life transitions (III.B.5.)
2. Transition plan

xxvii. Exit from services (transition planning, time frames for case closing)

xxviii. Contact information

1. Service providers to program (transportation, speakers, classes, etc.)
2. Local community resource guide for families

APPENDIX F
Frequently Used Early
Childhood Acronyms

ACF	Administration for Children and Families
CACFP	Child and Adult Care Food Program
CCAP	Child Care Assistance Program with IDHS
DCFS	Department of Children and Family Services
EC	Early Childhood
ECE	Early Childhood Education or Early Care and Education
ELL	English Language Learner
EPSDT	Early Periodic Screening, Diagnostic, and Treatment
ESL	English as a Second Language
FTE	Full Time Equivalent
FY	Fiscal Year
GED	General Equivalency Diploma
HHS	Health and Human Services
HSSCO	Head Start State Collaboration Office
IDEA	Individuals with Disabilities Education Act
IDHS	Illinois Department of Human Services
IECAM	Illinois Early Childhood Asset Map
IEP	Individual Education Plan
IFSP	Individual Family Service Plan
INCCRRA	Illinois Network of Child Care Resource and Referral Agencies
ISBE	Illinois State Board of Education
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
OOPF	Ounce of Prevention Fund
PFA	Preschool for All (3-5 year old educational program)
PI	Prevention Initiative (Birth to 3-year-old educational program)
RFP	Request for Proposal
RFSP	Request for Sealed Proposal
TANF	Temporary Assistance for Needy Families
WIC	Women, Infants, and Children

APPENDIX G
Glossary

Accountability	A demonstration that the program is fulfilling the terms of its grant and achieving its stated outcomes.
Accreditation	A process that validates and acknowledges quality early childhood programs. It involves the early childhood program in a self-study to systematically evaluate their processes, activities, and achievements and identify areas in need of improvement, in comparison with professional standards.
Advisory Committee	Any group that serves in an advisory rather than a policy-making or decision-making role.
Age Eligibility	Prevention Initiative programs may serve only expecting parents and families with birth to age three-year-old children. A copy of a legal birth certificate may document a child's age eligibility. Children who turn three 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. If a child turns three years of age before the end of the program year the family can continue to be served until the end of the fiscal year (June 30). The program fiscal year is from July 1 to June 30. Example: A child turns 3 in January. The child can remain in a Birth to Three program until the end of the program fiscal year.
All Kids (formerly Kid Care)	All Kids is Illinois' program for children who need comprehensive, affordable health insurance, regardless of immigration status or health condition. Every child deserves the chance to grow up healthy. With All Kids, children will be able to get the care they need, when they need it. It includes doctor visits, dental care, and vision care. http://www.allkids.com/hfs8269.html
Anticipatory Guidance	A strategy of planning ahead to provide information to parents with the expected outcome being a change in parent attitude, knowledge, or behavior. The mutual participation of parents and program staff in discussions of ideas and opinions about normal parental responses to child development.

Assessment	The ongoing process of observation and recording initiated by program staff to provide information about children's development (social, emotional, cognitive, fine and gross motor abilities, speech and language), and identify children's specific strengths and needs. The results of assessment provide the basis for individualizing the curriculum for children. A method of (1) evaluating a child's developmental or education progress that is based on sound research, (2) organizing principles about young children's learning and development, and (3) meeting accepted professional standards of validity and reliability.
Benchmarks	Descriptions that serve as a standard of comparison for evaluation or assessment of quality.
Birth to Five Program Standards	The Illinois Birth to Five Program Standards are broad statements that reflect current knowledge, research findings, and shared beliefs about high-quality, developmentally appropriate early childhood care and education in the context of programs for infants, toddlers, preschoolers, and their families. The Birth to Five Program Standards are found in Appendix B of 23 Illinois Administrative Code 235. http://www.isbe.net/rules/archive/pdfs/235ARK.pdf
Caregiver	Person responsible for the care of a child. May be a parent, relative, neighbor, or unrelated professional.
Caseload	The number of cases handled in a given period by a person or social services agency. 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.
Center-based Program Option(PI)	Programs that provide educational opportunities using a research-based curriculum for both the center-based and home-based services and are in a child care setting. Programs may also be implementing a family literacy model.
Child Abuse and Neglect Reporting Act (CANRA)	An Act that requires certain professionals, known as mandated reporters, to report known or suspected instances of child abuse or neglect to the Illinois Department of Children and Family Services (IDCFS). For more information about CANRA visit: www.state.il.us/dcfs/child/index.shtml.
Child and Adult Care Food Program	A state-administered program funded by the U. S. Department of Agriculture (USDA) that provides financial reimbursement and/or commodities for providing breakfast, lunch, and snacks that meet federal nutritional requirements to income-eligible children and adults.

Child and Family Connections (CFC)

Child and Family Connections (CFC) is the regional intake entity responsible for ensuring that all referrals to the Early Intervention (EI) Services System receive a timely response in a professional and family-centered manner. Each CFC is responsible for implementation of the EI Services System within their specific geographic region of the state. All staff employed as Service Coordinators or Parent Liaisons by a CFC are required to obtain an EI credential prior to providing services to families. http://www.dhs.state.il.us/page.aspx?item=31183

Child Care

Non-parental care of children by another adult, which may take place in a variety of settings including the child's home, another person's home or in a center. Child care programs are either licensed in Illinois by the Department of Children and Family Services under the Child Care Act of 1969 or, if they meet certain qualifications, may be exempt from licensure. Safe environments, nurturing care, and appropriate developmental experiences for children are provided--usually while their parents work or attend school. Care is locally and individually administered under not-for-profit or for-profit status, and is diversely funded, largely through parent fees, although the Department of Health and Human Services (HHS) and state child care agencies are providing growing support, especially to families with low incomes.

Child Care Assistance Program (CCAP)

Administered by the Illinois Department of Human Services, the program pays child care providers who care for approximately 200,000 children of qualified low-income parents in order to defray the cost of child care. Parents participating in the CCAP qualify based on family size, income, and number of children in care. All participating families must pay a co-payment toward the cost of their care.

Child Care Resource & Referral (CCR&R) Agency

Community organizations—including 16 within the state of Illinois—that are partially state-funded agencies offering the following core services:

1. Maintenance of a database of all types of child care in the community;
2. Provision of child care counseling and referrals for parents as well as assistance in paying for child care;
3. Development of new child care resources (new centers and homes);
4. Provision of technical assistance and training for child care providers as well as educational scholarship and funding for professional development; and
5. Analysis of child care supply and demand data.

Child-to-Staff Ratios

The number of children for which each child care provider is responsible. The number of children per caregiver in a given group or class; group size is the number of children assigned to a team of caregivers or service providers for a given time.

Children's Mental Health

The capacity of children to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn. Children's mental health is synonymous with healthy social and emotional development, and also refers to the mental wellness of the actual care-giving relationships between caregiver and child.

Children with Disabilities

Children who require special education and related services for conditions that may include: mental retardation, hearing impairments, speech or language impairments, visual impairments, serious emotional disturbances, orthopedic impairments, autism, traumatic brain injury, or specific learning disabilities.

Code of Ethics

Standards of conduct for the professional (by NAA, NAEYC, etc.) that are a resource to assist the professional in understanding the ethical responsibilities inherent in providing programs for children and youth. A "code of ethics" is sometimes referred to as a "code of conduct."

Collaboration

A mutually beneficial and well-defined relationship entered into by two or more entities to achieve common goals that could not be achieved by working alone. Power is shared, resources are pooled.

Community

An interacting population of various kinds of individuals in a common location. The community forms the framework around the family that includes where they live, work, shop, and play.

Completion Rates

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 of time.

Compliance

The act or process of complying/conforming to fulfill official requirements.

Confidentiality

Information that is entrusted with confidence to be kept private or secret.

