



Illinois State Board of Education


100 North First Street • Springfield, Illinois 62777-0001
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Jesse H. Ruiz
Chairman

Christopher A. Koch, Ed.D.
State Superintendent of Education

May 2011

TO: Eligible Applicants

FROM: Christopher A. Koch, Ed.D. 
State Superintendent of Education

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

General Information

Eligible Applicants: Public school districts, university laboratory schools approved by the Illinois State Board of Education (ISBE), charter schools, area vocational centers, and public or private not-for-profit or for-profit entities with experience in providing educational, health, social, and/or child development services to young children and their families and who meet at least one of the following criterion are eligible to apply.

- Have a currently funded (i.e., fiscal year (FY) 2011) Prevention Initiative Birth to Age 3 Years Program; or
- Received an allocation for a Prevention Initiative Birth to Age 3 Years Program in FY 2010.

If the Prevention Initiative program is operated in or by a facility subject to licensure requirements of the Illinois Department of Children and Family Services (DCFS), then that facility must hold the appropriate licensure in accordance with rules promulgated by DCFS (see 89 Illinois Administrative Code 403 and 405 – 40; Department of Children and Family Services; Requirements for Licensure; see <http://www.ilga.gov/commission/jcar/admincode/089/089parts.html>).

Applicants other than public school districts must provide evidence of existing competencies to provide early childhood education programs, to include the agency's mission statement, goals or policies regarding early childhood programs, a description of the agency's organizational structure, and a list of any early childhood accreditations that have been achieved.

Joint applications for funds may be submitted. However, in each case an administrative agent must be designated, and the joint proposal must have the signature of each district superintendent or official authorized to submit the proposal and agree to participate in the joint agreement. A school district or other eligible applicant can participate in only one proposal for a specific initiative.

A separate appropriation has been awarded to the City of Chicago School District #299 for the initiatives funded under the Preschool for All Prevention Initiative program. Applicants proposing to provide services for children and families within the Chicago city limits must apply for funds through the Chicago school district and should contact Dr. Christine Ryan at 773-535-3245 or email her at cryan@cps.k12.il.us.

Grant Award: The Illinois State Board of Education (ISBE) anticipates that individual grant awards will vary depending on the program model and the intensity of services addressed in the approved proposal and the total appropriation for the program. Individual grant awards will average \$160,000 depending on the needs addressed in the approved proposals and the total appropriation for the program.

Allocations are preliminary, and payment under this grant is subject to passage of a sufficient appropriation by the Illinois General Assembly. Obligations of the State Board of Education will cease immediately without further obligation should the agency fail to receive sufficient State funds for this program.

Grant Period: The grant period will begin no sooner than July 1, 2011 and will extend from the execution date of the grant until June 30, 2012. Funding in the subsequent years will be contingent upon a sufficient appropriation for the program and satisfactory progress in the preceding grant period.

Application Deadline: Mail the **original and five copies** to Kay Henderson, Illinois State Board of Education, 100 North First Street, E-225, Springfield, Illinois 62777-0001. No electronic submissions will be accepted including facsimile copies. Proposals must be received no later than 4:00 p.m. on June 16, 2011.

Proposals also may be hand-delivered to the following locations:

Springfield Office
Information Center
1st Floor
100 North First Street

Chicago Office
Reception Area
Suite 14-300
100 West Randolph Street

Bidders' Webinar: An informational webinar will be held for this RFP. Participation in the webinar is recommended but is not required to submit a proposal.

Webinar Information

Date: May 10, 2011

Time: 10:00 a.m. to 11:30 a.m.

To register go to <https://www1.gotomeeting.com/register/876096177>

Should the conditions of this RFP change as a result of the bidders' webinar or for other reasons, the State Board of Education will post all changes on the <http://www.isbe.net/earlychi/html/birth-3.htm>. Applicants are advised to check the website prior to submitting their proposal.

Contact Person: For more information on this RFP, contact the Early Childhood Education Division at 217-524-4835.

Background

The Illinois State Board of Education (ISBE) is committed to supporting early childhood education to ensure that all Illinois children develop a strong foundation for learning. This commitment is outlined in ISBE's Early Childhood Care and Education Position Statement found in Appendix A. Section 1C-2 of the School Code [105 ILCS 5/1C-2] establishes the Early Childhood Block Grant to provide funding on a competitive basis to eligible applicants to provide preschool education and Prevention Initiative programs that emphasize the relationship among early childhood education, parenting education and involvement, and future success in school. The law requires that 11 percent of the block grant be used statewide to fund programs for children birth to age 3 years.

Section 2-3.89 of the School Code [105 ILCS 5/2-3.89] further establishes specific requirements for Early Childhood Block Grant programs which offer coordinated services to at-risk infants and toddlers and their families. For the purposes of this grant, "at risk" is defined as those children who because of their home and community environment are subject to such language, cultural, economic, and like disadvantages to cause them to have been determined as a result of screening procedures to be at risk of academic failure. These programs are commonly referred to as the Prevention Initiative. 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 3 to help them build a strong foundation for learning and to prepare children for later school success. Specifically, Prevention Initiative programs must include a parent education program relating to the development and nurturing of infants and toddlers and case management services to coordinate existing services available within the region served by the program. Program services are provided through the implementation of an Individual Family Service Plan which will be discussed later in this RFP. Finally, there must be a community involvement component to provide coordination within the service system.

Applicants submitting a proposal for a Prevention Initiative program are encouraged to think strategically about the comprehensive use of early childhood funds so that each element of the effort reinforces and supports the others. Applicants are also advised to review information posted on ISBE's Early Childhood Education webpage found at <http://www.isbe.net/earlychi/html/birth-3.htm> before completing their proposals. Information on this webpage provides research-based activities used in successful early childhood programs.

Program Specifications

Prevention Initiative programs must include the following nine components. A goal statement and clarifying information is provided for each component.

- 1. Screening to Determine Program Eligibility** (See Appendix B for Definitions and Examples for Birth to Three Program Implementation.)

Goal: Illinois' neediest children will be identified and served.

In an effort to identify Illinois' neediest children and families, screening must be conducted to determine their need for services. Screenings are to be conducted on a communitywide basis and be 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, Early Intervention Child and Family Connections, and Child Find).

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 should be an additional factor considered to determine eligibility. Applicants may conduct the screening using an existing screening instrument or one that they have developed.

Comprehensive screening procedures must include:

- a parent interview (to be conducted in the parents' home/native language, if necessary) which is designed to obtain a summary of the child's health history, including prenatal history, and social development, and may include questions about the parent's 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;
- 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 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;
- where possible, the inclusion of program staff in the screening process; and
- a provision for sharing the results of the screening with program staff and to the parents of the children screened.

