
Illinois Prevention Initiative Implementation Manual

2013



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Welcome to the Illinois Prevention Initiative Implementation Manual

The Illinois Prevention Initiative Implementation Manual is based on the Illinois Birth to Five Program Standards and Quality Indicators and is organized as such. The information and materials contained in this document were compiled to assist you in the implementation and continuous improvement of your birth to three programs.

The Manual is provided as guidance. References and resources are included as further suggestions for quality improvement. There are choices a program makes to demonstrate that it meets the Standards. It is important that the choices support the individual programs in their own missions to provide quality services to pregnant women, infants, toddlers, and their families, and that the choices support their program model and the Illinois State Board of Education requirements.

This Manual is not intended to be read cover to cover. Programs can find their topic of interest in the Table of Contents, go to that section, and find material to meet their needs. For new program leaders, there is a handy checklist at the beginning of the Manual with items a new supervisor may need to know. In the Appendix, there are Sample Forms, a Policy and Procedures Manual Checklist, Resources, a list of Acronyms, and a complete list of the References used in the Manual.

The development of this resource manual was based on best practice and quality improvement. Much of the material has new research as its source. Some of the material is based on the previous Illinois Birth to Three Resource Guide dated November, 2002. Thanks go to the original Resource Guide Work Group for the Illinois Birth to Three Program Standards.

This manual was partially funded pursuant to a federal State Advisory Council (SAC) grant. It is presented in respect for all the hard work, care, and compassion that Illinois birth to three programs provide each and every day.

Much appreciation goes to the current Prevention Initiative Implementation Manual Work Group that provided oversight, revisions, corrections, suggestions, and gentle critiques for this work. Thank you so much for your time and hard work.

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ILLINOIS STATE BOARD OF
EDUCATION
EARLY CHILDHOOD
CARE AND EDUCATION
POSITION STATEMENT

The Illinois 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 8 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 on and knowledge of program quality and outcomes across the developmental period of birth through 8 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 3 through 8 years.
3. Make Preschool for All 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. Full-day kindergarten is not mandatory.
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 3 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.

7. Emphasize the quality of instructional staff and leadership for early childhood programs in Illinois.

PREVENTION INITIATIVE

Prevention Initiative was established with Public Act 85-1046 and became effective July 13, 1988. (105 ILCS 5/2-3.89) It is one of two programs currently funded under the Early Childhood Block Grant (ECBG). The ECBG is a birth to age 5 grant program that includes Prevention Initiative and the Preschool for All programs. The ECBG's purpose is to provide early, continuous, intensive, and comprehensive evidence-based child development and family support services to help families prepare their young children for later school success.

Prevention Initiative was combined into the ECBG in 1998 with Public Act 88-555. (105 ILCS 5/1C-2) From 1998 to 2003, 8% of ECBG was to be used for programs serving children age 0 to 3. Through Public Act 93-0396, effective July 29, 2003, the Infant-Toddler Set-Aside percentage increased to 11%. Through Public Act 096-0423 effective August 13, 2009, the percentage will increase to at least 20% by FY 2015. The State Board is exempt from meeting these minimum percentages when, in a given fiscal year, the amount appropriated for the ECBG is insufficient to increase the Prevention Initiative allocation without reducing the amount of the ECBG for existing providers of preschool education programs. Currently, in 2013, the ECBG Infant/Toddler Set-Aside for Prevention Initiative is 14%.

Public Act 94-0506, which stated that grantees would conduct intensive, research-based, and comprehensive prevention services for expecting parents and families with children from birth to age 3 who are at risk of academic failure, became effective July 1, 2005.

Prevention Initiative funds are distributed to eligible applicants, including school districts, social service agencies, and other entities, on a competitive basis. Section 2-3.89 of the School Code requires Prevention Initiative grantees to implement research-based, comprehensive and intensive prevention services to expecting parents and families with children birth to age 3 who are at risk of academic failure. Examples of the research-based models currently receiving Prevention Initiative funding are center-based services that adhere to the requirements of Early Head Start or the National Association of the Education of Young Children Standards, Healthy Families Illinois, Parents as Teachers, Baby TALK, and Nurse Family Partnership. All the program models share common components, such as home/personal visits, links to community resources, group connections, screening, and individual family service planning/goal-setting processes. Prevention Initiative programs may be cen-

ter-based (daycare settings, family literacy programs) or provide home visitation services only.

Purpose

Prevention Initiative provides early, continuous, intensive, and comprehensive evidence-based child development and family support services to help families prepare their young children for later school success. It is intended for children who have been determined, as a result of a screening process, to be at risk for school failure as indicated by their families' high levels of poverty, illiteracy, unemployment, limited English proficiency, or other need-related indicators (e.g., 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 or neglect).

A disproportionate share of all children considered to be at risk come from low-income families, including low-income working families, homeless families, families where English is not the primary language spoken in the home, or families where one or both parents are teenagers or have not completed high school. However, neither a child's membership in a certain group nor a child's family situation should determine whether that child is at risk.

Eligible Applicants for Prevention Initiative Funding

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 are eligible to apply for the program.

A separate appropriation has been awarded to the City of Chicago School District #299 for the initiatives funded under the 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. See the link below:

<http://www.cps.edu/schools/earlychildhood/Pages/EarlyChildhood.aspx>

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:

<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. This evidence should include the following:

1. The agency's mission statement, goals, or policies regarding early childhood programs.
2. A description of the agency's organizational structure, and a list of any early childhood accreditations that have been achieved.
3. 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 Prevention Initiative.

How to Apply for Prevention Initiative Funding

When sufficient funding is available, the State Superintendent of Education will issue a Request for Proposal (RFP), which will be posted on the Illinois State Board of Education's website at <http://www.isbe.net/earlychi>. Individual grant awards will be based upon the needs addressed in the proposal and total appropriation for the program. If funds for new or expanding programs are allocated, eligible applicants not currently offering a Prevention Initiative program and current programs seeking expansion funds may apply. Applicants seeking funding to continue currently funded Prevention Initiative programs without expansion apply online through the Illinois State Board of Education Web Application Security (IWAS). Currently funded Prevention Initiative programs are approved through a continuation application process separate from the RFP.

RFP Review and Approval

Proposals will be evaluated in comparison with other Prevention Initiative Birth to Age 3 proposals received by the Illinois State Board of Education, based upon the RFP criteria. Funding priorities will be given to proposals that include but are not limited to their ability to:

- Serve primarily children and families identified as at risk of school failure.
- Demonstrate a need for services in the community based on current statistical, demographic, or descriptive information regarding the community in which the families and children reside.
- Show 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.

- Show the number of other programs providing services to the birth to age 3 population and describe the services being provided.
- Provide year-round programming.
- Implement a research-based program model and curriculum that supports the development of children under age 3 by focusing on the child and family.

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.

Grant Award

Individual grant awards vary depending on the program model and the intensity of services addressed in the approved proposal and the total appropriation for the program. Allocations and payments under this grant are subject to passage of sufficient appropriations 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

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

Questions for a New Prevention Initiative Leader

This list provides new Prevention Initiative leaders key information to better support their leadership roles. Principals, executive directors, your ISBE consultant, and technical assistance providers for your program's model are also great resources to consult for assistance. For further and more detailed information, please use the Prevention Initiative Implementation Manual found on the ISBE 0-3 Early Childhood website, <http://www.isbe.net/earlychi/html/birth-3.htm>.

Funding

Have you reviewed:

- your Prevention Initiative Request for Proposal (RFP)?
- your current Prevention Initiative funding application in IWAS?
- your refunding applications for the past three years in IWAS?
- a copy of your current USDA food service contract (for centers only)? This may be completed by the school district and is not the supervisor's responsibility.

Program Operations

- What is the current governing body structure for your program?
- Do you have a current organization chart for your program? A staffing plan?
- Do you have a copy of the Early Childhood Block Grant Administrative Rules, Part 425, <http://www.isbe.net/rules/archive/pdfs/235ARK.pdf>?
- Do you have a copy of the Illinois Early Learning Guidelines for Children Birth to Age 3 <http://www.isbe.net/earlychi/pdf/el-guidelines-0-3.pdf>?
- Do you have a copy of the Prevention Initiative Implementation Manual?

- What is your research-based program model? Check this link for information about your model. http://www.isbe.net/earlychi/pdf/ec_0-3_resource_toolkit.pdf
- Does your program serve 100% at-risk participants?
- Does your program charge any fees?
- Do you operate year-round?
- Are you offering at least one group experience for families per month? Parent Training?
- Do you have a toy/book lending library? A parent resource lending library? A newsletter?
- Do you have a copy of your program's Mission, Values Statement, and Logic Model?
- Are there written Policies and Procedures in place for your program activities? For example:
 - Transitioning children into and out of the program?
 - Recruitment/screening for eligibility?
 - Staff training and evaluation?
 - Reflective Supervision?
 - Professional development for you and for your staff?
 - Developing family plans with parents?
 - Outreach strategies to encourage family participation?
 - Case management procedures?
- Are there written Personnel Policies and job descriptions in place?
- Have all staff been trained in the Mandated Reporting of Child Abuse and Neglect as well as Blood-borne Pathogens? Is this a written policy?
- Is there a Memorandum of Understanding with your local Child and Family Connections provider? Are there collaboration agreements with your local Head Start, Early Head Start, and other early childhood providers?
- Do you have a copy of the last completed annual program self-assessment and improvement plan?
- What research-based screening and assessment tools are your program using for Developmental Monitoring?
- What research-based curriculum is your program using? Parent Education Curriculum?
- For center-based programs:
 - Is your program licensed by the Illinois Department of Children and Family Services and when are materials due for re-licensing?
 - Is your program accredited by NAEYC or another entity and, if so, when are materials due for re-certification?

- Are you familiar with the Quality Rating and Improvement System (QRIS)? At what level is your center rated? See the link to the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) <http://www.inccrra.org/>
- What is your data management system or recordkeeping system? Have you been trained in Illinois SIS (Student Information System)?

Reports

Do you have copies of:

- Monthly USDA Reports (Centers only)?
- Quarterly expenditure reports?
- Your program's insurance policies (your district or agency should have these)?
- Monthly enrollment, center attendance, and home visit completion reports, whatever is applicable?
- Monthly child or family retention rates?
- Most recent State monitoring report?
- Latest Program Improvement Plan (PIP)?

Do you have a tickler file or other device to remind you of deadlines for:

- Refunding or continuing e-grant application?
- Reporting requirements of grants? This can be found in PI e-grant under assurance page tab.
- Reporting requirements for program activities, such as family assessments, health screening, self-assessment, and accreditation?
- Data collection for Student Information System?
- Data collection for program model reporting?

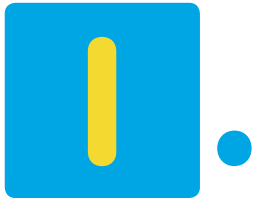
Do you have the contact names, phone numbers, and/or email addresses for the following:

- ISBE Program Consultant?
- Other Supervisors nearby with programs similar to yours?
- USDA contact for your state or locality?
- Pupil Transportation Director?
- Child Care Licensing Contact?
- Bookmark for the ISBE Early Childhood website, <http://www.isbe.net/earlychi/html/birth-3.htm>?

REFERENCE DOCUMENTS AND HELPFUL WEBSITES

- Early Childhood Block Grant Administrative Rules, Part 425, <http://www.isbe.net/rules/archive/pdfs/235ARK.pdf>
- Illinois Early Learning Guidelines, <http://www.isbe.net/earlychi/pdf/el-guidelines-0-3.pdf>
- Resource Toolkit for Programs Serving Infants, Toddlers and Their Families, http://www.isbe.net/earlychi/pdf/ec_0-3_resource_toolkit.pdf

- Ounce of Prevention Training Center, <http://pi.opftrainingcenter.org/ets/welcome.aspx>
- ISBE Required Reporting, http://www.isbe.net/research/htmls/pfa_prev_init.htm
- Illinois Resource Center, Early Childhood Professional Development, <http://ec.thecenterweb.org/site/>
- Illinois StarNet Regions, http://www.isbe.net/earlychi/html/professional_develop.htm
- Illinois Early Learning Project, <http://www.illinoisearlylearning.org/>
- Illinois Early Childhood Asset map, <http://iecam.crc.uiuc.edu/>
- Family Transition Workbook, “When I’m Three, Where Will I Be?” http://www.isbe.net/earlychi/pdf/transition_workbook.pdf
- Illinois Head Start Association <http://ilheadstart.org/>



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Mission, Values, Logic Model

Illinois Birth to Five Program Standard I.A.

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

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

Quality Indicator I.A.1.

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

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

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

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

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

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

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

Step One – Gather a Team

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

Step Two – Reflect

Discuss the following questions when developing or re-evaluating a mission statement:

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

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

Step Three – Write and Evaluate

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

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

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

Step Four – Solicit Feedback and Revise

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

Step Five – Share

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

ADDITIONAL IDEAS AND RESOURCES

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

REFERENCES

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

Quality Indicator I.A.2.**The mission statement and beliefs are consistent with those of the community.**

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

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

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

Consider the following strategies to build collaboration:

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

ADDITIONAL IDEAS AND RESOURCES

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

Quality Indicator I.A.3.**The essence of the mission statement is reflected in all decisions, and a copy is posted and available.**

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

The following strategies for sharing the mission could be considered:

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

ADDITIONAL IDEAS AND RESOURCES

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

Quality Indicator I.A.4.

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

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

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

Once defined, values impact every aspect of the program.

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

ADDITIONAL IDEAS AND RESOURCES

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

Quality Indicator I.A.5.

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

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

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

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

S	M	A	R	T
<p><u>S</u>pecific</p> <p>The goal is specific and distinct.</p>	<p><u>M</u>easurable</p> <p>A measurement gives feedback about progress and defines when the goal is met.</p>	<p><u>A</u>ssignable</p> <p>A goal is assignable to individuals or groups.</p>	<p><u>R</u>ealistic</p> <p>A goal is challenging yet attainable within a given time frame.</p>	<p><u>T</u>ime-Based</p> <p>Time frames are aggressive yet realistic.</p>
G	O	A	L	S

Goal statements should:

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

Well-developed goals help:

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

Goals are most effective when:

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

Prevention Initiative goals are successful when:

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

Quality Indicator I.A.6.

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

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

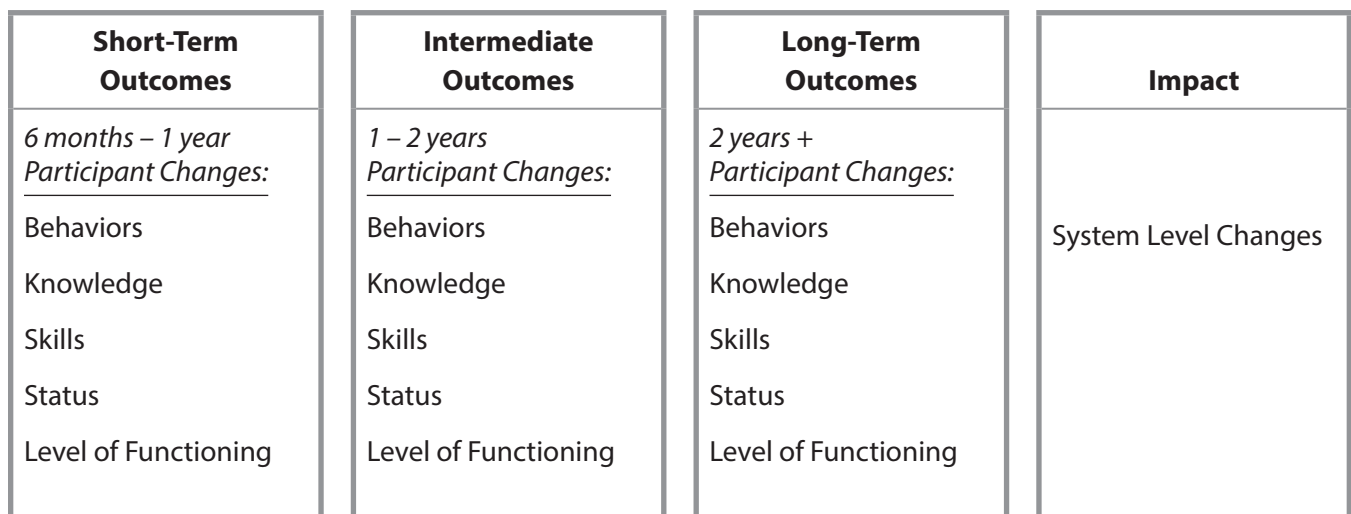
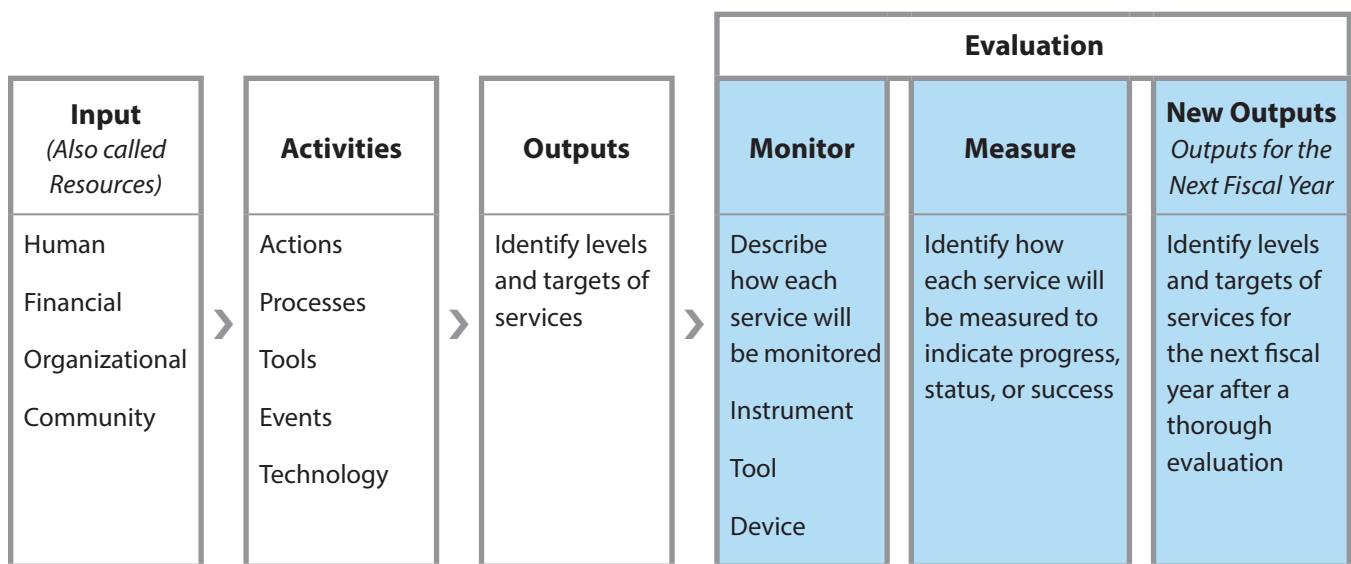
A logic model is a tool that can be used for program planning, evaluation, and continuous program improvement. The logic model illustrated below is a combination of the W.K. Kellogg Foundation Logic Model and suggestions/additions from ISBE. Programs will design their own logic model (programs are not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

A basic example of a Prevention Initiative Logic Model

(not required)

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

Blue boxes = ISBE Logic Model Suggestions



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

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

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

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

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


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

The Logic Model as an Evaluation Tool

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

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

Example:



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

The cycle continues in the next fiscal year.

ADDITIONAL IDEAS AND RESOURCES

- The US Department of Health and Human Services/Child Welfare Information Gateway offers a website called **Logic Model Builders** designed to provide guidance in developing a logic model.
Retrieved from http://www.childwelfare.gov/management/effectiveness/logic_model.cfm
- Other useful websites:
 - W.K. Kellogg Foundation. (2004). Logic Model Development Guide. W.K. Kellogg Foundation. Retrieved from <http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx>
 - University of Kansas. (2012). The Community Tool Box, Community Tool Box: Bringing Solutions to Light Online. Retrieved from http://ctb.ku.edu/en/tablecontents/sub_section_main_1877.aspx
 - McCawley, P. (n.d.). The Logic Model for Program and Planning Evaluation. University of Idaho Extension. Retrieved from <http://www.uiweb.uidaho.edu/extension/LogicModel.pdf>
- Illinois Prevention Initiative Birth to Three Program Evaluation, retrieved from <http://www.isbe.net/earlychi/preschool/pfa-report/pi-0-3/pi-eval-summary-rpt.pdf>
 - Fact Sheet: Home Visitor Characteristics and Quality, retrieved from <http://www.isbe.net/earlychi/preschool/pfa-report/pi-0-3/fact-sheet-home-visitor.pdf>
 - Fact Sheet: Program Quality, retrieved from <http://www.isbe.net/earlychi/preschool/pfa-report/pi-0-3/fact-sheet-prog-quality.pdf>

REFERENCES

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

{ “If you don’t know where you’re going, you will probably end up somewhere else.” }

— Laurence Johnston Peter

Scheduling Practices and Intensity of Services

Illinois Birth to Five Program Standard I.B.

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

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

Quality Indicator I.B.1.

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

Recruitment

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

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

Additional ideas might include the following activities:

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

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

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

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

ISBE Resource on Outreach

Retrieved from http://www.isbe.net/earlychi/preschool/outreach_toolkit.pdf

ISBE Resource on Hard to Reach Families

Retrieved from http://www.isbe.net/earlychi/pdf/engaging_families_toolkit.pdf

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

Screening

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

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

Examples of Research-Based Screening Instruments

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

When programs are enrolling families prenatally or prior to children turning four months of age, eligibility determination is based on family and environmental risk factors such as described in the first bullet below. When children older than four months of age are being enrolled, their developmental status as described in the second bullet below should be an additional factor considered to determine eligibility.

Comprehensive screening procedures must include:

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

Eligibility Criteria

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

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

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

- The at-risk factors to determine eligibility are agreed upon by all partners.
- The at-risk factors used for program eligibility are based upon the risk factors present in the community.
- The most at-risk children/families, those exhibiting the greatest number of at-risk factors as determined by the eligibility criteria, are given priority for enrollment in the program.

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

Residency

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

Age

Prevention Initiative programs may serve only expecting parents and families with birth to age three-year-old children. A copy of a legal birth certificate may document a child's age eligibility. Children who turn three during their enrollment in a Prevention Initiative program should be transitioned into a 3–5-year-old program such as Preschool for All, Head Start, or another locally designed preschool program. Transition services for a child need to begin at 30 months (2½ years). As a result, a child should be ready to be exited from the Prevention Initiative Birth to Three program at the age of three years and transitioned into a program serving children 3–5-years-old. If there is not a program for the child to transition into, the Prevention Initiative

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

Toilet Training

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

Fees

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

Homeless

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

Home Language Survey

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

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

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

ADDITIONAL IDEAS AND
RESOURCES

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

REFERENCES

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

Quality Indicator I.B.2.

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

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

Quality Indicator I.B.3.**The intensity of program services is commensurate with the preferences, strengths, and needs of individual children, their families, and the communities in which they live.**

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

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

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

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

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

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

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

Home Visits

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

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

- PI programs will serve those children and families most in need in the community, i.e., those exhibiting the most at-risk factors as determined by a weighted criteria form uniquely created by each individual PI program.
- PI programs will develop weighted criteria based upon the risk factors required in the PI RFP, the risk factors present in the community, and those factors identified by research as causing children and families to be at risk.
- The weighted criteria form will be completed with information obtained from the parent interview form and, for children age four (4) months or older, criteria to determine at what point performance on an approved screening instrument indicates that children would be at risk of academic failure.
- PI programs will utilize the weighted criteria system as follows:
 - Enrolling families identified as having the most at-risk factors
 - Ensuring families with the most at-risk factors are prioritized on a waiting list (if applicable)
- Presenting with one at-risk characteristic will not be sufficient to enroll into a PI program. PI programs will serve families with multiple at-risk factors. The intensity of services offered should be commensurate with the needs/strengths of the family, and the schedule of visits should be developed in partnership with the individual family being served. Program staff should document the rationale used to determine visit frequency. Visits should be provided with regularity and intensity. Program staff should use the recommendations provided by the chosen program model for serving families with multiple at risk factors or high need characteristics.
- When a family is enrolled in a PI program, they are allowed the opportunity to continue services for the duration of the program (prenatal to age three). The family may voluntarily leave the program. Screening for eligibility is only completed at enrollment.

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

Weekly	1.00	Biweekly	.50	Monthly	.25
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The variation in intensity is based on a variety of factors including, but not limited to,

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

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

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

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

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

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

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

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

Home Visitation Program Groups

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

Groups are reported in the e-Grant as follows:

Weekly	1.00	Biweekly	.50	Monthly	.25
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Effective programs will develop well-defined criteria for groups and provide comprehensive guidelines in a program policy and procedures manual:

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

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

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

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

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

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

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

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

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

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

Example:

$\frac{\text{Number of enrollees from the cohort (from two years ago) who were still enrolled in the program one year after their initial enrollment date}}{\text{Cohort of families who first enrolled two years earlier}}$	$\frac{\text{Numerator}}{\text{Denominator}}$	$\frac{30}{36}$	83%
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It is important not only to calculate, but also to analyze retention rate information and to use this analysis to inform quality improvement efforts. A program might find, for example, that while retention overall is good, a certain demographic group consistently has lower retention rates. They might then reflect on their efforts to engage that group. They might also find that a particular home visitor’s families drop out at a higher rate than other home visitors’ families, and this information might inform professional development priorities for staff.

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

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

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

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

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

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

(Adapted from Predictors of Early Engagement in Home Visitation)

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

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

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

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

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

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

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

Consider the following when planning scheduling for a center program:

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

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

Individual and Group Meetings with Parents

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

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

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

Family Literacy Center-based Programs

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

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

Center-based Program Attendance and Retention Rates

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

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

Retention refers to the percentage of children who were receiving services at the beginning of a period in time, and remain with the program at the end of the period. Maintaining retention in center-based programs often results in a positive outcome for children. Programs may choose to look at retention rates at a variety of time points. What percentage of children remain in the program for at least six months? What percentage remain in the program for one year? Two years? Three years? To calculate the program's retention rate, the program will identify a cohort of participants who *could have* remained in the

program for a given period of time (the denominator) and then determine what subset of that cohort actually *did* remain in the program for the defined length of time (the numerator). For example, if a program wanted to look at their one-year retention rate, they would need to go back to the cohort of children who first enrolled two years prior (because if they used last year’s enrollees, they would not be including participants who could not yet have completed one year). The total number of enrollees, from two years prior, would be the denominator. The number of last year’s enrollees who were still enrolled in the program one year after their initial enrollment date would be the numerator.

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

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

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Quality Indicator I.B.4.**The program uses a variety of strategies based on the preferences, strengths, and needs of individual children, their families, and the local community.**

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

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

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

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

— Mahatma Gandhi

Group Size and Ratios of Participants to Staff

Illinois Birth to Five Program Standard I.C.

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

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

Quality Indicator I.C.1.**Group size and ratios of adults to infants, toddlers, and preschoolers are developmentally appropriate in program groups.****Center- and Home-based Groups**

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

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

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

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

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

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

dren. Child-to-staff ratios measure the number of children per caregiver in a given group or class; group size is the number of children assigned to a team of caregivers or service providers for a given time. Furthermore, when children with special needs are included, carefully added considerations must be made to appropriately meet their needs. Programs that are not under particular governance should be knowledgeable about existing recommended ratios and then make decisions based on available resources, the commitment to quality, cultural considerations, past history, and the flexibility to adapt.

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

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

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

Grouping children in smaller numbers produces the following results:

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

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

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

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

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

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

Center Family Educator Caseloads

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

ADDITIONAL IDEAS AND RESOURCES

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

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

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Quality Indicator I.C.2.

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

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

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

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

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

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

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

Home-based Staff Caseload Size

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

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

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

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

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

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

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

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

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

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{“Through others we become ourselves.” }

— Lev S. Vygotsky

Meeting the Needs of Diverse Children and Families

Illinois Birth to Five Program Standard I.D.

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

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

Quality Indicator I.D.1.**Qualified staff demonstrate knowledge of cultural and linguistic diversity and are able to effectively and sensitively interact with diverse children and families.**

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

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

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

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

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

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

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

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

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

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Quality Indicator I.D.2.**A variety of activities, strategies, and materials are used to meet the diverse needs of children and families.**

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

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

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

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

Programs have a responsibility to each child and family and the community to provide programming based on cultural pluralism. Gonzalez-Mena (2001) defines cultural pluralism as "the notion that

groups and individuals should be allowed, even encouraged, to hold on to what gives them their unique identities while maintaining their membership in the larger social framework.” Staff should strive for mutual respect, and an increased understanding of one another must be an ongoing goal. Gonzalez-Mena (2001) explains that to provide services to families one must have a clear understanding of differences and be particularly observant and aware of how the program staff and the child/family fail to “mesh” so that adjustments can be made. Home visitors and teachers will know and respond to parents’ goals, values, and beliefs related to themselves and their child. Cultural differences do not show up in the needs of the parent or child but in “the way” the needs are met. This example is taken from the book *Multicultural Issues in Child Care* and describes the cultural differences in approaches to play and learning environments and stimulation:

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

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

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

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

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

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

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

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

— Hodding Carter Jr.

Safe, Healthy, and Appropriate Physical Environments

Illinois Birth to Five Program Standard I.E.

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

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

Quality Indicator I.E.1.**The program implements local and state health and safety guidelines.****Center-based and Home-based Groups of Children**

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

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

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

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

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

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

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

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

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

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

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

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

- Evaluate the implementation of the established guidelines periodically and keep the results of the evaluation. This procedure will indicate if it is necessary to update the guidelines.
- Be informed about and follow Universal or Standard Precautions. “Universal or Standard Precautions” is a term defined by the National Health and Safety Performance Standards that describes the infectious control precautions recommended by the Centers for Disease Control to be used in all situations to prevent transmission of blood-borne germs (e.g., human immunodeficiency virus, hepatitis B virus). The definition says “Standard Precautions – Use of barriers to handle potential exposure to blood, including blood-containing body fluids and tissue discharges, and to handle other potentially infectious fluids and the process to clean and disinfect contaminated surfaces.”
- The Occupational Safety and Health Administration (OSHA) requires workers who might come into contact with blood and other body fluids (such as stool, urine, vomit, drainage from wounds) to practice the following:
 - Wash hands
 - Use latex gloves
 - Disinfect the environment
 - Dispose of materials properly
 - Develop an exposure control plan for blood-borne pathogens.

Transportation

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

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

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Quality Indicator I.E.2.**The program décor, furnishings, materials, and resources are appropriate for the ages of the children and their families.****Center-based and Home-based Groups of Children**

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

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

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

— Irving B. Harris

Effective Leaders

Illinois Birth to Five Program Standard I.F.

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

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

Quality Indicator I.F.1.**The leadership takes advantage of opportunities for advanced learning regarding current best practice in the early childhood field.**

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

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

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

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

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

See additional information in Personnel Section of this Manual.

Quality Indicator I.F.2.**The leadership assures that all program staff takes advantage of opportunities for advanced learning regarding current best practice in the infant/toddler or preschool field.**

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

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

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

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

See additional information in Personnel Section of this Manual.

{ “Even the highest towers begin at the ground.” }

— Chinese Proverb

Child Abuse and Neglect Reporting

Illinois Birth to Five Program Standard I.G.

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

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

Quality Indicator I.G.1.

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

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

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

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

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

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

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

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

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

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

Quality Indicator I.G.2.**The written policy must include procedures for documentation and follow-up of reported abuse.**

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

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

*{ “Help them fight monsters, beasts and ghosts in life
and in nightmares.” }*

— Parents Care & Share of Illinois

Program Budget Guidelines

Illinois Birth to Five Program Standard I.H.

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

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

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

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

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

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

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

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

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

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

Quality Indicator I.H.3.

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

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

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

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

REFERENCES

1. Packer, S. (2000). *The effects of scarcity and abundance in early childhood settings*. *Young Children* (55) 5: 36-38.
2. Roggman, L., & Boyce, L., & Innocenti, M. (2008). *Developmental Parenting; A Guide for Early Childhood Practitioners*. Baltimore, MD: Paul H Brookes Publishing Co.

Quality Indicator I.H.4.**Sufficient funds are allocated to encourage and support parent participation in all program activities.**

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

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

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

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

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

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

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

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

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

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

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

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

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

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

ADDITIONAL IDEAS AND RESOURCES

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

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

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

— Willa A. Foster

Recordkeeping

Illinois Birth to Five Program Standard I.I.

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

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

Quality Indicator I.I.1.

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

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

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

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

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

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

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

Quality Indicator I.I.2.

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

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

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

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

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

Quality Indicator I.I.3.

Demographic data is collected on program children and families.

Demographics and Individual Children's Records

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

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

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

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

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

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

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

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

Health and Immunization Records

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

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

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

Quality Indicator I.I.4.

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

Family Involvement Records

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

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

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

Documentation of Children's Progress

Documentation of children's progress while in the program is required and must be maintained in each child's/family's file.

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

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

Quality Indicator I.I.5.

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

Student Information System (SIS)

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

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

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

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

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

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

Quality Indicator I.I.6.

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

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

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

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

Administrative Records

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

- A. Applications and other correspondence
- B. All reports, including midyear and narrative summary (year-end) and any reports from on-site monitoring visits completed by the Illinois State Board of Education
- C. All budgets and financial records, including reports
- D. Student Recruitment and Selection Plan, including copies of flyers, announcements, and enrollment forms

- E. Project Plan, including vision, mission and goals statements, curriculum model, and examples of lesson plans
- F. Parent Involvement Materials: Records of parent group meetings including agenda, attendance, and family activities
- G. Supplementary Center-Based Records, such as USDA Nutrition program or School Lunch or Breakfast program
- H. Program Evaluation Plan
 - 1. Program improvement plans
 - 2. Child assessment tool
 - 3. Records of accreditation plans, if applicable
- I. Approval of Department of Children and Family Services (DCFS) child care license/approval, including correspondence and compliance issues (center-based)
- J. Personnel Records
 - 1. Qualifications of staff
 - 2. Professional development, including in-service training, conferences, workshops, classes, etc.
- K. Children's Records—a single file for each enrolled child must be kept for seven years and contains information as noted above.

Grant Record Retention Requirements

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

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

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

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

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

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

Electronic or Paper Records?

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

RECORDS AT-A-GLANCE

Center-Based Programs	Home-Based Programs	Administrative Records for Both Center- and Home-Based Programs
<p>Each Child's file:</p> <ul style="list-style-type: none"> • Name, address, & phone number • Age documentation • Birth Certificate (OPTIONAL but Best Practice) • Health and immunization record • Screening results, including parent interview • Written parental permission for screening • Documentation of minimum of 2 risk factors used for eligibility • Income verification (if used for eligibility) • Demographic and family information (emergency & home) • Name & number of anyone else to whom to release child in case of emergency • Family involvement record (parent teacher conferences & home visits) • Individual Family Service Plan (IFSP) • Assessment of Child Progress • Referrals and Follow-up • Parent Communications • Home Language Survey (OPTIONAL but Best Practice) 	<p>Each Child's file:</p> <ul style="list-style-type: none"> • Name, address, & phone number • Age documentation • Birth Certificate (OPTIONAL but Best Practice) • Health and immunization record • Screening results, including parent interview • Written parental permission for screening • Documentation of minimum of 2 risk factors used for eligibility • Income verification (if used for eligibility) • Demographic and family information (emergency & home) • Name & number of anyone else to whom to release child in case of emergency • Family involvement record (parent teacher conferences & home visits) • Individual Family Service Plan (IFSP) • Assessment of Child Progress • Referrals and Follow-up • Parent Communications • Home Language Survey (OPTIONAL but Best Practice) 	<ul style="list-style-type: none"> • Applications and other correspondence • All reports & correspondence to ISBE • All monitoring reports • Student Recruitment and Selection Plan • Parent involvement materials • Center Food Program records • Program Evaluation Plan, including Program Improvement Plans, Child Assessment Tools, Accreditation Records • Centers: Licensing Approval, compliance issues • Personnel Records, including qualifications of staff, professional development records • Children's records as noted in the columns to the left

Quality Indicator I.I.7.

All data concerning children and families is kept confidential.

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

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

Who can see family records?

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

How is confidential information used?

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

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

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

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

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

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

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

REFERENCES

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

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

— Eleanor Roosevelt



Curriculum and Service Provision

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Adult/Child Interactions and Curriculum

Illinois Birth to Five Program Standard II.A.

The curriculum reflects the centrality of adult/child interactions in the development of infants, toddlers, and preschoolers.

The curriculum provides a framework to ensure positive interactions between and among children, staff, and parents. It is recognized that positive adult/child interactions serve as the basis for young children's learning. Through staff modeling and support, as well as through engagement of parent/child dyads and staff/child dyads in developmentally appropriate activities, adult/child relationships will be enriched. As a result, the children's growth and development and the family's knowledge and understanding will be enhanced.

Quality Indicator II.A.1.**Positive adult/child interactions are encouraged and promoted in all aspects of the program.**

Recent advances in brain-imaging techniques have proven what early childhood educators and researchers have believed for many years: the infant's environment has a dramatic effect on brain development and provides the foundation for all subsequent development. In fact, research now confirms that consistent, predictable, warm, and loving relationships between parents and young children, as well as exposure to many and varied experiences from the time of birth, do make a difference in children's development for a lifetime.

In the first years of a baby's life, the brain is busy building its wiring system. Babies are born with all the brain cells they are going to have for the rest of their lives. At birth, a baby's brain contains 100 billion neurons and a trillion glial cells. The task after birth is to make connections between the cells. Activity in the brain creates tiny electrical connections called synapses. Repetitive stimulation strengthens these connections and makes them permanent, whereas cells that do not get stimulated and do not form connections eventually die out. This process is referred to as pruning. Thus an infant's experience actually "wires" or grows the brain. This intense period of brain growth and network building happens only once in a lifetime. Parents have a brief but golden opportunity to help their babies' brains grow and develop.

Following are some facts that researchers have discovered:

- Babies are born biologically and neurologically primed to learn. Infants and toddlers have more neurotransmitters and place more energy demands on their brains than do adults.
- The foundational networking of the brain's synapses is nearly complete after the rapid brain development of the first three years. However, it is important to note that brain growth continues throughout life.
- Visual stimulation can produce developmental advantages including enhanced curiosity, attentiveness, and concentration.
- The more stimulating experiences that parents can give their babies, the more circuitry is built for enhanced learning in the future. However, it is important to recognize that these experiences must be individually tailored to each child's interest level and abilities

(National Research Council and Institute of Medicine, Jack Shonkoff and Deborah Phillips, eds., 2000.)

to cope with the experiences. Finding this balance is a delicate process.

- The amount of connections in the brain can increase or decrease by 25% depending on the environment and stimulation.
- What a child's brain experiences, the child's brain will become.
- Infants and toddlers in stressful environments lay down abnormal connections in their brains that may interfere with learning and forming relationships.

Center on the Developing Child at Harvard University offers easy-to-read InBriefs that offer insight into early childhood brain development. The InBrief *The Impact of Early Adversity on Children's Development* validates the information above while suggesting human relationships provide the stimulation for healthy brain development and offer a buffer "which can mitigate the potentially damaging effects of abnormal levels of stress hormones." Findings suggest:

(InBrief: *The Impact of Early Adversity on Children's Development*.
http://developingchild.harvard.edu/index.php/resources/briefs/inbrief_series)

- "Early experiences influence the developing brain.
- Chronic stress can be toxic to developing brains.
- Significant early adversity can lead to lifelong problems.
- Early intervention can prevent the consequences of early adversity.
- Early intervention can prevent the consequences of early adversity.
- Stable, caring relationships are essential for healthy development."

ADDITIONAL IDEAS AND RESOURCES

- Learn more about the importance of parent/child interactions in encouraging brain development by reading books, watching videotapes, or visiting websites.
- Develop home-visit kits that encourage parent/child interactions and learning in natural home environments.
- Look at examples of play group plans from other Birth to Three Programs.
- Learn more about how parents and staff can use floor-time activities to support child development.
- Learn more about language development and its terminology, including parallel talk, self-talk, and expansion.
- Get on the mailing lists from the various training agencies (Ounce of Prevention Fund, STARNET, The Early Intervention System, Illinois Resource Center) as well as local universities and institutions of higher education to take advantage of continuing education opportunities.

- Consider a subscription to *Young Children*, *ZERO TO THREE*, and other journals and newsletters that address the issues related to young children and their families.
- Join a professional group such as The National Association for the Education of Young Children (NAEYC) and its affiliates, The Division of Early Childhood (DEC) of the Council for Exceptional Children (CEC), and the Association for Childhood Education International (ACEI).
- Obtain copies of “Ten Things Every Child Needs” brochures and videotapes from the McCormick Tribune Foundation. Retrieved from <http://www.first5scc.org/sites/default/files/PDF/Top10ThingsChildrenNeed.pdf>
- Read the Harvard University Center on the Developing Child InBrief series. Retrieved from http://developingchild.harvard.edu/index.php/resources/briefs/inbrief_series.

REFERENCES

1. National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.
2. Harvard University Center on the Developing Child. InBrief: *The Impact of Early Adversity on Children’s Development*. Retrieved from http://developingchild.harvard.edu/index.php/resources/briefs/inbrief_series

Quality Indicator II.A.2.**The curriculum promotes adult/child interactions in the way sessions are designed and conducted by staff.**

Child development research supports the parent/child relationship as critical for providing infants and toddlers with support, engagement, continuity, and emotional nourishment necessary for healthy development and later success in school. Within the context of the parent/child relationship, infants and toddlers build a sense of trust in their parents, themselves, and their world. This sense of trust provides young children with a secure base from which to explore and learn about their environment. In addition, it provides the foundation for learning about social turn taking, reciprocity, and cooperation. Furthermore, when their activities are nourished and channeled in appropriate ways, young children develop a sense of initiative and learn to be self-directed.

Through repeated interactions with emotionally available parents, infants and toddlers also learn self-control and emotional regulation. It is during toddlerhood that empathy for others and pro-social tendencies for caring and helping develop. Experiencing and learning about all of the above capacities requires responsive parent/child relationships in the midst of inevitable stresses and challenges of life.

“The architecture of the brain is composed of highly integrated sets of neural circuits (i.e., connections among brain cells) that are ‘wired’ under the continuous and mutual influences of both genetics and the environment of experiences, relationships, and physical conditions in which children live. Experiences ‘authorize’ genetic instructions to be carried out and shape the formation of the circuits as they are being constructed. This developmental progression depends on appropriate sensory input and stable, responsive relationships to build healthy brain architecture.

“Abundant scientific evidence demonstrates that a major ingredient in this process is the ‘serve and return’ relationship between children and their parents or other caregivers in the family or community. Young children naturally reach out for interaction through babbling, facial expressions, gestures, and words, and adults respond with the same kind of vocalizing and gesturing back at them. This ‘serve and return’ behavior continues back and forth like a game of tennis or volleyball.

If the responses are unreliable, inappropriate, or simply absent, the developing architecture of the brain may be disrupted, and later learning, behavior, and health may be impaired.

“A breakdown in these reciprocal, serve and return interactions between adult caregivers and young children can be the result of a multitude of predisposing factors. These may include significant stresses associated with high levels of economic hardship, social isolation, and/or chronic disease, as well as a wide range of adult mental health impairments, including depression, anxiety, post-traumatic stress disorder, serious personality disorders, or substance abuse involving alcohol or illicit drugs. Caregivers who are at highest risk for providing inadequate care often experience several of these problems simultaneously. Neglectful acts or patterns occur in every culture, at all income levels, and within all racial, ethnic, and religious groups.” (National Scientific Council on the Developing Child, 2012)

A report by the Child Mental Health Foundations and Agencies Network (FAN), which combined the work of the U.S. Department of Health and Human Services and a number of government groups and philanthropic funds, brought together the latest scientific evidence identifying the risk factors linked to school failure. The report found that parents could improve a child’s chances of success in kindergarten by fostering a strong parent/child relationship that enhances confidence, independence, curiosity, motivation, persistence, self-control, cooperation, empathy, and the ability to communicate. The report recommended that government policies on early childhood development refocus to promote social and emotional development of the child. Specifically, the report states that it is interactions with other people and physical contact with the surrounding world that forms the neural networks in the young child’s brain for emotion, thinking, and learning. (Child Mental Health Foundations and Agencies Network, 2000)

In both playgroups and home visits for infants and toddlers and their families, the staff can promote positive parent/child interactions in the way they design and conduct sessions.

- Plan sessions in advance so that materials are readily accessible and activities flow smoothly.
- Greet parents and children together and take the time to ask about and acknowledge the child’s new accomplishments.
- Have a plan in place for greeting latecomers that comfortably integrates parents and children into the flow of the playgroups.

- Plan warm-up activities that provide opportunities for parents and children to begin to focus on the planned activities in a natural way.
- Preview briefly what is planned for the benefit of both parents and children. Use pictures and real props to preview.
- Be a sensitive observer of child development and help parents learn to read and respond appropriately to their children's cues.
- Provide ideas of various types of activities that allow parents and children to meet with success in a variety of ways.
- Serve as a resource to the parents as they follow their children's lead in play. Provide parents with the underlying developmental tasks embedded in the various play activities. Help increase parental understanding of how play and learning go hand in hand.
- Station staff throughout the room to serve as resources to the parents as they follow their children's lead in play.
- Involve parents in helping their children get ready for snack by taking care of toileting needs, washing hands, and encouraging their children to taste new foods.
- Help parents to prepare their children for transitions, especially transitions that require leaving children in the care of others.
- Give parents feedback on what their children did when they were at the parent education group. Keep weekly child progress notes to assist staff in becoming sensitive observers and reporters. Support parents to do the same.

Home visits involve additional opportunities for promoting positive parent/child interactions.

- Help parents see how daily routines such as bathing, dressing, and eating provide opportunities for parent/child interactions that can enhance the child's development.
- Capitalize on teachable moments that occur spontaneously during the home visit.
- Include other family members, especially brothers and sisters, in the planned play activities.
- Videotape parent/child interactions and help parents tune in to the things that they are doing to support child development.
- Recognize the importance of teaching through modeling by using:
 - A variety of natural language techniques for parents, including expansion techniques, self-talk, parallel talk, and closure techniques.
 - A variety of techniques for encouraging emergent literacy, including sharing books, following written directions, and writing.
 - Behavior management techniques for parents, including giving choices, redirection, and positive reinforcement.

- A variety of problem solving skills for parents, including trial and error strategizing, questioning, and sabotage techniques.
- Sensory awareness for parents by tuning in to sights, sounds, textures, movements, smells, and tastes.
- Creative expression for parents by singing, dancing, pretending, and enjoying the process of artistic expression.
- A variety of techniques for encouraging physical development, including moving upward, downward, and all around.

ADDITIONAL IDEAS AND RESOURCES

- Review and examine the various frameworks and designs for successful playgroups and home visits.
- Learn more about infant mental health. Subscribe to the *Infant Mental Health Journal* and consider joining the organization.
- Find out more about the ZERO TO THREE organization, publication, and conferences.
- Read more about attachment, the development of the child's sense of self, and early brain development.
- Go to a workshop that provides information on videotaping parent/child interactions.
- Visit other programs and observe parent/child interactions.
- Take advantage of workshops offered in your area by the Ounce of Prevention Fund, The Illinois Resource Center, The Early Intervention System, STARNET, and local universities.
- Become a good model for parents by learning more about natural language techniques, behavior management and the young child, emergent literacy, and overall child development.

REFERENCES

1. Child Mental Health Foundations and Agencies Network (FAN) Publication. (2000). *A good beginning: Sending America's children to school with the social and emotional competence they need to succeed*.
2. National Scientific Council on the Developing Child. (2012). *The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain: Working Paper 12*. Retrieved from <http://www.developingchild.harvard.edu>

Quality Indicator II.A.3.**The development of a sense of trust and autonomy among staff, children, and families is a priority.**

It is important for children to develop a healthy balance of trust and mistrust. Trust grows in infancy in the everyday, ordinary interactions between parents and children. In order for this to be optimal, those interactions should be consistent, predictable and nurturing. A baby learns to trust through the routine experiences of being fed when she is hungry, and held when she is upset or frightened. Children learn that their needs will be met, that they matter, that someone will comfort them, feed them, and keep them safe and warm. Children feel secure and develop a sense of trust most readily when relationships are nurturing, people in their lives are consistent, and daily experiences are routine. Children also feel secure when adults understand and respond to their individual cues and anticipate and accommodate the effects of sights, sounds, movement on young children. Children's autonomy or independence is linked to their developing balance between trust and mistrust. Children whose basic needs are not met in infancy and early childhood often feel mistrustful, and have difficulty learning to believe in others and in themselves. The development of trust cannot be separated from the formation of a healthy attachment to the primary caregiver.