Cooperation

By sharing information and activities, some service integration between two or more entities occurs, but agencies do not lose autonomy.

Coordination	Two or more agencies operate autonomously, yet work together to avoid duplication by sharing information and activities.
Criterion	A standard for comparison or judgment.
Cultural Competence	Cultural competence refers to an ability to interact effectively with people of different cultures, particularly in the context of human resources. Having requisite or adequate knowledge and abilities to understand and interact appropriately concerning the customary beliefs, shared attitudes, values, goals, and practices that characterize a racial, religious, or social group. Interacting with a family with cultural, linguistic, or socioeconomic differences with knowledge and sensitivity.
Cultural Pluralism	Gonzalez-Mena (2001) defines cultural pluralism as "the notion that groups and individuals should be allowed, even encouraged, to hold on to what gives them their unique identities while maintaining their membership in the larger social framework."
Culture	An integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors of racial, ethnic, religious, or social group. The term "culture" includes ethnicity, racial identity, economic level, family structure, language, and religious and political beliefs, which profoundly influence each child's development and relationship to the world.
Curriculum	An organized framework that delineates the content children and/or families are to learn, the processes through which they achieve the identified curricular goals, what providers do to help them achieve these goals, and the context in which teaching and learning occur.

Examples of Evidence-Based Curriculum for Center-Based Programs:

• Child-centered curriculum such as Creative Curriculum for Infants and Toddlers or High/Scope Infant-Toddler Curriculum

• Parent-centered curriculum such as Parents as Teachers Curriculum (includes Foundational, Program Implementation Guide, handouts, and parent educator resource materials. Portions of the curriculum materials are online). |
| **Data** | Factual information collected for a specific purpose. |
| **Developmental Domains** | Describes different areas of a child's development (e.g., cognitive, physical, language, and social-emotional). |

Developmental Monitoring	The observation, recording, and analysis of children's development over time using ongoing formal and informal measures.
Developmental Screening	A short, staff-administered, evidence-based instrument/tool or check-list that identifies children needing further assessment/evaluation.
Developmentally Appropriate Practice	Any behavior or experience that is matched to the maturity of the individual child with respect to age, needs, interests, developmental levels, and cultural background. For infants and toddlers that means stable, loving relationships with adults, especially their parents, who introduce the child to developmental tasks through communication appropriate for his/her level of understanding and development.
Diagnostic Assessment	Diagnostic Assessment is a thorough and comprehensive assessment of early development and/or learning for the purpose of identifying specific learning difficulties and delays, disabilities, and specific skill deficiencies, as well as evaluating eligibility for additional support services, Early Intervention, and special education. A diagnostic assessment is usually a formal procedure, conducted by trained professionals using specific tests. (Excerpts from *A Guide to Assessment in Early Childhood: Infancy to Age Eight*. Washington State Office of Superintendent of Public Instruction, 2008.) http://www.k12.wa.us/EarlyLearning/pubdocs/assessment_print.pdf
Diagnostic Evaluation	An evaluation by clinicians as a result of questions about a child's social, emotional, cognitive, speech and language, and fine and gross motor abilities identified in screening.
Diversity	Differences in human existence that are important to children's development and family functioning. Diversity is a generic term used to address a range of variations in language, culture, religion, race and ethnicity, ability, socioeconomics, gender, or sexual orientation.
Dual Language Learners (DLL)	Children who are Dual Language Learners acquire two or more languages simultaneously, and learn a second language while continuing to develop their first language. The term "Dual Language Learners" encompasses other terms frequently used, such as Limited English Proficient (LEP), bilingual, English Language Learners (ELL), English learners, and children who speak a Language Other Than English (LOTE).
Dyad	The word "dyad" means two people. The most important dyad in the Birth To Three Program is the parent and child.
Early Childhood	Birth to eight years.

Early Childhood Development   The process by which children from birth to age eight gradually gain the skills and confidence needed to succeed in their present environment and the cognitive skills needed to form a foundation for school readiness and later school success.

Early Childhood Education   Activities and experiences that are intended to effect developmental changes in children from birth through the primary units of elementary school (grades K-3).

Early Head Start (EHS)   A program that provides low-income pregnant women and families with children birth to age three with family-centered services that facilitate child development, support parental roles, and promote self-sufficiency.

Early Intervention (EI)   Efforts to support children at risk for, or in the early stages of, mental, physical, learning, or other disorders; usually targeted at early childhood, sometimes including prenatal care.

Early Intervention Services   Services that are provided to young children who have or are at risk for disabilities or special needs. Services for children age birth to three are generally comprehensive and family-based, ranging from speech and occupational therapy to general intervention and instruction.

Illinois' statewide early intervention service program for children birth to 36 months old who have disabilities due to developmental delay, have an eligible mental or physical condition that typically results in developmental delay, or have been determined through informed clinical judgment to be at risk of substantial developmental delay. Click the following link for more specific information on all parts of EI Rule 500:
http://www.ilga.gov/commission/jcar/admincode/089/08900500sections.html

Early Intervention Services Part C   The Infants and Toddlers with Disabilities Program (Part C) of the Individuals with Disabilities Education Act (IDEA) was created in 1986 to enhance the development of infants and toddlers with disabilities, minimize potential developmental delay, and reduce educational costs to our society by minimizing the need for special education services as children with disabilities reach school age. Part C provides early intervention (EI) services to infants and toddlers aged birth to three with developmental delays or a medical condition likely to lead to a developmental delay. Part C is not intended to be a stand-alone program. The intent is to build interagency partnerships among state agencies and programs in health, education, human services, and developmental disabilities.
http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf

Early Learning Council

The Early Learning Council was created by Public Act 93-380 (http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=002039330K5) in 2003. With a membership including top state officials and non-government stakeholders appointed by the Governor, the Early Learning Council is charged with enhancing, coordinating, and expanding programs and services for children birth to five statewide. The Council builds on existing early childhood programs and planning initiatives to achieve a comprehensive early learning system, to ensure that all Illinois children are safe, healthy, eager to learn, and ready to succeed by the time they enter school.

The Early Learning Council is committed to developing a high-quality early learning system that will be available to all children birth to five throughout the state and that includes PreKindergarten, child care, Head Start, health care and parental support programs. The Early Learning Council works collaboratively with other state councils to improve the lives of children and families.
https://www2.illinois.gov/gov/OECD/Pages/EarlyLearningCouncil.aspx

Early Learning Guidelines for Children Birth to Three

The Illinois Early Learning Guidelines are designed to provide early childhood professionals and policy makers a framework for understanding development through information on what children know and should do, and what development looks like in everyday instances. The Guidelines also provide suggestions and ideas on how to create early experiences that benefit all children's learning and development. The main goal of the Guidelines is to offer early childhood professionals a cohesive analysis of children's development with common expectations and common language.
http://www.isbe.net/earlychi/pdf/el-guidelines-0-3.pdf

Eligibility

Qualifying for the benefits or services of a program.

Eligibility Criteria

Those elements that would render an individual or family qualified to participate in a program; program funding qualifications; an individual's qualifications for a position.

Emerging Literacy

The view that literacy learning begins at birth and is encouraged through participation with adults in meaningful activities; these literacy behaviors change and eventually become conventional over time. (From Neuman, Susan; Copple, Carol; Bredekamp, Sue: Learning to Read and Write: Developmentally Appropriate Practices for Young Children. NAEYC 2000). A key to the term "literacy" is the interrelatedness of all parts of language: speaking, listening, reading, writing, and viewing.