Prevention Initiative programs should include what research has shown are effective screening 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.
- Developmental screening is conducted for infants and toddlers entering the program at age four months or older using a published, research-based instrument that addresses all areas of the child's development, including social-emotional development.

2. *Research-Based Program Model and Curriculum for Parent Education*

Goal: Families will receive intensive, research-based, and comprehensive prevention services.

Programs should be designed so that parents will gain knowledge and skills in parenting through implementation of a research-based program model (see Appendix B for Definitions and Examples for Birth to Three Program Implementation, and see Appendix C for examples of program model requirements) which will guide the provision of services. Activities requiring substantial participation of and interaction between parent and child are vital components of effective

programs. Activities must be designed to teach parents new ways of supporting and enhancing their child's development and include intensive and regular home visits. Education activities may be site-based or home-based. The education 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.

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

Through these coordinated services, parents should become better prepared to provide for the developmental needs of their children. The comprehensive services to be provided must be derived from research on successful prevention services for at-risk families and aligned with the Illinois Birth to Three Program Standards found at http://www.isbe.net/earlychi/html/03_standards.htm.

Prevention Initiative programs must offer appropriate parent education and involvement services that address the seven designated areas of instruction listed below.

- 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
- Parenting skill development.

Programs must use a research-based curriculum for these parental educational services (see Appendix B for examples). Prevention Initiative programs should include what research has shown to be effective practices for the successful implementation of a research-based program model. A notation is provided where alignment with the Illinois Birth to Three Program Standards is established.

- The program operates year round.
- Home visits and other services are provided according to the program model.
- The program includes intensive, regular, one-on-one visits with parents.
- Scheduling practices and intensity of services are tailored to the individual strengths and needs of children birth to three and their families. (*Birth to 3 Standard I.B*)
- 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. (*Birth to 3 Standard I.C*)
- The program meets the needs of children and families of varying abilities as well as diverse cultural, linguistic, and economic backgrounds. (*Birth to 3 Standard I.D*)
- The program is provided within the larger framework of a family literacy program (see Appendix D for research and definition). The program fosters social connections between families with young children.
- The program connects families to supports in times of need.

- The research-based curriculum that is chosen addresses the following issues.
 - The curriculum reflects the centrality of adult/child interactions in the development of infants and toddlers. (*Birth to 3 Standard II.A*)
 - The curriculum reflects the holistic and dynamic nature of child development, and addresses a balance of all developmental areas: cognitive, communication, physical, social, and emotional development. (*Birth to 3 Standard II.B and Quality Indicator II.B.1*)
 - The curriculum prioritizes family involvement while respecting individual parental choices. (*Birth to 3 Standard II.C*)
 - The curriculum supports and demonstrates respect for the families' unique abilities as well as for their ethnic, cultural and linguistic diversity. (*Birth to 3 Standard II.D*)
 - The curriculum promotes a framework that is nurturing, predictable, and consistent, yet flexible enough to respond to the participant's individual cues and make accommodations. (*Birth to 3 Standard II.E and Quality Indicator II.E.1*)
- The program provides activities that teach parents how to meet the developmental needs of their children, including their social-emotional needs.
- Family activities such as workshops, field trips, and child/parent events are provided to foster parent/child relationships.
- 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.
- A schedule for the parent education programs and child/parent events is provided.
- The program has a toy/book lending library.
- The program has a parent resource lending library.
- The program has a newsletter.

3. *Developmental Monitoring* (Birth to 3 Standard III.A) (See Appendix B for definition of developmental monitoring that includes differences between instructional and diagnostic assessments.)

Goal: Children's developmental progress will be regularly monitored to inform instruction and to ensure identification of any developmental delays or disabilities.

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, 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. See the Illinois Birth to Three Program Standards Resource Guides for more information on Developmental Monitoring (http://www.isbe.net/earlychi/html/03_standards.htm).

Prevention Initiative programs should include what research has shown to be successful developmental monitoring practices as follows.

- The program regularly monitors children's development, using multiple sources, and communicates with parents about the child's development.

- The program uses a research-based tool to periodically (at least every six months) perform developmental screening for all children, including physical, cognitive, communication, social, and emotional development.
- Children identified as in need of further assessment are linked to the local Child and Family Connections service, and the program follows up to ensure the child receives all needed assessments and services.

4. Individual Family Service Plan

Goal: Families will receive services that address their identified goals, strengths, and needs.

An important focus of the Prevention Initiative program is to help families identify how they want to improve their lives and the steps that will help them reach their goals (excerpt from Birth to 3 Standard V.D). Families must be full partners in developing and implementing an Individual Family Service Plan that identifies the family's goals, responsibilities, timelines, and strategies for achieving these goals, including the services to be provided to the child and to the family. The Individual Family Service Plan guides the delivery of services to ensure families obtain and receive appropriate services to meet their needs.

Prevention Initiative programs should include what research has shown to be successful Individual Family Service Plans as follows.

- The program encourages parents and families to make decisions regarding their parenting skills and their children's development, and engages families in developing individualized family service plans.
- The staff uses the Individual Family Service Plan to guide the services provided to the family.
- The Individual Family Service Plan includes but is not limited to educational and social-economic needs of the family.

5. Case Management Services

Goal: Families will receive comprehensive, integrated, and continuous support services through a seamless and unduplicated system.

Many of the families participating in Prevention Initiative programs have multiple needs, some of which cannot be met directly by the program. These may include, for example, adult education, housing, nutrition, health care, and other needs. Programs must form relationships with other service providers in the community, including the development of a system for referring families to other service providers and following up on these referrals to ensure that families receive the needed services.

Families participating in Prevention Initiative programs may also have developed service plans with other service providers. The Prevention Initiative program must coordinate the Individual Family Service Plan with plans that other community service providers have developed with or for the family.

Prevention Initiative programs should include what research has shown to be successful case management services as follows.

- The program ensures that the services the family receives through the program are coordinated with other services the family is receiving. In particular, the program ensures that the family's Individual Family Service Plan is coordinated with plans that other community service providers have developed with or for the family.
- The program creates partnerships to support the development of infants and children from birth to age 3 by focusing on the child and family through a network of child and family service providers.
- The program has a written transition plan with other early childhood programs that addresses the unique needs and situations of families.

6. **Family and Community Partnerships**

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

Each prevention initiative must develop a parent and community involvement plan to include, but need not be limited to, orientation to the educational program, opportunities for involvement into home-based or site-based activities, provision for communication with parents about the program, methods of linking parents with community resources and services, and activities that emphasize and strengthen the role of the parent(s) as the child's primary educator.