The importance of learning to trust other human beings is vital in order to function successfully in society. It is crucial that this sense of trust begins to grow during the earliest years. While it is certainly possible to learn this later, it becomes much more difficult the older a child gets. Years of living in an interpersonal environment that is unresponsive, untrustworthy, or unreliable is difficult to undo in later relationships.

Children thrive when they perceive that the world is a safe place. Parents and staff can help infants and toddlers develop a sense of trust by:

- Reading, interpreting, and responding appropriately to the individual cues of children.
- Observing children and offering them appropriate feedback.
- Providing an emotionally secure and physically safe environment to explore.
- Interacting with children in a nurturing and supportive manner.

- Respecting children’s preferences as an indication of a healthy sense of self.
- Communicating with children in an age-appropriate manner that they can understand.
- Praising children frequently for their accomplishments and independence.
- Encouraging the development of self-help skills.
- Providing a balance of adult-directed and child-initiated activities.
- Designing activities that assist parents to promote their child’s exploration and autonomy and anticipate transitions.
- Helping children/parents learn routines by previewing and reviewing.
- Keeping groups of children/parents and staff consistent.

ADDITIONAL IDEAS AND RESOURCES

- Read: *The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain: Working Paper 12*. Retrieved from http://developingchild.harvard.edu/resources/reports_and_working_papers/working_papers/wp12/
- Read about attachment, separation, and autonomy.
- Learn about Stranger Anxiety.
- Read about theories of psychosocial development, including basic trust, by theorists such as Erik Erikson, Margret Mahler, Daniel Stern, and Stanley Greenspan.
- Read about the work of Alan Sroufe and Byron Egeland, which explains how secure relationships impact behavior and social relationships.
- Read about Megan Gunner’s work about stress and the young child.
- Child Maltreatment Prevention: Past, Present, and Future, retrieved from http://www.chapinhall.org/sites/default/files/publications/cm_prevention.pdf

Quality Indicator II.A.4.**Parents receive education and support to identify and cope with life stressors that may place their family at risk.**

Abilities, interests, personalities, and learning styles vary among parents. The program, therefore, should offer parents a variety of opportunities and support for growth, so they can identify their own strengths, needs, and interests in order to find their own solutions to life's challenges. Relationships between the staff and the families are important. The desire of staff to collect information "up front" must be balanced against the necessity of allowing time for staff and families to develop meaningful one-on-one relationships. Early and frequent interactions and follow-up sessions help build trusting relationships. Once such relationships are established, parents will be more likely to openly discuss issues that interest or concern them. Sensitivity to family privacy is important and staff should respect the parents' right to choose how much personal information they share, as well as, if and how this information is to be recorded.

(Adaptation was made from Head Start Performance Standards 1304.40(a)(1) U.S. Department of Health and Human Services).

Interventions for the prevention of child maltreatment often include home visiting programs. Essential aspects of successful home visiting programs include establishing a supportive relationship with the family prior to educating the parents about child care skills, being responsive to family problems that require immediate attention prior to handling parenting issues, and providing adequate medical and social service resources for the home visitor's use.

In looking at characteristics that put children and families at risk, it is important to help families become aware of the strengths that keep them resilient. Resilience factors are the self-righting capacities that people, families, and communities call upon to promote health and healing in children who grow up under adverse conditions.

The Center on the Developing Child at Harvard University (2010) suggests, "A child's environment of relationships can affect lifelong outcomes in emotional health, regulation of stress response systems, immune system competence, and the early establishment of health-related behaviors." Program staff from across the continuum of care (home visiting – center based) can improve the health outcomes and quality of life for children and their parents by providing support to

caregivers as they create a nurturing environment for children, ensure the physical and chemical environments are safe, and make certain families have adequate and appropriate nutrition. Brooks-Gunn et al. (1995) suggest program staff can help parents minimize the impact of adverse conditions and build resilience in children by promoting the following:

- Parental time and commitment;
- Parental resources—both financial and psychological, emotional, and social; and
- Parental skills and knowledge.
- Parent education should be individualized and tailored to meet the unique strengths and needs of the participants. It is essential for each parent group to have a consistent facilitator in order to establish continuity and a sense of belonging. The role of the facilitator includes the following:
 - Get to know each parent’s name, as well as the names of their children.
 - Help parents learn each other’s names by using nametags and referring to parents frequently by their names.
 - Conduct formal and informal needs assessments, including the identification of family strengths and concerns.
 - Identify and discuss shared interests and concerns of the parents.
 - Use a discussion format, visual aids, and parent-friendly handouts to share information.
 - Encourage sharing in groups by acknowledging and affirming the contribution of each member.
 - Discuss issues of cultural diversity and encourage appreciation of cultural differences.
 - Foster interactions among parents by encouraging discussions where everyone has an opportunity to share.
 - Encourage parents to share their individual strengths.
 - Laugh with the parents.
 - Periodically schedule guest speakers from the community to address parents’ interests and needs.
 - Provide opportunities that encourage the development of individual friendships among parents.

ADDITIONAL IDEAS AND RESOURCES

- Learn more about the traits of resilience in populations experiencing multiple risk factors through websites, seminars, and libraries.
- Develop a resource list for families from which they can receive counseling and support services in your program’s catchment area.

- Learn more about the Center on the Developing Child at Harvard University. Retrieved from <http://developingchild.harvard.edu>

REFERENCES

1. Brooks-Gunn, J., Brown, B., Duncan, G., & Moore, K.A. (1995). *Child development in the context of family and community resources: An agenda for national data collections*. In National Research Council and Institute of Medicine, Integrating federal statistics on children: Report of a workshop (pp. 27-97). Washington, D.C.: The National Academies Press.
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{“Other things may change us, but we start and end with family.”}

— Unknown

Alignment to the Illinois Early Learning Standards and Guidelines

Illinois Birth to Five Program Standard II.B.

The curriculum is aligned to the Illinois Early Learning and Development Standards for preschoolers and supports children’s cognitive, language, social, emotional, and physical development and the development of positive approaches to learning.

Because development in young children does not proceed in discrete domains but overlaps, the curriculum must be holistic, encompassing all areas of development. In order to effectively implement curriculum, staff must have a sound knowledge of early childhood development and recognize that the curriculum is intended to be used as a dynamic resource. The curriculum should unfold in response to the developmental needs of each child in the program.

Curriculum will also need to be aligned to the Illinois Early Learning Guidelines for Children Birth to Three.

Quality Indicator II.B.1.**A balance of all developmental areas: cognitive, communication, physical, social, and emotional, is demonstrated in all activities and service provision.**

All domains of child development are closely related and influence each other. Developmentally appropriate practice embraces the concept that children are active learners who need direct cognitive, physical, and social experiences in order to construct their own understandings of the world. Children need opportunities to form and test their own hypotheses through social interaction, physical manipulation, and their own thought processes by observing what happens, reflecting on their findings, asking questions, and formulating answers. In addition, developmentally appropriate practice acknowledges that play is an important vehicle for children's development in all areas. Play gives children opportunities to understand their work, interact with others in social ways, express and control emotions, and develop their symbolic capabilities. Furthermore, observing play gives adults insights into children's development, how children perceive their work, and what is essentially on children's minds. There are many variables that could impact a child's development, including, but not limited to, genetics, medical/health factors, culture, creativity, and environment.

Programs will select a research-based curriculum designed to support each child's cognitive, communicative, physical, social, and emotional development. The relationship of the staff to the families is the key to a successful curriculum. The implementation of the curriculum must be responsive through ongoing observations of children and through the provision of supportive, flexible learning opportunities. Remember, when children play, all areas of development are integrated in a natural way. Staff should set up a variety of play experiences in the classroom or on home visits and in play groups and help parents see how a variety of developmental skills can be taught during any one play activity.

- Integrate a wide variety of developmental domains into the curriculum for infants and toddlers. The following recurrent developmental themes should be addressed in a variety of play settings as the children grow and develop throughout the year. Make adapta-

tions as necessary to address the developmental challenges in all domains, especially when serving children with identified needs.

- Physical development, including health/medical concerns, underlies all areas of child development. All children should receive regular medical care and be fully immunized. The environment should be clean and safe and snacks nutritious. Precautions should be taken regarding food allergies.
- Cognitive development includes: learning problem solving skills, learning the functions and properties of objects, developing understanding of cause and effect relationships, learning classification skills, beginning sequencing skills, and becoming aware of numbers and sizes. The development of self-motivation, the capacity to plan, persistence toward a goal, the pride of accomplishment, and a sense of competence and mastery of the environment are other important cognitive skills.
- Communication development involves communicating ideas and feelings through gestures, sounds, words, body movements, and pictures. It includes expressive language skills such as developing vocabulary through naming, concept development, engaging in simple interactions, conversations, and answering questions. Receptive language skills such as following directions and understanding concepts and questions are included. Language usage is another important component of communication development. Reading stories, singing songs, reciting rhymes, and encouraging children to hold and manipulate books are also important literacy skills, which are essential to communication development. Labeling a child's play space with pictures and symbols is also a helpful technique to foster literacy development.
- Creative development includes ways that children express themselves through drama, music, dance, and art. Drama can be facilitated through pretend play that involves imagination and imitation, the use of replicas, sequencing pretend actions, and the use of real or pretend objects as pretend play props. Providing opportunities to sing, dance, participate in rhythmic activities, use musical instruments, and move creatively can facilitate music and dance. Art can be facilitated through messy play, which includes an openness to using the senses, including one's hands, to explore a variety of sensory materials and artistic mediums.
- Motor development addresses the development of fine and gross motor skills, and proprioceptive and vestibular abilities. Vestibular fine motor skills are developed through sensory exploration and

opportunities to practice the coordination of specialized motions, including grasp, manipulative skills, eye-hand coordination, and imitative movements. Gross motor skills include the ability to coordinate arm and leg movements, develop physical strength, and improve balance abilities. The development of gross motor skills also enhances self-confidence, independence, and autonomy.

- Proprioception is defined as perception of stimuli relating to position, posture, equilibrium, or internal condition.
- Vestibular is defined as of, relating to, or affecting the perception of body position and movement.
- Self-help development addresses self-care in the areas of feeding, dressing, and toileting. This includes the ability to access a primary caregiver when needed and move toward greater independence.
- Social and emotional development includes the development of self-awareness, self-esteem, self-confidence, self-control, a sense of humor, coping, and the ability to separate from parents and get along with others.

Kostelnik and Grady (2009) define the dimensions of an effective curriculum.

- “The curriculum is designed so that children of all ages and abilities are active and engaged.
- Curriculum goals are clearly defined, shared, and understood by program administrators, teachers, and families.
- The curriculum is based and organized around principles of child development and learning.
- Valued content is learned through investigation, play, and focused intentional teaching.
- The curriculum builds on children’s prior learning and experiences are inclusive of children with disabilities as well as children whose home language is not English.
- The curriculum is comprehensive, encompassing all areas of development and domains.
- Professional standards validate the curriculum’s subject-matter and content.”

Other important aspects to consider include:

- The curriculum will benefit children.
- The curriculum is organized and intentional in its implementation.

Supporting the learning of infants and toddlers means respecting the home context from which they come and intentionally relating to

parents to learn ways to make their children comfortable away from their home setting. Coople and Bredekamp (2011) suggest, “Infants and toddlers only learn within the context of relationships, and they learn best when they feel secure...The goal in an infant toddler program is not to lessen attachment to family members; it is to maintain it while simultaneously building attachments with a particular care-giver or caregivers in that program. Firm attachment, plus the feelings of security and trust, provides the foundations of learning for infants and toddlers.”

ADDITIONAL IDEAS AND RESOURCES

- Illinois Early Learning Guidelines for Children Birth to Three, retrieved from <http://www.isbe.net/earlychi/pdf/el-guidelines-0-3.pdf>
- National Association for the Education of Young Children, retrieved from <http://www.naeyc.org>
- Position statements on Curriculum, Assessment, and Program Evaluation, retrieved from <http://www.naeyc.org/positionstatements/cape>
- Gain an understanding of the role of parents in fostering development of young children.
- Become an expert on the value of play and play development.
- Learn more about each area of child development including the prenatal and postnatal and the interrelated aspects of developmental domains.
- Become aware of the various medical health issues that are specific to children birth to three.
- Learn more about the role of children’s relationships in their development.
- Become a specialist in infant and toddler development by taking classes specifically focused on the growth and development of children from birth to three.
- Authors Carol Coople and Sue Bredekamp provide insights into developmentally appropriate practice in the books *Developmentally Appropriate Practice in Early Childhood Programs: Serving Children Birth through Age 8* and *Basics of Developmentally Appropriate Practice: An Introduction for Teachers of Infants and Toddlers*.

REFERENCES

1. Copple, C. & Bredekamp, S. (2011). *Basics of Developmentally Appropriate Practice: An Introduction for Teachers of Infants and Toddlers*. Washington, D.C.: National Association for the Education of Young Children.
2. Kostelnik, M. & Grady, M. (2009). *Getting It Right From the Start: The Principal's Guide to Early Childhood Education*. Thousand Oaks, CA: Sage Publications.

Quality Indicator II.B.2.**An integrated and individualized program is offered for children in the context of their families and community.**

*(Adaptation was made from
Head Start Performance Standard
1304.21(a)(1)(i) U.S. Health and
Human Services)*

Abilities, interests, temperaments, developmental rates, and learning styles vary among children. The program should accommodate a variety of children's strengths and needs and encourage learning across all domains of development. Adults respect individuality among children by responding to children's cues and designing activities reflective of the observed stages and interests of children. A program's responsiveness to individual children is accomplished through comprehensive curriculum and by providing various materials, activities, and experiences that support a broad range of children's prior experiences, maturation rates, styles of learning, needs, cultures, and interests.

To support an individualized yet integrated program, staff and parents should work together to plan multi-level activities that enable children to apply existing skills and develop emerging skills. The staff member observes child development, discusses observations, records developmental progress, and expands learning opportunities. Staff will adapt materials and programming based on the individual needs of each family. Materials and programming will be offered in the family's home language (when possible) and materials will be available to meet the needs of families who have literacy challenges.

- Staff, together with parents, should plan learning activities that provide continuous opportunities for children of a variety of ages and abilities to experience success. Staff should model for parents how the complexity and challenge of an activity can be increased to help children enhance their performance.
- Staff, together with parents, should observe children during learning activities, carefully identify their interests, and match activities to them.
- Staff, together with parents, should discuss what they observe about the children's progress, interests, development, learning styles, attention span, temperament, and problem-solving abilities.
- Staff should regularly record child progress that occurs during

home visits or play groups. Information should be recorded in all areas of development and shared with parents.

- Staff, together with parents, should expand learning opportunities by identifying these opportunities in the home, including how to adapt activities and household routines in response to children's interests, strengths, and needs.
- Staff should use the development monitoring process as a springboard for teaching parents about child development and how to identify child development goals for the family plan.

Roggman, Boyce, and Innocenti (2008) suggest using the following questions to guide the selection of an effective home visitation curriculum.

- “Is it easy to understand?”
- Is it easy to use?
- Will it work well in families' homes?
- Is it appropriate for the child's development?
- Can it be adapted for children of other ages?
- Is it flexible enough to adapt to different family strengths and needs?
- Will it promote attachment security, playful exploration, or communication?
- Will it be interesting to the family?”

Instructional materials used with parents are most helpful when they are user-friendly, short/brief, clear, relevant, in the parent's language, and individualized.

ADDITIONAL IDEAS AND RESOURCES

- Illinois Early Learning Guidelines for Children Birth to Three, retrieved from <http://www.isbe.net/earlychi/pdf/el-guidelines-0-3.pdf>
- Consult different infant and toddler curricula to gain information about integrated and individualized programs.
- Note the current parenting materials in the grocery stores, book stores, and libraries that parents are noticing.
- Consider developing “briefs” on some of the most-asked questions from parents.

REFERENCES

1. United States Department of Health and Human Services. (2006). *Head Start Performance Standards and Other Regulations*. Department of Health and Human Services, Washington, D.C. Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements>
2. Roggman, L., & Boyce, L., & Innocenti, M. (2008). *Developmental Parenting; A Guide for Early Childhood Practitioners*. Baltimore, MD: Paul H Brookes Publishing Co.

Quality Indicator II.B.3.**Multiple theoretical perspectives are considered, and developmentally appropriate practices are implemented.**

Birth to three programs will value and apply the work of experts in identifying developmentally appropriate practice. The National Association for the Education of Young Children has developed the following concepts for early childhood programs.

- “All the domains of development and learning—physical, social and emotional, and cognitive—are important, and they are closely interrelated. Children’s development and learning in one domain influence and are influenced by what takes place in other domains.
- Many aspects of children’s learning and development follow well-documented sequences, with later abilities, skills, and knowledge building on those already acquired.
- Development and learning proceed at varying rates from child to child, as well as at uneven rates across different areas of a child’s individual functioning.
- Development and learning result from a dynamic and continuous interaction of biological maturation and experience.
- Early experiences have profound effects, both cumulative and delayed, on a child’s development and learning, and optimal periods exist for certain types of development and learning to occur.
- Development proceeds toward greater complexity, self-regulation, and symbolic or representational capacities.
- Children develop best when they have secure, consistent relationships with responsive adults and opportunities for positive relationships with peers.
- Development and learning occur in and are influenced by multiple social and cultural contexts.
- Always mentally active in seeking to understand the world around them, children learn in a variety of ways; a wide range of teaching strategies and interactions are effective in supporting all these kinds of learning.
- Play is an important vehicle for developing self-regulation as well as for promoting language, cognition, and social competence.

*(NAEYC: Developmentally
Appropriate Practice in Early
Childhood Programs Serving Children
from Birth through Age 8, 2009)*

- Development and learning advance when children are challenged to achieve at a level just beyond their current mastery, and also when they have many opportunities to practice newly acquired skills.
- Children’s experiences shape their motivation and approaches to learning, such as persistence, initiative, and flexibility; in turn, these dispositions and behaviors affect their learning and development.”

Development occurs more rapidly during infancy and toddlerhood than during any other time in an individual’s life. Development occurs as a result of the interaction of the individual with environment over time. Genetic contributions from both parents and cultural and familial practices play an important role in the development of the child. Changes result from physical growth, maturation, and experience. Multiple theoretical perspectives should be considered when looking at infant and toddler development. Some of the classical theoretical perspectives to consider are:

- Chess and Thomas, in their 1950 New York Longitudinal Study, theorized that much of the behavior seen in infants and toddlers is a result of temperament. Temperament is inborn and includes such things as activity, rhythmicity, effects of novel stimuli, adaptability and flexibility, threshold of responsiveness, quality of mood, distractibility, and attention span and persistence. Temperament links behavior to physiology. Chess and Thomas identified three clusters of characteristic temperaments that occurred frequently and labeled these clusters as easy, slow to warm up, and difficult. Temperament is an important concept to consider in the transactional model, which looks at the goodness of fit between parent and child.
- Jean Piaget, a Swiss psychologist, studied the progressions of cognitive development in children. He proposed that a child continuously adapts to and organizes the environment by assimilating (using known patterns of behavior to deal with the environment in new and familiar situations) and accommodating (modifying cognitive structures in response to environmental pressures). During the sensory-motor stage, which occurs approximately from birth through 2 years, the infant’s cognition is non-symbolic and learning occurs through direct action on the environment. The hallmark of the end of this stage is called object permanence, when the infant learns that objects exist even when they are out of sight. In the pre-operational stage, which occurs approximately from 2 through 8 years, children begin to think symbolically.
- John Bowlby, a British psychiatrist, studied infants who were separated from their parents. He developed theories on attach-

ment, which refers to the infant's behaviors, feelings, and cognition directed toward the primary caretaker. Attachment is an emotional tie that develops and endures over time and leads to the child's seeking physical closeness with the attachment figure. Bowlby felt that attachment-promoting behavior was innate and had the biological function of protecting the child from danger by increasing parental interest and proximity. Attachment-promoting and -strengthening behaviors include smiling, crying, and vocalizing.

- Mary Ainsworth, who studied one-year-olds during separations and reunions with their primary caregivers in her laboratory, described various kinds of attachment patterns that have important implications for later development. She found that insecure, anxious, and weak attachments may predict later problems. She discussed several types of attachment. Anxious-resistant attachment occurred when parents were inconsistent, frequently separated from the child, or used threats of abandonment to control the child. Secure attachment developed when parents were sensitive and able to adjust their behavior to the infant's needs.
- Erik Erikson, a psychoanalyst, theorized that normal development required mastery of a series of psychosocial crises through the life cycle. He felt that if an infant failed to develop basic trust, all further developmental tasks would be compromised. Stage one ranged from birth through 18 months, in infancy, with the fundamental issues being basic trust versus mistrust. Drive and hope were the strengths achieved upon favorable outcome. Stage two ranged from 18 through 42 months, in toddlers, with the fundamental issues being autonomy versus shame and doubt. Self-control and will power were the strengths achieved upon favorable outcome.
- Margaret Mahler studied object relations or connections to others in early childhood. She described the process by which a child becomes a separate, autonomous being through several developmental phases. The Normal Autistic phase, from birth through age 1 month, involved no differentiation of inside versus outside. The Normal Symbiotic phase, from 1 through 5 months of age, involved increased attention and awareness of the external world. The Differentiation phase, from 5 through 7 months of age, involved comparison of familiar and new. The Practicing phase, from 7 through 16 months of age, involved the use of the parent as "home base" and "emotional refueling." The Rapprochement phase, from 16 through 24 months of age, involved frequent conflict between the desire for connection with the parent and the desire for independence. The Object Constancy phase, from 24 through 36

months of age, involved understanding of the parent as a separate person and better toleration of separations.

- Daniel Stern questioned and studied the development of the sense of self. His theory hypothesizes that children have a sense of self from birth. However, the sense of self is different at every phase of development. At birth, an infant has an Emergent sense of self as she transitions from the world in the womb to the outside. Next to develop is the Core sense of self, which is a sensory type of sense of self. The Subjective sense of self is next as the baby begins to develop along cognitive lines and is able to understand cause and effect and object permanence. Finally, the Verbal sense of self finds the child able to use words to express his wants and needs, as well as being able to identify himself as different from others.
- Lev Vygotsky was a Russian learning theorist who died quite young. During the development of his theory of cognitive development he offered the notion that learning is socially constructed. He said a child can learn more and go further with assistance of a more competent peer. His theory includes such language as the Zone of Proximal Development, which implies that a child can actually work slightly above his own level if given the proper types of support, which are referred to as Scaffolding and Mediating.

There are many other learning theorists that it might be helpful to include: Burton White, Rose Bromwich, Jerome Kagan, Craig Ramey, and Inge Bretherton.

ADDITIONAL IDEAS AND RESOURCES

- Discuss one or more of the previously mentioned theorists at a staff meeting.
- Subscribe to a child development journal.
- Join at least one child development organization.
- Read more about the theories of Chess and Thomas, Piaget, John Bowlby, Mary Ainsworth, Erik Erikson, Burton White, and Margaret Mahler.
- Study other early childhood champions: Robert Owen, Elizabeth Peabody, Maria Montessori, John Dewey, Sue Bredekamp, Marion Wright Edelman, Lillian Katz, Samuel J. Meisels, and Edward Zigler.
- Continue to learn about the new brain research findings.
- Attend workshops, conferences, and continuing education courses.

- Network with others to discuss child development theories.
- Consider taking some advanced classes in child development. Specialize in infant/toddler studies.

REFERENCES

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

Quality Indicator II.B.4.**A variety of high quality, developmentally appropriate activities and materials are utilized in a safe and supportive environment.**

Through meaningful interactions with adults and other children in the context of a rich environment, children gain knowledge and understanding of the world. Adults enhance all areas of development by supporting infants and toddlers with a broad array of experiences that are interesting to the child and promote sensory, motor, and creative exploration. Developing and implementing curricula for infants and toddlers is based primarily on relationships, routines, and daily experiences. Strategies should support child development, allow exploration in both home and center environments, and include both indoor and outdoor experiences. Adult support, supervision, and guidance should be provided during all activities for safe and active learning. Adults should be responsible for reading the child's individual cues and signs so that they can modify the activities to meet the unique needs of each child.

Equipment, furniture, toys, and materials have a direct impact upon child development. To support educational objectives and an individualized program of services, as well as show respect for children and families, the equipment, furniture, toys, and materials are matched to the developmental levels, interests, temperaments, languages, cultural backgrounds, and learning styles of the children. A variety of attractive materials and toys are accessible in order to encourage exploration and learning in infants and toddlers. Adequate provisions should be made for children and parents with disabilities to ensure their safety, comfort, and participation. Consider the following when planning and maintaining the environment, furnishings, and materials:

- Ensure that facilities are accessible to persons with disabilities.
- Accommodate special diets or feeding needs.
- Ensure consistency and stability of the physical environment for children with visual or hearing impairments.
- Provide appropriate areas for individual, small groups, and larger spaces for parent/child interaction activities.
- Provide options for active and quiet play.

- Select child-sized equipment and furniture, including safe, sturdy seating with sides/arms that support sound child development and age-appropriate practices.
- Provide infant seats.
- Ensure that toys and materials are scaled to a size appropriate to the children who use them.
- Check frequently to ensure that the toys and equipment are in good condition, and remove or replace those that are broken.
- Provide an area rug or carpeting.
- Select equipment designed to give children choices, such as low, open shelves and bookcases.
- Ensure that equipment, furniture, toys, and materials are available in sufficient quantity to avoid excessive competition and long waits.
- Place safety mirrors where children can observe themselves.
- Provide diaper-changing table with non-porous, non-absorbent surface and an accessible sink for hand washing.
- Provide a refrigerator.
- Provide a container for isolating, cleaning, and disinfecting toys that have been in children's mouths.

Introduce play activities and materials that enhance all developmental areas.

Music Play

- Engage in rhythmic activities.
- Engage in singing.
- Use musical instruments, audio equipment, cassettes, compact disks, and music videos.
- Encourage expression through creative movement and dance.

Messy Play

- Provide a sensory table with a variety of accessories including such things as containers and tools to scoop.
- Provide a floor space that can be easily cleaned up and is near a sink.
- Engage infants and toddlers by encouraging sensory exploration.

Creative Play

- Offer a rich variety of projects and sufficient materials to support children's interests.
- Support exploration of art materials.
- Offer increasing complexity in manipulative materials.
- Provide a table and floor areas near a sink to allow for easy cleanup.

Pretend Play

- Provide opportunities to learn through pretend play experiences.
- Provide play experiences for children to learn the functions of objects, such as in the housekeeping and transportation areas.
- Stimulate imagination through drama, using such things as kitchen sets with accessories, and dolls and doll beds.
- Provide dress-up clothes hung on safe hooks, plus a mirror.
- Provide accessories for transportation play, such as cars and trucks and pretend roads including small blocks.
- Provide a puppet stage with puppets.

Gross and Fine Motor Play

- Arrange physical space so children have room to roll over, crawl, walk, and test new movement skills.
- Provide opportunities for infants and toddlers to learn through active exploration.
- Provide low climbing structures that are well-padded and safe for exploration.
- Provide safe, large materials for stacking, such as blocks.
- Change the play for infants by frequently changing their positions or moving them from one area to another.
- Change or rotate objects to challenge infants and toddlers to explore.
- Encourage movement and playfulness.
- Participate in children's physical activities with them.
- Model interactions that guide children's safe, active indoor and outdoor play.
- Identify opportunities for jumping, hopping, climbing, and running.
- Encourage the use of pushing and pulling and riding wheeled toys.
- Provide time for children to demonstrate and practice new skills.
- Plan experiences for developing motor skills and physical strength through repetition of actions.
- Help children to understand safety rules.
- Provide pegs, puzzles, and blocks organized into containers so that the children can begin their play by learning the concept of in and out as they manipulate small materials.
- Provide a variety of markers, paints, and other materials that children can use.
- Provide a variety of materials that allow the child to use different grasp and prehension patterns, including things that they can poke, push, and pinch.

Problem Solving Play

- Rotate the selection of toys to provide variety and new experiences.
- Offer a variety of problem situations to extend children's thinking.
- Plan experiences for children to learn the properties of objects.
- Plan experiences for children to classify materials into groups.
- Provide opportunities for children to learn about beginning number concepts.
- Ensure that materials possess interesting shapes, textures, and colors that promote exploration, experimentation, and learning.
- Provide toys responsive to the child's actions.
- Provide appropriate materials and toys for infants to grasp, chew, and manipulate.
- Provide manipulative toys such as puzzles, pegs and pegboards, nesting blocks, shape sorters, and bead and string sets.
- Make toys available on open shelves so children can make their own selections.

Health and Safety

- Risks are avoided if equipment, furniture, toys, and materials are safe, durable, and well maintained. To maximize floor space, minimize clutter, and ensure that items can be easily and safely located, items should be stored in a safe and orderly fashion.
- Provide toys and equipment that meet the national children's safety standards.
- Ensure that children receive well-baby health visits, and that they are fully immunized.
- Assist families in identifying materials and furnishings in the home that are safe and durable and facilitate children's learning and exploration.
- Educate parents about the danger of toxic substances and steps to be taken to minimize the exposure of children at home and at the center.
- Establish procedures for buckling and transporting children in strollers that meet national child safety standards.
- Install all equipment according to the manufacturer's instructions.
- Use furniture that has safe, rounded edges.
- Use equipment and furniture that is sturdy enough to allow children to pull themselves up.
- Do not use infant walkers because of the considerable risk of injury.
- Help children understand safety rules regarding toys and materials.
- Ensure that furnishings and equipment cannot be pulled over by the children.
- Store materials in locations not used by children.

- Ensure that materials meant for adults, such as scissors and electrical appliances, are inaccessible to children.
- Store large equipment in an enclosed storage space to reduce clutter.
- Clean and disinfect toys on a regular schedule, following health guidelines.
- Isolate or clean toys that are placed in children's mouths or in contact with body secretions.
- Ensure that electrical outlets are covered.
- Monitor ventilation and air quality.
- Assure that all painted surfaces are lead-free.
- Sweep or mop uncarpeted floor areas with a sanitizing solution daily.
- Vacuum carpeted areas daily, and clean them regularly, using hypoallergenic products.
- Clean and sanitize all kitchen equipment.
- Clean and sanitize bathrooms daily.
- Keep facilities free of insects, rodents, and other pests.
- Place fire extinguishers in accessible locations and ensure that staff knows how to use them.
- Make sure all exit doors are unobstructed and operate easily, opening outward.
- Have entrance and exit routes clearly marked.
- Ensure that heating and cooling systems are inspected annually and are insulated to protect children and staff from all danger.
- Store cleaning materials in their original labeled containers, separated from food, and out of children's reach.
- Dispose of soiled diapers in containers separate from other waste.
- Keep garbage and trash in an area inaccessible to children and away from areas used for food storage or preparation.
- Remove garbage and trash daily.
- Implement a comprehensive maintenance program for toys, equipment, and furnishings.
- Conduct regular fire and evacuation drills.
- Prohibit the use of tobacco, alcohol, and illegal drugs in all spaces used by the program in the evening as well as during the day.
- Ensure that all plants are inaccessible to children.

Attend to special safety requirements of outdoor play spaces:

- Ensure that playgrounds are designed, installed, inspected, and maintained with children's safety in mind so that the equipment does not pose the threat of serious falls and will not pinch, crush, or entrap the head or any part of a child's body or clothing.

- Ensure that all playground equipment is installed over shock-absorbing materials and securely anchored to the ground.
- Ensure that outdoor play areas are free of broken glass, stones, sharp objects, standing water, poisonous plants, and other hazards.

ADDITIONAL IDEAS AND RESOURCES

- Illinois Early Learning Guidelines for Children Birth to Three, retrieved from <http://www.isbe.net/earlychi/pdf/el-guidelines-0-3.pdf>
- Identify and subscribe to some good catalogs for ordering quality toys, equipment, and supplies for infant and toddler programs.
- Become informed about safe and appropriate playgrounds for young children birth to age three.
- Identify and consult with a nurse regarding appropriate concerns if your program does not have one on staff.
- Learn about Office of Safety and Health Administration (OSHA) codes and standards. Retrieved from <http://www.osha.gov>
- Check child toy and equipment safety websites frequently for information and recalled items.
- Pioneering Literacy in the Digital Wild West: Empowering Parents and Educators, retrieved from http://www.joanganzcooneycenter.org/wp-content/uploads/2012/12/GLR_TechnologyGuide_final.pdf

Quality Indicator II.B.5.**An emergent literacy focus is observable in the activities, materials, and environment planned for the child.**

The research in the areas of emergent literacy suggests that the roots of both reading and writing are established in all language experiences of very young children. Literacy refers to the inter-relatedness of language components and includes speaking, listening, reading, writing, and viewing. The theory of emergent literacy has developed from a vast amount of research from the fields of child development, psychology, education, linguistics, anthropology, and sociology. It has virtually redefined the field of literacy and has informed some educators and parents that the term “reading readiness” no longer describes adequately what is happening in the literacy development of young children. Specifically, emergent literacy suggests that the development of literacy is a process that takes place gradually within the child beginning at birth, and that there is actually no one point in time when a child is ready to begin learning to read and write.

From a large body of research that focused on the study of families with children who were reading before they entered school, the theory of emergent literacy evolved to encompass the following elements:

- Learning to read and write begins very early in life.
- Being read to plays a special role in the literacy development of the young child. Being read to on a daily basis is one of the greatest gifts that parents can give their children.
- Reading and writing develop concurrently and are interrelated in young children.
- Literacy develops from real life situations in which reading and writing are used functionally.
- Children learn literacy through active participation with people or materials.
- Learning to read and write is a developmental process. Children pass through the developmental stages of reading and writing acquisition in a variety of ways and at different ages.

Research has shown that it is possible to accent and highlight literacy activities in play environments for young children by providing a print-rich environment. Specifically, when open ended activities

involving books and paper and pencil activities were provided for young children, the researchers found the children had an almost “natural affinity” for them. Thus, the role of the educator and parent in the emergent literacy perspective becomes one of setting conditions that supports self-generated and self-motivated learning.

The following suggestions are ways to incorporate emergent literacy into educational programs for parents of infants and toddlers:

- Emphasize how reading daily to their children is a key component in facilitating early literacy acquisition.
- Emphasize how providing the opportunity to their children to scribble, draw, and color daily is another key component in facilitating early literacy acquisition.
- Encourage oral traditions in families through story telling.

Help parents become aware of book-sharing practices that expand the child’s literacy development:

- Label or name and comment on the book’s illustrations.
- Make up a story about the pictures in the order they appear.
- Attend to and read the printed text.

Provide suggestions for interactive book sharing:

- Be open to the child’s strategies as he asks for a book or wants to be read to.
- Let children choose the books they want to share.
- Share books more than once and support an enjoyment of or attachment to favorite books.
- Read books with repetitive lines and illustrations.
- Choose books based on the child’s experiences and interests.
- Relate books to the child’s individual experiences.
- Encourage the child to contribute in some way.
- Initiate play activities that are related to the stories read with the child.
- Choose books with only one to three lines of print per page if reading the text.

Point out how the language and social interactions that occur during book sharing experiences enhance the parent/child relationship, develop language skills, expand vocabulary, familiarize the child as to what print involves, and serve as a model for reading.

- Inform parents that children who grow up seeing their parents read magazines, books, and newspapers will often choose these activities themselves.

- Point out the important things children can learn when they see their parents use print to accomplish real goals and tasks in their daily lives.
- Encourage parents to use libraries, children’s museums, and other community resources to enhance their children’s emergent literacy skills.
- Help parents become aware of other family characteristics in addition to sharing books with their children that contribute directly to reading achievement, including a positive attitude toward education, parental aspirations for their children, conversations and reading materials in the home, and cultural activities.

The following are suggestions for creating an emergent literacy environment for infants and toddlers:

- Create opportunities for children to see their parents use print, such as signing an attendance book for play groups, filling out nametags to be worn in groups, or singing songs from a printed song sheet.
- Create opportunities for children to see staff use print, such as writing children’s names on their artwork, writing captions on children’s photographs, or recording new accomplishments in writing to be shared with a parent.
- Provide opportunities for children to experience books, which should be attractively displayed and easily accessible to children throughout the playroom:
 - Look at a wide variety of books, including board books, paper books, touch-and-feel books, big books, photo albums, and home-made books.
 - Provide books from children’s own and other cultures.
 - Listen to stories individually or in small groups.
 - Provide opportunities for children to ask and answer questions while looking at books.
 - Encourage children to name what they see in books.
 - Ask children to comment on how they feel about what is happening in a story.
 - Look at books independently or alongside other children during free play.
 - Make books together using child-generated text and children’s artwork, pictures from magazines, or photographs.
 - Expose children to books on tape, videotape, or computer discs.
 - Respond to children’s request to share books.
 - Share favorite books with children repeatedly.
 - Create a story sack library with books and related materials.

Provide opportunities for children to informally experience concepts about reading books:

- Pages are turned from right to left.
- Print is read left to right.
- Books need to be right side up to see the pictures and read the words.

Provide opportunities for children to develop phonemic awareness, which involves hearing the differences and similarities among sounds by exposing children to:

- Singing
- Listening to music
- Saying nursery rhymes
- Acting out nursery rhymes
- Looking at and reading nursery rhyme books
- Displaying nursery rhyme posters in the playroom
- Performing finger plays
- Reading children's poetry
- Reading books with repetitive sounds, words, lines, or verses

Provide opportunities in number experiences for children in their daily activities:

- Provide objects for counting and one-to-one correspondence.
- Provide objects for sorting and categorizing.

Typical Early Reading-Related Behaviors

(Schickendanz, & Collins, 2013)

Behaviors	Early	Later
Book Handling	<p>Makes eye contact with a book's pictures, but no attempt to handle a book (2–4 months)</p> <p>Explores a book by grasping and bringing it to the mouth to suck and chew (5–10 months)</p> <p>Shakes, crumples, and waves the book (5–10 months)</p> <p>Holds cardboard books with both hands and explores how the book works by making the pages open and close (6–8 months)</p> <p>Deliberately tears the pages (7–15 months)</p> <p>Helps the adult turn the pages, pressing the left hand page after the adult has pressed it (7–8 months)</p> <p>Shows a notable increase in visual attention to books and decrease in physical manipulation of books (8–12 months)</p>	<p>Might accidentally tear pages due to difficulty in handling books, but intentional tearing of pages to explore decreases (12–14 months)</p> <p>Turns pages awkwardly because of difficulty in separating pages (8–12 months)</p> <p>Turns pages well (11–15 months)</p> <p>Flips through a book by gathering clumps of pages and letting them fly past (14–15 months)</p> <p>Turns an inverted book right side up, or tilts head as if trying to see the picture right side up (11–15 months)</p> <p>Operates the basic functions of digital texts (e.g., opens applications, turns pages, clicks animations) (24–30 months)</p>
Language Understanding and Use	<p>Looks intently at pictures for several minutes, with wide open eyes and thoughtful expression (2–4 months)</p> <p>Coos and gurgles while adult reads (4–6 months)</p> <p>Might understand words for familiar objects in pictures (7–9 months)</p> <p>Points to individual pictures (8–12 months)</p> <p>Makes animal or other appropriate sounds (e.g., "beep-beep" in <i>Little Blue Truck</i> by Alice Schertle) (10–13 months)</p> <p>Points correctly to familiar objects when asked, "Where is the...?" (11–14 months)</p>	<p>Chimes in during reading of predictable song or story (16–30 months)</p> <p>Points to a picture and asks "What's that?" or requests a label in another way (e.g., "Dat?" or questioning intonation) (13–24 months)</p> <p>Begins to use two- to four-word sentences (i.e., telegraphic sentences). For instance, describing pictures for events in books (e.g., "baby crying") (18–24 months)</p> <p>Uses more complex sentences when talking about the book or favorite characters (e.g., "That not Dora backpack, that my backpack") (24–30 months)</p> <p>Asks and answers simple questions during the story reading (e.g., "Where Momma go?" when listening to <i>Owl Babies</i> by Martin Waddell). Might ask the same</p>

Behaviors	Early	Later
<p>Language Understanding and Use (continued)</p>	<p>Uses book babble (i.e., jabbering that captures the overall sound of reading) (13–18 months)</p>	<p>question each time the story is read (27–30 months)</p> <p>Plays with the story language outside of the story reading context (e.g., “Mommy, mommy, what do you see?” after reading <i>Brown Bear, Brown Bear, What do You See?</i> By Bill Martin Jr.) (27–30 months)</p>
<p>Comprehension</p>	<p>Understands works for familiar objects in pictures (7–9 months)</p> <p>Relates an object or action in a book to the real world (e.g., retrieves a teddy after adult has read <i>That’s Not My Teddy</i> by Fiona Watt) (10–14 months)</p> <p>Selects texts on the basis of content, thus demonstrating some understanding of what some individual books are about (e.g., picks up a book with a picture of a duck after playing with a toy duck; selects a book about a doctor’s visit after a check-up) (10–15 months)</p>	<p>Shows preference for a favorite page by searching for it or holding the book open at that page, as if that part is particularly well understood or appreciated (11–14 months)</p> <p>Performs an action shown or mentioned in a text (e.g., pretends to throw a ball when book mentions playing baseball) (12–23 months)</p> <p>Shows empathy for characters or situations depicted in texts (e.g., repeats distress type — “hurt,” “boo-boo,” “miss mommy” — while looking at pictures, and displays sad or concerned facial expressions; pretends to cry after hearing that a child in the book is sad) (18–24 months)</p> <p>Makes associations across texts (e.g., gets two books and shows the caregiver similar pictures or events in each one) (20–24 months)</p> <p>Talks about the characters and events during the reading in ways suggesting understanding of what has been read or said (e.g., saying, “Shh! Bunny sleeping” at the end of <i>Goodnight Moon</i> by Margret Wise Brown) (20–6 months)</p> <p>Relates events in texts to own experiences during shared reading (e.g., saying, “I play freight train,” referring to own toy trains when reading <i>Freight Train</i> by Donald Crews) (20–26 months)</p>

Behaviors	Early	Later
Comprehension (continued)		Links situations from a book to situations outside of the book-sharing context (e.g., reenacting events and reciting lines from <i>The Snowy Day</i> by Ezra Jack Keats when playing in the snow) (20–30 months)
Emergent Reading	<p>Coos or gurgles when read to (3–6 months)</p> <p>Gazes (7 months) and/or points (9 months) to illustrations while adult is reading and looking at a page (7–9 months)</p> <p>Vocalizes (unintelligibly) while pointing at pictures (7–10 months)</p> <p>Points to the pictures and vocalizes (more intelligibly), such as with rising intonation, to indicate “What’s that?” (10–12 months)</p> <p>Makes animal or other appropriate sounds(e.g., “beep-beep” in <i>Little Blue Truck</i> by Alice Schertle) (10–13 months)</p> <p>Names objects pictured, although articulation may not be accurate (11–14 months)</p> <p>Brings books to an adult to read, and after one reading hands a book back, suggesting the adult should read it again (12–16 months)</p> <p>Uses book babble (to mimic the sound of reading) (13–18 months)</p> <p>Begins to search more thoroughly through books on shelf or in baskets to find preferred books for adult to read (16–20 months)</p>	<p>Imitates adult’s hand-finger behaviors by pointing to the words or pictures when sharing the book (15–20 months)</p> <p>Describes illustrations or familiar parts of text in own words (e.g., says “piggy’s dancing” when adult reads <i>Moo, Baa, La La La!</i> by Sandra Boynton) (16–20 months)</p> <p>Fills in the next work in the text when the adult pauses, says the next work when the adult reads it, or reads along with the adult when the text is highly predictable (16–24 months)</p> <p>“Reads” to self and pretends to read to dolls or stuffed animals, holding the book so that they can see (17–25 months)</p> <p>Recites entire phrases from a favorite story if the adult pauses at the opportune time (that is, cloze reading) (20–30 months)</p> <p>Protests when an adult misreads or skips a work in a familiar, and usually predictable, text. Typically offers the correction (28–30 months)</p> <p>Asks to read books or digital texts to the adult and may be able to recite several texts quite accurately, especially if simple and predictable (28–30 months)</p>

ADDITIONAL IDEAS AND RESOURCES

- National Association for the Education of Young Children, retrieved from <http://www.naeyc.org>
 - Position Statement on Learning to Read and Write, retrieved from http://www.naeyc.org/positionstatements/learning_readwrite
- Review the latest research on Emergent Literacy and the young child.
- Attend conferences and workshops that focus on reading, writing, books, and other literacy related topics as they relate to young children and their families.
- Enroll in a higher education course, pre- or postgraduate, in Literacy Development of the Young Child.
- Learn about the developmental stages in a child’s reading and writing acquisition.
- American Speech-Language Association, retrieved from <http://www.asha.org>
 - Emergent Literacy: Early Reading and Writing Development, retrieved from <http://www.asha.org/public/speech/emergent-literacy.htm>

REFERENCES

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

{ “Tell me and I forget. Show me and I remember.
Involve me and I understand.” }

— Chinese proverb

Family Involvement in Curriculum

Illinois Birth to Five Program Standard II.C.

The program prioritizes family involvement while respecting individual parental choices.

The program reflects the high priority of family involvement at whatever level each parent chooses. Program design provides for various levels of parent participation, ranging from enrichment and mentoring to more intensive educational opportunities. The staff welcomes, encourages and supports all levels of parent participation and respects the individual choices and needs of each family.

Quality Indicator II.C.1.**Opportunities are provided for varied levels of parent participation.**

The curriculum and services of the program are designed by staff to offer a variety of choices and levels of participation to parents. The more actively involved parents become, the more opportunities they will have to impact what happens in the program. Because parents know their children's temperament, developmental abilities, and interests, they are integral partners in the processes of planning and implementing curriculum. Parent participation is also valuable as it assists them to increase their own knowledge of child growth and development. Thus parents are able to help program staff make the curriculum more meaningful for their children.

(Adapted from Head Start Performance Standard 1304.21(a)(2) (i) U.S. Department of Health and Human Services).

Programs that seek family participation must use an approach that will invite and embrace family involvement and engagement. Family-centered care is a holistic approach to working with families in which program staff reaches out to families to build respectful and mutual partnerships. Keyser suggests the goal of building relationships with families is to bring mutual expertise from both parents and program staff together to benefit children. The family-centered approach embraces five characteristics:

- “Recognize and respect one another’s knowledge and expertise;
- Share information through two-way communication;
- Share power and decision making;
- Acknowledge and respect diversity; and
- Create networks of support.”

(Keyser, 2006)

Keyser (2006) suggests family-centered care requires thoughtful and intentional communication including “word choice, quantity of communication, tone language, different communication styles, and non-verbal communication.” Program staff needs to convey messages that embrace, support, and accept all families.

- “Families are welcome in the program.
- The program is inclusive of all families.
- All the people in families are respected by the teachers and staff of the program.
- Families can be proud of who they are in this program.

- The staff knows families are intelligent and knowledgeable about their children.
- Parents are assumed to be competent both as people and parents.
- The staff is looking forward to learning from families and is open to input.
- Families are invited into a mutual partnership.”

(Keyser, 2006)

The levels of parental involvement in the program can be conceptualized as a continuum. Staff should be aware of this continuum while at the same time respecting individual parental choices. Suggestions for choices can be offered by staff to parents as they demonstrate the desire to deepen their level of involvement. Parental temperament, culture, and many other variables will affect their interest and level of involvement. The following listing incorporates this continuum and identifies various levels of parent involvement.

- Come to the program as a social outlet.
- Expect the teachers to watch and interact with their children.
- Quietly observe what is happening in the play groups.
- Quietly observe what is happening in the parent education groups.
- Begin to take part in some activities with their children.
- Begin to participate in parent education group discussions.
- Begin to form friendships within the group.
- Actively participate in all activities with their children.
- Actively participate in parent education group activities.
- Reflect on what their children are doing and share ideas for enhancement.
- Reflect on what is happening in the parent education group and share ideas for enhancement.
- Celebrate the accomplishments of their friends’ children.
- Celebrate the personal development of their friends.
- Begin to form friendships that go beyond group time and the program.
- Feel a sense of belonging to the parent education group and take ownership for what happens.
- Become involved in more than one program activity.
- Enjoy when guest speakers come and provide special information.
- Access and use suggested community resources.
- Influence other family members, especially partners, to become involved in the program.
- Recruit friends to come to the program.
- Are willing to mentor new participants in the program.
- Begin to make suggestions for improvements or new program activities.

- Share and/or demonstrate child-teaching abilities that have had an impact outside of the program.
- Apply discussions from the parent education groups outside of the program and share evidence of this in conversations with staff and other parents.
- Get involved in the planning and evaluation of various program components.
- Take advantage of personal development opportunities in the community.
- Volunteer for the program.
- Volunteer to serve as role models for other parents.
- Become employed by the program or other, similar, program.

