I. Organization

Mission, Values, Logic Model

Illinois Birth to Five Program Standard I.A.

All birth to five programs must have a mission, vision, or purpose statement based on shared beliefs and goals.

A mission statement defines the values, principles, purposes, and goals of a program. It should reflect a commitment to the Illinois State Board of Education Birth to Five Program Standards. A primary goal of a birth to five program is to ensure that every child starts school ready to succeed and eager to learn, and this goal should be reflected in the mission statement. The mission statement is the basis for all decision-making. It is reviewed annually to incorporate the results of program assessment and current research.

Quality Indicator I.A.1.

A mission statement based on shared beliefs is developed cooperatively by parents, staff members, families, and community representatives and is reviewed annually.

Programs will develop a well-articulated mission statement to guide operation toward program excellence. A mission statement will communicate the reason or purpose for being and how the program will serve the community. Mission statements are an important part of a program because they offer a single point of shared understanding regarding the vision, purpose, and goals of each individual program. The value gained from having a mission statement is that it promotes clarity internally for all staff and leadership and then externally for families being served and other stakeholders.

In quality early childhood services the program views children within the context of their families and culture and seeks to provide services through collaborations with other community organizations and groups. The Prevention Initiative RFP states "A mission statement is developed by parents, families, staff members, and community representatives based on shared beliefs." Programs with a commitment to partnering and collaborating with families and community, regional, and state agencies/organizations can provide the opportunity for comprehensive wraparound services and seamless transitions to more effectively serve families. Reflecting commitment to collaboration efforts in the mission statement will exemplify the program's promise to provide quality programming and community collaboration. Identifying and recruiting members from program families and community agencies to assist in the development of the program mission statement may provide insight into how to foster those relationships.

All decisions made within the program should reflect the essence of the mission statement, including but not limited to allocating resources, establishing values, and setting program goals. A program's mission statement should reflect a commitment to the Illinois State Board of Education Birth to Five Program Standards and ensure every child starts school ready to succeed and eager to learn.

The following components are important when creating and finalizing a mission statement:

- Explain
  - Who you are;
  - What you stand for;
  - What you do; and
  - Why you do it.
- Document the nature and extent of the commitment to the Illinois Birth to Three Program Standards.
- Allow time for input and final editing but keep the process moving.
- Establish trust and ownership in a shared vision while using conflict and differences of opinion constructively.
- Include input from all members of the organization and its stakeholders including families, community members, other agencies and programs.
- Examine other mission statements as a resource.
- Use simple, direct, and powerful statements.
- Strive for an original statement that portrays your program and states your priorities in three or four sentences for a total of about 150 words.
- Use your mission statement to supplement and enhance a variety of program activities including public awareness, child find, and marketing efforts.

The mission statement guides the program and is the basis for making decisions as well as establishing values and setting goals. The following process may be used by programs to develop mission statements.

Step One – Gather a Team

A program's mission statement will be based on shared beliefs developed cooperatively by staff, program board members (if applicable), parents, and other stakeholders in the community. Programs can begin the process of developing a mission statement by inviting program staff, families, board members, and volunteers, etc. to join in a conversation clarifying the purpose, mission, vision, and philosophy of the program. When staff, families, and other community members with a vested interest in the program are invited to participate, the mission becomes personal and clearer to each person involved. If a mission statement has already been developed it should be re-evaluated annually with a similar group of people and revised as needed to reflect current research and incorporate the last program assessment information.

Step Two – Reflect
Discuss the following questions when developing or re-evaluating a mission statement:

- How and why did this program begin?
- What services do we offer now?
- In what direction is our program growing?
- What is special and valued about our program?
- What services and opportunities are offered to others?
- How do we interface with the community? Referrals? Relationships? Etc.
- How do we want to introduce our program to others for the first time?
- Is our mission statement true to our focus?
- Are all voices represented in our mission statement?
- What do we want to accomplish as a result of our efforts?
- How do we plan to accomplish these goals?
- For whose benefit does our organization exist?

Collect and document in writing all ideas from all participants on chart paper. Focus on the idea of a mission statement and review responses from participants and rank in order of importance.

Step Three – Write and Evaluate
Draft a short paragraph that synthesizes the overall, long-term aim of the program. This will serve as the first draft of the mission statement. Evaluate the mission statement against the following criteria:

- The statement reflects who you are, what you stand for, what you do and why you do it.
- The statement reflects commitment to the Illinois State Board of Education Birth to Five Standards.
- The statement reflects commitment to ensuring every child starts school ready to succeed.
- The statement is original, portrays the program accurately, and states the program priorities in three or four sentences for a total of approximately 150 words.
- The statement is realistic.
- The statement is clear and concise.
- The statement demonstrates a commitment to serving the public good.
- The statement is powerful.

Make changes as needed. The process of creating a mission statement needs to establish trust and ownership in a shared vision while using conflict and differences of opinion constructively. This process may be done in one meeting or over the course of several meetings. Allow time for feedback and editing but keep the process moving.

Step Four – Solicit Feedback and Revise

Invite people from the community, outside the PI program, to review the mission statement and provide feedback. It would be helpful to include at least one person who is not familiar with your agency/program. Reflect on the mission statement and make sure the beliefs are consistent with those of the Illinois State Board of Education and your local community. Make changes based on feedback and resubmit to original committee for revision and approval. Repeat as many times as needed to come up with a finished product.

Step Five – Share

A program mission statement is meant to be utilized and shared as the services offered are relevant and significant to the families, children, and community served. A copy needs to be posted and available via appropriate media including the agency website. Use the program mission statement to supplement and enhance a variety of program activities including public awareness, recruitment, and child find efforts. All staff members need to have a thorough understanding of the mission statement and be able to express the fundamental ideas. Therefore, include the mission statement in discussions at staff meetings, ask staff to review the mission statement with families being served, and make sure the essence of the mission statement is reflected in all decisions made by all program staff.

ADDITIONAL IDEAS AND RESOURCES

- Review additional materials related to writing mission statements and conduct an Internet word search. Possible examples include strategic planning, small business management, etc.
- Explore the writings and materials of consultants such as Stephen R. Covey, Stan Hutton, Jack Deal, Dr. Tim Nolan, and Organizational Research Associates, who are but a few who recommend the development of a mission statement by organizations.
- Identify and locate a program similar to your own that has developed a mission statement, and use the program as a resource to develop your own mission statement.
- Explore the possibility of a retreat or retreat atmosphere for annual program planning that could include the tasks of writing or reviewing the mission statement as part of the agenda.

REFERENCES

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

Quality Indicator I.A.2.

The mission statement and beliefs are consistent with those of the community.

In quality programming for infants and toddlers and their families, the focus is not just on the child, but extends to the family in the form of partnerships. The child's progress and development are influenced by the circumstances that exist in the home and community. The program staff should be knowledgeable about local and regional agencies and other programs concerned with supporting the children and families. All involved in providing services to help meet the child's as well as family's needs will be more successful if they work together. There are three considerations that underscore the importance of this collaboration and coordination:

- Families have a variety of changing needs that require broader consideration rather than isolated areas of consideration that one program can provide.
- Continuity of programming brings about significant dividends for children and families. Clear links between facilities, local agencies, and programs result in improved achievements of children.
- The general development and progress of young children will be far more productive when there is collaboration among public and private agencies, civic organizations, concerned businesses, and legislative bodies.

Quality early education and care programs view children in the context of the family and culture, and seek to provide comprehensive services, working with other entities in the community. Families are linked with a range of services based on identified priorities, resources, and concerns. Consider including community agency representatives in program planning and development, including the mission statement.

Consider the following strategies to build collaboration:

- Know the community and select key entities to begin building trust relationships through ongoing communication.
- Identify and recruit members of the community who may be participants in the mission development process.
- Gather materials from the community as well as sharing your program materials to foster knowledge of each other and the services provided.

ADDITIONAL IDEAS AND RESOURCES

- Deepen your understanding of adult group dynamics.
- Explore team development and its principles.
- Study the process of consensus building.
- Become familiar with the mediation process and its strategies and when it might be used to assist with consensus building in difficult situations.
- Seek out a program close to yours that has had success in building participation of community entities.
- Become active in the community in order to deepen your knowledge of available resources.

Quality Indicator I.A.3.

The essence of the mission statement is reflected in all decisions, and a copy is posted and available.

The mission statement should be the foundation upon which decisions are made. It is a fluid document and changes as the program priorities change. A plan with strategies for exposure, awareness, and marketing should be developed with input from individuals within the program and the community.

The following strategies for sharing the mission could be considered:

- Post an attractive, readable copy of the program's mission statement, perhaps a poster, wherever persons enter the building or near the section of the building where the program is located.
- Incorporate the mission statement in the text of brochures, handbooks, newsletters, notices, etc. used by the program.
- Display a readable copy of the mission statement in all rooms and locations where meetings concerning the program and its services are held.
- Consider the mission statement in all decisions that will impact the program.
- Encourage staff to describe and share the mission statement, preferably in 50 words or less.
- Include the mission statement in all recruitment materials.
- Provide all members of your staff and organization with a copy of the mission statement, and include it in discussions at staff meetings.
- Provide a copy of your mission statement to all clients, customers, and stakeholders.

ADDITIONAL IDEAS AND RESOURCES

- Work with the community to sponsor an innovative marketing or public awareness idea.
- Approach community, county, and state officials for their support.
- Explore the Internet to identify additional public awareness and recruitment ideas.
- Identify any known celebrities who may be interested in promoting your program and its mission.
- Be aware of new ideas and strategies that are part of the business world regarding public awareness, recruitment, and mission statement development.

Quality Indicator I.A.4.

The values of the program are based on the shared beliefs outlined in the mission statement and are developed cooperatively to explain the program approach to delivering services.

Values are enduring beliefs or concepts that relate to desirable behavior or results. Shared values underline the motivation and drive that determine why organizations do what they do. Values are a key foundational element to the development of a program. You don't set or establish core values; you discover them. Effective organizations identify and develop clear, concise values grounded in shared beliefs. These values set the tone for the priorities and the direction of the program so that everyone understands and can contribute. Programs will develop one to five value statements that explain the program approach to delivering services. Use the steps provided in Quality Indicator I.A.1. to develop a set of values statements for the program by addressing the following questions:

- What are the core values and beliefs of our program?
- What values and beliefs guide our daily interactions?
- What are we really committed to?
- The organization seeks to…
- The organization gives…
- The organization is…
- The organization respects…
- The organization has…
- The organization speaks out when…
- The organization believes in…
- The organization seeks to empower…
- The organization endeavors to…
- The organization is nonjudgmental…
- The organization is driven by…
- The organization believes in opening up opportunities and possibilities for…
- The organization believes in helping people in communities to…

Once defined, values impact every aspect of the program.

- Program administrators explain the program values and will hire and promote individuals whose beliefs and actions are congruent with them.
- The values guide every decision that is made within the program.
- Program administrators will acknowledge staff who demonstrate the program values.
- Rewards and recognition within the program are structured to recognize staff whose work embodies the values.
- The values help staff establish priorities in their daily work life.
- Program staff demonstrate the values in action in their personal work behaviors, decision making, contribution, and interpersonal interaction.

ADDITIONAL IDEAS AND RESOURCES

- Review books and journals on developing organizational values.
- Conduct an Internet search to add information and resources to the program files.

Quality Indicator I.A.5.

The program goals stem from the Illinois Birth to Five Program Standards. These goals are developed by leadership, staff, parents, and other stakeholders, and serve as the basis for all planning and program development.

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

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

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

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

Goal statements should:

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

Well-developed goals help:

- Maintain focus and perspective;
- Establish Priorities;
- Lead to greater job satisfaction; and
- Improve employee performance.

Goals are most effective when:

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

Prevention Initiative goals are successful when:

- Goals are based on the Illinois Birth to Five Standards;
- Goals address program components outlined by the Prevention Initiative Request for Proposal and chosen Program Model;
- Goals address information identified by a self-assessment process;
- Goals establish outcomes necessary to accomplishing the mission of the program; and
- Goals are developed collaboratively by program administration and staff.

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

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

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

ADDITIONAL IDEAS AND RESOURCES

- Attend a goal-setting/development seminar.
- Review books and journals on goal setting.
- Conduct an Internet search to add information and resources to the program files.

Quality Indicator I.A.6.

The mission statement, values, and goals reflect the Illinois Birth to Five Standards and are articulated in a logic model that is reviewed and updated annually and will be used for continuous program improvement.

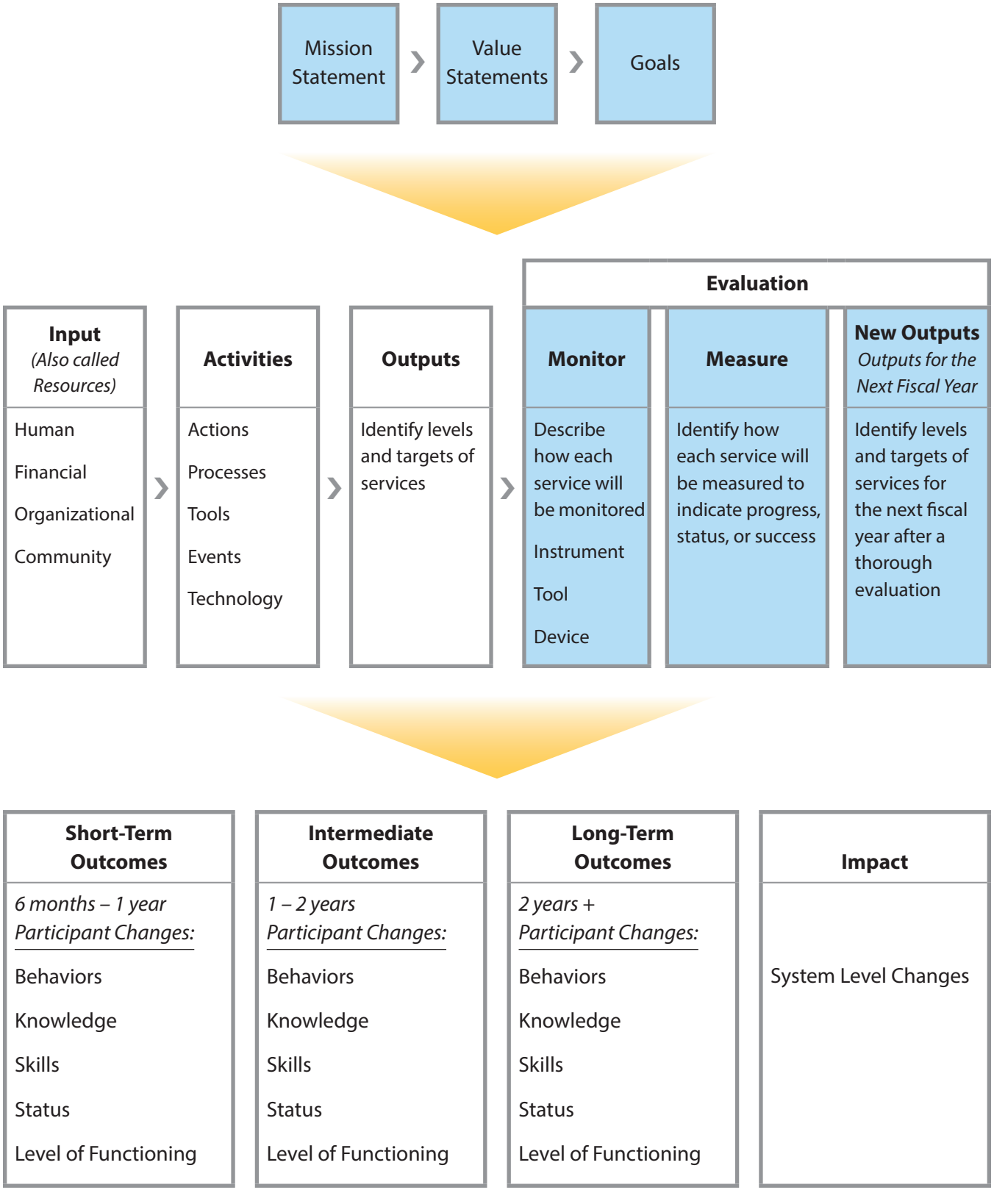
Programs will set up a logic model that is uniquely created for their individual program. The W.K. Kellogg Foundation defines a logic model as "a systematic and visual way to present and share your understanding of the relationships among the resources you have to operate your program, the activities you plan, and the changes or results you hope to achieve." Utilizing the logic model as an evaluation tool can provide a system for documenting outcomes, provide learning opportunities, and create mutual understanding of what is working and why.

A logic model is a tool that can be used for program planning, evaluation, and continuous program improvement. The logic model illustrated below is a combination of the W.K. Kellogg Foundation Logic Model and suggestions/additions from ISBE. Programs will design their own logic model (programs are not required to use this example). Each program will create a unique logic model using the resource of their choice. Programs can be creative when illustrating the relationship among the mission, values, goals, inputs, activities, outcomes, and impact.

A basic example of a Prevention Initiative Logic Model
(not required)

White boxes = W.K. Kellogg Foundation Logic Model Recommendations

Blue boxes = ISBE Logic Model Suggestions



The purpose of a logic model is to provide all stakeholders with a roadmap of program services and desired results. Programs can utilize the logic model process for evaluation of the program services by using great detail when connecting program resources and activities to desired results. Each component of this logic model is defined below.