English as a Second Language (ESL)	Designation given to programs for students whose first language is not English.
English Language Learners (ELL)	Children who speak a primary language(s) other than English at home and are actively learning English.
Environment	The circumstances, objects, or conditions by which one is surrounded. The aggregate of social and cultural conditions that influence the life of an individual or community. A welcoming environment includes the physical surroundings and also the emotional tone set by the program staff.
Evidence-Based	A process for making decisions. It is an integration of best available research with professional and family wisdom and values.
Facilitative Approach	An effective way to promote developmental parenting. The approach is characterized by: 1. Delivering services from practitioner to parent, and then through parenting to the child; 2. Helping parents observe, support, and adapt to their children's development; and 3. Addressing foundations of social-emotional, cognitive, and language development" (Roggman, Boyce, & Innocenti, 2008)
Family	The basic unit in a society, having as its nucleus one or more adults cooperating in the care and raising of children.
Family Literacy	A program with a literacy component for parents and children or other intergenerational literacy components. Regularly scheduled interactive, literacy-based, learning activities for parents and children.
Family Literacy Services	Services that are of sufficient intensity and of sufficient duration to make sustainable changes in a family, and that integrate all of the following activities: interactive literacy activities between parents and their children; training for parents regarding how to be the primary teacher for their children and full partners in the education of their children; parent literacy training that leads to economic self-sufficiency and financial literacy; and an age-appropriate education to prepare children for success in school and life experiences.
Fidelity	Strict observance of duties and adherence to fact or detail; accuracy in details or exactness.
Fiscal Year (FY)	For the federal government, it is the year beginning on October 1 and ending on September 30. For Illinois, it is the year beginning on July 1 and ending on June 30.

Head Start (HS)	Founded in 1965, the Head Start program provides comprehensive child development services to low-income children and families through a network of grantee and delegate agencies.
Head Start Program Performance Standards	A federally defined set of minimum criteria for each component in Head Start.
Head Start State Collaboration Offices	ACF awards Head Start State collaboration grants to each state to support the development of multi-agency and public/private partnerships at the state level to benefit low-income children from birth to five and their families, as well as pregnant women.
Home-based Program Option	Programs that provide comprehensive services and educational opportunities using a research-based program model and curriculum in a home-based setting.
Homeless Children and Youth	Individuals who lack a fixed, regular, and adequate nighttime residence.
Home Visitor	A staff member in a home-based or center-based program assigned to work with parents to provide comprehensive services to children and their families through home visits and group socialization activities. A home visitor provides comprehensive program model services to families. The services arranged for or provided to the families visited include screening and ongoing assessment of child development; medical, dental, and mental health services; child development and education; and family partnerships that focus on setting goals and identifying the responsibilities, timetables, and strategies for achieving those goals. Home visitor also can be known as Parent Educator, Infant/Toddler Specialist, Family Support Worker, Family Educator.
	Home visitors have the opportunity that most professionals do not have to take a glimpse into the lives of children and families. The role of the home visitor is unique, and the relationships built with families are one of the most powerful tools to support young children and make a difference in their lives.
Home Visits	The personal encounters, individual meetings, or visits made to a child's home by the class teacher or home visitor for the purpose of assisting parents in fostering the growth and development of their child. Occasionally these meetings may take place at a site other than the home, but ideally, the visits should occur in the family's home.
Illinois Department of Children and Family Services (IDCFS)	The state agency that oversees child protection services, foster care, adoption, and day care licensing. For more information visit: www.state.il.us/dcfs/index.shtml.

Illinois Department of Human Services	The state agency that is responsible for providing a wide variety of programs and services to Illinois residents including child care assistance, Early Intervention, home visiting, and other family support programs, and additionally administers the statewide CCR&R system. For more information visit: www.dhs.state.il.us/page.aspx.
Illinois Network of Child Care Resource and Referral Agencies (INCCRRA)	The Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) is a statewide organization which – in partnership with its 16 local Child Care Resources and Referral (CCR&R) agencies – is a recognized leader, catalyst and resource for making high-quality, affordable early care and education and school-age care options available for children and families in Illinois. http://www.inccrra.org/
Illinois Resource Center (IRC)	A not-for-profit corporation that provides a broad range of professional development services and instructional resources (spanning from early education through adult learning) for school communities throughout Illinois and the nation.
Illinois State Board of Education Fiscal Policy and Procedures Manual	http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf
Immunization Recommendations	Recommendations are issued by the Centers for Disease Control and Prevention, as well as from the local Health Services Advisory Committee, and are based on prevalent community health problems.
Inclusion	Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities. The defining features of inclusion that can be used to identify high-quality early childhood programs and services are access, participation, and supports. Refer to the DEC/NAEYC position statement at: www.naeyc.org/files/naeyc/file/positions/DEC_NAEYC_EC_updatedKS.pdf.
Individual Family Needs Assessment	An evidenced-based screening instrument that is helpful in assessing the strengths and needs of families. It is a process of systematically listening to parents with young children through surveys. It can also be used for understanding intervention services that are needed and for outcome planning and assessment.
Individual Family Service Plan (IFSP)	The Individual Family Service Plan is a written plan that guides the delivery of services to ensure families obtain and receive appropriate services to meet their needs.

Individualized Education Program (IEP)	An educational plan geared to an individual student's needs and conducted in accordance with a written agreement between the student"s parents and school officials.
Individual Meetings	The personal encounters, individual meetings, or visits made to a child's home by the class teacher or home visitor for the purpose of assisting parents in fostering the growth and development of their child. Occasionally these meetings may take place at a site other than the home, but ideally, the visits should occur in the family's home.
Infant Mental Health	The Illinois Association for Infant Mental Health believes that from the beginning, every child should have a family and community environment in which he or she can thrive physically, mentally, and emotionally. http://www.ilaimh.org/. "Infant mental health" is defined as the healthy social and emotional development of a child from birth to 3 years; and a growing field of research and practice devoted to the:

- Promotion of healthy social and emotional development;
- Prevention of mental health problems; and
- Treatment of the mental health problems of very young children in the context of their families.

(This is a definition of infant mental health developed by ZERO TO THREE's Infant Mental Health Task Force.)

Infant Mental Health Consultant	Infant mental health consultants support the work of infant and early childhood caregivers, providers, teachers, home visitors, and early intervention staff – in child care centers, home child care, family homes, and early intervention offices. An infant and early childhood mental health consultant is often the voice for a child or group of children – helping to build the capacity of care providers to understand and meet the needs of infants, children, and their families. They also can assist providers to better partner with parents to promote the social/emotional development and mental health of their children.
Infants	Children in the earliest period of life, especially before they can walk.
Infants and Toddlers	Children from birth through approximately three years of age.
Inquiry	The very first contact that a family makes to seek information, support, or help. The "inquiry" can result in a range of responses from an informal conversation or interview to a formal screening to determine whether a "referral" is appropriate.