ADDITIONAL IDEAS AND RESOURCES

- Evaluate parent involvement in all program activities. Identify what is happening and what could be happening.
- Talk to and learn from parents about their level of involvement in the program by using interviews, program evaluations, and exit surveys.
- Learn what it means to be nonjudgmental and culturally sensitive.
- Learn more about observation as a tool to understand children and families.
- Talk with and visit other birth to three programs to learn about and observe other parent involvement models.
- Sponsor a Parent Involvement Workshop for staff and parents. Invite a neighboring program's staff and parents to attend.
- National Association for the Education of Young Children, retrieved from <http://www.naeyc.org>
- Parent Engagement Resource List, retrieved from <http://www.naeyc.org/familyengagement/resources>
- Parent Involvement Matters, retrieved from <http://www.parentinvolvementmatters.org>
- Strengthening Families Illinois, retrieved from <http://www.strengtheningfamiliesillinois.org>
- The Center for the Study of Social Policy, retrieved from <http://www.cssp.org>
 - Strengthening Families, retrieved from <http://www.cssp.org/reform/strengthening-families>

REFERENCES

1. United States Department of Health and Human Services. (2006). *Head Start Performance Standards and Other Regulations*. Department of Health and Human Services, Washington, D.C.
2. Keyser, J. (2006). *From Parents to Partners*. St. Paul, MN: Redleaf Press.

Quality Indicator II.C.2.**Opportunities are provided for parents to increase their levels of program involvement through education and enrichment.**

It is important for programs to offer a menu of services to parents and to support increasing their levels of involvement and participation. This menu of services should include options for parents to learn more about:

- Child development and parenting;
- Opportunities to improve their life management skills; and
- Benefits from social support activities.

It is important to stress health and wellness in the menu of service options, recognizing that the parents' need for continuing education and vocational and career guidance is also important. When parents are ready, some will begin reaching out to other parents and become involved in program development activities such as serving as program volunteers or eventually being employed by the program.

Leadership and staff must remember that every parent brings to the program a unique set of interests, talents, desires, and needs. The level of involvement will be greatly determined by a number of variables that may or may not be known to program staff. Staff should remember they do not always know the real life experiences of the parents they serve. Therefore, they should proceed cautiously, particularly in their expectations of increasing parent involvement.

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

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

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

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

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

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

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

training, and comprehensiveness and intensity of services offered.

- The program must implement a formal, written curriculum that is comprehensive and is based on research about how infants and toddlers learn and develop.

Criterion Three — The program implements programming by meeting or exceeding all the following criteria:

- Illinois Birth to Five Program Standards
- Operating successfully for at least three years
- Implements a research-based program model with a logic model that identifies the objectives and goals of a program, as well as their relationship to program activities intended to achieve these outcomes.
 - Implements a program model based on research about what combinations of services have been effective in achieving positive learning outcomes with at-risk infants, toddlers, and their families.
 - 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 Center-Based models.
- Develops a formal, written plan for conducting family needs assessments and developing individual service plans addressing their culture and linguistic background.
- Maintains documented evidence of participant's success in achieving the goals of prevention initiative. (i.e., outcome data)
- Implements a formal, written, research-based curriculum
 - The curriculum will be based on research about how infants and toddlers learn and develop and how to teach parents new ways of supporting and enhancing their child's development.

All Prevention Initiative programs will implement research-based curricula. Home visitation programs will implement a curriculum for parent/family education. Center-based or family literacy programs will implement curricula for both the children and parents/families. Curriculum is defined as 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.

- The research-based curriculum that is chosen will address the following issues:
 - The curriculum reflects the centrality of adult/child interactions in the development of infants and toddlers.
 - 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.
 - The curriculum prioritizes family involvement while respecting individual parental choices.
 - The curriculum supports and demonstrates respect for the families' unique abilities as well as for their ethnic, cultural, and linguistic diversity.
 - 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.
- Examples of evidence-based curricula for center-based programs:
 - Creative Curriculum for Infants and Toddlers
 - High/Scope Infant-Toddler Curriculum
- Examples of evidence-based curricula for home-visiting programs:
 - Parents as Teachers Curriculum <http://www.parentsasteachers.org/>
 - Baby TALK Curriculum <http://www.babytalk.org/>
 - Growing Great Kids <http://greatkidsinc.org/earlyheadstart-prenatal-36.html>
 - Partners for a Healthy Baby (Florida State) <http://www.research.fsu.edu/techtransfer/showcase/partnerbooks.html>
 - Stephen Bavolek's Nurturing Parenting <http://www.nurturingparenting.com/>
 - Healthy Families San Angelo <http://www.hfsatx.com>

All Prevention Initiative programs will document evidence of participant's success in achieving the goals of the prevention initiative (i.e., outcome data), including but not limited to the following:

- Evidence of regular and systematic evaluations of program staff to assure that the philosophy is reflected and goals of the program are being fulfilled.
- Evidence of a program annual self-assessment appropriate for the program model to determine whether the program is being implemented as intended (with fidelity), and whether the anticipated outcomes for children and families are being achieved.
- Evidence of a formal process by which the results of the annual program self-assessment (and other program data) are used to inform continuous program improvement.

Additionally, **all Prevention Initiative programs** will adhere to the following program requirements:

- 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.
- The program operates year-round. (when applicable) Year-round programming is preferable.
- 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.
- The strengths and needs of the children and families as well as research on best practice determine the ratio of participants to staff and the size of program groups.
- The program meets the needs of children and families of varying abilities as well as diverse cultural, linguistic, and economic backgrounds.
- The program is provided within the larger framework of a family literacy program (when applicable).
- The program fosters social connections between families with young children.
- The program connects families to supports in times of need.
- 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.

Seven Designated Areas of Instruction

Prevention Initiative programs will offer appropriate parent education and involvement services that address the seven designated areas of instruction listed below. The seven designated areas of instruction provide a framework for programs to build resources and education. The information listed below offers suggestions for topics, and programs are not limited to these specific topics.

- Staff will address the areas **of instruction** and topics based on the needs of the family and as the program model and/or curricula recommend.
- **Addressing the seven designated areas of instruction is required;** however, the topics **suggested within** each area are suggestions and not required.

The areas of instruction and topics are interrelated; therefore, education and programming should be integrated. Areas and topics should not be addressed in isolation. Programs will provide information and materials that reflect the seven designated areas of instruction in the parent resource library, the toy/book lending library, the parent newsletter, and all aspects of programming (individual visits and group meetings). Information and education about the seven designated areas of instruction will clearly be articulated to provide anticipatory guidance to parents. “Brazelton (1975) described anticipatory guidance as the mechanism for strengthening a child’s developmental potential.” (Shonkoff & Meisels, 2000). Anticipatory guidance is a strategy of planning ahead to provide information to parents with the expected outcome being a change in parent attitude, knowledge, or behavior, and the mutual participation of parents and program staff in discussions of ideas and opinions about normal parental responses to child development.

1. Child Growth and Development, including Prenatal Development

Child development refers to the changes that occur as a child grows and develops in relation to being physically healthy, mentally alert, emotionally sound, socially competent, and ready to learn. Understanding the stages of child development helps parents know what to expect and how to best support the child as she or he grows and develops. Programs will offer education and connections to resources that support child growth and development, including prenatal development. In list below, fine motor is explained, but not gross motor.

Suggested topics include but are not limited to the following:

- Pregnancy body awareness and safety
 - Pregnancy physical issues including dental health, changes in hormones, etc
 - Sleep suggestions for pregnant women (left side)
 - Mobility: moving, rolling crawling cruising, sitting, walking, etc.
 - Secure attachment and brain development
 - Separation anxiety
- continued*

1. Child Growth and Development, including Prenatal Development, continued

- What can baby hear prenatally?
- Adjusting to pregnancy
- Prenatal attachment
- Prenatal interaction; placing hands
- Prenatal nutrition
- Prenatal development
- Effects of drug, alcohol, and substance abuse on an unborn baby
- Child development
- Physical (fine and gross motor)
- Speech and language
- Social and emotional
- Cognitive (problem solving)
- Brain development/Neuroscience
- Sensory integration
- Importance of responding to a child's needs
- Newborn reflexes
- Development of infant/child hearing/auditory, vision, smelling, tasting, touching
- Teeth and dental development
- Information regarding head shape
- Critical periods (windows of opportunity)
- Difference in child development in individual children
- Development of muscle control/fine motor and gross motor
- Fine motor: manipulation of fingers, movement of eyes, etc.
- Stranger anxiety
- Nutrition
- Importance of tummy time
- Promoting brain development
- Speech and language development
- Early identification of speech and language delays
- Importance of block play
- Promoting block play
- Importance of puzzle play
- Sorting, classifying, matching, etc.
- Importance of exploration and experimenting (learning cause and effect)
- Fingerplays
- Rhymes and songs
- Baby sign language
- Parentese
- Self-talk and parallel talk
- Baby games
- Object permanence
- Value of play and pretend play
- Importance of touch
- Fitness and physical activity
- Importance of sleep
- Premature infant health
- Early identification of developmental delays and connections to Child and Family Connections
- Stages of play (parallel play, etc.)

2. Childbirth and Child Care

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

Suggested topics include but are not limited to the following:

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

3. Family Structure, Function, and Management

Children have the right to grow up in an environment in which they are enabled to reach their full potential in life. Parents who are competent in dealing with the challenges of daily life will more likely be more capable caregivers. Providing support to parents as they meet the challenges of everyday life and strive to maintain physical, psychological, emotional, and social health is essential to the health and well-being of children. Programs will offer education and connections to resources that support the family structure, function, and management.

Suggested topics include but are not limited to the following:

- Living healthy
- Dealing with stress (adults, infants, toddlers, preschoolers)
- Adjusting to pregnancy
- Adjusting to parenthood
- Screening for Early Intervention

continued

3. Family Structure, Function, and Management, continued

- Responding to a developmental delay and accessing Child and Family Connections
- Nutrition
- Choosing healthy foods
- Eating Together
- Responding to mealtime challenges
- Preventing obesity
- Healthy eating
- Creating safe and healthy home environments
- Safe interaction with pets
- Prevention of effects of smoking and secondhand smoke
- Prevention of effects of drug, alcohol, or substance abuse
- Protecting family/child identity
- Child care, accessing quality child care, child care options, characteristics of quality child care, evaluating a child care setting, accessing Child Care Resource and Referral, communicating with a child care provider
- Accessing reliable transportation
- Individual/family goal setting
- Exposing infants and toddlers to technology
- Exposing infants and toddlers to television
- How to problem solve
- How to resolve difference with another person
- Importance of extended family
- Addressing unique populations
 - Teenage parents
 - Supporting immigrant families
 - Supporting English Language Learners
 - Supporting military families
 - Supporting families where mental illness is present
 - Supporting families where intellectual challenges are present
 - Supporting families where physical or sensory challenges are present
 - Supporting families in life transitions (employment, growing family, divorce)
 - Supporting families dealing with substance abuse
 - Supporting families exposed to stress, trauma, or violence
 - Supporting families dealing with child abuse or neglect

continued

3. Family Structure, Function, and Management, continued

- Balancing the many roles of a parent (work, school, parenting, etc.)
- Supporting growing families
- Supporting sibling relationships
- Supporting peer relationships among children
- Supporting adult relationships and social connections
- Access to a crisis nursery
- Access to community resources (Public Health, Public Housing, Department of Human Resources, etc.)
- Financial Aid, food, clothing, shelter, transportation, medical and mental health resources, etc.
- Valuing diversity
- Life management skills:
 - Assertiveness training
 - Home improvement workshops
 - Life goal setting
 - Money management
 - Organizational abilities
 - Stress reduction

Use of community resources

- Facilitating access to programs that support parenting and parent skill development:
 - Infant massage class
 - Parent/child field trips
 - Parent/child story time groups
 - Parent/infant play groups
 - Parent/toddler movement groups
 - Parent/toddler play groups
- Social support:
 - Cooking groups
 - Couples outings
 - Craft groups
 - Meeting outside of the regular program time
 - Parent-generated baby-sitting cooperatives
 - Social support groups around a specific theme
 - Social support groups on parenting
- Creative expression:
 - Artistic expression (dancing, painting, singing, writing, etc.)
 - Dance classes, especially those relevant to the cultures served by the program

continued

3. Family Structure, Function, and Management, continued

- Journaling
- Scrapbooking
- Enrichment experiences:
 - Culturally relevant and diverse field trips
 - Guest speakers from the community
 - School and community-wide activities outside the program
 - Links to appropriate and safe entertainment (parks, zoos, parent groups, etc.)
- Health and wellness:
 - Exercise classes
 - Family planning information
 - Health and nutrition classes
 - Referrals to dental and health clinics
 - Self-esteem building
 - Stress reduction
- Adult continuing education:
 - Computer classes
 - English as a Second Language classes
 - Extension Services classes
 - GED classes
 - Higher education
 - Park District classes
- Vocational career development
 - Community College classes
 - Learning marketable skills
 - Vocational inventories or counseling
 - Career development
 - Connections to employment opportunities (Workforce Network, etc.)

4. Prenatal and Postnatal Care for Mothers and Infants

Accessing medical care is essential for the health and well-being of a family. Supporting families as parents address the physical needs of themselves and their children will establish healthy behaviors that can last a lifetime. Programs will offer education and connections to resources that support prenatal and postnatal care for mothers and infants.

Suggested topics include but are not limited to the following:

- Prenatal medical care
- Choosing a healthcare provider
- Prenatal attachment
- Identifying critical periods (windows of opportunity)
- Postpartum depression
- Signs of postpartum depression
- Responding to postpartum depression
- Family/friends support and postpartum depression
- Understanding bonding and attachment
- Nutrition
- Feeding a newborn
- What, When, How, Why
- Health care and obtaining a medical home
- Well-baby checkups
- Responding to a sick child
- Immunizations and preventable diseases
- Fighting germs
- Hygiene
- Safe sleep for baby
- Car Seats: transporting a newborn, infant, and toddler
- Prenatal Fitness
- Breastfeeding — health for infant/mother
- Benefits of breastfeeding
- Strategies to successful breastfeeding
- Making the choice to breastfeed or bottle feed your infant
- Importance of responding to the needs of your child
- Responding to separation anxiety
- Responding to stranger anxiety

5. Prevention of Child Abuse

Helping families implement strategies that promote protective factors is an effective way to reduce child abuse and neglect. Programs will offer education and connections to resources that support the prevention of child abuse and neglect.

Suggested topics include but are not limited to the following:

- Defining healthy relationships
 - Identifying strategies that promote healthy relationships
 - Defining protective factors
 - Strategies that build protective factors
 - Relaxation techniques
 - Defining child abuse
 - Responding to domestic violence
 - Strategies that prevent child abuse
 - Strategies that prevent child neglect
 - Shaken baby syndrome
 - Building social connections
 - Accessing mental health resources
- continued*

5. Prevention of Child Abuse, continued

- Defining child neglect
- Defining domestic violence
- Identifying the impact of domestic violence on children
- Defining and identifying the cycle of domestic violence
- Signs of being in a relationship where domestic violence is present
- Accessing community resources as needed
- Helping parents understand child development and appropriate parenting practices
- Helping parents communicate effectively
- Helping parents teach their children to communicate effectively
- Strengthening Families Illinois, retrieved from <http://www.strengtheningfamiliesillinois.org>

6. The Physical, Mental, Emotional, Social, Economic, and Psychological Aspects of Interpersonal and Family Relationships

Education and information that will help families maintain and support the relationships between and among family members and community resource agencies is crucial to building a support network. As families address physical, mental, emotional, social, psychological, and economic challenges, programs will offer education and resources that will support relationships.

Suggested topics include but are not limited to the following:

- Parental resilience and mental health
- Social and emotional health of children
- Economic stability and challenges
- Support networks
- Conflict resolution among family and friends
- Links to community resources
- Supporting families with unique challenges:
 - Teenage parents
 - Supporting immigrant families
 - Supporting English Language Learners
 - Supporting military families
 - Supporting families where mental illness is present
 - Supporting families where intellectual challenges are present
 - Supporting families where physical or sensory challenges are present
 - Supporting families in life transitions (employment, growing family, divorce)
 - Supporting families dealing with substance abuse
 - Supporting families exposed to stress, trauma or violence
 - Supporting families dealing with child abuse or neglect
- Strengthening Families Illinois, retrieved from <http://www.strengtheningfamiliesillinois.org>

7. Parenting Skill Development

Providing opportunities for parents to observe their children and reflect on how to support healthy growth and development will offer chances to deliver valuable and insightful information and education regarding parenting. Programs will offer education and connections to resources that support parenting skill development.

Suggested topics include but are not limited to the following:

- Learning and valuing observation skills
- Strategies that foster parent-child attachment
- Strategies that foster attachment
- Understanding your baby's cues
- Importance of responding to your infant's needs
- Calming a crying infant
- Teaching and helping an infant child to self-soothe, with practical strategies
- Newborn reflexes
- Nutrition
- Weaning a child from breastfeeding
- Weaning a child from pacifiers or bottles
- Protecting children from lead
- Understanding the development of a trusting relationship between parent and child
- Understanding the development of infant/child hearing, vision, smelling, tasting, touching
- Baby bottle rot
- Avoiding or responding to ear infections
- Strategies to support healthy infant head shape
- Responding to infant crying
- Safe sleep for infants
- Define tummy time; strategies for successful tummy time
- Infants and sensory overload
- Understanding sensory integration
- Infant massage (importance of touch)
- Importance of available books/reading materials
- Benefits of reading out loud to your baby/toddler preschooler
- Importance of fun/laughter
- Choosing quality toys
- Choosing age-appropriate toys
- Toy safety
- Communication between and among caregivers
- Roles and responsibilities of a parent (mother and father)
- Dealing with stress and journaling
- Communicating with a doctor or health care professional
- Discipline/Teaching (positive discipline)
- Redirecting, offering choices, etc.
- Redirecting
- Setting limits
- Understanding, avoiding, and responding to temper tantrums
- Introducing solid foods into a child's diet
- Encouraging self-help or independence skills
- Homemade toy safety
- Protection against choking
- Childproofing a home
- Benefits of outdoor fun and safety
- Importance of routines
- Responding to nightmares and night terrors
- Helping children through transitions
- Helping children grieve
- Understanding and responding to a child's temperament
- Temperament and goodness of fit
- Supporting a child's temperament *continued*

7. Parenting Skill Development, continued

- Behaviors that encourage reading and readers
- Choosing quality literature/books for infants, toddlers, and preschoolers
- Teaching children to problem solve
- Define sudden infant death syndrome
- Identify strategies to prevent SIDS
- Identify safe sleeping conditions for infants
- Identify the dangers of co-sleeping
- Importance of crawling
- Teaching your child about emotions
- Recognizing an infant's attraction to faces
- Importance of parent-child interactions
- Importance of play for children and adults
- Toilet learning
- Helping a child deal with a physical challenge
- Responding to a child exposed to stress, trauma, or violence
- Value of verbally labeling the environment
- Understanding states of infant consciousness
- Creating rituals and routines
- Discovering your child's personality
- Responding to a child's fears
- Dangers of walkers
- Strengthening Families Illinois, retrieved from <http://www.strengtheningfamiliesillinois.org>

Parents may be involved in a program in a variety of capacities on various levels. Often parents will increase involvement and engagement with more exposure to programming. The following are suggestions to encourage parent/caregiver involvement in the program.

- Program development:
 - Advisory Committees
 - Interagency Council Committees
 - Organizing and donating clothing or toys for an incentive boutique for other parents
 - Program Development Committees
 - Program Evaluation Focus Groups
 - Recruiting
 - Writing articles for the program monthly newsletter
- Program volunteers:
 - Assisting with child care
 - Assisting with implementation of family events
 - Assisting with improving the program environment
 - Assisting with materials preparation
 - Assisting with snack preparation
- Peer mentoring:
 - Mentoring new parents
 - Networking with parents in similar life situations

- Contributing items from home to enrich the cultural environment of the center:
 - Donating time to help with office activities
 - Planning family events
 - Sharing talents at community events
 - Sharing talents at program special events
 - Sharing talents at program-wide events
- Program or school employees:
 - Becoming employed full-time by the program
 - Becoming employed in some other capacity in the program or school
 - Becoming employed part-time by the program

Policy and Procedure Manual Regarding Programming

Effective programs maintain a policy and procedures manual that clearly outlines and guides the implementation of programming:

1. Recruitment/outreach policies/procedures
 - a. Screening policies/procedures
 - b. Parent interview
 - c. Parent permission
 - d. Evidence-based developmental screening instrument
 - e. Eligible participants – weighted criteria screening form (The most at-risk children/families, those exhibiting the greatest number of at-risk factors as determined by the eligibility criteria, are given priority for enrollment in the program.)
 - f. Procedures for including staff and sharing results with parents/guardians
 - g. Community collaborations and Child Find activities
2. Intake and enrollment policies/procedures
 - a. Waiting list policies/procedures
 - b. Policies/procedures regarding families experiencing issues including homelessness, English language learning, developmental delays, etc.
3. Intensity of services — individual meetings
 - a. Home visit/individual meeting defined
 - b. Caseload/staff ratio
 - c. Visit frequency
 - d. Visit length
 - e. Scheduling practices
 - f. Data collection (completion/retention rates)
 - g. Transition services

4. Intensity of services — groups
 - a. Group(s) defined
 - b. Group size
 - c. Group frequency
 - d. Group length
 - e. Group scheduling practices
 - f. Data collection
5. Intensity of services — classroom
 - a. Classroom (define full day/half day)
 - b. Adult/child ratios
 - c. Attendance - Day (length)
 - d. Scheduling practices
 - e. Data collection (attendance/retention rates)
 - f. Transition services
6. Research-based implementation program model (Baby TALK, Healthy Families America, Parents as Teachers, Nurse Family Partnership)
7. Research-based parent curriculum
8. Research-based classroom curriculum (if applicable)
9. Family literacy model
10. Developmentally appropriate practice (DAP)
11. Individualization of curriculum and services for each family
12. Prevention Initiative seven designated areas of instruction
13. Illinois Early Learning Guidelines for Children Birth to Age Three
14. Developmental monitoring (process and reporting)
 - a. Developmental screening
 - b. Hearing screening
 - c. Vision screening
 - d. Health screening
 - e. Immunization data collection
 - f. Instruments/tools/forms
15. Program implementation policies/procedures
 - a. Information regarding Birth to Five Program Standards
 - b. Information regarding Prevention Initiative Implementation Manual
 - c. Licenses and reference to standards (if applicable)
 - d. Accreditations and references to standards (if applicable)
 - e. Definition of completion and retention rates

16. Documentation and maintenance of records policies and procedures
 - a. Web-based Data Management System (if applicable)
 - b. Student Information System
 - c. List of reports/forms/screenings, position/person responsible, intervals or due dates, instructions, reporting requirements, etc. (examples: ISBE expenditure reports, USDA, PI Outcomes Questionnaire, PI Parent Questionnaire, Family Needs Assessment, Year-End PI Evaluation, etc.)
17. Evidence-based family needs assessment
 - a. Formal, written plan for conducting a family needs assessment
18. Individual Family Service Plan
 - a. A formal, written plan for developing Individual Family Service Plans
 - b. Goals for the parent, child, and parent-child
 - c. Initial and follow-up(s) time intervals
 - d. Form(s)
 - e. Coordination with other service providers
 - f. Relationship to Family Needs Assessment
19. Use of supplies and materials
20. Use of technology (adults and children)
21. Communication between staff and families
22. Parent Handbook (resource for parents about your program)
23. Expectation for parent involvement/engagement (Advisory Council, etc.)
24. Expectation for partnering with parents (IFSP, home visits, etc.)
25. Expectation for father/male involvement/engagement
26. Child toy/book and parent resource lending library policies/procedures
27. Newsletter (frequency, expectation for submissions)
28. Nutritional goals/requirements (if applicable)
29. Practices to keep families involved/participating regularly in the program
30. Environment — health and safety expectations (center-based and home-based, groups, and field trips)
 - a. Universal precautions
 - b. Transportation of children and families
 - c. Risk Management

31. Domestic violence screening protocols
32. Postnatal depression screening
33. Mental health screening protocols
34. Mandated reporter responsibilities and policies/procedures (including follow-up)
35. Parent/guardian reimbursement of transportation/fees
36. Referral policies procedures
 - a. Program incoming
 - b. Program outgoing
37. Current families' links to community resources
 - a. Follow-up
38. Transition policies and procedures
 - a. In and out of program and other life transitions
 - b. Transition plan
 - c. Exit from services (transition planning, time frames for case closing)
 - d. Contact information
39. Service providers to program (transportation, speakers, classes, etc.)
40. Local community resource guide for families

Keyser (2006) suggests families will experience the following as a result of participating in a program conducting meetings based on family-centered principles:

- Feel safe and supported
- Experience a sense of community with staff and other families
- Identify and work together with other families and teachers for common goals
- Participate in collective decision making
- Build and nurture networks of support
- Share their expertise and stories with other parents
- Participate in asking and answering questions
- Experience themselves as competent and resourceful
- Learn child development and parenting information
- Share their own culture and learn about the culture of others
- Discover resources in the programs and community for their child and family

ADDITIONAL IDEAS AND RESOURCES

- Calming a crying infant:
 - The Period of Purple Crying, retrieved from <http://www.purplecrying.info>,
 - Dr. Karp, Happiest Baby on the Block (5 S's), retrieved from <http://www.happiestbaby.com/about-dr-karp>
- Sudden Infant Death Syndrome
 - SIDS of Illinois, Inc., retrieved from <http://www.sidsillinois.org>
- Illinois Department of Public Health, retrieved from <http://www.idph.state.il.us>
- Common Core State Standards: Caution and Opportunity for Early Childhood Education, retrieved from http://www.naeyc.org/files/naeyc/11_CommonCore1_2A_rv2.pdf
- Assessing Home Visiting Program Quality: Final Report to the Pew Center on the States, retrieved from http://www.pewstates.org/uploadedFiles/PCS_Assets/2013/Home_Visiting_Program_Quality_Rating_Tool_report.pdf
- Survey and interview parents regarding their interests and levels of desired participation.
- Identify barriers to parent participation and develop a plan to address these barriers.
- Look at a variety of program brochures and handbooks to learn about opportunities for parent involvement.
- Visit other programs to observe other parental involvement models.
- Participate on local boards or committees that would provide networking experiences.

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Quality Indicator II.C.3.**Program activities support family literacy.**

Literacy by itself means the ability to read and write. The term “family literacy” describes a complex concept. The International Reading Association’s Family Literacy Commission offers the following ideas as a definition of family literacy. Family literacy encompasses the ways parents, children, and extended family members use reading and writing at home and in their community. It occurs naturally during the routines of daily living. Examples of family literacy might include using drawings or writing to express ideas, composing notes or letters to communicate messages, keeping records, making lists, reading and following directions, or sharing stories and ideas through conversation, reading, and writing. Family literacy activities may be initiated purposefully by a parent, or may occur spontaneously as parents and children go about the business of their daily lives. These activities may also reflect the ethnic, racial, or cultural heritage of the families involved.

King and McMaster (2000) suggest, “The family is one of the most powerful indicators of success of future generations. The economic stability of parents can and will affect the path open to their children and the choices children will make along their journey.” Family literacy programs provide participants with the self-confidence, peer support, and family management skills that lead to employment and job retention. They provide adults with the skills they need in the workforce and their children with the tools they need to succeed in school. In addition, parents learn how to help their children in school, and their children receive benefits that last longer than the program.

The following suggestions are ways to incorporate family literacy activities into the birth to three programs:

- Recognize that learning will only occur after a trusting relationship is established.
- Hire staff that respect the life experiences of participants and communicate in a way that builds parents’ self-confidence and self-respect.
- Offer playgroups that involve the parents and children in interactive literacy activities.
- Support parents to enhance family literacy.

- Encourage families to keep journals that record child development information and personal reflections.
- Provide literacy learning in parent education groups in the context of early childhood development, parenting, and the use of community resources. Use engaging curriculum, activities, and learning materials that provide valuable and useful information about parenting, and are culturally and linguistically relevant.
- Invite people from the community to make adult literacy presentations and lead discussions.
- Encourage parent/child daily reading in a variety of ways:
 - Provide parents with tips on how to share books with their children.
 - Provide families with books for home use and a calendar for charting family reading.
- Promote learning in all capacities. Encourage families to pursue their interests.
- Encourage computer use. It is an important literacy skill.
- Encourage parents to use available computers to work on projects relevant to them.
- Familiarize families with community literacy resources, such as the public library and museums. Help families obtain library cards. Let them know about free days at the museums.
- Encourage parents to write, design, and produce a program publication to promote the development of many skills and allow families to share information such as favorite books, recipes, autobiographies, family histories, and the program's timely sharing of news.
- Support families to learn about the different modes of local transportation and how to use them. This helps families become familiar with the community and its resources.

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 of 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 et al, 2005)

Prevention Initiative programs implementing a family literacy program model must include the four components indicated below.

Illinois Family Literacy Consortium of State-level Agencies and Offices defines Illinois Family Literacy Programming as the integrated, intensive services for at-risk families that must include, but not be limited to:

- Adult education (Literacy instruction for parents);
- Child education (Emergent literacy activities for children);
- Parenting education (Parent group time); and
- Literacy-based, interactive, parent-child activity services in order to improve the literacy skills for families (Parent and child together time).

DEFINITIONS	
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 as to 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 in which one or both parents are teenagers or have not completed high school. However, neither an adult's nor 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: <ul style="list-style-type: none"> • 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.

<p>Adult Education, continued</p>	<p>Program elements include:</p> <p><u>Instructional services:</u> 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.</p> <p><u>Supportive Services:</u> social work services, guidance services, assistive and adaptive equipment, assessment and testing, participant transportation services, workforce coordination services, child care services and literacy services.</p> <p>Eligible populations include:</p> <p>Adults age 16 years and older who are not enrolled or required to be enrolled in secondary school under state law and who</p> <p>(1) lack sufficient mastery of basic educational skills to enable the individuals to function effectively in society;</p> <p>(2) do not have a secondary school diploma or its recognized equivalent and have not achieved an equivalent level of education; or</p> <p>(3) are unable to speak, read, or write the English language.</p>
<p>Child Education</p>	<p>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.</p>
<p>Parenting Education</p>	<p>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.</p>
<p>Interactive, Literacy-Based Parent-Child Activity Services</p>	<p>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.</p>

ADDITIONAL IDEAS AND RESOURCES

- Learn more about Family Literacy through personal study, workshops, and conferences.
- Evaluate the family literacy component of the program through parent satisfaction surveys, interviews, or focus groups.
- Place family literacy on the agenda of staff meetings.
- Visit the National Center for Family Literacy website. Retrieved from <http://www.familit.org/>
- Visit the Barbara Bush Foundation for Family Literacy. Retrieved from <http://barbarabushfoundation.com>
- Research the community to learn about other family literacy programs.
- Sponsor a Family Literacy Fair incorporating community partnerships.
- The Illinois Literacy Foundation, retrieved from <http://www.theillinoisliteracyfoundation.org>
- Illinois Early Learning Project, retrieved from <http://illinoisearlylearning.org>
 - Sharing Books with Your Baby, retrieved from <http://illinoisearlylearning.org/tipsheets/booksbaby.htm>
 - Sharing Books with Your Toddler, retrieved from <http://illinoisearlylearning.org/tipsheets/bookstoddler.htm>
 - Encouraging Literacy Development in Infants and Toddlers, retrieved from <http://illinoisearlylearning.org/reslist/literacy.htm>
- National Association for the Education of Young Children, retrieved from <http://www.naeyc.org>
 - Position Statement on Learning to Read and Write, retrieved from http://www.naeyc.org/positionstatements/learning_readwrite

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{“Whatever you are, be a good one.”}

— Abraham Lincoln

Family Culture and Curriculum

Illinois Birth to Five Program Standard II.D.

The program supports and demonstrates respect for the families' unique abilities as well as for their ethnic, cultural, and linguistic diversity.

The program reflects the ethnic, cultural, and linguistic diversity of the participating families and their communities. The program is dynamic as families and staff work together to consider and integrate the individual abilities and cultures of families.

Quality Indicator II.D.1.**The program provides activities, materials, and an environment that reflects a variety of cultures.**

Children and their families come to the program rooted in a culture (or cultures) that provides the foundation of beliefs and values and creates a view of their place in society. It is important that programs demonstrate an understanding of, respect for, and responsiveness to the home culture of all families. Staff should be aware of their own core beliefs and values and be attuned to the role culture and language play in their own lives. In addition, they should recognize the role of culture and language in the lives of the children and families they serve as well as the surrounding community's values and attitudes.

Incorporating the home culture throughout the curriculum supports the development of social competence in children, affirms the values of each family's culture, and encourages communication and interactions with others. Understanding diversity helps children gain confidence in their own identity and respect for the identity of others. Understanding and respecting the culture, language preferences, traditions and customs, religious beliefs, and child-rearing practices of each family provides a foundation for building meaningful relationships with families and can enhance parent participation and, ultimately, the development of each child.

Programs should support families' home cultures, while also recognizing the significance of a common culture. By encouraging families to engage in dialogue about culture and diversity, it is hoped that programs will facilitate a more harmonious and peaceful community where all children grow and families flourish.

Provide a multicultural program environment:

- Develop an environment that reflects the cultures of all children in an integrated and natural way.
- Display artwork by artists of various backgrounds, including prints, sculptures, and textiles.
- Display photos of children and families of various backgrounds who participate in the program.
- Provide a balance of images of mothers and fathers of various backgrounds and occupations.

- Include images of grandparents of various backgrounds and their children.
- Include images that represent diverse family styles.
- Include images of important individuals that represent diversity in race, ability, gender, and ethnicity.

Incorporate multicultural activities into the child development curriculum:

- Choose books that reflect diverse gender roles, family compositions, and racial and cultural backgrounds, and avoid stereotypes or cartoonish depictions.
- Incorporate materials and props into the dramatic play area that encourage both boys and girls to participate and explore a variety of roles
- Incorporate items into the dramatic play area that reflect the home life and work of various cultures, including those of the families served.
- Post pictures in the play room that show families from a variety of diverse backgrounds.
- Include manipulative materials that depict diversity in race, ethnicity, and gender.
- Provide large mirrors so children can view their physical features, compare their features to others', and see themselves in a variety of roles.
- Provide opportunities in the curriculum for children to hear various languages, especially those spoken by the families served.
- Introduce music that reflects various cultural styles, including singing, instruments, background music, and music for movement and dance.
- Use art materials, including paints, paper, crayons, markers, and play dough, that include a variety of skin tones (Sparks et al. 1992).
- Incorporate a multicultural perspective into the parent education program:
 - Demonstrate a genuine respect, including actions, for each family member's beliefs, culture, child rearing practices, and life style.
 - Provide opportunities for family members to share and learn about ethnic, racial, and religious customs.
 - Present the anti-bias curriculum philosophy that supports respect and appreciation for diversity.
 - Engage in community-building activities such as multicultural celebrations.
 - Make provisions for dialogue about issues of racism, discrimination, and social justice.

- Provide program materials, child development handouts, and parenting magazines in the participants' primary languages.
- Seek linkages with culturally specific organizations to facilitate the utilization of community resources. (Ahsan et al. 1998)

ADDITIONAL IDEAS AND RESOURCES

- Expand your knowledge of cultural diversity and multiculturalism in the United States.
- Consider learning some key vocabulary, words, and phrases in the languages spoken by the families served by your program.
- Learn more about Anti-Bias Curriculum by Louise Derman Sparks and the A.B.C. Task Force by reading *Anti-Bias Curriculum: Tools for Empowering Young Children*.
- Illinois Department of Human Services Early Intervention, retrieved from <http://www.dhs.state.il.us/page.aspx?item=31183>
- Illinois Early Intervention Clearinghouse, retrieved from <http://eic.crc.uiuc.edu>

REFERENCES

1. Ahsan, Nilofer and Lina Cramer. (1998). *How Are We Doing? A Program Self-Assessment Toolkit for the Family Support Field*. Chicago, Illinois 60606: Family Resource Coalition of America.
2. Derman-Sparks, L. & A.B.C. Task Force. (1992). *Anti-Bias Curriculum, Tools for Empowering Young Children*. Washington, D. C.: NAEYC

Quality Indicator II.D.2.**Program services are provided in the family’s primary language whenever possible.**

Research that looks at early thinking, language, and culture supports the concept that there is a strong connection between the development of language, cognition, and culture. Infants and toddlers learn a language through experiences and interactions with their families and community members. Families and children should be able to communicate with staff, and staff should be able to understand their words. Through the use of the family’s home language, a message of respect is conveyed. Families should never be asked to abandon their home language and speak only English with their children. This deprives children of the linguistic and cultural link that helps them develop a strong sense of identity and the cognitive basis for future learning.

Strategies to affirm and support home language include:

- Assure that the program’s mission statement, goals, and objectives are written in the language(s) spoken by community members.
- Assure that all program materials and forms used by parents, including consent forms, needs assessments, screening protocols, and family plans are in the parents’ primary language.
- Assure that all written materials reflect the literacy levels of the families in the community.
- Support parent participation by providing parent education materials, such as handouts, parenting magazines, and books in the parents’ primary language.
- Provide a literacy rich environment that reflects all of the languages of the community.
- Make translation services available through bilingual staff, volunteers, or other community resources.
- Foster communication development in the primary language of the children, yet begin the process of learning English language skills.
- Offer group times in the parents’ primary language.
- Programming to support Dual Language Learners will be integrated into all curricula and services and will not be offered in isolation.

Communicate with parents in their primary language and encourage them to develop English skills:

- Provide information about or develop English as a Second Language classes.
- Practice functional communication skills with English-speaking staff.
- Functional communication is behavior (defined in form by the community) directed to another person who in turn provides related direct or social rewards.
- Build linkages between parents that encourage practicing functional communication skills.
- Encourage parents to read simple children's books in English.
- Encourage parents to sing simple children's songs in English.
- Provide opportunities for English-speaking staff to learn the primary language of the children and families through study groups, audio-tapes, computer language teaching programs, self-study books, peer mentoring by bilingual staff, and enrollment in formal classes.
- Provide children and families translated print materials and guest speakers who can offer information or entertainment in languages that represent the local community.
- Use outreach and recruitment strategies to hire and train staff who speak the language(s) spoken by families served.

Nemeth (2012) states, "Dual Language Learner is a term used to describe children who are growing up with two (or more) languages." Staff should get to know the families and learn about their languages, traditions, celebrations, music, stories, games, and food. Incorporating familiar items from the cultures represented into the environment of a classroom or playgroup room will help new children and families feel welcomed and valued. Providing information and linking families to social service or support systems, if applicable, will reduce the risk of families encountering isolation and may provide an opportunity to connect with a supportive environment.

Nemeth (2012) describes the value of supporting the home language.

Supports cognitive development

"Supporting young children's continued use and development of their home language enables them to have full use of what they know in the language while they are also building concepts and connections in English. Recent research shows that support for early development of, and learning in, the home language leads to later success in learning English."

Encourages self-esteem

Language is a part of our personal identity. “When children grow up with a non-English language as part of their identity and then come to a program or school where that language is not used, they may feel that a part of them is neither valued nor liked.” Respecting and giving attention to the home language encourages children’s self-esteem.

Strengthens family ties

“Maintaining the home language is a way to keep the lines of communication open between parents and children, thus helping children grow up with a healthy sense of family bonding and support.”

Enhances social interactions

“When every classroom – from infant/toddler programs through elementary school – provides an environment that celebrates diversity, all of the children can grow up seeing each other as equals. Support for children’s home language helps them fit in socially and helps all children grow up in an environment of mutual respect and acceptance.”

The information below provides an overview of language development. All children progress through the stages described below, regardless of the language being learned. Staff who understand how children and adults learn and process information are better equipped to respond to as well as assist those embracing more than one language.

Stages of language development	Stages of second language development
<ul style="list-style-type: none">• Zero to three months – Crying• Three to six months – Cooing• Six to twelve months – Babbling• Ten to fourteen months – First words• Ten to eighteen months – One word at a time• Seventeen to twenty months – Two words together (telegraphic speech)• Two to five years – Language explosion <p style="text-align: right;"><i>(Nemeth, 2012)</i></p>	<ul style="list-style-type: none">• Home language only• Possible silent period• Actions show understanding – “Dual Language Learners will begin to show that they understand by responding to instructions or being able to participate in a game.”• Formulaic speech – “Dual Language Learners are able to recognize multiword groups or formulas and use them with some degree of accuracy before they can break down the groups into individual words.”• Informal language – playground language• Academic fluency <p style="text-align: right;"><i>(Nemeth, 2012)</i></p>

Children who have a delay or disorder in language development will display difficulties in both languages. A true language delay or disorder is caused by biological or developmental factors that affect the entire language learning system. An environmental factor may cause a child to exhibit a delay in only one language.

Espinosa (2008) identifies the following conclusions. Each statement is supported through current research and practice.

- “All young children are capable of learning two languages. Becoming bilingual has long-term cognitive, academic, social, cultural, and economic benefits. Bilingualism is an asset.
- Young ELL (English Language Learners) students require systematic support for the continued development of their home language.
- Loss of the home language has potential negative long-term consequences for the ELL child’s academic, social, and emotional development, as well as for the family dynamics.
- Teachers and programs can adopt effective strategies to support home language development even when the teachers are monolingual English speakers.
- Dual language programs are an effective approach to improving academic achievement for ELL children while also providing benefits to native English speakers.”

ADDITIONAL IDEAS AND RESOURCES

- Illinois Early Learning Project, retrieved from <http://illinoisearlylearning.org>
- Supporting the Literacy Development of Diverse Language Learners in Early Childhood Classrooms, retrieved from <http://illinoisearlylearning.org/reslist/supporting-lit.htm>
- National Association for the Education of Young Children, retrieved from <http://www.naeyc.org>
 - Position statements on Linguistic and Cultural Diversity, retrieved from <http://www.naeyc.org/positionstatements/linguistic>
- Purchase and use self-study books and tapes in the primary languages of participants.
- Learn more about the impact of linguistic continuity on the young children whose primary language is not English.
- Attend an Illinois Resource Center’s workshop on teaching a second language to young children.

REFERENCES

1. Espinosa, L. (2008). *Challenging Common Myths About Young English Language Learners*. Foundations for Child Development Policy Brief Advancing PK-3 No. Eight. Retrieved from <http://fcd-us.org/sites/default/files/MythsOfTeachingELLsEspinosa.pdf>
2. Nemeth, K. (2012). *Basics of Supporting Dual Language Learners: An Introduction for Educators of Children Birth through Age 8*. Washington, D.C.: National Association for the Education of Young Children. 15-22.

Quality Indicator II.D.3.**Program services are in compliance with 23 IL Administrative Code 228 (Transitional Bilingual Education).**

This quality indicator does not specifically apply to birth to three programs; however, program staff working with children and families from diverse populations need to be especially sensitive and responsive to supporting language development, including Dual Language Learners.

*{“In every conceivable manner, the family is
link to our past, bridge to our future.”}*

— Alex Haley

Program Flexibility

Illinois Birth to Five Program Standard II.E.

The program promotes a framework that is nurturing, predictable, and consistent, yet flexible.

Program activities, schedules, and routines adjust to the needs of the children and their daily happenings. Flexibility is demonstrated as individual participant's cues and life's stressors are responded to and accommodated in a nurturing and caring manner. The program staff recognizes the importance of predictability in the program schedule yet remains open to capitalizing on "teachable moments."

Quality Indicator II.E.1.**Schedules and routines are familiar and available in print.**

The two greatest sources of stress are not having a sense of control and a lack of predictability in one's life. Familiar schedules and routines provide a secure base for children and their parents. Without these familiar components of the program, families and children may experience various emotional responses. Emotions are a function of the nervous system and are so powerful that they can override rational thinking and innate brain stem patterns. Human beings tend to follow their emotions. Emotional stability is promoted in children when routines are predictable.

It is also critical to recognize the importance of transitions in the daily schedules and routines of birth to three programs. Transitions occur frequently during programming for young children and their families, such as from one activity to another, with materials, and between environments. The most significant transition for young children and their parents occurs when they are separated for even brief periods of time. Appropriate activities facilitate transitions for both children and parents. The current brain research concludes that young children have difficulty learning when they are stressed. Providing emotional support at transition times and having well-planned transitional activities greatly reduce stress levels in young children and positively impact the program schedules and routines.

The following strategies can provide support to the program's schedule and routines and the various transitions that take place:

Program Communication

- Provide a newsletter or brochure outlining all of the services the program provides. Include times, days, locations, addresses, phone numbers, and the names of contact persons.
- Develop monthly program calendars and distribute them to parents.
- Encourage parents and children to mark the play group days on their calendars at home. This is a good way to support the development of emergent literacy. Post calendars and schedules at the program site that outline program activities.
- Frequently review upcoming dates of special activities with parents during parent groups.

- Individualize the program for those parents who might need extra support by having staff make regular phone calls.

Parent-Child Interactions

- Give parents simplified written agendas that are easy enough for them to follow without disrupting their ability to interact with their children.
- Encourage parents to take their group agendas home and refer to them with their children by repeating some of the songs and activities.
- Label activity areas so parents can easily determine where to go.
- Minimize waiting time during group activities by example, having plenty of materials available for children and parents.
- Allow enough time so that routines and transitions are unhurried and purposeful.
- Provide children with opportunities to participate in routines to facilitate change, such as picking up toys or putting books away.
- Consider decreasing the developmental demands placed on the child during and after transitions.
- Use high-interest activities, such as snack time, to facilitate transitions.
- Use the technique of distraction to facilitate transitions.
- Support parents to prepare their children for the separations when they leave to attend parent groups.
- Advise parents to never sneak away from their children.
- Model various ways to facilitate transitions.
- Reinforce parental use of positive techniques to facilitate transitions.
- Celebrate reunions after difficult transitions.

Home Visits

- Develop schedules for home visits that respond to a child's natural/ internal timetable and the family's routines.
- Use the techniques of previewing and reviewing to frame activities for children and parents during home visits.
- Develop a home visit format that is predictable from week to week.
- Design home visit activities that match the short attention span of young children and allow for repetition.
- Follow the children's lead in home visits to encourage optimal learning.
- Give children and parents notice to prepare for change, explaining to them what is happening during the home visit and what will happen next.

ADDITIONAL IDEAS AND RESOURCES

- Visit other programs and observe schedules and routines and how they facilitate and manage transitions.
- Learn more about the importance of emotional developmental stages that occur in the period of birth to three years, including stranger and separation anxiety.
- Read about the role of emotions in development especially in the areas of stress response, threat, and the impact on learning and relationships.

Quality Indicator II.E.2.**The program responds to the participant’s individual cues and makes accommodations.**

All behavior has meaning! It is the responsibility of all infant and toddler program staff to observe a child’s behavior, read and interpret their cues, and then provide experiences that address each child’s unique needs. All children from birth to age three need early experiences that honor their unique characteristics and provide love, warmth, acceptance, and positive learning experiences. There is no “one size fits all” curriculum for infants and toddlers and their families. Implementing curriculum in birth to three programs is a blending of science and art. The science component represents a sound knowledge of child development, which is needed by all professionals developing programs for young children. The art component represents the innate ability and disposition to capitalize on the teachable moments that will unfold naturally as children explore their environments. Furthermore, all families with young children benefit from support and information provided in a way that respects their unique characteristics.

Adults as well as children exhibit behaviors that have meaning and require interpretation. However, reading the cues of adults is complicated by their individual cultural influences, their unique life experiences, and their ability to use language. It is the responsibility of program staff to learn about the culture of the participants they serve, as well as to understand body language and attempt to see past the words a person chooses to use and understand what is being said. When parents receive such support, they are often better able to achieve their own personal goals and provide a safe and nurturing learning environment for their very young children.

Birth to Three Programs should be designed to be flexible and responsive as they provide child development information and family support. There are many services that programs can offer, but it should be recognized that each infant and toddler program and each group will be unique. Programs can use the following suggestions in making responses and accommodations to the individual cues of young children and their parents.

Children

- Prepare the environment to introduce a wide variety of sensory experiences including the introduction of new foods, but do not force acceptance.
- Observe carefully to determine interests, needs, and unique differences.
- Follow their lead to determine when to start and end activities.
- Structure activities to encompass a wide range of developmental levels.
- Allow involvement in activities at the level that is comfortable for them.
- Offer enhancement and expansion of ongoing activities in a non-intrusive manner.
- Provide adaptations to assure success.
- Develop an internal resource to take advantage of teachable moments and respond to unique needs.
- Set up quiet areas so that children and parents who need a break can do so comfortably.
- Provide adaptations to assure success.

Parents

- Listen empathically to what the parents are saying both verbally and nonverbally.
- Tune in to the parents' emotions, and offer support as needed.
- Observe parent/child interactions closely, and do not intrude when things are going well.
- Give suggestions when parents and children are not in synch by modeling or asking questions, without taking over.
- Teach parents to deal with incidents that at first seem upsetting and turn them into celebrations.
- Provide information for parents, when needed, to access resources beyond the limits of the program.

