



Developmental Monitoring and Program Accountability

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Ongoing Developmental Screening

Illinois Birth to Five Program Standard III.A.

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

A developmental screening is a short, staff-administered tool or checklist that identifies children needing further assessment/evaluation. A timely and systematic approach to developmental screening assures early identification of children who require referral for formalized assessment and/or transition to specialized services. Where possible, staff of the early childhood program should be involved in the screening process.

Quality Indicator III.A.1.

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

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

Parents should be a valuable part of their children's developmental screenings. Many screening tools involve input from the parents about their child's abilities and development. Parents can become better prepared to provide for the developmental needs of their children by being a part of the screening process, both the initial screening and ongoing screening.

A developmental screening is first performed as part of determining a child's eligibility for the program. **The program should use a research-based tool.** Following are some examples of broad-based screening instruments for Birth to Three:

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

After enrollment into the Prevention Initiative program, staff should periodically (at least every six months) perform developmental screenings, as part of developmental monitoring, for all the children, including all aspects of the child's development as noted above.

Since families are full partners in the program, their input is very valuable for the screening process. In addition, the results of each screening should be shared with parents.

REFERENCES

1. Illinois State Board of Education. (2011). *Request for Proposals (RFP): Prevention Initiative Birth to Age 3 Years: FY 2012*, 3-4.

Quality Indicator III.A.2.**All screenings include a parent interview.**

Quality Indicator III.A.3.**Written parental permission for the screening is obtained and the screening results are shared with the parents.**

Parents bear the responsibility of raising their children and therefore are the most important members of the Prevention Initiative team. Furthermore, the family is the most important source of information about the child's development. Parents must be treated with utmost respect and consideration, and given support during the developmental screening process. Parental participation and opinion must be valued and utilized if the results are to be meaningful. Furthermore, it is important that the staff is aware of how their own values and expectations about families and children can influence their perceptions.

A parent interview (to be conducted in the parents' home/native language, if necessary) is part of every screening. Parent input is designed to obtain a summary of the child's current functioning from the parents' points of view.

Written parental permission for the screenings should be obtained for each screening and the results shared with the parents.

Depending upon how a parent permission form is written, parents could be granting permission for screening for eligibility and also permission for the developmental monitoring performed throughout the year.

See Appendix C for Sample Parent Interview forms and Sample Parent Permission forms.

Quality Indicator III.A.4.**Infants and toddlers are referred to the Illinois Early Intervention System when appropriate. Preschool children are referred to the local Early Childhood Special Education system when appropriate.**

It is imperative that infant and toddler program staff members recognize the importance of identifying children with special needs early and refer them to the Illinois Early Intervention System (<http://www.dhs.state.il.us/page.aspx?item=31183>). The initial point of entry to this system is called the Child and Family Connections (CFC). The CFC will determine eligibility, evaluate as appropriate, and develop an Individualized Family Service Plan if the child is eligible for services.

The development and implementation of an effective, efficient referral system is one of the first steps in the provision of a system of support for infants and toddlers and their families. An important developmental period in an individual's life occurs during the first three years. During this period brain growth is rapid and the neural connections are made that lay the foundation for development. What children experience and how they experience their world literally grows their brain and influences the rest of their lives.

Referral for Early Intervention services is the process by which a child whose screening results indicate the need for further evaluation is identified to the Early Intervention system. In order to assure that infants and toddlers who may need Early Intervention services receive those services, program staff should:

- Know the location and phone number of your local CFC, the Early Intervention system point of entry.
- Understand how to make a referral to the Early Intervention system.
- Establish program policies and procedures for referral.
- Understand the eligibility criteria for receiving Early Intervention services.
- Know what services are offered by the Early Intervention system.
- Communicate with parents that they have a right to receive Early Intervention services, if their child is determined eligible.
- Prepare parents to be ready to answer the questions that will be asked of them including: pregnancy, birth history, health records,

developmental milestones, behavioral and developmental observations that will assist in assessing the child's needs.

- Help parents come to term with their fears, concerns, and needs by assuring them that Early Intervention benefits children and families.
- Help transition families into the Early Intervention system.
- Follow up on referrals made to the Child and Family Connections and also with the families referred.
- Collaborate with the development and implementation of the Individualized Family Service Plan, if it is determined to be appropriate.
- Know a contact at the Department of Human Services, the Early Intervention Lead Agency, to be used if needed.
- Advocate for families referred to the Early Intervention system and establish contacts with other agencies that support families.

ADDITIONAL IDEAS AND RESOURCES

- Stay informed about the continuing changes in the Illinois Early Intervention System including eligibility criteria and new program development.
- Attend meetings of the Local Interagency Council (LIC).
- Read about the history and importance of Early Intervention.
- Visit an Early Intervention program in your area.
- Obtain copies of the health history and the IFSP forms so you are familiar with the documents and better able to prepare parents for the paperwork in the Early Intervention system.
- The Office of Special Education Programs (OSEP) is dedicated to improving results for infants, toddlers, children, and youth with disabilities ages birth through 21 by providing leadership and financial support to assist states and local districts. Retrieved from <http://www2.ed.gov/about/offices/list/osers/osep/index.html?src=mr>

{“Find joy in small steps forward.”}

— Dr. Alice Sterling Honig

Developmental Assessment and Monitoring

Illinois Birth to Five Program Standard III.B.