1. **Inputs:** "Human, financial, organizational, and community resources a program has available to direct toward doing the work." Sometimes this component is referred to as resources. (W.K. Kellogg Foundation)
2. **Program Activities:** "What the program does with the resources. **Activities** are the processes, tools, events, technology, and actions that are an intentional part of the program implementation. These interventions are used to bring about the intended program changes or results." (W.K. Kellogg Foundation)
3. **Outputs:** Direct results of "program activities and may include types, levels and targets of services to be delivered by the program." (W.K. Kellogg Foundation)
4. **Monitor:** Instrument, tool, or device used for observing, checking, or keeping continuous record of a process or quantity. This may be a researched-based tool or a program-created instrument. (ISBE logic model suggestion)
5. **Measure:** Define parameters that indicate progress, status, or success. (ISBE logic model suggestion)
6. **New Outputs:** Direct results of program activities and may include types, levels and targets of services to be delivered by the program for the next fiscal year. (ISBE logic model suggestion)
7. **Outcomes:** "Specific changes in program participants' behavior, knowledge, skills, status and level of functioning." (W.K. Kellogg Foundation)
8. **Impact:** "Fundamental intended or unintended change occurring in organizations, communities or systems as a result of program activities" over time. This can be measured annually over a long period of time (7–10 years). The W.K. Kellogg Foundation suggests programs strive to make systemic changes that will impact a community over a long period of time. (W.K. Kellogg Foundation)

(Logic Model Adapted from the W.K. Kellogg Foundation Logic Model Development Guide)

A logic model can be an effective way to ensure program success by organizing and systemizing program information, services, management, and evaluation functions. A logic model:

1. Serves as a planning tool to develop program strategy and illustrate it in a clear and meaningful way.
2. Provides the focused management plan that helps identify and collect the data needed to monitor and improve programming.
3. Presents program information and progress toward goals in ways that can inform, advocate, and teach.

Programs will use the unique logic model developed for their specific program to perform an annual evaluation of the program. The information gathered during this self-assessment will be used for continuous program improvement to enhance the services to children and families and to revise the logic model for the next program year. The logic model developed by program staff should reflect all components of the Prevention Initiative RFP and all the components of the program model.

The Logic Model as an Evaluation Tool

The logic model is an important tool in the process of continuous quality improvement. Once a program is able to assess its outcomes, it can then establish which outputs require more attention and resources, set new goals if current outputs are met, or adjust outputs in response to changes in programming or the community.

Below is an **example** of activities and outputs. Monitoring and evaluation reveal that some desired goals are not being met and some are (in this **example**). A program may then establish New Outputs based on the evaluation. A measure that is not being met may require further review to problem solve barriers to that outcome or to reassess expectations (see **4.** and **5.** below). An outcome's meeting or exceeding expectations may result in setting new measures for that outcome moving forward (see **3.** below) Of course, some outputs will remain the same (see **1.** and **2.** 0).

Example:

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

The cycle continues in the next fiscal year.

ADDITIONAL IDEAS AND RESOURCES

- The US Department of Health and Human Services/Child Welfare Information Gateway offers a website called **Logic Model Builders** designed to provide guidance in developing a logic model. Retrieved from http://www.childwelfare.gov/management/effectiveness/logic_model.cfm
- Other useful websites:

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

  University of Kansas. (2012). The Community Tool Box, Community Tool Box: Bringing Solutions to Light Online. Retrieved from http://ctb.ku.edu/en/tablecontents/sub_section_main_1877.aspx

  McCawley, P. (n.d.). The Logic Model for Program and Planning Evaluation. University of Idaho Extension. Retrieved from http://www.uiweb.uidaho.edu/extension/LogicModel.pdf
- Illinois Prevention Initiative Birth to Three Program Evaluation, retrieved from http://www.isbe.net/earlychi/preschool/pfa-report/pi-0-3/pi-eval-summary-rpt.pdf

  Fact Sheet: Home Visitor Characteristics and Quality, retrieved from http://www.isbe.net/earlychi/preschool/pfa-report/pi-0-3/fact-sheet-home-visitor.pdf

  Fact Sheet: Program Quality, retrieved from http://www.isbe.net/earlychi/preschool/pfa-report/pi-0-3/fact-sheet-prog-quality.pdf

REFERENCES

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

{"If you don't know where you're going, you will probably end up somewhere else."}

— Laurence Johnston Peter

Scheduling Practices and Intensity of Services

Illinois Birth to Five Program Standard I.B.

Scheduling practices and intensity of services are tailored to the goals of the program and to the individual strengths and needs of children birth to five and their families.

Scheduling practices must take into consideration the developmental needs of pregnant women, infants, toddlers, and preschoolers as well as the preferences and needs of their families and the community. Flexibility within the organization allows for the provision of a variety of services to families at times and in places convenient for them. Ongoing recruitment of families for the program, both pregnant women and families with children birth to three, is essential.

Quality Indicator I.B.1.

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

Recruitment

Since the Prevention Initiative program is year-round, the recruitment process should be on-going as children will age out of the program. Programs should have a viable waiting list of eligible children/pregnant women in case a family moves or withdraws, or an enrolled child turns three years of age, leaving an opening for another family to be served by their program model.

Flyers may be sent home with children enrolled in elementary school and be posted throughout the community, handed out in church bulletins, and placed in the local newspapers. This process should include the local Head Start agency and all area early childhood and Early Intervention programs. Posters could be displayed at local health departments, WIC agencies, libraries, post offices, hospitals, and local businesses such as laundromats, grocery stores, and doctors' offices. Home visit specialists could be notified through local intermediate school districts and community mental health agencies.

Additional ideas might include the following activities:

- Conducting a door-to-door census.
- Advertising at area fairs and festivals.
- Setting up a display at a local school's open house, church, child care etc.
- Making information available at library story hours.

Programs should have surveyed their communities to determine where in the community is the most need for services. The need is based on current statistical, demographic, or descriptive information regarding the community in which the children and families reside.

Center-based recruitment information should fully describe the Prevention Initiative program so there are no misconceptions by parents and guardians. Center-based Prevention Initiative programs include a strong parent-involvement component that stresses family engagement with the program. This may include several home visits

and/or parent conferences during the year, parent visits to the center, parent group meetings and educational experiences, field trips, and many more parent-involvement activities. All of these parent-involvement components will ensure a successful early care and education experience for the center-based family.

ISBE Resource on Outreach
Retrieved from http://www.isbe.net/earlychi/preschool/outreach_toolkit.pdf

ISBE Resource on Hard to Reach Families
Retrieved from http://www.isbe.net/earlychi/pdf/engaging_families_toolkit.pdf

Remember, Prevention Initiative programs are year-round; therefore, enrollment is year-round. As one child or family exits, another should be enrolled.

Screening

In order to identify Illinois' children and families most in need, a screening must be conducted to determine their need for services. Screenings are to be conducted on a community-wide basis and developed and implemented with cooperation among programs serving young children operating in the area to be served (e.g., public schools, licensed child care providers, special education cooperatives, Early Head Start, Child and Family Connections, and Child Find).

A screening is a short-administered tool or checklist that identifies children needing further assessment/evaluation or identifies participants for a given program. **Prevention Initiative programs must use a research-based instrument.**

Examples of Research-Based Screening Instruments

- Ages & Stages Questionnaire, retrieved from www.brookespublishing.com
- Battelle Developmental Inventory, retrieved from www.riverpub.com
- Brigance Screens, retrieved from www.curriculumassociates.com

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 such as described in the first bullet below. When children older than four months of age are being enrolled, their developmental status as described in the second bullet below should be an additional factor considered to determine eligibility.

Comprehensive screening procedures must include:

- a parent interview (to be conducted in the parents' home/native language, if necessary) that is designed to obtain a summary 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 (See Sample Parent Interview forms in Appendix C);
- criteria to assess environmental, economic, and demographic information that indicates a likelihood that the children would be at risk and, for children age 4 months or older, criteria to determine at what point performance on an approved screening instrument (a published, research-based instrument that addresses all areas of the child's development, including social-emotional development) indicates that children would be at risk of academic failure;
- screening instruments and activities that relate to and measure the child's development in these specific areas (as appropriate for the age of the child): vocabulary, visual-motor integration, language and speech development, English proficiency, fine and gross motor skills, social skills, and cognitive development;
- written parental permission for the screening of the child (See Sample Parent Permission forms in Appendix C);
- when possible, the inclusion of program staff in the screening process; and
- a provision for sharing the results of the screening with program staff and with the parents of the children screened.

Eligibility Criteria

Eligibility requirements are based on local need to identify pregnant women at risk and/or children at risk of academic failure. At-risk children are those who, because of their home and community environment, are subject to such language, cultural, economic, and like disadvantages as to be at risk of academic failure. A disproportionate share of all children considered to be at risk come from low-income families, including low-income working families, homeless families, families where English is not the primary language spoken in the home, or families where one or both parents are teenagers or have not completed high school. However, neither a child's membership in a certain group nor a child's family situation should determine whether that child is at risk.

Eligibility criteria must be established for Prevention Initiative programs to enroll pregnant families and children who are most at risk. Programs will need to develop criteria and indicators to use for determining which families to enroll first. These criteria should be weighted. This means that some criteria, as determined by the program based on the community's risk factors, are given more weight or more points than other criteria. For instance, programs may determine that a homeless family or a foster child may be automatically eligible for their services. Some risk factors may be given one point, and other factors, two or three points each.

Prevention Initiative programs should include what research has shown are effective eligibility practices as follows:

- The at-risk factors to determine eligibility are agreed upon by all partners.
- The at-risk factors used for program eligibility are based upon the risk factors present in the community.
- 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.

See Weighted Criteria Compliance and Sample Eligibility forms in Appendix C.

Residency

All families who participate in a state-funded Illinois Prevention Initiative grant program must live in Illinois; they must be eligible to attend Illinois public schools. This includes migrant children during the time they are living in Illinois. Families who live in bordering states, even if the parents/guardians work in Illinois, are not eligible for an Illinois program.

Age

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. Transition services for a child need to begin at 30 months (2½ years). As a result, a child should be ready to be exited from the Prevention Initiative Birth to Three program at the age of three years and transitioned into a program serving children 3–5-years-old. If there is not a program for the child to transition into, the Prevention Initiative

program may continue to serve the child/family until the end of the program's fiscal year (June 30).

Toilet Training

A program's eligibility criteria may not discriminate against children who are not toilet trained.

Fees

Programs must NOT charge fees for parents' program participation. In addition, parents who participate in the parental training component of the program may be eligible for reimbursement of any reasonable transportation and child care costs associated with their participation in this component.

Homeless

The McKinney-Vento Homeless Assistance Act and the Illinois Education for Homeless Children Act require that school admission be handled sensitively and in a child- and family-centered manner. The goal is to minimize any educational disruption and to promote and provide social-emotional support to the children and families involved.

Home Language Survey

Although Prevention Initiative programs are not required to complete a Home Language Survey for each child enrolled, it would be Best Practice for PI programs to complete this survey. Programs will want to know the home languages of their families. Very likely, families in which English is not their primary language may have received eligibility points for this on the PI program's weighted eligibility criteria. Following are links to additional staff resources for bilingual and English Language Learning families. Retrieved from

http://illinoisearlylearning.org/tipsheets/bilingual.htm

http://www.isbe.net/earlychi/preschool/preschool_ell.htm

ADDITIONAL IDEAS AND RESOURCES

- Look at a variety of screening instruments in depth.
- Develop keen observation skills.
- Explore strategies for documenting observations.
- Take classes or attend workshops focused on infant/toddler developmental assessment.
- Participate in community child find activities.

REFERENCES

1. Illinois State Board of Education. (2011). *Illinois Preschool For All Implementation Manual.* 20-21, 27.
2. Illinois State Board of Education. (2011). *Request for Proposals (RFP): Prevention Initiative Birth to Age 3 Years: FY 2012,* 3-4.

Quality Indicator I.B.2.

The program leadership engages in scheduling practices, including evenings, weekends, and summer programming, that respect the individual needs of infants, toddlers, and preschoolers, their families, and the community in both home visiting and center-based programs.

Scheduling practices need first to reflect an understanding of how infants and toddlers develop. Consider that among the most widely acknowledged principles of human development is the existence of "individual differences." However, this is frequently ignored in making developmental decisions. Children's individuality is related to genetic and experiential factors, both cultural and contextual. Know the child well and use what is known including learning styles, interests and preferences, personality and temperament, skills and talents, as well as challenges and difficulties to support their learning and development. Program staff needs to be knowledgeable and open to the complexities within the family and community.

The following suggestions can provide some starting points to make programming accessible to and appropriate for families. It is recommended that administration, staff, families, and governing groups be included in the scheduling process in order to build support for the changes.

- Chart the present program schedule, reflecting all current activities with times, locations, and attendance for each.
- Conduct a needs assessment with families to determine preferences for time and location of program activities and provision of services.
- Conduct time studies to determine where, when, how, and on what staff members focus their time and energy.
- Survey the present staff's flexibility for providing services at times and in places different from those on the present program schedule.
- Identify staff needed for those areas of continued programming.
- Record unmet service needs and identify staff responsibilities for those who can be flexible in their own work schedules. Program support for flex-time schedules for staff is critical.
- Give a high priority to unmet programming needs in future hiring.

- Plan for a phase-in of these programming changes, considering interests of families, support from constituencies, cultural implications, financial support, and transportation needs.
- Communicate scheduling information using a variety of strategies addressing the cultural and linguistic needs of the families served.

ADDITIONAL IDEAS AND RESOURCES

- Network with other birth to three programs about strategies they use in program scheduling.
- Conduct the needs assessment at least annually.
- Look in the chapter on Management Systems and Procedures in "Head Start Program Performance Standards and Other Regulations" for more information on building an effective communications system within your program.
- Take a course at the local college or university that deals with family systems and effective program management.

Quality Indicator I.B.3.

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

The process of individualization may be applied across a broad continuum. It can range from how each human being wants to be viewed, all the way to identification and implementation of specialized services for the infant or toddler with disabilities and his family. At some point on this continuum rests the intensity of program services that are provided for the children and families participating in birth to three programs.

Fidelity to evidence-based home visiting models is important if those models' proven outcomes are to be replicated. Different evidence-based models, however, have different standards regarding the intensity of services. In choosing a model, the needs and characteristics of the community should be taken into consideration. Further, most models allow for adjustments to service-intensity levels to be made based on the changing needs of the family. In determining the intensity of services, as in all aspects of program implementation, staff needs to keep the delicate balance of serving families most at risk while ensuring the program model is implemented with fidelity and integrity. Participation in the program is voluntary; therefore, staff will partner with each family to determine that the services are designed to meet their individual family's needs and preferences. All services offered to each individual family must meet model fidelity.

Emily Fenichel emphasizes the need to individualize services using principles that lead to quality in birth to three programs. She states, "Thoughtful front-line practitioners and administrators in the field are likely to agree that:

- Services for infants, toddlers, and their families must be specially designed for this population in order to be developmentally appropriate. They cannot be scaled-down versions of programs for older children.
- Infants and toddlers must be understood and served within the context of their families.
- Families are the constants in a child's life: the job of the professional is to assist families in supporting the child's development.

- Services to infants, toddlers, and their families must be individualized to respect and build on unique constitutional, developmental, and cultural characteristics.
- Service coordination should be available to ease families' access to the range of services they require.
- Policy and practice should recognize and build on the capacities, resilience, and resourcefulness of children and families." (Fenichel, 1992)

The extent to which the above principles are applied depends on the competence of the program staff. There is an element of individualization needed in the application of these principles whether stated directly or indirectly. Use the answers to these questions to develop a menu of service options for families and determine the intensity of services:

- Are the physical space and materials structured and adapted to promote engagement, play, interaction, and learning?
- Does the physical space attend to the children's preferences and interests?
- Is the social dimension of the environment structured and adapted to promote engagement, interaction, communication, and development?
- Are peer models, peer proximity, and responsive, caring, and imitative adults provided to support the expansion of children's play and behavior?
- Are routines and transitions structured to promote parent/child interactions, communication, and development?
- Are environments designed to expose children and families to multiple cultures and languages?
- Does the environment consist of a variety of appropriate settings and naturally occurring activities to facilitate children's learning and development and enhance adults' experiences?
- Are parent preferences regarding services and service intensity considered and identified?
- Are staff members sensitive and nonjudgmental in their interactions with parents who wish a less intensive involvement?

Home Visits

The Prevention Initiative RFP states, "The aim of Prevention Initiative is to provide voluntary, continuous, intensive, research-based, and comprehensive child development and family support services for expecting parents and families with children from birth to age three to help them build a strong foundation for learning and to prepare children for later school success." Prevention Initiative programs are charged with serving the families that are most at risk in the commu-

nity. According to the Illinois Administrative Code, "at-risk" children are those who, because of their home and community environment, are subject to such language, cultural, economic, and like disadvantages as to cause them to have been determined, as a result of screening procedures, to be at risk of academic failure. Therefore, programs need to provide services at the recommended level provided by the chosen program model for families at risk. Each program model offers recommendations on the intensity of scheduled visits for families at risk based on best practice. Most programs schedule weekly or biweekly visits with the majority of the families they serve. Families may be visited more often based on need. **Programs will adhere to the following guidelines to ensure ISBE compliance:**

- PI programs will serve those children and families most in need in the community, i.e., those exhibiting the most at-risk factors as determined by a weighted criteria form uniquely created by each individual PI program.
- PI 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.
- 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.
- PI programs will utilize the weighted criteria system as follows:
  - Enrolling families identified as having the most at-risk factors
  - Ensuring families with the most at-risk factors are prioritized on a waiting list (if applicable)
- Presenting with one at-risk characteristic will not be sufficient to enroll into a PI program. PI programs will serve families with multiple at-risk factors. The intensity of services offered should be commensurate with the needs/strengths of the family, and the schedule of visits should be developed in partnership with the individual family being served. Program staff should document the rationale used to determine visit frequency. Visits should be provided with regularity and intensity. Program staff should use the recommendations provided by the chosen program model for serving families with multiple at risk factors or high need characteristics.
- When a family is enrolled in a PI 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. Screening for eligibility is only completed at enrollment.