ADDITIONAL IDEAS AND RESOURCES

- Spend time with a variety of experienced play group leaders to learn about how to capitalize on teachable moments.
- Learn more about floor time and following the lead of the child.
- Learn about body language and other forms of nonverbal behavior.

{“What you do speaks so loud I cannot hear what you say.”}

— Ralph Waldo Emerson

Children' Healthy Physical Development

Illinois Birth to Five Program Standard II.F.

The program supports children's healthy physical development.

The program recognizes that children who are healthy are ready to learn. Staff monitor children's health and assist families with access to screenings and immunizations. Staff include healthy nutrition activities and outdoor play in the lesson plans.

Quality Indicator II.F.1.

The program curriculum promotes good nutrition and healthy snacks.

Good nutrition, particularly in the first three years of life, is important in establishing a good foundation that has implications for a child's future physical and mental health, academic achievement, and economic productivity. In 2006, the United States Department of Agriculture (USDA) introduced more defined language to describe ranges of severity of food insecurity.

Food Security

High food security (old label = Food security): no reported indications of food-access problems or limitations.

Marginal food security (old label = Food security): one or two reported indications, typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake.

Food Insecurity

Low food security (old label = Food insecurity without hunger): reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.

Very low food security (old label = Food insecurity with hunger): Reports of multiple indications of disrupted eating patterns and reduced food intake.

“Food insecure means at times during the year, these households were uncertain of having, or unable to acquire, enough food to meet the needs of all their members because they had insufficient money or other resources for food. Food-insecure households include those with low food security and very low food security. 14.9 percent (17.9 million) of U.S. households were food insecure at some time during 2011.” (Coleman-Jensen, Nord, Andrews, & Carlson, 2012)

It is essential to provide information about healthy nutrition and to link eligible families to food programs in the community including the Supplemental Nutrition Assistance Program (SNAP) and local food banks and nutrition programs.

Home Visitation Programs

Prevention Initiative programs must offer appropriate parent education and links to community services that address the seven designated areas of instruction listed below:

1. Child growth and development, including prenatal development;
2. Childbirth and child care;
3. Family structure, function, and management;
4. Prenatal and postnatal care for mothers and infants;
5. Prevention of child abuse;
6. The physical, mental, emotional, social, economic, and psychological aspects of interpersonal and family relationships; and
7. Parenting skill development.

A critical component of health and well-being is adequate and healthy nutrition. Program staff can enhance information offered about child growth and development, family function, and parent skill development by providing information about healthy food and beverage habits for children and adults.

Child growth and development

- United States Department of Agriculture: Choose My Plate, retrieved from <http://www.choosemyplate.gov>
- Illinois Department of Human Services: Women, Infants and Children, retrieved from <http://www.dhs.state.il.us/page.aspx?item=30513>

Family function

- Health & Nutrition Information for Pregnant & Breastfeeding Women, retrieved from <http://www.choosemyplate.gov/pregnancy-breastfeeding.html>
- Develop Healthy Eating Habits, retrieved from <http://www.choosemyplate.gov/preschoolers/healthy-habits.html>

Parent skill development

- Healthy Eating on a Budget, retrieved from <http://www.choosemyplate.gov/healthy-eating-on-budget.html>

Center-Based Programs

There should be a plan for ensuring that the program provides either a nutritional snack, in the case of a half-day program, or a nutritional meal, in the case of a full-day program, for participating children.

Center-based Programs need to refer to the following link for the latest and most accurate information from Department of Children and Family Services. Title 89: Social Services. Chapter III: Department

of Children and Family Services, Subchapter e: Requirements for Licensure, Part 407 Licensing Standards for Day Care Centers, Section 407.330 Nutrition and Meal Service.

Retrieved from <http://www.ilga.gov/commission/jcar/admin-code/089/089004070G03300R.html>

ADDITIONAL IDEAS AND RESOURCES

- National Association for the Education of Young Children — *Early Childhood Program Standards and Accreditation Criteria: The Mark of Quality in Early Childhood Education*. Retrieved from <http://www.naeyc.org>
- Women, Infants, and Children – WIC is a food assistance program for Women, Infants, and Children. It helps pregnant women, new mothers, and young children eat well and stay healthy. Retrieved from <http://www.dhs.state.il.us/page.aspx?item=30513>
- WIC Health, retrieved from <https://www.wichealth.org>
- kidseatwell.org is a non-profit program supported by the Illinois State Board of Education. Its mission is to help Illinois school and child care staff create learning environments that promote and support healthy choices and learning for PreK-12 kids. Retrieved from <http://kidseatwell.org>
- Tips for Toddlers, retrieved from <http://kidseatwell.org/parents.htm#toddlers>
- Illinois Early Learning Project, retrieved from <http://illinoisearlylearning.org>
 - Eating Right = Healthy Children, retrieved from <http://illinoisearlylearning.org/tipsheets/eating.htm>
 - Say Yes to Healthy Snacks, retrieved from <http://illinoisearlylearning.org/tipsheets/healthysnacks.htm>
- Feeding America, retrieved from <http://feedingamerica.org/food-bank-results.aspx?state=IL>
- Illinois Food Pantries, retrieved from <http://www.foodpantries.org/st/illinois>
- Illinois Department of Human Resources, retrieved from <http://www.dhs.state.il.us>
 - Supplemental Nutrition Assistance Program, retrieved from <http://www.dhs.state.il.us/page.aspx?item=30357>
- University of Illinois Extension, retrieved from <http://web.extension.illinois.edu/state/index.html>

- Crediting Foods Guide: Nutrition Programs Division Illinois State Board of Education Child and Adult Care Food Program, retrieved from http://www.isbe.state.il.us/nutrition/pdf/crediting_foods_pf.pdf
- Guidelines for Managing Life-threatening Food Allergies in Illinois Schools, retrieved from http://www.isbe.net/nutrition/pdf/food_allergy_guidelines.pdf

REFERENCES

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

Quality Indicator II.F.2.

The program ensures children are up-to-date on immunizations.

Prevention Initiative programs are charged with the task of assisting parents as they support their child's physical and mental health. Within the first two years of a child's life there is a very rigorous immunization schedule. The Illinois Department of Public Health offers an immunization schedule (<http://www.idph.state.il.us/about/shots.htm>). **Prevention Initiative programs will collect information regarding a child's health history at screening (if applicable) and thereafter use 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.** It is strongly recommended that program staff partner with parents to ensure children are vaccinated and receive well-child visits as recommended by a physician.

Home Visitation Programs

Home visitation programs will adhere to the chosen program model regarding the collection of health and immunization information.

Center-Based Programs

In a center-based program, each child must have a record of immunizations, as required by the Division of Child Day Care Licensing, at the time of enrollment. Immunizations that are not up to date must be in the process and completed within 30 days of a child's enrollment. Each child must also have a health form on file within 30 days of enrollment. The health form must be signed by a health care professional indicating that the child has been examined and may participate in a Prevention Initiative program. Prevention Initiative program grantees are required to collaborate with school district programs, such as special education, and community providers of services to ensure that children receive all necessary assistance to help them be successful when they enter school.

Center-based Programs need to refer to the following link for the latest and most accurate information from Department of Children and Family Services. Title 89: Social Services, Chapter III: Department of Children and Family Services, Subchapter e: Requirements for Licensure, Part 407 Licensing Standards for Day Care Centers, Section 407.310 Health Requirements for Children.

Retrieved from <http://www.ilga.gov/commission/jcar/admin-code/089/089004070G03100R.html>

ADDITIONAL IDEAS AND RESOURCES

- Illinois Early Learning Project, retrieved from <http://illinoisearlylearning.org>
 - Protecting Children from Preventable Disease, retrieved from <http://illinoisearlylearning.org/tipsheets/protecting.htm>
- American Academy of Pediatrics, retrieved from <http://www.aap.org>
- Immunizations, retrieved from <http://www.healthychildren.org/English/safety-prevention/immunizations/Pages/default.aspx>
- Department of Health and Human Services Center for Disease Control and Prevention, retrieved from <http://www.cdc.gov>
- Vaccines and Immunizations, retrieved from <http://www.cdc.gov/vaccines>

Quality Indicator II.F.3.**Children have a current vision and hearing screening. Appropriate referrals are made.**

Prevention Initiative programs will collect information regarding a child's health history at screening (if applicable) and thereafter use 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.

Information about a child's birth should be collected and recorded as soon as possible after birth. Children under three have varying levels of communication skills; therefore, screening often for hearing and vision challenges is essential to making sure every child has access to medical resources. It is strongly recommended that children are screened for hearing and vision impairment at least every six months and children identified as in need of further assessment are linked to the local Child and Family Connections (<http://www.wiu.edu/ProviderConnections/links/CFCList.html>) service, and the program follows up to ensure the child receives all needed assessments and services. Programs will adhere to the chosen program model regarding hearing and vision screening requirements.

The information below is relevant for children age three and older. This section is cited for programs with a Preschool for All Grant for children age three to five.

Title 77: Public Health, Chapter I: Department of Public Health, Subchapter j: Vision and Hearing, Part 685 Vision Screening, retrieved from <http://www.ilga.gov/commission/jcar/admincode/077/07700685sections.html>

Title 77: Public Health, Chapter I: Department of Public Health, Subchapter j: Vision and Hearing, Part 675 Hearing Screening, retrieved from <http://www.ilga.gov/commission/jcar/admincode/077/07700675sections.html>

ADDITIONAL IDEAS AND RESOURCES

- Illinois Department of Human Services, retrieved from <http://www.dhs.state.il.us/page.aspx>

- Early Intervention, retrieved from <http://www.dhs.state.il.us/page.aspx?item=30321>
- Illinois Early Intervention Clearinghouse, retrieved from <http://eic.crc.uiuc.edu>
- Child and Family Connections Provider List, retrieved from <http://www.wiu.edu/ProviderConnections/links/CFCList.html>

Quality Indicator II.F.4**The curriculum provides daily active play and limits sitting and waiting time.**

Play is essential to a child's growth and development. Play contributes to the cognitive, physical, social, and emotional well-being of a child. Play offers safe and constructive ways for children to be in control while seeking out uncertainty. "Human beings, especially children, are motivated to understand or do what is just beyond their current understanding or mastery. Effective teachers create a rich learning environment to activate that motivation and they make use of strategies to promote children's undertaking and mastering of new and progressively more advanced challenges." (*Copple and Bredekamp, 2009*)

Program staff should set up a variety of play experiences in the classroom or on home visits to help parents see how a variety of developmental skills can be taught during any one play activity.

- During a Messy Play Activity, such as playing with water or sand with a variety of dumping and pouring accessories, children use cognitive skills as they experiment, use communication skills as they talk about what they are doing, express themselves creatively in the process of sensory exploration, develop motor skills as they manipulate materials, develop social and emotional skills as they explore alongside a peer, and develop self-help skills as they interact with the parent or staff member and help clean up.
- During a Pretend Play Activity, such as playing with dolls or toy cars and pretend play accessories, children use cognitive skills as they sequence pretend actions, use communication skills as they interact with the play partners, express themselves creatively as they set up the play, develop motor skills as they manipulate pretend play props, develop social and emotional skills as they learn to share and show empathy, and develop self-help skills as they dress up.
- During an Active Play Activity, such as playing with balls, a slide, or negotiating an obstacle course, children use cognitive skills as they plan their actions, use communication skills as they follow directions, express themselves creatively as they move their bodies, develop motor skills as they gain muscular strength and endurance, develop social and emotional skills as they take turns, and develop self-help skills as they put away toys or get ready for snack.

Technology Position Statement – National Association for the Education of Young Children and the Fred Rogers Center for Early Learning and Children’s Media at Saint Vincent College, retrieved from http://www.naeyc.org/files/naeyc/file/positions/PS_technology_WEB2.pdf

“Developmentally appropriate practices must guide decisions about whether and when to integrate technology and interactive media into early childhood programs. Appropriate technology and media use balances and enhances the use of essential materials, activities, and interactions in the early childhood setting, becoming part of the daily routine. Technology and media should not replace activities such as creative play, real-life exploration, physical activity, outdoor experiences, conversation, and social interactions that are important for children’s development.”

Lester and Russell (2010) suggest, “Children’s play can be seen as a self-protecting process that offers the possibility to enhance adaptive capabilities and resilience. The experience of play effects changes to the architecture of the brain, particularly, in systems to do with emotion, motivation and reward, leading to further play.”

The quality of a child’s environment (physical and social) influences their ability to play. It is essential for children to have a safe physical space to move around freely and explore. Play also offers an ideal opportunity for parents to engage fully with their children. Program staff that encourages parents to play with their children facilitate the development of a warm, loving, and healthy parent/child relationship. Play supports the development of social skills, language skills, and cognitive skills. Program staff can offer insight into the dynamics of the parent/child relationship and support interactions that lead to learning experiences grounded in play. Any activity can be an opportunity for play including eating, diapering, grocery shopping, etc. Helping parents recognize these opportunities can enhance the relationship with their child.

ADDITIONAL IDEAS AND RESOURCES

- The Center on the Social and Emotional Foundations for Early Learning, retrieved from <http://csefel.vanderbilt.edu/index.html>
 - Make the Most of Playtime, retrieved from http://csefel.vanderbilt.edu/documents/make_the_most_of_playtime2.pdf
 - Teaching Your Child to: Become Independent with Daily Routines, retrieved from http://csefel.vanderbilt.edu/documents/teaching_routines.pdf
- Illinois Early Learning Project, retrieved from <http://illinoisearlylearning.org>
 - Make Room for Blocks, retrieved from <http://illinoisearlylearning.org/tipsheets/blocks.htm>
 - Physical Fitness for Toddlers, retrieved from <http://illinoisearlylearning.org/tipsheets/fitness.htm>
- American Academy of Pediatrics, retrieved from <http://www.aap.org>
- www.healthychildren.org
 - Playing is how toddlers learn, retrieved from <http://www.healthychildren.org/English/ages-stages/toddler/fitness/Pages/default.aspx>
- Learn more about the types of play: Unoccupied play, Solitary play, Onlooker play, Parallel play, Associative play, Social play, Motor–Physical Play, Constructive Play, Expressive Play, Fantasy Play, Cooperative play.
- National Association for the Education of Young Children, retrieved from <http://www.naeyc.org>
 - Play and Children’s Learning, retrieved from <http://www.naeyc.org/play>

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1. Copple, C. & Bredekamp, S. (2009). *Developmentally Appropriate Practice in Early Childhood Programs: Serving Children from Birth to Age 8*. National Association of Young Children: Washington, D.C.
2. Lester, S. & Russell, W. (2010). *Children’s right to play: An examination of the importance of play in the lives of children worldwide*. Working Paper 57. The Hague, The Netherlands: Bernard van Leer Foundation.

Quality Indicator II.F.5.**Hand washing is routine for the children and staff.**

Hand washing may be the single most important act children and families engage in for disease prevention. Programs staff can encourage children and families to get into the habit of washing their hands often and thoroughly. Children and adults are constantly exposed to bacteria and viruses. Hand washing can offer some protection against the spread of germs.

Hands should be washed:

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal or animal waste
- After touching garbage

Hand washing procedure:

- Wet hands with clean, running water and apply soap. Rub hands together to make a lather. Scrub the backs of hands, between fingers, and under nails.
- Continue scrubbing for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- Rinse hands well under running water.
- Dry hands using a clean towel, or air dry

Retrieved from http://www.isbe.net/earlychi/pdf/handwash_procedure.pdf and www.cdc.gov/handwashing

Center-based programs need to refer to the following link for the latest and most accurate information from Department of Children and Family Services. Title 89: Social Services, Chapter III: Department of Children and Family Services, Subchapter e: Requirement for Licensure, Part 407 Licensing Standards for Day Care Centers.

Retrieved from <http://www.ilga.gov/commission/jcar/admincode/089/08900407sections.html>

ADDITIONAL IDEAS AND
RESOURCES

- Illinois Early Learning Project, retrieved from <http://illinoisearlylearning.org/menus/tipsheets.htm>
 - Fight Germs: Wash Your Hands, retrieved from <http://illinoisearlylearning.org/tipsheets/handwashing.htm>
- American Academy of Pediatrics, retrieved from <http://www.aap.org>
- www.healthychildren.org
 - *Hand Washing: A Powerful Antidote to Illness*, retrieved from <http://www.healthychildren.org/English/health-issues/conditions/prevention/pages/Hand-Washing-A-Powerful-Antidote-to-Illness.aspx>

Quality Indicator II.F.6.**The program staff assists families and children who need help with toilet learning.**

Toilet learning is an important developmental milestone for children. It can be challenging yet rewarding for children and parents. Not all children are ready at the same age, and they often respond differently to various methods to support toilet learning. Program staff can offer support and information as parents can quickly become confused and frustrated.

Diapering

- Place clean paper towels on diapering surface.
- Set your baby on the towels, and then remove soiled clothing and diaper.
- Clean your baby and throw soiled wipes, diaper, and used paper towels into trash.
- Place soiled clothing into a plastic bag.
- Clean your hands with wipes and throw these into trash.
- Put a fresh diaper and clothes on your baby.
- Remove baby from diapering area and wash his or her hands.
- Clean soiled areas of diapering surface with wipes and throw these away.
- Spray diapering surface with disinfectant solution and allow to air dry.
- Wash your hands thoroughly with soap and water, or use a waterless hand gel.

(CDC, retrieved from <http://emergency.cdc.gov/disasters/hurricanes/pdf/diaperingflyer.pdf>)

Center-based programs need to refer to the following link for the latest and most accurate information from the Department of Children and Family Services. Title 89 Social Services, Chapter III: Department of Children and Family Services, Subchapter e: Requirements for Licensure, Part 407 Licensing Standard for Day Care Centers, Section 407.340 Diapering and Toileting Procedures.

Retrieved from <http://www.ilga.gov/commission/jcar/admin-code/089/089004070G03400R.html>

Program staff can assist parents as they navigate the toilet learning process with their children. For toilet learning to be successful, children must be able to understand a parent's explanations, commands, and responses to some extent, and express their own feelings about toilet use. Toilet training works best when children are "ready," possessing body awareness and cognitive skills that allow planning and complex thinking. Dr. T. Berry Brazelton suggests waiting to begin the toilet learning process with children until signs of readiness have emerged, including language, imitation, tidiness, and the waning of negativism.

The American Academy of Pediatrics provides the information regarding toilet learning:

"There is no set age at which toilet training should begin. Before children are 12 months of age, they have no control over bladder or bowel movements. While many children start to show signs of being ready between 18 and 24 months of age, some children may not be ready until 30 months or older. This is normal. Most children achieve bowel control and daytime urine control by 3 to 4 years of age." However, even after your child is able to stay dry during the day, it may take months or years before he achieves the same success at night.

(American Academy of Pediatrics, 2009, http://www2.aap.org/publiced/BR_ToiletTrain.htm)

Signs that a child may be ready to toilet learn include:

- A child stays dry at least 2 hours at a time during the day or is dry after naps.
- Bowel movements become regular and predictable.
- It is evident when the child is about to urinate or have a bowel movement.
- A child can follow simple instructions.
- A child can walk to and from the bathroom and help undress.
- A child seems uncomfortable with soiled diapers and wants to be changed.
- A child asks to use the toilet or potty chair.
- A child asks to wear "big-kid" underwear.

Major changes in the home may make toilet training more difficult. Sometimes it is a good idea to delay toilet training if:

- A family has just moved or will move in the near future.
- A family is expecting a baby or has recently had a new baby.
- There is a major illness, a recent death, or some other family crisis.

(American Academy of Pediatrics, 2009, http://www2.aap.org/publiced/BR_ToiletTrain.htm)

However, if a child is learning how to use the toilet without problems, there is no need to stop because of these situations.

ADDITIONAL IDEAS AND RESOURCES

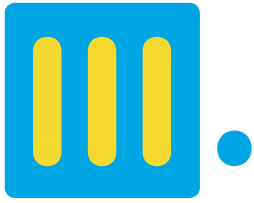
- ZERO TO THREE, retrieved from <http://www.zerotothree.org>:
 - Learning to Use the Toilet, retrieved from <http://www.zerotothree.org/child-development/early-development/all-about-potty-training.html>
 - Your Child’s Development (PDF), retrieved from <http://main.zerotothree.org/site/DocServer/24-30Handout.pdf?docID=6084>
- Illinois Early Learning Project, retrieved from <http://illinoisearlylearning.org/index.htm>
 - No More Diapers: Is Your Child Ready, retrieved from <http://illinoisearlylearning.org/tipsheets/toilet-readiness.htm>
 - No More Diapers: Getting Started, retrieved from <http://illinoisearlylearning.org/tipsheets/toilet-training.htm>
- American Academy of Pediatrics, retrieved from <http://www.aap.org>
- www.healthychildren.org
 - Toilet Training, retrieved from <http://www.healthychildren.org/English/ages-stages/toddler/toilet-training/Pages/default.aspx>

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1. Brazelton, T. B., Sparrow, J. D. (2006). *Touchpoints*. Cambridge, MA: Da Capo Press.
2. American Academy of Pediatrics (2009). *Toilet Training*. Retrieved from http://www2.aap.org/publiced/BR_ToiletTrain.htm

{ “Children love and want to be loved and they very much prefer the joy of accomplishment to the triumph of hateful failure. Do not mistake a child for his symptom.” }

— Erik Erikson



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



Personnel

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Knowledgeable Leadership

Illinois Birth to Five Program Standard IV.A.

The program leadership is knowledgeable about child development and current best practice for quality birth to five programs.

The program leader is a skilled professional who manages program, staff, and budget. The training, background, and experience of program leadership provide expertise and knowledge of early childhood growth and development. In addition, effective communication and interpersonal skills are necessary for quality programming.

Quality Indicator IV.A.1.**The program supervisor/coordinator is an experienced early childhood professional with expertise in early childhood development and family enrichment.**

The program supervisor/coordinator is responsible for setting the climate of the birth to three program, which includes creating a developmentally appropriate and nurturing environment for young children and their families, as well as a positive place where staff can work effectively. The quality of the services provided is based on the knowledge, competencies, and interpersonal skills possessed by this leader.

In order to create a nurturing environment for staff and families, leaders must have both theoretical and practical knowledge about how infants and toddlers grow and develop. They must keep abreast of all current research in the field. They must be able to effectively communicate sensitive information to families and staff.

The supervisor/coordinator is knowledgeable about theory and assists staff to understand the relationship between theory and practice. S/he also is available to staff as they work with families to understand the way all the areas of development are related and how families can assist with the child's continuous development and growth.

The job description of the program leader should include the degree and/or certification required, as well as desired additional education and experience. Qualifications should include a variety of ways by which the requirements can be met, including use of equivalent experiences. Of course, fidelity to the Prevention Initiative program's model regarding the program leader's qualifications should be maintained.

Consider requiring the following:

- A master's degree in early childhood or related field is preferred.
- A bachelor's degree in early childhood education or a related field would be considered if the person is working toward the master's.
- Illinois administrative certification and/or the Illinois Director's Credential are desirable but optional. For the center-based option,

programs should refer to the Illinois Tiered Quality Rating and Improvement System (TQRIS) standards.

- The leader must have course work in infant/toddler development, parent and family involvement, and program management including supervision and evaluation.
- The leader should have experience in working in the field of infants and toddlers and their families. Suggest a minimum of three (3) years' experience.
- The leader must have skills and abilities to relate to young children and their families, and also to staff.
- The leader must possess the following attributes:
 - Leadership ability, including credibility to gain the confidence of the staff and program participants;
 - Good interpersonal and communication skills, including: ability to work as part of a team, ability to communicate effectively both orally and in writing, ability to receive and provide feedback, ability to manage dynamic interchanges in meetings, and ability to develop and manage a budget;
 - Experience in human services program management, including: program planning, operations, and evaluation and use of management information systems.

(Adapted from the U. S. Department of Health and Human Services 1996)

In hiring the program leader, the hiring agent should:

- Visit and observe the applicants in their current setting if possible.
- Validate references.
- Check state references regarding abuse/neglect and criminal background check.

Once the new director has been hired, an orientation regarding the philosophy, policies, and practices of the program is shared, discussed, and provided in writing to the employee by the hiring official or another administrator. The new director needs to know that assistance and support are available from this administrator during the early months. The hiring agent also needs to provide assistance and support to the new director as collaborative relationships with the funding agency and other programs are established.

ADDITIONAL IDEAS AND RESOURCES

- Review books on early childhood administration.
- Become familiar with the materials available through The Center for Early Childhood Leadership at National Louis University.
- Review the administrative sections of the Head Start Performance Standards. See the link: <http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements>

REFERENCES

1. United States Department of Health and Human Services. (2006). *Head Start Program Performance Standards and Other Regulations*. Department of Health and Human Services, Washington, D.C.

Quality Indicator IV.A.2.**Program leadership is supportive of and works to fully implement current best practice in birth to five programs.**

A quality program is based on both age appropriate and individually appropriate activities for each child within the group. This is known in the field as developmentally appropriate practice (DAP). All professionals realize that in the real world of early childhood education, knowledge must be tempered by experience.

The words “developmentally appropriate practice” by themselves carry little meaning if one does not know how to observe children in order to understand their current level of developmental abilities. Knowledge gained through formal education and orientation training must be applied in order to affect the quality of care and education offered.

Through the guidance of the leader, staff need to realize that when a program is “individually appropriate ... each child is considered a unique person with individual patterns of growth, individual preferences for activities, and different family backgrounds. No two children develop on the same schedule or in exactly the same sequence. One child may walk earlier but begin using words later than other children of the same age. Some children will spend time with blocks and push and pull/wheel toys while others prefer quieter activities, such as puzzles or books. Staff should not expect each child to conform to a rigid timetable of growth or engage in the same activity.” (Koralek 1993) Supervisors and staff need to work hand in hand to be sure best practices are always in evidence.

When one observes infants and toddlers at play, one sees children learning through “their senses – looking, touching, tasting, hearing, or smelling – as they crawl or walk about the environment. The key to an appropriate curriculum for children birth to three years of age and the best practices that implement that curriculum is the relationship young children build with the adults who care for them.” (Koralek 1993) It is through relationships that children learn about themselves and the world about them.

The leader knows education begins at birth and learning is facilitated when:

- children are given a chance to move freely,
- children play with toys of their own choosing,
- children manipulate toys in ways they choose and try new ways,
- children are asked open-ended questions that encourage language development and thinking skills,
- children see their parents valued by their teacher, and then
- everyone learns – the child, the parent, the staff, and the supervisor!

The staff of a good birth to three program recognizes the importance of the parent-child relationship. The program is viewed as a support to the family, not a replacement. Having parents involved as an integral part of the birth to three program is essential so that the values, cultures, and goals of the parents are incorporated into the program.

A developmentally appropriate environment for young children and their parents is warm and nurturing to help children feel comfortable and secure. In response to each child's individual needs, staff members respond lovingly, promptly, and consistently.

In addition, the birth to three program provides a balance between a toddler's conflicting needs for security and independence. Staff members respond to toddlers' struggles to become independent by allowing them to make simple choices and to do things for themselves (adapted from Koralek 1993).

“Knowing about is different from knowing how. Knowing about means learning theory. Knowing how puts theory into action.” (Gonzalez-Mena 1980) The leader must encourage, support, and enable staff to put theory into practice. It is the responsibility of program leadership to enable best practices.

ADDITIONAL IDEAS AND RESOURCES

- The recent trend toward formal academics for young children is based on misconceptions about early learning. Read more about how infants and toddlers learn most effectively through playful interactions with loving adults. The guidelines in *Developmentally Appropriate Practice* (3rd edition), by editors Carol Copple and Sue Bredekamp, are one resource that helps teachers, parents, program administrators, policy makers, and others make informed decisions about the education of young children.
- Familiarize yourself with websites that promote best practices.

- Become a member of the National Association for the Education of Young Children and read about best practices in the journal *Young Children*.
- Review the practical suggestions in *The What, Why, and How of High-Quality Early Childhood Education: A Guide for On-Site Supervision* (1993) by Derry J. Koralek, Laura J. Colker, and Diane Trister Dodge.

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{“Our chief want in life is somebody who will
make us do what we can.” }

— Ralph Waldo Emerson

Effective Management and Supervision

Illinois Birth to Five Program Standard IV.B.

The program leadership is effective in explaining, organizing, implementing, supervising, and evaluating birth to five programs.

Program leaders, as early childhood professionals, interact with a variety of constituents including children, parents, staff, funding sources, and the community. Effective communication and interpersonal skills are critical to implementing the program mission and goals, supervising and evaluating programs and staff, and collaborating with families and communities.

Quality Indicator IV.B.1.**The program supervisor/coordinator is skilled in program management and supervision.**

The program supervisor/coordinator is in a unique position to influence the decision-making policies and practices in the birth to three program. A participatory manager implements management strategies as well as empowering staff and making them partners in bringing success to the program.

“Regardless of the setting, directors who embrace a philosophy of participative management uniformly believe that their teachers have the potential to be leaders. They have a deep conviction that programs that tap the knowledge of their staff make more informed decisions, garner higher levels of productivity, and enjoy greater staff morale because of people’s increased sense of control and accountability.”

“It is important to remember, though, that involvement should be viewed as a means to an end, and not an end in itself. The goal of participative management is to improve program practices for children and families and the quality of work life for the staff.” (Bloom 2000)
“In the end, shared decision making is a delicate balance of meeting both the organizational needs and the individual needs.” (Bloom 1995)

Supervision exists to provide a respectful, understanding, and thoughtful atmosphere where exchanges of thoughts, feelings, information, and actions about the things that arise around one’s work can occur. The focus is on the children and families involved and the experiences of the one supervised. It is important that supervisors understand their own theoretical and philosophical view of their work with infants and toddlers and their families as well as their biases and expectations of others. Equally, supervisors must be aware of the reciprocal influence of these variables when working with their staff. The work of supervision is bringing these two perspectives together to effect a quality program.

The competence of a leader in a birth to three program has been described as “the ability to do the right thing, at the right time, for the right reasons.” (Fenichel and Eggbeer, 1990) The competencies needed to effectively carry out the leader’s role vary by:

- the background and culture of the children and families enrolled,
- the types of services provided,
- education and experience of the staff,
- the philosophical orientation of the program, and
- the program funding.

A conceptualization of competence has three components:

1. Knowledge, which includes:
 - child development
 - family systems
 - teaching strategies
 - group dynamics
 - organizational theories
2. Skill, which includes:
 - human
 - conceptual skills needed to perform different tasks (such as developing a budget, motivating staff, solving problems)
 - technical
3. Attitude, which includes:
 - beliefs
 - values
 - dispositions
 - emotional responses that support optimum performance

Program management for infants and toddlers involves the interaction of staff, parents, children, and the community in activities that enhance quality service delivery. Supervisors/coordinators in collaboration with program constituents are responsible for:

- Program and budget development and implementation
- Supervision of the day-to-day operations of the program
- Communication with the various program constituents
- Evaluation of all program components

As supervisor, the program leader facilitates the activities of the staff by

- encouraging collaboration and cooperation,
- identifying strengths,
- suggesting ways to improve or enhance services,
- nurturing staff,
- mentoring staff,
- modeling appropriate behavior and practices,
- encouraging continued professional development,

- requiring staff to have current itineraries on file, and
- requiring staff to be trained on safety awareness.

ADDITIONAL IDEAS AND RESOURCES

- Review literature from the Center for Early Childhood Leadership with particular attention to materials regarding participatory management.
- Review articles regarding center management and supervision.
- Consider the Illinois Director's Credential and the self-assessment portfolio that provide insight into one's own learning and accomplishments.
- Search for other materials and websites about management, supervision, and mentoring.

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Quality Indicator IV.B.2.**The program leadership models professionalism and conveys high expectations for all staff.**

Excerpted from Parlakian, R. & Seibel, N. (2001): “Think for a moment about the words or phrases you might use to describe an effective leader. Chances are, the characteristics are not specific to the infant-family field but encompass more general qualities, such as ‘open to new ideas,’ ‘thoughtful,’ and ‘compassionate.’ The leadership traits listed below, which were generated by a group of Early Intervention professionals, represent the skills and abilities that most people believe leaders should possess.

“Did any of these qualities appear on your list?”

- Communicates a shared vision
- Is confident
- Exhibits a can-do attitude
- Facilitates and compromises; looks for “win-win” solutions
- Involves staff; uses a team-based approach
- Is flexible, adaptive
- Listens attentively
- Motivates staff
- Provides support and encouragement
- Respects staff and their thoughts, opinions, and feedback
- Sets clear goals
- Shares achievements
- Trusts employees
- Uses humor

“Almost all of the qualities above refer to how effective the leader is at managing her interactions with others. Simply put, we lead through relationships. How we lead is important: How we treat others, how

we interact, how we resolve conflict, and how we provide feedback all directly influence our staff members' experience of the work.

“Although effectiveness as a leader is often measured in quantitative outcomes—increasing school readiness, decreasing incidences of abuse and neglect, increasing vaccination rates—it is our ability to reflect on, and optimize, our relationships that makes these goals achievable. It is our skill in connecting with others, guiding and mentoring them, that makes ‘good numbers’ a natural outgrowth of good relationships. In other words, our accomplishments are a reflection of what our relationships have allowed us to achieve...Leadership takes place in the context of relationships, and quality relationships are crucial to good outcomes.

“Reflective Leadership in Infant-Family Programs

Leaders in the infant-family field hope that their program is one in which quality relationships characterized by trust, support, and growth exist among supervisors, staff, parents and children. These relationships form the foundation for all the work that is done. Workplaces based on these beliefs and values can be thought of as relationship-based organizations.

“Reflective leadership is the key to creating a relationship-based organization. It is characterized by three important skills: self-awareness, careful observation, and flexible response.

“Self-awareness refers to a leader’s ability to know herself, her strengths, and her limitations. It implies that a leader is interested in, and committed to, examining her own reactions, thoughts, and feelings about the work.

“Careful observation means that leaders are skilled at deciphering the meaning of what they are seeing and hearing. Leaders wonder about the meaning of their own and others’ behavior, tones of voice, body language, or reactions. They ask themselves, ‘Why might this be happening?’ and solicit more information.

“Flexible responses require that leaders know their staff—what their personal styles are, how they work best, what motivates them. Leaders can then approach each professional in a way that reflects that particular staff member’s needs, strengths, and areas for development. Flexible responses are the most basic—and sometimes most difficult—expression of mutual respect in our relationships with staff members.”

Good leaders are firmly in charge. They never abuse power but also never feel weak or apologetic about assuming it. The leader values individual differences among all persons under his/her direction and believes in the dignity and respect due each and every one. The leader feels responsible to the entire group of children, the staff, and the parents. Balance is important; the effective leader manages to clarify goals and rules while also projecting friendliness, good faith, and optimism. The leader also has integrity as one of his/her attributes. The leader always tries to act in the best interest of the total program and provides the foundation necessary for birth to three programs to become a community that works for everyone.

The role of a program leader is demanding and complex, and requires both leadership and management skills. There are three major core competency areas that leaders should develop: interpersonal, management, and technical.

Interpersonal Competencies

Social interdependence is at the heart of all human interactions, and cooperation is at the heart of organization and group efforts. Inherent in the responsibilities of a director or program leader is an ability to inspire others to establish relationships based on positive attitudes toward each other, mutual concern, friendliness, attentiveness, feelings of commitment, and a desire to earn each other's respect. Examples of interpersonal competencies include:

- Developing leadership
- Self-management and supervisory potential
- Shaping personal and professional development
- Effective oral and written communication skills and supporting the resolution of conflicts

Management Competencies

These are skills needed to be an effective leader, manager, and consultant. These skills include having the ability to create organizational knowledge within and outside of the program. Management competencies increase levels of team performance and accountability. They enable the leader to anticipate and respond to organizational change. A leader demonstrates management competencies by personally modeling and supporting continuous improvement and learning. Such skills include:

- Developing one's knowledge of administrative and fiscal management systems
- Good business practices

- Planning, organizational development
- Advocacy
- Coalition-building
- Effective communications

Technical Competencies

These call upon the leader to have problem-solving skills and a range of competencies that require an ability to collect, measure, synthesize, and analyze data; use computer technology to manage and coordinate; and call upon research and best practices to solve problems. Technical competencies include general knowledge of the state's administrative rules, the Infant/Toddler Guidelines, human resources, budget and fiscal requirements, child health and development, education and early childhood development, child nutrition, mental health, and family/community partnerships. Technical competencies encourage high performance and mutual purpose in teams; they require a leader to keep track of progress and generate mutual responsibility and accountability. (Department of Health and Human Services, 1998)

Supervision is defined literally is the “ability to see in an overarching manner.” Thus, supervisors should be able to envision the “big picture”: what the children need, what the families bring to the staff/parent relationship, what the staff do to support families, and how the agency supports the home-based or center-based services.

Some of the roles the Leader or Supervisor takes on in this process include the following:

- **Teacher** who shares expertise about child development and the program model with the staff.
- **Support person** who is a trusted authority figure, providing staff with an experience of being cared about and supported in their work.
- **Model** who demonstrates respectful, development-promoting relationships with others that can be emulated by the staff in his or her work with families and children.
- **Ombudsperson** who advocates for staff and families in the program and encourages program leaders to meet family and staff needs.
- **Program planner** who is an essential contributor to the design and continuous improvement of the services offered to families and children in the program.
- **Accountability person** who maintains the integrity of the program by holding staff responsible for delivering high-quality services.
- **Leader** whose vision and commitment to build and maintain a high-quality program are internalized by the staff.

In addition to these roles, the program leadership performs certain functions to ensure that the program is operating effectively as well as meeting the requirements of the regulations. The functions of the leader are many and varied. Some of these functions include staff selection; staff development; clinical expertise; program coordination, monitoring and assessment; and program integration.

Staff Selection An important first step for staff selection is to conceptualize a thorough and accurate job description. To seek a qualified candidate, the leader must know of appropriate outlets for recruitment. She must have the ability to craft an interview that provides her with the information needed to evaluate the candidate's capacity to do the job.

Staff Development An assessment of staff members' needs provides valuable information with respect to their knowledge base and skill level as well as their perceptions of their work and the program. The program leader can assess training and professional development needs through individual staff evaluations or through a staff survey. Collective and individual training plans can be developed directly from this assessment.

Clinical Expertise The program leader shares her knowledge about child development, family support intervention, and the program regulations with staff in many ways such as through individual staff supervision, formal and informal training experiences, and in-depth reviews of participant families. Mental health experts and other consultants can also be used to educate staff about pertinent issues (e.g., substance abuse, family violence, or depression). In addition, the program leader can initiate innovative intervention strategies such as the use of videotape into the work, which is invigorating for both staff and families.

Program Coordination, Monitoring, and Assessment The program leader is involved in many facets of program management. She participates in programmatic and budgetary planning. She also ensures that services are being delivered appropriately to families by monitoring documentation and by engaging in the continuous improvement process. Finally, the program leader helps make the connection between how services are delivered to families and the outcomes that are expected to occur, thus, helping children, families, and the program to reach their goals.

Integration of Multiple Levels of Program One of the most important tasks of a program leader is team building. She is in a pivotal position in the program to enhance communication between staff members at

different levels and to help direct-service staff understand administrative mandates. The program leader can also advocate for the program in many ways, for example, by seeking other financial resources to provide incentives for staff and to enhance their work environment. (Department of Health and Human Services, 2004)

ADDITIONAL IDEAS AND RESOURCES

- Consider obtaining for your professional development library, *Building Classroom Community; The Early Childhood Teacher's Role* by Jeannette G. Stone, published by NAEYC.
- Review the leadership section in *Eager to Learn: Educating Our Preschoolers by the National Research Council*, and note Recommendation No. 5: "All early childhood education and child care programs should have access to a qualified supervisor of early childhood programs."
- Join a professional association such the National Association for the Education of Young Children (NAEYC) and take a leadership role, serving on a committee or commission, presenting at a conference, or serving on a board.
- Consider obtaining an advanced degree.

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{ "I don't know what your destiny will be, but one thing I know: the only ones among us who will be really happy are those who will have sought and found out how to serve." }

— Albert Schweitzer

Qualified Staff

Illinois Birth to Five Program Standard IV.C.

The program leadership hires qualified staff who are competent in working with infants, toddlers, and preschoolers and their families.

The effectiveness of the program depends on the staff. Staff must have an in-depth knowledge of early childhood development and be able to competently match activities to each child's developmental level and potential. Staff should also understand the complex needs of families and be able to relate to them with sensitivity and understanding. Furthermore, staff is in the unique position of teaching parents to teach their children and must have skills in facilitating the parent/child dyad. The rewards of having a qualified staff are multiplied when staff is encouraged to regularly mentor each other to continue to improve their skills and level of effectiveness.

Quality Indicator IV.C.1.**The program staff members meet the minimum entry-level requirements for their role/responsibilities established by the funding agent.**

Several research studies conducted over the last few years show a direct correlation between positive outcomes for children and the educational level and quality of the staff. The importance of staff with knowledge about infant/toddler development and working with families cannot be overstated.

Each funding entity has requirements for staff working in programs with infants and toddlers and their families. Illinois State Board of Education specifies the staffing requirements in the annual Request for Proposal and furthermore supports Developmentally Appropriate Practice as defined by the National Association for the Education of Young Children (NAEYC). “Developmentally appropriate practice requires that teachers integrate the many dimensions of their knowledge base.” (NAEYC 1997) “Regardless of the resources available, professionals have an ethical responsibility to practice, to the best of their ability.” (NAEYC 1997)

Early Head Start is required to meet the requirements that are specified in the latest Head Start Act that can be found at <http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Act>.

The Illinois Department of Children and Family Services (IDCFS) lists minimum requirements for staff employed by its licensed day care centers at the following web address: <http://www.ilga.gov/commission/jcar/admincode/089/08900407sections.html>

More information about each ISBE Prevention Initiative model’s staffing requirements can be found in the Resource Toolkit for Early Childhood Birth to Three Programs found at http://www.isbe.net/earlychi/pdf/ec_0-3_resource_toolkit.pdf.

Program leadership is responsible for employment of staff. In this role they must:

- Familiarize themselves with the funding agency’s requirements or licensing standards for hiring personnel
- Prepare an advertisement for the position available clearly detailing

- the minimum requirements and preferences beyond the minimum
- Disseminate ads to and network with the early childhood and local communities
 - Include, in the hiring interview, questions about infant/toddler development
 - Check references and background carefully
 - College transcripts
 - Personal and professional references
 - State-required fingerprinting and background checks
 - Clearly state education and training expectations in the interview and include them in the contract
 - Look at differential compensation for staff with more experience and education

ADDITIONAL IDEAS AND RESOURCES

- Obtain and review copies of other funding agencies' requirements for hiring early childhood personnel.
- Check with the leadership at other programs to share job descriptions and hiring practices.
- Consider staff training needs and budget accordingly.
- Look at career lattices in different programs.

REFERENCES

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

Quality Indicator IV.C.2.**Staff members have formal training in child development theory and practice. They are able to demonstrate an understanding of how young children develop and learn in the context of their families.**

Finding staff who can work effectively with infants and toddlers and their families is a challenge for program leadership. Every once in a while, one encounters a “natural” in working with very young children. They are nurturing and responsive to both the babies and their parents. Nurturing, or the ability to nurture, is a very important characteristic of staff working with young children. By itself, though, it is not enough.

In order to provide for the children’s physical, cognitive, social, and emotional development, staff must have formal training in child development theory and practice. Research has shown that the more formal training a staff member has received, the better the quality of the program.

Formal training is a systematic program of instruction that provides the learner with opportunities to acquire knowledge and practical experience in infant/toddler development. The venue for providing this training can be varied from formal coursework at an accredited college or university to professional development provided by state-wide training and technical support groups. Program leadership has the responsibility to implement the program’s policy that defines formal training.

The responsibility for ensuring that staff members have formal training in child development theory and practice, with ability to demonstrate specific infant/toddler development, rests with the program supervisor. In undertaking this responsibility, the leader must:

- Know and understand the program’s policy regarding “formal training”
- Clearly define “formal training” for the infant/toddler program
- Outline, in the job description, the requirements regarding formal training expected from the candidate
- Determine how she will evaluate a candidate’s knowledge of infant/toddler development:

- Develop a set of open-ended questions to ask candidates
- Review credentials
- Follow up on letters of reference and recommendation
- Set up a real experience as part of the interview process to observe the candidate’s interaction with infants/toddlers and their parents
- Ensure that continued formal training is ongoing and clearly state what expectations are as a condition for continued employment

Characteristics of good early childhood professionals (Adapted from Feeney & Chun, 1985):

A Good Early Childhood Teacher:	
Is warm and caring	Likes children and enjoys working with them
Is patient and flexible	Has many interests and shares them with children
Has a good sense of humor	Is creative and encourages creativity
Respects and understands parents as children’s first teachers	Listens to children and converses with them
Welcomes diversity among children	Praises appropriately and genuinely
Builds upon children’s interests	Is reliable and responsible
Models desired behaviors	Strives to become more knowledgeable
Redirects inappropriate behaviors	Is interested in ideas and possibilities
Is sensitive to children’s individual needs	Contributes to the profession
Is aware of each child and the total group	Has energy and stamina
Has self-understanding	

Core values for Early Childhood Educators (NAEYC 2011)

“Standards of ethical behavior in early childhood care and education are based on commitment to the following core values that are deeply rooted in the history of the field of early childhood care and education.

We have made a commitment to:

- Appreciate childhood as a unique and valuable stage of the human life cycle
- Base our work on knowledge of how children develop and learn
- Appreciate and support the bond between the child and family
- Recognize that children are best understood and supported in the context of family, culture,* community, and society
- Respect the dignity, worth, and uniqueness of each individual (child, family member, and colleague)
- Respect diversity in children, families, and colleagues

- Recognize that children and adults achieve their full potential in the context of relationships that are based on trust and respect

* The term *culture* includes ethnicity, racial identity, economic level, family structure, language, and religious and political beliefs, which profoundly influence each child’s development and relationship to the world.”

NAEYC’s Code of Ethical Conduct & Statement of Commitment
http://www.naeyc.org/positionstatements/ethical_conduct

ADDITIONAL IDEAS AND RESOURCES

- Become familiar with the training that is available in the field.
- Obtain catalogues from local colleges and universities that offer course work in child development and/or early childhood education. Review and update periodically.
- Ask organizations, groups, and educational institutions for calendars of their training activities and courses they offer.
- Become familiar with the quality of the training programs in the field.

REFERENCES

1. Illinois State Board of Education. (2011). *Illinois Preschool For All Implementation Manual*. 204, 206.
2. National Association for the Education of Young Children’s *Code of Ethical Conduct*. (2011). Position Statement. Retrieved from <http://www.naeyc.org/>
3. Feeney, Stephanie, & Chun, Robyn. (1985). Effective teachers of young children. *Young Children*, 41(1), 47–52.

Quality Indicator IV.C.3.**Staff members demonstrate the ability to establish meaningful working relationships with parents and other family members.**

Effective infant/toddler programs provide relationship-based, individualized services to children and their families. Recognizing parents as the first and most influential teachers of their children, quality programs respect and value families. Programming and services, therefore, are family centered.

What is family centered? The infant or toddler is a member of a family. Although the structure of the family differs widely for each child, those individuals primarily responsible for the nurturing of the child have the greatest impact on that child's overall development. A family-centered program focuses on that relationship by finding individualized and meaningful ways to provide services to each family. Planning is done with and around the family. Staff must be able to effectively work with parents and other family members, including siblings.

The responsibility for employing staff who establish meaningful working relationships with parents rests with the program leader. In carrying out this responsibility, the leader must do the following:

- Look for a candidate's ability to establish and maintain supportive relationships with children, families, and colleagues. To determine this, ask these questions:
 - Does the candidate show genuine warmth and respect for others?
 - Can the candidate empathize with others' feelings?
 - Can the candidate reflect on his/her own beliefs, values, strengths, and weaknesses?
 - How does s/he handle stress?
 - How does s/he solve problems?
 - Does s/he exhibit a sense of humor?
- Observe the candidate's interaction with children and families, if possible.
- Get feedback from reference sources. Ask for the name of a parent with whom they have worked to interview.
- Provide a copy of the mission statement and goals.

ADDITIONAL IDEAS AND
RESOURCES

- Establish a mentoring relationship to share ideas with like programs in the community.
- Elicit assistance from one of the ISBE program consultants.
- Develop with staff program activities that support trust building and camaraderie.