Instructional Assessment	Instructional Assessment is the process of observing, recording, and otherwise documenting the work children do and how they do it, as a basis for a variety of educational decisions that affect the child, including planning for groups and individual children and communicating with parents. This level of assessment yields information about what children know and are able to do at a given point in time, guides "next steps" in learning, and provides feedback on progress toward goals. Assessment to support instruction is a continuous process that is directly linked to curriculum. (Excerpts from *A Guide to Assessment in Early Childhood: Infancy to Age Eight*. Washington State Office of Superintendent of Public Instruction, 2008.)
Kindergarten	A program or class that serves as an introduction to school. According to the Illinois School Code, children who will be 5 years old on or before September 1 may begin school. Based upon an assessment of a child's school readiness, a school district may choose to permit a child to attend school prior to that date, or it may choose not to do so. In a school district operating on a year-round school basis, children who will be age 5 within 30 days after a term starts may begin to attend school that term.
Linguistic Competency	The knowledge that enables staff to communicate effectively with children and families.
Logic Model	W.K. Kellogg Foundation defines a logic model as a "systematic and visual way to present and share the relationships among the resources available to operate the program, the activities provided by the program, and the changes or results the program hopes to achieve."
Mandated Reporter	Illinois Mandated Reporters have a critical role in protecting children by recognizing and reporting child abuse. Everyone who suspects child abuse or neglect should call the Illinois Department of Children and Family Services Child Abuse Hotline to make a report, but Mandated Reporters are required by law to do so. Training for mandated reporters: https://mr.dcfstraining.org/UserAuth/Login!loginPage.action;jsessionid=95BCE8A578F38565284C4F33C3431885
McKinney-Vento Homeless Assistance Act	The primary piece of federal legislation dealing with the education of children and youth experiencing homelessness in U.S. public schools.
Memorandum of Understanding	A document describing a bilateral or multilateral agreement between parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Mission Statement	A brief summary of the philosophy and goals of the program.
National Association for the Education of Young Children (NAEYC)	A membership organization/accreditation body dedicated to improving the well-being of all young children, with particular focus on the quality of education and developmentally appropriate practice for children from birth through age 8.
Nutrition	The act or process of nourishing.
Observation	An objective review and analysis including reflection.
Office of the Governor – Early Childhood	The State of Illinois supports many early learning programs for children from birth to age five and their families. The role of the Governor's Office of Early Childhood Development is to strengthen Illinois' efforts to establish a comprehensive, statewide system of early childhood care and education. The Governor created the Office of Early Childhood Development (OECD) within the Governor's Office in 2009. The OECD provides support and leadership for an integrated system of early childhood services. It also coordinates and guides the work of the Early Learning Council (ELC) and provides overall coordination for the Strong Foundations Partnership (Home Visiting), convening the partners, ensuring that the work plan is accomplished, and assuring that an adequate state-level infrastructure to support home visiting is maintained. https://www2.illinois.gov/gov/OECD/Pages/AboutUs.aspx
Parent Interview	A session (to be conducted in the parents' home/native language, if necessary) that is designed to obtain a summary, on a form, of the child's health history (including prenatal history) and social development, and may include questions about the parents' education level, employment history, income, age, marital status, and living arrangements; the number of children in the household; and the number of school-aged siblings experiencing academic difficulty.
Parent-Child Interaction	Mutual or reciprocal action or influence between a child and a parent.
Parenting-Focused Model	Programs that utilize a parenting-focused model support the parent-child relationship in a non-invasive way that emphasizes the parent's support of the child's development. Roggman, Boyce, and Innocenti (2008) explain this approach is called "developmental parenting" and offers support as a parent's behavior changes over the course of time in response to a child's changing developmental needs.
Participatory Management	A management style that incorporates meaningful involvement of all staff members in the decision-making process.

Policy	A policy is a principle or rule to guide decisions and achieve rational outcomes. A policy is an intent, and is implemented as a procedure or protocol. Policies reflect the "rules" governing the implementation of the program.
Procedures	A procedure(s) defines implementation of policy. A procedure describes the particular way of accomplishing something. It may be a series of steps followed in a regular definite order or a traditional or established way of doing things.
Professional Development	Professional development is defined as those processes and activities designed to enhance the professional knowledge, skills, and attitudes of program staff so that they might, in turn, improve service delivery to enrolled children and their families. Professional development is a process that is intentional, ongoing, and systemic. These activities are part of a sustained effort to improve overall program quality and outcomes for enrolled children and their families and are developed or selected with extensive participation of program staff.
Professional Development Plan	A written course of action to improve and strengthen a staff member's ability to function effectively in their professional role and meet their responsibility to children and families. The following points are necessary to complete the plan: 1. Determine the needs of each staff member (teaching assistant, teacher, administrator, parent educator, etc.) within the program, i.e., assess the needs. 2. Describe the staff in-service training program that will be conducted to meet the individual staff needs, i.e., delivering in-service. 3. Describe other professional development activities that will be provided, i.e., other opportunities that are provided free of charge but that staff have the opportunity to attend.
Program Evaluation	Judging the feasibility, efficacy, and value of a program in relation to its stated objectives, standards, or criteria. A systematic method of setting program goals and for collecting and analyzing information about the activities, characteristics, and outcomes of programs to allow informed judgments about program improvement and effectiveness, and decisions about future programming. An annual program evaluation includes a description of services and outcomes. 1. A process to determine whether progress is being made toward achieving the required components for the Prevention Initiative program. 2. Procedures to be used to determine the success of each component of the Prevention Initiative program.

3. Procedures to be used to show measurable outcomes for family participation.

Program Leadership	Refers to the many roles of leadership in birth to three programs including administrator, supervisor, coordinator, director, manager, and others.
Program/Project Year	A program/project year is generally July 1–June 30; however, a program may extend the program year until August 31 if activities extend beyond June 30. Project Begin Date: The calendar date at which a grant recipient may begin to conduct activities and encumber obligations that will be charged to a state or federal grant. Project End Date: The calendar date at which a grant recipient must end all activities and encumbering of obligations that will be charged to the state or federal grant.
Quality Rating Improvement System (QRIS)	QRIS is a 5-level quality rating improvement system that will cover most early learning programs, including Preschool for All, Head Start, Early Head Start, center and home child care, and private preschools licensed through the Illinois Department of Children and Family Services. Parents can access these quality ratings and other information to help them choose the best program for their child. Supports and resources for program quality improvement are available.
Recruitment	The action or process of recruiting. The process of finding, inviting, and enrolling families (including children) in a Prevention Initiative Program.
Referral	The process of directing or redirecting a family to an appropriate specialist or agency for definitive treatment. "Referral" may also mean the process of requesting that a child be screened, assessed, and/or evaluated.
Reflective Leadership	Relationships form the foundation for all the work that is done in a program. The relationships are characterized by trust, support, and growth among supervisors, staff, parents, and children. Workplaces based on these beliefs and values can be thought of as relationship-based organizations. Reflective leadership is the key to creating a relationship-based organization. It is characterized by three important skills: self-awareness, careful observation, and flexible response.
Reflective Supervision	Dialog between supervisor and staff that 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.

Request for Proposals (RFP)	An official or formal solicitation by an agency or organization for proposals in a wide range of categories, such as funding, special projects, and training events.
Research-based	Associated with the best available research component of evidence-based practice.
Research-based Curriculum Model	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 1 – 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.

- 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:

- Baby TALK
- Healthy Families America (HFA)
- Parents as Teachers (PAT)
- Prevention Initiative - Center-Based

Examples of Supplemental Services to Enhance Birth to Three Comprehensive Services:

- Doula Services
- Fussy Baby Network
- Strengthening Families Illinois

Criterion 2 – 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 training, and comprehensiveness and intensity of services offered.
- The program must implement a formal, written curriculum that is comprehensive and is based on research about how infants and toddlers learn and develop.

Criterion 3 – The program meets all the Illinois Birth to Three Program Standards, has been operating successfully for at least three years, and has a formal, written program model or logic model that identifies the objectives and goals of a program, as well as their relationship to program activities intended to achieve these outcomes. The program model is based on research about what combinations of services have been effective in achieving positive learning outcomes with at-risk infants, toddlers, and their families. The program model should include the following components:

- A formal, written curriculum that is based on research about how infants and toddlers learn and develop and on how to teach parents new ways of supporting and enhancing their child's development.
- A formal, written plan for conducting family needs assessments and developing Individual Family Service Plans addressing their cultural and linguistic background.
- Documented evidence of participant's success in achieving the goals of the prevention initiative (i.e., outcome data).
- An intensity of services sufficient to achieve stated goals with a high-risk population (i.e., amount of contact with parents and children). As a guideline, intensity of services should be on par with Parents as Teachers, Baby TALK, Healthy Families, or Prevention Initiative Center-Based requirements.
- Caseload sizes that do not exceed those required by Parents as Teachers, Baby TALK, Healthy Families, or Prevention Initiative Center-Based models.

Responsive Curriculum

In a responsive curriculum, implementation of subsequent planning has to do with caregivers preparing themselves and the environment so that infants and toddlers can learn—not in figuring out what to teach children. "Lesson planning" involves exploring ways to help caregivers get "in-tune" with each infant-toddler they serve and learn from the individual child what he or she needs, thinks, and feels.