The program incorporates appropriate formative assessments of children, which are aligned with the curriculum, for the purposes of monitoring individual child development and individualization of the program and/or curriculum.

Regular developmental monitoring is an ongoing approach that uses a variety of appropriate methods and sources for information. This information allows staff, in collaboration with parents, to individualize programming according to the strengths and developmental needs of each child. In addition, it provides sharing opportunities between program staff and parents.

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

Infants and toddlers grow and change at remarkable rates. It is important that staff and parents understand what each child is able to do and what developmental skills are challenging for each child. Instructional assessment (see definitions at the end of this section) through multiple, developmentally appropriate methods is important to inform instruction and to ensure that all children who have a potential developmental delay or disability are identified and referred for diagnostic assessment and appropriate services. This information will help staff and parents develop individual goals and plan learning experiences that will enhance each child’s strengths while providing the right challenge that helps the child move to the next level. (ISBE Prevention Initiative RFP, 2011)

Best practice uses an approach to developmental monitoring that accesses multiple sources of information, uses a variety of information, looks at each child’s development across multiple domains, and is sensitive to a child’s cultural background in order to provide the best “picture” of the child. Milestones in the development of cognitive, emotional, language, motor perceptual, and social domains should be viewed as dynamic and flexible since the child’s development is affected by many factors including heredity, health status, and temperament. In addition, environment, child-rearing practices, and economic and social status also impact the child’s development.

A timely and systematic approach to developmental monitoring will assist in identifying which children require more in-depth evaluation of their developmental needs. **Children who need a more intensive evaluation in an area should be referred to the local Child and Family Connections, which is the point of entry for all eligibility determination and provision of Early Intervention services in the State of Illinois System.** Early identification and referral, known as Child Find, will assure that children receive the benefit of the services that they may need at the time in life when interventions are most effective.

Monitoring the medical status of all children in birth to three programs ensures that well-child examinations and immunizations recommended for infants and toddlers are completed in a timely

manner. This monitoring is necessary, not only for the well-being of each individual child, but also for the benefit of all of the children who participate in activities at the program site. Parents should be provided with health and wellness resources and referral information, but are expected to make and keep their own appointments. Some parents may need additional support in accomplishing this very important part of the developmental monitoring process. Each individual program will determine the levels of additional support provided to families.

The vision and hearing status of all infants and toddlers must be monitored. Formal screenings of all children should take place annually and should be conducted by a trained practitioner. Program staff should be attuned to monitoring the vision and hearing abilities of all children during program activities. All staff must be aware of how vision and hearing develop in very young children and the important role vision and hearing play in the development of young children. They need to become familiar with ways they can facilitate the children's vision and hearing development. **If concerns are identified, staff should be prepared to help parents identify and locate the resources they need to meet the vision and hearing needs of their children.**

InfantSEE®, a public health program managed by Optometry Cares® - The AOA Foundation, is designed to ensure that eye and vision care becomes an integral part of infant wellness care to improve a child's quality of life. Under this program, AOA optometrists provide comprehensive eye and vision assessments for infants within the first year of life regardless of a family's income or access to insurance coverage. All children should see an optometrist at around six months of age. Retrieved from <http://www.infantsee.org/>

Young children also benefit from having their dental status monitored. Child dental examinations provided early in life can help parents to learn about good dental care routines, healthy dental practices and the prevention of bottle mouth syndrome.

Developmental Monitoring

It is important to remember to define child progress in terms of individual development and learning, rather than by comparisons with other children or against a set of criteria. Prevention Initiative programs should include what research has shown to be successful developmental monitoring practices as follows:

- Regularly monitor children's development, using multiple sources, and communicate with parents about their child's development.

- **Use a research-based child developmental screening instrument to periodically (at least every six months) perform developmental screening for all children, including physical, cognitive, communication, social, and emotional development.** Use the screening process as a forum for providing information to the parents on their child's development as well as providing anticipatory guidance. There is no one screening instrument that is recommended as the best one to use. As noted earlier, some global developmental screening instruments that are used with infants and toddlers include:
 - Ages & Stages Questionnaire
 - Battelle Developmental Inventory
 - Brigance Infant and Toddler Screen
- Use staff observation as a supplement to formal and informal developmental monitoring, as previously described. Observe children on home visits, in playgroups, and during other program activities. Record child development observations and progress at the end of each session. Comment on children's play interests, make notes on child development and provide anticipatory guidance. Provide parents with a copy of the child's progress notes.
- Use parent observation as a supplement to formal and informal developmental monitoring. Ask parents "what's new?" and record their observations about child development routinely in home visit logs or child development diaries. Provide parents opportunities to share what's new with their children with other parents in the program. This can be done at the beginning of each playgroup.
- Assist and encourage parents to keep portfolios of their child's development in a variety of forms such as scrapbooks, journals or videotapes. Take pictures of the children engaged in various play activities and give them to the parents. Encourage the parents to write captions for the pictures. Design scrapbook pages that focus on child developmental milestones and physical development. Celebrate the importance of parent/child interactions.
- Develop systems for monitoring and documenting well-child checks and immunizations. Provide dental, hearing, and vision screening tests in collaboration with the local health department. Pay particular attention to health histories and risk factors such as prematurity, low birth weight, or exposure to substance abuse and the possible impact on later development. Develop a health care plan as part of each child's Family Plan. Assist parents to access the care they need to meet the basic health needs of their child and family.
- Interpret all results of developmental monitoring within the framework of family functioning, including relationships between

children and their parents. Review the results to determine if the findings “match” what staff and family know about the child. Draw no conclusions without parent input and support.