Home Visit Intensity is reported in the e-Grant as follows:

Weekly	**1.00**	Biweekly	**.50**	Monthly	**.25**

The variation in intensity is based on a variety of factors including, but not limited to,

- Number of at-risk factors identified
- Length of time participating in the program
- Preferences of the parent/family
- Existence of a crisis situation

Korfmacher et al. (2008) explained, "It is both logically and empirically evident that outcomes are stronger when participants are more involved in an intervention program. Logically, it makes sense that involvement would function as 'dosage,' with those who participate more and who are more highly engaged receiving a stronger 'dose' of the services offered by a program. There is also empirical evidence supporting this general conclusion." Learning often occurs in the context of a relationship; therefore, relationship building between a home visitor and parent/family is essential. The amount of contact between a home visitor and the parent is one of the determining factors in the development of a trusting relationship. Providing reliable and consistent home visits offers an opportunity for a relationship to develop over time and for interactions to occur that may lead to lasting and sustainable change. A home visitor needs to keep a balance that respects both adequate visit dosage and the preferences and needs of the family.

Two recurring issues interrupt a home visitor and parent/family relationship:

1. Insufficient frequency (too long an interval between visits; therefore, the home visitor/parent relationship breaks down)
2. Termination of the program (enrollment in the program is too short to make a significant difference in the life of a child or in the lives of family members)

The Montreal nurse home visitation program found the strongest outcomes are obtained when enrollment occurs during pregnancy and services are continued during infancy. Planning and scheduling home visits that will allow time for relationship building can be more effective over the span of the home visitor/family relationship. Therefore, planning hour-plus weekly or biweekly home visits can produce more desired results than visiting with a family for ten to fifteen minutes daily for five days. Roggman et al. (2008) reported that "families were

more likely to drop out of the home visiting programs when their home visits were shorter and more frequent, so having longer visits less often may provide a good alternative for programs that offer more than a year of service."

Effective programs will develop well-defined criteria for visits and provide comprehensive guidelines in a program policy and procedures manual:

- Visit Frequency: What criteria will be used to increase or decrease the intensity of services for a family? Under what circumstances will families be offered weekly visits, biweekly visits, etc. Example: Families will be offered weekly visits after the birth of a baby for at least four months.
- Visit Length: What is the expectation for the length of time a visit will last? Example: The average length of a home visit will last 45 – 90 minutes.
- Scheduling Visits: What policies/procedures will be followed to ensure visits will be scheduled and completed? Develop policy and procedures for scheduling visits with a family. Example: The next visit will be scheduled at the end of each visit.
- Home Visit Defined: What are the components of a home visit? What are the criteria that will determine if a home visit is counted as a visit?
- Data Collection: What should program staff collect and report? How often are data reviewed and goals revisited?
- Transition Services: What are policies/procedures regarding transition services? How will programs ensure transparent and seamless transitions between one program and another?
- **Programs will provide services according to the chosen program model.**
- Programs will evaluate individual visit data annually in a logic model designed specifically for their program.

Home Visitation Program Groups

Programs will provide activities that teach parents how to meet the developmental needs of their children, including their social and emotional needs. Family activities such as workshops, field trips, and child/parent events are provided to foster parent/child relationships. A schedule for the parent education programs and child/parent events is provided. The educational activities and services must adhere to the requirements of the selected program model and be of sufficient intensity and duration to make sustainable changes in a family.

Groups are reported in the e-Grant as follows:

Weekly	**1.00**	Biweekly	**.50**	Monthly	**.25**

Effective programs will develop well-defined criteria for groups and provide comprehensive guidelines in a program policy and procedures manual:

- Group Type: What kinds of groups will be offered? Who will be invited? (parent/child groups and/or parent only groups) Examples:
  - Parent/Child – Play Group, Infant Massage, Baby Yoga, Infant Sign Language, Field Trip, etc.
  - Parent – Support Groups, Teen Parent Group, Workshop, Field Trip, Parent Café, Make It/Take It Time, Childbirth Preparation, etc.
- Group Frequency: How often will each group meet? (dates, times, locations, etc.)
- Visit Length: What is the expectation for the length of time a group will last?
- Scheduling Groups: What activities will take place to ensure the group is a success? (recruitment and public awareness activities, personal invitations, parent engagement regarding group activities and decision making, etc.)
- Data Collection: What should program staff collect and report? How often will data be reviewed and goals revisited?
- **Programs will provide services according to the chosen program model.**
- Programs will evaluate group data annually in a logic model designed specifically for their program.

Programs should incorporate the following scheduling practices into the program plan:

- The program leadership need to provide for and engage in scheduling practices, including evenings, weekends, and summer programming, that respect the individual needs of infants, toddlers, and their families and the community in both home visiting and center-based programs. (I.B.2.)
- The intensity of program services and home visits is consistent with the requirements of the chosen program model and, to the extent appropriate, commensurate with the preferences, strengths, and needs of individual children, their families, and the communities in which they live.
- The program uses a variety of strategies based on the preferences, strengths, and needs of individual children, their families, and the local community. (I.B.4.)

- Scheduling practices must take into consideration the developmental needs of infants, toddlers, and preschoolers as well as the preferences and needs of their families and the community.
- Flexibility within the organization allows for the provision of a variety of services to families at times and in places convenient for them.
- The outcomes of a program pivot on scheduling practices, including "visit dosage" and "visit duration," being enough to make sustainable change. Programs will adhere closely to their chosen program model to ensure model fidelity and positive outcomes for children and families.
- The program operates year-round. Year-round scheduling is preferred and ideal.
- The program includes intensive, regular, one-on-one visits with parents and children and includes extended family when appropriate. Powell and Grantham-McGregor (1998) found that as frequency of visits increased, the developmental measures of health and cognitive outcomes improved. The study compared weekly visits, twice-a-month visits, and monthly visits. The group that was visited monthly showed no difference in outcomes from controls.
- Scheduling practices and intensity are tailored to the individual strengths and needs of the children birth to age three and their families.
- The strengths and needs of the children and families, as well as research on best practice, determine the ratio of participants to staff and the size of program groups.
- Planning and scheduling home visits with families is a priority, as opposed to haphazard contact with families. Research by Howard and Brooks-Gunn (2009) demonstrates that "programs with more planned visits tend to be more effective." They also note that "families who benefit most are those who receive the highest dosage of the intervention."
- Home visit schedules with a family should be commensurate to the number of at-risk factors a family is experiencing. A program will provide the flexibility within scheduling to offer increased visits to those families encountering a crisis situation.
- The program recognizes that both mothers and fathers play an essential role in their children's development. The program encourages both mother/female and father/male involvement in children's lives. It is imperative for programs to set high, yet realistic, scheduling expectations and to have an established documentation and reporting system to be able to evaluate home visitor contacts in relation to outcomes accomplished. Pfannenstiel and Zigler (2007) found that "when children had at least two years of Parents

as Teachers combined with a year of preschool, 82 percent of poor children were ready for school at kindergarten entry—a level identical to non-poverty children who had no Parents as Teachers or preschool experience." The ideal length of service within a program lasts from enrollment within the first trimester of pregnancy to transition to a Preschool Program. Striving to enroll families during the prenatal period and maintaining regularly scheduled visits through the transition period to a program serving children ages three to five is a priority.

- Enrolling families during the prenatal period is a priority. Other options should be available as families may not be identified at initial screenings, may refuse service at first, or may experience a change in life situation. Families who are having substantial difficulty in caring for an infant are also more open to intervention, provided it is offered in a nonjudgmental, supportive way. Programs need to collaborate with other home visiting programs in their community to offer families the opportunity to be identified and referred as needed to match the needs of the individual family to the program/program model.
- Programs provide families with written information about the intensity of services provided. Many programs offer families the opportunity to sign a Service Agreement to ensure that all important information about the expectation of length and frequency of involvement is shared in advance with the family. Korfmacher et al. (2008) states "parent involvement exists within the alignment of what a program is able to provide and what a parent is able to accept."

Programs can reflect on their services by collecting data on home visit completion and participant retention rates. Collecting this information and charting it within the program logic model can offer the program staff insight into the past service and information about setting future goals for the program and the staff.

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

vidual staff as needed. Information regarding completion rates will be collected in a logic model and reviewed annually as a part of the program's self-evaluation process.

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. Maintaining retention in home visiting programs often results in a positive outcome for families. Programs may choose to look at retention rates at a variety of time points. What percentage of families remain in the program for at least six months? What percentage remain in the program for one year? Two years? Three years? To calculate the program's retention rate, the program will identify a cohort of participants who *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). For example, if a program wanted to look at their one-year retention rate for the current year, they would need to go back to the cohort of families who first enrolled two years earlier (because if they used the previous year's enrollees, they would not be including participants who could not yet have completed one year). The total number of enrollees (from two years ago) would be the denominator. The number of enrollees (from two years ago) who were still enrolled in the program one year after their initial enrollment date would be the numerator.

Example:

Number of enrollees from the cohort (from two years ago) who were still enrolled in the program one year after their initial enrollment date	Numerator	30	**83%**
Cohort of families who first enrolled two years earlier	Denominator	36	

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

Staff can reflect on the families who continued services in their program by breaking down the total number of families served within a program year into categories of length of service. For example, the total number of families served in the program year was 138, and each family was identified by the length of continuous service provided:

Families served from enrollment to 3 months	**12**	**9%**
Families served from 3 months to 6 months	**34**	**25%**
Families served from 6 months to 12 months	**19**	**13%**
Families served from 12 months to 18 months	**22**	**16%**
Families served from 18 months to 24 months	**8**	**06%**
Families served from 24 months to 30 months	**11**	**08%**
Families served from 30 months to 36 months	**32**	**23%**

Completing these calculations and reflecting on the circumstances within the program or community will help programs redirect efforts based on the needs of the families within the program. For example, learning that there are 65 families (47% of families) in the program who have been served one year or less may be helpful in redirecting programming to ensure these families have a basic understanding of community resources and/or are informed of the dangers of lead poisoning. Another example that could adjust or redirect programming is reflecting on the fact that 32 families, or 23% of the total caseload, will be transitioning within six months. This may cause more recruitment efforts to be planned. Programs can collect this information annually and review the information from year to year to notice trends or changes. Information regarding retention rates will be collected in a logic model and reviewed annually as a part of the program's self-evaluation process.

Relationships between home visitors and families are complex. Gaining and maintaining access to families experiencing multiple at-risk factors is often very challenging. However, Ammerman et al. (2006) found home visitors have advantages in implementing home-based care over a clinic-based setting:

- "Home visits eliminate the need for transportation" on the part of the family.
- "Families may feel more comfortable and accepting of services in the home environment."
- "Home visitation may provide a unique context for engaging socially isolated and overwhelmed mothers."

- Home visits emphasize the formation of close and trusting relationships between home visitors and parents.
- Home visits offer less-formal services.
- The home visitor-parent relationship is a forged partnership in contrast to the imbalance of status inherent in the traditional clinician/patient relationship.
- Home visitors reach out by utilizing telephone calls, letters, and unscheduled visits and try to actively engage families, especially those families who are socially or physically isolated.
- Home visitors offer prevention education and case management, which is often more appealing than clinic-based interventions based on identification of a specific problem.

(Adapted from Predictors of Early Engagement in Home Visitation)

Kitzman et al. (1997) explained that services delivered in a family's home turn over control of the visit to the family regarding the time, length, and agenda of the visit. While this may be appealing to families who enroll in home visiting services, maintaining contact with the family and implementing regularly scheduled visits can be challenging for a home visitor. A common challenge faced by home visitors is missed appointments. The reasons for missed appointments are varied. Sometimes missed visits are intentional and sometimes they are unintentional. Common unintentional and intentional reasons can include:

- Disorganization within the household or lack of experience keeping scheduled appointments.
- Other family business taking a priority.
- A family needing to catch a ride with another family member or friend to participate in a family event.
- Visiting family elsewhere.
- Lack of motivation.
- Reaction to being challenged during a visit.
- Testing the home visitor's commitment to serving the family.

Acknowledging and responding to challenges can enhance the home visitor-parent relationship regardless if the missed visits are intentional or unintentional. Home visitors can use a variety of successful responses to address the challenges presented by families. It requires careful planning; continuous, skilled individual and family assessment; and creative implementation on the part of the home visitor. Relationship building and sensitivity to a family's culture and lifestyle will also be a factor in successful home visits. The home visitor needs to also take into consideration adjusting the intervention activities to the interests and tolerance level of the family. Other considerations home visitors should take into account are:

- Considering the risk/benefit ratio of addressing a particular issue at a given time. Home visitors may identify a problem within the family and will need to decide when to address the issue and how hard to push. Home visitors engage in a "dance" of therapeutically addressing issues, then backing off, thereby testing the boundaries to learn when a family may be open to moving forward.
- Understanding that missed appointments and lack of engagement at one point in time do not necessarily mean a lack of engagement later.
- Consideration of the rhythm of family involvement and patterns of their growth.
- Home Visitors may need to cancel appointments. It is essential to avoid confusion a family may experience. A home visitor may choose to reschedule an appointment at a time earlier than the previously scheduled visit so the change will not be interpreted as a lack of interest or commitment by the home visitor.

(Adapted from "Challenges Experienced by Home Visitors: A Qualitative Study of Program Implementation" Kitzman et al. 1997)

Center-based Option (Child Care and Family Literacy Models)

The program leadership in center-based programs should schedule programming, including evenings, weekends, and summers, that respects the individual needs of infants and toddlers, their families, and the community. Center programs need to offer services five days per week, full day, full year if at all possible.

Consider the following when planning scheduling for a center program:

- Parents who work or attend school may need flexible hours both for child care and for home visits or other personal contacts.
- Scheduling for the infants and toddlers should be individualized based on family preferences, set according to their needs and with frequent input from parents.
- Infant and toddler daily center schedules are less structured than those for older children. Daily structure for infant and toddler programs revolves around important care routines.
- Diapering and toileting for youngest children will be on demand. For older toddlers, scheduling regular times for checking diapers and toileting will ensure that they are not overlooked.
- Feeding, snacks, and meal times are according to each young infant's own schedule. Older infants and toddlers may be ready for scheduled snacks and meals.
- Young infants will follow their own sleep schedules. Toddlers require a quiet time set aside after lunch to rest. Have a secure quiet area available to allow toddlers to rest as needed at other times throughout the day.

- Several times during the day should be scheduled for play and explorations that include a balance of active and quiet activities.
- Some young toddlers will be ready for short group times. Set aside 5 minutes (or less) for a caregiver to share a picture book or a simple finger play or song with two or three toddlers.
- Infants and toddlers should have daily access to the outdoor environment. An outdoor time should be scheduled for both morning and afternoon.

Individual and Group Meetings with Parents

- Center-based Services Provided **Full Time (20 hours or more a week)**
  - Families who receive full-day services, 20 hours or more a week, must receive at least monthly individual meetings with center staff, at least two (2) of which per year should be held in the families' homes if at all possible. Centers should also follow their program model for individual meetings with families. The program model may require more individual visits with families than the required one per month.
  - The center must also provide at least monthly group meetings with families. Of course, more individual and group meetings may be held either at the center's choice or due to fidelity to their program model, which may require more.

- Center-based Services Provided **Less Than Full Time (fewer than 20 hours a week)**
  - Families who receive center services fewer than 20 hours a week must receive at least two (2) individual meetings per month with center staff, at least two (2) of which per year should be held in the families' homes if at all possible. Centers should also follow their program model for individual meetings with families. The program model may require more individual visits with families than the required two per month.
  - The center must also provide at least monthly group meetings with families. Of course, more individual and group meetings may be held either at the center's choice or due to fidelity to their program model, which may require more.

(Based upon ISBE Prevention Initiative e-Grant Instructions, FY13, and the Ounce of Prevention's Resource Toolkit for Programs Serving Infants, Toddlers and Their Families)

For individual meetings with families, center staff need to make sure all the components of a visit are present in the individual meeting as prescribed by their program model, whether the meeting takes place in the home or elsewhere. If all components are not present, the meeting cannot count as completed.

Family Literacy Center-based Programs

Prevention Initiative programs may provide their services within the larger framework of a family literacy program. Family literacy includes regularly scheduled interactive, literacy-based, learning activities for parents and children. These may focus on recognizing and encouraging literacy practices and environments in the home, strengthening family relationships, increasing connections between the family and the school, and/or fostering a better understanding of child development. These reciprocal learning activities are opportunities for parents to build the skills and confidence to take supportive, teaching roles with their children. They offer the children the opportunity to see their parents as knowledgeable and capable adults. They offer both adults and children time to share and reinforce skills learned in the other components.

For more information on incorporating Family Literacy into the curriculum, please see Curriculum and Service Provision, Section II.C.3.

Center-based Program Attendance and Retention Rates

Programs can reflect on their services by collecting data on attendance and retention rates. Collecting this information and charting it within the program logic model can offer the program staff insight into the past services, and information about setting future goals for the program and the staff.

Attendance rates are defined as the number of scheduled days of child or parent/child attendance (family literacy model) compared to the actual attendance days within a given period of time. Attendance rates should be figured in accordance with the chosen program model's guidance. Program staff will need to reflect on the attendance rates monthly and annually to determine if program goals are being met and families are being served responsively in accordance with the needs of the family and the program model. If attendance rates are low, programs should ask why are children or families not participating? Program staff will develop goals for the program and individual staff as needed.