Quality Indicator IV.C.4.**Staff members demonstrate knowledge of and respect for the unique ways in which adults learn, acquire skills, and adjust to change.**

In birth to three programs parents are active partners in promoting the growth and development of their children. Just as with the children, staff must identify the needs of parents and individualize the kinds of education programs provided for them. The staff needs to know the learning styles, abilities, and interests of family members in order to design an effective family plan. They must be knowledgeable of adult learning principles and practices. Elizabeth Jones in her book *Growing Teachers: Partnerships in Staff Development* believes that “Developmentally appropriate practice in early childhood education is also a good model for effective practice in teacher education. Adult learners, like children, need to play—that is they need to take initiative, make choices among possibilities, act and interact. And, as adults, they need to engage in reflection and dialogue about their experience. They do need baseline social knowledge—training—to get started, to know how to behave, but then they need continuing opportunity to make intellectual and moral judgments, to observe children’s behavior, and to put their experience into words that are taken seriously by other adults, both peers and teacher educators.” (Jones 1993)

In working with parents and other adults, staff should:

- Establish trust and build confidence with parents.
- Let parents know that information they share with you will be kept confidential.
- Conduct parent interviews that get to know the family better by including the following questions:
 1. What do you see as your greatest strength?
 2. What is your child’s greatest strength?
 3. What are your favorite things to do? Your child’s?
 4. What is your favorite book? Your child’s favorite book?
 5. What is your favorite pastime?
 6. What did you enjoy most about school?
 7. What is the last grade you completed in school?
- Value their input and listen to what they have to say.

- Respect their opinions.
- Encourage active participation in developing and implementing a family plan.
- Support their ability to make choices and decisions, and solve problems.
- Introduce new information in the context of the parents' past knowledge and experiences.
- Plan activities at a variety of times and places to encourage parent participation.
- Respect and honor the primary language and culture of the family.
- Set high, but doable, programmatic expectations for the parents.

ADDITIONAL IDEAS AND RESOURCES

- Review *Growing Teachers: Partnerships in Staff Development* by Elizabeth Jones.
- Become familiar with the Family Partnership sections of the Head Start Performance Standards. <http://eclkc.ohs.acf.hhs.gov/hslc/ta-system/family>
- Review other latest research on involving families in infant/toddler programs that may be found on Internet websites and in other sources.

REFERENCES

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Quality Indicator IV.C.5.**The program staff is knowledgeable about and sensitive to the social, cultural, and linguistic diversity of the community.**

The communities in which we live are diverse. That diversity manifests itself in many perspectives – cultural, linguistic, ethnic, and socio-economic. Just as each of us has differing learning styles and intellectual strengths, each of us has our own different culture. For some of us, more than one culture defines who we are.

Culture is larger than family; it provides the broad context of shared beliefs and behaviors in which all persons grow. Before beginning to have knowledge of and respect for the diversity of the children and parents served, the staff members must have knowledge of and respect for their own cultures. Their own attitudes may impact and influence interactions with infants/toddlers and their parents.

The following statement, though written as applying to teachers and schools, can be readily applied to birth to three staff members and programs.

“Multicultural education is a highly complex and political issue. It must be more than something teachers add to their curriculum during the celebration of seasonal and religious holidays. It must go beyond the understanding and appreciation of real cultural differences. It should represent a perspective that permeates all of the curriculum every day of the year, and is reflected in culturally responsive interaction in mutually directed activity. Responsive teachers engage children in egalitarian and meaningful ways in culturally relevant activities like sharing stories, doing art, preparing foods, and other experiences and projects that build on diverse ways of learning, perceiving, and using language. Such activities provide opportunities for connectedness and a sense of belonging that should prevail over the idea of differences. Finally, a pedagogy of caring, which promotes in children feelings of self-worth, love, and care of others, must be at the heart of any developmentally and culturally appropriate curriculum. A pedagogy of caring requires teachers to be reflective and to not lose sight of social, historical, and political conditions that have shaped the life experiences of people from different cultural groups.” (Hart et al. 1998)

- Examine your own cultural and historical experiences to understand what informs your beliefs and practices. This can be done through reflection on questions such as:
 - What do I believe?
 - How have I come to believe this? Where do these beliefs come from?
 - What do my daily actions say about what I believe and value?
 - What contributes to the tenacity of my beliefs? (What has influenced me to maintain certain beliefs?)
 - How do my beliefs determine how I make choices and take actions that would move me toward greater multicultural understanding?

*(Questions adapted from Hart et al.
1998)*

- Learn about and recognize the cultures of the families served.
- Value and use the cultural resources your staff and families bring to the program.
- Provide opportunities for staff development to learn about teaching in a multicultural environment and implementing activities for children and families that enhance the richness of diversity.
- Use foods, celebrations, and field trips as part of a family's expression of its culture.
- Learn about the families' daily practices and activities reflective of their culture.
- Become acquainted with the community at large and identify resources needed to provide effective quality services to children and their families.
- Understand the varying roles of families within each child's culture.
- Acknowledge, appreciate, and respect the diverse family structures inherent in the community served.
- Involve parents in all aspects of planning a program for their children.

Program staff who reflect the social, cultural, and linguistic diversity of the community provide valuable role models for the children to emulate.

The following strategies may be used by programs to reflect the richness of the community in their staff:

- Disseminate position ads and job descriptions to churches, cultural organizations, and other groups within the community served.

- Assess and use the human resources in the community.
- Assess parent strengths and use parents in the program as paid staff or volunteers.
- Include a clear statement on non-discriminatory hiring practices in job descriptions and advertisements.

ADDITIONAL IDEAS AND RESOURCES

- Work with similar programs in your community to develop a resource guide for diversity and multicultural activities.
- Review the latest research on social, cultural, linguistic, and ethnic diversity.
- Set up a cultural exchange with another program.
- Conduct a review of the social, cultural, and linguistic diversity of the community and make a comparison with the makeup of the program staff.
- Make a concerted effort to employ new staff members who are representative of the diversity of the community.
- Provide opportunities for collaboration among parents and staff representing diverse cultures.
- Establish a formal career path for staff members including parents employed by the program.

REFERENCES

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

{ “It’s a funny thing about life: If you refuse to accept anything but the very best, you will very often get it.” }

— W. Somerset Maugham

Reflective Supervision

Illinois Birth to Five Program Standard IV.D.

The program leadership provides ongoing supervision that promotes staff development and enhances quality service delivery.

Supervision of staff needs to take place formally as well as informally. The essential ingredients of supervision include reflection, collaboration, and regularity. Reflection means continual conceptualization of what one is observing and doing. Collaboration refers to the mutual, respectful activity that takes place between supervisor and staff member. This collaborative activity leads to the formation of a plan to support professional development based on the reflective activity that has taken place, which in turn promotes quality services. Regularity is defined beyond timely and systematic to address individual staff needs.

Quality Indicator IV.D.1.**Program leadership creates and maintains an atmosphere that is nurturing and supportive of staff.**

Nurture and support are key words in early childhood. They are words that convey caring and concern, warmth, personal commitment, and involvement. They are active, not passive words. The responsibility of an effective leader is to nurture and support the following in the program staff:

- Self-confidence and belief in their capabilities and competence
- Critical inquiry, creative thinking, decision making, problem solving, and cooperative interaction
- An appreciation for the spoken and written language, a love of books, and a sense of wonder

The effective program leader can use the following to nurture and support the program staff:

- Provide opportunities for staff to share their expertise and talents through:
 - Recognizing individual strengths
 - Involving staff in program planning, curriculum development, and other activities
 - Establishing opportunities for bonding, teaming, and collaboration
 - Reaching out to staff for assistance with a concern or problem
 - Establishing a mentoring program for staff
- Support staff through:
 - Being available
 - Listening to their concerns
 - Granting comp time and/or flex time for services provided above and beyond the norm
 - Acknowledging the needs of their families
 - Involving staff families in some program events
 - Providing opportunities for staff development
 - Encouraging continuing education
 - Developing a calendar for the year that identifies all activities, schedules, and events

- Acknowledge success through:
 - Giving credit where credit is due
 - Saying thank you
 - Encouraging efforts
 - Celebrations

ADDITIONAL IDEAS AND
RESOURCES

- Create unique ways to say thank you, such as placing a personal note or flower in a mailbox.
- Acquaint yourself with the things other programs do to support and nurture staff.
- Plan a special event or recognition ceremony periodically.

Quality Indicator IV.D.2.**Program leadership regularly conducts a self-assessment.**

(For information on Program Assessment, please see Standard III.C. in Section III, Developmental Monitoring and Accountability)

Regular leadership self-assessment is a good way to determine the impact program leadership has on the staff and ultimately on the program. Self-assessment can take place through different activities. It can include: introspection, self and staff questionnaires, interviews with staff members, climate surveys, and feedback from families and outside sources.

The overall purpose of a self-evaluation is to go through a process that will help the leadership identify: What worked, what didn't work, and why? How is leadership perceived? What needs to be changed? A successful leader must look at the results of the self-assessment honestly and objectively, then make changes needed to improve leadership effectiveness.

The following suggestions may be helpful in determining leadership performance:

- Develop and administer a climate survey at least once a year to assess the overall atmosphere of the program. Some of the things that might be included in this survey are:
 - Does staff teaming exist and is it encouraged?
 - How do staff get along with one another?
 - How do staff perceive their colleagues?
 - How do staff perceive their leader?
 - How do staff feel about opportunities for growth?
 - Do staff think they are respected and supported?
- Develop an anonymous staff questionnaire that addresses specific areas of program leadership and the resulting impact on the staff. Areas could include any or all of the following:
 - Fairness
 - Objectivity
 - Commitment
 - Ethics
 - Integrity

- Management skills
 - Early childhood expertise
 - Issues and crisis management
- Prepare a short evaluation to be completed after each staff development activity. Make it short and simple, but open-ended. Questions such as the following may be used:
 - What idea or activity will be most useful or helpful in your work?
 - What idea or activity would you eliminate from the program? Why?
 - Conduct interviews with staff. The establishment of trust is critically important for an honest exchange of information. Questions such as the following could be included as part of the interview process:
 - Is the atmosphere or climate of the program conducive to open communication?
 - Is it positive and stress-free?
 - Does the leadership style allow for free interchange with staff members?
 - Does the leadership model value openness and promote active listening?
 - Are communications to the staff clear, timely, and helpful?
 - Are the personal needs of staff members considered, such as comp time or flex time?
 - The strategy of introspection requires the program leader to spend time forming answers from a personal perspective to all questions asked in any of the activities conducted. A more personal process could involve answering the following questions:
 - Did I meet my goals?
 - If so, how well?
 - If not, what should I change?
 - What worked well and how can I build on that?
 - Where can I go for help?

ADDITIONAL IDEAS AND RESOURCES

- Ask leaders of other programs in your community about their self-assessment tools.
- Build in a proactive rather than reactive model of leadership as a result of the self-assessment.
- Review available climate surveys.
- Ask for input from ISBE consultants.

Quality Indicator IV.D.3.**The supervisor in partnership with each staff member develops a formative supervision plan.**

Supervision of staff is an important role for administrators. It can be used effectively to help staff grow and flourish professionally. Supervision is perhaps one of the most difficult responsibilities of the leader. That is because traditional supervision is often equated with evaluation. People tend to be anxious when they know they are being evaluated, especially if negative evaluations threaten their jobs.

ZERO TO THREE's work over the last quarter-century has found that **reflective supervision** promotes and supports the development of a relationship-based organization. This approach expands on the idea that supervision is a context for learning and professional development. The three building blocks of reflective supervision—reflection, collaboration, and regularity—are outlined below.

Reflection

Reflection means stepping back from the immediate, intense experience of hands-on work and taking the time to wonder what the experience really means. What does it tell us about the family? About ourselves? Through reflection, we can examine our thoughts and feelings about the experience and identify the interventions that best meet the family's goals for self-sufficiency, growth, and development.

Reflection in a supervisory relationship requires a foundation of honesty and trust. The goal is to create an environment in which people do their best thinking—one characterized by safety, calmness, and support. Generally, supervisees meet with supervisors on a regular basis, providing material (like notes from visits with families, videos, verbal reports, etc.) that will help stimulate a dialogue about the work. As a team, supervisor and supervisee explore the range of emotions (positive and negative) related to the families and issues the supervisee is managing. As a team, they work to understand and identify appropriate next steps.

Reflective supervision is not therapy. It is focused on experiences, thoughts, and feelings directly connected with the work. Reflective supervision is characterized by active listening and thoughtful questioning by both parties. The role of the supervisor is to help the

supervisee to answer her own questions, and to provide the support and knowledge necessary to guide decision making. In addition, the supervisor provides an empathetic, nonjudgmental ear to the supervisee. Working through complex emotions in a “safe place” allows the supervisee to manage the stress she experiences on the job. It also allows the staff person to experience the very sort of relationship that she is expected to provide for infants, toddlers, and families.

Supervisors can also support staff’s professional development by using supervisory meetings as an opportunity to scaffold, or support, the acquisition of new knowledge. One way of doing this is to encourage supervisees to analyze their own work and its implications. Reflection is important because it empowers staff to assess their own performance. Awareness of one’s strengths, as well as one’s limits and vulnerabilities, allows individuals to make mid-course corrections in work performance that feel natural, unforced, and generated from within.

Collaboration

The concept of collaboration (or teamwork) emphasizes sharing the responsibility and control of power. Power in an infant/family program is derived from many sources, among them position in the organization, ability to lead and inspire, sphere of influence, and network of colleagues. But most of all, power is derived from knowledge—about children and families, the field, and oneself in the work. While sharing power is the goal of collaboration, it does not exempt supervisors from setting limits or exercising authority. These responsibilities remain firmly within the supervisor’s domain. Collaboration does, however, allow for a dialogue to occur on issues affecting the staff person and the program.

Collaboration allows staff to express interest in taking on new tasks and challenges, as well as to exercise some control over the terms and conditions of their work. It offers supervisors and mentors a chance to learn from, as well as teach, staff. Collaboration also allows supervisors to recognize opportunities to share responsibility and decision making and, in so doing, cultivate leadership talent from within.

Collaborative supervisory relationships are characterized by a clear understanding of the reciprocal expectations of each partner. This “contract” is jointly developed and agreed upon by the supervisor and supervisee, and will vary in frequency, intensity, and focus across the organization. Key issues that should always be addressed, however, include logistical issues, such as when and where supervisory meetings will take place, and what will be discussed.

Finally, true collaboration requires open communication, flowing freely in both directions, and protected from “outsiders.” Both partners assume the best about each other. The supervisory relationship is one characterized by a feeling of trust and safety, where difficult issues can be discussed without fear of judgment, disclosure, or ridicule. Open communication implies curiosity and active listening. Either partner can ask, “What were you thinking when you did that?” as a means of learning more about the motivations and thoughts of the other.

Regularity

Neither reflection nor collaboration will occur without regularity of interactions. **Supervision should take place on a reliable schedule, and sufficient time must be allocated to its practice.** This reflection time, while precious and hard to come by, should be protected from cancellation, rescheduling, or procrastination.

That said, everyone working in infant/family programs knows that there are times when scheduling conflicts or emergencies arise, making it necessary to reschedule supervision meetings. When this happens, set another time to meet as soon as possible. If the need to reschedule arises frequently, it makes sense to consider why this is happening. Is the selected time an inconvenient one? Is the supervisor or the staff member overburdened, or is either having difficulty with time management skills? Is there some tension in the staff/supervisory relationship prompting either party to postpone their meeting?

It takes time to build a trusting relationship, to collaborate, and to share ideas, thoughts, and emotions. Supervisory meetings are an investment in the professional development of staff and in the future of the infant/family program. Staff will take their cues from leaders: Do program directors make time for supervision? Do the program’s leaders “walk the talk”?

Look, Listen, and Learn: Making Reflection Real

When supervisors meet with their staff, the greatest gift they can offer is to simply be there. This means staying in emotional contact with the staff member (offering empathy), but not reacting on the basis of emotion alone to what he or she is sharing. Needless to say, this is easier said than done. It requires self-awareness and the ability to experience feelings, while choosing whether, when, and how to respond. This is why supervisors, too, need reflective supervision. Supervisors can seek such support from those they report to, or from peers within or outside their organizations.

Reflective Supervision and Direct-Service Staff

Work with infants, toddlers, and their families provides professionals with great joys as well as great challenges. Some common sources of on-the-job stress include:

- Heavy caseloads (and resultant lack of time);
- Feedback “vacuum” on how a family is doing or, worse yet, seemingly little improvement with a family;
- Struggle to connect with families who may be distrustful, fearful, or angry at “the system”;
- Challenge of maintaining objectivity with families, those we have difficulty with as well as those families we enjoy; and
- The cumulative effect on morale from observing multiple examples of harmful or potentially harmful parenting.

The *Look, Listen, and Learn* approach helps supervisors to know staff members as individuals—their temperaments and learning styles, their history and aspirations, their pet peeves as well as what motivates them. With this information, they need to develop responses that are appropriate to both the situation and the individual. Like the families in our programs, staff, too, require individualized responses from their supervisors. Interventions that respect the unique needs of *this* staff member lay the groundwork for a trusting relationship based on mutual respect, much like the goals professionals have for the relationships they seek to establish with the families they serve.

In this way, the dynamics of the supervisor/staff relationship and the staff/family relationship mutually influence one another. For example, if a supervisor distrusts a staff member and judges her actions harshly, how will this staff member be able to provide her client-families with the trust, respect, and caring they need? The correlation that exists between the supervisor/staff relationship and the staff/family relationship (often referred to as a *parallel process*) embodies the “platinum rule” of supervision as coined by Jeree Pawl: “Do unto others as you would have others do unto others.”

ADDITIONAL IDEAS AND RESOURCES

- Familiarize yourself with various strategies for supervisory meetings.
- Familiarize yourself with a variety of observation techniques.
- Read current literature and attend workshops on Reflective Supervision and evaluation.

- Review current National Association for the Education of Young Children materials on staff supervision and evaluation.

REFERENCES

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

Quality Indicator IV.D.4.**Sufficient time for supervision is allotted in the program leader's schedule.**

The leadership of birth to three programs is responsible for establishing priorities regarding time and tasks in formulating his or her schedule. Time management is critical to the task of organizing and carrying out the responsibilities assigned to the role of birth to three program leader or administrator.

There are many areas that demand attention, but supervision of the staff members is one of the areas that must be accounted for and needs an adequate allotment of time. Each individual administrator or director has his or her own strengths and styles of work effectiveness that must be considered when establishing schedules and timelines. What works for one person in a given situation may not work for another in a different situation. Individualization is as important in this process as it is when programming and services are provided for infants and toddlers and their families.

Lack of communication and support by supervisors in regard to the expectations of staff can be a barrier to retaining staff. Staff want supervision to be more than a formal, scheduled event that includes direct observation of program practice. Staff should be able to express concerns about the process of care and education of young children and have access to dialogue with leadership as well as to use these individuals as a sounding board and mentor. Staff members look to leadership for recognition and encouragement for a job well done. Taking time for these "celebrations," whether formal or informal, is critical to the morale and well-being of the staff member.

Program leadership is personally responsible for the time spent in management activities and must commit to the time needed for appropriate staff supervision. The following process could be helpful when establishing this time commitment.

- Review and organize tasks required to give leadership to a birth to three program.
- Identify the time necessary for supervision of the program staff after evaluating the staff structure and its impact on supervision.
- Review and organize tasks required to give leadership.

- Share what model of supervision is being considered and what has been learned with the staff.
- Ask for input from the staff regarding their ideas for the program supervision model, including what areas might be accomplished by someone other than the program supervisor.
- Share and discuss the timeline needed for supervision of each staff position, and ask for ideas regarding how to make that time dedicated to the supervision task effective, efficient, and without interruption, and what constitutes a “real emergency.”
- Spend time with each individual staff member in debriefing and sharing in a manner that meets the needs of leadership and the professional.

ADDITIONAL IDEAS AND RESOURCES

- Review and evaluate the current personal calendar, particularly in the area of time spent in supervision, documenting the type of activity, and adjusting future timelines as necessary.
- Attend a workshop or seminar on time management. These may be available through the business community as well as course work, seminars, retreats, and conferences.
- Establish a relationship with another birth to three program administrator to share and discuss the challenges presented in supervision of staff.

{“I cannot teach anybody anything, I can only make them think.”}

— Socrates

Professional Development

Illinois Birth to Five Program Standard IV.E.

The program leadership provides opportunities for ongoing professional growth and development.

Research on quality programs demonstrates a high correlation between educational training and quality. Effective leaders recognize that professional development is a continuous process that meets the individual needs of each staff member as determined by an evaluation. Opportunities are provided for each staff member to participate in a variety of staff development activities. Nurturing is a key concept in early childhood. Leaders must provide a nurturing environment to maximize the unique strengths and abilities of the staff so that they may in turn nurture children and families.

Quality Indicator IV.E.1.**A professional development plan, based on the needs identified through reflective supervision and the interests of each staff member, is on file.**

Professional development is defined as those processes and activities designed to enhance the professional knowledge, skills, and attitudes of educators so that they might, in turn, improve the learning of students. It also involves learning how to redesign educational structures and cultures.

Professional development is a process that is intentional, ongoing, and systemic.

- Intentional — bring improvements and positive changes.
- Ongoing — continuously investigate improvements and new strategies.
- Systemic — recognize change for larger span of time and various levels of the program.

Professional development is critical for educators to acquire knowledge that can be used to enhance their skills within their classrooms, keep informed of emerging concepts, and succeed in their roles as teachers. (Guskey, 2000)

Evidence of a written professional development plan must be provided. The following points are necessary to complete the plan:

- Determine the needs of each staff member (teaching assistant, teacher, administrator, parent educator, etc.) within the program, i.e., assess the needs.
- Describe the staff in-service training program that will be conducted to meet the individual staff needs, i.e., deliver in-service.
- Describe other professional development activities that will be provided, i.e., other opportunities that are provided free of charge but that staff have the opportunity to attend.

The program leader must consider the many kinds of professional development strategies possible to meet the needs of the staff as follows:

- Course work — Offered at a college or university, usually for credit. Assist staff in developing a plan so that course work eventually leads to moving up the career ladder.
- Seminars — A topic covered from many perspectives, often in several sessions and utilizing an “expert” on the staff or in the field. Can also be offered by institutions of higher education.
- Workshops — One- or two-hour presentations on a particular subject given by staff or other expert in the field.
- Retreats — Organized around a specific plan to deal with a subject that affects the entire staff. They are often more than one day and take place away from the work place where staff can network and collaborate.
- Peer mentoring — The linkage of one staff member with another for the purpose of providing support, modeling, technical assistance, and/or nurturing.
- Program visitation — Opportunities for staff to visit quality programs that provide similar services.
- Professional reading — Set up a staff library of journals, books, and periodicals.
- Websites — Identify websites that contain accurate and useful information for staff.
- Other activities — Presentations, in-service sharing, focus groups, and professional organization memberships can be effective strategies to use in professional development.
- Provide portfolios or journals for the staff to document participation in activities that support the professional development plan.

Professional development opportunities are provided free of charge to participants by the Ounce of Prevention Fund (<http://pi.opftrainingcenter.org/ets/welcome.aspx>) with support provided by the Illinois State Board of Education.

ADDITIONAL IDEAS AND RESOURCES

- Maintain ongoing dialogue with local colleges and universities regarding opportunities for staff development.
- Be active in your professional organization to keep abreast of conferences and available workshops.
- Peruse the literature and websites to obtain information useful for staff development.

Quality Indicator IV.E.2.**Sufficient time and funding are provided for staff to participate in appropriate staff development activities.**

Although just about everyone recognizes the importance of professional development, the fiscal and human resources necessary to support such a program are often overlooked or scaled down when there is a budgetary concern. A successful professional development plan must be a major part of overall program goals. In addition, budget and scheduling issues need to be factored in when the annual plan is developed.

The program leadership needs to identify resources and accessibility to them so that time and funding needed by staff members to attend and participate in staff development activities are available. The following strategies are suggested:

- Include professional development in program goals.
- Budget funds to provide quality staff development.
- Provide release time for staff to participate in professional growth activities.
- Collaborate with higher education on
 - Available classes,
 - Scheduling,
 - Accessibility,
 - Affordability, and
 - Scholarships.

Programs should refer to their individual program option or model for more information on their training requirements. See the link to the Ounce of Prevention's Resource Toolkit found on ISBE's early childhood website http://www.isbe.net/earlychi/pdf/ec_0-3_resource_toolkit.pdf.

Programs should include ALL their staff in professional development. Not only center teachers and aides, but bus drivers, cooks, etc. need to understand the program model and be able to successfully engage families. Home visitors, family advocates, directors, secretaries, and supervisors need to be able to articulate the program model. Program leaders should provide training for all levels of staff for their professional growth and to support the overall program goals.

Professional Development Opportunities and Benefits

The opportunities for professional development in Illinois relating to early care and education are available through a variety of organizations. They are offered for various types of credit, including in-service hours, clock hours, Continuing Education Units (CEUs), Continuing Professional Development Units (CPDUs), and college credit.

A number of benefits result from professional development:

- Ongoing professional development assists staff and early care and education programs to meet child care licensing requirements, teacher certification requirements, and professional development goals.
- Teachers learn to deliver sensitive, appropriate services and create effective, responsive learning environments for young children.
- Children's learning and development reflect the training and educational qualifications of their teachers.

The following sections describe organizations that offer early childhood professional development:

McCormick Center for Early Childhood Leadership

(For early childhood administrators)

The McCormick Center for Early Childhood Leadership, a part of National Louis University's College of Education, is dedicated to enhancing the management skills, professional orientation, and leadership capacity of early childhood administrators through training, technical assistance, research, and public awareness. The Center hosts training events throughout the year to improve the knowledge and skills of early childhood program directors. Current initiatives include the Director's Technology Training program; Management Institutes; the May Leadership Connections Conference; Taking Charge of Change, a year-long leadership and management training program for child care center directors; and The Next Step, an advanced leadership training for seasoned early childhood professionals.

Training Coordinator

McCormick Center for Early Childhood Leadership

National Louis University

6310 Capitol Drive

Wheeling, IL 60090

Phone: (800) 443-5522 ext. 7703

Email: eeisenberg@nl.edu

<http://www2.nl.edu/twal/contactus.htm>

STARNET

Illinois STARNET provides a variety of opportunities for personal and professional growth for those who touch the lives of young children, ages birth through eight, with an emphasis on children with special needs. STARNET supports family-centered, researched, and effective practices in early childhood education and care. Illinois STARNET is operated through a grant awarded by the Illinois State Board of Education; 100% of annual funding for the project is from federal sources. STARNET provides training, consultation, and resources to the early childhood community in Illinois. As a statewide system, STARNET assists the Illinois State Board of Education in meeting their local needs by providing services throughout Illinois. STARNET is committed to Helping Illinois' Young Children Reach For The Stars.

To contact your local STARNET office, <http://www.starnet.org/about/statewide.php>

Head Start and Early Head Start Program Training

The Illinois Head Start Association (IHSA) is committed to enhancing the development of children, empowering families, and strengthening communities. IHSA provides professional development opportunities for all early care and education programs and plays a leadership role in developing partnerships. The IHSA sponsors statewide training events for Head Start programs as well as other early care and education providers (including for-profits) and parents, including its annual statewide conference in January. The IHSA website contains an updated calendar of training events and is a great source of information about Head Start and Early Head Start in Illinois and nationally.

Executive Director

Illinois Head Start Association

3435 Liberty Drive, Suite D

Springfield, IL 62704

Phone: (217) 241-3511

Email: director@ilheadstart.org

<http://ilheadstart.org/membership-services/event-registration/>

Head Start State Collaboration Office

(For all early care and education practitioners and administrators)

The Head Start State Collaboration Office is a federal-state partnership that supports and encourages collaboration with Head Start, Early Head Start, and various other stakeholders at the state and local levels in the following priority areas: education and child care, professional development, health, community services, family liter-

acy, homeless services, disabilities, and welfare. The Head Start State Collaboration Office works to educate the larger community about Head Start and Early Head Start, provide information and ideas to support partnerships, and conduct and participate in statewide planning to move Illinois toward an integrated system of services for low-income children and families. For-profit providers are eligible to access all training resources offered through this office.

Director

Illinois Department of Human Services Head Start State
Collaboration Office

IDHS Head Start Collaboration Office

10 Collinsville Avenue, Suite 203

East St. Louis, IL 62201

Phone: (618) 583-2083

Email: gina.ruther@illinois.gov

<http://www.ilearlychildhoodcollab.org>

Illinois Early Intervention (EI) Training

(For early childhood practitioners in Illinois, particularly Early Intervention professionals)

The Illinois Early Intervention Training Program provides training opportunities for Early Intervention professionals in Illinois. Many of these trainings may be helpful for early care and education practitioners. Trainings are organized by the United Cerebral Palsy Association of Greater Chicago funded through a grant from the Illinois Department of Human Services Bureau of Early Intervention. An EI Training Calendar, newsletter, and web links are available at the <http://illinoiseittraining.org> website.

Director

Illinois Early Intervention Training

7550 W. 183rd Street

Tinley Park, IL 60477

Phone: (708) 444-8460 ext. 250

Email: lgimble@ucpnet.org

<http://www.illinoiseittraining.org>

Illinois Early Learning (IEL) Project

(IEL is intended for early care and education professionals and parents who care for children ages birth through 5 years)

The Illinois Early Learning (IEL) Project and website are funded by the Illinois State Board of Education and managed by staff at the University of Illinois at Urbana-Champaign. A variety of resources for

early care and education professionals and parents can be found on the IEL website in English, Spanish, and Polish. Resources include Tip Sheets on high-interest topics; links to activities, videos, and resources to help implement the Illinois Early Learning Standards; a statewide calendar of training events; and responses to questions about topics related to early education and development. The website also features responses from Dr. Lilian Katz to questions from parents and teachers.

Illinois Early Learning Project
c/o Early Childhood and Parenting Collaborative
University of Illinois
Children's Research Center
51 Gerty Drive
Champaign, IL 61820-7469
Phone: (877) 275-3227
Email: iel@uiuc.edu
<http://illinoisearlylearning.org>

Illinois Trainers Network (ITN)

(For early care and education professionals)

In partnership with your local CCR&R, the Illinois Trainers Network can provide high-quality, accessible, and affordable training for your staff or community. Participants may receive in-service hours for training on a wide variety of topics, including using the Creative Curriculum for infants and toddlers and preschoolers, foundations of child care, special care (how to effectively serve children with disabilities), and Red Cross first aid and CPR. Center directors can contact their local CCR&R Training Coordinator for specific training events or INCCRRA for trainers who might come to your site or other community locations. These services are offered at low or no cost. Contact your local CCR&R for trainers and training available in your area.

Illinois Trainers Network
1226 Towanda Plaza
Bloomington, IL 61701
Phone: (800) 649-1884
<http://www.inccrra.org>

Ounce of Prevention Fund

The Ounce of Prevention Fund's robust training programs build an early childhood workforce skilled at improving outcomes for Illinois' most vulnerable young children.

The Ounce's Illinois Birth-to-Three Institute is a training and technical assistance provider to early childhood programs, including home-visiting and doula programs, funded by the Illinois State Board of Education (ISBE), the Illinois Department of Human Services (IDHS), and Chicago Public Schools (CPS). In 2011, the Ounce trained nearly 3,000 early childhood professionals who, in turn, served an estimated 11,500 families throughout Illinois.

Their expertise in training is based on their experience developing, testing, and refining innovative programs. Their trainings help early childhood professionals use research results to most effectively serve low-income children and their families.

The Ounce provides training in a range of topics, including:

- Early Childhood Development
- Family Support Strategies
- Child Abuse Recognition & Response

The Ounce operates training facilities in Springfield and Chicago. Trainings are open to all direct-service and management staff of early childhood programs funded by IDHS and ISBE's Prevention Initiative programs.

The Ounce provides technical assistance and consultation for more than 40 partner agencies in Illinois. Their teams help organizations build capacity to successfully operate home-visiting, doula, or Early Head Start/Head Start programs. They emphasize the importance of full implementation of program models and create solutions to meet the ongoing challenges of operations, staffing, supervision, and funding.

Ounce of Prevention Fund
33 West Monroe Street, Suite 2400
Chicago, IL 60603
312-922-3863
312-922-3337 (fax)
<http://www.ounceofprevention.org>

ADDITIONAL IDEAS AND RESOURCES

- Obtain information about upcoming professional development activities.
- Research the availability of scholarships, and other funding for staff.
- Ask for input from ISBE consultants.
- Collaborate with the Illinois Resource Center.

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

{“There comes that mysterious meeting in life when someone
acknowledges who we are and what we can be,
igniting the circuits of our highest potential.”}

— Rusty Berkus

Supportive Work Environment

Illinois Birth to Five Program Standard IV.F.

The program leadership promotes continuity in staffing through provision of a supportive work environment, competitive wages and benefits, and opportunities for advancement.

A career ladder permits staff members to assume greater responsibilities with greater rewards as they gain experience, knowledge and skills. Opportunities for staff development should include goal setting, peer mentoring, workshops, and classes, culminating with the opportunity to create their own staff development portfolio. A supportive work environment, including appropriate physical space and material resources, will enhance the staff's effectiveness. In addition, opportunities to exercise and expand their individual skills in a wide range of programming options allow staff to demonstrate their capabilities in working with children and families. Furthermore, staff satisfaction and continuity will be ensured with adequate compensation including a benefit package. When staff are valued, supported, and have the opportunity to be secure and grow, their self-worth will be enhanced, and their ability to make significant contributions to the program will be maximized.

Quality Indicator IV.F.1.**The program leadership provides staff members with a work space and schedule appropriate for implementing their job responsibilities.**

Leadership and staff must have adequate and pleasant surroundings in which to work. There needs to be individual work spaces and necessary materials and equipment. The staff member needs to take advantage of “teachable moments” and be able to find particular items that will answer questions, solve dilemmas, and/or motivate continued learning; therefore, the space must be organized and adequate. Effort must also be given to the determination of each staff member’s work schedule. Consideration should include the position and its responsibilities as well as any agreement reached between the management and staff member regarding scheduling when finalizing the program and staff members’ work schedules. Accommodations in the program schedule to meet the needs of the participants and community may include evening and weekend hours. Staffing to meet these needs may require some creative strategies.

Program leaders need to be sure staff are allowed time before the program year begins and periodically throughout the year for “organizational duties.”

The following suggestions can assist the leadership to implement supports needed by staff members to fulfill their job responsibilities:

- Arrange office and resource space in center-based programs close to the physical space where activities are conducted for families and children.
- Make boxes, cartons, or other storage containers (preferably on wheels) available for the staff when they conduct home visits.
- Encourage collaboration and sharing of ideas and materials by locating staff in close proximity to each other.
- Request input from staff regarding scheduling and resource sharing.
- Develop realistic schedules to accommodate both group and individual responsibilities.

ADDITIONAL IDEAS AND
RESOURCES

- Network with other birth to three programs and share ideas about scheduling, storing, and/or transporting materials.
- Attend local conferences and visit the exhibits. Note how exhibitors organize, store, and transport their materials.
- Check professional journals and early childhood periodicals for ideas regarding the use of available space and storage of materials.

Quality Indicator IV.F.2.**The program leadership advocates and works to secure a competitive wage and benefit package for personnel based on their position in the program and their expertise and experience.**

All programs for young children should provide staff equitable salaries and benefits commensurate with their qualifications and job responsibilities. Compensation packages (salaries and benefits) should be sufficient to recruit and retain qualified, competent staff. Ensuring a sufficient number of well-prepared, competent, and adequately compensated staff greatly increases staff stability and the probability of a high-quality program for children. Salaries of professionals and paraprofessionals in birth to three programs vary greatly according to state regulations, the type of program, the staff member's educational background and experience, the source of funds for the program, the staff member's responsibilities, and the community in which the program is located.

One way to improve the early childhood work force is to address the issues related to retaining staff. A recent study found that staff who remained on the job earned significantly higher wages. Because of low pay and poor benefits, the early childhood field experiences turnover rates that are much higher than the national average in other areas. This reality has a detrimental effect on the profession because staff leave the field rather than continuing to develop skills to further their careers. High turnover can also hinder children's development because it can interrupt the continuity of early care and education.

Staff who experience job satisfaction and fulfillment are more likely to express positive feelings toward children. They are also more likely to remain in their positions for a longer period of time. With general operating costs and health insurance increasing faster than grant and other incoming funds, fringe benefits for staff are generally one of the last budget items to be considered.

High-quality early childhood programs recognize that there is a direct relationship between the quality of work life experienced by the teaching staff and the quality of care and education that staff provide for

children. Prioritizing staff needs to ensure their well-being is a critical task for the leadership, but often the hardest to provide.

The NAEYC Self-Study Administrator's Report gives several suggestions regarding the welfare of early childhood teachers, administrators, and support staff. Use these suggestions as a guide for grantees, governing boards, or agency administrators who seek to improve practice within their own programs:

- Write job descriptions for full- and part-time staff.
- Write personnel policies including: program philosophy, mission, values, and goals; expectations for ethical conduct; health, safety, and emergency procedures; child abuse and neglect reporting procedures; daily staff schedules and routines; salary scales with increments based on professional qualifications; length of employment and performance; description of benefits; resignation and termination policies; and grievance procedures.
- Provide benefit packages for full-time staff including paid leave (vacation, sick, and personal), medical insurance, and retirement.
- Assure the annual program evaluation examines the adequacy of staff compensation, benefits, and rate of staff turnover.
- Develop a plan to increase salaries and benefits to ensure recruitment and retention of qualified staff.
- Check to be sure planning time is incorporated into staff schedules based on the role and responsibility of each staff member. (National Louis University, 2001)

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Quality Indicator IV.F.3.**The program leadership provides opportunities for career advancement.**

Part of the responsibility of the program leadership is to encourage staff members to continue their professional growth. Each higher level of training opens up advancement opportunities within the program, school district, cooperating programs, community agencies, or related areas. Staff should be aware of employment opportunities, advancement opportunities, and levels of compensation.

When staff members enroll in a college credit course and take an active step regarding their own professional development, the administrator may see new enthusiasm in the staff member. Sometimes problems that may have concerned the staff member regarding his or her effectiveness are addressed by the professor or other members of the class. While the individual is benefiting from finding new job satisfaction, the whole program is also benefiting from the results. The children usually receive more appropriate care and education, families are better served, and other staff members may be motivated and inspired by the example.

The following suggestions may assist program leadership to identify opportunities for staff career advancement:

- Encourage staff members to take college courses selected from a suggested list researched by the administration.
- Urge eligible staff to check with the local Child Care Resource and Referral agency to access their professional development funds. (July is the beginning of a new funding cycle.)
- Maintain a professional bulletin board for posting all relevant course announcements, notices, and bulletins.
- Advertise opportunities for related areas such as positions of consultant, researcher, administrator, college instructor, infant-development specialist, or home and family living instructor in a secondary school. This informs the staff about career ladder opportunities.

Career Ladder

A career ladder or lattice can be a useful tool for employees to see the possible career options available to them within the program. The first step is to develop and graphically portray all of the positions employees might seek in career advancement. This portrayal should include clear, brief descriptions of the roles, major job functions, and realistic qualifications. The information can be taken from existing job descriptions and it should be condensed to fit on 3 x 5 index cards.

Employees find it helpful when positions are shown in ladders up and down the organizational lines. For example, the ladder can depict career moves an employee can make from a teacher assistant's job to classroom teacher to lead teacher in a center to teacher/mentor. These levels and career moves are most often based on the experience and knowledge needed to be successful. Employees also gain an understanding of the career opportunities open to them in a lateral direction, across specialty lines. For example, an employee can see what skills and knowledge are needed to move from a beginning job as a nutrition aide to a job as a teacher aide in a classroom to a job as a family advocate.

Policies and Procedures for Career Management

Policies and procedures help all aspects of an organization work smoothly and fairly, and career management is no different. Here are some items to cover when developing career management policies:

- What career management services are available?
- Who is eligible to participate in the career management program?
- Must employees be in their jobs a specific amount of time before being eligible?
- What costs must the employee assume?
- May employees use work time for career exploration?
- Who may apply for positions available within the organization?
- What compensation is connected to job changes, advancement, and career moves?
- When and how will a supervisor learn about an employee's internal job search?

Once policy statements have been developed, career management procedures flow from them. Here are examples of procedures to cover:

- Where can an employee find career information within the organization?
- Who (staff title or department) oversees the career management system?

- What is the process for an employee to express interest in an internal career move?
- How is confidentiality handled?
- What forms, if any, need to be completed?

Communication and Promotion Plan

Formal career development plans within organizations may be a new concept to some employees. A communication and promotion plan should be designed to inform several audiences about the career management program, including:

- Parents, who will want to know how they can take advantage of the career management program
- Managers and supervisors, who already are active participants as informal career counselors for staff and parents and may be interested in career changes themselves
- Front-line staff, who will have the most interest in and opportunity to use the career management programs

Employees are usually excited about a formal and open program to advance their careers. At the same time, it is good to remember the hesitant feelings some employees will have; they may be unsure about confidentiality or reactions of supervisors who want to retain quality staff for their sites. An effective communication and promotion plan will meet these challenges by:

- Explaining the program clearly
- Creating enthusiasm in people for whom it was designed
- Reducing the anxiety of supervisors and staff

Community Partners

Most programs have organizations in their communities that offer some type of career guidance (schools, colleges, private organizations, or non-profit job development agencies). In fact, many programs already work with these groups to provide services to parents and employees. It makes sense first to search out these organizations to determine what services they offer.

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{*“A leader is not an administrator who loves to run others,
but someone who carries water for his people
so they can get on with their jobs.”*}

—Robert Townsend

Knowledge of Community Services

Illinois Birth to Five Program Standard IV.G.

The program leadership and staff are knowledgeable about programs and agencies in the community that provide services for children and their families.

Programs function within the context of the community. Leaders must know what resources are available in the community and support collaboration that enhances service delivery. They share their knowledge with staff and provide opportunities for them to have “hands-on” experiences with other programs/agencies.

Quality Indicator IV.G.1.**The program leadership provides access to information about a variety of agencies in the community that provide social, health, and other services to children and families.**

Collaboration is a necessity in today's society. Each individual program does not have the resources necessary to provide a comprehensive service system to meet the complex needs of families. A competent administrator knows about the existing community health, social, and educational services and provides staff members with the information necessary for their work. The leadership also builds community networks and coalitions through effective communication including the use of media resources, public speaking, and personally written materials for both internal and external use. Working within and between programs and communities requires the ability to build relationships, set clear goals, and use negotiation skills.

Birth to three programs along with local councils, businesses, and private foundations can collaborate to identify existing resources and services as well as gaps and duplication. The program leader should check with the local library, Chamber of Commerce, or their local Head Start program to see if a directory is available of all the early childhood programs and services available in the community. If no directory is available, a committee from the community can develop one. Staff members in each program should:

- Know the services and available resources provided by the program and be able to share that information with community members.
- Become a broker of this important information with program participants and the community.
- Become familiar with existing community services, who provides them, and how the birth to three program fits into the total picture.
- Discuss with families what needs can be met by the birth to three program or one of the other community providers.
- Become familiar with the ways programs can collaborate to provide services for children and families, special programs, and staff development.

ADDITIONAL IDEAS AND RESOURCES

- Read articles on community services and collaboration strategies.
- Join the local early childhood interagency council or other collaborative groups.
- Offer to work with the local agencies as they develop an early childhood fair.
- Invite a staff member from another program to attend a conference or professional association event with you.
- Offer to help develop the local early childhood service directory.
- Start an early childhood resource library to be shared by all early childhood programs in the community.
- Become familiar with the “All Our Kids” Network sponsored by many County Departments of Health in Illinois.

Quality Indicator IV.G.2.**The program leadership arranges for staff members to visit and interact with early childhood providers and programs elsewhere in the community.**

The old African proverb “It takes a village to raise a child” is still true today. Staff members will be enriched in their own program roles when they have the opportunity to visit other, similar, local programs. Each program in the community will profit from sharing, learning about each other’s experiences, and working together. In addition, families often move within the community and value the information provided by a program that tells them about services and resources in their new neighborhood. Staff can do this accurately if they have actually visited the program. Sometimes it is advantageous for two programs to conduct cooperative planning. This teamwork will also allow staff from each program to know one another.

In many communities, the local councils, libraries, clinics, and hospitals provide opportunities for families and programs to know each other. The various community “fairs” are one example of this and can often serve as public awareness opportunities for individual programs. The program leadership facilitates interactive opportunities for staff members within the community.

ADDITIONAL IDEAS AND RESOURCES

- Develop a schedule so each staff member can visit at least one program during the year, and invite other programs to visit your facility.
- Encourage staff to participate in community events to meet members of the community and learn about services provided by other programs so duplication and gaps can be identified and addressed.
- Form a small group of local providers who meet regularly to share ideas and strategies.
- Engage staff members in a “shadowing” activity with the staff of another program.
- Have a “staff exchange day” with another program.

- Read about the early childhood programs in France, Great Britain, Italy, and Sweden. Compare their efforts to what is happening in early childhood in the United States.

*{“Some people come into our lives and quickly go.
Some stay for awhile and leave footprints on our hearts.
And we are never, ever the same.”}*

—Unknown



Family and Community Partnerships

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Child Viewed in the Context of Family and Community

Illinois Birth to Five Program Standard V.A.

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

Research tells us that the quality of the relationship between infants, toddlers, and preschoolers and the people who care for them every day affects their development in all areas. Children are influenced by their relationships with all members of the family and their cultures. Therefore, it is critical for staff to view families in a holistic manner that takes into consideration both their culture and community. Cultural competency is more than recognition of ethnicity and race. It acknowledges and understands the values, customs, and traditions that influence behavior.

Quality Indicator V.A.1.**The program is designed to enhance and support parent/child relationships.**

The significance of the parent/child relationship should be reflected throughout every aspect of the program. Program staff are encouraged to work as a team (with the families) to review the mission statement and curriculum materials to determine the degree to which they reflect this philosophy and enhance the parent/child relationship. It is also important to select program staff who share this philosophy and who are both committed and skilled at putting it into practice.

Early childhood experiences are powerful in influencing young children's cultural understanding by association of habits, clothing, songs, stories, games, etc., that vividly impacted their early years' memories. Children begin development of self-understanding, including cultural traits and habits, at birth. Self-understanding slowly evolves from infants' experiences with others, mainly parents, but certainly including caregivers, attending family members, and friends. Day and Parlakian (2004) explain, "How children view themselves, how they express their feelings, and how they interpret their roles and relationships within a family and larger society are strongly influenced by cultural values and expectations."

The close involvement of parents and caregivers with young children provides natural opportunities for modeling, guiding, and nurturing positive racial, ethnic, and cultural attitudes and perspectives. Promoting young children's cultural understanding can be achieved naturally through the involvement of the family in the children's care and education. The following suggestions may be helpful in designing a program built on parent/child relationships:

- Ensure parents' participation is in accordance with their comfort level and cultural practices.
- Incorporate and stress the importance of parent/child relationships at orientation meetings.
- Design home- and center-based activities to promote and support parent/child relationships.
- Research and learn about the composition and characteristics of diverse cultures and ethnic groups within the community that the program serves.

- Hold orientation meetings for parents and staff to discuss the importance of cultural aspects in the child/parent relationship.
- Support parents' efforts to find resources and activities to enhance their relationship with their children.
- Learn about and utilize models of coaching, mentoring, and consulting to support optimal parent/child relationships.
- Create a bulletin board of events, ideas, and suggestions that encourage family relationships.
- Hold family events to celebrate the variety of relationships within the family.
- Mail newsletters and request parents' contribution for each issue. (They could give an idea to be developed by a staff person, a recipe, etc.).
- Use writing such as "Family Stories" to enhance multicultural exchange and respect and understanding for each other's customs and diversity of values.

Roggman et al. (2008) explains programs that utilize a parenting-focused model support the parent/child relationship in non-invasive ways that emphasize the parents' support of the child's development. This approach is called "developmental parenting" and offers support as parents' behavior changes over the course of time in response to a child's changing developmental needs.

Roggman et al. (2008) describes the characteristics of the parent-focused model:

- "Respects the parent as the child's teacher;
- Builds developmental parenting skills;
- Builds parent confidence in parenting;
- Helps parent use child development information;
- Helps parents keep parenting during a crisis; and
- Establishes an enduring context for a child's development."

Roggman et al. (2008) suggests the "facilitative approach" offers an effective way to promote developmental parenting. The approach is characterized by the following:

- "Deliver services from practitioner to parent, and then through parenting to the child;
- Help parents observe, support, and adapt to their children's development; and
- Address foundations of social-emotional, cognitive, and language development." (Roggman et al. 2008)

This allows staff to deliver child development services by helping parents use their own skills and resources to support their child's development. This concept of providing services requires a paradigm shift in the way we partner with parents, deliver services, and interact with the child. For example, traditionally services have been delivered directly from the Practitioner to the Child or directly from the Practitioner to the Parent. The parenting-focused model emphasizes the parents' support of the child's development as illustrated below:

Practitioner ↔ Parenting Interactions ↔ Child

By supporting parents through developmental parenting, we are strengthening their ability to parent beyond participation in a “birth to three” program and offering the immediate support parents need to prepare their child for the future.

Programs may be able to access an Infant Mental Health Consultant. Organizations like Caregiver Connections (<http://www.caregiverconnections.org>) provide support to program supervisors and program staff who are directly working with children and families.