- Celebrate the accomplishments of all children. Acknowledgement of developmental progress reinforces the family and the care of their child and encourages program participation.
- Link children and families identified as in need of further assessment to the local Child and Family Connections service, and follow up to ensure the child receives all needed assessments and services.

ADDITIONAL IDEAS AND RESOURCES

- Helpful Definitions as noted in the ISBE Prevention Initiative Request for Proposals, May, 2011:
 - **Instructional Assessment** — Instructional Assessment is the process of observing, recording and otherwise documenting the work children do and how they do it, as a basis for a variety of educational decisions that affect the child, including planning for groups and individual children and communicating with parents. This level of assessment yields information about what children know and are able to do at a given point in time, guides “next steps” in learning, and provides feedback on progress toward goals. Assessment to support instruction is a continuous process that is directly linked to curriculum.*
 - **Diagnostic Assessment** — Diagnostic Assessment is a thorough and comprehensive assessment of early development and/or learning for the purpose of identifying specific learning difficulties and delays, disabilities, and specific skill deficiencies, as well as evaluating eligibility for additional support services, Early Intervention, and special education. A diagnostic assessment is usually a formal procedure, conducted by trained professionals using specific tests.*

*Excerpts from *A Guide to Assessment in Early Childhood: Infancy to Age Eight*. Washington State Office of Superintendent of Public Instruction, 2008.

Quality Indicator III.B.2.**Developmental monitoring views the child from a holistic perspective within the context of the family and the community.**

The whole is truly greater than the sum of its parts. This is especially true when looking at the development of the young child. The astute child development practitioner can observe a child and parent at play and obtain information about all areas of child development, as well as gain insight into the nature of the parent/child relationship and its potential impact on learning. Children and parents both have unique temperaments, personalities, strengths, and needs that come together to either facilitate or inhibit learning. In addition to these factors inherent in the individual, there are an infinite number of outside variables that impact an individual's life at any point in time. Therefore, many factors must be considered in the developmental monitoring process. As stated in the previous quality indicator, it is important to consider an approach that uses multiple sources of information and types of information, uses a variety of tools to gather information, looks at child development across all developmental domains, and is sensitive to a child's cultural background within the context of the family. The staff must be able to pull all these pieces together in order to have a total view of the child.

It is important for all staff to recognize that parents know their children the very best and have the ability to interpret their child's behavior within the context of their own family and culture. Parents should be encouraged to share their observations and concerns with staff and, in turn, the staff should share observations regarding the child. Parents must be part of the developmental monitoring process and involved in all decisions and follow-up for further evaluation and interventions for their children.

When establishing a developmental monitoring process that is holistic and conducted within the context of the family and the community, consider the following factors:

- Are multiple sources of information used?
 - Parents and families
 - Program staff
 - Other child care and education providers

- Health care providers
- Other agencies serving the family
- Are multiple types of information collected?
 - Medical health data
 - Maternal
 - Prenatal and birth
 - Health history
 - Physical development measurements
 - Immunization records
 - Dental history
 - Developmental milestones
 - Observations by parents
 - Staff observations
 - Anecdotal records
 - Informal checklists
 - Screening data
 - Formal developmental tests
 - Informal developmental tests
 - Vision and hearing screening tests
 - Videotapes of parent/child interactions
 - Photographs of children
- Are there a variety of tools being utilized to gather information?
 - Parent interview forms
 - Parent questionnaires
 - Developmental screening instruments
 - Developmental assessment instruments
 - Videotape/DVD
- Is development monitored and viewed across multiple domains?
 - Cognitive Development
 - Emotional Development
 - Language Development
 - Motor Development
 - Physical Development and Health
 - Social Development
 - Emotional Development
 - Sensory Processing Development and Coping
- Have relevant family factors been considered?
 - The developmental monitoring process is conducted at times and in places that are convenient for the family and appropriate for the child.
 - The developmental monitoring process is conducted in the child's primary language.
 - The beliefs, values, and practices of the family's culture are considered.

- The family’s social support system is identified and considered.
- Family risk factors are considered.
- The family’s educational background is considered.
- The impact of the community is taken into account.
- Is the family involved in the developmental monitoring process?
The family is involved in:
 - Considering the information
 - Drawing conclusions
 - Developing goals that build on their strengths and needs

ADDITIONAL IDEAS AND RESOURCES

- Become skilled at administering a developmental screening tool.
- Learn more about the interconnecting relationship between all aspects of a child’s development.
- Review Family Plans to see how information from Developmental Monitoring can be used to set meaningful goals.
- Learn more about relevant family factors.
- Attend continuing education programs that address different types of assessment.
- Become more connected and involved with the program’s community.

Quality Indicator III.B.3.

The staff obtains information from different sources and shares the information with parents. The parents are further involved in the interpretation of this information in support of the child's development.

In order to identify developmental concerns in infants and toddlers, it is important to understand the typical infant/toddler developmental process as well as the factors that influence development in the young child. According to Samuel J. Meisels and Emily Fenichel, the following observations should be considered with care when making decisions about types of assessments to gain information needed to design meaningful services and interventions.