Retention refers to the percentage of children who were receiving services at the beginning of a period in time, and remain with the program at the end of the period. Maintaining retention in center-based programs often results in a positive outcome for children. Programs may choose to look at retention rates at a variety of time points. What percentage of children remain in the program for at least six months? What percentage remain in the program for one year? Two years? Three years? To calculate the program's retention rate, the program will identify a cohort of participants who *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). For example, if a program wanted to look at their one-year retention rate, they would need to go back to the cohort of children who first enrolled two years prior (because if they used last year's enrollees, they would not be including participants who could not yet have completed one year). The total number of enrollees, from two years prior, would be the denominator. The number of last year's enrollees who were still enrolled in the program one year after their initial enrollment date would be the numerator.

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

Programs can reflect on the families who continued services in their program by breaking down the total number of families served within a program year into categories of length of service: For example, the total number of families served in the program year was 138, and each family was identified by the length of continuous service provided:

Children/families served from enrollment to 3 months	**12**	**09%**
Children/families served from 3 months to 6 months	**34**	**25%**
Children/families served from 6 months to 12 months	**19**	**13%**
Children/families served from 12 months to 18 months	**22**	**16%**
Children/families served from 18 months to 24 months	**8**	**06%**
Children/families served from 24 months to 30 months	**11**	**08%**
Children/families served from 30 months to 36 months	**32**	**23%**
Total children/families served	**138**	**100%**

Completing these calculations and reflecting on the circumstances within the program or community will help programs redirect efforts based on the needs of the families within the program. For example, learning that there are 65 children, or 47% of the program's enroll-

ment, who have been served one year or less may be helpful in redirecting programming or services to ensure those families have a basic understanding of community resources and/or are informed of the health needs of their children early in the program. Another example that could adjust or redirect programming is reflecting on the fact that 32 children, or 23% of the total caseload, will be transitioning within six months. This may cause more recruitment efforts to be planned. Programs can collect this information and annually review the information from year to year to notice trends or changes. Retention rates need to be determined in accordance with the chosen program model.

ADDITIONAL IDEAS AND RESOURCES

- Refer to the Definition of Illinois Family Literacy Programming. Retrieved from http://www.isbe.net/earlychi/pdf/even_start_family_lit_definition.pdf
- Obtain a copy of DEC *Recommended Practices in Early Intervention/Early Childhood Special Education* by the Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC)
- Form a study group of interested professionals to discuss recent literature on frequency and intensity of services such as *From Neurons to Neighborhoods: The Science of Early Childhood Development*, National Research Council and Institute of Medicine 2000. Jack P. Shonkoff and Deborah A. Phillips, eds.
- Study your community and identify possible collaborations that will promote a comprehensive system of services.
- Network with other Birth to Three programs and exchange strategies to engage families.
- Obtain training or technical assistance from the Ounce of Prevention Fund provided by funding through the Illinois State Board of Education. Programs can acquire other professional development or training as needed.
- Refer to the "Head Start Program Performance Standards and other Regulations: Management Systems" for more information on building effective communication systems.
- Illinois Administrative Code Part 325 Early Childhood Block Grant, retrieved from http://www.ilga.gov/commission/jcar/admincode/023/02300235sections.html

REFERENCES

1. 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.

2. 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

3. 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.

4. 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.

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

6. 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.

7. 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.

8. 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.*

9. 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

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

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

Quality Indicator I.B.4.

The program uses a variety of strategies based on the preferences, strengths, and needs of individual children, their families, and the local community.

Infant and toddler developmentally appropriate program practices are based on families' diversity; their concerns, priorities, and resources; and how young children develop and learn. Early childhood programs will not have identical goals; priorities may vary because programs serve a diverse population of children and families. The revised edition of *Developmentally Appropriate Practice in Early Childhood Programs* states, "Each child is a unique person with an individual pattern and timing of growth, as well as individual personality, temperament, learning style, and experiential and family background. All children have their own strengths, needs, and interests; for some children, special learning and developmental needs or abilities are identified." (National Association for the Education of Young Children [NAEYC] 1997)

The same resource continues, "Recognition that individual variation is not only to be expected but also valued requires that decisions about curriculum and adults' interactions with children be as individualized as possible." In order to meet the needs of a variety of unique individuals, programs must develop many different strategies. It is widely recognized that individuals have preferred or stronger styles or modes of learning. Studies of these different styles have revealed that they may be visual, auditory, or tactile.

Professionals will draw on all of these fundamental ideas, as well as others, when making decisions about the services they provide and the strategies they use. *From Neurons to Neighborhoods: The Science of Early Childhood Development* states, "In the final analysis, there is considerable evidence to support the notion that model programs that deliver carefully designed interventions with well-defined goals can affect both parenting behavior and the developmental trajectories of children whose life course is threatened by socioeconomic disadvantage, family disruption, or diagnosed disability. Programs that combine child-focused educational activities with explicit attention to parent-child interaction patterns and relationship building appear to have the greatest impacts." (National Research Council and Institute of Medicine, 2000)

Adults are responsible for ensuring children's healthy growth and development. Right from the start, relationships with adults are critical factors in the determination of children's health, social, and emotional development and serve as the mediators of language and intellectual development. Program staff members use their knowledge of child development and parents use their knowledge of their own child to mutually identify the range of activities, materials, and experiences that are appropriate. This knowledge is used together with the knowledge of the context and understanding about individual child growth patterns, strengths, needs, interests, and experiences to design the curriculum and environment and to guide the adults' interactions with young children.

Recognize and use the following factors when developing services and programs for children and families and making decisions about strategies used in providing services:

- Children and families are respected, valued, and accepted and treated with dignity at all times.
- Priority is given to knowing each child and adult well.
- Parents' concerns, priorities, and resources are considered.
- The needs of the children are met at their unique levels of development and ability.
- The development of self-regulation in children is facilitated.
- Opportunities are presented to children for interactions with their peers and adults.
- A wide range of strategies is employed, including a multi-sensory approach, to enhance children's learning and development.
- The environment is structured to foster interactions as well as to demonstrate a safe, healthy, comfortable, and pleasant space.

ADDITIONAL IDEAS AND RESOURCES

- Attend at least one conference that offers some professional development in implementing successful service strategies.
- Become a member of at least one professional organization and subscribe to at least one professional periodical or journal to learn about additional service provision strategies.
- Share resources and what is working with program staff members and encourage them to do the same.
- Identify and network with another program, rich in resources, that is successful in implementing a variety of service strategies.
- Get to know a professional in higher education who can serve as a good resource in this area and perhaps schedule an in-service for your program staff. Invite a neighboring program to attend and even serve as a co-sponsor.

REFERENCES

1. National Association for the Education of Young Children, Bredekamp, Sue and Carol Copple eds. (1997). *Developmentally Appropriate Practice in Early Childhood Programs, revised edition.* Washington, D.C.: National Association for the Education of Young Children.
2. National Research Council and Institute of Medicine, Shonkoff, Jack P. and Deborah A. Phillips eds. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Washington, D.C.: National Academy Press.

{"There is more to life than increasing its speed."}

— Mahatma Gandhi

Group Size and Ratios of Participants to Staff

Illinois Birth to Five Program Standard I.C.

The strengths and needs of the children and families as well as research on best practice determine the ratio of participants to staff and the size of program groups.

The size of a group in a center-based program, as well as the ratio of adults to children, is critical to children's learning and interactions with parents and staff. In determining caseloads in a home-based model, programs must take into account the needs of children and families and the geographic distances between homes and the program site.

Quality Indicator I.C.1.

Group size and ratios of adults to infants, toddlers, and preschoolers are developmentally appropriate in program groups.

Center- and Home-based Groups

"Quality care and education can be provided in a range of settings. Careful attention must be paid to child/caregiver ratios and group size and to staff development, education, and support. Parents are number one in a child's life; quality care and education is supplemental to parental and family care." (McCormick Tribune Foundation 2000)

There is growing research that supports the following critical components of quality care:

- Educationally well-prepared providers
- Low child-to-adult ratios
- Small group sizes
- Low staff turnover

Research has also indicated that having staff members work with a small number of infants and toddlers is important for the children's development and program quality. Additionally, licensing agencies have specific requirements concerning child/staff ratios.

"Research shows that low ratios and small group sizes are important for facilitating positive interactions between adults and children, such as sensitive and attentive responses to children's needs. They also appear to be important for cognitive development, such as language skills. Group size appears to have more consistent effects on all children under 5 years old. For example, researchers have found that higher ratios—more children per caregiver—for infants and toddlers are associated with children displaying more distress and apathy and with situations exposing children to more potential danger." (Fenichel, Griffin & Lurie-Hurvitz 1999)

Funding is critical to staffing ratios in quality programs. These funds or resources must be adequate to limit the size of groups and provide a sufficient number of adults to ensure individualization and quality education and care. The "rule of thumb" is: the younger the child, the smaller the group size and the greater the ratio of adults to chil-

dren. Child-to-staff ratios measure 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. Furthermore, when children with special needs are included, carefully added considerations must be made to appropriately meet their needs. Programs that are not under particular governance should be knowledgeable about existing recommended ratios and then make decisions based on available resources, the commitment to quality, cultural considerations, past history, and the flexibility to adapt.

When making decisions regarding staff/child ratios and group sizes, consideration needs to be given to best practice, quality, purpose, and environment. In some instances, the child may not be separated from the parent while on the program premises. When there is a brief separation of child and parent or caregiver for programming purposes, the program is obligated to provide an optimum setting for the child. The program will have to make that decision to the best of its ability using recommendations that are available. The advantage in this situation is that the parent or caregiver is close at hand. In this circumstance, the same requirements that exist for child care settings do not apply.

Having a smaller number of infants/toddlers/children served by each educator/caregiver has produced the following results:

- Children imitate earlier, and more often than usual, the speech and gestures of others.
- Adults have more time to give the best education and care to children.
- Children talk and play more often.
- Children are in distress less often.
- Children are exposed less to danger.

Grouping children in smaller numbers produces the following results:

- Adults attend better to children.
- Children have more positive developmental outcomes.
- Children are more cooperative and responsive to adults and other children.
- Children are more likely to speak without being urged.
- Children less likely to wander aimlessly or be uninvolved in activities.

(Adapted from "Issues in Child Care Settings," Division of Healthcare Quality Promotion (DHQP), January 1997)

The size of the group, as well as the ratio of adults to children, is critical to children's learning and interactions with parents and staff. Lally, et.al. (1993) says, "We create chaos and confusion when we put

too many infants or toddlers in one group, even with an appropriate number of adult caregivers. As the number of infants in a group goes up, so do noise level, stimulation, and general confusion. The group's intimacy is gone. Children look lost and wander aimlessly, not quite knowing what to do. When there are too many children, shared experience and discovery through play are inhibited. Smaller groups mean fewer distractions and children's activities that are more focused. In small groups, very young children are able to make connections, form caring relationships and learn to understand other children."

All groups must, at a minimum, meet NAEYC guidelines for ratios and group size.

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

Center Family Educator Caseloads

Ideal caseload assignment is related to workload. 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. For example, workload considerations include travel, outreach activities, unplanned interruptions of normal work schedules, supervision, coordination. It also includes work with community groups, attendance at staff meetings, staff development at trainings and conferences, administrative functions, telephone contacts, case recording and data entry, reading of records and related reports, attending staffings, etc. Overall, a caseload ratio would depend upon the program's organizational approach to delivering family services. Caseload sizes should ensure that families receive the services, help, support, and information that they need and request. It is suggested that programs use the ratio of 1 FTE Center Family Educator to 25 to 30 families.

ADDITIONAL IDEAS AND RESOURCES

- Obtain further information and resources through the Internet, conferences, or journal articles regarding adult/child ratios and group size.
- Talk to other birth to three programs about the ratios and group sizes they use.
- Be alert for new research and studies.

- Identify and locate available higher education opportunities that address these practices.
- Contact your ISBE and other consultants for any suggestions they may have or for a list of programs that have successful practices.

REFERENCES

1. 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.
2. Gomby, DS. (2005). *Home Visitation in 2005: Outcomes for Children and Parents.* Committee for Economic Development. www.ced.org/projects/kids.shtml.
3. 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..
4. McCormick Tribune Foundation. (n.d.) *Ten Things Every Child Needs*. Retrieved July 8, 2002. Retrieved from http://www.rrmtf.org/education

Quality Indicator I.C.2.

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

Staffing plans and concerns are critical to the smooth, fiscally responsible, effective operation of a quality infant and toddler program. The Head Start Program Performance Standards and Other Regulations identify areas for concern in staffing. "Staff must be employed for sufficient time to allow them to participate in pre-service training, to plan and set up the program at the start of the year, to close the program at the end of the year, to conduct home visits, to conduct health examinations, screening and immunization activities, to maintain records, and to keep service component plans and activities current and relevant. These activities should take place outside of the time scheduled for classes in center-based programs and home visits in home-based programs."

Another consideration includes the time needed for planning and preparation. In home-based program operations the standards additionally say, "Allow staff sufficient employed time to participate in pre-service training, to plan and set up the program at the start of the year, to maintain records, and to keep component and activity plans current and relevant. These activities should take place when no home visits or group socialization activities are planned."

Administrators need to apply service principles and information about the program, the population served, staffing resources, and service needs in order to design an appropriate staffing plan. There is no simple magic number or universal formula that can be used to determine service loads. The context and diversity of each program require that an individualized process be applied. Keep in mind that support comes about as a result of staff being included or represented in the planning process. In order to define what is a "reasonable number" of children and families to be served by each staff member, consider the following:

- The individual diversity of the child and family and its impact on service provision.
- Each staff member's job description and responsibilities as well as availability.
- The geographic setting for the service area.
- The program's design, goals, and needs.
- Equitable distribution of staff assignments and responsibilities.

The following steps could be part of a process to determine service loads:

- Establish an internal work group to draft a proposed staffing plan for the coming year. Include timelines for completion, trial period, review and changes, and implementation.
- Encourage and accept feedback from the total staff at various times during the process.
- Conduct current desk audits for each staff member providing services and review past desk audits, if available, of staff with similar responsibilities. These audits can reveal a best estimate of time required for planning and implementation of the activities required for implementing the goals and objectives of the program. The audit should also include times required for program set-up and closure, travel times, child find and screening activities, immunization and other health services, maintenance of records, staff meetings, planning and preparation, professional teaming, required telephone calls, and professional development.
- Match the service needs, including home visits, play groups, parent/child interaction groups, and parent information groups, with the available time and talents of each available staff person.
- Identify home visits as requiring special consideration for planning due to travel distance as well as the complexity and intensity of service provision.
- Allow for flexibility and closely monitor the plan's implementation to determine gaps and needed adjustments.

Home-based Staff Caseload Size

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

- A reasonable number of families in the home-based option are served by each service provider in accordance with program design and goals considering:

- severity of need;
  - intensity of services; and
  - training of staff.
- In determining caseloads in a home-based model, staff must take into account the needs of children and families and the geographic distances between homes and the program site.
- The number of families served by the home visitor should be smaller when all families on the caseload are in the beginning stages.
- The number of families can be larger when the caseload contains a mix of newly enrolled families and those in the "phase-out" stages (depending upon the need and desire of the family being served).
- The size of the caseload determines the frequency and length of visits.
- Programs will strictly adhere to their program model regarding staff ratios.

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

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

Program supervisors will to assign caseloads in accordance to the chosen program model.

Use great caution in applying a magic number for the ideal caseload size. The context and diversity of each program require an individualized process. Consider the following for determining the size of a caseload for any given home visitor:

- The preparation, training, and experience the home visitor has is adequate to meet the needs of providing intensive services to at-risk families. *From Neurons to Neighborhoods: The Science of Early Childhood Development* suggests "the key is to assure that visitors have the right knowledge and skills to meet the needs of the families they serve," while Gomby (2005) explains "home visiting programs must use appropriate visitors to serve families and achieve desired goals and outcomes."

- The responsibilities of a home visitor as defined within the job description and the reality of the availability of the home visitor;
- Equitable distribution of staff assignments and responsibilities;
- The individual diversity of the family and its impact on service provision;
- The geographical area the home visitor needs to cover in relation to the time it will take to provide quality services; and
- The chosen program model's design and goals.

Administrators can use the following suggestions in the process of determining caseloads for program staff:

- Engage staff in developing or revisiting the program logic model to align program activities with program expectations and intended outcomes. Include a staffing plan in the logic model and revisit regularly to assess the success of the plan and revise the plan as needed to meet the goals of the program and outcomes intended for families. Include timelines for completion, trial period, review and changes, and implementation. Encourage all staff to participate and provide feedback. Allow for flexibility and closely monitor the activities and goals to determine gaps in service.
- Engage in regular individual reflective supervision to assess the workload of the home visitor and assign or reassign families as needed. Identify home visits to families as a priority and allow enough time to individualize programming.
- Conduct file reviews or web-based data system reviews regularly to assess workloads of the home visitor and assign or reassign families as needed.
- Conduct program audits. Invite staff to record work activities for a period of time and reflect on the information revealed, including time spent engaging in the following:
  - Preparation for activities based on chosen program model
  - Travel time based on geographical distance within the community served
  - Implementation of activities based on chosen program model
  - Home visit sessions
  - Maintenance of contact beyond home visit via phone calls, notes, emails, etc.
  - Program set-up/tear-down (as needed)
  - Groups offered to parents
  - Groups offered to parents/children
  - Child find activities
  - Recruitment and screening activities
  - Developmental screening activities
  - Community resource referrals

  - Health service referrals
  - Maintenance of records
  - Staff meetings
  - Reflective supervision
  - Professional development
- Match the service needs, including home visits and groups, with the available time and talents of each staff.
- Develop a relationship with staff from a program with similar characteristics and establish professional dialog to support each organization's/agency's program goals.
- Utilize a web-based data system to support program staff and objectively review program data.
- Establish regular communication with the Ounce of Prevention Fund Prevention Initiative Consultants to access free technical assistance and training provided by the Illinois State Board of Education.