Retention Rate

Retention in home visiting programs 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." To calculate the program's retention rate, the program must identify a cohort of

participants that *could have* remained in the program for a given period of time (the denominator) and then determine what subset of that cohort actually *did* remain in the program for the defined length of time (the numerator).

School Readiness

The levels of cognitive, physical, and social-emotional maturity that are a prerequisite to learning in a school setting.

Screening

Screening is a general type of assessment that addresses common questions parents and professionals have about the development of young children. Screening assessments are designed to efficiently identify those children who need more thorough and detailed assessment and/or determine a child's eligibility for a given program. The procedures and tests used in screening are developed to be quickly and easily administered without highly specialized training.*

Examples of Broad-Based Screening Instruments for Birth to Three:

- Ages & Stages Questionnaire
- Battelle Developmental Inventory
- Brigance Infant and Toddler Screen

It may also describe a process which identifies children who need referral for diagnostic evaluation through an initial review of their level of function and development in fine and gross motor, cognitive, speech and language, and social-emotional skills, as well as hearing, vision, and general health. It includes obtaining a developmental and health history, observations from the parents, and input from teachers based on their observations. The screening process must use a valid, reliable, culturally relevant, and appropriately standardized tool.

*Excerpts from *A Guide to Assessment in Early Childhood: Infancy to Age Eight*. Washington State Office of Superintendent of Public Instruction, 2008.
http://www.k12.wa.us/EarlyLearning/pubdocs/assessment_print.pdf

Self-Assessment

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

Staff-Parent Conferences

Meetings in which parents may discuss their child's development, progress, and education with teachers and other caregivers.

Strategic Plan

A process to determine an organization's future course.

Student Information System (SIS)

The ISBE Student Information System (SIS) is designed to assign a unique Student Identifier (SID) to each student, from birth to three programs through high school age; collect demographic, performance, and program participation data for each student; track students from school to school and district to district within Illinois; and report timely and accurate information and data through standardized reporting capabilities. This system serves as the vehicle to collect student-related information electronically from school districts. The result of successful implementation is the ability to provide the state education agency, state and federal entities, the education community, and the public with timely and accurate data collection and reporting for students, schools, school districts, and the state. http://www.isbe.net/sis/default.htm

Supervision

Defined literally as the "ability to see in an overarching manner."

Temporary Assistance to Needy Families (TANF)

TANF, which replaced the AFDC and JOBS programs, was enacted in the welfare reform act, Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PL 104-193). This block grant to states covers benefits, administration, expenses, and services. States determine eligibility and benefit levels and services provided to needy families.

Toddlers

Children approximately one to three years of age.

Training and Technical Assistance (T/TA)

Training is a learning experience, or series of experiences, specific to an area of inquiry and related set of skills or dispositions, delivered by a professional(s) with subject matter and adult learning knowledge and skills. Technical Assistance is the provision of targeted and customized supports by a professional(s) with subject matter and adult learning knowledge and skills to develop or strengthen processes, knowledge application, or implementation of services by recipients.

Transition Plan

A process undertaken for each child and family at least six months prior to the child's third birthday that takes into account the child's health status and developmental level; progress made by the child and family while in the program; current and changing family circumstances; and the availability of child care services in the community.

Transition Programs or Transition Services

Procedures to support successful transitions for children and families as they move into, out of, or between programs or life circumstances.

United States Department of Education (ED)	The Department of Education was created in 1980 by combining offices from several federal agencies. ED's mission is to promote student achievement by fostering educational excellence and ensuring equal access; establish policies on federal financial aid for education; and collect data on America's schools.
United States Department of Health and Human Services (HHS)	HHS is the federal government's principal agency for protecting the health of all Americans and providing essential human services, which includes 300 programs that cover a wide spectrum of activities, including Head Start and Early Head Start.
United States Department of Housing and Urban Development (HUD)	This federal agency is responsible for increasing homeownership, supporting community development, and increasing access to affordable housing free from discrimination
Universal or Standard Precautions	Defined by the National Health and Safety Performance Standards that describe the infectious control precautions recommended by the Centers for Disease Control to be used in all situations to prevent transmission of blood-borne germs (e.g., human immunodeficiency virus, hepatitis B virus). The definition says "Standard Precautions – Use of barriers to handle potential exposure to blood, including blood-containing body fluids and tissue discharges, and to handle other potentially infectious fluids and the process to clean and disinfect contaminated surfaces."

APPENDIX H
References

Ahsan, Nilofer and Lina Cramer. (1998). *How Are We Doing? A Program Self-Assessment Toolkit for the Family Support Field.* Chicago, Illinois 60606: Family Resource Coalition of America.

American Academy of Pediatrics (2009). *Toilet Training.* Retrieved from http://www2.aap.org/publiced/BR_ToiletTrain.htm

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2011). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition.* Elk Grove Village, IL: American Academy of Pediatrics; Washington, D.C.: American Public Health Association.

Ammerman, R., Stevens, J., Putnam, F., Altaye, M., Hulsmann, J., Lehmkuhl, H., Monroe, J. Gannon, T., & Van Ginkel, J., (2006). *Predictors of Early Engagement in Home Visitation.* Journal of Family Violence, Vol. 21, No. 2.

Annual Homeless Assessment Report to Congress. (2010). US Department of Housing and Urban Development Office of Community Planning and Development. Available at http://www.huduser.org/portal/publications/povsoc/ahar_5.html

Askov, E. N., Grinder, E. L., & Kassab, C. (2005). *Impact of family literacy on children.* Family Literacy Forum, 4(1), 38-39.

Bloom, P. J. (1997). *Commentary.* Leadership in Early Care and Education. Kagan S. L.

Bloom, P. J. (2000). *How do we define director competence?* Exchange, 13-18.

Bloom, P. J. (1995). *Shared Decision making: The Centerpiece of Participatory Management.* Young Children 50 (4) 55-60.

Bowman, Barbara. (1997). *Preschool as family support programs.* Advances in Early Education and Day Care: Family Policy and Practice on Early Child Care, 9, :157-170. S. Reifel, ed. Greenwich CT. JAI Press, Inc.

Brazelton, T. B., Sparrow, J. D. (2006). *Touchpoints*. Cambridge, MA: Da Capo Press.

Brooks-Gunn, J., Brown, B., Duncan, G., & Moore, K. A. (1995). *Child development in the context of family and community resources: An agenda for national data collections.* In National Research Council and Institute of Medicine, Integrating federal statistics on children: Report of a workshop (pp. 27-97). Washington, D.C.: The National Academies Press.

Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood.* Retrieved from http://www.developingchild.harvard.edu

Child Mental Health Foundations and Agencies Network (FAN) Publication. (2000). *A good beginning: Sending America's children to school with the social and emotional competence they need to succeed.*

Coleman-Jensen, A., Nord, M., Andrews, M., & Carlson, S. (2012). *Household Food Security in the United States in 2011.* USDA ERS

Copple, C. & Bredekamp, S. (2011). *Basics of Developmentally Appropriate Practice: An Introduction for Teachers of Infants and Toddlers.* Washington, D.C.: National Association for the Education of Young Children.

Cross, T., Bazron, B., Dennis, K., Isaacs, M. (1989). *Towards a culturally competent system of care: Volume I.* Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.

Daniel, Jerlean E. (1998). *A Modern Mother's Place Is Wherever Her Children Are: Facilitating Infant and Toddler Mothers' Transitions in Child Care.* Young Children 53 (6): 4-12.

Day, M., & Parlakian, R., (2004). *How Culture Shapes Social-Emotional Development: Implications for Practice in Infant Toddler Programs.* ZERO TO THREE.

Derman-Sparks, L., & Edwards, J. O. (2010). *Anti-Bias Education for Young Children & Ourselves.* Washington, D.C.: NAEYC.