- Child development is complex and is determined by multiple interdependent factors.
- Characteristics of the infant and young child are subject to environmental influences that can support or impede development.
- The child's parents are the primary mediators of societal and cultural influences.
- The family system is of the utmost importance in the child's development.
- Just as children go through a process of development, so does parenthood. (Meisels and Fenichel, 1996)

The following suggestions can facilitate parent participation in the developmental monitoring process:

- Inform parents about the purpose of the developmental monitoring process.
- Describe the areas to be assessed and how they will be monitored.
- Design flexible developmental monitoring procedures to encourage and include parental cooperation.
- Respect, value, and document parental observations of the child in the home environment.
- Schedule developmental procedures at a time convenient for the parent and appropriate for the child.
- Conduct developmental monitoring in settings that are familiar and comfortable for children and families to encourage optimal sharing by all family members.

- Value questions and concerns identified by the parents.
- Listen to parents and interview them with sensitivity and respect.
- Observe parent/child interactions to gain information about child growth and development. Be careful not to make complex inferences about the parent/child relationship beyond the scope of your own professional training.
- Use developmental monitoring information for generating child development goals with the family.
- Consider issues of cultural diversity in the developmental monitoring process.
- Share developmental monitoring information in an integrated, jargon-free manner that emphasizes the child's strengths.
- Document developmental monitoring in writing. Share information with the parents using the language they understand. Share written copies with the parent.
- Offer to send a copy of any written reports to additional parties at the parents' request.
- Assure parents that records are confidential. Let parents know that they have a right to see any reports or records on file about their children.
- Focus on the child's abilities and not on scores.
- Do not use the terms "pass" or "fail," but in collaboration with the parents identify areas in which the child is "competent" or areas that are "of concern" and need further assessment.
- Inform parents about the Early Intervention system and procedures that follow referral to the local Child and Family Connections.

ADDITIONAL IDEAS AND RESOURCES

Consider the following content critical to developmental monitoring in the staff development opportunities scheduled during the year:

- Learn more about involving parents in the developmental screening and assessment process.
- Learn more about observing parent/child interactions.
- Learn more about how to address areas of concern within the program and/or in the community.
- Learn more about the options in the community available to families when areas of development are "of concern."
- Identify professionals from a variety of professional backgrounds who can provide interdisciplinary training.

Quality Indicator III.B.4.**Staff adjust the curriculum to accommodate the children's progress and different learning styles.**

In high-quality infant-toddler programs, the interests of the child and the belief that each child has a curriculum are what drive practice. It is understood that very young children need to play a significant role in selecting their learning experiences, materials, and content. Curriculum plans, therefore, do not focus on games, tasks, or activities, but on how to best create a social, emotional, and intellectual climate that supports child-initiated and child-pursued learning and the building and sustaining of positive relationships among adults and children.

Responsive curriculum planning focuses on finding strategies to help infant-toddler teachers search for, support, and keep alive children's internal motivation to learn, and their spontaneous explorations of people and things of interest and importance to them. This should begin with study of the specific children in care. Detailed records of each child's interests and skills can be kept to give guidance to the adults for the roles they will take in each child's learning. It should also be realized from the start that plans should not be static. Adaptation and change are critical parts of the learning process and should be anticipated. Once an interaction with a child or small cluster of children begins, the teacher has to be ready to adapt his or her plans and actions to meet the "momentary" needs and interests of each child.

Appropriately developed plans are strategies to broaden the caregiver's understanding of, and deepen their relationship with, each child and family. Good planning should:

- reflect activities that orient the caregiver to the role of facilitator of learning rather than the role of "director" of learning;
- assist the caregiver in reading the cues of each child; and
- prepare the teacher or home visitor to communicate effectively with other adults in the child's life.

Another essential component of planning is attention to a responsive learning environment and specific attention to how environments should be changed. The planning of learning environments is more important to infant-toddler development than specific lessons or

specific activities. The environment must be seen as part of the curriculum, creating interest and encouraging and supporting exploration. Research has shown that much of how infants and toddlers learn best comes not from specific adult-directed lessons but from teachers knowing how to maximize opportunities for each child to use natural learning inclinations.

From all we know about how infants and toddlers learn best, we know that they must have a hand in selecting what they learn. Therefore, the infant or toddler should be an active partner in the process of “selecting” curriculum content. The curriculum should be dynamic enough to move and flow on a daily basis with the infant’s developing interests and changing needs. In this way, the curriculum is responsive to and respectful of what the children bring to these early experiences.

A general point of caution: Do not select a curriculum or planning format that is simply a prescribed sequence of adult-initiated and -directed activities that leaves the child out of the process of selecting what is focused on and pursued. Both the child and the caregiver should play a role in the selection process, with the child and the caregiver alternating initiating the activity.

Curriculum planning, implementation, and supportive materials should anticipate developmental stages and allow for individual variations in learning styles and temperaments. These aspects of curriculum must be broad enough in scope to respond to all developmental domains simultaneously.