Families must be full partners in developing and implementing the program. Parents and other family members must be given the opportunity to have input into planning program activities, and the program must have a system for regular communication with parents about the program and about their child's progress.

Each Prevention Initiative program must demonstrate that the proposed program is not a duplication of services and has a referral system to ensure transition of 3-year-old children to other early childhood education programs after leaving the Prevention Initiative program. These programs may include prekindergarten, Head Start, Early Head Start, Even Start, Early Intervention Child and Family Connections, Title I, and bilingual education programs, etc. Programs are encouraged to develop a model that provides coordination of services, and delivers prevention initiative services in ways that reflect local needs and resources. Collaborative partnerships must include a direct link between and among the initiatives.

Prevention Initiative programs should include what research has shown are successful family and community partnerships as follows.

- A mission statement is developed by parents, families, staff members, and community representatives based on shared beliefs.
- The program establishes partnerships with parents and families and develops shared goals with families based on the families' strengths and needs and the program's objectives.
- The staff understands that the children's home, community, and cultural experiences have an impact on their development and learning.
- The program has both a referral and follow-up system to assure that families are able to access services determined appropriate. (*Birth to 3 Standard V.C.2*)
- Formal collaborative relationships with other service providers in the community are developed to avoid duplication of services and to ensure that the families most in need receive services.

- The program takes an active role in community and system planning.

7. Qualified Staff and Organizational Capacity

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

Appropriately qualified personnel that meet the requirements of the program model that is to be implemented by the Prevention Initiative program must be employed and may include but are not limited to, program administrators, early childhood teachers, counselors, psychiatrists, psychologists and social workers. The applicant has the organizational capacity to operate the program.

Applicants should also note the requirement for staff background checks in item 11 of Attachment 15, titled “Prevention Initiative Program-Specific Terms of the Grant.”

Prevention Initiative programs should include what research has shown are appropriate staff qualifications as follows.

- The administrator and all program staff are knowledgeable about high-quality early childhood programs and are effective in explaining, organizing, and implementing them.
- All head infant/toddler teachers in classroom settings must have a minimum of an Associate’s degree in Child Development (CD) or Early Childhood Education (ECE) or the equivalent. Teachers must have specialized college-level course work and/or professional development training that prepares them to work with infants and toddlers.
 - For programs with 1-2 classrooms, at least one of the infant/toddler teachers currently holds or is actively working toward a Baccalaureate degree in CD or ECE or equivalent.
 - For programs with 3 or more classrooms, at least one in every three infant/toddler teachers currently holds or is actively working toward a Baccalaureate degree in CD or ECE or equivalent.

For more information on credentials, see Gateways to Opportunity Credential information at <http://www.ilgateways.com/en/credentials>.

- The program has written personnel policies and job descriptions on file.
- The organization has experience providing services to infants, toddlers, and their families, and working with families of similar cultural background as the families to be served.
- The organization has experience administering grants successfully and has appropriate financial systems to ensure that expenditures are properly documented.

8. Professional Development

Goal: Staff will continue to gain skills and knowledge based on current research and best practices to improve outcomes for families.

In order to enable staff to achieve the purpose and goals of the Prevention Initiative program, staff development needs must be assessed and appropriate ongoing professional development activities provided.

Prevention Initiative programs should include what research has shown to be successful professional development as follows.

- Staff development needs are assessed on a regular basis.
- A staff inservice training program is conducted to meet individual staff needs.
- Other appropriate ongoing professional development activities are provided.
- The program has a written professional development plan for all staff.
- The program offers opportunities and resources for staff to share and consult with others regularly.

9. Evaluation

Goal: The evaluation will provide critical data and information that is used for continuous program improvement.

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 Three 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) are analyzed by the program leadership and staff, and an action plan is generated. This 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.

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 philosophy 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 any other program evaluation data) are used to inform continuous program improvement.

Fiscal Information

The Illinois State Board of Education has requested approximately \$340 million for the FY 2012 Early Childhood Education appropriation. A minimum of 11 percent of the ECBG funds must be used statewide for programs serving children birth to age 3 years. The remainder of the ECBG funds is used for programs serving children ages 3 to 5 years. In the event that these funds do not become available to the Illinois State Board of Education, no proposals submitted under this RFP will be funded. Allowable activities and related expenditures for Prevention Initiative programs are provided in Appendix E.

Continuing applicants may apply for year-round funding to serve the most at-risk families and meet all grant requirements, or convert a currently funded Parental Training program, to meet all of the requirements of a Prevention Initiative program.

Proposal Format

Each proposal must be submitted in the format outlined below. Please use the following as a checklist in assembling your completed proposal.

The proposal cover page must be completed and affixed with original signature. Do not include information other than what is requested (e.g., program fliers, portfolios, artwork). Please staple; do not bind or clip. Do not use such things as folders, three-ring binders, or report covers.

Applicants may download this RFP and complete the attachments by using the “fill-in” forms found at <http://www.isbe.net/earlychi/html/birth-3.htm>. Fill-in forms allow you to enter the information while the form is displayed by an Adobe Acrobat product. The completed form can be printed. **Caution:** You cannot save this file without the full version of Adobe® Acrobat; you only have the ability to view, complete, and print. You may wish to generate your text in another program (such as Microsoft® Word) so that the text can be saved and pasted into the Acrobat form.

- ___ **1. Cover Page (Attachment 1):** Must be signed by the school district superintendent or official authorized to submit the proposal.

- ___ **2. Joint Application (Attachment 1a):** Joint proposals must have the signature of the superintendent of each participating school district or agency official authorized to submit the proposal, in the case of other eligible applicants. Joint applications must designate either the superintendent of one of the participating school districts, or official from one of the participating entities, to serve as the administrative agent. Eligible applicants may participate in only one proposal for a specific initiative.

- ___ **3. Evidence of Existing Competencies (Attachment 1b):** Must be completed by applicants other than public school districts and by applicants submitting joint applications.
 - Applicants other than public school districts must include the agency’s mission statement, goals or policies regarding early childhood programs, and a description of the agency’s organizational structure.
 - Joint applications must include the goals and objectives of the collaboration and a brief description of each partner’s experience in providing similar services.

- ___ **4. Early Childhood Accreditation (Attachment 1c):** Indicate any early childhood accreditations that have been achieved.

- ___ **5. Program Site Locations (Attachment 1d):** Provide information on each site location for the program.

- ___ **6. Proposal Abstract (Attachment 2):** Briefly describe how the proposed program and activities will lead to the attainment of anticipated program outcomes. Provide detail about the inputs, activities, outputs, and outcomes of the proposed program. “Inputs” are resources such as staff, funds, materials, etc. “Activities” are what the program intends to do, such as home visits, parent workshops, etc. “Outputs” include the volume of work and level of participation such as the number

and services provided during home visits, number of enrolled families, etc. “Outcomes” are the gains and changes children and families achieve.