ADDITIONAL IDEAS AND RESOURCES

- Identify a program similar in its service provision and establish a relationship to promote sharing of work plan processes.
- Identify available computer programs that can assist with any of the planning and implementation components.
- Determine if any classes from higher education are available locally that deal with this concern.
- Locate consultants who know about successful practices and are willing to consult or even come to the program site and advise.

REFERENCES

1. Gomby, DS. (2005). *Home Visitation in 2005: Outcomes for Children and Parents.* Committee for Economic Development. Retrieved from www.ced.org/projects/kids.shtml
2. 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.

{"Through others we become ourselves."}

— Lev S. Vygotsky

Meeting the Needs of Diverse Children and Families

Illinois Birth to Five Program Standard I.D.

The program meets the needs of children and families of varying abilities as well as diverse cultural, linguistic, and economic backgrounds.

There is no "one size fits all" approach to working with young children. Program activities must be individualized to maximize the effects of interactions with children and their families. Cultural, linguistic, and socio-economic sensitivity allows the program to "meet families where they are" and ensure that families are respected as having the primary responsibility for their children.

Quality Indicator I.D.1.

Qualified staff demonstrate knowledge of cultural and linguistic diversity and are able to effectively and sensitively interact with diverse children and families.

Program administrators should provide information, resources, and training on cultural and linguistic diversity that includes skills and competencies for interacting with culturally, linguistically, and economically diverse families. It is essential to communicate with sensitivity and to use cross-cultural communication skills that support strong relationships among staff and families and enhance cultural competence and confidence.

The following strategies are adapted from Derman-Sparks and Ramsey (2011) and offer suggestions for reflecting on and encouraging anti-bias environments:

- "Create a safe environment that encourages honest reflections and communication." Set and enforce ground rules for everyone:
  - "Be respectful while listening to one another's stories. Ask clarifying questions, but do not ask questions that express doubt concerning a person's experiences or feelings.
  - Maintain confidentiality.
  - Give equal time to everyone who wants to speak. Begin with your own story.
  - Do not confuse safety with always being comfortable."
- "Build and strengthen mutually respectful communication and partnerships between staff and families, so that all feel welcomed, honored, and connected" with the program, center or school staff, supervisors, and administrators.
- "Pay attention to power dynamics that reflect those in the larger society."
- "Recognize and honor different paths in the overall journey."
- "Hasten slowly." The need for cultural competency is urgent; however, people need time to learn and grow. All people are "in process" and on their own journey.
- Encourage ongoing conversations among staff and families so they learn about one another's views and experiences.
- Stay open to staff and family members who choose not to participate.

Day and Parlakian (2004) suggest that attributes of emotional expression tend to vary across cultures. These include:

- Animation — the intensity of emotional expression
- Volume of speech — loudness
- Directness of questions
- Use of gestures

Differences in how emotions are expressed may lead to misunderstandings. It is important to consider the cultural context of a family's style of emotional expression to be an effective communicator. Program staff needs to recognize that communication is not only the spoken word but also includes nonverbal expressions. Gonzalaz-Mena (2008) shares the following examples of the potential for nonverbal miscommunication:

- Personal space: Each of us has an invisible circle that surrounds us called our personal space. The size of the circle is greatly determined by culture. For example, some cultures practice arms-length personal space, while other cultures are comfortable interacting much more closely.
- Smiling: Different cultures practice and perceive smiling differently. Some cultures smile to show happiness and friendliness, while some cultures practice and perceive a smile differently.
- Eye contact: According to Root, Ho, and Sue, eye contact in the Western culture is considered an indication of attentiveness, although in the Asian culture, it may be viewed as a sign of lack of respect or deference.
- Touch: Cultures vary in how various types of touch are perceived. A certain type of touch might be acceptable and encouraged in one culture, while causing discomfort to those in another culture.
- Silence: Different cultures may place different meaning on silence. Elena Alderete-Baker explains that "In many Native American cultures silence is used as a response to ambiguity, so a child in a new situation or facing a new teacher may keep quiet. The silence is taken to mean that the child doesn't know anything."
- Time concepts: Some cultures are future oriented, while others are more oriented toward the present. This presents a practical difference in the way people approach planning activities and schedules.

Studies suggest that "the intimate involvement of parents and teachers with young children provides natural opportunities for modeling, guiding, and nurturing positive racial, ethnic, and cultural attitudes and perspectives." (Swick et al. 1994) When cultural assumptions, beliefs, and values are violated, people may react with strong emotions

and a sense of bewilderment, which may create barriers to effective communication. As the United States becomes more diverse, socially and culturally, all must gain understanding and appreciation for the full range of values, beliefs, and experiences that people bring to the challenge of child-rearing.

Learning to bridge gaps in knowledge shared by two individuals requires two complimentary and ongoing processes: self-awareness of one's own cultural assumptions, values, and beliefs; and willingness to explore the cultural knowledge of others in the full context of personal and shared histories, assumptions, goals, beliefs, and practices. Personal skills to build self-awareness and promote respectful cultural sharing and exploration with families must be developed. It is important that early education and care professionals learn that culturally sensitive practices require awareness of how personal experiences, beliefs, and understandings influence their own perceptions. This is only the first step toward more inclusive services for infants, toddlers, and their families. The next step is that the service provider makes proactive efforts to gain understanding of each parent's goals and expectations, and to share their own perspectives respectfully.

If professionals are not willing to actively learn about parents' cultural perspectives and explore their own cultural influences, communication will frequently remain one-sided, and the effects of services can be minimized. Strategies to support staff in providing family-centered and culturally responsive services may include:

- Offer professional development that helps staff know their own values and culture.
- Be conscious of the importance and impact of a staff member's own family experiences.
- Actively work to create and sustain an environment that truly reflects principles of family-centeredness and cultural responsiveness.
- Consider learning a second language to facilitate communication with program families.
- Keep an open mind and listen.
- Be willing to mentor new staff members.

ADDITIONAL IDEAS AND RESOURCES

- Locate and register for training on cultural and linguistic diversity that includes competencies, skills, and sensitivity for working with diverse families and children.
- Incorporate resources that support cultural and linguistic diversity into parent education and training (lending library materials, newsletters, etc).
- Include resources that support cultural and linguistic diversity in teacher professional development materials (books, articles, videos, etc).
- Research cultures of groups represented in the program.
- Form a study group on *Anti-Bias Curriculum: Tools for Empowering Young Children*, Derman-Sparks, L., National Association for the Education of Young Children. (1989).
- Learn about and possibly visit a program that has been successful in developing a parent education and involvement/engagement component and has embraced a curriculum committed to sensitivity and appreciation for culture and diversity.
- Look for conference presentations and other state training opportunities to deepen understanding and sharpen skills.

REFERENCES

1. Day, M., & Parlakian, R., (2004). *How Culture Shapes Social-Emotional Development: Implications for Practice in Infant Toddler Programs.* ZERO TO THREE
2. 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. 15, 79-83.
3. Gonzalez-Mena, J. (2008). *Diversity in Early Care and Education: Honoring Differences.* New York, NY: McGraw-Hill. 13-15, 34-39,107.
4. Swick, Kevin J., Gloria Boutte, and Irma Van Scoy. (1994). "Multicultural Learning through Family Involvement". Dimensions 22 (4 Summer): 17-21.

Quality Indicator I.D.2.

A variety of activities, strategies, and materials are used to meet the diverse needs of children and families.

Culture shapes one's view of the world. Each person belongs to a multiplicity of cultures. Culture may be based on gender, socioeconomic status, religion, language, general level of education, ethnicity, ability, profession, or sexual orientation.

It is vital for program staff to demonstrate cultural competency and sensitivity when interacting with children and families. Korfmacher et al. (2008) explains, "Home visitors represent the program to the family. They are typically the ones who spend time with families, and they are responsible for interpreting and conveying the program content or curriculum to the participants." Prevention Initiative programs have an important responsibility to ensure that all aspects of the program are sensitive to and reflect diversity, particularly the diversity represented by the families, staff, and community. A successful program can be compared to a quilt, which is made of many individual parts but sewn together to make an impressive, cohesive whole.

Rogoff (2003) suggests "Human development is a cultural process. As a biological species, humans are defined in terms of our cultural participation. We are prepared by both our cultural and biological heritage to use language and other cultural tools and to learn from each other." Culture is the study of one's self in relation to others. In order to be truly available and accessible to another person, we must be able to see beyond our own understanding of the world and challenge ourselves to view the world from another person's perspective.

Programs need to provide parent activities that are responsive to the language and culture of the families served and are tailored to meet specific needs of teen parents, single parents, working parents, blended families, and families with special service needs. Attention must also be given to the comprehensive needs of low-income families, including health care, child care, and other supports.

Programs have a responsibility to each child and family and the community to provide programming based on 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." Staff should strive for mutual respect, and an increased understanding of one another must be an ongoing goal. Gonzalez-Mena (2001) explains that to provide services to families one must have a clear understanding of differences and be particularly observant and aware of how the program staff and the child/family fail to "mesh" so that adjustments can be made. Home visitors and teachers will know and respond to parents' goals, values, and beliefs related to themselves and their child. Cultural differences do not show up in the needs of the parent or child but in "the way" the needs are met. This example is taken from the book *Multicultural Issues in Child Care* and describes the cultural differences in approaches to play and learning environments and stimulation:

> "Some cultures wish to promote calm, placid styles of interaction and temperament, so they prefer less stimulating environments. They worry that the babies will get over-stimulated in the exciting play and intense interactions if they are not toned down. Some cultures value activity; others value stillness. Active cultures promote exploration and movement for infants because these activities help develop problem-solving skills. However, there is another view. Meaningful inactivity is a concept that many adults have never heard of. Yet, in some cultures being inactive is a valuable use of time. Dr. A.C. Ross points out that mediation can be a problem solving method. Instead of activity engaging the environment or trying to reason out an answer through logic, one sits in silence. According to Ross's way of thinking, answers to problems come from the collective unconscious in moments of silence."

Gonzalez-Mena (2008) offers the following suggestions to embrace and understand the process of cross-cultural competency:

1. "Take it slow. Don't expect to resolve each situation immediately. Building understandings and relationships takes time.
2. Understand yourself. Become clear about your own values and goals. Know what you believe in. Have a bottom line but leave space above it to be flexible.
3. Become sensitive to your own discomfort.
4. Learn about other cultures. Books, classes, and workshops help, but watch for stereotypes and biased information. The best source of information comes from the parents in the program.
5. Find out what the individual parents in the program want for their children. What are their goals? What are their care and educa-

tional practices? What concerns do they have about their child in your program? Encourage them to talk. Encourage them to ask questions.

6. Be a risk taker. If you are secure enough, you may feel you can afford to make mistakes. Mistakes are a part of cross-cultural communication. It helps to have a good support system behind you when you take risks and make mistakes. Ask questions, investigate assumptions, confess your curiosity—but do it all as respectfully as possible.
7. Communicate, dialogue, negotiate. If you have a chance to build a relationship before getting into negotiations, you're more likely eventually to reach a mutually satisfying point.
8. Share Power. Empowerment is an important factor in the dialogue-negotiation process. Although some see empowerment (allowing others to experience their own personal power) as threatening, in reality, empowerment creates new forms of power. Some teachers and caregivers fear that empowerment means giving away their own power, but this is not true! No one can give personal power, and no one can take it away. We all have our personal power, though we can be discouraged or prevented from recognizing or using it. Sharing power, or empowerment, enhances everyone's power."

Janet Gonzalez-Mena (2001) suggests using the RERUN process in attempting to resolve issues with families:

R	**Reflect:** 1. Actively listen or reflect the feelings or thoughts of others. 2. Self-Refection
E	**Explain** your perspective, but only after trying hard to understand the other perspective.
R	**Reason:** Give the reason for your perspective, if you know it.
U	**Understand,** both the other person and yourself.
N	**Negotiate** a solution only when both you and the other person feel empowered.

How can the program create a "quilt" that represents the diversity of all of the families served? What strategies can be used to accomplish this? There are several strategies that need consideration when working toward a program goal of multi-cultural sensitivity and appreciation for diversity:

- Know the cultures represented by the families, staff, and community.

- Become familiar with as many aspects of each identified culture as possible.
- Encourage staff members to support efforts in multi-cultural sensitivity and appreciation for diversity.
- Set up a mentoring program for new staff members, teaming a new staff member with an experienced one.
- Draft a goal for the development of sensitivity for a multi-cultural program focus.
- Establish a program work group to design, draft, and review a work plan for the implementation of the sensitivity program goal.
- Develop an Environment Climate and Curriculum that include:
  - Images of all children
  - Images of all adults
  - Images of daily lives of people
  - Images of inter-generations
  - Images of differently abled children and adults
- Explore using "family stories" written by the parents and children about themselves as families. They may be shared in the program activities as families wish. The stories can stimulate growth and sensitivity among everyone.
- Use other strategies such as presentations, sharing of customs and foods, storytelling, videotapes, music, drama, and field trips.
- Include resources:
  - Toys and materials that reflect diversity of language, race, gender, ability, and occupation, and that reflect the families served;
  - Art, literature, music, and dance that reflect diversity and that reflect the families served; and
  - Resources and materials for staff and families that reflect and support diversity.
- Focus on the unique strengths and characteristics each family offers.

ADDITIONAL IDEAS AND RESOURCES

- Get to know the richness of resources on culture and diversity available through the Illinois Resource Center in Des Plaines.
- Read the National Association for the Education of Young Children (NAEYC) position paper on cultural and linguistic diversity. Retrieved from http://www.naeyc.org/positionstatements/linguistic.
- Look in the curriculum section of this Resource Guide for additional information.
- Form a relationship with a program that has implemented a rich cultural approach.

REFERENCES

1. Gonzalez-Mena, J. (2008). *Diversity in Early Care and Education: Honoring Differences.* New York, NY: McGraw-Hill. 13-15, 34-39,107.
2. Gonzalez-Mena, J. (2001). *Multicultural Issues in Child Care*. Mountain View, CA: Mayfield Publishing Company. 9, 33-42.
3. 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 Forum. Springer Science+Business Media, LLC 2008.
4. Rogoff, B. (2003). *The Cultural Nature of Human Development*. Oxford, NY: Oxford University Press. 3.

{"There are two lasting bequests we can give our children: One is roots. The other is wings."}

— Hodding Carter Jr.

Safe, Healthy, and Appropriate Physical Environments

Illinois Birth to Five Program Standard I.E.

The physical environment of the program is safe, healthy, and appropriate for children's development and family involvement.

The physical environment promotes healthy growth and rich child-family relations and learning. The environment should provide security from physical and emotional harm. An appropriate physical environment should be conducive to positive and enriching experiences, should stimulate children's minds, promote discovery, and reinforce positive family relationships.

Quality Indicator I.E.1. The program implements local and state health and safety guidelines.

Center-based and Home-based Groups of Children

Learning occurs as children touch, manipulate, and think about objects, experiences, and people. This requires a safe and healthy environment. The furnishings, equipment, and materials must be attractive, well maintained, and appropriate to facilitate infant and toddler development as well as family participation. Facilities including indoor and outdoor play areas must be accessible and accommodate all children and their families.

All components of birth to three programs are related to each other as well as to the environment. The physical environment must reflect the program's mission and its goals. All planning should involve the staff and consider the participants.

"Enduring and responsible human relationships are critical for the infant. During the first three years of life, the safety, comfort level and variety of stimulation available in the physical environment also affect developmental process. It is the baby's caregivers, however, who mediate his world. Through the physical environment and experiences they offer, they activate, nourish, and facilitate growth within and across all developmental areas or, conversely, act in ways that impede progress." (Fenichel, E., and Eggbeer, L. 1991)

"The physical environment—indoors and out—can promote or impede intimate, satisfying relationships. The environment affects caregiver/infant relationships. Carollee Howes discovered that in family day care homes in which dangerous objects and fragile prized possessions had been removed from the area in which infants and toddlers played, caregivers smiled more, encouraged exploration, and gave fewer negative comments ('Don't touch that!') to infants and toddlers. In an infant/toddler center, a hammock invites a caregiver to cuddle one or two babies.

"The environment affects caregiver/parent relationships. A comfortable place for adults within the children's environment can encourage parents to visit throughout the day and can also be used to encourage continued breastfeeding with infants. A place for parents to sit com-

fortably for a moment at the end of the day acknowledges the parents' needs and encourages conversation.

"The environment affects relationships between children. The amount and arrangement of space and the choice and abundance of play materials can either increase the chances that young children will interact positively with each other or increase the likelihood of biting, toy pulling, and dazed wandering.

"The environment can encourage or impede flexible, individualized care in a group setting. With easy access to the outdoors, the daily rhythms of infants and toddlers can be accommodated. In too many centers, however, infant/toddler time on the playground is rigidly scheduled and subordinated to the schedules of groups of older children. Infants and toddlers need small amounts of food and drink throughout the day to support their emotional, social, and physical well-being. A child who is thirsty or hungry cannot interact successfully with other children or adults. A small refrigerator and modest equipment for warming food will allow caregivers to feed infants on demand and offer snacks to toddlers frequently. But too often in child care settings, feeding routines accommodate the kitchen rather than the child." (Lally, Torres and Phelps, 1993)

Center-based Illinois Prevention Initiative programs providing child care must comply with the Department of Children and Family Services licensing guidelines. In addition, they must comply with local health and safety guidelines established by the Department of Public Health and local fire departments. All these guidelines must be researched and used to develop program policy. Best practice would indicate that all Prevention Initiative programs, whether providing child care or not, should try to comply as much as possible with licensing and public health guidelines in order to provide the utmost health and safety of their students and parents.