Responsive Curriculum

In a responsive curriculum, implementation of subsequent planning has to do with caregivers preparing themselves and the environment so that infants and toddlers can learn—not in figuring out what to teach children. “Lesson planning” involves exploring ways to help caregivers get “in-tune” with each infant-toddler they serve and learn from the individual child what he or she needs, thinks, and feels. Even “in-tune” teachers need to plan and re-plan how to form a relationship with each infant-toddler to best meet the child’s needs and relate to the child’s unique thoughts and feelings. Very little positive learning will take place, regardless of what daily plans look like, if the curriculum and planning do not include:

1. Grounding caregivers in the family culture, and in the cognitive, social, and emotional experiences in which infants and toddlers are naturally interested;
2. Developing a safe and interesting place for learning;

3. Establishing small groups for learning and care;
4. Selecting materials appropriate for the individual needs and interests of the children served;
5. Optimizing program connections with the child's family; and
6. Establishing management policies that support the child's need for security in care and continuity of connection with the caregivers.

See more on curriculum in the section on Curriculum and Service Provision in this manual.

REFERENCES

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

Quality Indicator III.B.5.

Families of toddlers are informed of appropriate programs in the community by the child’s third birthday.

The Illinois Administrative Code (Title 23: Part 235 Early Childhood Block Grant, Section 235.40 (g)) states that Prevention Initiative programs must have “a referral system that ensures that 3-year-old children are placed into other early childhood education programs that meet their specific developmental needs and the services to be provided to ensure a successful transition into those other programs.” This rule means that Prevention Initiative programs should have a Transition Plan for assisting children and families in transferring to another Early Childhood program when they age out of Prevention Initiative, move out of the service area, or otherwise terminate their involvement in the program.

By six months prior to the child’s turning three years of age:

Help the parents think about where their child might be at 3 years of age. Some parents find it helpful to think about what their child’s early childhood experience might look like. Each community in Illinois offers different options for preschool-age children. A good beginning point, when you start thinking of transition, is to explore the options for young children in your community. Some of those options might include:

Community Programs	School Programs
Head Start	State-funded Preschool for All
Park District Preschools	Early Childhood Special Education
Faith-based Preschools	Tuition-based Programs
Agency-run Preschools	
Child Care	

The transition period is a good time for families to begin visiting preschool programs in the community. When families visit early childhood sites, they will have an opportunity to see what various programs look like. Many parents find it helpful to picture their child as part of the group.

Here are some questions to keep in mind when assisting families in visiting early childhood classrooms:

- Are the children happy?
- Are the children actively engaged with teachers, classroom materials, and other children?
- Would this be a safe, comfortable place for children?
- Does the preschool allow and encourage full participation by children with different personalities, backgrounds, and abilities?
- Will children receive the support needed to be successful in this preschool?
- How are families involved?
- Does the room arrangement encourage active exploration and play for all the children?
- What is the ratio of staff to children?
- How are the staff trained and supervised?
- Do children like it here?

Going to preschool for the first time is a new experience for any family with a young child. Reassure the parents that just as they were part of services in Prevention Initiative, they will be part of their child's new early childhood experience. If parents were not able to visit any local early childhood classrooms, give them a sense of what a preschool classroom might look like and how their child will spend the day. Preschool classrooms are fun, safe places that offer young children opportunities to learn, make friends, and develop new skills. Early childhood classrooms often have learning centers such as a library, along with dramatic play, art, writing, fine motor activities, and blocks. A typical day might begin with circle time in which children talk about what will happen that day. Center time is scheduled throughout the day. Centers focus on play and children learning through play. A day at preschool goes by very quickly.

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

There are many ways to help families prepare for this new adventure into early childhood. Here are some tips and strategies for parents and staff:

- Talk to the child about going to school. Be positive.
- Make a list of community and district preschool options.
- Visit preschools and take pictures of the room, building, and playground.
- Share pictures with the child when talking about going to school.
- Read stories with pictures and watch videos about young children going to preschool.
- Make a picture book of what children do during a preschool day.
- Include pictures of who will kiss the child good-bye and welcome the child home after school.
- Make arrangements to visit the classroom with the child before the first day of school.
- Ask the teacher to give the child a tour of the classroom.
- Show the child where to hang his or her backpack and coat.
- Ask the teacher if the child can bring a transitional object or photo book to class for the first month of school.
- Encourage the child to play alone for short periods of time.
- Encourage the child to play with other children somewhere away from home, such as a friend's house.
- Encourage the child to make simple choices between two items, such as what toy to play with or what afternoon snack to have.
- Encourage the child to begin taking care of his or her own things, such as hanging up a coat or putting away toys.
- Encourage the child to request help when needed.
- Special attention needs to be paid to helping children become comfortable in group settings when they are just beginning to learn English and may be experiencing culture shock as well as anxiety about separation from their parents.
- Develop a transition goal in the family plan for each child who will be leaving the birth to three program in the coming year that includes the preschool option chosen by the parents.
- Prepare parents to become their children's advocates through the transition period by assuring that each parent understands his/her child's developmental levels, learning styles, and needed educational supports. Encourage parents to be actively involved in the children's education throughout their lives.

Transition Agreements and Plans

It may be helpful, when planning transitions to any community program, to develop transition agreements between the birth to three

program and the preschool program that include agreed upon criteria for at-risk factors. **The following is an example** of a process to develop a transition agreement if the child is going to attend the school district's pre-kindergarten program.