- ___ **7. Proposal Narrative (Attachments 3a through 12):** Follow the proposal narrative requirements, beginning on page 12, using the appropriate attachment for each component to be addressed.

- ___ **8. Budget Summary and Payment Schedule (Attachment 13):** Must be submitted on the form provided and signed by the district superintendent or official authorized to submit the proposal. The payment schedule should be based on the projected date of expenditures and be prepared in accordance with the *State and Federal Grant Administration Policy and Fiscal Requirements and Procedures* handbook found at http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf. Supplies, equipment, contracted services, and professional development should be requested in the month for which the expenditure is anticipated.

- ___ **9. Budget Breakdown (Attachment 14):** Must include descriptions of the anticipated expenditures, correlated to the line items set forth on the Budget Summary. Must include subcontract information, if applicable (see item 7 of the document titled “Certifications and Assurances and Standard Terms of the Grant,” Attachment 16).

- ___ **10. Certifications and Assurances (Attachments 15 and 16):** Each applicant, *including each entity that is participating in a joint application*, is required to submit the certification forms attached (“Early Childhood Block Grant Program-Specific Terms of the Grant” and “Certifications and Assurances, and Standard Terms of the Grant”). These must be signed by the official legally authorized to submit the proposal and to bind the applicant to its contents.

Proposal Narrative Requirements

Use the appropriate attachment to respond to each of the following requests for information. Attachment forms may be duplicated as needed. Assemble your proposal narrative in the order in which each requirement is presented below.

General Information

1. Statement of Need (Attachment 3a)

The proposal must document the need for the early childhood initiative in the community. The need must be based on current statistical, demographic, or descriptive information regarding the community in which the families and children reside. The following points must be included in the narrative.

- A. Provide a description that may include, but need not be limited to:
 - i. educational level of parents;
 - ii. employment conditions;
 - iii. number of children age birth to 3 years in service area;
 - iv. rates of infant mortality, birth trauma, low birth weight, or prematurity;
 - v. the district’s rate of dropouts, retention, truancy, teenage pregnancies, and homeless students;
 - vi. the number of families where a language other than English is spoken;

- vii. rates of poverty, child abuse, and neglect; and
 - viii. information regarding drug/alcohol abuse.
- B. Describe the process used to determine the need for the Prevention Initiative program that is not a duplication of services in the community in relation to other similar services that may be operating in the same geographic area. Include the number of other programs providing services to the birth to age 3 year population and a description of the services being provided.
 - C. Describe the criteria and indicators used for identifying at-risk children and families eligible for the program and likely to target those children and families most in need of services.

2. Population to Be Served (Attachment 3b)

The proposal must indicate the population to be served. The following points must be included in the narrative.

- A. Describe the efforts that will be made for outreach and recruitment of the eligible population to be served by the Prevention Initiative program.
- B. Indicate the estimated number of families with children ages birth to 3 to be served.
- C. Indicate the geographic area to be served by the initiative.

PROGRAM DESCRIPTION (Attachments 4 through 11)

The proposal must provide a program description that includes all of the following points.

1. Screening Process to Identify Eligible Participants Who Are At Risk (Attachment 4)

Provide a description of the procedures to be used to screen children and their families to determine their need for services and ensure that the program will serve those children and families most in need.

- A. Describe the procedures to be used to include a parent interview and a description of the information that will be obtained in the interview.
- B. Describe the criteria that will be used to assess environmental, economic and demographic information that indicates a likelihood that the children/families would be at risk and, for children age 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. Indicate the method(s) to be used to select criteria for participation, and if a weighted system is used to determine eligibility, describe how the system has been developed.
- C. Describe how the screening instruments and activities are related 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.
- D. Describe the procedures for obtaining written parental permission for the screening of the child.
- E. Describe the procedures to be used to include the program provider in the screening process and to make the results of the screening available to the program provider.

2. **Research-Based Program Model and Curriculum for Parent Education** (Attachment 5)

Provide a description of the research-based program model and the curriculum for parent education that includes the following points.

- A. Provide evidence that the program is derived from research on successful prevention services for at-risk families, including specific references to research that discusses the types of services and strategies to be offered by the program.
- B. Describe how the comprehensive services to be provided are aligned with the Illinois Birth to Three Program Standards.
- C. Describe the program activities, including parent activities, child activities, parent-child interactive activities and family activities; indicate whether they are home-based or center-based; and describe how these activities will teach parents new ways of supporting and enhancing their child's development.
- D. Provide the anticipated year-round schedule of services, including, as appropriate, the frequency and estimated length of home visits, the frequency and length of parent group meetings and the schedule of center-based services for children.
- E. Describe the steps that will be taken to encourage families to attend regularly and remain in the program a sufficient time to make sustainable changes.
- F. Describe how the applicant will ensure that no fees will be charged of parents or guardians and their children who are enrolled and participate in the Prevention Initiative program.
- G. Provide a detailed description of procedures for reimbursement of transportation and childcare costs, if these are to be included in the program.
- H. Provide a description of the curriculum to be used.
- I. Describe how the curriculum is aligned with Illinois Birth to Three Program Standards II.A, II.B, II.C, II.D, and II.E (see the *Background and Program Specifications* sections of this RFP).
- J. Describe the activities that will be included and how they will address each of the following seven areas of instruction and training:
 - i. Child growth and development, including prenatal development;
 - ii. Childbirth and child care;
 - iii. Family structure, function, and management;
 - iv. Prenatal and postnatal care for mothers and infants;
 - v. Prevention of child abuse;
 - vi. The physical, mental, emotional, social, economic, and psychological aspects of interpersonal and family relationships; and
 - vii. Parenting skill development.

3. **Developmental Monitoring** (Attachment 6)

Provide a description of developmental monitoring to be used by the program that includes the following points.

- A. Describe the methods and sources of information used to regularly monitor children's development.
- B. Describe how the program will communicate with parents about their child's development.

- C. Describe how regular and ongoing assessment will inform individualized instruction.
- D. Describe how regular and ongoing assessment will be used to ensure that children who have a potential developmental delay or disability will be referred for diagnostic assessment and/or follow-up.

4. **Individual Family Service Plan** (Attachment 7)

Provide a description of the Individual Family Service Plan to be used by the program that includes the following points.

- A. Describe how parents and families will be involved in making decisions regarding the goals and outcomes of their Individual Family Service Plan.
- B. Describe how the needs of the family enrolled in the program will be assessed and how this information will be used to develop an Individual Family Service Plan.
- C. Describe how the individual service plan is used to guide services for the family.