Derman-Sparks, L. & A.B.C. Task Force. (1992). *Anti-Bias Curriculum, Tools for Empowering Young Children.* Washington, D.C.: NAEYC

Derman-Sparks, L. & Ramsey, P. (2011). *What if All the Kids are White?Anti-Bias Multicultural Education with Young Children and Families.* New York, NY: Teachers College Press. pp. 15, 82-83.

DHHS/ACF/ACYF/HSB. (2004) *Home-Based Supervisors' Manual for the Home-based Head Start Program Option. 6-7* Retrieved from http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/0BC3AD7C913FF5F8F72D3F733610AE3B.pdf

DHHS/ACF/OHS. (1998) Head Start Director Core Competencies. *Head Start & Early Head Start Directors' Professional Development Planner.* Retrieved from http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/mgmt-admin/hr/leadership/HeadStartDirect.htm

DiVenere, N.J. (1988). *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.

Eliot, L., (1999). *What's Going on in There? How the Brain and Mind Develop in the First Five Years of Life.* New York, NY: Bantam Books. 384.

Environments Professional Group. (2004). *Schedules for Infant & Toddler Programs: A Staff Training Aid. Beaufort, SC: Environments, Inc.* Retrieved from http://decal.ga.gov/documents/attachments/SchedulesforInfantToddlerPrograms.pdf

Espinosa, L. (2008). *Challenging Common Myths About Young English Language Learners.* Foundations for Child Development Policy Brief Advancing PK-3 No. Eight. Retrieved from http://fcd-us.org/sites/default/files/MythsOfTeachingELLsEspinosa.pdf

Excerpted from Parlakian, R. & Seibel, N. (2001). *Being in charge: Reflective leadership in infant-family programs.* Washington, D.C.: ZERO TO THREE

Excerpted from Parlakian, R. (2001). *Look, listen, and learn: Reflective supervision and relationship-based work.* Washington, D.C.: ZERO TO THREE

Feeney, Stephanie, & Chun, Robyn. (1985). *Effective teachers of young children.* Young Children, 41(1), 47–52.

Fenichel, Emily. (1992). *Learning Through Supervision and Mentorship to Support the Development of Infants, Toddlers, and Their Families: A*

Sourcebook. Washington, D.C.: ZERO TO THREE/National Center for Infants, Toddlers, and Families.

Fenichel, E., Griffin, A., & Lurie-Hurvitz, E. (1999). *Quality Care for Infants and Toddlers.* Washington D.C.: General Accounting Office, Health, Education and Human Services Division.

Gomby, DS. (2005). *Home Visitation in 2005: Outcomes for Children and Parents.* Committee for Economic Development. Retrieved from www.ced.org/projects/kids.shtml.

Gonzalez-Mena, J. (2008). *Diversity in Early Care and Education: Honoring Differences.* New York, NY: McGraw-Hill. 13-15, 34-39, 107.

Gonzalez-Mena, J. (2001). *Multicultural Issues in Child Care.* Mountain View, CA: Mayfield Publishing Company. 9, 33-42.

Gonzales-Mena, Janet and Dianne Widmeyer Eyer. (1980) *Infancy and Caregiving,* Palo Alto, California: Mayfield Publishing Co.

Guinan, Kathleen. (1998). *Crossway Community: Families Creating Communities.* ZERO TO THREE 19 (1): 36-39.

Guskey, Thomas R. (2000). *Evaluating professional development.* Thousand Oaks, CA: Corwin Press

Halle, T., Hair, M. N., Weinstein, D., Vick, J., Forry, N., Kinukawa, A. (2009). *Primary child care arrangements of U.S. infants: Patterns of utilization by poverty status, family structure, maternal work status, maternal work schedule, and child care assistance.* (OPRE 2009-17). Washington, D.C.: Office of planning, research, and development. Retrieved August 3, 2010 from http://www.researchconnections.org/files/childcare/pdf/OPREResearchBrief1Exec_FINAL.pdf

Hart, C.H.; Burts, D.C., and Charlesworth, R. (eds.). (1998). *Integrated Curriculum and Developmentally Appropriate Practice; Birth to Age Eight.* Albany, N.Y.: SUNY Press.

Harvard University Center on the Developing Child. InBrief: The Impact of Early Adversity on Children's Development. Retrieved from http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_the_impact_of_early_adversity/

Hoover-Dempsey, K., Walker, J., Sadler, H., Whetsel, D., Green, C., Wilkins, A., Closson, K., (2005). *Why Do Parents Become Involved? Research Findings and Implications.* The Elementary Journal. Volume

106, Number 2. Retrieved from http://www.vanderbilt.edu/peabody/family-school/papers/Hoover-Dempsey2005.pdf

Howard, K., & Brooks-Gunn, J. (2009). *The Role of Home Visiting Programs in Preventing Child Abuse and Neglect.* The Future of Children (19.2), 119-146. Volume 19, Number 2, 2009.

Illinois Early Childhood Collaboration. Retrieved from http://ilearly-childhoodcollab.org

Illinois State Board of Education. (2011). *Illinois Preschool For All Implementation Manual.* 20-21, 26-27,187-188, 200-201, 204, 206.

Illinois State Board of Education. (2011). *Request for Proposals (RFP): Prevention Initiative Birth to Age 3 Years: FY 2012.*

Illinois State Board of Education. The Policy of the Illinois State Board of Education. http://www.isbe.net/homeless/pdf/policy.pdf

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.

Jones, Elizabeth ed. (1993). *Growing Teachers: Partnerships in Staff Development.* Washington, D.C.: National Association for the Education of Young Children.

Keyser, J., (2006). From Parents to Partners: Building a Family-Centered Early Childhood Program. St. Paul, MN: Redleaf Press and NAEYC. 8.

King, R., & McMaster, J., (2000). *Pathways: A Primer for Family Literacy Program Design and Development.* Louisville, KY: National Center for Family Literacy.

Kitzman, H., & Cole, R., & Yoos, L., (1997). *Challenges Experienced by Home Visitors: A Qualitative Study of Program Implementation.* Journal of Community Psychology (25.1), 95-109.

Koralek, Derry G., Laura J. Colker, and Diane Trister Dodge. (1993). *The What, Why, and How of High-Quality Early Childhood Education: A Guide to On-Site Supervision.* Washington, D.C.: National Association for the Education of Young Children.

Korfmacher, J., Green, B., Staerkel, F., Peterson, C., Cook, G., Roggman, L., Faldowski, R., Schiffman, R. (2008). *Parent Involvement*

in Early Childhood Home Visiting. Child Youth Care Forum. Springer Science+Business Media, LLC 2008

Kostelnik, M. & Grady, M. (2009). *Getting It Right From the Start: The Principal's Guide to Early Childhood Education.* Thousand Oaks, CA: Sage Publications.

Lally, Ronald. (2000). I*nfants Have Their Own Curriculum: A Responsive Approach to Curriculum Planning for Infants and Toddlers.* Head Start Bulletin: Curriculum in Head Start, Issue # 67, March.

Lally, J. R., & Torres, Y., & Phelps, P., (1993). *Caring for Infants and Toddlers in Groups.* From a plenary presentation at ZERO TO THREE's 1993 National Training Institute in Washington, D.C..

Lester, S. & Russell, W. (2010). *Children's right to play: An examination of the importance of play in the lives of children worldwide.* Working Paper 57. The Hague, The Netherlands: Bernard van Leer Foundation.

Lucas, A., Gillaspy, 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/

Manter, M.A. (2002). *Designing a Career Development and Management System for Head Start. Professional Development: The Cornerstone for Trust and Empowerment.* Head Start Bulletin #72. Retrieved from http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/ Early%20Head%20Start/supervision/professional-development/prodev_ art_00005_060205.html

McClure, V., (2000). *Infant Massage: A Handbook for Loving Parents.* New York, NY: Bantam Books. 30.