Example of steps to include in a transition agreement with partners:

- The pre-kindergarten program will automatically accept all birth to three program participants into their pre-kindergarten program if the family has met the agreed upon initial at-risk criteria. This is important because it may give parents an incentive to participate in the birth to three program. Also, it creates the opportunity for uninterrupted services.
- The birth to three program will help parents follow the procedures necessary to establish residency in their home school district.
- The birth to three program should inform parents about school district health requirements and support parents in getting updated physical examinations and immunizations for their children.
- The birth to three program, in collaboration with the pre-kindergarten program, will assure that parents have an opportunity to visit the pre-kindergarten program and ask questions.
- The birth to three program will share developmental monitoring information with parental consent and help parents complete required information forms. Using this process makes it unnecessary for these families to go through the pre-kindergarten program screening.
- The birth to three program will work together with parents to transfer relevant records to school districts. Parents may play an active role by taking responsibility for delivering copies of records to the appropriate personnel in the school or next placement.
- The birth to three program will assist with transition in ways identified appropriate by the pre-kindergarten program or agreed upon by the birth to three program and the pre-kindergarten program.
- The birth to three program will follow up with families in the pre-kindergarten program to see how the child has adjusted.

See Sample Transition Plans in Appendix C.

ADDITIONAL IDEAS AND RESOURCES

- Become informed about the state rules and regulations regarding eligibility criteria as well as individual program requirements.
- Contact the receiving preschool programs to find out how the birth to three program children are adjusting.

- Consider setting up an open house for programs in your area serving the birth to three population and the programs serving the three to five population.
- Obtain or, if need be, develop a current comprehensive directory of community programs with regular updates.
- For children with special needs turning three years of age and transitioning out of Prevention Initiative, see the resource on the ISBE Early Childhood website called “When I’m Three, Where Will I Be?” Retrieved from http://www.isbe.net/earlychi/pdf/transition_workbook.pdf
- For more information on transitioning, see the following Tip Sheet Resources from the Illinois Early Learning Project website. Retrieved from
 - <http://illinoisearlylearning.org/tipsheets/blues.htm>
 - <http://illinoisearlylearning.org/tipsheets/preschoolchoice.htm>
 - <http://illinoisearlylearning.org/tipsheets/sepanxiety.htm>
 - <http://www.illinoisearlylearning.org/tipsheets/firstday.htm>

REFERENCES

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

{ “Free the child’s potential, and you will
transform him into the world.” }

— Maria Montessori

Annual Program and Staff Evaluations

Illinois Birth to Five Program Standard III.C.

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

Program and staff evaluation is an ongoing process that culminates in the improvement of program quality. To be successful in this endeavor, programs need to develop systems for observing, recording, and measuring the quality and significance of the program's progress and success toward the implementation of the Illinois Birth to Five Program Standards.

Quality Indicator III.C.1.

An annual evaluation is conducted of program quality and progress toward goals.

Grant (RFP) Fidelity

In all aspects of programming, staff must respond with fiscal, ethical, and moral integrity. **Fidelity to the Early Childhood Block Grant/Prevention Initiative is required. Programs should align the following:**

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

The program staff must work within the budget allocated by the ISBE. The budget is determined by a multitude of factors:

- How much the grant recipient requested in the ISBE PI grant during the competitive process,
- How much the grant recipient was awarded,
- How the program demonstrates fiscal integrity on the e-Grant during continuation grant years and continues to be awarded level funding or not, and
- The Early Childhood Block Grant allocation based on the Illinois Governor, General Assembly, and Illinois State Board of Education is decreased, level, or increased.

Programs are required to implement all the components of the Prevention Initiative RFP (Request for Proposals) and align programming to the Illinois Administrative Code and Birth to Five Program Standards as agreed to by signing the Prevention Initiative Grant Assurances. The Prevention Initiative RFP requires programs to implement the following components in accordance with the chosen program model (the list below is abbreviated; please refer to the PI RFP and Administrative Code for more information):

1. Screening to determine program eligibility
 - Child find, recruitment, screening to determine eligibility
 - Parent interview
 - Research-based screening instrument to measure the child's development
 - Criteria to assess environmental, economic, and demographic information that indicates a child would be at risk

- Written parental permission
 - Inclusion of program staff in screening process (when possible)
 - Provision for sharing the results of the screening with program staff and to the parents of the child being screened
2. Research-based program model and curriculum for parent education
- Home Visiting Program
 - Research-based program model
 - Research based curriculum for parent/family education
 - Center-based or Family Literacy Program
 - Research-based curriculum for children in center-based care
 - Research-based program model
 - Research-based curriculum for parent/family education
 - Parent education and involvement to promote the seven designated areas of instruction
 - Child growth and development, including prenatal development;
 - Childbirth and child care;
 - Family structure, function, and management;
 - Prenatal and postnatal care for mothers and infants;
 - Prevention of child abuse;
 - The physical, mental, emotional, social, economic, and psychological aspects of interpersonal and family relationships; and
 - Parent skill development.
 - Home Visits
 - Groups
 - Programming within the context of a Family Literacy Model (if applicable)
3. Developmental monitoring
- Research-based screening instrument to ensure identification of developmental delays or disabilities (monitoring will be conducted at least every six months)
4. Individual family service plan (IFSP)
- Research-based family needs assessment
 - IFSP that identifies the family's goals, responsibilities, timelines, strategies for achieving goals, including links to services and community resources
5. Case management services
- Links to community services and resources
 - Coordination with other service providers
 - Transition services and a written transition plan
6. Family and community partnerships
- Written parent and community involvement plan