5. **Case Management Services** (Attachment 8)

Provide a description of the case management approach to be used by the program that includes the following points.

- A. Describe how the program will coordinate the Individual Family Service Plan with plans that other community service providers have developed with or for the family.
- B. Describe how the program will provide families with access to comprehensive services, including those not provided directly by the program.
- C. Describe the system for referring families to other service providers and following up on these referrals.

6. **Family and Community Partnerships** (Attachment 9)

Provide a description of the parent and community involvement plan to include but not be limited to the following points.

- A. Describe the orientation activities associated with the educational program that will be provided.
- B. Describe opportunities to be provided for parents to be involved in home-based or site-based activities.
- C. Describe the procedures to be used to communicate with parents about the program.
- D. Describe the procedures to be used to link parents with community resources and services.
- E. Describe the activities to be provided that will emphasize and strengthen the role of the parent(s) as the child's primary educator.
- F. Describe how families will be involved in developing and implementing the program and the system for regular communications with parents about the program.
- G. Describe the referral system to be implemented to place 3-year-old children in other early childhood education programs after leaving the Prevention Initiative program.

7. Staff Qualifications and Organizational Capacity (Attachment 10)

Provide the following information regarding personnel to be employed and the organizational capacity.

- A. For each full-time and part-time professional and nonprofessional staff to be paid by the program, list the following (**do not** include résumés):
 - i. Position title,
 - ii. Name of person who will fill the position,
 - iii. Qualifications and experience of person who will fill the position,
 - iv. Roles and responsibility of the position, and
 - v. Full-time equivalency for the position.
- B. Describe the organization's capacity to operate a program of this nature.

8. Professional Development (Attachment 11)

Provide a description of the professional development plan that includes the following points.

- A. Describe how the staff development needs will be determined for all staff members.
- B. Describe the staff pre-service and inservice training program that will be conducted to meet the individual staff needs and to meet the requirements, if applicable, of the chosen program model.
- C. Describe other professional development activities that will be provided.

9. Evaluation (Attachment 12)

Provide a description of the plans for evaluation that includes the following points.

- A. Describe the process to be used to determine whether progress is being made toward successful implementation of the program model and the Illinois Birth to Three Program Standards.
- B. Describe the process to be used to determine the progress that children and families are making toward their goals.
- C. Describe how the evaluation will be used to inform continuous program improvement.

Criteria for Review and Approval of Proposals

Proposals will be evaluated in comparison with other Prevention Initiative Birth to Age 3 Years: FY 2012 proposals received by ISBE, based upon the criteria below. Final determination for selection will be made by the State Superintendent of Education and will be based upon recommendations resulting from the evaluation/review process which may include a site visit. It is the intent of the Illinois State Board of Education that should these funds become available, successful applicants will be notified in July 2011.

1. Population to be Served (30 points)

- A. The proposal clearly indicates that the area to be served has a high number of children and families determined to be the most in need of the services provided by the Early Childhood Block Grant program, as indicated by high levels of poverty, illiteracy, unemployment, limited-English proficiency, or other need-related indicators, such as the school district's rate of dropouts, retention, truancy, teenage pregnancies, and homeless students, high rates of infant mortality, birth trauma, low birth weight or prematurity, and high rates of child abuse and neglect.
- B. Criteria and indicators for identifying children and families who are eligible for the program are clearly established and likely to target those children and families most in need of services.
- C. Effective recruitment strategies are proposed that are likely to ensure that the maximum number of eligible children and families are enrolled in the program.

2. Quality of Proposed Program (40 points)

- A. The proposed program and activities will sufficiently meet the identified needs of the population to be served and include child and parent activities designed to enhance child development and parent effectiveness and, ultimately, school readiness.
- B. The program proposal provides for effective linkages among parents, education, health and social service agencies, and child care providers and includes a plan for coordination of services with other educational programs serving young children and their families.
- C. The proposed program is built upon effective research about prevention services and aligned to the Illinois Birth to Three Program Standards.
- D. The evaluation strategies include measurable outcomes for children and families that are designed to effectively gauge the success of the program and yield sufficient data that can be used to improve the program.

3. Experience and Qualifications (20 points)

- A. Proposed staff hold the appropriate certifications and/or licenses for their positions and have the qualifications and experience necessary to successfully implement a high-quality early childhood program.
- B. The staff development plan adequately addresses the needs of the project staff, offers a varied and full range of staff development experiences, and provides sufficient opportunities for learning so as to allow staff to incorporate the training into program delivery activities.
- C. In addition, an eligible applicant other than a school district has presented evidence that it:
 - i. holds the appropriate licensure to operate as a day care facility (as applicable);

- ii. holds early childhood accreditations or has other relevant experience that demonstrates success in implementing and administering programs similar to the ones funded under the Early Childhood Block Grant Program; and
- iii. has a successful track record with similar grants or contracts.

4. Budget (10 points)

- A. The program is cost-effective as evidenced by the cost of proposed services in relation to the numbers to be served and the services to be provided.

**ILLINOIS STATE BOARD OF EDUCATION
Early Childhood Care and Education Position Statement**

The State Board of Education believes that the educational development and success of all Illinois children can be significantly enhanced when children participate in early childhood programs and services.

For the purposes of this position statement, early childhood is defined as the period in a child's life from birth through eight years of age. Appropriate early childhood programs, practices and services are defined as those which:

- are founded on research-based knowledge about child development;
- promote the child's emotional, physical, mental and social well-being; and
- support and nurture families.

The Illinois State Board of Education is actively committed to develop, deliver and support early childhood programs, practices and services that will enable all children to be successful students and responsible citizens. The State Board will give particular attention to the following actions:

1. Emphasize the need for high-quality early experiences that reflect research and knowledge on program quality and outcomes across the developmental period of birth through eight years.
2. Encourage Illinois public schools to create coherent early learning systems that minimize major transitions for children and provide stable, consistent educational experiences for young children, ages three through eight years.
3. Make prekindergarten programs available for all Illinois children identified as at-risk of academic failure and actively seek their participation. Support the provision of full-day prekindergarten for at-risk students who need additional educational experiences.
4. Support the availability of full-day kindergarten programs for all Illinois children.
5. Collaborate with families and relevant social service providers to provide early identification of and response to educational risk factors among children from birth through three years of age.
6. Collaborate with families, community organizations, child care organizations, Head Start and other state agencies to meet the physical, mental, social and emotional needs of young children, including their physical care and protection; share resources, services and accountability.
7. Emphasize the quality of instructional staff and leadership for early childhood programs in Illinois.