“Infant mental health” is defined as the healthy social and emotional development of a child from birth to 3 years; and a growing field of research and practice devoted to the:

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

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

Retrieved from <http://www.zerotothree.org/child-development/early-childhood-mental-health/>

Infant Mental Health Consultant

Infant mental health consultants support the work of infant and early childhood caregivers, providers, teachers, home visitors, and early intervention staff – in child care centers, home child care, family homes, and early intervention offices. An infant and early childhood mental health consultant is often the voice for a child or group of children – helping to build the capacity of care providers to understand and meet the needs of infants, children, and their families. They also can assist providers to better partner with parents to promote the social/emotional development and mental health of their children.

Duran et al. provides the following examples of activities Infant Mental Health Consultants engage in to promote mental health and support children, families, and staff.

Promotion Activities (All Children)

“Child- or Family-Centered Consultation

- Provide families with information on children’s social and emotional development
- Provide tips to families on how to create a home environment that supports healthy social and emotional development

“Programmatic Consultation

- Assess strengths and challenges within the early childhood setting/ environment
- Support early childhood staff in creating a more pro-social learning environment
- Engage early childhood staff and programs in promoting and encouraging staff wellness”

Prevention Activities (Children At Risk for Behavioral Problems)

“Child- or Family-Centered Consultation

- Conduct home visits with families and children with identified risks
- Offer families training on effective strategies for addressing challenging behaviors
- Design and help implement targeted supports to meet the needs of a child or children at risk
- Model effective strategies and coach early childhood staff in using them to support a child or children at risk

“Programmatic Consultation

- Offer ideas and resources for teaching young children social skills and appropriate behavior
- Guide selection and use of social and emotional screening tools
- Support early childhood staff with classroom management strategies”

Intervention (Children Exhibiting Challenging Behavior)

“Child- or Family-Centered Consultation

- Provide crisis intervention services for early childhood staff regarding a child’s behavior Engage families and staff in developing individualized behavior support plans
- Link child/family to community mental health services and assist with care coordination

“Programmatic Consultation

- Train early childhood staff in creating and implementing individualized behavior support plans
- Help early childhood program foster relationships with community services and providers
- Work with early childhood program to develop inclusive policies for working with children with challenging behaviors”
(Duran, et al. Synthesis: Early Childhood Mental Health Consultation. The Center on the Social and Emotional Foundations for Learning. Retrieved from http://csefel.vanderbilt.edu/documents/rs_ecmhc.pdf.)

ADDITIONAL IDEAS AND RESOURCES

- Read appropriate literature to gain and increase your knowledge of cultural diversity as it relates to parent/child interaction and relationships.
- Attend workshops and conferences that deal with parent/child relationships.
- Search the web for relevant information about this subject.
- Illinois Association for Infant Mental Health, retrieved from http://www.ilaimh.org/index.php?option=com_content&view=article&id=10&Itemid=35
- Illinois Children’s Mental Health Partnership, retrieved from <http://www.icmhp.org>
- Caregiver Connections: Early Childhood Mental Health Consultation Support for Providers, retrieved from <http://www.caregiverconnections.org>
- Center on the Social and Emotional Foundations for Early Learning, retrieved from <http://csefel.vanderbilt.edu>

- The Center on the Social and Emotional Foundations for Early Learning website provides Research Synthesis articles on Infant Mental Health. Retrieved from <http://csefel.vanderbilt.edu/resources/research.html>.

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Quality Indicator V.A.2.**Program leadership and staff understand and respect the culture of the families they serve.**

The development of mutual trust and openness between families and staff is a critical element that must exist to establish true partnership with families of different ethnic and cultural background. It is imperative to reflect on our own culture, understand our principles, values, and customs as well as our own bias and prejudices, to genuinely understand other cultures and to be able to establish viable relationships with people of other cultural and/or ethnic backgrounds. There must be true understanding and respect for the families' culture to gain their trust in order to work together to enhance the children's development and their families' own growth and enrichment.

It is important to evaluate what motivates and leads the family's behavior. Understanding a culture means more than learning about food and folklore. It means to learn about the values that guide actions and lifestyle. Respect for a family's culture is accepting it non-judgmentally. For example, when there is an issue regarding behavior that could be harmful to their children, it is necessary to address it with tact, caution, and firmness using professional responsibility. Understanding is knowing the cultural principles that influence parents' childrearing and socialization practices, communication styles, and orientation toward life and education.

Culture may be defined in many different ways. Cross et al. (1989) define culture as "an integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors of racial, ethnic, religious, or social group." Culture is neither absolute nor static. Staff must be careful to think of each family as unique and presenting with their own set of values, beliefs and strengths. To think of culture as absolute or deterministic may lead to stereotyping and misunderstandings.

Staff who approach cultural differences with sensitivity and embrace cultural continuity are responsive to each individual family and provide nurturing, supportive interactions that support the family's culture. The cultural component of the program's environment and activities should strengthen the development of a family's cultural identity

by making connections between the program and the family and the family's culture. Children have been exposed to their family's values, habits, and customs. Staff may or may not represent the culture of the participant. It is the responsibility of the staff to create an environment of mutual understanding. This situation requires many strategies and a multitude of approaches to enable all involved to understand one another regardless of their cultural background. Using a process called "cultural reciprocity," program staff can begin to address and meet the cultural uniqueness of the families served.

Day and Parlakian (2004) provide a four-step process that will support staff as they strive for cultural reciprocity. The process will help staff examine cultural differences, establish a shared understanding, and build stronger working relationships.

1. Self-Awareness – Learn about your own culture.
2. Look Outside – Learn more about others' cultures through:
 - a. Conversations
 - b. Observations
 - c. Information
 - d. Reflection
3. Explain Why – Communicate information about your own culture.
4. Come Together – Collaborate with members of difference cultures.
(Day and Parlakian, 2004)

To bridge gaps in shared knowledge requires two complementary and ongoing processes: self-awareness of one's own cultural assumptions, values, and beliefs; and willingness to learn about the cultural knowledge of others in the full context of their personal histories, assumptions, goals, beliefs, idiosyncrasies or characteristics, and practices. Consider the following:

- Assess the different cultural groups represented in the program enrollment.
- Conduct a training meeting before activities begin to review and discuss their principal characteristics and follow up with more in-depth learning with each individual family to avoid stereotyping and generalizing.
- Reflect and analyze the effect of new knowledge on previous assumptions and be introspective to evaluate misunderstandings.
- When there is a language barrier, face-to-face communication eases the problem. When possible use the resources of an interpreter.
- Utilize families and community resources.
- Strive to provide bilingual support whenever possible.
- Encourage networking and friendship among the participants.
- Match staff strengths with parents' interests and needs.

Derman-Sparks and Edwards (2010) provide the following four goals for all children and explain, “They interact with and build on one another. The specific activities and strategies for working toward these goals will depend on children’s backgrounds, ages, and life experiences. The underlying intent of anti-bias education is to foster the development of children and adults who have the personal strength, critical-thinking ability, and activist skills to work with others to build caring, just, diverse communities and societies for all.”

“Goal 1: Each child will demonstrate self-awareness, confidence, family pride, and positive social identities. This goal calls on teachers to create the educational conditions in which all children are able to like who they are without needing to feel superior to anyone else. It also means enabling children to develop bi-culturally – to be able to interact effectively within their home culture and within the dominant culture.” (Derman-Sparks and Edwards, 2010)

“Goal 2: Each child will express comfort and joy with human diversity; accurate language for human differences; and deep, caring human connections. This goal involves guiding children’s development to respectfully and effectively learn about differences, comfortably negotiate and adapt to them, cognitively understand and emotionally accept the common humanity that all people share.” (Derman-Sparks and Edwards, 2010)

“Goal 3: Each child will increasingly recognize unfairness, have language to describe unfairness, and understand that unfairness hurts. This goal asks teachers to guide children’s development for the cognitive skills to identify ‘unfair’ and ‘untrue’ images (stereotypes), comments (teasing, name-calling), and behaviors (discrimination) directed at one’s own or others’ identities (be they gender, race, ethnicity, disability, class, age, or weight) and having the emotional empathy to know that bias hurts.” (Derman-Sparks and Edwards, 2010)

“Goal 4: Each child will demonstrate empowerment and the skills to act with others or alone, against prejudice and/or discriminatory actions. This ‘activism’ goal requires helping every child learn and practice a variety of ways to act when another child acts in a biased manner toward her/him, when a child acts in a biased manner toward another child, or when an adult acts in a biased manner. Goal 4 builds on and enhances the other three Anti-Bias Education Goals.” (Derman-Sparks and Edwards, 2010)

ADDITIONAL IDEAS AND RESOURCES

- Read literature pertinent to cultures represented in the participating group.

- Attend cultural events that may contribute to expanding your knowledge.
- Provide opportunity for all staff to learn a language.
- Alliance for a Better Community: Dual Language Learner Teacher Competencies (DLLTC) Report, retrieved from <http://www.afabc.org/What-we-do/Education/Early-Care---Education/Dual-Language-Learners.aspx>

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Quality Indicator V.A.3.**The leadership and program staff understand that the child’s home, community, and cultural experiences impact his/her development and early learning.**

The cultural component of the program’s environment and activities should strengthen the developing of a child’s family and cultural identity by making connections between the program and the child’s family and culture. It is important to understand that the home, community, and cultural experiences exert a strong influence in a child from the very beginning of his/her life. This principle must guide the activities offered to the child and the family in the program.

In a multicultural setting, the traditions, values, and priorities of the participants may differ from those of the staff in the program. Children have been exposed to their family’s values, habits, and clothing. The staff may or may not represent the culture of the participant. It is the responsibility of the program to create an environment of mutual understanding. This situation requires strategies and different approaches to enable both parties to understand each other regardless of their cultural background. Gonzalez-Mena explains, “Cultural pluralism is the notion that groups should be allowed, even encouraged, to hold on to what gives them their unique identities while maintaining their membership in the larger social framework. The point of cultural pluralism is to promote diversity. The goal of diversity is unity. Only when we can come together freely, as we are, feeling good about who we are, can we create a healthy unity among all the people of this great society.”

Respecting uniqueness brings people together. Coming together with an open mind and open heart leads to an understanding of that uniqueness. Within a community, people have different talents and skills, interests and likes, and sharing creates understanding.

- Value the diversity of the families as an enrichment factor in the program.
- Research and learn about the composition and characteristics of diverse cultures and ethnic groups within the community.
- Visit the family and child to learn about their culture and clothing and observe their preferences regarding their child-rearing practices.

- Recognize valuable cultural experience of one family, which, if shared, may expand other families' experience and knowledge.
- Bring together families for intercultural sharing and exchange.
- Ensure that parents' participation respects their cultural practice and is within their comfort level.

Chang (2010) submits that although parents may be deeply committed to their child's health, education, and general well-being, parents' ability to support their child's well-being is deeply affected by their economic conditions. Staff can provide support to families if they have the knowledge and resources. Program administrators need to promote professional development opportunities for staff that will:

- Increase understanding of how staff can partner with families to implement Individual Family Service Plans.
- Increase the staff's knowledge of community resources.
- Increase the staff's networking opportunities within the community, thereby providing the social connections that enhance professional relationships. Staff can provide economic support by identifying and partnering with community agencies with expertise in workforce development and financial services and promote awareness of economic resources. Chang (2010) suggests program staff can support families by:
 - “Encouraging greater utilization of available economic supports, such as earned income tax credits and free tax preparation, food stamps, and public health insurance.
 - Connecting families to financial education and asset building resources that help them plan for the financial future and avoid predatory lending.”

Chang (2010) explains that the strategies used must be adapted to suit each individual family; for example, “what helps a newly arrived immigrant parent who speaks little or no English is likely to differ significantly from what works for an American born teen parent.”

ADDITIONAL IDEAS AND RESOURCES

- Reflect on past experiences to analyze responses to different behaviors or reaction to a situation or conditions. First impressions are strong, but sometimes are misleading and not an accurate assessment of a person, group, or situation.
- Read articles and /or books that address cultural diversity.
- Attend workshops, seminars, or classes relevant to cultural diversity.

- Visit other cultural or ethnically diverse programs to observe and exchange positive information and learn about innovative approaches.

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Quality Indicator V.A.4.**Materials that promote and support the program emphasize the importance of families in the lives of children.**

All materials used by the program, whether in public relations efforts or direct activities with the family, need to promote and strengthen families as they nurture their children. Parents influence their children's emotional, intellectual, social, and physical development from the very beginning of their lives. In different cultures, parents' interaction with offspring may be varied. It is important to build on the children's basic experiences, particularly if this base is culturally or ethnically diverse. Thus materials that support these family experiences should be novel and stimulating yet familiar.

Program leadership has the final responsibility regarding the materials used in the program. It is important that the materials support the belief that families are important in the lives of the family members who are young children. The following activities may be helpful:

- Select and provide materials for parent/child interactions that promote the community and cultures of the family.
- Prepare program descriptions and literature to reflect the importance of the relationships of families with their children.
- Review program literature to ensure that the importance of families in the lives of their children is clearly stated.
- Use pictures and language in program materials such as brochures and newsletters that emphasize the importance of families.
- Review all program documents to assure that all cultures are appropriately represented.
- Develop program materials that reflect its appreciation and respect for all families, including those from diverse cultures and abilities.

ADDITIONAL IDEAS AND RESOURCES

- Review literature pertinent to culture and diversity; access websites to learn about cultures and families.
- Visit other programs and observe different approaches, materials, and practices.
- Participate in forums to share and gain knowledge with other program leaders.

Quality Indicator V.A.5.**The program leadership and staff communicate with families in their primary language whenever possible.**

Communicating in an infant or toddler's home language naturally strengthens the child's feelings that his family and culture are respected and valued. Recognizing and using the family's primary language validates it and establishes increased comfort and enhances self-esteem. It is important to acknowledge that there are levels of understanding within a given language; therefore, all communication whether written or spoken should be understood by the program's participants. A variety of resources should be available for the program to use.

The following strategies may be helpful to the program leadership as they consider the program's practice for communication with the program participants when the family's primary language is one that is different from the language commonly used in program activities and services.

- Identify the primary languages and levels of literacy of all program participants.
- Review reading levels of all program materials and match them with participants' literacy levels.
- Encourage families to use family literacy resources.
- Provide staff development activities to encourage the program staff to learn the basics of the participants' languages.
- Introduce dual-language opportunities during program activities.
- Prepare a list of resources that identifies competent and appropriate translators or interpreters within the community to assist the program.
- Empower parents to find and use their own language resources.
- Assess the availability of family literacy programs within the community and make necessary linkages.

ADDITIONAL IDEAS AND RESOURCES

- Attend workshops about the role of language in communications and human relationships.
- Read journal articles about working with families of other cultures and languages, as well as the research on English as a second language.

- Provide a variety of staff development opportunities to increase fluency in the second language.
- Develop a dual-language library of books and tapes for families and staff.

Quality Indicator V.A.6.**The program assists families in expanding their knowledge of child growth and development and parenting techniques.**

The goal of a nurturing staff is to assist parents to learn they are the experts when it comes to “knowing” and understanding their own child and making decisions about their own child. During these first few years as children grow and change so rapidly, parents may feel more self-assured if they have friendly professionals to whom they can turn with their questions.

Some parents do not realize the extent of influence their personal habits and lifestyle have on the child. Program leadership and staff need to provide basic information from widely known experts as they assist families to learn more about young children in general and their own child in particular. This can be accomplished through regular opportunities to meet with families. Staff must be cognizant about creating an inviting and comfortable environment and being available to the families on a regular basis. Knowing the families well allows staff to reinforce positive interactions parents have with their children.

All the areas of child development (social, emotional, physical, and cognitive, including language development) should be discussed with parents during these learning opportunities. It is easy for parents to see the physical and cognitive growth taking place with their child, and within a few months parents also respond to the increased social awareness their child displays. Emotional development is as important as the other areas; therefore, parents need to learn how crucial secure relationships are to the lifelong emotional health of the child. Staff should recognize and respect parents’ unique teaching abilities, and challenge parents to be the best possible teachers they can be for their children. Encourage parents to:

- Interact verbally and through eye contact to stimulate child’s cognitive development.

Thompson (2001) explains, “A young mind’s innate capabilities and incessant activity each provide powerful avenues for understanding when aided by everyday experience and the behavior of other people. Safe, secure environments and playthings within easy reach permit a young child to explore things

that can be examined, combined, and taken apart. Additional catalysts for intellectual growth arise from the natural, spontaneous behavior of sensitive adults. Caregivers do many things to stimulate mental growth. They create daily routines that enable young children to anticipate, represent, and remember routine daily events, such as preparing breakfast together, going to daycare, or taking a bath before bed. Caregivers promote language growth, from their sing-song ‘parentese’ (which is optimally suited to enable babies to learn the sounds of the native language) to the continuing verbal patter they share with barely conversational young children (which enables children to begin to understand the significance of their everyday experiences).”

- Provide lots of “loving touches” through kisses, hugs, and holding. This provides a sense of security and keeps a child calm. McClure (2000) suggests, “The vital elements which strengthen the bonds are eye contact, skin contact, vocalization, and communication – the baby’s responses to the parent as well as the ‘dance’ of learning intimately about one another.”
- Help a child develop a good feeling about him- or herself. Epstein (2010) found, “Research shows that social and cognitive skills are linked. Academic readiness depends on social-emotional elements such as listening, task persistence, and flexible problem solving. Young children who have emotionally secure and positive social experiences become able learners.”
- Read, sing, and talk to the child. Eliot (1999) found, “It is important to realize that socioeconomic class per se is not the primary factor determining children’s language achievement. Parents who talked more to their children, who used a greater variety of words and sentences, who asked rather than told their children what to do, and who consistently responded in positive rather than negative ways to their children’s speech and behavior, tended to raise more verbally gifted children than those who were poorer at these parenting skills.”
- The McCormick Foundation offers 10 Things Every Child Needs for the Best Start In Life:
 1. Encourage interaction
 2. Offer physical attention
 3. Provide a stable relationship
 4. Maintain a safe, healthy home
 5. Develop strong self-esteem
 6. Choose quality child care

7. Engage in conversation
8. Promote play
9. Make music
10. Make reading a priority

ADDITIONAL IDEAS AND RESOURCES

- Visit another birth to three program in the community or area and discuss hosting parent education classes together.
- Visit the library or a book store and become familiar with the parenting or baby magazines available.
- Review parenting books on amazon.com.
- Search the Internet for interesting materials using the key words: parenting, parent education, child development. Some websites of interest may be www.familysupportamerica.org or www.zerotothree.org.

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Quality Indicator V.A.7.**The program staff recognizes the influence of the community and its characteristics upon the family.**

Children sense, both visually and emotionally, early on that there are differences between families, where they live, and the supports in place to assist the family. The community forms the framework around the family that includes where they live, work, shop, and play. The adults as well as the children as family members are directly impacted by factors in their community. These factors include the geographic setting, the types of residences, and job opportunities. The community's socioeconomic factors greatly impact family life and family members. Those factors include gangs/ethnic neighborhoods, availability of parks and recreation, access to health services, education opportunities for adults and children, library resources, and literacy opportunities.

The program has a responsibility to not only acknowledge the importance of the community's influence on families but also to provide opportunities to families that will support them in their efforts to know and understand this influence. Programs can provide the following activities:

- Plan workshops that lead families to understand their rights, roles, and power to make positive changes within their community.
- Assess the culture of the communities where the program is located and families live including recreation, housing, medical services, transportation, primary and secondary languages, standard of living, child care, houses of worship, businesses, and shopping facilities.
- Promote the community with staff and parents by advertising and supporting local events.
- Participate in community groups to learn more about the characteristics of the community and its resources.
- Invite community members to visit the program and share information.

ADDITIONAL IDEAS AND
RESOURCES

- Identify successful role models within the community and use them as resources for families.
- Add materials including articles about the community's resources and culture to the program library.
- Initiate community events that support program participants.
- Request materials from consulates or embassies of the country or countries represented in the community and program participants for families' and staff's information and enrichment.
- Offer your program site as a place for community groups to meet.

*{“When planning for a year, plant corn.
When planning for a decade, plant trees.
When planning for life, focus on family.” }*
— Chinese Proverb

Family Participation and Partnerships

Illinois Birth to Five Program Standard V.B.

The program leadership and staff seek and facilitate family participation and partnerships.

The program is designed to benefit and be responsive to families. Administration, staff, and parents should arrive at mutual understandings, which guide program planning, implementation, and evaluation through open and ongoing communication. When leadership and decision making opportunities are provided to parents, they become empowered and are better equipped to make decisions that are important in their own lives and in the lives of their children.

Quality Indicator V.B.1.

The program recognizes that parents play an integral role in their children’s learning. Parents are welcome in the program, and their support and involvement are sought.

Creating a welcoming environment is an essential part of engaging families in the program. A welcoming environment includes the physical surroundings as well as the emotional tone set by the staff. Children and families are stronger and safer when staff embrace families as true partners. Parent engagement will increase and families will become a part of a larger social support system. For parent engagement to be successful staff must have a genuine desire and a strong commitment to involve and engage families. To accomplish this, program staff must listen to parents. The following information has been adapted from the Strengthening Families document *You’re Welcome: Parent Leaders Speak Out on What It Takes to Promote Real Parent Engagement*.

- Provide a welcoming environment by greeting parents and children and providing a space for families to gather.
- Assume all parents care about their children.
- Build relationships with parents.
- Provide activities that allow parents to talk with each other and staff about issues that matter to them.
- Provide events that are interesting to parents.
- Provide opportunities for parents to share their ideas, interests, concerns in a non-judgmental atmosphere.
- Share information that is relevant to parents in a way that is interesting to them.
- Use teaching methods that are interesting and inviting.
- Provide information about how parents can advocate for themselves and their children.
- Offer honest communication and be attentive.
- Invite parents to contribute and share their talents.
- Address language barriers.
- Allow parents to be partners. The feeling of ownership or investment in a program often equates into parent involvement and engagement.

- Parents feel welcome when they are welcome and made to feel valued.
- Make sure all policies and procedures create and support relationships with parents and do not build barriers.

The Strengthening Families document *Learning and Growing Together: Our Commitment to Families* provides guidance to staff on how to create a safe and nurturing environment in which children and families can thrive. The strategies below have been adapted for staff:

- Welcome and respect families' ideas, talents, and values;
- Appreciate the important role families play in their children's lives;
- Help children communicate feelings and get along with other children and adults;
- Give children and families opportunities to learn and have fun;
- Introduce parents/caregivers to other parents/caregivers for friendship and support;
- Use staff knowledge and experience to help families deal with tough issues;
- Connect families to community resources when needed;
- Help parents/caregivers be the best they can be; and
- Be a smiling face, a friendly place, and a partner families can trust.

The Center for the Study of Social Policy/Strengthening Families has completed extensive research on the strategies that build family strengths and create healthy environments that promote optimal child development. Strengthening Families encourages programs to build strategies into programming that support the Protective Factor framework listed below:

- **Parental Resilience**

“Resilience is the ability to manage and bounce back from all types of challenges.” It can also be called psychological health.

- **Social Connections**

Networks of support.

- **Concrete Support in Times of Need**

Links to community resources when needed.

- **Knowledge of Parenting and Child Development**

Anticipatory guidance offers an understanding of child development and being able to anticipate appropriate expectations for children's behavior.

- **Social and Emotional Competence of Children**

The ability to interact positively with others, self-regulate behavior, and effectively communicate feelings.

Strengthening Families Illinois added one more protective factor to the original protective factor framework designed by the Center for the Study of Social Policy:

- **Healthy Parent-Child Relationships**

Positive parent-child interactions.

Learn more about Strengthening Families and the protective factors by exploring the links in the additional ideas and resources section below.

The physical environment may provide the first impression children and families have to the program. Making sure the classroom matches the tone set by staff will ensure children and parents feel welcome. The National Association for Young Children offers these suggestions:

1. “Start with a clean, well-organized room.”
2. “Decorate the walls.”
3. “Have cubbies, labels, class lists, and name tags ready.”
4. “Create a new year bulletin board.”
5. “Display photos of the children and their families.”
6. “Learn families’ names before the first day.”
7. “Set up learning centers and tables with a few engaging toys and materials.”
8. “Create a welcome area.”
9. “Identify volunteer family ambassadors.”
10. “Offer warm greetings.”
11. “Follow each child’s individual schedule for feeling comfortable.”

ADDITIONAL IDEAS AND RESOURCES

- Read NAEYC and Head Start Performance Standards for parent involvement.
- Promoting Father Involvement in Home Visiting Services for Vulnerable Families: A Pilot Study, Final Report to the Pew Center on the States, retrieved from http://www.pewstates.org/uploaded-Files/PCS_Assets/2013/Father_Involvement_executive_summary.pdf
- The Center for the Study of Social Policy/Strengthening Families, retrieved from <http://www.cssp.org/reform/strengthening-families>
 - Growing and Sustaining Parent Engagement: A Toolkit for Parents and Community Partners, retrieved from <http://www.cssp.org/publications/growingandsustainingparentengagement-toolkit.pdf>
 - Key Program Elements: promoting children’s healthy social and emotional development, retrieved from <http://www.cssp.org/>

[reform/strengthening-families/resources/body/02_Promoting_Children_REV4.pdf](http://www.cssp.org/reform/strengthening-families/resources/body/02_Promoting_Children_REV4.pdf)

- Key Program Elements: staff leadership to create relationships that protect children, retrieved from http://www.cssp.org/reform/strengthening-families/resources/body/03_Staff_Leadership_REV4-1.pdf
- Key Program Elements: mental health consultation, retrieved from http://www.cssp.org/reform/strengthening-families/resources/body/04_Mental_Health_REV4.pdf
- Key Program Elements: including men, retrieved from http://www.cssp.org/reform/strengthening-families/resources/body/05_Including_Men_REV4.pdf
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2. National Association for the Education of Young Children. *Welcome Children and Families to Your Classroom*. Retrieved from http://www.naeyc.org/files/tyc/file/11X_%20Welcome%20Children%20and%20Families.pdf

Quality Indicator V.B.2.**The program leadership assures a system is in place for regular, effective, two-way communication and responsive interaction between the program leadership, staff, and families.**

Programs need to recognize and value families as partners; therefore, a caring atmosphere should be established that is responsive to families. Program leadership fosters this partnership through careful planning and implementation of the program's activities. Programs meet the needs of families best when careful planning and implementation take place. Hoover-Dempsey et al. (2005) suggest three factors significantly influence whether parents become engaged:

1. "The parent believes s/he should play an active role in their child's education and has a positive sense of self-efficiency for helping the child."
2. "The program has a welcoming environment and invites family involvement."
3. "The parent is in the situation to become involved. The context of the parent's life allows such involvement. The parent has the knowledge, skill, time, socioeconomic situation to support involvement."

Parents and staff become partners as trust is fostered through two-way communication. Sensitive observation of the program participants as well as the gathering of systematic feedback from parents can enhance programming.

- Learn strategies for building partnerships with parents.
- Develop procedures for giving opportunities to staff to provide feedback to program leadership on a regular basis.
- Provide parents opportunities to voice their ideas and opinions on the activities planned as well as to provide feedback on their implementation. Establish and nurture a relationship where all parties are comfortable sharing comments and working together.
- Use staff meetings to review the degree to which the program's communication strategies enhance parents' participation and promote feedback.
- Review your program's communication system regularly to determine its effectiveness and make appropriate changes.

Keyser (2006) “encourages early childhood practitioners to look for the good idea behind a parent request or demand that may initially seem strange or inappropriate. Looking for the good idea is a way of building on a parent’s strengths, of beginning to understand a person whose culture may be very different from your own, or of looking for the parent’s good intentions. It is much easier to relate to parents in a positive, respectful way when

- We engage in a two-way conversation (listening carefully as well as speaking)
- We try to recognize the potential for good ideas behind parental requests and behaviors.”

Programs can ensure genuine parent engagement by inviting parents to join a program advisory council. The fundamental purpose of the program advisory council is to ensure that all children and families receive the best possible learning opportunities by engaging all partners in an ongoing process of evaluation and feedback related to child and family learning. An advisory council is defined as any group that serves in an advisory rather than a policy-making or decision-making role. The primary responsibility of the council is to help develop and to implement a program improvement plan in collaboration with program staff.

ADDITIONAL IDEAS AND RESOURCES

- Explore techniques and strategies for creating parent partnerships used by other programs.
- Participate in workshops, seminars, and/or classes designed for staff and administrators to learn about systems for communication and more effective communication strategies.
- Locate and read articles on effective communication and building communication systems in journals and websites.
- Hold a staff event that focuses on communication: the program’s system, its effect, and needed changes.
- The Head Start Parent, Family, and Community Engagement Framework, retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/standards/ims/2011/pfce-framework.pdf>

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Quality Indicator V.B.3.**The program provides opportunities for family involvement and educational activities that are responsive to the ongoing and expressed needs of family members.**

The manner in which resources and supports are provided to families is very important. There is considerable agreement and understanding that how staff work with families is as important as what activities staff offer families. Family-based practices are responsive to the individual needs of a family. These practices assist the family to grow in their child-rearing competencies and gain confidence about their important role. Leadership and staff must strengthen the family's ability to support the development of their children in a manner that increases the family's sense of parenting competence and not the family's sense of dependency on professionals or professional systems.

Being responsive to the ongoing and expressed needs of the family members is known as family-based practice. Family-based practice:

- Strengthens family functioning by sharing responsibility and working together.
- Provides families with participatory experiences and opportunities promoting choice and decision making.
- Supports family participation in obtaining goals to strengthen parenting competence and confidence.
- Needs to be flexible and individualized.
- Incorporates family beliefs and values into decisions and family plans.
- Provides resources and supports in ways that are flexible, individualized, and tailored to the child's and family's preferences and styles.
- Promotes well-being.
- Is accomplished in ways that are responsive to cultural, language, and other family characteristics.
- Shares information so families can make appropriate choices and decisions.
- Develops appropriate family-identified outcomes.

(Adapted from DEC Recommended Practices in Early Intervention Early Childhood Special Education, 2000)

ADDITIONAL IDEAS AND
RESOURCES

- Visit area family support programs and discuss family involvement from their philosophical viewpoint.
- Talk with local Head Start, prekindergarten, and early childhood special education coordinators about their parent-involvement activities.

REFERENCES

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

Quality Indicator V.B.4.**Families are full partners in the decisions that affect their children and are included in the development and implementation of program activities.**

In quality birth to three programs the administration and staff develop partnerships with parents, who have both a right and a responsibility to participate in decisions about their children's care and education. Parents know their children best and can share valuable information about their children's development. Families benefit from the confidence they gain by becoming involved.

Research indicates that when parents are involved in the care and education of their children from the earliest years on through college, children are more successful in school and in their non-school activities. (Bowman, 1997) When families have clear cut expectations of their children, for example: expected to be honest; expected to be helpful to others; expected to remain in school, it is more likely children will meet those expectations. Family involvement in all aspects of the child's life can begin in the birth to three program and continue all through life.

In quality programs, administrators and staff

- Greet parents and children by name;
- Take time to acknowledge the child's parents and their participation and progress;
- Invite parents to participate in activities and special events;
- Plan programs with input and follow-up from parents;
- Realize parents benefit from social support in addition to informational gatherings;
- Provide food at program meetings to promote sociability and ease family schedules;
- Share resources with parents;
- Ask an interested group of parents to plan activities of their choice;
- Have parents serve in an advisory capacity to the program.

ADDITIONAL IDEAS AND RESOURCES

- Identify new and innovative ways to involve parents in program activities.
- Review books and journal articles describing successful activities to encourage parent participation in program activities.
- Visit other programs and share ideas of successful parent involvement.
- Look at parenting websites and gather ideas.

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{ “How many hopes and fears, how many ardent wishes
and anxious apprehensions are twisted together in the threads that
connect the parent with child!” }

— Samuel Griswold Goodrich

Access to Comprehensive Services

Illinois Birth to Five Program Standard V.C.

The program assures that families have access to comprehensive services.

While one of the primary goals of birth to five programs is to enhance parent/child relationships, Maslow's hierarchy of needs tells us that food, clothing, shelter, and medical needs must be met first. In order to be successful in this, it is critical for programs to have systems in place for identifying the needs of families, making referrals to other community agencies and following up to be sure services were delivered as anticipated.

Quality Indicator V.C.1.**Program leadership and staff have a working knowledge of the resources in their community.**

Convenient, appropriate, effective, and affordable quality services that help build strong families and provide appropriate environments for young children prenatally and throughout their early years should be available in all communities and accessible to all families and children. Without the knowledge of the services available in the community, as well as who can access them how, when, and where, programs cannot even take the first step to provide or make comprehensive services available to families. Few programs are able to provide all services that make up a comprehensive system. It is necessary that information sharing, coordination, and collaboration take place among all community entities so that a comprehensive system exists.

Every program that provides services to infants and toddlers and their families should have a goal that addresses knowing what services are available in the community and how families can access them. Activities in support of the goal should be identified for each program.

The following suggestions are for consideration:

- Construct or access a list of available services in the community that would comprise a comprehensive services system. This is a task best undertaken by a group rather than by a single program.
- The services should include:
 - Educational services for children including developmentally appropriate full-day and half-day education and care programs in centers, family child care homes, home visit or family support programs; screening and assessment to identify children with potential special needs; and referrals to appropriate programs.
 - Family support services including family-centered parent education and support; crisis intervention; adult literacy instruction; library programs; family counseling and assistance; social activities that promote family togetherness; play groups; park district recreational programs; and referrals to appropriate agencies for housing and employment needs.
 - Maternal and child health, mental health, and nutrition services including prenatal and postnatal services and counseling; immu-

nization; early and periodic screening, referral, and follow-up for all health needs; adequate meals for children; nutrition counseling for families; and access to a consistent “medical home” for regular health care.

- Identify the services available through your program.
 - Locate and update any existing directories of services for families available in the community. This activity could be performed by a program work group, an existing community task force, the local Child and Family Connections office, the local interagency council, the local Child Care Resource and Referral, the local library, a combination of individuals from previous suggestions, or a dedicated individual.
 - Assemble a directory of available family services, if none exists, using a strategy described in the preceding activity. Design a process for updating the directory and who will take responsibility. Include the name, phone number, fax, e-mail, address, office hours, contact person, services provided, eligible population, and referral process for each entry. The following should be included:
 - SSI (Supplemental Security Income - Social Security Office)
 - Public Aid
 - Early Intervention including the Child and Family Connections and local interagency council
 - Public health including local clinics and hospitals
 - Child Care Resource and Referral
 - DCFS (Department of Children and Family Services)
 - Emergency assistance (911)
 - Local early childhood, prekindergarten, and kindergarten as well as other community programs
 - Local community organizations including houses of worship that provide family supports
- Identify the gaps in services and look into neighboring communities for appropriate service providers. Form agreements with those providers to accept referrals from the local community along with the necessary process and procedures. The referring community could reciprocate by offering needed services to the neighboring community.
 - Identify program procedures when services outside of the scope of the program are needed.
 - Sponsor and schedule a forum for community providers where they will introduce themselves and provide additional information to the directory.
 - Hold an event similar to the provider forum but appropriate for families and caregivers.

- Invite other service providers to attend staff meetings as guest presenters and vice-versa.

ADDITIONAL IDEAS AND RESOURCES

- Look to community resources to give financial support for an ongoing services directory.
- Support the sponsorship of an event that could incorporate public awareness about community services.
- Use existing events such as county fairs, home and garden shows, and health fairs to inform the community and gain support for the system of services.
- Take advantage of existing coordination and collaboration groups, such as the local interagency council, to build support and cooperation for a seamless system of services for families and children.
- ZERO TO THREE Home Visiting Community Planning Tool, retrieved from <http://www.zerotothree.org/public-policy/state-community-policy/home-visiting-community-planning-tool-fillable-pdf.pdf>
- You Have What It Takes! A Tool For Identifying Your Skills As An Early Childhood Advocate, retrieved from <http://www.zerotothree.org/public-policy/action-center/advocacy-tool-final-9-7-10.pdf>

Quality Indicator V.C.2.**The program has both a referral and follow-up system to assure that families are able to access services determined appropriate.**

Everyone in a community should move toward considering themselves a potential referral source in support of a comprehensive, coordinated services system for families and young children. Conducting a public awareness effort to enhance the understanding of Child Find and the community's services system for families and children will assist each individual to consider this responsibility. Some individuals in the community by nature of their roles and responsibilities are required by law to make referrals when a child shows evidence of delay, a disability, and/or suspected abuse. All staff members in programs that provide services for families and their children, as well as health care professionals, are included in this group. The referral is only the first part of the process.

Follow-up, or perhaps more accurately the follow-along process, takes place so that no family or child falls through cracks in the system and to ensure that appropriate services are provided. It is important that all individuals making referrals are aware of this responsibility and allow time for appropriate follow-up. Data gathered from follow-up on children and families who have been referred for services is powerful for supporting reports to the legislature and other constituencies on the availability and provision of services. Extended follow-up can support accountability through the evaluation of the outcomes produced by services provided by early education and care programs.

There is a difference that needs to be noted between “inquiry” and “referral.” “Inquiry” is the very first contact that a family makes to seek information, support, or help. The “inquiry” can result in a range of responses from an informal conversation or interview to a formal screening to determine whether a “referral” is appropriate.

“Referral” is defined as the process of directing or redirecting a family to an appropriate specialist or agency for definitive treatment or assistance. For example, a referral to Early Intervention Services means the process of requesting that a child be screened, assessed, and/or evaluated. In some instances this may include looking at the child's home and/or other environments, as well as the individuals who are

involved in any way with the child, to determine if special services or interventions are needed.

The referral for any service may be that first opportunity for the program to respond to the family and begin their relationship. It is critical that a referral process is in place as part of the coordinated and comprehensive system of services for families and children. This referral process must be coordinated across the entire system so that the family can access needed services in a timely manner. Emphasis again must be made on knowing the community, the stakeholders, the providers, and available services as well as those services that must be obtained outside of the community.

Each community will develop a process for referral and follow-up that works well for them. If the community is not ready to make that kind of commitment to collaboration, the program will develop their own process for referral and follow-up. The process should include:

- Identify the concerns or needs in partnership with the parent.
- Provide referral options to the parent for follow-up.
- Empower parents to make contact with the appropriate program or agency.

Each program should include activities that promote the program goal for referral and follow-up. Activity choices need to be individualized and creative for each individual program.

- Train the program staff regarding the referral and follow-up process.
- Provide comprehensive guidelines in a program policy and procedures manual for incoming and outgoing referrals.
- Implement a process for documenting referrals and the follow-up process.
- Inform parents of their rights and responsibilities including informed consent. When appropriate, obtain informed consent for provision of services and release of information.
- Consider appropriate resources for referral for services not offered by the program.
- Track the referral, results, recommendations, parent satisfaction, and impact on the program.
- Identify further follow-up.

ADDITIONAL IDEAS AND RESOURCES

- Develop personal leadership skills using materials produced by the National Association for the Education of Young Children and other professional organizations including business.

- Learn more about The Early Intervention System, The Department of Children and Family Services, and Supplemental Security Income or SSI.
- Identify community stakeholders who are willing to work together to develop a community-wide system of referral and follow-up. If no appropriate entity exists, take the initiative to form one.
- Identify stakeholders who may be new or do not participate in community activities.
- Consider a community agreement that funds a centralized community office and staff person, perhaps the library or local clinic, to organize existing referrals and conduct follow-ups according to criteria established by a community work group. A system for reporting the data should be included in the agreement as well as the participation of the referring entities.

Quality Indicator V.C.3.**The program works to address family needs.**

Historically, Ure Bronfenbrenner, in 1979, noted families need both informal and formal resources and supports so that they have the knowledge, skills, time, and energy to promote the development of their children. The family's socioeconomic status has a direct impact on the family's well-being and positive parenting abilities. Another impact on the family's well-being is the emotional health of family members. When families attend birth to three programs and share their needs, staff must respond with concern and empathy. Staff must also share their knowledge about community resources that might assist the family. A guide for families of all community resources, including job assistance, career planning, skill development, and social services, needs to be available. It is the responsibility of each staff member who works directly with families to become familiar with the guide and keep it updated as new opportunities in the community become available.

Family constellations are very different. Programs need to be aware of how best to meet each family's needs. Staff planning before the first group meeting will help the family feel more comfortable about taking advantage of all the program has to offer. Staff needs to remember that families will choose various levels of participation regarding these supports.

To be truly responsive staff needs to inquire:

- Regarding the best times for the family to meet with staff (not assume the family can meet during regular daytime hours).
- Where the best place to meet might be, such as program facility, family home, local eating place, local library or other public building.
- About siblings and if child care is needed.
- About members of the family and who might be available to meet with staff.
- How a continuum of services might best meet the family's needs.

ADDITIONAL IDEAS AND RESOURCES

- Talk with colleagues, friends, and family members to gain more insight about families and their needs.

- Keep a notebook about community resources to which you have referred families.
- Follow up with the families to determine if the experience and resources were helpful.
- Attend community workshops and meetings regarding other programs of support and assistance to the members of your community or county.
- Be aware of community philanthropic endeavors and how to access their services and resources.

Quality Indicator V.C.4.**The program prioritizes services for children and families experiencing homelessness.**

Families with children birth to age three experiencing homelessness are among the most at-risk population in a community. Among industrialized nations, the United States has the largest number of women and children living in a homeless situation. The Annual Homeless Assessment Report to Congress (2010) states families experiencing homelessness comprise roughly 1/3 of the total homeless population. The National Center on Family Homelessness reports:

- Approximately 1.6 million children will experience homelessness over the course of a year.
- In any given day, researchers estimate that more than 200,000 children have no place to live.

Family homelessness is caused by a number of factors including, but not limited to, poverty, domestic violence and abuse, lack of affordable housing, fractured social supports, and mental or physical health issues. In times of economic uncertainty many families are vulnerable to experiencing homelessness. Programs can link families to community resources that will provide children and families a safe place to stay and address other issues that may have led a family to homelessness. A family who has lost their home may also experience loss of health, safety, and the capacity to support themselves and their family. This can have significant effects on children. The reality of homelessness is that many families will experience the following:

- Lack of structure, routine, stability;
- Trauma;
- Loss, grief;
- Lack of access to food;
- Lack of healthcare;
- Sub-standard living conditions, e.g. overcrowdedness, unhealthy conditions;
- Stressful attachments to caregivers; and
- Lack of awareness.

Children experiencing homelessness may experience the following:

- Higher rates of developmental delays;

- Infants who are homeless start life needing special care four times more often than other babies;
- Toddlers exposed to homelessness show significantly slower development than other children;
- Higher rates of chronic and acute health problems; and
- Higher exposure to domestic violence and other types of violence.

Program staff should address homelessness in their community by identifying and serving families who are homeless or vulnerable to becoming homeless. Understanding how to assist families is a vital component when offering services to families and being an effective advocate for families. Program staff need to:

- Be familiar with federal and state legislation/regulation regarding homelessness.
- Be familiar with local community resources to support children and families experiencing homelessness.
- Be an advocate for the children and families experiencing homelessness.

Program staff will partner with families to determine the goals that will be addressed on the Individual Family Service Plan.

McKinney-Vento Homeless Assistance Act (PL100-77) was the first and remains the only major federal legislative response to homelessness. The McKinney-Vento Act contains nine titles:

- **Title I** – is a statement of six findings by Congress and provides a definition of homelessness.
- **Title II** – establishes and describes the functions of the Interagency Council on the Homeless, an independent entity within the Executive Branch composed of the heads of 15 federal agencies.
- **Title III** – authorizes the Emergency Food and Shelter Program, which is administered by the Federal Emergency Management Agency (FEMA).
- **Title IV** – authorizes the emergency shelter and transitional housing programs administered by the Department of Housing and Urban Development, including the Emergency Shelter Grant program (expanded from the program created by the Homeless Housing Act in 1986), the Supportive Housing Demonstration Program, Supplemental Assistance for Facilities to Assist the Homeless, and Section 8 Single Room Occupancy Moderate Rehabilitation. Also see the HEARTH ACT, retrieved from <http://www.hudhre.info/hearth>.
- **Title V** – imposes requirements on federal agencies to identify and make available surplus federal property, such as buildings and land,

for use by states, local governments, and nonprofit agencies to assist homeless people.

- **Title VI** – authorizes several programs administered by the Department of Health and Human Services to provide health care services to homeless persons, including the Health Care for the Homeless program, a Community Mental Health Services block grant program, and two demonstration programs providing mental health and alcohol and drug abuse treatment services to homeless persons.
- **Title VII** – authorizes four programs: the Adult Education for the Homeless Program and the Education of Homeless Children and Youth Program, both administered by the Department of Education; the Job Training for the Homeless Demonstration Program, administered by the Department of Labor; and the Emergency Community Services Homeless Grant Program, administered by the Department of Health and Human Services.
- **Title VIII** – amends the Food Stamp program to facilitate participation in the program by persons who are homeless, and also expands the Temporary Emergency Food Assistance Program, administered by the Department of Agriculture.
- **Title IX** – extends the Veterans Job Training Act.

Become familiar with the Illinois State Plan for the Education for Homeless Children. The policy of the Illinois State Board of Education provides guidance regarding homelessness: “homeless students include, but are not limited to, children or youth who are: sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (commonly referred to as being ‘doubled up’); are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; are awaiting foster care placement; are staying in public or private places not ordinarily used as sleeping accommodations; are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; or are otherwise not residing in a fixed, regular and adequate nighttime residence.” Program staff addressing the needs of teen parents may need to access community resources for unaccompanied youth. The McKinney-Vento Act (Section 725) defines the term “unaccompanied youth.”: “The term unaccompanied youth [term is in italics in original] includes a youth not in the physical custody of a parent or guardian. This would include runaways living in runaway shelters, abandoned buildings, cars, on the streets, or in other inadequate housing; children and youth denied housing by their families...; and school-age unwed mothers living in homes for

unwed mothers because they have no other housing available.” Other considerations include:

- In determining whether or not a child or youth is homeless, consider the relative permanence of the living arrangements.
- Determinations of homelessness should be made on a case-by-case basis.
- There is no specific time limit on how long a child or youth can be considered homeless.

Programs can ensure children and families experiencing homelessness are responded to appropriately by:

- Identifying the families most at risk in the community.
- Ensuring families have equal access to early childhood programming throughout the community.
- Ensuring immediate enrollment into the Prevention Initiative program (if space is available) even if they lack health or identification documentation.
- Including homelessness as a criterion for priority enrollment.
- Placing homeless families at the top of the waiting list if the Prevention Initiative program is at maximum capacity, and placing them in the program as a spot becomes available, or linking them to another home visiting or center-based program serving families with children birth to age three.
- Linking families to other services including Early Intervention, bilingual education programs, food banks, etc.
- Informing families of their educational rights including transportation availability or providing transportation (if applicable) to community resources.
- Entering identified homeless students/families in the Illinois State Board of Education Student Information System (SIS).
- Creating staff awareness of the needs of children and families experiencing homelessness.
- Being flexible with policies that may serve as barriers to services.

ADDITIONAL IDEAS AND RESOURCES

- Illinois State Plan for the Education for Homeless Children and Youths Program, Illinois State Board of Education, retrieved from http://www.isbe.net/homeless/pdf/mckinney-vento_plan.pdf
- The Most Frequently Asked Questions on the Education Rights of Children and Youth in Homeless Situations, retrieved from <http://www.isbe.net/homeless/pdf/faq.pdf>

- Who are Homeless Children and Youth? <http://www.isbe.net/homeless/pdf/definition.pdf>
- Head Start: An office of the Administration for Children and Families Early Childhood Learning and Knowledge Center (ECLKC), retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc>
- The National Association for the Education of Homeless Children and Youth, retrieved from <http://www.naehcy.org>
- U.S. Department of Health and Human Services: Homelessness Resources, retrieved from <http://www.hhs.gov/homeless/resources/index.html#ResourcesforPersonsExperiencingHomelessness>
- Homelessness Resource Center, retrieved from <http://www.nrchmi.samhsa.gov>
 - U.S. Department of Housing and Urban Development: Homeless Resource Exchange, retrieved from <http://www.hudhre.info>

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{“If a community values its children, it must cherish their parents.”}

— John Bowlby

Family Plans and Goal Setting

Illinois Birth to Five Program Standard V.D.

The program develops a partnership with families in which the family members and staff determine goals and services.

An important focus of the program is to help families identify how they want to improve their lives and the steps that will help them reach their goals. Through collaborative planning with staff, parents can be supported to use their individual gifts as a springboard for change. By evaluating where they are, where they want to go, and how to get there, parents will begin to experience success in taking charge of their own destinies and will naturally promote these skills in their own children. Being in charge of one's own destiny helps to build strong families. Children who grow up in strong families are more likely to reach their full potential.