- Review existing health and safety guidelines as well as the characteristics of the program participants.
- Develop a policy appropriate for the program. Consider budget and space limitations and set priorities.
- Provide appropriate orientation for the staff and volunteers on health and safety guidelines.
- Maintain a list of children's health precautions for staff awareness.
- Apply health and safety policies to all aspects of the program, including the participants, and enforce them.
- Keep current child health history and immunization records in the program files and implement a system of tracking through regular and frequent records review.

- Develop guidelines for volunteers.
- Provide changing tables with accessible clean diapers, wipes, gloves, and other supplies.
- Provide an interesting visual environment for infants and toddlers being changed on the changing table.
- Post diaper changing procedure above diaper changing area for adult to consult while changing diaper. Include hand washing procedures.
- Provide sinks adjacent to the diaper changing tables.
- Provide child-sized toilets, safe step aids, and modified toilet seats or potty chairs that are easily sanitized for children being toilet trained.
- Conduct daily, weekly, and/or monthly environmental checks of the following:
  - accessibility;
  - appropriate use and layout of space;
  - cleanliness and attractiveness;
  - condition of furnishings and equipment;
  - condition of toys, manipulatives, and all materials;
  - food preparation;
  - lighting, ventilation, and temperature control;
  - noise level control;
  - restrooms, diaper changing areas, and rest areas.
- Develop a field trip policy with the following requirements:
  - research the potential field trip environments prior to visit;
  - preplan with the staff;
  - discuss appropriateness of trip for infants and toddlers (why are you going?);
  - discuss insurance issues;
  - determine who and how many will participate;
  - develop a "field trip flyer" for parents with all necessary information;
  - develop an emergency plan; and
  - inspect, prepare, and take "first aid" kits.

Field trips require careful planning and implementation to assure the health and safety of all participants. The National Health and Safety Performance Standards from the Maternal and Child Health Bureau state, "Injuries are more likely to occur when a child's surroundings or routine change. Activities outside the facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety measures unless they are closely supervised at all times." (MCHB 2011).

- Evaluate the implementation of the established guidelines periodically and keep the results of the evaluation. This procedure will indicate if it is necessary to update the guidelines.
- Be informed about and follow Universal or Standard Precautions. "Universal or Standard Precautions" is a term defined by the National Health and Safety Performance Standards that describes 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."
- The Occupational Safety and Health Administration (OSHA) requires workers who might come into contact with blood and other body fluids (such as stool, urine, vomit, drainage from wounds) to practice the following:
  - Wash hands
  - Use latex gloves
  - Disinfect the environment
  - Dispose of materials properly
  - Develop an exposure control plan for blood-borne pathogens.

Transportation

Transportation of preschool age children, and sometimes their families, to programs or to community resources in school buses or in agency vehicles has become much more commonplace, and in many cases required. Transporting infants and very young children in school buses or agency vehicles presents unique challenges that providers must consider, especially the safe selection of child safety restraint systems (CSRSs) and their proper securement in the school bus or other vehicles.

NOTE: Programs must make policy decisions about whether staff should transport children and families in their own personal vehicles. There could be legal and insurance issues to consider. Programs should research this and possibly seek legal advisement.

Following are some helpful links to websites that discuss safe transport of very young children:

- This resource document was created by the Pupil Transportation Project Team, Infant, Toddler and Preschool Subcommittee convened by the Illinois State Board of Education. It outlines the current requirements regarding the transportation of very young children without special needs and provides guidance for the safest possible ride. Retrieved from http://www.isbe.net/funding/pdf/prek_transport.pdf
- This resource from the Illinois State Board of Education, Pupil Transportation division, is about school bus safety for parents. Retrieved from http://www.isbe.net/funding/pdf/bus_safety_parents.pdf
- The following link is to a one-page paper from the Mid-West Transportation conference in 1998 on "Transporting Pre-K: Why is it different?" Retrieved from http://www.isbe.net/funding/pdf/transport_prek.pdf
- This document is from the National Safety Council and is titled "School Bus Safety: Infants, Toddlers and Preschoolers." Retrieved from http://www.nsc.org/news_resources/Resources/Documents/School_Bus_Safety_Infants_Toddlers_and_Pre-schoolers.pdf
- The National Association of State Directors of Pupil Transportation Services provides links to the National Head Start Transportation regulations, and two informative links on Child Safety Restraint Regulations. Retrieved from http://www.nasdpts.org/Programs/Preschool.html

ADDITIONAL IDEAS AND RESOURCES

- Participate in seminars and workshops that explore health and safety guidelines for birth to three programs.
- Invite local representatives from the fire, health, and other social service agencies to come and present to staff and parents.
- Use the following resources to upgrade program policies:
  - *Caring for Our Children-National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs* by the American Academy of Pediatrics (3rd edition, 2011). Retrieved from http://nrckids.org/CFOC3/
  - *Healthy Young Children: A Manual for Programs*, 5th edition, National Association for the Education of Young Children. This book is based on the standards in *Caring for Our Children*, Third Edition, and is a "go-to" resource for current, practical, evidenced-based health and safety information in early care and education settings.

- Head Start Performance Standards, retrieved from http://eclkc.ohs.acf.hhs.gov/hslc.
- Maternal and Child Health information, retrieved from http://mchb.hrsa.gov/ and also at http://www.ilmaternal.org/
- Illinois Department of Children and Family Services Licensing Standards, retrieved from http://www.state.il.us/dcfs/policy/pr_policy_rules.shtml

REFERENCES

1. 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. Retrieved from http://nrckids.org.
2. Fenichel, Emily, and Linda Eggbeer. (1991). *Preparing Practitioners to Work with Infants, Toddlers, and their Families: Four Essential Elements of Training.* Infants and Young Children: An Interdisciplinary Journal of Special Care Practices 4 (2): 56-62.
3. 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..

Quality Indicator I.E.2.

The program décor, furnishings, materials, and resources are appropriate for the ages of the children and their families.

Center-based and Home-based Groups of Children

The physical facility should be welcoming, comfortable, and attractive. It should be suitable for the activities conducted. Children should have freedom of movement and the families be encouraged to interact with each other. Relevant aspects of culture and/or ethnic background of the participants should be considered in the layout and décor. Another important factor is to provide children with a sense of permanency by avoiding big changes in the place where they meet regularly. A place that is organized will influence the children and family to develop organizational habits. A sense of order in the environment will provide a place appropriate for children and families to play and learn. This does not imply that some changes cannot be made periodically. Changes necessary for health and safety and program success should be made. Planning and coordination of activities and materials in relation to the environment are essential for success.

As mentioned earlier, **the physical environment of a center for infants and toddlers must, at a minimum, meet NAEYC guidelines.** Programs will also want to try to meet at least the minimum level of quality on the Illinois Tiered Quality Rating and Improvement System (TQRIS). See the link for more information on this scale. Retrieved from http://www.isbe.net/earlychi/html/birth-3.htm.

Center programs providing child care must also meet Illinois Department of Children and Family Services Child Care Licensing Standards for infants and toddlers. See link for more information about DCFS standards. Retrieved from http://www.ilga.gov/commission/jcar/admincode/089/08900407sections.html.

A process should be established by which the program acquires new materials, resources, and furnishings, as well as for evaluation of the existing environment including its contents. In some programs this responsibility may fall upon the leadership, while in others there may be a staff committee or work group that takes on this task with input from others. Involve members from the board or family representatives as part of the work group or to provide input.

- Look at catalogs to get ideas about materials for purchase in coordination with the curriculum.
- Select materials that encourage active involvement of the children and their families.
- Reflect on what would be most appropriate, considering the range of ages and characteristics of the participants.
- Consider the children's gender when ordering materials to stimulate diversity in learning and play.
- Consider what materials will hold the children's interest.
- Choose a variety of materials, making sure that they are soft and cuddly, but durable and washable, stimulating, and attractive.
- Have enough materials to accommodate the activities and the number of participants. Provide multiples of certain toys or materials to avoid participant frustration.
- Be prepared to change materials and equipment if an emerging situation requires it. A pre-arranged and gracious substitution can save the situation from failure.
- Withdraw toys or other materials that prove to be inappropriate.
- Rotate materials to maintain interest and extend involvement.
- Provide a quiet area to stimulate parents to read aloud to their children and/or talk to each other.
- Use music appropriately to promote mood and creativity and facilitate transitions.
- Assure that order and cleanliness do not inhibit children's spontaneous and creative play and activities.
- Make the space child and family friendly so when they come in, they feel "at home" because they are welcomed, greeted, and invited to enjoy the space and materials.
- Consider the cultural and ethnic composition of the participants when decorating the physical space to make them feel welcome and contribute to their own pride and self-esteem.
- Provide adequate lighting, ventilation, temperature control, and sound-absorbing materials in the environment.
- Allow ample space for children and families to move freely and be unrestricted in the environment.
- Exchange rooms for different activities.
- Seek different options to overcome shortcomings in space; for example, alternating activities, holding activities such as family gatherings in a community hall, or scheduling activities at a time when they can be held outdoors.
- Arrange play areas to ensure safety. Explain safety rules to parents, including the reasons for them.

ADDITIONAL IDEAS AND RESOURCES

- Visit a program that has been in operation to get ideas, recognize valuable characteristics, and assess problems to avoid in the program environment.
- Attend a workshop or seminar on creating appropriate environments for infants and toddlers
- Consult National Association for the Education of Young Children, High Scope, Baby TALK, and Head Start about appropriate environments and materials for infants and toddlers.
- Visit a children's museum for creative ideas.
- Visit pertinent websites. An example would be to search for the National Resource Center for Health and Safety in Child Care. Retrieved from http://nrckids.org/

REFERENCES

1. 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..

{"Children truly are the future of our nation. We owe to them, and our nation, to ensure that all children are born with the best possible chance to live, love, grow and excel."}

— Irving B. Harris

Effective Leaders

Illinois Birth to Five Program Standard I.F.

The administration promotes and practices informed leadership and supervision. The administration participates in and encourages ongoing staff development, training, and supervision.

Effective leaders set the professional tone of the program as they model best practices. They encourage staff to expand their knowledge of working with young children and their families. The leadership will ensure access to professional development opportunities that enable staff to meet this challenge.

Quality Indicator I.F.1.

The leadership takes advantage of opportunities for advanced learning regarding current best practice in the early childhood field.

The director of the program needs an educational background in child development and/or social services in order to provide the staff with effective supervision and technical assistance. However, in a field where new research, information, and methodologies to support best practices are changing, the need to keep current can be achieved through a well-designed plan supported by policy of educational training and planned participation in informational meetings, conferences, and peer discussions.

In order to provide adequate supervision and technical assistance to the staff, the administrator of a program should update her own knowledge of birth to three program practices regularly and consistently. The administrator must provide timely assistance and support based on the individuality of the staff so that the staff can develop and grow with the job, as well as effectively meet the challenges of working with children and families. The program leadership is instrumental in encouraging the staff to learn and improve their practice, to increase their knowledge base, and to grow personally.

The administrator needs to have basic knowledge of the participants' learning styles, cultural differences, and professional and personal information. Based on this knowledge the leader can provide adequate training and assistance to the staff so that they may effectively respond to the families. Moreover, the administrator needs to effectively assess the interactions and relationships between the staff and children and their families as well as the quality of services provided.

An administrator can be a facilitator for the staff's training and development and will capitalize on staff member strengths and valuable ideas. Staff development experiences can bring the administrator and staff together and deepen the appreciation for and recognition of each other's valuable knowledge, experience, and expertise, thus becoming partners in learning.

Sometimes administrators feel that by attending meetings, workshops, conferences, and/or forums, they are neglecting other important

duties because of their busy schedules. The provision of continued learning and professional development opportunities for the staff and administrator is an important priority in order to be well informed about quality program practices.

The program leadership sets the tone regarding the appreciation and value of advanced learning when setting a personal course of action. The staff members will tend to reflect this attitude and value when designing their own plans for professional development.

- Develop an administrative professional development plan early in the program year in order to schedule workshop/conference attendance, including making necessary contingency plans for absence from the program site.
- Read new pertinent literature and research, followed by discussion with staff to share and expand everyone's knowledge.
- Participate in birth to three meetings, committees, lectures, conferences, and seminars to obtain current information and provide feedback to the staff.
- Participate in management meetings to enhance decision-making skills.
- Acquire information on current health, educational, economic, and political trends relevant to the field, and share with the staff to enhance their development and growth.
- Learn about relationship building in order to relate with all staff members.
- Strive to establish a partnership with staff by learning together.
- Gain knowledge of the cultural and ethnic characteristics of the participating community in order to act in a well-informed manner when the administrator's intervention is necessary.
- Be aware of outside sources for personal and staff professional development opportunities.
- Subscribe to and read educational periodicals, newsletters, and journals that may have good information to enhance the program operation and support for staff.

ADDITIONAL IDEAS AND RESOURCES

- Explore websites with relevant information to keep abreast of advances in the field. (See website list.)
- Look for resources for professional development from the community that may be less costly than other lecturers, trainers, or commercial training packages.
- Seek ways of sharing the cost of contracting professional training with other neighboring programs that provide similar services.
- Participate in Birth to Five Program Forums, to obtain and exchange valuable information from colleagues about relevant training for self and staff.

See additional information in Personnel Section of this Manual.

Quality Indicator I.F.2.

The leadership assures that all program staff takes advantage of opportunities for advanced learning regarding current best practice in the infant/toddler or preschool field.

The administration should lead the staff toward careful reflection on the status of their professional development. It is inevitable that one will become engrossed in the many tasks required in starting a new program or a new program year. Because of this, the administrator and staff may neglect to address the need for the staff's continued learning and further education. Staff development activities should be planned and designed early, collaboratively, proactively, and in detail. A conscious effort must be made to address the staff's need for professional and personal growth and learning, thus augmenting knowledge in specific areas and enhancing job performance.

In a bicultural setting, mutual learning is an essential part of effective training. The facilitator who is a respectful learner can help build bridges between cultures. The early childhood teacher who gains skill in bridge crossing can become a "cultural broker" for children, parents, and other teachers in her community.

When members of the staff become involved in the daily activities of providing services, there is a tendency "to do things as they have always been done." It is important to remember that services can be enriched by integrating new ideas gained from successful professional development experiences that staff members have had throughout the year.

By reviewing old methods, examining outcomes, and experimenting with new systems and approaches, staff performance is greatly improved. This process, with appropriate and supportive supervision, constitutes experiential staff development and contributes to the staff's personal growth and continuous learning.

Life and work experiences can be career enlightening. Staff, including paraprofessionals, should be strongly encouraged and assisted to continue their education. Staff development is an ongoing process, never fully accomplished, always with new perspectives and aspirations. These aspects make it more challenging and full of promise.

The program leadership should inform the staff of advanced learning opportunities including:

- Conduct a survey to determine each staff member's preferences for learning and personal needs.
- Recognize each staff member's strengths and support their growth.
- Strive to have staff development that is realistic, feasible, applicable, and appropriate to the needs of the staff.
- Work together with the staff to identify their needs for professional development, and match them with the appropriate resources.
- Explore different means of providing professional development that is affordable and accessible.
- Draw a detailed and practical staff development plan that includes attendance at seminars, workshops, courses, conferences, and forums.
- Encourage staff to develop a professional development portfolio including visitations to other programs; on-site training; memberships in associations; attendance at meetings, lectures, and conferences; curriculum development; and presentations to groups to name but a few.
- Allocate necessary time and resources when developing the program budget.
- Praise efforts and celebrate successes.

ADDITIONAL IDEAS AND RESOURCES

- Research staff development opportunities that are offered at minimum or no cost and in locations convenient to the program, such as the Illinois Resource Center, Illinois STAR NET, and other opportunities.
- Review documentation of activities in the professional development portfolio, reflect on gaps, and plan for additional opportunities.
- Consider developing a plan for staff retention that would include staff appreciation, recognition, support for professional development, and released time to participate in training.
- Consider implementing a model of mentorship in the program's staff development plan where every staff member teaches and learns.

See additional information in Personnel Section of this Manual.

"Even the highest towers begin at the ground."

— Chinese Proverb

Child Abuse and Neglect Reporting

Illinois Birth to Five Program Standard I.G.

All birth to five programs must follow mandated reporting laws for child abuse and neglect and have a written policy statement addressing staff responsibilities and procedures regarding implementation.

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

Quality Indicator I.G.1.

The program leadership familiarizes staff with the Abused and Neglected Child Reporting Act [325 ILCS 5] as well as with the program's policy. This should be included as part of new staff orientation and, at a minimum, be reviewed annually.

Child abuse and neglect are concerns of all who have children under their care. Unfortunately, they are prevalent and happen with more frequency among families who are at risk. Therefore, the staff of a program that serves children and their families must be alert and well informed about the Abused and Neglected Child Reporting Act. Being alert does not imply looking to find cause where there is none, but being knowledgeable, attentive, and objective if there are signs that there is cause for concern. The administration must develop criteria for identifying child neglect and abuse, provide proper and relevant training for the staff, and define responsibilities and procedures to assure that appropriate action is taken when necessary.

Illinois Department of Children and Family Services defines child abuse as the mistreatment of a child under the age of 18 by a parent, caretaker, someone living in their home, or someone who works with or around children. The mistreatment must cause injury or must put the child at risk of physical injury. Child abuse can be physical (such as burns or broken bones), sexual (such as fondling or incest), or emotional.