Definitions and Examples for Birth to Three Program Implementation

SCREENING

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

Examples of Broad-Based Screening Instruments for Birth to Three

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

DEVELOPMENTAL MONITORING

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

http://www.k12.wa.us/EarlyLearning/pubdocs/assessment_print.pdf

RESEARCH-BASED PROGRAM MODEL

For the purposes of the Early Childhood Block Grant for Birth to Age 3 Years, a program model must meet one of the three criteria listed below to be considered research-based. A program model is defined as a frame of reference that identifies the objectives and goals of a program, as well as their relationship to program activities intended to achieve these outcomes. It reflects standard practices that guide the provision of services and determines the parameters delineating the service settings, duration, type of intervention, and ratios of child and/or family served to service provider, etc.

Criteria 1 - The proposed program is a replication of a program model which has been validated through research and found to be effective in providing prevention services for at-risk families. Specifically:

- The program model must have been found to be effective in at least one well-designed randomized, controlled trial, or in at least two well-designed quasi-experimental (matched comparison group) studies.
- The program is implemented as closely as possible to the original program design, including similar caseloads, frequency and intensity of services, staff qualifications and training, and curriculum content.

Examples of Birth to Three Program Models Recommended by ISBE

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

Examples of Supplemental Services to Enhance Birth to Three Comprehensive Services

- Doula Services
- Fussy Baby Network
- Strengthening Families Illinois

Criteria 2 - The proposed program will comply with all of the standards of a nationally recognized accrediting organization (e.g., NAEYC). Specifically:

- The program must comply with all standards regarding group size, staff-to-child and/or staff-to-family ratios, staff qualifications and training, and comprehensiveness and intensity of services offered.
- The program must implement a formal, written curriculum which is comprehensive and is based on research about how infants and toddlers learn and develop.

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

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

CURRICULUM

An organized framework that delineates the content children and/or families are to learn, the processes through which they achieve the identified curricular goals, what providers do to help them achieve these goals, and the context in which teaching and learning occur.

Examples of Evidence-Based Curriculum for Center-Based Programs

- Child-centered curriculum
 - Creative Curriculum for Infants and Toddlers
 - High/Scope Infant-Toddler Curriculum
- Parent centered curriculum
 - Parents as Teachers Curriculum (includes Foundational, Program Implementation Guide, handouts and parent educator resource materials. Portions of the curriculum materials are online).

AT A GLANCE REFERENCE SHEET: REQUIREMENTS FOR SELECTED PREVENTION INITIATIVE MODELS

Model Requirements	Healthy Families (HF)	Parents As Teachers (PAT)	Baby TALK	Prevention Initiative – Centered-Based																								
Staff Qualifications and Training	<p>Educational requirement is HS diploma</p> <p>4 day Core Training provided by Ounce of Prevention.</p> <p>Ongoing in-service trainings</p>	<p>4-year degree in ECE or related field is preferred. Two years of supervised experience with young children and their parents is required.</p> <p>Initial 5-day training consists of 3-day Foundational and 2-day Model Implementation training. A Parent Educator is certified upon successful completion of PAT Model Implementation Training.</p> <p>Annual certification is required to use the PAT model and curriculum materials. To maintain certification, annual in-service hours are required: 1st year = 20 hours 2nd year = 15 hours 3rd year + = 10 hours</p>	<p>A bachelor’s degree is preferred or an associate’s degree with a high level of experience in education, nursing, or social work.</p> <p>Baby TALK professionals should display a high degree of empathy, knowledge and willingness to learn about a family’s needs and culture.</p> <p>Professional Development Training is four full days with the expectation that trainees will study curriculum after they leave training.</p> <p>Annual recertification is required to implement the Baby TALK model and materials.</p> <p>Touchpoints Training, also offered by Baby TALK, is suggested as practitioners mature in their work.</p>	<p>All head infant toddler teachers must have a minimum of an Associate’s degree in Child Development (CD) or Early Childhood Education (ECE) or the equivalent. Teachers must have specialized college-level course work and/or professional development training that prepares them to work with infants and toddlers.</p> <ul style="list-style-type: none"> For programs with 1-2 classrooms, at least one of the infant toddler teachers currently holds or is actively working toward a Baccalaureate degree in CD or ECE or equivalent. For programs with 3 or more classrooms, at least one in every three infant toddler teachers currently holds or is actively working toward a Baccalaureate degree in CD or ECE or equivalent. <p>Family Support Worker qualifications and training is based on Program Model being used.</p>																								
Staffing	<p>Essential staff are a Program Supervisor (see below for Supervisor-to-Staff ratio), a Family Assessment Worker, and Family Support Workers (home visitors).</p> <p>Generally, the ratio of Assessment Worker to Support Workers is 1:4 or 1:5.</p>	<p>Minimum of 1 parent educator and 1 supervisor is required.</p> <p>Number of parent educators is determined by number of families to be served and intensity of services provided.</p> <p>Two years of supervised</p>	<p>Number of practitioners needed is dependent upon program design.</p> <p>Baby TALK recommends a minimum of two practitioners per community for the purpose of collaboration.</p>	<p>Child Care Classroom</p> <p>All classrooms must, at a minimum, meet NAEYC guidelines for ratios and group size</p> <table border="1"> <thead> <tr> <th rowspan="2">Age</th> <th colspan="2">EHS (exceeds)</th> <th colspan="2">NAEYC (Meets)</th> </tr> <tr> <th>Ratio</th> <th>Group Size</th> <th>Ratio</th> <th>Group Size</th> </tr> </thead> <tbody> <tr> <td>6 wk – 12 mo.</td> <td>1:4</td> <td>8</td> <td>1:4</td> <td>8</td> </tr> <tr> <td>12-24 mo.</td> <td>1:4</td> <td>8</td> <td>1:4</td> <td>12</td> </tr> <tr> <td>24-36 mo.</td> <td>1:4</td> <td>8</td> <td>1:6</td> <td>12</td> </tr> </tbody> </table>	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
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Supervision	<p>At least 1 ½ hours weekly. Maximum staff-to-supervisor ratio is 6:1</p>	<p>Supervisor must attend PAT 2-day Model Implementation Training and maintain PAT certification.</p>	<p>Baby TALK provides ongoing technical support through a variety of media following training. Certified</p>	<p>As determined by the program</p>																								