Quality Indicator V.D.1.**The program provides services that promote family growth and enrichment to identify and build on family strengths.**

Of all the roles in life, parenting is the one for which we receive the least training and preparation. Fortunately, new parents today can avail themselves of information from health care professionals, relatives, friends, books and other print media, audio and video tapes, radio, TV, the Internet, classes, and programs, such as birth to three. Birth to three programs are an opportunity for parents to learn about child development and how it is linked to their child-rearing practices. Professionally trained and experienced early childhood staff members support and assist parents in their new, exciting roles through the activities of the program. This support and assistance builds on identified family strengths. Birth to three programs also introduce parents to other new parents so a networking opportunity can be established. Parenting can be a frustrating, challenging role, but with support and assistance, it can be an enriching and satisfying life-enhancing experience.

In order to maximize the services provided to families, programs should:

- Set a positive emotional tone when a parent enters the birth to three program.
- Communicate to families that each member is valued as an individual and that each is highly regarded as important in the life of the child.
- Make all family members aware that they are welcome to come to program activities as frequently (or infrequently) as they wish.
- When possible, provide an appropriate place for family members to gather in a room with adult furniture and pleasant décor highlighted by a family bulletin board and calendar of coming events.
- Adjust the format and content to the needs and interests of the families and consider their level of education and previous training.
- Link family members to classes to help them complete high school, or provide vocational education programs or special remedial G.E.D. or improve their literacy abilities.
- Present a wide variety of choices so families from diverse educational, cultural, and socioeconomic backgrounds can select the

programs that are best suited to their needs.

- Include time for questions and for informal socialization at each parent meeting.
- Encourage parents to suggest topics and presenters on child health, growth, and development.
- Encourage parents to attend programs on consumerism, nutrition, home and money management.
- Respond to calls to the program in a friendly, informative manner.
- Establish a toy lending or book and/or parent resource lending library near the parent classroom or lounge or a “pack-n-go” lending library for other groups.
- Make available pamphlets and journals on child rearing, toy selection, nutrition, and health.

ADDITIONAL IDEAS AND RESOURCES

- Visit area hospitals to learn how new parents are educated and assisted.
- Contact the Cooperative Extension Service in your area to obtain free parent education materials. Retrieved from www.extension.uiuc.edu
- Attend a large conference and review the parent training materials offered by the exhibitors.
- Check the websites devoted to parenting that are listed in the Appendix.
- The Early Childhood Technical Assistance Center, retrieved from <http://ectacenter.org>

Quality Indicator V.D.2.

The program offers parents opportunities to develop and implement a family plan that describes family goals, responsibilities, timelines, and strategies for achieving these goals.

All birth to three programs should utilize some type of family plan and help parents understand its importance. Just as a driver gets into the car with a destination in mind and a plan to reach the destination, no family should be part of a birth to three program without the opportunity to develop a family plan. This plan is the destination or goals for the family. The development of the plan is the method or strategies used by the family, with assistance from program staff, to accomplish those goals. Effective programs maintain a policy and procedures manual that provides comprehensive guidelines for partnering with families to complete and follow up on Individual Family Service Plans.

The Individuals with Disabilities Education Act (IDEA) Part C has served as the model for family-friendly legislation and originated the service plan for families. The Individualized Family Service Plan (IFSP) is really the core of the Early Intervention program, a system of services for children birth to three who have disabilities or delays, and their families. Perhaps no other requirement of this particular federal law has the ability to guide program planners, service providers, and families as they move from agency-centered or child-centered services to a family-centered “community of caring” (DiVenere, 1988). The IFSP has been called a promise to children and families—“a promise that their strengths will be recognized and built on, that their needs will be met in a way that is respectful of their beliefs and values, and that their hopes and aspirations will be encouraged and enabled.” (McGonigel, 1991)

This promise is just as true for the family plan found in other birth to three programs serving infants and toddlers outside the Early Intervention system. At the heart of the family-centered philosophy is the concept of empowering families. Empowering families means creating opportunities and means for families to apply their present abilities and competencies and to acquire new ones as necessary to meet their needs and the needs of their children. (Johnson, McGonigel, & Kaufman, 1989)

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 to accomplish the following:
 - Coordinate the development of a system for receiving referrals and for referring families to other service providers;
 - Coordinate a follow-up system on these referrals to ensure that families receive the needed services;
 - Coordinate the Individual Family Service Plans (IFSP) created by the Prevention Initiative program for a family with other community service providers' IFSP(s) for the same family (Sample form in appendix);
 - Coordinate and develop a written transition plan with other early childhood programs that addresses the unique needs and situations of families (Sample form in appendix).

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

- 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 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 has a written transition plan with other early childhood programs that addresses the unique needs and situations of families.

A description of the case management approach to be used by the program should be outlined in a policy and procedures manual that includes the following points:

- Description of the system for receiving referrals and for referring families to other service providers;
- Description of the system for following up on referrals;
- Description of how the program will coordinate the Individual Family Service Plan with plans that other community service providers have developed with or for the family;

- Description of how the program will coordinate and develop written transition plans with other community service providers;
- Description of how the program will provide families with access to comprehensive services, including those not provided directly by the program.

Individual Family Service Plan

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. **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.

The following recommendations are adapted from principles underlying the IFSP process, but are appropriate for birth to three programs developing family plans with parents:

- Infants and toddlers are uniquely dependent upon their families for their survival and nurturance. This dependence necessitates a family-centered approach for service to these families.
- Programs should define “family” in a way that reflects the diversity of family patterns and structures.
- Each family has its own structure, values, beliefs, and coping styles. Respect for and acceptance of this diversity is a cornerstone of family-centered practice.
- Birth to three program systems and strategies must reflect a respect for the racial, ethnic, and cultural diversity of families.

- Respect for family autonomy, independence, and decision making means that families must be able to choose the level and nature of program involvement in their life.
- Family/professional collaboration and partnerships are the keys to family-centered programming and to successful implementation of the family plan.
- Staff should use an empowering approach to working with families that requires them to re-examine traditional roles and practices and develop new practices when necessary— practices that promote mutual respect and partnerships.
 - Birth to three services should be flexible, accessible, and responsive to the needs identified by the family. (Adapted from McGonigel, 1991)
- Staff will partner with families to complete a family service plan.
 - Staff will help each individual family identify and articulate their dreams and goals and develop action steps that will provide a path to success.
 - Staff will present programming opportunities as well as community resources and assist the family to access services.
 - Staff will explain that the IFSP is a fluid document, encompassing goals that the family would like to achieve. It will also document progress the child makes as he/she meets developmental milestones.
 - Staff will communicate frequently with the family and support them as they work through challenges.
- The IFSP will be developed in partnership with the family and will be grounded in the information revealed during the Family Needs Assessment (FNA). All programs must utilize a research-based Family Needs Assessment with every family served.
 - The Family Needs Assessment is an outcome and intervention planning instrument that is helpful in assessing the strengths and needs of families.
 - The Family Needs Assessment is the process of systematically listening to parents with young children through surveys. This is a period of intentional “listening” and is a way of gauging opinions, assumptions, needs, and key issues the family has prioritized.
 - The way the process is presented sets the tone for the partnership between the family and the program. The quality and extent of information gathered in this assessment determine many of the activities that follow.
 - The Family Needs Assessment will be implemented with fidelity to what is recommended by the research-based FNA chosen.

- Prevention Initiative programs should partner with each family and create goals for the parent(s), the child, and parent-child interactions.

The National Early Childhood Technical Assistance Center identified six key criteria that define IFSP Outcomes as high-quality and participation-based. They are:

- “The outcome statement is necessary and functional for the child’s and family’s life.”
- “The statement reflects real-life contextualized settings (e.g., not test items).”
- “The wording of the statement is jargon-free, clear and simple.”
- “The outcome is discipline-free.”
- “The statement avoids the use of passive words (e.g., tolerate, receive, improve, maintain).”
- “The wording emphasizes the positive.”
- “When the child’s contextual information is available (e.g., assessment information, the child’s IFSP) the following IFSP outcome criteria should also be evaluated:
 - The outcome is based on the family’s priorities and concerns
 - The outcome describes both the child’s strengths and needs based on the information from the initial evaluation or ongoing assessment.”

(Lucas, Gillaspy, Peters, & Hurth, 2012)

Individual Family Service Plan (IFSP) Form

Programs will develop an Individual Family Service Plan Form that will be completed in partnership with the family. Information gathered to complete this form will come from the parent/guardian (as revealed in the research-based family needs assessment and the completion of this form). The family will be involved in and guide the completion of this form.

The form will contain the following components:

- Family demographic information;
- Brief history or description of the family;
- Parents’ dreams or goals for themselves, their family, and their child;
- Parents’ description of the strengths of themselves, their family, and their child;
- Areas in which the family would like support;
- Areas in which the family states they would like support for their child;
- A list of community resource providers being accessed at the time the form was completed;

- A list of community resource providers being accessed as a result of the IFSP;
- Forms should contain goals and action steps, date the goal was initiated, person responsible, projected timeline of the goal, date updated, and progress.

The Illinois State Board of Education requires a Prevention Initiative Parent Outcomes form to be completed through IWAS at the end of each fiscal year. The PI Outcomes Questionnaire, retrieved from http://www.isbe.state.il.us/research/htmls/pfa_prev_init.htm.

The status (as described below) of each goal or action step will provide useful information as you complete the PI Outcomes Questionnaire.

Status

- (S) Support = The topic/goal was brought up by the professional; however, the parent did not see this as a priority for the family
- (NP) No Progress = A goal was made but no progress was documented
- (P) Progress = The topic/goal was determined to be a priority for the family, a goal was made, and progress was documented
- (A) Accomplished = The goal was achieved
- Forms should also have a place for ISFP team members composed of parent(s), representatives from community service agencies, school districts, and others the parent feels would contribute to the overall success of the plan.
- Forms should also contain projected dates the plan will be reviewed, actual dates the form was reviewed, and signatures of the parents and staff.

Transition Plan

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

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

Timing of events:

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

Consider the following:

- Discuss referral options.
- Discuss questions and concerns of the family.
- Explore Early Childhood programs.
- Discuss parental rights and responsibilities.

Actions to complete for a successful referral:

- Parent consents;
- Screening (if applicable);
- Interviews and evaluations (if applicable); and
- Visits to school, program, community agency, etc.

Transition Plan Forms

Program staff will work in collaboration with each family to develop a written transition plan to ensure all interested parties have a clear understanding of what will happen to support a smooth, transparent transition. Transition forms should contain the following:

- Reason for transition;
- Description of how the family feels about the transition;
- Ideal outcome of transition;
- Family strengths that will support transition;
- Child strengths that will support transition;
- Activities that will support a smooth transition;
- Community agencies that will need to participate or be informed;
- Questions regarding parents' rights or responsibilities;
- Referrals to send or obtain; and

- Goal(s), action steps to completing the goal(s), person(s) responsible, and the time frame provided to address the goal(s)/action step(s).

The Illinois State Board of Education requires a Prevention Initiative Outcomes Form to be completed through IWAS as the end of each fiscal year. The PI Outcomes Questionnaire, retrieved from http://www.isbe.state.il.us/research/htmls/pfa_prev_init.htm.

Status

- (S) Support = The topic/goal was brought up by the professional; however, the parent did not see this as a priority for the family
- (NP) No Progress = A goal was made but no progress was documented
- (P) Progress = The topic/goal was determined to be a priority for the family, a goal was made, and progress was documented
- (A) Accomplished = The goal was achieved
- Forms should also have a place for transition plan team members composed of parent(s), representatives from community service agencies, school districts, and others the parent feels would contribute to the overall success of the plan.
- Forms should also contain projected community service providers being accessed, dates the plan will be reviewed, actual dates the form was reviewed, and signatures of the parents and staff.

Illinois State Board of Education 0–3 Prevention Initiative Parent Questionnaire

Instructions for staff:

- **0-3 Prevention Initiative Parent Questionnaire**, retrieved from <http://www.isbe.net/research/pdfs/pi-parent-question.pdf>.
- The IWAS reporting guide for this PI Parent Questionnaire, retrieved from <http://www.isbe.net/research/pdfs/pi-iwas-parent.pdf>.
- **Staff will administer this Parent Questionnaire one time at the end of every fiscal year (June 30). When a family transitions out of the program midyear, staff should administer this Parent Questionnaire prior to the last visit with the family. All questionnaires must be submitted into ISBE or IWAS on or before July 1.**
- Staff will administer this Parent Questionnaire to at least one parent/caregiver for each child in the program. If two parents are actively participating, both may complete a form if they wish. If a family has two or more children between the ages of one month and three years, a Parent Questionnaire would be completed for each child enrolled.
- Staff will administer this Parent Questionnaire to a parent/caregiver only if the child is one month or older and the family has been

enrolled in the program for at least one month or more. Both of these criteria must be met for a parent/caregiver to complete this form.

- This Parent Questionnaire is an anonymous survey for parents or caregivers; therefore, this information will not be associated with the individual child, parent, or family.
 - Staff will assist parents/caregivers who have literacy challenges.

Instructions to Parent/Caregiver:

Based on your experience over the past year with the program, please rate how strongly you agree or disagree with each of the following statements by circling the number in the appropriate box.

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

Instructions for Staff:

- **0-3 Prevention Initiative Outcomes Questionnaire**, retrieved from <http://www.isbe.net/research/pdfs/pi-outcomes-question.pdf>.
- The IWAS reporting guide for this PI Outcomes Questionnaire, retrieved from <http://www.isbe.net/research/pdfs/pi-iwas-outcomes.pdf>.
- **Staff will complete this Outcomes Questionnaire one time at the end of every fiscal year (June 30). When a family transitions out of the program midyear, staff should complete this Outcomes Questionnaire after the last visit with the family. All questionnaires must be submitted into ISBE or IWAS on or before July 1.**
- Staff will complete this Outcomes Questionnaire for each family enrolled in the program.
- Staff will complete this Outcomes Questionnaire for a family if they have met both the following criteria: (a) the child is one month or older, and (b) the family has been enrolled in the program for at least one month.
- This Outcomes Questionnaire is an anonymous survey for staff to complete; therefore, this information will not be associated with the individual child, parent, or family.
- Staff will rate each statement based on the interactions they have had with the family within the fiscal year. Staff may use N/A or Support without having documentation in the family's chart. Staff will have documentation in the family's chart to use the ratings No Progress, Progress, and Accomplished. Documentation may be on the Individual Family Service Plan, on the Transitional Plan, or in the case notes. The statements are general and may apply to many different specific goals within a family's chart. Staff will use their best judgment to capture a snapshot of the family that shows changes or progress over the fiscal year.

Direct Service Provider/Home Visitor:

Please complete this form based on the Individual Family Service Plan you completed in partnership with this family during this program year. Please use the following categories to rate each statement below.

- N/A (not applicable) = The topic/goal was achieved prior to enrollment with PI program OR the subject did not apply to the family
- Support = The topic/goal was brought up by the professional; however, the parent did not see this as a priority for the family
- No Progress = A goal was made but no progress was documented
- Progress = The topic/goal was determined to be a priority for the family, a goal was made, and progress was documented
- Accomplished = The goal was achieved

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

continued

Completion of:	N/A	Support	No Progress	Progress	Accomplished
GED	1	2	3	4	5
High School	1	2	3	4	5
Engaged with:	N/A	Support	No Progress	Progress	Accomplished
Alcohol/drug abuse program	1	2	3	4	5
Safe, stable housing	1	2	3	4	5
Child Care Resource and Referral (CCRR)	1	2	3	4	5
Child care	1	2	3	4	5
Child and Family Connections	1	2	3	4	5
Adult counseling	1	2	3	4	5
Family counseling	1	2	3	4	5
Domestic violence shelter	1	2	3	4	5
Food/Clothing bank	1	2	3	4	5
Nutrition program (WIC)	1	2	3	4	5
Health department services	1	2	3	4	5
Primary care physicians (Medical Home)	1	2	3	4	5
Comments:					

ADDITIONAL IDEAS AND RESOURCES

- At meetings with other birth to three programs, ask about their family plans, how they are used, and how families are involved.
- Gain permission, and then review the IFSPs of young children with disabilities in your programs.
- Attend workshops at conferences or other trainings to learn about the family plan process.
- Review early childhood journals for helpful suggestions regarding family assessment and development of family plans.

REFERENCES

1. DiVenere, N. J. (1988, November). *The Development and Management of Individualized Family Service Plans: The family perspective*. Paper presented at the American Academy of Pediatrics Meeting on Public Law 99-457, Washington, D.C.
2. Johnson, B. H., McGonigel, M. J., & Kaufman, R. K. (1989). *Guidelines and Recommended Practices for the Individualized Family Service Plan* (2nd ed.) Washington, D.C.: ACCH.

2. Lucas, A., Gillaspy, K., Peters, M. L., & Hurth, J. (2012). *Enhancing Recognition of High-Quality, Functional IFSP Outcomes and IEP Goals: A training activity for Infant and Toddler service providers and ECSE teachers*. Retrieved from <http://www.nectac.org/>
2. McGonigel, M. J. (1991). *Philosophy and conceptual framework*. In B. H. Johnson, M. J. McGonigel & R. K Kaufman (Eds.) *Guidelines and Recommended Practices for the Individualized Family Service Plan* (2nd ed.) Washington, D.C.: ACCH

Quality Indicator V.D.3.**Program staff and families regularly review the family plan, document progress toward goals, and make needed revisions.**

Scheduling a time every few months to review the family plan provides an opportunity for the staff member and parent to reflect on their progress toward their goals and the development of their child. It is a time to inform parents how current behavior will impact future circumstances for the family and later child development. For example, explaining how enjoying books and responding to a child asking repeatedly for a favorite book promotes literacy and helps the parent understand the necessity for reading that same book one more time.

It is the role of the program staff to encourage parents and assist them to recognize their successes. Writing down the parents' comments is a good way to begin reviewing the family plan.

- Staff can provide information about the progress the family has made toward identified goals and offer encouragement as they partner to address the next action steps regarding the parent goals, child goals, and parent-child interaction goals.
- Staff at this time can also provide anticipatory guidance, which is information to parents about the expected needs, behaviors, and milestones their child will experience over the next few months. It assists parents with their understanding of future development, what to expect and how to manage their expectations. The meeting to review the family plan also assists the family to recognize and interpret their children's cues and behaviors, and also increases the parents' confidence as they grow in the parenting role.

Families and their children are continually undergoing change. The goals and activities in the family plan need to be revised to reflect new developments in the family.

- Review and update each family's progress and goals at least every three months.
- Incorporate major family happenings, such as birth of a new baby, death of a grandparent, serious family financial or emotional difficulties, if appropriate.

- Review of the document within this suggested time frame should be agreed to by both parties.
- Both the staff member and family should have a copy of the family plan.

ADDITIONAL IDEAS AND
RESOURCES

- Survey the families about the family plan process.
- Use the results of the survey to make needed changes to the plan format and process.

*{ “Parents don’t make mistakes because they don’t care,
but because they care so deeply.” }*

— T. Berry Brazelton

Collaboration

Illinois Birth to Five Program Standard V.E.

The program takes an active role in community and system planning and establishes ongoing collaborative relationships with other institutions and organizations that serve families.

Programs must take affirmative steps to establish ongoing collaborative relationships that go beyond the development of referral networks. Therefore, programs are encouraged to secure a broad range of services by working together with community agencies.

Quality Indicator V.E.1.**Efforts are made to work in collaboration with other providers of services to families with young children in order to maximize services and resources available in the community.**

A birth to three program for infants and toddlers needs to meet the comprehensive and sometimes complex needs of all families. The process of raising and educating healthy and successful children requires a vision for community-wide commitment of programs, schools, and service agencies to address the needs of the whole child. Change begins with individuals, not programs or agencies. Guinan (1998) identifies the following three principles that validate and support the efforts of early childhood collaborations:

- Children develop in the context of family.
- Families develop in the context of community and are the building blocks of a healthy society.
- Community collaboration is critical to community development and to family outcomes.

ZERO TO THREE Policy Center provides guidance for system building (Characteristics of Early Childhood System Building Initiatives in Communities, 2007):

- “Build community capacity and social capital. Establishing relationships, trust, and shared values among the stakeholders in the early childhood services system is seen as critically important to system building efforts.
- “Secure commitment from community and agency leaders. Local partners need to see the system building work as contributing to their mission related to families with young children. This enlightened self-interest is necessary for success.
- “Base decisions on the evidence. Collecting data increases the credibility of community needs assessments and makes the case for programs that work. Establish a shared vision and define agreed-upon goals. A common understanding and agreement about desired results is important prior to working on the hard issues related to changes in policy, practice, and financing.

- “Engage the broad community. Many stakeholders from various perspectives add to the richness of discussion around actions that need to be taken.
- “Develop effective communication strategies. Public awareness about the importance of early childhood development and anecdotal stories are powerful tools to shape public opinion and build community support.
- “Focus attention on the needs of all families. Early childhood systems that offer services to all families in the community, not just those families at risk, will be more broadly supported.
- “Strive for early successes even if they are small. When partners feel progress is being made, they will be encouraged to sustain the effort. Small achievements and celebration of those achievements lay the foundation for the more difficult work.
- “Support the necessary infrastructure to keep the work moving forward. Community engagement, visioning, planning, evaluation, public awareness, and communication are essential elements of successful initiatives, but they come at a cost. Someone must be willing to invest in these functions.
- “Commit to community change over the long term. Redesigning and enhancing service systems, building new structures, and involving everyone in the process is hard work. It cannot be accomplished in a short period of time.”

Birth to three programs can enhance the program’s services by taking an active role in facilitating and building community partnerships. The following questions may be helpful:

- Which community agencies and programs will be invited to participate?
- Does the collaboration have leadership? Who is it?
- Is the leadership willing to take risks and make changes?
- What are the strategies to reach out to community partners that have been identified?
- Is the development and maintenance of community partnerships recognized by the program as a task that requires time and effort?
- What confidentiality guidelines are in place to guide the sharing of information about children and families?
- Are health services including mental health partners in the collaborative process?
- What provision is made to ensure that families in the community have access to desired services?
- Have any barriers been identified that may affect the families’ access to high-quality services, and if so, how will they be addressed?
- Are transition and its process considered?

- Has a process been considered to regularly evaluate the effectiveness of collaborative agreements that are in place?

When establishing and maintaining collaborative relationships, the following approaches are helpful:

- Conduct a resource and needs assessment of the community, identifying programs, existing partnerships, and community leaders as well as available services and service gaps;
- Hold and document discussions with staff and parents regarding family partnerships;
- Draw upon the program's data sources to identify next steps regarding collaborative partnerships;
- Engage in discussions with parents and staff, then with potential partners about the purposes and goals of all proposed collaborative relationships;
- Identify specific areas for working together to achieve shared goals of children and families;
- Nurture a mutually respectful environment in which everyone's contribution to the partnership is acknowledged;
- Develop forums or use other strategies, such as team meetings and working agreements, for working together on an ongoing basis;
- Consider the staff resources needed to maintain collaborative relationships; and
- Recognize that collaborative relationships are strengthened through formal, written agreements, which help ensure that relationships among agencies endure after initiators of the agreements are no longer involved.

Home visiting services are most successful when:

- The community understands the program and supports its development.
- The need for the program is clearly understood and there is no duplication of efforts.
- There is a spirit of collaboration with other early childhood programs.
- There is strong local leadership to nurture the development of the services.

Effective programs offer clear guidance in a policy and procedures manual regarding a parent- and community-involvement plan. The clear intention of the plan should focus on families being invited to actively engage in the program, and building community systems to support and strengthen families with infants and toddlers. 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.
- 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.

Each prevention initiative program must develop a parent- and community-involvement plan to include, but not be limited to, descriptions of:

- **Orientation to the educational program;**
- **Opportunities for involvement in home-based or site-based activities;**
- **Provision for communication with parents about the program;**
- **Methods of linking parents with community resources and services;**
- **Activities that emphasize and strengthen the role of the parent(s) as the child's primary educator(s);**
- Processes that will ensure families are full partners and actively engaged in developing and implementing the program plan. 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;
- Processes that will ensure Prevention Initiative programs do not duplicate services; and
- Processes that will ensure referrals and transparent transitions of 3-year-old children to other early childhood education programs. These programs may include prekindergarten, Head Start, Early Head Start, Even Start, Early Intervention Child and Family Connections, Title I, bilingual education programs, etc.
 - Programs are encouraged to develop a system 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.

- Programs should collaborate with the local Child and Family Connections office. Child Find Screening Data Collection Form, retrieved from http://www.isbe.net/earlychi/pdf/child_find_screening.pdf

Individual partnerships or agreements (often called memoranda of understanding) with other programs can be the first step in the development of a comprehensive service delivery system. The service delivery involves cross-agency efforts that focus on meeting the needs of individual children and families. Today many families across all income levels are experiencing greater stress, and child poverty is at record levels. An individual program or service provider cannot view itself as an isolated institution within the community separate from family and other community services. The information below will provide guidance as programs build collaboration agreements with other community agencies or school districts.

A memorandum of understanding (MOU) is a document that describes a formal agreement between two or more parties. It is not a legal agreement, but it does indicate the establishment of a relationship. An MOU is generally recognized as binding, even if no legal claim could be based on the rights and obligations laid down in it. It is also sometimes called a letter of intent. For the protection of all parties, develop the written agreement before beginning services to children and families. The agreement can be supplemented with an annual partnership work plan. Review all agreements with legal counsel before signing. The table below can be found on the Illinois Early Childhood Collaboration website.

Administration/Management	Issue Discussed	Emerging Strategy	Incorporated into Contract	Date Reviewed/ Status
Contractual Period, Times & Review Process				
Number of Children to be Served				
Hours/day, Days/week, Weeks/year				
Signature Provision of Key Parties				
Financial Agreement & Payment Procedures				
Start-up Resources/Costs or 1-time improvements: supplies, equipment, renovation				
Direct Resources: stipends, reimbursements, purchase of services, 1-time expenses				

Administration/Management, continued	Issue Discussed	Emerging Strategy	Incorporated into Contract	Date Reviewed/ Status
Indirect Resources: staffing, supplies, equipment				
Invoice & Payment System				
Contract Amendments, Contract Renewal & Termination				
Liability/Insurance				
Conflict of Interest/Prohibited Activities				
Dispute Resolution & Grievance Procedures				
Reporting	Issue Discussed	Emerging Strategy	Incorporated into Contract	Date Reviewed/ Status
Record Keeping				
Coding and Tracking of Child Data				
Transfer of Information				
Confidentiality				
Documentation of direct & indirect resources, number of children served by area, number of families served				
Services & Staffing	Issue Discussed	Emerging Strategy	Incorporated into Contract	Date Reviewed/ Status
Role of each agency/program				
Implementation of federal and state regulations				
Head Start Program Performance Standards: Child Development & Health, Family & Community Partnerships, Program Design & Management				
Illinois Early Learning Standards				
DCFS Licensing Standards				
Other				
Documentation of Children's Progress/ Outcomes: federal & state				
Key Positions: Staff Qualifications, Joint Interview, Hiring, Salaries, Benefits, Reporting Structure, Performance Evaluations, Personnel Policies, Roles/ Responsibilities				
Teachers, Assistants, Support Staff				
Case Manager/Family Support/Social Service Staff				
Partnership Manager/Coordinator				

Professional Development	Issue Discussed	Emerging Strategy	Incorporated into Contract	Date Reviewed/ Status
Sharing & Coordinating of Pre-service, In-service & Other Educational Opportunities				
Plan of Action to Meet Degree/Staff Qualifications Requirements				
Individual Professional Development Plans				
Resource Needs: financial, scheduling, personnel (e.g., substitutes, additional staff, etc.)				
Quality Assurance/Communications	Issue Discussed	Emerging Strategy	Incorporated into Contract	Date Reviewed/ Status
Program Compliance with Local, State, & Federal Regulations & Policies				
Process of Exchange/Notification of Alleged/ Documented Licensing/Audit/Federal Review Issues and/or Child Abuse, including plans/strategies to address				
Assistance for Parents in Transition (lost employment, etc.)				
Participation in Annual Program Self-Assessment (if Early/Head Start)				
Participation in Triennial Federal Review (if Early/Head Start)				
Development & Implementation of Continuous Improvement Plans				
Frequency of Partnership Meetings & Who Organizes/Calls				
Frequency of Visits to Centers/Homes				
Monitoring Process				
Networking of All Partners (wider group beyond program collaboration)				

The information below can be found on the Illinois Early Childhood Collaboration website. To be legally **operative**, a memorandum of understanding must contain/describe the following:

- Contractual period
- Financial agreement and payment procedures
- Compliance with local, state, and federal regulations and policies
- Roles of all agencies/entities and their staffs
- Oversight of services, including federal monitoring, if a Head Start partnership

- Staff employment
- Professional development
- Frequency of meetings
- Travel policies
- Continuity of services to children and families
- Family partnerships and activities
- Parent decision making and involvement
- Record keeping, transfer of information, confidentiality
- Conflict of interest/prohibited activities
- Liability/insurance
- Dispute resolution and grievance procedures
- Contract amendments
- Contract renewal and termination
- Signature provision of key parties involved

The definitions can be found on the Illinois Early Childhood Collaboration website. (Definitions adapted from: the works of Martin Blank, Sharon Kagan, Atelia Melaville & Karen Ray; Barbara Raye, Amherst Wilder Foundation; and, WI Dept. of Public Information & Great Lakes RAP, *Collaboration: Because It's Good for Children & Families.*)

- Consultation, Communication, and Networking
Loose community linkages where the exchange of information and rapport building take place. This is often the best we do in the process of planning.
- Coordination
Two or more agencies operate autonomously, yet work together to avoid duplication by sharing information and activities. This is almost a neutral point – I will agree not to compete with you. Organizational missions & goals are not taken into account – the basis for coordination is usually between individuals, but may be mandated by a 3rd party. No joint planning is required; interaction and information is on an as-needed basis.
- Cooperation
By sharing information and activities, some service integration between two or more entities occurs, but agencies do not lose autonomy. When we are cooperating, we see our common interests and values. Individual relationships are supported by the organizations they represent. Missions and goals of the individual organizations are reviewed for compatibility. Some project-specific planning is required.

- Collaboration

A mutually beneficial and well-defined relationship entered into by two or more entities to achieve common goals that could not be achieved by working alone. When we truly collaborate, we no longer protect our own possessions or turf, but come together to create something different and larger than either of our former parts. Common, new mission and goals are created. More comprehensive planning is required; many levels of communication are created, since clear information is a keystone of success. Control and risk are shared and mutual.

ADDITIONAL IDEAS AND RESOURCES

- Explore funding opportunities that may be available at the local, state, and federal level.
- Enlist the aid of the program consultant or technical assistance system to search for existing models and formats for written agreements for partnerships and collaborations.
- Learn more about collaborating with child welfare.
Collaborative Partnerships Between Early Care & Education and Child Welfare: *Supporting Infants, Toddlers, and Their Families Through Risk to Resilience*, retrieved from <http://www.zerotothree.org/public-policy/state-community-policy/nitcci/collaborative-partnerships-between-ece.pdf>
- Strengthening Families - allied for better outcomes: child welfare and early childhood, retrieved from <http://www.cssp.org/publications/strengthening-families/allied-for-better-outcomes-child-welfare-and-early-childhood-august-20101.pdf>
- Learn more about building collaborations on the website Illinois Early Learning Collaboration. Retrieved from <http://ilearlychildhoodcollab.org>
- Communities can utilize the ZERO TO THREE Home Visiting Community Planning Tool when establishing new home-visiting programs or expanding existing services using an evidence-based home-visiting model. Communities should consider several factors in order to ensure high-quality service delivery that is true to the intent of those who developed the model and that meets expressed community need. Retrieve from <http://www.zerotothree.org/public-policy/state-community-policy/home-visiting-community-planning-tool-fillable-pdf.pdf>

REFERENCES

1. Illinois Early Childhood Collaboration. Retrieved from <http://ilearlychildhoodcollab.org>
2. Guinan, Kathleen. (1998). *Crossway Community: Families Creating Communities*. ZERO TO THREE 19 (1): 36-39.
2. ZERO TO THREE. (2007). *Characteristics of Early Childhood Systems Building Initiatives in Communities: A Summary of the Scan of Thirty-Two Local Early Childhood Initiatives* conducted by ZERO TO THREE. Retrieved from http://main.zerotothree.org/site/DocServer/BM_communityscan_5_14_07.pdf?docID=3261

Quality Indicator V.E.2.**Comprehensive physical and mental health, educational, social, and recreational resources for children and their families are developed and promoted in collaboration with the community.**

What happens to the very young even before birth will influence their future development and performance. A safe and healthy birth, emotional bonding, and good nutrition are vital and indicate that health and learning are inseparably related. The focus must immediately and decisively be on the needs of children if the hope is to improve their outcomes. Parents are the first and most essential nurturers and should take the lead but should not have to do the job alone.

Program leadership and staff should consider the following strategies:

- Take advantage of opportunities to serve on community initiatives that are working to identify and make comprehensive services and resources available.
- Look at the community to identify what exists and what does not.
- Design a comprehensive system of services and resources, including physical and mental health, education and care, as well as social and recreational resources.
- Recruit families of the community as members of the initiative.
- Encourage business and agencies to support family life in the workplace, giving increased security to children.
- Influence new construction projects in the community to consider children and their needs.
- Promote neighborhoods as places for young children to learn, with spaces and places that invite play and spark the imagination.
- Offer the infant and toddler program space and resources for community use.
- Highlight community events such as parades, park district programs, and library activities.
- Assist and participate in community events with other community agencies and programs such as health fairs, market days, and other celebrations.
- Help families identify opportunities for literacy experiences in the community.
- Support literacy development by providing story bags that highlight

community life. Consider sharing some with libraries, restaurants, and doctors' offices.

ADDITIONAL IDEAS AND RESOURCES

- Belong to and attend the meetings of groups such as the birth to three forums and local interagency councils.
- Become familiar with similar activities in communities nearby.
- Ask for technical assistance inside and outside your system to identify community models of comprehensive services in the state.
- Review existing data collection from community efforts.
- Find out more about successful community systems.

Quality Indicator V.E.3.

The program leadership recognizes the urgent need for high-quality child care for infants, toddlers, and preschoolers and participates in community collaboration to identify, locate, and provide access to this service.

Child care and early education are critical to the success of two national priorities: helping families work, and ensuring that every child enters school ready to succeed. It is a fact that many parents need child care every day. Program leadership should assist communities by participating in local efforts to assess needs, by identifying available child care resources, and by educating stakeholders regarding components of high-quality child care. This may include coordination with the local Child Care Resource and Referral, working in community activities, and/or serving on forums. Programs involved in local work groups need to consider the quality of their own system of child care as well as working to improve the quality of the child care offered in the community.

Infants and Toddlers in Child Care

In U.S. society, most infants and toddlers are in non-parental care at least once a week. A wide-reaching study conducted by the National Households Education Surveys Program in 2005 found that 42 percent of children under the age of 1 year, 53 percent of 1-year-olds, and 73 percent of 2-year-olds spend some time each week in care outside of their homes. (Halle, Hair, Weinstein, Vick, Forry, & Kinukawa, 2009) These children are spending an average of 31 hours per week in child care arrangements. (Mulligan, Brimhall, & West, 2005) About one-third of these children are in family, friend, and neighbor care (informal arrangements in which a relative or friend provides child care).

Quality of Infant/Toddler Child Care

Research has shown that high-quality early childhood development programs help low-income children achieve better outcomes, both in school and in their communities. (National Center for Children in Poverty, 2008) Longitudinal data show that these programs lead to more participants staying in school, going to college, needing less

remediation, being arrested less, and committing fewer violent crimes than their peers who do not participate in high-quality programs.

Questions to consider:

- Is the child care program accredited by the National Association for the Education of Young Children or the National Association of Family Child Care?
- Are the caregivers certified by the Council for Early Childhood Professional Recognition with a Child Development Associates degree credential for infant-toddler caregivers? Do caregivers possess an equivalent credential that addresses comparable competencies (such as an Associate's or Bachelor's degree)?

ADDITIONAL IDEAS AND RESOURCES

- Keep abreast of concerns and research regarding child care through journals, conferences, and the Internet.
- Identify opportunities to serve on a state or regional level work group concerned with some issue in quality child care.
- Be willing to present or serve on a panel at community events to inform and update the public on high-quality child care and related subjects impacting young children and their families.
- Recruit and enlist the help and support of legislators in the community's effort to provide a system of coordinated, comprehensive child care for all young children and their families.
- Prepare and circulate press releases for local, regional, and state newspapers, newsletters, and other printed materials to update and inform the public on concerns, progress, needs, and vision for a system of quality early child care in the community.
- Utilize the Center on the Social and Emotional Foundations for Early Learning, retrieved from <http://csefel.vanderbilt.edu/index.html>

REFERENCES

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

2. Mulligan, G. M., Brimhall, D., and West, J. (2005). *Child care and early education arrangements of infants, toddlers, and preschoolers: 2001*. (NCES-039) U.S. Department of Education, National Center for Education Statistics. Washington, D.C.: U.S. Government printing office. Retrieved from <http://nces.ed.gov/pubs2006/2006039.pdf>
2. National Center for Children in Poverty. (2008). *Improving the odds for young children: The research case for improving state early childhood policy* [PowerPoint presentation]. Retrieved from <http://www.nccp.org/downloads/ResearchCaseSept08.pdf>
2. *Developing a Statewide Network of Infant and Toddler Specialists: Technical Assistance Manual for States and Territories*. ZERO TO THREE. Retrieved from <http://www.zerotothree.org/public-policy/state-community-policy/nitcci/developing-a-statewide-network-of-infant-and-toddler-specialists.pdf>

Quality Indicator V.E.4.**The program leadership works with the family and community in supporting transitions, respecting each child's unique needs and situation.**

All transitions are too important to be left to chance. Adjustments to important transitions are accomplished more effectively when individuals have adequate and reliable information about what to expect and are provided with the appropriate emotional and social support. This is true for adults as well as for children. Life has many transitions or changes, such as attending school for the first time, going away to college, beginning a new job, getting married, giving birth, moving, or changing jobs. A great deal of stress can be associated with these changes. Appropriate planning and preparation during any transition can minimize the impact of stress.

In the field of early childhood education, transition is used in many different ways. Traditionally, transition has been used to describe the period of time that falls between two different types of activities. Transition may also be used to describe the time period in which children move from home to program or school; within program or school activities, from one activity to another; or from program to program, program to school, or school to school. Early childhood professionals are concerned with easing all transitions.

A key factor in transition is to ensure the continuity in certain key elements that characterize all good early childhood education and care programs. Because of the variety of experiences children and their families go through in the developmental period of life, it would be reasonable to assume that easing the transition process, along with ensuring continuity, is more efficiently and effectively accomplished through community cooperation and collaboration. Transition practices that are developmentally appropriate and specific to a given situation can be helpful in all transitional situations.

In the journal *Young Children*, Jerlean E. Daniel writes, “When adults are comfortable with the transitions related to the growth and development of their children, understand children’s developmental needs, and structure the children’s transitional experiences to include appropriate adult support, early childhood transitions can occur in ways

that do not prove to be dysfunctional to children's growth and development." (Daniel, 1998)

Procedures for transition are ongoing and not limited to one-time efforts at the end of the program year. The following steps should be considered when looking at and formulating a transition process:

- Assess the existing transition process and procedures in your program. If one does not exist, then develop it.
- Provide staff development training on transitions and their importance.
- Develop strategies for informing and involving parents in the transition process.
- Inform families on their rights and procedures including confidentiality.
- Create confidentiality guidelines that are shared with other programs.
- Encourage families to visit settings where the child is likely to attend.
- Develop and/or utilize materials that outline what parents should look for in quality programs.
- Gather information concerning other training opportunities on transition and encourage staff and parents to attend.
- Offer training workshops to staff to discuss strategies to effectively communicate with parents of diverse backgrounds.
- Develop written transition agreements with schools and other child care settings that clarify roles, transition responsibilities, and timelines.
- Develop a mentor system in which experienced parents work with newly participating parents.
- Develop a packet of information about the child's progress that the family can take with them to the next program.
- Form special groups or provide other forms of support to parents as they seek to continue to be their children's advocate in new settings.
- Become aware of and inform parents of local education and training on local program options and how to access them.
- Give special assistance to migrant and other culturally and linguistically diverse families in locating services to assure a smooth transition.
- Utilize the information on the ZERO TO THREE website called: *Preschool Prep: How to Prepare Your Toddler for Preschool*, retrieved from <http://www.zerotothree.org/early-care-education/child-care/preschool-prep-how-to.html>

ADDITIONAL IDEAS AND RESOURCES

- Find information on and form relationships with other programs and communities that have made an effort to design and implement a coordinated system of transition.
- Become a member of existing early care and education community efforts.
- Showcase successful transition efforts in collaboration with the community.
- Take advantage of opportunities to learn more about transition and system planning and implementation through local higher education, conferences, and business seminars.
- Review requirements on transition planning and process that are regulated by state and federal law.
- Be willing to serve as a transition demonstration site and resource to others.
- Helping Your Child Prepare for a Parent’s Deployment (Military), retrieved from <http://www.zerotothree.org/about-us/funded-projects/military-families/cameraready5.pdf>
- Songs, Rhymes and Fingerplays, retrieved from <http://www.zerotothree.org/early-care-education/early-language-literacy/songsengspan.pdf>

REFERENCES

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

{ “Never doubt that a small group of concerned citizens
can change the world, indeed it’s the only thing that has.” }

— Margaret Meade

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APPENDIX A

Budget Detail Information

Budget Detail and FAQs

http://www.isbe.net/earlychi/pdf/ecbg_fiscal.pdf

Electronic Expenditure Reporting Quick Help

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

FRIS Inquiry Quick Help

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

Instructions and Guidance for Completing the Budget Detail Page

http://www.isbe.net/earlychi/pdf/completing_budget_0-3.pdf

ISBE Fiscal Policy and Procedures Manual

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

General Information

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

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

Developing and Completing the Budget in Your Grant Application

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

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

Supplement vs. Supplant

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

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

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

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

Payrolls must be supported by time and attendance or equivalent records for individual employees. Salaries and wages of employees

chargeable to more than one grant program or other cost objective will be supported by appropriate time distribution records.

General Administrative Expenses

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

Payment Schedules

In completing the payment schedule, the payment schedule requests should be based on the cash needs of the entity for this project. **If salaries/benefits are being requested, these should be reflected evenly throughout the entire span of the payment schedule.**

Supplies, materials, and equipment purchases to begin the new year should be reflected in the months in which the purchase orders/bills will be paid. If staff development activities are being planned for a certain time, these costs should be reflected in the month in which the planned activity costs will be paid. **The payment schedule should always equal the total approved budget.**

Budget Amendments

A budget amendment is required when:

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

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

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

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

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

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

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

Project Start and End Dates

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

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

Expenditure Reports

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

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

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

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

Expenditures can be claimed ONLY in cells that have been previously approved through the Budget/Amendment approval process.

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

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

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

Also, if a scheduled payment has not been received:

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

Lapsed Funds—Return of Funds to ISBE

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

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

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

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

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

Checks should be remitted to:

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

Interest Earned on State Funds

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

REFERENCES

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

APPENDIX B
Student Records

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

Sec. 23.13a. School records; transferring students.

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

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

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

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

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

APPENDIX C
Sample Forms

1. Samples of Weighted Eligibility Forms
2. Parent Interview Form
3. Consent/Release Form Examples
4. Transition Plan
5. Individual Family Service Plan (IFSP)
6. Professional Development Plan

#1. Prevention Initiative Eligibility Form

Sample One

Instructions for developing an eligibility form.

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

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

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

School/Program Name : _____

Parent Name: _____ Parent Name: _____

Phone: _____ Phone: _____

Address: _____ Address: _____

City _____ Zip _____ City _____ Zip _____

The following are worth 10 points each:

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

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

The following are worth 5 points each:

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

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

The following are worth 4 points each:

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

The following are worth 3 points each:

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

_____ TOTAL SCORE

Notes:

Staff Signature

Date

#1. Prevention Initiative Weighted Eligibility Form

Sample Two

Instructions for developing eligibility form.

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

Child's Full Name _____ Birth Date _____ Age _____
School/Program Name _____

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

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

Risk Factors

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

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

TOTAL SCORE _____

Notes:

Signature of Person Completing Form

Date

#2 Prevention Initiative Parent Interview Form

(Confidential)

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

Person Interviewed:	Date:	Relationship to child:
Child's full name (First, Middle, Last):	(Circle) Boy or Girl	Date of birth:
The name I would like my child to go by is:		
How did you hear about this program?		
Mother's name (or significant female):	Father (or significant male)	
Date of birth:	Date of birth:	
Address:		
City: State: Zip:	City: State: Zip:	
Phone:		
Email:		
Marital status:		
Language spoken in home:		
Highest grade completed in school:		
Place of employment:		
Address:		
Phone number:		
Does the child live with his/her Parent(s)? Foster parent(s) or legal guardian(s)? Other (specify): Names (if other than parents):	List siblings:	Date of birth
	Sibling	Date of birth
	Sibling	Date of birth
	Sibling	Date of birth
	Sibling	Date of birth
Notes:	Are any of the child's siblings having academic difficulty or trouble in school? If yes, please explain:	

Child's Medical History

Was there anything unusual about the pregnancy or delivery of this child or did he/she experience any serious health problems at birth? Yes/No If yes, please explain:		
Was there any drug or alcohol use during this pregnancy? Yes/No If yes, please describe:		
Length of this pregnancy:		
Weight of child at birth:	Current weight:	Current height:
Did this child experience feeding difficulties as an infant? Yes/No If yes, please explain:		
Was this child on a respirator? Yes/No	If so, how long?	
Is your child experiencing health issues? (Please indicate if the illness is chronic or terminal.) If yes, please explain:		
Does your child have a diagnosed disability? If yes, please explain:		
This child needs a referral to Child and Family Connections. Yes/No		
Is this child taking any medication(s)? Yes/No What medication(s) is this child taking?		
Why is this child taking medication? Condition(s)		
Please list any surgeries for this child.	Date	Hospital
Surgery	Date	Hospital
Surgery	Date	Hospital
Surgery	Date	Hospital
Surgery	Date	Hospital
Surgery	Date	Hospital
<ul style="list-style-type: none"> Please list the name(s) and contact information of the doctor(s) for this child. 		
Doctor	Clinic/Office	Phone number
Doctor	Clinic/Office	Phone number
Doctor	Clinic/Office	Phone number
Doctor	Clinic/Office	Phone number
Doctor	Clinic/Office	Phone number
Doctor	Clinic/Office	Phone number
Doctor	Clinic/Office	Phone number

Do you notice, or has a doctor reported any of the following in your child? (Circle)					
<ul style="list-style-type: none"> • Thumb sucking • Nail biting • Epilepsy • Heart trouble • Overtired • Lack of Appetite • Overweight • Underweight • Frequent headache • Nightmares • Asthma • Allergies (explain): 			<ul style="list-style-type: none"> • Frequent indigestion • Frequent constipation • Frequent diarrhea • Vomiting • Frequent Fevers • Sinus trouble • Nose bleeding • Rashes • Frequent ear infections • Night terrors • Communicable diseases (explain): 		
Illness	Yes	No	Age	Hospitalization/Where	
Measles	Yes	No	Age	Hospitalization/Where	
Chicken Pox	Yes	No	Age	Hospitalization/Where	
Mumps	Yes	No	Age	Hospitalization/Where	
Strep Throat	Yes	No	Age	Hospitalization/Where	
Tonsillitis	Yes	No	Age	Hospitalization/Where	
Seizures	Yes	No	Age	Hospitalization/Where	
Meningitis	Yes	No	Age	Hospitalization/Where	
Whooping cough (pertussis)	Yes	No	Age	Hospitalization/Where	
Question	Yes	No	Test Date	Test Result	Where
Does your child have a hearing problem?	Yes	No	Test Date	Pass/Fail	Where
If yes, describe:					
Adaptive equipment (specify):					
Does your child have vision problems?	Yes	No	Test Date	Pass/Fail	Where
If yes, describe:					
Adaptive equipment (specify):					
Has your child been diagnosed with a developmental concern?	Yes	No	Test Date	Pass/Fail	Where
If yes, describe:					
Adaptive equipment (specify):					
List therapy services child has received.	Therapist		Agency/Clinic		Phone number
Type of therapy	Therapist		Agency/Clinic		Phone number
Type of therapy	Therapist		Agency/Clinic		Phone number
Type of therapy	Therapist		Agency/Clinic		Phone number
Type of therapy	Therapist		Agency/Clinic		Phone number
Social History					
Please describe your child.					