Without an effective and appropriate policy, a very dangerous situation may arise and decisions could be randomly made without considering all the implications. It is important to consider that most parents do not intend to harm their children. Rather, abuse and neglect may be the result of a combination of psychological, social, and/or situational factors. The program plays an important role in the prevention of child abuse and neglect.

On reporting child abuse and neglect, the program administration and staff will act as a link with the agency that has the legal obligation to take charge of the case and continue with the process.

It is important that the administration and the staff of a program for children and families have established a working relationship with the local agency that is designated to act on a case of child abuse and neglect.

Your school district or agency probably already has a Child Abuse and Neglect policy in place. However, if it does not, here are some recommendations and links to more information.

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

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

An orientation about child abuse and neglect should be held for all staff, new and old, to review and discuss, in general terms, what constitutes child abuse and neglect, and the policy and procedures that must be followed if there is evidence they exist.

The initial orientation should be followed by a formal training to review the mandate and discuss probable, though fictional, cases of child abuse and neglect, using them as examples to demonstrate the difference between perception and reality of child abuse and neglect. It is imperative that the staff understands the seriousness of complying with the law as part of the training.

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

The protocol, confidentiality, skill, prudence, and objectivity of the process are extremely important factors. In such a delicate matter no one should act impulsively or hastily, but tactfully, cautiously, and judiciously.

ADDITIONAL IDEAS AND RESOURCES

- Link to the Illinois Department of Children and Family Services website on mandated child abuse/neglect reporting. Retrieved from http://www.state.il.us/dcfs/index.shtml
- Link to online Illinois Department of Children and Family Services training which offers a certificate at the end of the training. Very useful for new staff orientation. Retrieved from http://www.state.il.us/dcfs/child/index.shtml
- Link to online articles on Child Abuse and Neglect and the earliest years from ZERO TO THREE. Retrieved from http://www.zerotothree.org/maltreatment/child-abuse-neglect/child-abuse-and-neglect.html
- Illinois' Safe Haven law was written to provide a safe alternative to abandonment for Illinois parents who feel they cannot cope with a newborn baby. It offers safe havens for newborns. Retrieved from http://www.saveabandonedbabies.org/resources/illinois-safe-haven-law/index.html
- Discuss with the families the role of the program as an important factor in protecting children and supporting families.
- Identify ways to involve the community in working together in the prevention of child abuse and neglect and develop a program as a preventive measure to strengthen the family.
- Consult literature and locate other helpful resources relevant to child abuse and neglect as well as seeking additional information on the cultural implications regarding this issue.

Quality Indicator I.G.2.

The written policy must include procedures for documentation and follow-up of reported abuse.

The birth to three program administration and staff must understand that in a case of child abuse and neglect their role is to report the case. They will not directly exercise the law but will be the link with the agency that has the legal obligation to take charge of the case and its process. However, as birth to three program providers and members of the community, they may concern themselves with the outcome of the process.

The program staff may help as intermediaries to secure assistance, counseling including interpreters and placement, or protection for members of the family. For these and possibly other circumstances, it is important that the program have a written follow-up policy and procedures that define who, what, and how to do it. It is in the interest of the affected children and their families that they receive appropriate assistance and protection.

Records must be kept of the whole process. These records must be objective, precise, complete but concise, and supported by dates and other information that could be important if a case needs to be reviewed.

- Develop a follow-up policy and guidelines including a protocol and procedures for child abuse and neglect reporting.
- Make sure records are complete and filed in one secure location.
- Review the follow-up communication policies to identify breaches of confidentiality that could negatively affect the case or involved parties and move to make necessary changes.
- Hold a review, including professional discussion of the case, as an opportunity to learn from the experience and plan for the future.
- Give an opportunity to all staff involved to bring closure to the matter by expressing their personal feelings as caregivers.

ADDITIONAL IDEAS AND RESOURCES

- Look at child abuse and neglect procedures of other birth to three programs.
- Explore opportunities to attend seminars or workshops that address child abuse and neglect.

- Review and evaluate the policy and procedures to assess if they need to be revised, updated, or approved as valid and workable.
- Check out the Child Welfare Information Gateway, which connects child welfare and related professionals to comprehensive information and resources to help protect children and strengthen families. These resources feature the latest on topics from prevention to permanency, including child abuse and neglect, foster care, and adoption. Retrieved from http://www.childwelfare.gov/

{ "Help them fight monsters, beasts and ghosts in life and in nightmares." }

— Parents Care & Share of Illinois

Program Budget Guidelines

Illinois Birth to Five Program Standard I.H.

The program budget is developed to support quality program service delivery.

The program budget supports effective quality programming. It must reflect the human and material resource needs of the organization with consideration for competitive salaries and benefits for staff. In addition, funds should be allocated to support parent participation, staff development and training, purchase of equipment and materials, and the maintenance of facilities.

Quality Indicator I.H.1. Sufficient funds are allocated to support human resources.

The human factor is undeniably the key element in service provision. Programs, whose main objective is to provide services and interact with people, are largely dependent on the persons who provide these services. The quality of services in birth to three programs is largely determined by the quality of the staff serving the participants. Moreover, because the training needed for continuing and new personnel becomes a continuous process, the training line item can be depleted quickly. In some cases staff members are not well trained or trained at all due to the challenges presented by staff turnover and budget constraints.

In order to secure good personnel to work in programs that strive to be the best, the issue of salary cannot be dismissed lightly. Most of the time programs for children and families have significant staff turnover because wages in this field are not competitive. Personnel turnover affects services negatively. Because of it, there is lack of consistency, continuity, and constancy. Staff turnover does not contribute to establishing trust and stable relationships between the program staff and the children and families.

Some programs do not provide benefits such as health insurance in order to save money. A birth to three program should help the families improve their quality of life, including health maintenance. In order to be credible and ensure that the quality of services meets the desired levels of high standards of practice, the program must deliver the same message and benefits to its staff as it does to the program participants and advocate for staff health benefits. Salaries and benefits must be considered very carefully when working out the budget.

An assessment of the community and its needs will allow the leadership to determine the program's priorities according to the program's goals and available resources. This will help determine the choices, intensity, duration, and location of program services. In addition, it will help determine the number of participants served.

The leadership should consider the assessment results and implement the following steps when developing the budget:

- Set the budget by considering program goals, objectives, and outcomes.
- Prioritize the funds received according to proposed expenses and services.
- Identify the number of program participants who are able to be supported by the funding resources.
- Establish the number and kind of personnel resources required.
- Identify activities that can be done by volunteers such as child care while parents participate in a class, workshop, or group discussion.
- Start with what is doable and progressively build the program as the year progresses, always bearing in mind the budget support available.

ADDITIONAL IDEAS AND RESOURCES

- Observe if staff members are properly assigned and consider making adjustments.
- Develop a plan to review assignments considering staff performance and service needs as changes may occur as the program year progresses.
- Consider rewarding outstanding performance with a salary increase, bonus, perk, or position advancement.
- Develop a plan for upgrading salaries and benefits that would show that good performance is valued and demonstrates an effort to improve equity of compensation among education and care professionals.

Quality Indicator I.H.2. Sufficient funds are allocated to provide staff development and training.

A decisive plan, along with sufficient funds, assures that staff development is well planned and effective. Otherwise it may be erratic, sporadic and ineffective. The administrative structure of the birth to three program must influence those making budget decisions for the program to recognize the importance of staff development and training.

Many workshops are available at no cost to staff from state and other programs. However, staff members may need a particular training that follows a specific plan or is determined necessary as a result of an evaluation. It is important that funds are budgeted to support this.

In addition, staff development can occur at the local program level and may include supervision, mentoring and staff meetings. Staff meetings with open discussions about the staff's own experiences from their work can be a very good source of personal training if they are allowed to express their experiences and ask questions without fear of being rated or judged. These meetings may offer staff members the opportunity for group exchanges, to share successes and fears, to express doubts about their work, and to ask about effective methods and strategies in early childhood practice. It is important for staff to be acknowledged and reassured and to feel supported in their work.

One of the barriers staff encounters in continuing their education is that the wages they are paid may not allow them to afford classes in higher education. The demands of working and raising a family often make it impossible for them to continue their education, regardless of their ambition to improve and the desire to have better remunerated jobs. While great efforts are made to improve the lives of the participating families, assistance for staff members who want to work toward better paying jobs, educational growth, or a professional career is often not extended. The program leadership should address these issues while seeking all possible avenues to overcome any or all obstacles.

The following suggestions can assist program leadership in the process of building funding supports:

- Demonstrate leadership by guiding the staff to grow personally and educationally, making use of available and newly created resources.
- Consider staff's training expenses as part of the cost that must come from staff development funds.
- Analyze if the program budget for professional development needs adjustment because of staff goals, their professional development plans, and future career opportunities.
- Address the additional skills needed by staff and allocate funds.
- Make a particular training cost affordable by coordinating and collaborating with another program, to share the cost.
- Analyze if the initial goals have evolved and changed because of the work experience and/or new discoveries.
- Review staff progress, review plans and goals, and assess outcomes, to determine new opportunities for training.
- Analyze barriers that have impeded staff in accomplishing goals, and develop strategies to overcome such barriers.
- Adjust existing expenditure plans in regard to the availability of funds remaining for the year.
- Strive to make staff development a comprehensive system, with the ultimate goal of encouraging staff members to pursue college credits, possibly leading to a degree—and if possible, with program fiscal support.

ADDITIONAL IDEAS AND RESOURCES

- Work with other programs and look into different strategies for funding staff development and training.
- Consult the Ounce of Prevention Technical Assistance Project, the Illinois Resource Center, or Starnet for regional workshops at no cost that are available to ISBE funded program staff and others as space allows.
- Contact other programs in your area to build collaborations to offer training that addresses similar needs.

Quality Indicator I.H.3.

Sufficient funds are allocated for material resources to support quality programming.

The availability of sufficient funds is basic to the success in early childhood programming. When funds are in short supply, programs may resort to different means to attain their goals. The program's leadership may try to look for less expensive materials, often resulting in poorer quality. However, in a program for infants and toddlers and their families, it is important for materials to have certain characteristics and degrees of quality. Some specifications must be followed and standards applied. As with other items in the budget, it is critical to analyze quality, quantity, purpose, and expectations for materials in order to allocate adequate funds. Materials should correlate with the curriculum and planned activities. Furthermore, the need to replace materials in poor condition must also be considered in the budget.

Sara Packer, in the article "The Effects of Scarcity and Abundance in Early Childhood Settings," expresses the concept of abundance as: "Abundance does not mean a wealth of expensive items but rather large amounts of a wide and interesting variety of materials. Recycled materials and the creative use of inexpensive items such as duct tape and cardboard boxes can go a long way toward creating a feeling of abundance in children's programs." (Packer 2000)

Keep in mind that the most basic goal of the program is to promote parent and child interactions for both the center- and home-based options. This goal must guide the curriculum and indicate what materials will carry and support all activities. Remember also that certain materials will be more conducive than others to stimulating parent and child interaction, such as books, blocks, balls, games, and puzzles.

Plan to purchase materials that will be progressively more challenging to the children and families and offer opportunities to explore, create, investigate, develop skills, and solve problems, as well as being entertaining. The following are important factors to consider when planning the budget line items for materials and equipment:

- The program administrator must coordinate the purchase of materials and equipment with input from staff.

- Keep in mind program expectations when materials and equipment are purchased, so that they encourage parent/child interactions and coordinate with the curriculum.
- Get materials that are age appropriate and adequate, considering the participants' interests, the sturdiness of the materials, quantity, attractiveness, and size.
- Obtain materials that are gender and culturally relevant and reflect the characteristics of the participants.
- Get materials that are stimulating and challenging in the development of new skills.
- Explore the possibility of purchasing some toys and materials from a local merchant if less expensive than those purchased through the catalog.
- Investigate if some local merchants would donate materials for the program.
- Recognize that children's minds reach further than their age or size may indicate. They need appropriate stimulus for their brains to function and continue healthy growth and development.
- Buy only a portion of materials at the beginning of the program year to allow the administration and staff time to observe and assess the group's interests, inclination, participation, involvement level, use of materials, and curriculum application before buying more.
- Accept donated materials and/or equipment only after examining that they are safe and have not been recalled.
- In the home-based option, Roggman, 2008, states, "Perhaps the most valuable resource is in the everyday routines of the family. Regular everyday family routines are a major source of developmental opportunities for young children. By helping parents discover ways to use routines such as cooking, cleaning, and shopping to foster development, facilitative practitioners help parents take advantage of frequent, easy, and available opportunities to promote the early development of their young children." There are many teaching opportunities found right in the families' homes.

ADDITIONAL IDEAS AND RESOURCES

- Review the budget and purchases that the program has made.
- Visit other programs to get ideas regarding equipment and supplies.
- Attend conferences that have displays or exhibits of materials.
- Visit places developed for children such as museums, gardens, playscapes, and galleries.

REFERENCES

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

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

Quality Indicator I.H.4.

Sufficient funds are allocated to encourage and support parent participation in all program activities.

One of the goals of a program for children and families is to provide support and adequate resources for parents and children to develop healthy and enthusiastic interactions. Funds to support and implement families' participatory experiences must be allocated in the budget to ensure that there are consistent opportunities to strengthen parent/child interactions and build social support among the families.

An effective way to demonstrate appropriate behavior is through modeling. This can be achieved best through activities such as home visits, playgroups, and group sessions. Parents will observe effective interactions that they can do at home with their children.

To gain parents' respect and trust, and to assure the effectiveness of the activities and experiences, staff members must be sensitive and trustworthy. Activities should be conducted at the parents' level of interest in a non-patronizing manner. Strategies to achieve effective communication and assure parents' participation include planning educational activities in a social context such as lap-sits, play sessions, parent sharing meetings, group discussions, and breakfast meetings.

All of this may require more than just planning schedules and activities. It may require providing additional services such as: transportation, snacks and other food, and items such as those for scrapbook making and other arts and crafts that can be repeated or used with the child at home. Home visits, classes, workshops, make and take sessions, cultural celebrations, and other activities foster more interest among the participants if they receive some article or hand-out that has intrinsic and meaningful value for them and reinforces their learning. It shows evidence of their participation as well as reminding them of a positive experience.

Field trips for the children and their families are also very effective educational experiences, which should be at no cost to the parents. The families' active participation in group activities with their children helps them grow together as they play and learn. Perhaps the most important effect is that by sharing with their children, a special

bond is created. It will also earn the child's admiration when they realize that their family shares an interest in an activity done together.

Program leadership should consider the following when planning their budgets to support parent participation:

- Budget money for activities with the children and their families as an integral part of the program's operation.
- Match activities with the schedule, curriculum, and participants' characteristics, and estimate the cost.
- Budget home visits as an important component that should be thoughtfully planned and estimated.
- Plan playgroup activities based on desired outcomes, and include the materials that will be needed.
- Budget for parents' educational groups, including materials.
- Budget field trips so that the children and parents may share valuable learning experiences. Make sure field trips are developmentally appropriate for very young children.
- Make family-child activities significant, inspiring, and fully funded by the program.
- Develop a budget to include needed transportation for families.
- Explore funding for parent participation in workshops, classes, and conferences with complete or partial funding support.
- Budget adequate acquisition of appropriate materials for a Resource/Lending Library.
- Provide funding support for social celebrations, including food, as this helps families build relationships by providing opportunities for sharing and interaction.

The administrator and the staff must periodically review activity plans, analyze outcomes, celebrate successes, examine barriers to success, and discuss different strategies to improve outcomes and effectiveness. At the same time, assess if what was budgeted was adequate or needs revision.

ADDITIONAL IDEAS AND RESOURCES

- Visit organizations in your community to identify additional funding sources.
- Become a member of and attend a Birth to Three Forum to share ideas and funding resources as well as to learn from others about innovative parental involvement activities, including the successes as well as pitfalls to avoid.
- Research websites that have excellent articles on involvement of families in programs for infants, toddlers and their families, such as www.ehsnrc.org
- Reflect on the participation of families for evidence of participation levels and cost effectiveness.

Quality Indicator I.H.5. Sufficient funds are allocated to support an evaluation process for program effectiveness and outcomes.

Assessment of a program is an account of specified actions, events, and/or outcomes. It is conducted after the program has been in operation for a period of time as identified in the evaluation plan. Careful collection of records that document progress or lack of it is important and necessary. The data collection to support changes and reaffirm current activities is a process that requires a system, time, and resources.

The program's budget must also include funds to implement this internal evaluation. Section III, Developmental Monitoring and Accountability of the Illinois Birth to Five Program Standards, addresses the need to conduct adequate and regular evaluations of programs for children and their families.

The results of the internal evaluations will assist the administrator and staff in reviewing the standards as well as the program goals and objectives. In fact, an evaluation will give insight for all elements of the program. It will provide an opportunity to address funding, based on the effectiveness of activities, curriculum, schedules, and efficiency of program operation. The adequacy or inadequacy of funding will also be evident. The program evaluation will indicate if revisions to the budget are necessary.

See Section III on Developmental Monitoring and Accountability, Standard III.C., for more information on Evaluation.

When developing the evaluation budget for the program, the following should be considered:

- Discuss the reasons for conducting an evaluation.
- Discuss allowable expenses for the evaluation.
- Ask if the staff understand the goals and objectives of the evaluation, allowing time for expressing concerns and/or questions.
- Reflect with all the staff on all aspects of internal and external program evaluation.
- Ask everyone to give their candid impressions to eliminate fear of negative reactions.