Model Requirements	Healthy Families (HF)	Parents As Teachers (PAT)	Baby TALK	Prevention Initiative – Centered-Based
		<p>Qualifications: A 4-year degree in ECE or related field is recommended</p> <p>Demonstrated ability to work with adults and children is necessary.</p> <p>Supervisors must provide a minimum of 2 hours of staff meetings and 2 hours of individual supervision for each parent educator each month.</p> <p>Maximum staff –to-supervisor ration is 12:1.</p>	<p>practitioners report their progress on an annual basis as they renew their certification through the Baby TALK Professional Association.</p> <p>Reflective Supervision is dependent on reflection, collaboration and regularity. Best practice of reflective supervision would indicate regularity of not less than once per month.</p>	
Case Load	A maximum of 15 cases/full-time home visitor if all participants are seen weekly with no more than 25 cases, regardless of service intensity levels of participants.	<p>Caseload sizes: Weekly visits = 10-12 families Every 2 weeks = up to 24 families</p>	Following screening/outreach services, caseloads will be 15-25 families per full time staff member depending on the intensity of services	<p>Family Support Case Load Parent support staff: 1 FTE for 25 – 30 families Classroom staff: see ratio and group size above.</p>
Frequency of home visits/group services	Visits are weekly for at least the first 6-9 months of enrollment. There are criteria for decreasing the level of intensity after that point.	<p>Home visiting intensity is a key factor in achieving outcomes. High need families must receive a minimum of 2 visits a month spread out over the course of the year</p> <p>Families with greater need should receive weekly visits. Group meetings must be conducted at least once a month.</p>	Program design should provide for a minimum of twice/monthly services. For families facing challenges, a minimum of weekly contacts is recommended.	<p>Home Visits</p> <p>Monthly individual visits with families, at least two of which per year should be in the home and</p> <p>Monthly group meetings with families</p>
Curriculum	No specific curriculum is required, though there is a requirement that the program use a curriculum. Commonly used curricula include PIPE, San Angelo, HELP at Home, and others.	<p>Parents as Teachers strength –based approach includes three areas of emphasis:</p> <ul style="list-style-type: none"> ▪ child centered parenting, ▪ parent – child interaction and ▪ family well being. <p>The developmental-centered parenting approach builds on the strengths of families by collaboration with them; providing a rich knowledge base for parents on targeted</p>	<p>Baby TALK Curriculum is provided to all trainees. It covers prenatal through preschool and provides materials for personal visits, group activities, and specialized populations such as teen parents, parents in need of adult education services, and families whose children have special needs.</p> <p>Most curriculum components are available in Spanish.</p>	Creative Curriculum for Infants and Toddlers, High/Scope for Infants and Toddlers, or another researched based classroom curriculum

Model Requirements	Healthy Families (HF)	Parents As Teachers (PAT)	Baby TALK	Prevention Initiative – Centered-Based
		<p>childhood development and insights on family growth.</p> <p>The curriculum includes seven foundational visits as well as a planning tool and materials for subsequent visits. Parent educators create visit plans that meet the family specifically where they are in their family life development and areas of need. In addition, an extensive resource of research based materials is available to parent educators to address family life and risk issues. These materials are designed to deepen the parent educators knowledge as well as provide parent friendly materials to help educate and empower families.</p> <p>Child development handouts for parents are available in both English and Spanish.</p> <p>Other curriculum and training available include:</p> <ul style="list-style-type: none"> ▪ Working with Teen Parents ▪ Supporting Care Providers ▪ Working with Families with Special Needs Children ▪ Young Dads & Young Moms: A Curriculum for Peer Facilitated Groups 		
Program Model Consultants' Contact Information	Bill McKenzie bmckenzie@ounceofprevention.org	Clare Eldredge celdredge@ounceofprevention.org	Deb Widenhofer deb@babytalk.org	Raydeane James rjames@isbe.net

Family Literacy – Research and Definition

Research Supporting Family Literacy

Research at the Goodling Institute supports the efficacy of family literacy. As parents develop their own literacy skills, they are better equipped to foster the literacy and language growth in their very young children. This relationship is most clearly evident in very young children (ages birth to 3 years old) where the parents are not only the primary teachers but also the greatest developmental influence. This study demonstrates the important linkage that exists between the parents' education and children's literacy and language development. It reaffirms the assumption of family literacy programs that parents are indeed the child's first and most important early teacher.

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

Definition of Illinois Family Literacy Programming

Developed by the Illinois Family Literacy Consortium of State-level Agencies and Offices

Integrated, intensive services for at-risk families that must include, but not be limited to adult education, child education, parenting education, and literacy-based, interactive, parent-child activity services in order to improve the literacy skills for families.

Literacy Skills:	The ability to read, write, speak, compute and solve problems at appropriate levels of proficiency necessary to function as an individual within a family or in society.
Integrated Services:	All services are purposefully connected to encompass a holistic approach to serving the family as a unit rather than as individuals.
Intensive Services:	The services are regularly and frequently scheduled over an extended period of time.
At-Risk:	Adults and children who are subject to such language, economic and like circumstances that they have been determined, through a screening process, to be at risk of academic failure. At-risk factors may include a low household income, being homeless, a household in which English is not the primary language spoken, or a household where one or both parents are teenagers or have not completed high school. However, neither an adult's or child's membership in a certain group nor a child's family situation should determine whether that child is at risk.
Families:	The significant adult(s) or primary caregiver(s) and child(ren) who are living in the same household. <i>When the term "parent" is used, this term refers to the significant adult(s) or primary caregiver(s).</i>
Adult Education:	It is the purpose of Title II of Workforce Investment Act of 1998 to create a partnership among the federal government and localities to

provide, on a voluntary basis, adult education and literacy services in order to:

- Assist adults to become literate and obtain the knowledge and skills necessary for employment and self-sufficiency;
- Assist adults who are parents to obtain the educational skills necessary to become full partners in the educational development of their children; and
- Assist adults in completion of a secondary school education.

Program elements include:

Instructional services: adult basic education, adult secondary education and GED, vocational skills, English as a second language (English literacy), life skills, parenting education, citizenship education, and employability skills.

Supportive Services: social work services, guidance services, assistive and adaptive equipment, assessment and testing, participant transportation services, workforce coordination services, childcare services and literacy services.

Eligible populations include:

Adults age 16 years and older who are not enrolled or required to be enrolled in secondary school under state law and who (1) lack sufficient mastery of basic educational skills to enable the individuals to function effectively in society; (2) do not have a secondary school diploma or its recognized equivalent and have not achieved an equivalent level of education; or (3) are unable to speak, read or write the English language.

Child Education:

Age-appropriate education to prepare children for success in school and life experiences, from birth through age 16. Children acquire knowledge as a result of concrete encounters and meaningful research-based experiences in environments structured to meet individual developmental, cognitive, and social needs of all children. Supplemental instruction and support may be needed to facilitate an individual child's progress.