McCormick Tribune Foundation. *Top Ten Things Every Child Needs for the Best Start in Life* Retrieved from http://www.first5scc.org/sites/ default/files/PDF/Top10ThingsChildrenNeed.pdf

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

Meisels, Samuel J. and Emily Fenichel. (1996) *New Visions for the Developmental Assessment of Infants and Young Children.* Washington, D.C.: ZERO TO THREE National Center for Infants, Toddlers, and Families.

Mulligan, G. M., Brimhall, D., and West, J. (2005). *Child care and early education arrangements of infants, toddlers, and preschoolers: 2001*. (NCES–039) U.S. Department of Education, National Center for Education Statistics. Washington, D.C.: U.S. Government printing office. Retrieved from http://nces.ed.gov/pubs2006/2006039.pdf

National Association for the Education of Young Children. (2009). *A position statement on Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8.* Retrieved from http://www.naeyc.org/files/naeyc/file/positions/PSDAP. pdf

National Association for the Education of Young Children, Copple, C. & Bredekamp, S. (eds.) (2009). *Developmentally Appropriate Practice in Early Childhood Programs: Serving Children from Birth to Age 8.* National Association of Young Children: Washington, D.C.

National Association for the Education of Young Children. (2011). *Code of Ethical Conduct.* Retrieved from http://www.naeyc.org

National Association for the Education of Young Children. *Welcome Children and Families to Your Classroom.* Retrieved from http://www. naeyc.org/files/tyc/file/11X_%20Welcome%20Children%20and%20 Families.pdf

National Association for the Education of Young Children, Bredekamp, S. & Copple, C. (eds.) (1997). *Developmentally Appropriate Practice in Early Childhood Programs,* revised edition. Washington, D.C.: National Association for the Education of Young Children.

National Association for the Education of Young Children, Copple, C. & Bredekamp, S., (eds.) (2009). *Developmentally Appropriate Practice in Early Childhood Programs: Serving Children from Birth to Age 8.* Washington, D.C.: National Association for the Education of Young Children.

National Center for Children in Poverty. (2008). *Improving the odds for young children: The research case for improving state early childhood policy* [PowerPoint presentation]. Retrieved from http://www.nccp. org/downloads/ResearchCaseSept08.pdf

The National Center on Homelessness (2011). The Characteristics and Needs of Families Experiencing Homelessness. http://www.family-homelessness.org/media/306.pdf

National Louis University. (2001). *Quality of work life for staff impacts the quality of services for children and families.* Retrieved from The Center for Early Childhood Leadership website http://mccormickcenter.nl.edu/

National Research Council and Institute of Medicine, Shonkoff, J., & Phillips, D. (eds.) (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Washington, D.C.: National Academy Press.

National Scientific Council on the Developing Child. (2012). T*he Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain: Working Paper 12.* Retrieved from http://www.developingchild.harvard.edu

Nemeth, K. (2012). *Basics of Supporting Dual Language Learners: An Introduction for Educators of Children Birth through Age 8.* Washington, D.C.: National Association for the Education of Young Children. 15-22.

Packer, S. (2000). *The effects of scarcity and abundance in early childhood settings.* Young Children (55) 5: 36-38.

Pfannenstiel, J., & Zigler, E. (2007). *Prekindergarten experiences, school readiness and early elementary achievement.* Unpublished report prepared for Parents as Teachers National Center. Retrieved from http://www.parentsasteachers.org/images/stories/documents/Executive20Summary_of_K_Readiness.pdf

Powell, C. & Grantham-McGregor, S., (1998). *Home Visiting of Varying Frequency and Child Development.* Pediatrics (4), 157-164.

Roggman, L., & Boyce, L., & Innocenti, M. (2008). *Developmental Parenting; A Guide for Early Childhood Practitioners.* Baltimore, MD: Paul H Brookes Publishing Co. 2, 9-21.

Rogoff, B. (2003). *The Cultural Nature of Human Development.* Oxford, NY: Oxford University Press. 3.

Sandall, Susan, Mary E. McLean, and Barbara J. Smith. (2000). DEC *Recommended Practices in Early Intervention/Early Childhood Special Education.* Longmont, CO: Sopris West.

Schickendanz, J. & Collins, M. (2013). *So Much More Than the ABCs: The Early Phases of Reading and Writing.* Washington, D.C.: National Association for the Education of Young Children.

Strengthening Families Illinois. *Learning and Growing Together: Our Commitment to Families.* Retrieved from http://www.strengthening-familiesillinois.org/mirror/downloads/SFI_Commitment_Poster1.pdf

Strengthening Families Illinois. "*You're Welcome*": *Parent Leaders Speak Out on What It Takes to Promote Real Parent Engagement.* Retrieved from http://www.strengtheningfamiliesillinois.org/mirror/downloads/Youre_Welcome_web1.pdf

Swick, Kevin J., Gloria Boutte, and Irma van Scoy. (1994). *Multicultural Learning through Family Involvement.* Dimensions 22 (4 Summer): 17-21.

United States Department of Health and Human Services. (1996). *Head Start Program Performance Standards and Other Regulations.* Department of Health and Human Services, Washington, D.C. Retrieved from http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1304

Washington, V., & Andrews, J. D. (2010). *Children of 2020: Creating a Better Tomorrow.* Washington, D.C.: Council for Professional Recognition. Chapter citation: Chang, H. (2010). Two Generational Approach. 24-27.

W.K. Kellogg Foundation. (2004). *Logic Model Development Guide.* W.K. Kellogg Foundation. Retrieved from http://www.wkkf.org/knowl-edge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx

ZERO TO THREE. (2007). *Characteristics of Early Childhood System Building Initiatives in Communities: A Summary of the Scan of Thirty-Two Local Early Childhood Initiatives Conducted by ZERO TO THREE.* Retrieved from http://main.zerotothree.org/site/DocServer/BM_commu-nityscan_5_14_07.pdf?docID=3261

ZERO TO THREE. *Developing a Statewide Network of Infant and Toddler Specialists: Technical Assistance Manual for States and Territories.* Retrieved date from http://www.zerotothree.org/public-pol-icy/state-community-policy/nitcci/developing-a-statewide-network-of-in-fant-and-toddler-specialists.pdf

Zigler, E., Singer, D., & Bishop-Josef, S., (eds.). (2004). *Children's Play: The Roots of Reading.* Washington, D.C.: ZERO TO THREE Press. Chapter citation: Thompson, R., (2001). *Development in the first years of life.* In E. Zigler, D. Singer, & S. Bishop-Josef (eds.). *Children's Play: The roots of Reading.* 15-31. Washington, D.C.: ZERO TO THREE Press.

APPENDIX I
Resources

1. American Academy of Pediatrics http://www.aap.org

2. American Speech-Language Association http://www.asha.org

3. Baby TALK http://www.babytalk.org

4. Caring for Our Children-National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs http://nrckids.org/CFOC3/

5. Center for Early Childhood Leadership, National Louis University http://www2.nl.edu/twal/contactus.htm

6. Center on the Social and Emotional Foundations for Early Learning http://csefel.vanderbilt.edu/index.html

7. Chicago Public Schools Early Childhood Programs http://www.cps.edu/schools/earlychildhood/Pages/EarlyChildhood.aspx

8. Child Abuse and Neglect Reporting http://www.state.il.us/dcfs/index.shtml

9. Child Abuse and Neglect Training https://mr.dcfstraining.org/UserAuth/Login!loginPage.action

10. Child and Family Connections http://www.wiu.edu/ProviderConnections/links/CFCList.html

11. Child Welfare Information Gateway http://www.childwelfare.gov/

12. Department of Health and Human Services Center for Disease Control and Prevention http://www.cdc.gov

13. Early Head Start National Resource Center http://www.ehsnrc.org/Activities/BirthToThreeInstitute.htm

14. Erikson Institute http://www.erikson.edu/

15. Family Literacy http://www.famlit.org/

16. Family Transition Workbook, "When I'm Three, Where Will I Be?" http://www.isbe.net/earlychi/pdf/transition_workbook.pdf