- Parents must be full partners in developing and implementing the program
 - Mission statement developed by parents, families, staff members and community representatives based on shared beliefs
 - System for regular communication with parents concerning the program and their child's development
 - Formal referral and follow-up system
 - Formal written partnerships or collaborations
 - Written plan that demonstrates how the program eliminates or reduces duplication of service within the community
7. Qualified staff and organization capacity
- Background check
 - Appropriately qualified or credentialed staff
 - Gateways to Opportunity, retrieved from <http://www.ilgateways.com/en/credentials>
 - Written personnel policies and job descriptions
8. Professional development
- Written professional development plan for all staff
9. Evaluation
- Self-assessments
 - Ongoing evaluation

See the links below for more information on the Prevention Initiative RFP and the Early Childhood Administrative Code:

REQUEST FOR PROPOSALS (RFP): Prevention Initiative Birth to Age 3 Years: FY 2012

Retrieved from http://www.isbe.state.il.us/earlychi/pdf/pi_rfp_12.pdf

Illinois Administrative Code 235 Early Childhood Block Grant

Retrieved from <http://www.isbe.state.il.us/rules/archive/pdfs/235ark.pdf>

Each program must complete an annual program evaluation that not only includes a description of services and outcomes but should address grant fidelity. A written evaluation must be available for review upon request. The following points must be included:

- A process to determine whether progress is being made toward achieving the required components for the Prevention Initiative program.
- Procedures to be used to determine the success of each component of the Prevention Initiative program.
- Procedures to be used to show measurable outcomes for family participation.

Program evaluation is a systematic method of setting program goals and of collecting and analyzing information about the activities, characteristics, and outcomes of programs to allow informed judgments about program improvement, program effectiveness, and decisions about future programming. The basic steps in program evaluation for continuous program improvement include answering the following questions:

- **Where are we?** An understanding about the program and its current conditions through an analysis of current program and serviced population data; what has been accomplished and what resources supported such accomplishments; and what has not been accomplished.
- **Where do we want to be?** Given the information on what has not been accomplished, establish or update program goals and measurable objectives, specifically identifying children and families to be served, the program's demographics, and desired outcomes for serviced populations.
- **How do we get to where we want to be?** Includes an inventory of resources; e.g., staffing; funding; equipment; stakeholders' support, school/district/state support, community support; identifying services to be delivered, the quality of such services, the quality of instruction and curriculum; and an action plan (implementation activities with timelines).
- **How do we know if we are getting there?** Includes an analysis of accomplished activities given timelines with movement toward accomplishing goals and objectives.
- **Did we get there?** Gap analysis (where you were and where you want to be) – basis for program improvement planning.

Prevention Initiative programs should include what research has shown to be part of successful evaluations, as follows:

- **The program conducts regular and systematic evaluations of the program and staff to assure that the mission is reflected and goals of the program are being fulfilled.**
- **An annual program self-assessment appropriate for the program model selected is completed to determine whether the program is being implemented as intended, and whether the anticipated outcomes for children and families are being achieved.**
- **There is a formal process by which the results of the annual program self-assessment (and other program evaluation data) are used to inform continuous program improvement.**

The best program evaluation is not a one-time event, but is an ongoing process that involves looking at program implementation and pro-

gram outcomes. Program evaluation is most effective when there is a commitment to documenting program functions over time. With an emphasis on process, a valid program evaluation becomes an instrument of continuous questioning, data collecting, and documenting. These findings then foster program changes that become the focus of another cycle of evaluation.

Evaluation is a collaborative process involving all the staff within the program, as well as the participating families and cooperating community agencies. When stakeholders see their participation as vital to the evaluation process, the program is likely to improve. When participants are involved in the evaluation process, the program will be more responsive to the children and families it is designed to serve. Furthermore, when cooperating community agencies are involved in the evaluation, effective collaborative relationships will be facilitated.

Program evaluation is most effective when it takes into consideration many different aspects of the program and uses a multi-faceted approach. The methods of inquiry should include observation, interviews, and a review of records to effectively capture how services are delivered and the impact of these services on families and children. Aspects of the program to be evaluated should include a review of:

- Administration, including policies and procedures
- Curriculum and service delivery
- Multiple child and family outcomes
- Personnel providing services
- Environment in which the services are provided
- Collaborations with the community

An effective program evaluation begins with an initial evaluation plan at the beginning of the program year. In developing that plan, administrators with assistance from staff should:

- Review findings of program evaluation reports from the previous year.
- Review previous parent and staff satisfaction information.
- Identify all sources of information for the program.
- Discuss the evaluation process with staff.
- Select a self-assessment team that represents a broad spectrum of program participants and staff, including the administrator.
- Identify what information/data should be collected for the evaluation and review periodically.
- Outline an action plan delineating what needs to be done, who needs to do it, and when it should be done.
- Document implementation of recommendations of previous program evaluations.

- Conduct ongoing staff evaluation.
- Review progress in implementation of recommendations quarterly.
- Document program highlights and concerns at monthly staff meetings.