Parenting Education:

Information and support for parents on issues such as childbirth, development and nurturing of children, child rearing, family management, support for children's learning, effective advocacy strategies for the rights of all children, and parent involvement in their children's education. Through parenting education, parents and professionals build relationships in which the resources of both are shared in the task of supporting family strengths. In addition, parents build relationships through which they receive support both for themselves and their children.

**Interactive, Literacy-Based
Parent-Child Activities**

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.

DEFINITIONS OF BUDGET FUNCTIONS

Function Number	FUNCTION
2210	<u>Improvement of Instruction Services</u> - Activities which are designed primarily for assisting instructional staff in planning, developing, and evaluating the instructional process. Included are instructional and curriculum development services and instructional staff training services.
2300	<u>General Administration</u> - Activities concerned with establishing and administering policy in connection with operating the local education agency.
2540	<u>Operation and Maintenance of Plant Services</u> - Activities concerned with keeping the physical plant (i.e., grounds, buildings, and equipment) in an effective and safe working condition. This includes activities of maintaining safety in buildings, on the grounds, and in the vicinity of schools or funded agency.
2560	<u>Food Services</u> - Those activities concerned with providing food to students and staff in a school or LEA. This service area includes the preparation and serving of regular and incidental meals, lunches, or snacks in connection with school activities and the delivery of food. (Food Services for infant/toddler center-based programs only, not for parents/family activity snacks or food.)
3000	<u>Community Services</u> - Services provided by the LEA for the community as a whole or some segment of the community, such as community recreation programs, civic organization activities, public libraries, programs of custody and child care, welfare services, non-public school student services, and home/school services.
4000	<p><u>Payments to Other Districts and Governmental Units</u> - Payments to LEAs, generally for tuition, transportation and all other services rendered to pupils residing in the paying LEA. Where a nonoperating district pays an operating district for the education of pupils, the nonoperating district records such payments here. Flow-through funds - where payment is received by an LEA and a portion is transferred to one or more other LEAs - use object 600. (Expenditures in this function are not counted in state expenditure totals.)</p> <ul style="list-style-type: none"> -Payments for Regular Programs -Payments for Special Education Programs -Payments to University/College Programs -Payments for Career & Technical Ed Programs -Payments for Community College Programs -Other Payments to Governmental Units

DEFINITIONS OF BUDGET OBJECTS

Object Number	Object
100	<u>Salaries</u> : Amounts paid to permanent, temporary or substitute employees on the payroll of the local education agency (LEA). This includes gross salary for personal services rendered while on the payroll of the LEA.
200	<u>Employee Benefits</u> : Amounts paid by the LEA on behalf of employees; these amounts are not included in the gross salary, but are over and above.
300	<u>Purchased Services</u> : Amounts paid for personal services rendered by personnel who are not on the payroll of the LEA and other services which the LEA may purchase. While a product may or may not result from the transaction, the primary reason for the purchase is the service provided in order to obtain the desired results.
400	<u>Supplies and Materials</u> : Amounts paid for material items of an expendable nature that are consumed, worn out, or deteriorated in use or items that lose their identity through fabrication or incorporation into different or more complex units or substances.
500	<u>Capital Outlay</u> : Expenditures for the acquisition of fixed assets or additions to fixed assets.
600	<u>Other Objects</u> : Flow-through funds that one district receives as a part of a specific grant and then transfers to one or more other districts.
700	<u>Non-capitalized Equipment</u> : Items that would be classified as capital assets except that they cost less than the capitalization threshold but more than the \$500 minimum value established for purposes of calculating per capita cost pursuant to Section 18-3 of the School Code [105 ILCS 5/18-3].

* Definitions are from the Illinois Program Accounting Manual
(For further information, see <http://www.isbe.state.il.us/sfms/html/ipam.htm>)

SUPPLEMENT VS. SUPPLANT

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

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

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

Payrolls must be supported by time and attendance or equivalent records for individual employees. Salaries and wages of employees chargeable to more than one grant program or other cost objective will be supported by appropriate time distribution records.

GENERAL ADMINISTRATIVE EXPENSES

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

**PREVENTION INITIATIVE
BIRTH TO THREE BUDGET WORKSHEET**

Function	Expenditure Account	Salaries (Obj. 100s)	Benefits (Obj. 200s)	Purchased Services (Obj. 300s)	Supp. & Mat. (Obj. 400s)	Capital Outlay (Obj. 500s)	Other (Obj. 600s)	Non-capitalized Equipment (Obj. 700s)
2210	Improvement of Instruction (Professional Development)	Substitutes for Staff to Attend Training	Related Benefits: .Life Insurance .Medical/Health Insurance .Retirement/Pension .FICA	Registration fees for Professional Development Meals Mileage Hotel Accommodations Speakers and Consultants for staff development Transition Training	Supplies & Materials for staff development activities Transition materials			
2300	General Administration	Secretary/Clerical	Related Benefits: .Life Insurance .Medical/Health Insurance .Retirement/Pension .FICA	Audit Fee (prorated) Worker's Comp.* Unemployment Comp.* Equipment Lease/Service Contract (prorated) Equipment Repair and Maintenance	Administrative/Office Supplies & Materials (prorated)			
2540	Operation & Maintenance of Plant Services	Janitor (prorated)	Related Benefits: .Life Insurance .Medical/Health Insurance .Retirement/Pension .FICA	Contractual Custodial Services (prorated) Phone (prorated) Worker's Comp.* Unemployment Comp.*	Cleaning Supplies (prorated) Utilities – Electric/Gas/Water (prorated)			
2560	Food Services (Infants and Toddlers in center-based program only)				Food/Snacks and related food supplies for Infants and Toddlers in center-based program only			
3000	Community Services	Parent Coordinator Parent Educator Parent Advocate Caseworker Screening Staff Bus Driver for family/parent activities	Related Benefits: .Life Insurance .Medical/Health Insurance .Retirement/Pension .FICA	Worker's Comp.* Unemployment Comp.* Sub-contracted Services Guest Speaker for Parent Activities/Meetings Contracted Screening Services Catering Services for family/parent activities In-District Travel/Mileage Field Trip Fees Contractual Bus Service	Supplies and Materials for Parent Activities/Meetings Screening Supplies and Materials Food, snacks, food preparation supplies for family, parent, infant and toddler activities Gas, oil Equipment/Furniture < \$500/unit	Equipment & Furniture >\$500/unit	Equipment & Furniture >\$500/unit but less than capitalized threshold set by District (Must have a BOARD APPROVED threshold for equipment costs to use this object.)	
4000	Payments to Other Districts and Governmental Units			Services by College, ROE/ISC, Special Education Cooperative			Not a purchase Flow through funds to another LEA	