17. Hard to Reach Families http://www.isbe.net/earlychi/pdf/engaging_families_toolkit.pdf

18. Harvard Center on the Developing Child http://developingchild.harvard.edu

19. Head Start http://eclkc.ohs.acf.hhs.gov/hslc

20. Healthy Families America http://www.healthyfamiliesamerica.org

21. Homeless http://www.isbe.net/homeless/default.htm

    http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/Family%20and%20Community%20Partnerships/Crisis%20Support/Homelessness/hmls/welcome.html

    http://www.naehcy.org, http://www.hhs.gov/homeless/resources/index.html#ResourcesforPersonsExperiencingHomelessness

    http://www.nrchmi.samhsa.gov

    http://www.hudhre.info

    http://www.zerotothree.org/about-us/funded-projects/strengthening-at-risk-and-homeless-young-mothers-and-families/strength_ebp122111.pdf

    http://www.familyhomelessness.org/media/306.pdf

22. Illinois Department of Children and Family Services http://www.state.il.us/dcfs/daycare/index.shtml

23. Illinois Department of Children and Family Services Administrative Code http://www.ilga.gov/commission/jcar/admin-code/089/089parts.html

24. Illinois Department of Human Services Early Intervention http://www.dhs.state.il.us/page.aspx?item=31183

25. Illinois Department of Public Health http://www.idph.state.il.us

26. Illinois Early Childhood Asset map http://iecam.crc.uiuc.edu/

27. Illinois Early Childhood Block Grant Administrative Rules, Part 235 http://www.isbe.net/rules/archive/pdfs/235ARK.pdf

28. Illinois Early Intervention Clearinghouse http://eic.crc.uiuc.edu

29. Illinois Early Learning Guidelines for Children Birth to Age 3 http://www.isbe.net/earlychi/pdf/el-guidelines-0-3.pdf

30. Illinois Early Learning Project http://www.illinoisearlylearning.org/

31. Illinois Head Start Association http://ilheadstart.org/

32. Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) http://www.inccrra.org/

33. Illinois Prevention Initiative Toolkit http://www.isbe.net/earlychi/pdf/ec_0-3_resource_toolkit.pdf

34. Illinois Resource Center, Early Childhood Professional Development http://ec.thecenterweb.org/site/

35. Illinois Safe Haven Law http://www.saveabandonedbabies.org/resources/illinois-safe-haven-law/index.html

36. Illinois StarNet Regions http://www.isbe.net/earlychi/html/professional_develop.htm

37. Illinois State Board of Education early childhood website http://www.isbe.net/earlychi.

38. Illinois State Board of Education Prevention Initiative Implementation Manual http://www.isbe.net/earlychi/html/birth-3.htm

39. Illinois State Collaboration Office http://www.ilearlychildhoodcollab.org

40. Immunizations http://www.idph.state.il.us/about/shots.htm

41. InfantSEE http://www.infantsee.org/

42. ISBE Required Reporting http://www.isbe.net/research/htmls/pfa_prev_init.htm

43. Maternal and Child Health http://mchb.hrsa.gov/ and also at http://www.ilmaternal.org/

44. McCormick Foundation http://www.mccormickfoundation.org/

45. 4NAEYC: National Association for Education of Young Children http://www.naeyc.org/

46. National Center for Children in Poverty http://www.nccp.org/downloads/ResearchCaseSept08.pdf

47. Nutrition, Choose My Plate http://www.choosemyplate.gov

48. Office of Special Education Programs (OSEP) http://www2.ed.gov/about/offices/list/osers/osep/index.html?src=mr

49. Ounce of Prevention Training Center http://pi.opftrainingcenter.org/ets/welcome.aspx

50. Outreach and Recruitment Toolkit http://www.isbe.net/earlychi/preschool/default.htm

51. Parent Involvement Matters http://www.parentinvolvementmatters.org

52. Parents as Teachers http://www.parentsasteachers.org/

53. Resource Toolkit for Programs Serving Infants, Toddlers and Their Families http://www.isbe.net/earlychi/pdf/ec_0-3_resource_toolkit.pdf

54. Screening Tools

    Ages & Stages Questionnaire, www.brookespublishing.com

    Battelle Developmental Inventory, www.riverpub.com

    Brigance Screens, www.curriculumassociates.com

55. Special Needs Resources http://ectacenter.org/

56. Strengthening Families Illinois http://www.strengtheningfamiliesillinois.org

57. Technology and Children http://www.naeyc.org/files/naeyc/file/positions/PS_technology_WEB2.pdf

58. Transition http://www.isbe.net/earlychi/pdf/transition_workbook.pdf

59. Transportation
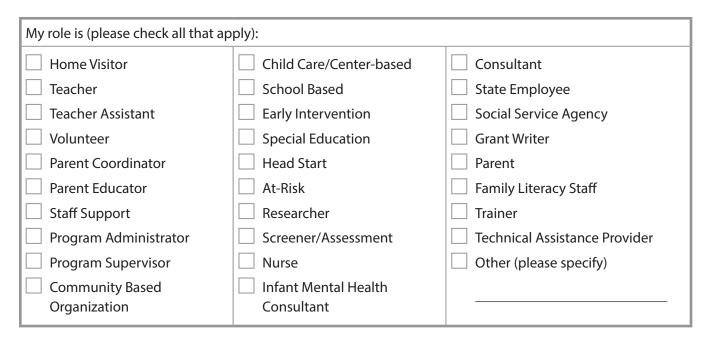
    http://www.isbe.net/funding/pdf/prek_transport.pdf

    http://www.nasdpts.org/Programs/Preschool.html

    http://www.isbe.net/funding/pdf/transport_prek.pdf

    http://www.isbe.net/funding/pdf/bus_safety_parents.pdf

    http://www.nsc.org/news_resources/Resources/Documents/School_Bus_Safety_Infants_Toddlers_and_Pre-schoolers.pdf

60. Student Information System http://www.isbe.net/sis

61. University of Illinois Extension http://web.extension.illinois.edu/state/index.html

62. WIC (Women Infants and Children) http://www.dhs.state.il.us/page.aspx?item=30513

63. W.K. Kellogg Foundation Logic Model Development Guide http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx

64. ZERO TO THREE: National Center for Infants, Toddlers and Families http://www.zerotothree.org

APPENDIX J
Manual Evaluation

The Illinois State Board of Education values your opinion. Please take a moment to complete the following evaluation regarding the content of this manual. When completed, please fax to (217) 785-7849.

My role is (please check all that apply):

☐ Home Visitor	☐ Child Care/Center-based	☐ Consultant
☐ Teacher	☐ School Based	☐ State Employee
☐ Teacher Assistant	☐ Early Intervention	☐ Social Service Agency
☐ Volunteer	☐ Special Education	☐ Grant Writer
☐ Parent Coordinator	☐ Head Start	☐ Parent
☐ Parent Educator	☐ At-Risk	☐ Family Literacy Staff
☐ Staff Support	☐ Researcher	☐ Trainer
☐ Program Administrator	☐ Screener/Assessment	☐ Technical Assistance Provider
☐ Program Supervisor	☐ Nurse	☐ Other (please specify)
☐ Community Based Organization	☐ Infant Mental Health Consultant	_____

1. I found the manual to be useful because:

2. Two examples of the way I used this manual are:

3. One new piece of information I learned by reading this manual is:

4. I was unable to find the answers to some of my questions in this manual. These are my questions:

5. Changes to content I would suggest for the next update of this manual are:

6. Changes to the format I would suggest for the next update of this manual are:

Please fax to the Illinois State Board of Education Early Childhood office at (217) 785-7849. You may also email comments to earlychi@isbe.net.