Assessment is an integral part of program evaluation. The process of assessment supports an effective evaluation plan because it helps staff and administration focus on what is needed for quality program service delivery. It is an ongoing, open process, with regular and systematic feedback for the purpose of program improvement. In conducting self-assessment, the team must address the following aspects of the program:

- Governance and administration
- Implementation of the program model
- The program's day-to-day operations
- Staffing
- Staff Development
- Physical environment
- Record-keeping
- Family participation
- Child and family outcomes
- Interaction with the larger community
- The process of evaluation and monitoring itself

After the evaluations are completed, the self-assessment team must do the following to prepare and plan for the next program year:

- Analyze data from parent surveys and focus groups.
- Analyze data from staff surveys and focus groups.
- Analyze attendance records to determine which activities and events were well attended by participants.
- Compare information gathered about program activities throughout the year with the established goals and objectives.
- Review staff evaluation process.
- Use all of the information gathered to generate a report highlighting:
 - How well the recommendations and goals from the previous year were implemented.
 - Strengths of the program.
 - Suggested areas in need of improvement.
 - Plans for the upcoming year.

ADDITIONAL IDEAS AND RESOURCES

- Become knowledgeable about and use the ISBE Compliance Tools.
- Review program observation tools.
- Review Illinois Standards for Birth to Five Programs.
- Review the data collection process and procedures.

Quality Indicator III.C.2.**The results of the program evaluation are reviewed annually and are used or considered in making organizational and/or programmatic changes.**

Program evaluation is an ongoing process that culminates in the improvement of program quality. To be successful in this endeavor, programs need to develop systems for observing, recording, and measuring the quality and significance of the program's progress and success toward the implementation of the program model and the Illinois Birth to Five Program Standards. Likewise, the program needs to develop systems for measuring and analyzing the progress that children and families are making toward their goals.

The purpose of program evaluation is to improve program quality and enhance service delivery to children and families. The evaluation process thus becomes a critical vehicle for informing program practice. Results of reports from a self-assessment (and other evaluation efforts) should be analyzed by program leadership and staff, and an action plan developed. The action plan determines program direction for the year. Evaluations should be ongoing. The impact of proposed changes is reviewed during subsequent self-assessments to ensure that the results of the changes are beneficial to the program and to the children and families served.

Enhanced service delivery occurs when programs use the evaluation process to effect change. In order for this to happen, the self-assessment team should:

- Review the results of the self-assessment.
- Develop an action plan that includes:
 - Program strengths that can be used to implement change
 - Areas that need improvement
 - Ways to improve
 - Individuals responsible for implementing this action plan
 - Timelines for implementing the action plan
 - Process of evaluation
- Use the evaluation data and action plan to organize for the coming year and prepare program requests for funding.

ADDITIONAL IDEAS AND RESOURCES

- Become knowledgeable about and use the ISBE Birth to Three Program Compliance tools.
- Network with other child and parent programs.
- Review program observation tools.
- Review staff satisfaction surveys.
- Review parent satisfaction surveys.

Quality Indicator III.C.3.**Leadership works in partnership with staff to plan, develop, and implement an effective staff evaluation process.**

Program staff are the most valuable resource in implementing a high quality early childhood program. Effective staff evaluation processes should be designed to both measure staff competence and foster professional development of the staff member. The staff evaluation process should give staff useful feedback on meeting program participant needs, the opportunity to learn new strategies for meeting participant needs, and support from the supervisor and other staff members regarding how to improve the delivery of services to young children and their families. To achieve these goals the evaluator must work in partnership with staff to set specific procedures and criteria for evaluation. The criteria should relate to the program outcomes and be clearly communicated to the staff member. The criteria should be discussed before the evaluation begins and reviewed after the evaluation has been completed.

Evaluators should consider the variety of staff skills related to the effective delivery of services to infants and toddlers and their parents. Together with staff, the leadership can identify these skills, as well as how these skills can be demonstrated. By considering a wide array of staff skills and using multiple sources of information about a staff member's abilities and performance, the leadership can make more accurate evaluations.

A post-evaluation conference can give staff feedback on their strengths and weaknesses as well as giving staff the opportunity to respond. Such conferences should deliver feedback in a positive way and offer ideas and suggest changes that are meaningful to the staff member. These conferences should also be conducted in a manner that is comfortable and supportive to the staff member. Evaluations should be linked to professional development as staff members are guided to set achievable goals, improve weak areas, and amplify strengths. Peer mentoring should be encouraged as experienced staff is enlisted to guide and support less-experienced staff.

Evaluation procedures are most productive when staff have input into the evaluation criteria and when the evaluation process is used

to further staff development. In addition, it has been found that staff finds evaluations most useful when evaluators themselves are well trained and competent and able to spend the time needed to complete a thorough evaluation.

To determine the quality of training and work experience that staff brings into the program, an early childhood program must institute an annual staff evaluation that is based on the following measures and characteristics:

1. Individual self-assessments,
2. Supervisor feedback based on formal observation,
3. Evaluation of family engagement,
4. Evaluation that is linked to the individual's job description,
5. Evaluation that is performance-based and framed around early childhood core competencies,
6. Results from formal supervisor/staff conference, which must be conducted at least annually, and
7. Results leading to an annual individual professional development plan addressing the improvement of staff competencies in curriculum, child assessment, differentiated teaching and learning, and family engagement.

ADDITIONAL IDEAS AND RESOURCES

- Join a study group for supervisors of birth to three programs that focuses on staff evaluation.
- Visit other programs to see how program outcomes are related to meaningful staff evaluation.
- Examine new models of evaluation for appropriate inclusion into your own program model.

{“We don’t know who we are until we see what we can do.”}

— Martha Grimes