Does your child attend a child care program or in-home care?	Yes	No	Where:
Notes:			
Does your child have opportunities to play with other children?	Yes	No	Where:
Notes:			
Has your family experienced alcohol or drug abuse? If yes, please explain:			
Have you, or your child ever been exposed to stress, trauma, or violence? If yes, please explain:			
Is your family currently receiving services from the Department of Children and Family Services to resolve an abuse or neglect experience?			
Do any of the primary caregivers of this child have a chronic or terminal illness, mental illness or a disability? If yes, please explain:			
Age of mother at birth of first child? _____ Age of father at birth of first child? _____			
Has your family recently immigrated? Yes/No If yes, please explain:			
Are any of the primary caregivers of this child on active duty in the military? Yes/No If yes, please explain:			
Are any of the primary caregivers of this child incarcerated? Yes/No If yes, please explain:			
Has there been a death in the immediate family? (parent, child, sibling) If yes, please explain:			
Do you have opportunities to socialize and interact with family and friends? Please explain:			
Is your family receiving services from another agency? Yes/No If yes, please explain:			
What are your child's most enjoyable activities?			
What do you enjoy doing as a family?			
What frightens your child?			
What do you do to comfort your child?			
When moving from one activity to another or transitioning, how does your child respond?			
What is a typical day like for you and your family?			
Do you believe your child's development is similar to that of his/her peers? Please explain:			
Have you noticed any regression in your child's development? Yes/No If yes, please explain:			

List significant people in your child's life (person/relationship):			
Does everyone in your family get enough to eat? Yes/No Do you have a place in your local community to get fresh food such as fruits and vegetables? Yes/No If no, please explain:			
What is your child's eating/snacking schedule?			
What is your child's sleeping/napping schedule?			
Does your child have behaviors that concern you? If yes, please explain:			
Describe any special information or instructions you would like program staff to be aware of:			
Current pregnancy?	Yes	No	Estimated date of delivery: _____ Date of last exam: _____
Are you experiencing any difficulties with this pregnancy? Yes/No If yes, please explain:			
Do you have any specific concerns about this pregnancy? Yes/No If yes, please explain:			
Please list physicians addressing this pregnancy.			
Doctor	Clinic/Office		Phone number
Doctor	Clinic/Office		Phone number
Doctor	Clinic/Office		Phone number
Doctor	Clinic/Office		Phone number
Household Information			
Does your family have transportation available? Yes/No			
Notes:			
Please report the number of times the family has moved in the past year:			
<p>What is your family's current living situation:</p> <p>My family lacks a fixed, regular, and adequate nighttime residence.</p> <ul style="list-style-type: none"> ▪ My family shares housing of other persons due to loss of housing, economic hardship, or a similar reason. ▪ My family lives in a motel, hotel, camping grounds due to lack of alternative adequate accommodations. ▪ My family lives in emergency or transitional housing. ▪ My family's nighttime residence is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. ▪ My family lives in a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting. <p>Child is awaiting foster care placement.</p> <p>I am an unaccompanied youth. I am not in the physical custody of a parent or guardian. (This includes runaways living in runaway shelters, abandoned buildings, cars, on the streets, or in other inadequate housing; children and youth denied housing by their families; and school-age unwed mothers living in homes for unwed mothers because they have no other housing available.)</p>			

As a parent, do you feel that reading and comprehension is easy or difficult for you? (Circle)			
EASY		DIFFICULT	
Household structure:		Notes:	
Both parents at home Single parent at home Adult other than parent (guardian, grandparent) also in the home Shared custody (part time with mom/part time with dad) Teen parent lives with his/her parents Other situation (specify):			
Employment Status (Check appropriate box for each parent)		Mother	Father
Unemployed, not seeking employment (includes full-time homemaker)		Mother	Father
Unemployed, seeking employment		Mother	Father
Employed less than 20 hours per week		Mother	Father
Employed 20 hours or more per week		Mother	Father
Educational Status			
Current Student		Mother	Father
If yes, please explain:			
Financial Information			
Please report the household annual income:		Report the number of people living in the household:	
Insurance Information		Yes	No
My family is enrolled in PRIVATE medical insurance from parent's work.		Yes	No
My family is enrolled in KidCare.		Yes	No
My family is enrolled in Medicaid.		Yes	No
My family has NO medical insurance.		Yes	No
My family has other insurance arrangements. Please specify:		Yes	No
My family is covered in the event of another pregnancy.		Yes	No
What are your dreams or goals for your child's future?			
Please provide any other information that will help us serve you and your family better.			

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

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Staff Signature

Date

Other helpful tips:

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

#3. Consent/Release of Information

SAMPLES

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

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

Prevention Initiative Release of Information/Parent Permission

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

I (We), _____, give my (our) permission for _____ (agency/company/office) to release information concerning _____ to _____ (agency/company/office) in order to provide comprehensive services. I (We) understand that all information will be kept respectfully confidential but the sharing of this information within and among these agencies may be necessary.

Parent Signature Date

Parent Signature Date

Staff Signature Date

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

Other Examples

Prevention Initiative Program Consent SAMPLE

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

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

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

(Program/Agency).

Prevention Initiative Immunization Consent Form SAMPLE

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

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

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

#4. Transition Plan SAMPLE

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

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

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

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

On or before the child’s third birthday:

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

Consider the following:

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

Transition Plan Information

Describe the reason for this transition:	
The preferred program, district, or agency to transition into:	
Provide a brief description of how the family/child feels about the transition:	
What questions does the family have about the transition?	
What is the ideal outcome of this transition?	
What strengths does my/our family possess that will help us during this transition?	
What strengths does my/our child possess that will help him/her during this transition?	
What (do you feel) are the most important activities that would help with this transition?	
Are there community agencies/programs you feel would enhance this transition?	
What early childhood programs would you like to explore as your child transitions out of/between birth-to-three programs?	
What community agencies/programs would you like to explore as your family transitions out of/between programs?	
Do you have any questions about your rights or responsibilities regarding this transition?	
Would you like to talk to other parents about this transition?	
What would help you prepare for this transition?	
Are there people you want/need to notify about this transition?	
Checklist	
Completed transition planning form.	Date completed:
Explored transition options/programs.	Date completed:
Completed transition meetings/visits with programs/staff.	Date completed:
Informed family of parental rights/responsibilities.	Date completed:
Sent/Received referral.	Date completed:
Sent/Received release of information.	Date completed:
Sent/Received information to complete transition.	Date completed:
Notes:	

Transition Plan Activities Instructions: The goal(s) portion of this form will be completed to ensure all parties have a clear understanding of the overall goal(s), actions steps to completing the goal(s), person(s) responsible, and the time frame provided to address the goal(s) and action step(s). Some areas have lightly shaded wording to indicate the types of responses that belong in that space. The Illinois State Board of Education requires two forms for Prevention Initiative to be completed through IWAS as the end of each fiscal year. The PI Parent Questionnaire and the PI Outcomes Questionnaire can be found at http://www.isbe.state.il.us/research/htmls/pfa_prev_init.htm.

The status (as described below) of each goal or action step will provide useful information as you complete the PI Outcomes Questionnaire.

Status

- (S) Support = The topic/goal was brought up by the professional; however, the parent did not see this as a priority for the family
- (NP) No Progress = A goal was made but no progress was documented
- (P) Progress = The topic/goal was determined to be a priority for the family, a goal was made, and progress was documented
- (A) Accomplished = The goal was achieved

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

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

Transition Plan Team Members

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

Review dates:

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

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

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Staff Signature

Date

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

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

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

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

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

Instructions: The goal(s) portion of this form will be completed to ensure all parties have a clear understanding of the overall goal(s), actions steps to completing the goal(s), person(s) responsible, and the time frame provided to address the goal(s)/action step(s). Some areas have lightly shaded wording to indicate the types of responses that belong in that space. The Illinois State Board of Education requires two forms for Prevention Initiative to be completed through IWAS as the end of each fiscal year. The PI Parent Questionnaire and the PI Outcomes Questionnaire can be found at http://www.isbe.state.il.us/research/htmls/pfa_prev_init.htm. The status (as described below) of each goal or action step will provide useful information as you complete the PI Outcomes Questionnaire.

Status

- (S) Support = The topic/goal was brought up by the professional; however, the parent did not see this as a priority for the family
- (NP) No Progress = A goal was made but no progress was documented
- (P) Progress = The topic/goal was determined to be a priority for the family, a goal was made, and progress was documented
- (A) Accomplished = The goal was achieved

Parent/Guardian Goals

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

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

Parent/Guardian-Child Goals						
Date	Goal/Action Steps	Person Responsible PR	Timeline	Date Updated DU	Progress	Status
Date	Goal/Outcome:	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
	Action Steps	PR	Timeline	DU	Progress	Status
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	Action Steps	PR	Timeline	DU	Progress	Status

Transition Plan Activities

Instructions: The goal(s) portion of this form will be completed to ensure all parties have a clear understanding of the overall goal(s), action steps to completing the goal(s), person(s) responsible, and the time frame provided to address the goal(s) and action step(s). Some areas have lightly shaded wording to indicate the types of responses that belong in that space. The Illinois State Board of Education requires two forms for Prevention Initiative to be completed through IWAS as the end of each fiscal year. The PI Parent Questionnaire and the PI Outcomes Questionnaire can be found at

http://www.isbe.state.il.us/research/htmls/pfa_prev_init.htm.

The status (as described below) of each goal or action step will provide useful information as you complete the PI Outcomes Questionnaire.

Status

- (S) Support = The topic/goal was brought up by the professional; however, the parent did not see this as a priority for the family
- (NP) No Progress = A goal was made but no progress was documented
- (P) Progress = The topic/goal was determined to be a priority for the family, a goal was made, and progress was documented
- (A) Accomplished = The goal was achieved

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

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

Individual Family Service Plan Team Members			
Name	Title/Function	Agency	Phone
Name	PI Staff	Agency	Phone
Name	Parent	Agency	Phone
Name	Parent	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone
Name	Title/Function	Agency	Phone
Review dates:			
Date IFSP needs to be reviewed.		Date IFSP was updated.	
Date IFSP needs to be reviewed.		Date IFSP was updated/completed.	
Date IFSP needs to be reviewed.		Date IFSP was updated/completed.	
Date IFSP needs to be reviewed.		Date IFSP was updated/completed.	
Date IFSP needs to be reviewed.		Date IFSP was updated/completed.	
Date IFSP needs to be reviewed.		Date IFSP was updated/completed.	
Date IFSP needs to be reviewed.		Date IFSP was updated/completed.	
Date IFSP needs to be reviewed.		Date IFSP was updated/completed.	
Date IFSP needs to be reviewed.		Date IFSP was updated/completed.	

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

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Staff Signature

Date

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

#6. Prevention Initiative Professional Development Plan

SAMPLE: This is a sample form. Each program will develop an individualized professional development plan form that will be used by their program staff.

Date:	Program year:	Date	to	Date
Staff name:	Position:			
Work location(s):	Supervisor:			
Identify your current strengths:				
Identify areas of needed growth:				
Describe any areas of frustration in your work:				
Describe your favorite aspects of your work:				
Goals: The purpose of this section of the document is to establish work goals for the fiscal year. Goals are statements with expected outcomes within specific periods of time. Each goal should fit into and support the overall mission, values, and vision of the program. Include any professional development or other support necessary to accomplish the goal.				
Goal One:				
Professional development plan to support goal attainment:				
Measurement/Outcome that will provide support/evidence of goal completion: (Indicate quantity, quality, time frame, percentages, or other specific measures.)				
Review date:	Mid-year comments:			
Review date:	Year-end comments:			

Goal Two:	
Professional development plan to support goal attainment:	
Measurement/Outcome that will provide support/evidence of goal completion: (Indicate quantity, quality, time frame, percentages, or other specific measures)	
Review date:	Mid-year comments:
Review date:	Year-end comments:
Goal Three:	
Professional development plan to support goal attainment:	
Measurement/Outcome that will provide support/evidence of goal completion: (Indicate quantity, quality, time frame, percentages or other specific measures)	
Review date:	Mid-year comments:
Review date:	Year-end comments:
Notes:	

Initial Completion. I have participated in the development of these goals.	
Date:	Employee Signature:
Date:	Supervisor Signature:
Mid-year review.	
Date:	Employee Signature:
Date	Supervisor Signature:
Year-end Review. I have updated my progress toward the completion of these goals. I have discussed with my supervisor and understand the progress and overall evaluation of my goals.	
Date:	Employee Signature:
Date	Supervisor Signature:
(The employee and supervisor will receive copies of this document.) (Date form was created or revised and page numbers.)	

APPENDIX D
Prevention Initiative RFP
Compliance

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

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

PREVENTION INITIATIVE RFP COMPLIANCE CHECKLIST

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

23 Illinois Administrative Code Subtitle A Subchapter f Section 235.40

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

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

PREVENTION INITIATIVE RFP COMPLIANCE CHECKLIST

The physical, mental, emotional, social, economic, and psychological aspects of interpersonal and family relationships			
Parenting skill development			
Program model implementation includes:	YES	NO	COMMENTS
The Prevention Initiative Program abides by the program model recommendations to determine the ratio of participants to staff and the size of the program groups. <i>Birth to 5 Standards/Program Goal I: Organization</i>			
The Prevention Initiative Program is provided within the larger framework of a family literacy program (if applicable). <i>PFA/PI RFP Research-Based Program Model and Curriculum for Parent Education</i>			
The Prevention Initiative Program <ul style="list-style-type: none"> • Fosters social connections among families with young children by offering support groups, workshops, or field trips. • Family activities such as workshops, field trips, and child/parent events are provided to foster parent/child relationships. <i>PFA/PI RFP Research-Based Program Model and Curriculum for Parent Education</i>			
The Prevention Initiative Program connects families to community resources in times of need and has a formal referral system for referrals and follow-up. <i>PFA/PI RFP Research-Based Program Model and Curriculum for Parent Education</i>			
The Prevention Initiative Program has documentation of a schedule for the parent education programs and child/parent events. <i>PFA/PI RFP Research-Based Program Model and Curriculum for Parent Education</i>			
The Prevention Initiative Program has a toy/book lending library. <i>PFA/PI RFP Research-Based Program Model and Curriculum for Parent Education</i>			
The program has a parent resource lending library. <i>PFA/PI RFP Research-Based Program Model and Curriculum for Parent Education</i>			
The program has a newsletter. <i>PFA/PI RFP Research-Based Program Model and Curriculum for Parent Education</i>			

PREVENTION INITIATIVE RFP COMPLIANCE CHECKLIST

3. Developmental Monitoring

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

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

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

4. Individual Family Service Plan (IFSP)

23 Illinois Administrative Code Subtitle A Subchapter f Section 235.20 d

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

Prevention Initiative programs should include what research has shown to be successful Individual Family Service Plans as follows:	YES	NO	COMMENTS
The IFSPs are completed within a partnership between the family and Family Educator. <i>PFA/PI RFP Individual Family Service Plan</i> <i>Birth to Five Program Standards: Program Goal V: Family and Community Partnerships</i>			

PREVENTION INITIATIVE RFP COMPLIANCE CHECKLIST

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

PREVENTION INITIATIVE RFP COMPLIANCE CHECKLIST

6. Family and Community Partnerships

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

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

7. Qualified Staff and Organizational Capacity

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

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

PREVENTION INITIATIVE RFP COMPLIANCE CHECKLIST

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

PREVENTION INITIATIVE RFP COMPLIANCE CHECKLIST

9. Evaluation

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

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

APPENDIX E
Policy and Procedures Manual
Suggested Topics

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

Policies reflect the “rules” governing the implementation of the program.

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

Procedures represent an implementation of policy.

- Procedures are tied to policies.
- Procedures are carried out by users.
- There is a sense of ownership among users who implement procedures. It is helpful to involve users in the development of program procedures.
- The procedures must be clearly written and understandable.

A policies and procedures manual(s) may include:

I. Overview

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

II. Employee Handbook

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

- vi. Confidentiality (I.I.7.)
- vii. Conflict of interests
- b. Employment recruitment and hiring policies/procedures (IV.)
- c. Wage, salary, payroll and union information (if applicable) (IV.F.2.)
- d. Travel policies/procedures
 - i. Vehicle
 - ii. Mileage
 - iii. Lodging
 - iv. Per diem, meals, miscellaneous, etc.
 - v. Car insurance, driver's license
- e. Evaluation/supervision policies/procedures
- f. Reflective supervision procedures (IV.D.)
- g. Meeting participation (staff meetings, professional discussion groups, in-service meetings, etc.)
- h. Employee records policies/procedures
 - i. Hours of work, pay periods, holidays, vacation, personal days, sick allowance, leave of absence, maternity/paternity leave, family and medical leave, military leave, bereavement leave, court/civil/jury leave, volunteer time, benefits, etc.
 - j. Personal appearance policies
- k. Email, Internet, personal phone calls, workplace visitors, etc. policies/procedures
- l. Technology policies/procedures
- m. Statement of equal opportunity employment
- n. Statement/embracing diversity and practicing cultural competence
- o. Harassment policies/procedures
 - i. Definition
 - ii. Employee, management responsibilities
 - iii. Formal complaint process
 - iv. Investigation process
 - v. No retaliation statement
 - vi. False or frivolous harassment charges
- p. Emergency evacuation/lockdown policies/procedures
 - i. Weather (snow, tornado, etc.)
 - ii. Fire
 - iii. Other security threats
- q. Security (name tags/badges) policies/procedures
- r. Records management policies/procedures (I.I.1.-7.)
 - i. List of reports/forms, position/person responsible, intervals or due dates, instructions, reporting requirements, etc.
- s. Budget and fiscal responsibilities (I.H.)

- t. Personnel contact information for staff regarding payroll, insurance, benefits, etc.
- u. Use of volunteers (if applicable)
- v. Fundraising (if applicable)

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

IV. Community collaboration (V.E.)

- a. Referral and follow-up system policies/procedures
- b. Reference to current collaboration agreements
- c. Local collaborations (if applicable), Preschool for All programs, Child and Family Connections, Early Intervention, Head Start, Early Head Start, Resource and Referral Agency, Health Department, etc.

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

- a. Professional development plan (IV.E.1.)
- b. Process for accessing professional development
- c. Process for accessing education (if applicable). Funds from the Early Childhood Block Grant may not be used for this purpose.
- d. Ounce of Prevention Fund/The Ounce Institute Training Center <http://pi.opfrainingcenter.org/ets/welcome.aspx>
- e. Gateways to Opportunities <http://www.ilgateways.com/en>

VI. Program

- a. Recruitment/outreach policies/procedures (I.B.1.)
- b. Home language survey (I.B.1.)
- c. Screening policies/procedures (I.B.1.)
 - i. Parent interview (I.I.3.) (IV.C.4.)
 - ii. Parent permission (III.A.3.)
 - iii. Evidence-based developmental screening instrument (III.)
 - iv. Eligible participants - weighted criteria screening form (The most at-risk children/families, those exhibiting the greatest number of at-risk factors as determined by the eligibility criteria, are given priority for enrollment in the program.) (I.B.1.)
 - v. Procedures for including staff and sharing results with parents/guardians
 - vi. Community collaborations and Child Find activities (III.B.1.)
 - 1. 0-5 Child Find Screening Data Collection Form http://www.isbe.net/earlychi/pdf/child_find_screening.pdf
- d. Intake and enrollment policies/procedures

- e. Waiting list policies/procedures
- f. Policies/procedures regarding families experiencing issues including homelessness (V.C.4.), English language learning (II.D.), developmental delays (III.A.4.), etc.
- g. Intensity of services - individual meetings (I.B.3.)
 - i. Home visit/individual meeting defined
 - ii. Caseload/staff ratio (I.C.2.)
 - iii. Visit frequency
 - iv. Visit length
 - v. Scheduling practices
 - vi. Data collection (completion/retention rates)
 - vii. Transition services
- h. Intensity of services - groups (I.B.3.)
 - i. Group(s) defined
 - ii. Group size (I.C.1.)
 - iii. Group frequency
 - iv. Group length
 - v. Group scheduling practices
 - vi. Data collection
- i. Intensity of services – classroom
 - i. Classroom (define full day/half day)
 - ii. Adult/child ratios (I.C.1.)
 - iii. Attendance
 - iv. Day (length)
 - v. Scheduling practices
 - vi. Data collection (attendance/retention rates)
 - vii. Transition services
- j. Research-based implementation program model (Baby TALK, Healthy Families America, Parents as Teachers, Nurse Family Partnership) (II.C.)
- k. Research-based curriculum (II.)
 - i. Research-based classroom curriculum (if applicable)
 - ii. Research-based parent education curriculum
 - iii. Family literacy model (II.C.3.)
 - iv. Developmentally appropriate practice DAP (II.B.3.) (IV.A.2.)
 - v. Individualization of curriculum and services for each family (II.B.2.)
 - vi. Prevention Initiative seven designated areas of instruction (II.C.2.)
 - vii. Illinois Early Learning Guidelines for Children Birth to Age Three
- l. Developmental monitoring (process and reporting) (III.)
 - i. Developmental screening

- ii. Hearing screening
- iii. Vision screening
- iv. Health screening
- v. Immunization data collection
- vi. Instruments/tools/forms
- m. Program implementation policies/procedures
 - i. Information regarding Birth to Five Program Standards
 - ii. Information regarding Prevention Initiative Implementation Manual
 - iii. Licenses and reference to standards (if applicable)
 - iv. Accreditations and references to standards (if applicable)
 - v. Definition of completion and retention rates
 - vi. Documentation and maintenance of records policies and procedures (I.I.)
 - 1. Web-based Data Management System (if applicable) (I.I.1.)
 - 2. Student Information System (I.I.5.)
 - 3. List of reports/forms/screenings, position/person responsible, intervals or due dates, instructions, reporting requirements, etc. (examples: ISBE expenditure reports, USDA, PI Outcomes Questionnaire, PI Parent Questionnaire, Family Needs Assessment, Year-End PI Evaluation, etc.)
 - vii. Evidence-based family needs assessment (V.D.2.)
 - viii. Individual Family Service Plan (V.D.2.)
 - 1. Goals for the parent, child, and parent-child
 - 2. Initial and follow-up(s) time intervals
 - 3. Form(s)
 - 4. Coordination with other service providers
 - 5. Relationship to Family Needs Assessment
 - ix. Use of supplies and materials
 - x. Use of technology (adults and children)
 - xi. Communication between staff and families
 - xii. Parent Handbook (resource for parents about your program)
 - xiii. Expectation for parent involvement/engagement (Advisory Council, etc.)
 - xiv. Expectation for partnering with parents (IFSP, home visits, etc.)
 - xv. Expectation for father/male involvement/engagement
 - xvi. Child toy/book and parent resource lending library policies/procedures
 - xvii. Newsletter (frequency, expectation for submissions)
 - xviii. Nutritional goals/requirements (if applicable) (II.F.1.)

- xix. Practices to keep families involved/participating regularly in the program
- xx. Environment - health and safety expectations (center-based and home-based, groups, and field trips) (I.E.1.-2.)
- xxi. Universal precautions
- xxii. Transportation of children and families (I.E.1.)
- xxiii. Risk Management
 - 1. Domestic violence screening protocols
 - 2. Postnatal depression screening
 - 3. Mental health screening protocols
 - 4. Mandated reporter responsibilities and policies/procedures (including follow-up) (I.G.1.-2.)
- xxiv. Parent/guardian reimbursement of transportation/fees (I.H.4.)
- xxv. Referral policies/procedures (V.C.1.-4.)
 - 1. Program incoming
 - 2. Program outgoing
 - 3. Current families' links to community resources
 - 4. Follow-up
- xxvi. Transition policies and procedures
 - 1. In and out of program and other life transitions (III.B.5.)
 - 2. Transition plan
- xxvii. Exit from services (transition planning, time frames for case closing)
- xxviii. Contact information
 - 1. Service providers to program (transportation, speakers, classes, etc.)
 - 2. Local community resource guide for families

APPENDIX F
Frequently Used Early
Childhood Acronyms

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

APPENDIX G

Glossary

Accountability	A demonstration that the program is fulfilling the terms of its grant and achieving its stated outcomes.
Accreditation	A process that validates and acknowledges quality early childhood programs. It involves the early childhood program in a self-study to systematically evaluate their processes, activities, and achievements and identify areas in need of improvement, in comparison with professional standards.
Advisory Committee	Any group that serves in an advisory rather than a policy-making or decision-making role.
Age Eligibility	Prevention Initiative programs may serve only expecting parents and families with birth to age three-year-old children. A copy of a legal birth certificate may document a child's age eligibility. Children who turn three during their enrollment in a Prevention Initiative program should be transitioned into a 3–5-year-old program such as Preschool for All, Head Start, or another locally designed preschool program. If a child turns three years of age before the end of the program year the family can continue to be served until the end of the fiscal year (June 30). The program fiscal year is from July 1 to June 30. Example: A child turns 3 in January. The child can remain in a Birth to Three program until the end of the program fiscal year.
All Kids (formerly Kid Care)	All Kids is Illinois' program for children who need comprehensive, affordable health insurance, regardless of immigration status or health condition. Every child deserves the chance to grow up healthy. With All Kids, children will be able to get the care they need, when they need it. It includes doctor visits, dental care, and vision care. http://www.allkids.com/hfs8269.html
Anticipatory Guidance	A strategy of planning ahead to provide information to parents with the expected outcome being a change in parent attitude, knowledge, or behavior. The mutual participation of parents and program staff in discussions of ideas and opinions about normal parental responses to child development.

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

Child and Family Connections (CFC)

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

Child Care

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

Child Care Assistance Program (CCAP)

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

Child Care Resource & Referral (CCR&R) Agency

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

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

Child-to-Staff Ratios	The number of children for which each child care provider is responsible. The number of children per caregiver in a given group or class; group size is the number of children assigned to a team of caregivers or service providers for a given time.
Children’s Mental Health	The capacity of children to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn. Children’s mental health is synonymous with healthy social and emotional development, and also refers to the mental wellness of the actual care-giving relationships between caregiver and child.
Children with Disabilities	Children who require special education and related services for conditions that may include: mental retardation, hearing impairments, speech or language impairments, visual impairments, serious emotional disturbances, orthopedic impairments, autism, traumatic brain injury, or specific learning disabilities.
Code of Ethics	Standards of conduct for the professional (by NAA, NAEYC, etc.) that are a resource to assist the professional in understanding the ethical responsibilities inherent in providing programs for children and youth. A “code of ethics” is sometimes referred to as a “code of conduct.”
Collaboration	A mutually beneficial and well-defined relationship entered into by two or more entities to achieve common goals that could not be achieved by working alone. Power is shared, resources are pooled.
Community	An interacting population of various kinds of individuals in a common location. The community forms the framework around the family that includes where they live, work, shop, and play.
Completion Rates	The number of scheduled visits (based on the level of service agreed to in partnership with family and commensurate to the recommendations of the program model) compared to the actual visits completed within a given period of time.
Compliance	The act or process of complying/conforming to fulfill official requirements.
Confidentiality	Information that is entrusted with confidence to be kept private or secret.
Cooperation	By sharing information and activities, some service integration between two or more entities occurs, but agencies do not lose autonomy.

Coordination	Two or more agencies operate autonomously, yet work together to avoid duplication by sharing information and activities.
Criterion	A standard for comparison or judgment.
Cultural Competence	Cultural competence refers to an ability to interact effectively with people of different cultures, particularly in the context of human resources. Having requisite or adequate knowledge and abilities to understand and interact appropriately concerning the customary beliefs, shared attitudes, values, goals, and practices that characterize a racial, religious, or social group. Interacting with a family with cultural, linguistic, or socioeconomic differences with knowledge and sensitivity.
Cultural Pluralism	Gonzalez-Mena (2001) defines cultural pluralism as “the notion that groups and individuals should be allowed, even encouraged, to hold on to what gives them their unique identities while maintaining their membership in the larger social framework.”
Culture	An integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors of racial, ethnic, religious, or social group. The term “culture” includes ethnicity, racial identity, economic level, family structure, language, and religious and political beliefs, which profoundly influence each child’s development and relationship to the world.
Curriculum	<p>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.</p> <p>Examples of Evidence-Based Curriculum for Center-Based Programs:</p> <ul style="list-style-type: none"> • Child-centered curriculum such as Creative Curriculum for Infants and Toddlers or High/Scope Infant-Toddler Curriculum • Parent-centered curriculum such as Parents as Teachers Curriculum (includes Foundational, Program Implementation Guide, handouts, and parent educator resource materials. Portions of the curriculum materials are online).
Data	Factual information collected for a specific purpose.
Developmental Domains	Describes different areas of a child’s development (e.g., cognitive, physical, language, and social-emotional).

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

Early Childhood Development	The process by which children from birth to age eight gradually gain the skills and confidence needed to succeed in their present environment and the cognitive skills needed to form a foundation for school readiness and later school success.
Early Childhood Education	Activities and experiences that are intended to effect developmental changes in children from birth through the primary units of elementary school (grades K-3).
Early Head Start (EHS)	A program that provides low-income pregnant women and families with children birth to age three with family-centered services that facilitate child development, support parental roles, and promote self-sufficiency.
Early Intervention (EI)	Efforts to support children at risk for, or in the early stages of, mental, physical, learning, or other disorders; usually targeted at early childhood, sometimes including prenatal care.
Early Intervention Services	<p>Services that are provided to young children who have or are at risk for disabilities or special needs. Services for children age birth to three are generally comprehensive and family-based, ranging from speech and occupational therapy to general intervention and instruction.</p> <p>Illinois' statewide early intervention service program for children birth to 36 months old who have disabilities due to developmental delay, have an eligible mental or physical condition that typically results in developmental delay, or have been determined through informed clinical judgment to be at risk of substantial developmental delay. Click the following link for more specific information on all parts of EI Rule 500:</p> <p>http://www.ilga.gov/commission/jcar/admincode/089/08900500sections.html</p>
Early Intervention Services Part C	<p>The Infants and Toddlers with Disabilities Program (Part C) of the Individuals with Disabilities Education Act (IDEA) was created in 1986 to enhance the development of infants and toddlers with disabilities, minimize potential developmental delay, and reduce educational costs to our society by minimizing the need for special education services as children with disabilities reach school age. Part C provides early intervention (EI) services to infants and toddlers aged birth to three with developmental delays or a medical condition likely to lead to a developmental delay. Part C is not intended to be a stand-alone program. The intent is to build interagency partnerships among state agencies and programs in health, education, human services, and developmental disabilities.</p> <p>http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf</p>

Early Learning Council

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

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

<https://www2.illinois.gov/gov/OECD/Pages/EarlyLearningCouncil.aspx>

Early Learning Guidelines for Children Birth to Three

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

<http://www.isbe.net/earlychi/pdf/el-guidelines-0-3.pdf>

Eligibility

Qualifying for the benefits or services of a program.

Eligibility Criteria

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

Emerging Literacy

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

English as a Second Language (ESL)	Designation given to programs for students whose first language is not English.
English Language Learners (ELL)	Children who speak a primary language(s) other than English at home and are actively learning English.
Environment	The circumstances, objects, or conditions by which one is surrounded. The aggregate of social and cultural conditions that influence the life of an individual or community. A welcoming environment includes the physical surroundings and also the emotional tone set by the program staff.
Evidence-Based	A process for making decisions. It is an integration of best available research with professional and family wisdom and values.
Facilitative Approach	An effective way to promote developmental parenting. The approach is characterized by: <ol style="list-style-type: none"> 1. Delivering services from practitioner to parent, and then through parenting to the child; 2. Helping parents observe, support, and adapt to their children's development; and 3. Addressing foundations of social-emotional, cognitive, and language development" (Roggman, Boyce, & Innocenti, 2008)
Family	The basic unit in a society, having as its nucleus one or more adults cooperating in the care and raising of children.
Family Literacy	A program with a literacy component for parents and children or other intergenerational literacy components. Regularly scheduled interactive, literacy-based, learning activities for parents and children.
Family Literacy Services	Services that are of sufficient intensity and of sufficient duration to make sustainable changes in a family, and that integrate all of the following activities: interactive literacy activities between parents and their children; training for parents regarding how to be the primary teacher for their children and full partners in the education of their children; parent literacy training that leads to economic self-sufficiency and financial literacy; and an age-appropriate education to prepare children for success in school and life experiences.
Fidelity	Strict observance of duties and adherence to fact or detail; accuracy in details or exactness.
Fiscal Year (FY)	For the federal government, it is the year beginning on October 1 and ending on September 30. For Illinois, it is the year beginning on July 1 and ending on June 30.

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

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

Individualized Education Program (IEP)	An educational plan geared to an individual student’s needs and conducted in accordance with a written agreement between the student’s parents and school officials.
Individual Meetings	The personal encounters, individual meetings, or visits made to a child’s home by the class teacher or home visitor for the purpose of assisting parents in fostering the growth and development of their child. Occasionally these meetings may take place at a site other than the home, but ideally, the visits should occur in the family’s home.
Infant Mental Health	<p>The Illinois Association for Infant Mental Health believes that from the beginning, every child should have a family and community environment in which he or she can thrive physically, mentally, and emotionally. http://www.ilaimh.org/. “Infant mental health” is defined as the healthy social and emotional development of a child from birth to 3 years; and a growing field of research and practice devoted to the:</p> <ul style="list-style-type: none"> • Promotion of healthy social and emotional development; • Prevention of mental health problems; and • Treatment of the mental health problems of very young children in the context of their families. <p>(This is a definition of infant mental health developed by ZERO TO THREE’s Infant Mental Health Task Force.)</p>
Infant Mental Health Consultant	Infant mental health consultants support the work of infant and early childhood caregivers, providers, teachers, home visitors, and early intervention staff – in child care centers, home child care, family homes, and early intervention offices. An infant and early childhood mental health consultant is often the voice for a child or group of children – helping to build the capacity of care providers to understand and meet the needs of infants, children, and their families. They also can assist providers to better partner with parents to promote the social/emotional development and mental health of their children.
Infants	Children in the earliest period of life, especially before they can walk.
Infants and Toddlers	Children from birth through approximately three years of age.
Inquiry	The very first contact that a family makes to seek information, support, or help. The “inquiry” can result in a range of responses from an informal conversation or interview to a formal screening to determine whether a “referral” is appropriate.

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

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

Policy	A policy is a principle or rule to guide decisions and achieve rational outcomes. A policy is an intent, and is implemented as a procedure or protocol. Policies reflect the “rules” governing the implementation of the program.
Procedures	A procedure(s) defines implementation of policy. A procedure describes the particular way of accomplishing something. It may be a series of steps followed in a regular definite order or a traditional or established way of doing things.
Professional Development	Professional development is defined as those processes and activities designed to enhance the professional knowledge, skills, and attitudes of program staff so that they might, in turn, improve service delivery to enrolled children and their families. Professional development is a process that is intentional, ongoing, and systemic. These activities are part of a sustained effort to improve overall program quality and outcomes for enrolled children and their families and are developed or selected with extensive participation of program staff.
Professional Development Plan	<p>A written course of action to improve and strengthen a staff member’s ability to function effectively in their professional role and meet their responsibility to children and families. The following points are necessary to complete the plan:</p> <ol style="list-style-type: none"> 1. Determine the needs of each staff member (teaching assistant, teacher, administrator, parent educator, etc.) within the program, i.e., assess the needs. 2. Describe the staff in-service training program that will be conducted to meet the individual staff needs, i.e., delivering in-service. 3. Describe other professional development activities that will be provided, i.e., other opportunities that are provided free of charge but that staff have the opportunity to attend.
Program Evaluation	<p>Judging the feasibility, efficacy, and value of a program in relation to its stated objectives, standards, or criteria. A systematic method of setting program goals and for collecting and analyzing information about the activities, characteristics, and outcomes of programs to allow informed judgments about program improvement and effectiveness, and decisions about future programming. An annual program evaluation includes a description of services and outcomes.</p> <ol style="list-style-type: none"> 1. A process to determine whether progress is being made toward achieving the required components for the Prevention Initiative program. 2. Procedures to be used to determine the success of each component of the Prevention Initiative program.

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

Program Leadership

Refers to the many roles of leadership in birth to three programs including administrator, supervisor, coordinator, director, manager, and others.

Program/Project Year

A program/project year is generally July 1–June 30; however, a program may extend the program year until August 31 if activities extend beyond June 30. Project Begin Date: The calendar date at which a grant recipient may begin to conduct activities and encumber obligations that will be charged to a state or federal grant. Project End Date: The calendar date at which a grant recipient must end all activities and encumbering of obligations that will be charged to the state or federal grant.

Quality Rating Improvement System (QRIS)

QRIS is a 5-level quality rating improvement system that will cover most early learning programs, including Preschool for All, Head Start, Early Head Start, center and home child care, and private preschools licensed through the Illinois Department of Children and Family Services. Parents can access these quality ratings and other information to help them choose the best program for their child. Supports and resources for program quality improvement are available.

Recruitment

The action or process of recruiting. The process of finding, inviting, and enrolling families (including children) in a Prevention Initiative Program.

Referral

The process of directing or redirecting a family to an appropriate specialist or agency for definitive treatment. “Referral” may also mean the process of requesting that a child be screened, assessed, and/or evaluated.

Reflective Leadership

Relationships form the foundation for all the work that is done in a program. The relationships are characterized by trust, support, and growth among supervisors, staff, parents, and children. Workplaces based on these beliefs and values can be thought of as relationship-based organizations. Reflective leadership is the key to creating a relationship-based organization. It is characterized by three important skills: self-awareness, careful observation, and flexible response.

Reflective Supervision

Dialog between supervisor and staff that incorporates observation and feedback to improve practice, plan effectively, and foster professional development. Reflective supervision promotes and supports the development of a relationship-based organization and is characterized by reflection, collaboration, and regularity.

Request for Proposals (RFP) An official or formal solicitation by an agency or organization for proposals in a wide range of categories, such as funding, special projects, and training events.

Research-based Associated with the best available research component of evidence-based practice.

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

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

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

Examples of Birth to Three Program Models Recommended by ISBE:

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

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

- Doula Services
- Fussy Baby Network
- Strengthening Families Illinois

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

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

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

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

Responsive Curriculum

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

Retention Rate

Retention in home visiting programs refers to “the percentage of families who were receiving services at the beginning of a period in time, and remain with the program at the end of the period.” To calculate the program’s retention rate, the program must identify a cohort of

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

School Readiness

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

Screening

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

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

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

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

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

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

Self-Assessment

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

Staff-Parent Conferences

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

Strategic Plan	A process to determine an organization's future course.
Student Information System (SIS)	The ISBE Student Information System (SIS) is designed to assign a unique Student Identifier (SID) to each student, from birth to three programs through high school age; collect demographic, performance, and program participation data for each student; track students from school to school and district to district within Illinois; and report timely and accurate information and data through standardized reporting capabilities. This system serves as the vehicle to collect student-related information electronically from school districts. The result of successful implementation is the ability to provide the state education agency, state and federal entities, the education community, and the public with timely and accurate data collection and reporting for students, schools, school districts, and the state. http://www.isbe.net/sis/default.htm
Supervision	Defined literally as the "ability to see in an overarching manner."
Temporary Assistance to Needy Families (TANF)	TANF, which replaced the AFDC and JOBS programs, was enacted in the welfare reform act, Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PL 104-193). This block grant to states covers benefits, administration, expenses, and services. States determine eligibility and benefit levels and services provided to needy families.
Toddlers	Children approximately one to three years of age.
Training and Technical Assistance (T/TA)	Training is a learning experience, or series of experiences, specific to an area of inquiry and related set of skills or dispositions, delivered by a professional(s) with subject matter and adult learning knowledge and skills. Technical Assistance is the provision of targeted and customized supports by a professional(s) with subject matter and adult learning knowledge and skills to develop or strengthen processes, knowledge application, or implementation of services by recipients.
Transition Plan	A process undertaken for each child and family at least six months prior to the child's third birthday that takes into account the child's health status and developmental level; progress made by the child and family while in the program; current and changing family circumstances; and the availability of child care services in the community.
Transition Programs or Transition Services	Procedures to support successful transitions for children and families as they move into, out of, or between programs or life circumstances.

United States Department of Education (ED)

The Department of Education was created in 1980 by combining offices from several federal agencies. ED’s mission is to promote student achievement by fostering educational excellence and ensuring equal access; establish policies on federal financial aid for education; and collect data on America’s schools.

United States Department of Health and Human Services (HHS)

HHS is the federal government’s principal agency for protecting the health of all Americans and providing essential human services, which includes 300 programs that cover a wide spectrum of activities, including Head Start and Early Head Start.

United States Department of Housing and Urban Development (HUD)

This federal agency is responsible for increasing homeownership, supporting community development, and increasing access to affordable housing free from discrimination

Universal or Standard Precautions

Defined by the National Health and Safety Performance Standards that describe the infectious control precautions recommended by the Centers for Disease Control to be used in all situations to prevent transmission of blood-borne germs (e.g., human immunodeficiency virus, hepatitis B virus). The definition says “Standard Precautions – Use of barriers to handle potential exposure to blood, including blood-containing body fluids and tissue discharges, and to handle other potentially infectious fluids and the process to clean and disinfect contaminated surfaces.”

APPENDIX H

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APPENDIX I

Resources

1. American Academy of Pediatrics <http://www.aap.org>
2. American Speech-Language Association <http://www.asha.org>
3. Baby TALK <http://www.babytalk.org>
4. Caring for Our Children-National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs <http://nrckids.org/CFOC3/>
5. Center for Early Childhood Leadership, National Louis University <http://www2.nl.edu/twal/contactus.htm>
6. Center on the Social and Emotional Foundations for Early Learning <http://csefel.vanderbilt.edu/index.html>
7. Chicago Public Schools Early Childhood Programs <http://www.cps.edu/schools/earlychildhood/Pages/EarlyChildhood.aspx>
8. Child Abuse and Neglect Reporting <http://www.state.il.us/dcfs/index.shtml>
9. Child Abuse and Neglect Training <https://mr.dcfstraining.org/UserAuth/Login!loginPage.action>
10. Child and Family Connections <http://www.wiu.edu/ProviderConnections/links/CFCList.html>
11. Child Welfare Information Gateway <http://www.childwelfare.gov/>
12. Department of Health and Human Services Center for Disease Control and Prevention <http://www.cdc.gov>
13. Early Head Start National Resource Center <http://www.ehsnrc.org/Activities/BirthToThreeInstitute.htm>
14. Erikson Institute <http://www.erikson.edu/>
15. Family Literacy <http://www.famlit.org/>
16. Family Transition Workbook, “When I’m Three, Where Will I Be?” http://www.isbe.net/earlychi/pdf/transition_workbook.pdf

17. Hard to Reach Families http://www.isbe.net/earlychi/pdf/engaging_families_toolkit.pdf
18. Harvard Center on the Developing Child <http://developingchild.harvard.edu>
19. Head Start <http://eclkc.ohs.acf.hhs.gov/hslc>
20. Healthy Families America <http://www.healthyfamiliesamerica.org>
21. Homeless <http://www.isbe.net/homeless/default.htm>
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/Family%20and%20Community%20Partnerships/Crisis%20Support/Homelessness/hmls/welcome.html>
<http://www.naehcy.org>, <http://www.hhs.gov/homeless/resources/index.html#ResourcesforPersonsExperiencingHomelessness>
<http://www.nrchmi.samhsa.gov>
<http://www.hudhre.info>
http://www.zerotothree.org/about-us/funded-projects/strengthening-at-risk-and-homeless-young-mothers-and-families/strength_ebp122111.pdf
<http://www.familyhomelessness.org/media/306.pdf>
22. Illinois Department of Children and Family Services <http://www.state.il.us/dcfs/daycare/index.shtml>
23. Illinois Department of Children and Family Services Administrative Code <http://www.ilga.gov/commission/jcar/admin-code/089/089parts.html>
24. Illinois Department of Human Services Early Intervention <http://www.dhs.state.il.us/page.aspx?item=31183>
25. Illinois Department of Public Health <http://www.idph.state.il.us>
26. Illinois Early Childhood Asset map <http://iecam.crc.uiuc.edu/>
27. Illinois Early Childhood Block Grant Administrative Rules, Part 235 <http://www.isbe.net/rules/archive/pdfs/235ARK.pdf>
28. Illinois Early Intervention Clearinghouse <http://eic.crc.uiuc.edu>
29. Illinois Early Learning Guidelines for Children Birth to Age 3 <http://www.isbe.net/earlychi/pdf/el-guidelines-0-3.pdf>

30. Illinois Early Learning Project <http://www.illinoisearlylearning.org/>
31. Illinois Head Start Association <http://ilheadstart.org/>
32. Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) <http://www.inccrra.org/>
33. Illinois Prevention Initiative Toolkit http://www.isbe.net/earlychi/pdf/ec_0-3_resource_toolkit.pdf
34. Illinois Resource Center, Early Childhood Professional Development <http://ec.thecenterweb.org/site/>
35. Illinois Safe Haven Law <http://www.saveabandonedbabies.org/resources/illinois-safe-haven-law/index.html>
36. Illinois StarNet Regions http://www.isbe.net/earlychi/html/professional_develop.htm
37. Illinois State Board of Education early childhood website <http://www.isbe.net/earlychi>.
38. Illinois State Board of Education Prevention Initiative Implementation Manual <http://www.isbe.net/earlychi/html/birth-3.htm>
39. Illinois State Collaboration Office <http://www.ilearlychildhoodcollab.org>
40. Immunizations <http://www.idph.state.il.us/about/shots.htm>
41. InfantSEE <http://www.infantsee.org/>
42. ISBE Required Reporting http://www.isbe.net/research/htmls/pfa_prev_init.htm
43. Maternal and Child Health <http://mchb.hrsa.gov/> and also at <http://www.ilmaternal.org/>
44. McCormick Foundation <http://www.mccormickfoundation.org/>
45. 4NAEYC: National Association for Education of Young Children <http://www.naeyc.org/>
46. National Center for Children in Poverty <http://www.nccp.org/downloads/ResearchCaseSept08.pdf>
47. Nutrition, Choose My Plate <http://www.choosemyplate.gov>

48. Office of Special Education Programs (OSEP) <http://www2.ed.gov/about/offices/list/osers/osep/index.html?src=mr>
49. Ounce of Prevention Training Center <http://pi.opftrainingcenter.org/ets/welcome.aspx>
50. Outreach and Recruitment Toolkit <http://www.isbe.net/earlychi/preschool/default.htm>
51. Parent Involvement Matters <http://www.parentinvolvementmatters.org>
52. Parents as Teachers <http://www.parentsasteachers.org/>
53. Resource Toolkit for Programs Serving Infants, Toddlers and Their Families http://www.isbe.net/earlychi/pdf/ec_0-3_resource_toolkit.pdf
54. Screening Tools
 - Ages & Stages Questionnaire, www.brookespublishing.com
 - Battelle Developmental Inventory, www.riverpub.com
 - Brigance Screens, www.curriculumassociates.com
55. Special Needs Resources <http://ectacenter.org/>
56. Strengthening Families Illinois <http://www.strengtheningfamiliesillinois.org>
57. Technology and Children http://www.naeyc.org/files/naeyc/file/positions/PS_technology_WEB2.pdf
58. Transition http://www.isbe.net/earlychi/pdf/transition_workbook.pdf
59. Transportation
 - http://www.isbe.net/funding/pdf/prek_transport.pdf
 - <http://www.nasdpts.org/Programs/Preschool.html>
 - http://www.isbe.net/funding/pdf/transport_prek.pdf
 - http://www.isbe.net/funding/pdf/bus_safety_parents.pdf
 - http://www.nsc.org/news_resources/Resources/Documents/School_Bus_Safety_Infants_Toddlers_and_Pre-schoolers.pdf
60. Student Information System <http://www.isbe.net/sis>

61. University of Illinois Extension <http://web.extension.illinois.edu/state/index.html>
62. WIC (Women Infants and Children) <http://www.dhs.state.il.us/page.aspx?item=30513>
63. W.K. Kellogg Foundation Logic Model Development Guide <http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx>
64. ZERO TO THREE: National Center for Infants, Toddlers and Families <http://www.zerotothree.org>

APPENDIX J
Manual Evaluation

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

My role is (please check all that apply):		
<input type="checkbox"/> Home Visitor <input type="checkbox"/> Teacher <input type="checkbox"/> Teacher Assistant <input type="checkbox"/> Volunteer <input type="checkbox"/> Parent Coordinator <input type="checkbox"/> Parent Educator <input type="checkbox"/> Staff Support <input type="checkbox"/> Program Administrator <input type="checkbox"/> Program Supervisor <input type="checkbox"/> Community Based Organization	<input type="checkbox"/> Child Care/Center-based <input type="checkbox"/> School Based <input type="checkbox"/> Early Intervention <input type="checkbox"/> Special Education <input type="checkbox"/> Head Start <input type="checkbox"/> At-Risk <input type="checkbox"/> Researcher <input type="checkbox"/> Screener/Assessment <input type="checkbox"/> Nurse <input type="checkbox"/> Infant Mental Health Consultant	<input type="checkbox"/> Consultant <input type="checkbox"/> State Employee <input type="checkbox"/> Social Service Agency <input type="checkbox"/> Grant Writer <input type="checkbox"/> Parent <input type="checkbox"/> Family Literacy Staff <input type="checkbox"/> Trainer <input type="checkbox"/> Technical Assistance Provider <input type="checkbox"/> Other (please specify) <hr/>

1. I found the manual to be useful because:

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

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

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

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

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

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