- Allow opportunity for everyone to provide input and reactions to the process.
- Request and encourage responses, suggestions, and recommendations for making improvement or desired changes.
- Agree who is going to be actively involved and who will have supportive roles.
- Develop needed documents, or if using an existing document, review it beforehand.
- Assign a place to keep all relevant or necessary documents for the evaluation process.
- Record all comments, seek team consensus, and adopt prioritized recommendations agreed upon by the group.
- Discuss how the outcomes will be used regarding the program's goals, objectives, budget, and planning of future activities.
- Relate the assessment and results to the budget process.
- Develop a summary report of the evaluation costs.

ADDITIONAL IDEAS AND RESOURCES

- Visit another program to learn how others conduct internal program evaluation as well as cost. Include budgetary support for the visit.
- Request ISBE consultants to assist in budget planning.
- Network with administrators of other birth to three programs at meetings and other events.
- Attend conferences and workshops/seminars on program evaluation and budget planning and preparation.

Please see Appendix A for more specific information about developing a Prevention Initiative budget as well as making your required Expenditure Reports.

{"Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it presents the wise choice of many alternatives."}

— Willa A. Foster

Recordkeeping

Illinois Birth to Five Program Standard I.I.

The program implements effective systems for recording and managing information about the program, its staff, its participants, and learning and developmental outcomes and uses this information to engage in continuous improvement.

Collecting and managing program data is crucial to ensuring services to children and families are of the highest quality. Programs may wish to invest in a computerized data management system that can readily produce reports for continuous program improvement.

Quality Indicator I.I.1.

The program leadership has a data management system in place and staff are trained in its use.

Prevention Initiative programs need to develop a recordkeeping system that will provide accurate and informative data that can be used to track service delivery and outcomes and offer an opportunity for yearly and longitudinal comprehensive program evaluations. Providing sufficient funds for resources to support quality programming is paramount. Prevention Initiative administrators are strongly encouraged to consider moving away from a strong reliance on paper records and replacing the paper system with a web-based data system. Unless your system allows for an electronic signature, some paper records will still be required (such as forms needing a parent/guardian signature like a release of information or parent permission). A user-friendly comprehensive date system will offer Prevention Initiative programs the opportunity to easily demonstrate outcomes and obtain information for continuous program improvement.

Prevention Initiative programs purchasing a web-based data management system should consider the following:

- Essential data system features:
  - Stores important data
  - Easy to use and accessible to all who need to use it
  - Flexible
  - Affordable
  - Real-time access
  - Easily produces meaningful reports
- The data system will:
  - Provide a more effective way to record and track data
  - Increase productivity by increasing efficiency, therefore providing more time to devote to Prevention Initiative families
  - Provide options for collection of qualitative and quantitative data
  - Assist administrators in supervision of staff
  - Assist administrators in meeting reporting requirements
  - Store narrative and numerical information in an easy, user-friendly way that offers simple data entry and retrieval
  - Store information: Families, Home Visitation Service, Outcomes, Benchmarks

- Provide the information home visitors need to maintain fidelity to the model (reminders, etc.)
- Drive continuous quality improvement through longitudinal tracking of families
- Provide users a data system that:
  - Is engaging and appealing
  - Has easy-to-use features such as checkboxes, radio buttons, and pull-down menus
  - Has enter-once data feature
  - Is easy to use and will offer easy access to important data
  - Is forgiving and allows mistakes to be easily corrected (undone) and with minimal penalty
  - Is interactive and will provide real-time immediate feedback
  - Is useful and will offer feedback on information entered such as red flags, measurement scores, etc.

The Illinois State Board of Education may not endorse any product, company, or service. The Data System Services listed below are examples of some of the data systems available:

- Baby TALK - Baby TECH, retrieved from http://www.babytalk.org/baby-tech/
- Health Family America – PIMS, Program Management Information System, retrieved from http://www.healthyfamiliesamerica.org/research/pims.shtml
- Parents as Teachers - Visit Tracker, retrieved from http://www.visittrackerweb.com
- Nurse Family Partnership – ETO, Efforts to Outcome

Quality Indicator I.I.2.

Data is collected on program staff's qualifications, professional development, staff evaluations, and any other area as needed.

Prevention Initiative programs should develop a system for collecting and managing data on their staff. Staff records can be kept either electronically or as paper files. Including the appropriate paperwork in a personnel file can protect both the employer and employee, legally and otherwise. Suggested to include in each staff person's file are the following:

- Hiring letter. This letter documents the employee's start date, beginning salary, office location (if the organization has more than one office), length of probationary period, and any other information the organization requires. The letter can help protect both the employee and the organization, as it clearly sets the conditions for employment.
- Employee's application, cover letter, and resume. This information provides a snapshot of the employee's employment history and can be helpful when writing and submitting grants.
- Form I-9 and Proof of U.S. citizenship, required by federal law. All employers must have employees complete this form and submit the appropriate documentation. Two forms of identification are required to verify citizenship (e.g., driver's license and birth certificate).
- W-4. The employee completes this form, which is required by federal law. Completing it is necessary in order for the employer to withhold the correct federal income tax from the employee's pay. This form also includes "head of household" information and documents the number of dependents the employee will be claiming.
- Document verifying that the employee has read and understands all policies and procedures (regular and personnel). This form should be signed and dated by the employee.
- Emergency contact information form. This form should include the names, addresses, and phone numbers of at least two individuals who can be contacted in case of an emergency.
- Job description, signed by employee, which should include the position's essential job duties (required by the Americans with Disabilities Act), responsibilities, and work expectations (e.g., travel, evening, and weekend work).

- Proof of staff member's qualifications (copy of college transcript, degree, etc.)
- Letters of reference
- A copy of the employee's goals and objectives during his/her probationary period. A condition for permanent employment may be contingent on the completion of these goals and objectives.
- Background check clearance
- Health exams, immunizations, TB tests, if required
- After the probationary period is complete, annual goals and objectives that the employer and employee jointly develop. The employee should clearly understand that s/he will be evaluated on the accomplishment of these goals and objectives.
- Professional development plan for the staff member
- Proof of training (training certificates, CPDU's, college credit) required by program model
- Proof of child abuse/neglect and blood-borne pathogen training
- Documentation of reflective supervision
- The annual performance evaluations, signed and dated by both the employer and employee. The evaluation should identify the employee's strengths and weaknesses, and identify action steps (with deadlines) the employee can take to address specific weaknesses.
- Disciplinary action information, if needed.
- Termination information, if applicable. When an employee leaves the organization, there should be documentation related to the employee's end date (for cutting his/her final check), and the condition under which s/he left (e.g., resignation, firing).
- A record of the employee's accrued and used vacation leave, sick leave, or other types of leave (e.g., jury, maternity).
- Insurance provided to or purchased by the employee (e.g., medical, dental, vision, life, short-term or long-term disability).
- 401k or other retirement plan information.
- Documentation regarding internal and external committees with which the employee is involved. Participation in committee meetings may be a part of the employee's annual goals and objectives.
- Fiscal information needed for payroll.

Ensuring that each employee's personnel file contains the appropriate documentation helps protect the employer and employee, ensures that the employer adheres to all governmental and organizational requirements, and provides emergency contact information in case the employee is involved in an accident. As most of the information in personnel files is confidential, make sure that these files are kept in a locked and secure location.

Quality Indicator I.I.3.

Demographic data is collected on program children and families.

Demographics and Individual Children's Records

The following records must be found in each enrolled child's file:

- Name, address, and phone number
- Age documentation
- Health and immunization record
- Screening results, which include parent interview information
- Written parental permission for screening
- Documentation of a minimum of two risk factors used for eligibility in the program (see Sample Forms in APPENDIX C)
- Income verification
- Demographic and family information (emergency and home information)
- Name and number(s) of anyone else to whom the child can be released
- A copy of the child's birth certificate for licensed center children. This would be Best Practice for home-based children. The Prevention Initiative program should assist parents with obtaining a certified birth certificate for their child. If there is a cost involved that parents cannot afford, the program can help pay for the birth certificate.

During the year, the following information should be placed in each child's working file:

- Family involvement record (parent-teacher conferences and home visits)
- Individual Family Service Plan
- Assessment of child's progress
- Any child or family referrals for needed assessments and services, and documentation of follow-up on any referrals
- Copies of any parent communication to and from the program

The information for each child should be kept intact in a secure place for the required period. If a required document is needed for other purposes, it should be photocopied so that the file is complete at all times. Children's files are subject to all of the rules about family

privacy and confidentiality. Programs are required to have confidentiality policies and to limit access to sensitive information. Families, of course, have the right to copies of their children's files. In particular, the enrollment qualification data (risk factors) should be carefully secured and should not follow the child to elementary school. However, should a child transfer to another preschool program, records should follow the child. See Appendix B regarding "School Records and Transferring Students."

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

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

Health and Immunization Records

Each child must have a health form on file within 30 days of enrollment. The health form must be signed by a health care professional indicating that the child has been examined and may participate in the program.

In a center-based program, each child must also have a record of immunizations (See link to Illinois Department of Public Health for latest Immunization Requirements http://www.idph.state.il.us/about/shots.htm) available at the time of enrollment. Immunizations that are not up to date must be in process and completed within 30 days of a child's enrollment.

It is Best Practice for each home-based child to have a record of immunizations on file. This will be helpful as teachers and home visitors assist families with their children's health needs.

Quality Indicator I.I.4.

Family and child outcome data is collected in order to effectively gauge the success of the program.

Family Involvement Records

The Illinois Prevention Initiative program grantees must provide for active and continuous participation of parents or guardians of the children in the program.

Center-based Care: **If children are in center-based care, families will also be receiving individual meetings with center staff either in their homes, at the center, or at another location.** Programs should use reporting forms either locally designed or from their program model to document all meaningful face-to-face visits and each parent-teacher contact. These must be kept in the child's file. OPTIONAL but Best Practice would be to have the program staff and the family sign off on the home visit/contact reporting form for accountability.

Home-based Option: **Family Involvement records for home-based children will be kept according to the program model used.**

Documentation of Children's Progress

Documentation of children's progress while in the program is required and must be maintained in each child's/family's file.
Appropriate assessment relies on systematic observation of children in the program. Programs needing additional instruments for assessment or other purposes are advised to choose valid and reliable instruments that are not culturally biased and that assess children through the use of familiar activities. Instruments should be used only for the purposes for which they have been developed. In addition, please refer to the Curriculum and Service Provision Section of this manual for more information on assessing children's progress.

Please refer to the section in this manual on Data Management for additional information about documentation.

Quality Indicator I.I.5.

The program accurately completes all required reports as mandated by its funding source(s), including data provided to the Illinois Student Information System, or SIS.

Student Information System (SIS)

All Prevention Initiative programs are required to enroll their 0–3 children in the ISBE Student Information System (SIS). Student data must be entered at pre-determined periods throughout the school year based upon an ISBE reporting timeline. Data to be entered includes homeless, caregiver, and other demographic information.

The ISBE SIS system is designed to assign a unique Student Identifier (SID) to each student; 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.

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

Check the link below for more information on the data needed to be submitted for the current school year.

Retrieved from http://www.isbe.net/research/htmls/pfa_prev_init.htm

For more information about SIS or to view an SIS training calendar, visit the ISBE website at http://www.isbe.net/sis. For data entry timelines, click "Key Dates" in the Resources box.

Quality Indicator I.I.6.

Program data is analyzed often in order to determine if progress is being made toward achieving the required components of the program. The program makes the necessary adjustments for improvement.

Program managers and staff frequently informally assess their program's effectiveness: Are participants benefiting from the program? Are there sufficient numbers of participants? Are the strategies for recruiting participants working? Are participants satisfied with the services or training? Do staff have the necessary skills to provide the services or training? These are all questions that program managers and staff ask and answer on a routine basis.

Program leadership should require monthly, or at least quarterly, reporting from their staff about enrollment, center attendance, home visit completion rates, health goals completed, parent group attendance and topics, staff training, staff attendance, financial reports, lesson plans, food program reports, developmental screening outcomes, family goal achievement outcomes, and other items deemed necessary to determine if progress toward achieving the required components of the program is being made.

See Standard III.B. and III.C. of this Manual for more on child, staff, and program evaluation.

Administrative Records

The following administrative records should be kept on file for seven years. The records must be available for on-site monitoring visits and for potential audits during the program year and for six succeeding years.

A. Applications and other correspondence

B. All reports, including midyear and narrative summary (year-end) and any reports from on-site monitoring visits completed by the Illinois State Board of Education

C. All budgets and financial records, including reports

D. Student Recruitment and Selection Plan, including copies of flyers, announcements, and enrollment forms

E. Project Plan, including vision, mission and goals statements, curriculum model, and examples of lesson plans

F. Parent Involvement Materials: Records of parent group meetings including agenda, attendance, and family activities

G. Supplementary Center-Based Records, such as USDA Nutrition program or School Lunch or Breakfast program

H. Program Evaluation Plan
   1. Program improvement plans
   2. Child assessment tool
   3. Records of accreditation plans, if applicable

I. Approval of Department of Children and Family Services (DCFS) child care license/approval, including correspondence and compliance issues (center-based)

J. Personnel Records
   1. Qualifications of staff
   2. Professional development, including in-service training, conferences, workshops, classes, etc.

K. Children's Records—a single file for each enrolled child must be kept for seven years and contains information as noted above.

Grant Record Retention Requirements

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

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

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

1. provided that any local, state, and federal audit requirements have been met;

2. as long as they are not needed for any litigation either pending or anticipated; and,
3. if they are correctly listed on a Records Disposal Certificate submitted to and approved by the appropriate Local Records Commission.

The responsibility for retention and destruction of records is shared between ISBE and the Local Records Commission. Prior to the destruction of any records following the three-year period, a fund recipient must contact the Local Records Commission, Illinois State Archives, Margaret Cross Norton Building, Illinois Secretary of State, Springfield, Illinois 62756 (217/782-7075).

Electronic or Paper Records?

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

RECORDS AT-A-GLANCE		
Center-Based Programs	**Home-Based Programs**	**Administrative Records for Both Center- and Home-Based Programs**
Each Child's file: • Name, address, & phone number • Age documentation • Birth Certificate (OPTIONAL but Best Practice) • Health and immunization record • Screening results, including parent interview • Written parental permission for screening • Documentation of minimum of 2 risk factors used for eligibility • Income verification (if used for eligibility) • Demographic and family information (emergency & home) • Name & number of anyone else to whom to release child in case of emergency • Family involvement record (parent teacher conferences & home visits) • Individual Family Service Plan (IFSP) • Assessment of Child Progress • Referrals and Follow-up • Parent Communications • Home Language Survey (OPTIONAL but Best Practice)	Each Child's file: • Name, address, & phone number • Age documentation • Birth Certificate (OPTIONAL but Best Practice) • Health and immunization record • Screening results, including parent interview • Written parental permission for screening • Documentation of minimum of 2 risk factors used for eligibility • Income verification (if used for eligibility) • Demographic and family information (emergency & home) • Name & number of anyone else to whom to release child in case of emergency • Family involvement record (parent teacher conferences & home visits) • Individual Family Service Plan (IFSP) • Assessment of Child Progress • Referrals and Follow-up • Parent Communications • Home Language Survey (OPTIONAL but Best Practice)	• Applications and other correspondence • All reports & correspondence to ISBE • All monitoring reports • Student Recruitment and Selection Plan • Parent involvement materials • Center Food Program records • Program Evaluation Plan, including Program Improvement Plans, Child Assessment Tools, Accreditation Records • Centers: Licensing Approval, compliance issues • Personnel Records, including qualifications of staff, professional development records • Children's records as noted in the columns to the left

Quality Indicator I.I.7.

All data concerning children and families is kept confidential.

Confidentiality is very important. Because Prevention Initiative work revolves around relationships, staff has to set clear boundaries and stick to them.

Parents and guardians, in accordance with Federal and State requirements, have the right that their family's information be kept confidential and private. Records should be kept in a locked file. Records cannot be removed from the file area unless they are signed out for a specific purpose. Information is shared only on a need-to-know basis with appropriate staff, consultants, and other professionals.

Who can see family records?

- Staff members appropriate to the provision of services;
- Consultants on a need-to-know basis;
- Families can see their own records, but not those of other children or families.
- If staff believe a child's welfare is at risk, confidential information will be shared with agencies, as well as with individuals, who have legal responsibility for intervening in the child's interest.

How is confidential information used?

- To assess the needs of families and children in the areas of health, social services, and education or training;
- To evaluate the program and make reports to funders; and
- To work cooperatively, on the families' behalf, with other agencies (with a signed consent form to allow the exchange of information with health professionals, social service providers, or others).

Two principles regarding confidentiality from the National Association for the Education of Young Children's *Code of Ethical Conduct*, Revised May 2011, are listed below:

"Principle-2.12—We shall develop written policies for the protection of confidentiality and the disclosure of children's records. These policy documents shall be made available to all program personnel and families. Disclosure of children's records beyond family members, pro-

gram personnel, and consultants having an obligation of confidentiality shall require familial consent (except in cases of abuse or neglect)."

"Principle-2.13—We shall maintain confidentiality and shall respect the family's right to privacy, refraining from disclosure of confidential information and intrusion into family life. However, when we have reason to believe that a child's welfare is at risk, it is permissible to share confidential information with agencies, as well as with individuals who have legal responsibility for intervening in the child's interest."

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

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

REFERENCES

1. Illinois State Board of Education. (2011). *Illinois Preschool For All Implementation Manual.* 26-27,187-188, 200-201.
2. National Association for the Education of Young Children's *Code of Ethical Conduct.* (2011). Retrieved from http://www.naeyc.org.

{"People grow through experience if they meet life honestly and courageously. This is how character is built."}

— Eleanor Roosevelt